IDAHO DEPARTMENT OF HEALTH & WELFARE

C L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

December 27, 2010

Administrator, Laura Sandidge, PhD
Advocates for Inclusion
958 Corporate Lane
Nampa, ID 83651

Dear Laura,

Thank you for submitting the Advocates for Inclusion Plan of Correction dated 10/22/2010. 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 Advocates for Inclusion a full 3 year certificate effective from 10/22/2010 through 10/22/2013.

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 you your Plan of Correction has been met. Please submit these documents in order of citation, following the plan of correction findings. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than January 31, 2011. 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) 364-1811
Email to: milesg@dhw.idaho.gov
Mail to: Medicaid- Elder
Attn: DDA/RH Survey and Certification
PO Box 83720
Boise Idaho 83720
Or deliver to: Department of Health and Welfare
3232 Elder Street, Boise, ID 83720

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

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

Greg Miles
Medical Program Specialist
DD Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Advocates for Inclusion
3ADVOINC082

958 Corporate Ln
Nampa, ID 83657
(208) 467-7524

Survey Type: Recertification

Entrance Date: 7/12/2010

Exit Date: 7/21/2010

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist; Sarah Czaja, Clinician; Shirlynn Maddox, Social Worker; Veronica Martinez, Clinician; Melissa Woods, Clinician.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.04.c	Excluded Services	Advocates for Inclusion will prohibit swimming as a training location for Participants A, B, D, and M effective immediately. In order to ensure no other participants are affected by this finding AFI will prohibit all participants from having this as a training location under Developmental Therapy. The Tech Trainers and Case Managers for AFI will be trained in this procedure no later than October 15, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the Case Manager and Tech Trainer's training documentation kept in their personnel file. This action will be monitored continually through Continuing Service Reports and Activity Schedules as overseen by the Administrator.
653.DDA SERVICES - COVERAGE REQUIREMENTS AND LIMITATIONS. 04. Excluded Services. The following services are excluded for Medicaid payments: (3-19-07) c. Recreational services. (3-19-07)	For four participants reviewed ([Participants A, B, D, and M]), documentation showed "swimming" as a training location. Recreational activities are excluded for Medicaid payments.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-02 | **Administrator Initials:** LAS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.602.01	Assessments	Advocates for Inclusion has updated the assessments for Participants 2, and F. These assessments were submitted to Medicaid for their review. As a matter of protocol AFI does update assessments annually, however, in order to ensure no other participants are affected by this finding AFI will conduct a training on specific IDAPA regulations on updating assessments, particularly for psychological assessments, to the Intake Department and the Quality Assurance Department no later than October 15, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. This action will be monitored via an annual quality assurance file review that will be retained in the client's file. The file review will be overseen by the Administrator.
602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06) 01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06)	For two participants reviewed ([Participant 2 and F]), documentation showed assessments not to be current. [Participant 2] takes Risperdal, but his psychological assessment was outdated. He also had programming in the PT area, but the corresponding assessment was not current. [Participant F] did not have a current comprhensive developmental assessment in place.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-02 | **Administrator Initials:** LAS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.01.a-g 604. TYPES OF COMPREHENSIVE ASSESSMENTS. 01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06) a. Self-care; (7-1-06) b. Receptive and expressive language; (7-1-06) c. Learning; (7-1-06) d. Gross and fine motor development; (7-1-06) e. Self-direction; (7-1-06) f. Capacity for independent living; and (7-1-06) g. Economic self-sufficiency. (7-1-06)	Assessments For child and adult participants reviewed [Participants A-N and 2 and 3]), documentation revealed that not all of the seven areas were assessed. Many times there was just a notation that a specific area was not a priority.	Advocates for Inclusion will update the Comprehensive Assessments for Participants A – N, 2, and 3 no later than by October 30, 2010. In order to ensure no other participants are affected by this finding AFI will conduct a training on specific IDAPA regulations and best practices on Comprehensive Assessments to all AFI DT Case Managers no later than October 15, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. This action will be monitored via an annual quality assurance file review that will be retained in the client's file. The file review will be overseen by the Administrator.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-30 | **Administrator Initials:** LAS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.03	Assessments	Advocates for Inclusion will immediately discontinue the training program of grabbing objects for Participant 1. No later than by October 30, 2010 the file will be reviewed by the Case Manager to determine if the client needs a referral for OT or has in fact been referred for an OT evaluation. In order to ensure no other participants are affected by this finding AFI will conduct a training on specific IDAPA regulations and best practices on fine motor and gross motor activities to all AFI DT Case Managers no later than October 15, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. This action will be monitored via an annual file review that will be retained in the client's file. The file review will be overseen by the Administrator.
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 03. Occupational Therapy Assessment. Occupational therapy assessments must be conducted by an occupational therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs. (7-1-06)	For one adult participant reviewed ([Participant 1]), documentation showed a training program to grab objects. This type of programming would indicate a need for an occupational therapist assessment to guide treatment (so as to make sure this type of training is beneficial).	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-02 | **Administrator Initials:** LAS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07.a-h	Record Requirements	
07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06)	For four of the child participants reviewed for this issue ([Participants E, F, H, and K]), documentation in the medical/social histories did not cover all areas as required by rule. Many were missing developmental milestones and personal history.	

a. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-06) b. Developmental history including developmental milestones and developmental treatment interventions; (7-1-06) c. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-06) d. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-06) e. Educational history including any participation in special education; (7-1-06) f. Prevocational or vocational paid and unpaid work experiences; (7-1-06) g. Financial resources; and (7-1-06) h. Recommendation of services necessary to address the participant's needs. (7-1-06)		Advocates for Inclusion will ensure the Medical / Social histories for Participants E, F, H, and K will be updated to ensure inclusion of developmental milestones and personal history no later than by October 30, 2010. In order to ensure no other participants are affected by this finding AFI will conduct a training on specific IDAPA regulations on Medical / Social assessments to the Intake Department no later than October 30, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. This action will be monitored via an annual quality assurance file review that will be retained in the client's file. The file review will be overseen by the Administrator.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-30 | **Administrator Initials:** SB

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.01.a	Eligibility	Advocates for Inclusion has updated the eligibility documentation for Participant I. As a matter of protocol AFI does document categorical eligibility annually, however, in order to ensure no other participants are affected by this finding AFI will conduct a training on specific IDAPA regulations on eligibility and the documentation thereof to the Intake Department and the Quality Assurance Department no later than October 15, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. This action will be monitored via an annual quality assurance file review that will be retained in the client's file. The file review will be overseen by the Administrator.
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) 01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in	For one child participant ([Participant I]), documentation did not substantiate categorical eligibility as needed and defined in rule.	

accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06) a. Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; or (7-1-06)		

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-02 | **Administrator Initials:** JAS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.vii	Individual Program Plan	Advocates for Inclusion will conduct a training on specific IDAPA regulations and best practices on goal development to all AFI Case Managers no later than October 25, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. All clients surveyed will have their goals reviewed by their case manager to ensure their goals are specific. The review and corresponding corrections of identified errors will be completed by December 15, 2010. This action will be monitored via an annual quality assurance file review that will be retained in the client's file. The file review will be overseen by the Administrator.
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)	For all children surveyed, documentation showed that the IPP contained goals that were not specific. For example, "will increase his self-direction skills by increasing his ability to express emotion verbally, manage transitions, and interact socially with peers."	

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 participation and inclusion in the community, and contain objectives that are ageappropriate.
The IPP must include: (7-1-06)
vii. A list of measurable behaviorally stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective; (7-1-06)

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-12-15 | **Administrator Initials:** JAS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.04	Program Implementation Plan	Advocates for Inclusion will conduct a training on specific IDAPA regulations and best practices on updating status reviews for adults to all applicable AFI Case Managers no later than October 25, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. Adult Participants 2 and 3 will have their status review and corresponding goals reviewed by their case manager to ensure their goals have been updated since the review. The review and corresponding corrections of identified errors will be completed by November 1, 2010. This action will be monitored via an annual quality assurance file review that will be retained in the client's file. The file review will be overseen by the Administrator.
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	For two adult participants reviewed ([Participants 2 and 3]), documentation indicated that programming was not always modified when the individual met critera.	

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)		

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-01 | **Administrator Initials:** JAS

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 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)	Program Implementation Plan For all children reviewed, documentation did not show specific service environments for where programming was to be trained at. Many just stated "at the center" or "at all locations identified on the activity schedule."	Advocates for Inclusion will conduct a training on specific IDAPA regulations and best practices on documentation of specific service environments to all AFI DT Case Managers and Tech Trainers no later than October 25, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. All clients surveyed will have their specific service environments reviewed by their case manager and/or Tech Trainer to ensure their service environments are specific to the goal/objective. The review and corresponding corrections of identified errors will be completed by December 15, 2010. This action will be monitored via an annual quality assurance file review that will be retained in the client's file. The file review will be overseen by the Administrator.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-12-15 | **Administrator Initials:** JAS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.01.d	Record Requirements	Advocates for Inclusion has updated the profile sheet for Participant N. As a matter of protocol AFI does reflect medical concerns on the participant profile, however, in order to ensure no other participants are affected by this finding AFI will conduct a training on specific IDAPA regulations and best practice on record requirements to the Intake Department and the Quality Assurance Department no later than October 15, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. This action will be monitored via an annual quality assurance file review that will be retained in the client's file. The file review will be overseen by the Administrator.
705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06) 01. General Records Requirements. Each participant record must contain the following information: (7-1-06) d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-06)	For one participant reviewed ([Participant N]), the profile sheet did not document any concerns for allergery/medical needs; however, other file documentation showed him to have specific needs in that area.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-02 | **Administrator Initials:** JAR

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.915.02	Behavior Replacement	Advocates for Inclusion will conduct a training on specific IDAPA regulations and best practices on the development of social skills and appropriate behaviors to all AFI Case Managers no later than October 25, 2010, by the administrator, who will be responsible for the corrective action. The training will be documented on the individual's training documentation, kept in their personnel file. Participant 2 will have their behavioral objective reviewed by their case manager to ensure the goal specifically states a replacement behavior. The review and corresponding corrections of identified errors will be completed by November 15, 2010. This action will be monitored via an annual quality assurance file review that will be retained in the client's file. The file review will be overseen by the Administrator.
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) 02. Prevention Strategies. Ensure and document the use of positive approaches to increase social skills and decrease inappropriate behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. (7-1-06)	For one adult participant reviewed ([Participant 2]), a behavioral objective was being implemented. However, it did have the replacement behavior included.	

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

Date to be Corrected: 2010-11-15

Administrator Initials: SAB

Administrator Signature (confirms submission of POC): Sayra Sandidge, Ph.S. Administrator

Date: 2010-10-02

Team Leader Signature (signifies acceptance of POC): [signature]

Date: 12/27/10