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December 22, 2010

Brad Jensen, Administrator
High Valley Developmental Services, LLC
4806 Southside Boulevard
Nampa, ID 83686

Dear Mr. Jensen:

Thank you for submitting the Plan of Correction (POC) dated October 1, 2010 for High Valley Developmental Services, LLC. The Department has reviewed and accepted the POC in response to the recertification survey conducted on July 9, 2010. As a result, we have issued High Valley Developmental Services, LLC full three-year certificates effective from August 27, 2010, through August 31, 2013.

According to IDAPA 16.04.11.203.01, your agency's certification was contingent upon the correction of deficiencies. The Department has received documentation to support your agency's POC. The documented corrections submitted satisfy the POC as written. Please assure the ongoing quality assurance processes continue to implement and monitor these changes.

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

Sincerely,

ERIC D. BROWN
Supervisor
DDA/ResHab Survey and Certification Program

EDB/sm

Enclosure

Statement of Deficiencies

Developmental Disabilities Agency

High Valley Developmental Services
4HIVALYDS095

4619 W Emerald St Ste 01
Boise, ID 83706
(208) 424-3183

Survey Type: Recertification

Entrance Date: 7/6/2010

Exit Date: 7/9/2010

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist; Melissa Woods, Clinician; Mike Breur, Regional Program Specialist; Sarah Czaja, Clinician.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.a-c 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)	Assessments For all children reviewed, the comprehensive developmental assessment did not reveal the need for many programs; therefore, it did not guide treatment.	<p>1) All Developmental Specialists (DSs) have been in-serviced on the importance of the Comprehensive Developmental Assessments (CDAs) determining the necessity of service and the participants' needs in order to guide treatment. (Attachment #1). CDAs for Participants sampled during survey will be amended by Nov.28, 2010 to clearly identify each participant's needs.</p> <p>2) A review of all participants' CDAs will be conducted to assure that we are in compliance with this rule. If further non-compliance is found, the individual DSs responsible will be notified and these errors will be corrected.</p> <p>3) John Huth, Program Director</p> <p>4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.</p> <p>5) DS in-service completed Sept. 20, 2010. A complete review of all CDAs will be completed by Feb.28, 2011.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2-28-2011**Administrator Initials:** JS**Rule Reference/Text**

16.04.11.601.03.d

601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.
 03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06)
 d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06)

Category/Findings

Assessments

For one of the participants reviewed ([Participant B]), documentation indicated a need for an updated psychological assessment due to the participant being on behavior modifying medications.

Plan of Correction (POC)

- 1) Participant B's mother was notified of the need for an updated psychological assessment. Participant's mother was given a referral to a provider who could conduct the assessment. She is currently attempting to schedule the assessment but has not yet heard back from the Provider – this will be completed by Nov. 28, 2010. All DSs have been in-serviced on the importance of having the psychological assessments updated annually for all participants who meet criteria of the rule cited in this deficiency. (attachment #1).
- 2) A review of all participants' records will be conducted to see that if they meet the criteria of this rule and, if they do, that a current psychological assessment is present. If other participants' records are found to be out of compliance with this rule, the individual DSs responsible will be notified and the error corrected.
- 3) John Huth, Program Director
- 4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.
- 5) DS in-service completed Sept.20, 2010. A complete review of all pertinent documentation will be completed by Feb.28, 2011.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2-28-2011**Administrator Initials:** JS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.04	Assessments	
<p>604. TYPES OF COMPREHENSIVE ASSESSMENTS.</p> <p>04. Physical Therapy Assessment. Physical therapy assessments must be conducted by a physical therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy</p>	<p>For two adult participants reviewed ([Participants 4 and 7]), documentaion (either in programming or in the comprehensive developmental assessment) revealed a need for a physical therapy assessment; however, there was none found in their files. PT assessments were needed to guide therapy in those areas.</p>	<p>1) All DSs have been in-serviced on the importance of following through when a need for therapeutic intervention is identified within the CDA. (attachment #1). With this deficiency, which is specifically regarding the need for a physical therapy assessment indicated in the CDA for Participants 4 and 7, the assessment will be required from a contracted Physical Therapist. The deficiency cited for Participan</p>

necessary to address the participant's needs. (7-1-06)

Note: Corrected at survey for [Participant 7].

7 was corrected at survey. For Participant 4 a physical therapy assessment has been scheduled for November 30, 2010. (attachment #2)
 2) A review of all participants' CDAs will be conducted to assure that any need for therapeutic interventions identified within the CDAs that require an assessment from other qualified providers (e.g. physical therapists) are present and that the assessor's recommendations have been incorporated into developmental therapy. If, for additional participants, a need for therapeutic intervention is identified within the CDA and not supported by a resulting assessment, the individual DSs responsible will be notified and the needed assessment will be scheduled.
 3) John Huth, Program Director
 4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.
 5) DS in-service completed Sept. 20, 2010. A complete review of all CDA's will be completed by Feb. 28, 2011

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

Date to be Corrected: 2-28-2011

Administrator Initials: JS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.05	Assessments	
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 05. Speech and Language Assessment. Speech and language assessments must be conducted by a Speech-Language Pathologist who is qualified under Section 420 of these rules. (7-1-06)	For two of the participants reviewed ([Participant B and 2]), the comprehensive developmental assessment showed a need for a speech language assessment; however, survey results did not reveal SLP assessments to guide therapy in that area.	<p>1) All DSs have been in-serviced on the importance of following through when a need for therapeutic intervention is identified within the CDA. (attachment# 1). With this deficiency, which is specifically regarding the need for an SLP assessment indicated in the CDA for Participants B and 2, the assessment will be required from a contracted Speech and Language Pathologist. The deficiency cited for Participant 2 was corrected on July 30, 2010 when he was assessed by a Speech and Language Pathologist (attachment #3). For Participant B, the SLP assessment was conducted on September 27, 2010 for which the completed assessment has not yet been received.</p> <p>2) A review of all participants' CDAs will be conducted to assure that any need for therapeutic interventions identified within the CDAs that require an assessment from other qualified providers (e.g. speech and language pathologists) are present and that the assessor's recommendations have been incorporated into</p>

		<p>developmental therapy. If, for additional participants, a need for therapeutic intervention is identified within the CDA and not supported by a resulting assessment, the individual DSs responsible will be notified and the needed assessment will be scheduled.</p> <p>3) John Huth, Program Director</p> <p>4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.</p> <p>5) DS in-service completed Sept. 20, 2010. A complete review of</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2-28-2011 **Administrator Initials:** *JH*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.700.05</p> <p>700. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS.</p> <p>Section 700 of these rules does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program." DDAs must comply with the requirements under Section 701 of these rules for those adults. (7-1-06)</p> <p>05. Documentation of Plan Changes.</p> <p>Documentation of changes in the required plan of service or Program Implementation Plan must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to a Program Implementation Plan that affect the</p>	<p>Documentation of Plan Changes</p> <p>For one participant reviewed ([Participant B]), documentation did not reveal a reason for changes, date the change was made, and the signature of the professional making the change.</p>	<p>1) All DSs have been in-serviced on the rule for which this deficiency was cited. (attachment #1) The changes made to the Program Implementation Plans for Participant B have been amended to indicate the reason for changes, date the change was made and the signature of the professional who made the changes. (attachment #4)</p> <p>2) A review of all participants' plans of service and Program Implementation Plans (PIPs) will be conducted to see that we are in compliance with this rule. If any of the documents reviewed indicate that we are not in compliance, the individual DSs responsible will be notified and the error corrected.</p> <p>3) John Huth, Program Director</p> <p>4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.</p> <p>5) DS in-service completed Sept. 20, 2010. A complete review of all PIPs will be completed by Feb. 28, 2011.</p>

type or amount of service on the plan of service, an addendum to the plan of service must be completed. (7-1-06)

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

Date to be Corrected: 2-28-2011

Administrator Initials: SJ

Rule Reference/Text

16.04.11.701.04.c

701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)
04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)
c. Frequency of service is the number of times service is offered during a week or month. (7-1-06)

Category/Findings

Individual Program Plan

For all children reviewed, the IPP did not include the frequency of the service. For example, it did not state how many times a program would be run in a given time period.

Plan of Correction (POC)

- 1) All DSs have been in-serviced on this rule and the need to include the frequency of service, including the number of times service is offered during a week or month, on the Individual Program Plans (attachment #1. These omissions have been corrected for all children sampled during survey. (attachment #5)
- 2) A review of all child participants' IPPs will be conducted to see that the required documentation is present (i.e. the frequency of the service). If any participants' records show that this documentation is not present, the individual DSs responsible will be notified and the omission corrected.
- 3) John Huth, Program Director
- 4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.
- 5) DS in-service completed Sept. 20, 2010. A complete review of all IPPs will be completed by Feb. 28, 2011.

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

Date to be Corrected: 2-28-2011

Administrator Initials: SJ

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703.02</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>02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06)</p>	<p>Program Implementation Plan</p> <p>For one child participant reviewed ([Participant C]), documentation revealed a baseline statement that did not match his training objective. The community safety objective stated that he was able to print his first and last name; however, the objective was to write his address.</p>	<p>1) All DSs have been in-serviced on this rule and the importance of accuracy when developing and writing the participants' PIPs. (attachment #1) This error has been corrected for Participant C. (attachments #6)</p> <p>2) A review of all participants' PIPs will be conducted to see that baseline statements precisely match each training objective. If any of the documents reviewed indicate that the baseline statements do not match the training objective, the individual DSs responsible will be notified and the error corrected.</p> <p>3) John Huth, Program Director</p> <p>4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.</p> <p>5) DS in-service completed Sept. 20, 2010. A complete review of all IPPs will be completed by Feb. 28, 2011.</p>
<p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 2-28-2011 Administrator Initials: BJ</p>

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</p>	<p>Program Implementation Plan</p> <p>For all participants reviewed, documentation revealed one or more training programs for each participant not to be making progress. This was due to the use of original established baselines and not current level of baseline data.</p>	<p>1) All DSs have been in-serviced on the need to include current baseline status within the PIPs and on the status reviews to better reflect their progress. (attachment #1) All PIPs and status reviews for the sampled participants will updated by Nov.28, 2010 to include this information.</p>

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)
 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)

- 2) A review of all participants' PIPs and status reviews will be conducted to see that the current baseline status is present in both documents. If further deficiencies are found, the individual DSs responsible will be notified and the required information added to the documentation.
- 3) John Huth, Program Director
- 4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.
- 5) DS in-service completed Sept. 20, 2010. A complete review of all IPPs will be completed by Feb. 28, 2011.

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

Date to be Corrected: 2-28-2011

Administrator Initials: *BS*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.05 703. 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	Program Implementation Plan For all child participants reviewed, documentation was not specific as to where the training should occur for a particular objective. Programming would state places such as "community/center" and was not specific, such as "Paul's Market."	1) All DSs have been inserviced on the importance of defining the specific location(s) in which PIPs are to be implemented. (attachment #1) All PIPs for sampled participants have been amended to include this information (attachment #7). 2) A complete review of all participants' PIPs will be conducted to assure that the specific location(s) in which the PIPs are to be implemented is present. If additional deficiencies are found, the individual DSs will be notified and the required information added. 3) John Huth, Program Director

not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)
 05. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-06)

4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.
 5) DS in-service completed Sept. 20, 2010. A complete review of all IPPs will be completed by Feb. 28, 2011.

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

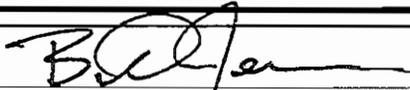
Date to be Corrected: 2-28-11 | **Administrator Initials:** BS

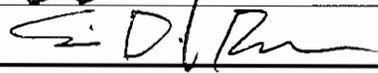
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.915.04</p> <p>915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06) 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 four adults participants reviewed ([Participants 3, 5, 6, and 8]), documentation showed training programs for behavioral issues; however, the programs lacked what was to be trained as a replacement behavior.</p>	<p>1) All DSs have been in-serviced on the importance of teaching positive replacement behavior(s) for the maladaptive behavior (s) identified. (att.#1) for the participants sampled (#s 3,5,6 and 8) have been revised to include training in replacement behavior (s) for the maladaptive behavior(s) being addressed. (attach #8)</p> <p>2) All behavioral PIPs will be reviewed to ensure that positive replacement behaviors are being taught. If there are PIPs found not to be in compliance, the individual DSs responsible will be notified and the PIPs revised to include replacement behavior training.</p> <p>3) John Huth, Program Director</p> <p>4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.</p> <p>5) DS in-service completed Sept. 20, 2010. A complete review of all PIP's will be completed by Feb. 28, 2011.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2-28-2011 **Administrator Initials:** BS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.915.10.c</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) 10. Appropriate Use of Interventions. Ensure that interventions used to manage a participant's inappropriate behavior are never used: (7-1-06) c. As a substitute for a needed training program; or (7-1-06)</p>	<p>Behavior Programming</p> <p>For one child participant reviewed ([Participant B]), documentation revealed that he had been involved with three restraints in January 2010. There was no justification as to why he might not need a training program for behavioral issues.</p>	<p>1) High Valley has added a component to our Social Skill Development policy to address implementation of a training program for behavioral issues. (attached #9) A progress note has also been written to explain the circumstances involved with participant B and why there was no need for further interventions. (attached #9) DS's were in serviced on the procedure of this revised policy. (attachment #1)</p> <p>2) All "incident and accident" quarterly review forms will be reviewed for indicators of the lack of a behavioral programming when "emergency restraints" are used. If other participants' records are found to be out of compliance with this rule, the individual DSs responsible will be notified and the error corrected.</p> <p>3) John Huth, Program Director</p> <p>4) To assure that the problem does not recur, quality assurance reviews of participant records will be conducted on a regular and ongoing basis.</p> <p>5) DS in-service completed Sept.20, 2010. A complete review of all pertinent documentation will be completed by Feb.28, 2011.</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm	Date to be Corrected: 2-28-2011	Administrator Initials: BJ
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Administrator Signature (confirms submission of POC): 	Date: 10-1-10
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Team Leader Signature (signifies acceptance of POC): 	Date: 12-22-10
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