IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 3, 2008

COPY

Louise Pryor, Administrator
Advanced Services
210 E. Carol Street
Nampa, ID 83687

Dear Ms. Louise Pryor,

Thank you for submitting the Advanced Services, LLC. Plan of Correction dated 6/26/2008. 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 two year certificate effective from 7/14/2008 through 7/13/2010.

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. 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 September 5, 2008. You may submit supporting documentation as follows:

Fax to: 364-1811
Email to: FadnessR@dhw.idaho.gov
Mail to: DD Survey and Certification Unit, Attn Rebecca Fadness
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0036
Or deliver to: Medicaid Office, 3232 Elder St., Boise

You can reach me if you have any questions at 364-1906.

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

Greg Miles for Rebecca Fadness
Program Supervisor
DD Survey and Certification

9/07

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ADMINISTRATED COMPLIANCE REVIEW

AGENCY NAME: ADVANCED SERVICES

SURVEY DATE(S): MAY 27-MAY 30, 2008

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

SURVEY TEAM MEMBERS: Rebecca Fadness, Medicaid Program Supervisor
Cyndy Jonsson, Medicaid Clinician
Mike Breuer, FACS Program Specialist
Linda Keirnes, FACS DD Supervisor
Veronica Martinez, FACS Developmental Specialist

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:

The mother of Participant C is very pleased with the services provided by this agency.

Therapy Observation Notes:

Participant #1 was observed receiving services at the Dollar Store. The staff engaged the person in making choices and selecting an item to purchase. The difficulty with this training session occurred at the check-out counter. The staff appeared to be "overly" engaged with the participant and the clerk. After the participant received his change, she had him count it, even though there were other people in line. This was not a reflection of how the typical population responds when getting change from a clerk who is using an automated cash register and did not encourage integration and inclusion by having other people wait in line while an obvious training session was occurring. The participant was trying to count the change; put it in an envelope and during this he was then prompted to say "thank you" to the clerk. It is obvious that the staff is very interested in the participant and in doing a good job with the program. The issue was that there were unnecessary steps built into the program – like counting the change and putting it into the envelope at the counter.

Observation was completed in the main group room, there were two tables eating lunch and there were staff at each table. There was some guided discussion that involved participants generally speaking. No observable skill training occurred.

Participant #4 was observed receiving services at Fred Meyer. The staff person was engaged in a conversation with a clerk. It may have been regarding a CD that had been ordered but not received. The participant wandered around. Then the staff asked her if she wanted to comparison price digital picture frames. She did not appear to respond in an interested way, but followed the staff person anyway. The staff person wrote down the prices of the picture

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frames while the participant's attention was elsewhere. During that time the participant was on the phone with her mother and became quite agitated. She kept saying "I don't know" over and over and finally said, "Here – talk to (name)" and handed the phone to staff. The staff talked to the Mom and explained about the CD and then talked a bit about the picture frames. Then they left. Perhaps the intent was to purchase the CD for Mom and price compare for Mom. No skills training occurred for the participant.

Participant C's therapy was observed at the community library. The participant engaged in all programs and did well with most of them programs. He knew what he was working on. He and the therapist had a wonderful rapport. He was given opportunities to make choices and made good ones. Reinforcement was enthusiastic and delivered at appropriate times. The therapist was very good with assisting the participant when he made a mistake by not presenting any negative statements. Therapy definitely enhances the participants self-image. Adequate data was collected.

Deficiencies:	**Agency's Plan for Compliance:**
16.04.11.500.03.b. There must be written policies and procedures covering the protection of all persons in the event of fire and other emergencies: **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • There are no written Policies and Procedures for the protection of all persons in the event of emergencies other than evacuation in the event of a fire. There appears to be business processes in training materials, employee manual, etc. These could be written into the P&P manual.	1. P&P will be corrected to include other emergencies 2. Participants were not effected 3. Administrator will correct P&P and in-service employee's 4. Information will be reviewed annually as part of the on-going training 5. September 2008
16.04.11. 510.HEALTH REQUIREMENTS. 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: b. Describe how the agency will protect participants from exposure to individuals exhibiting symptoms of illness. **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • There are no policies and procedures to protect participants from other participants exhibiting symptoms of illness. The current P&P only addresses staff members that may be ill.	1. P&P will include standards to be followed when a participants exhibits symptoms of illness 2. Effective immediately any participant exhibiting symptoms of illness, that may be contagious will be sent home or ask not to attend till free of symptoms 3. Administrator will correct P&P and in-service DS 4. DS will document information, when provider was notified 5. September 2008
16.04.11.510.HEALTH REQUIREMENTS. 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that:	1. P&P will be corrected to address health care needs of participants.

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c. Address any special medical or health care needs of particular participants being served by the agency. **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • There are no policies and procedures that articulate how the agency addresses special medical or health care needs of particular participants.	2. Participants profile sheet addresses special medical/health care needs 3. Administrator will correct P&P, DS will review profile sheets, and in-service employees if needed on information 4. Director will complete QA review to ensure corrections were implemented 5. September 2008
16.04.11.710.REQUIRED SERVICES. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: ***psychotherapy***, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • The agency does not provide or make available psychotherapy either by an employee or through a formal written agreement.	1. Contract with Psychologist revised to include Psychotherapy 2. Participants were not effected 3. Director will meet with Psychologist for review of the contract 4. Director will review written contracts to ensure each contract states what the discipline or services will be provided 5. September 2008
16.04.11.915.04. 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) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • 4 of 4 (1,2,3,4) participant files reviewed have objectives that are tracking the incidence of behavior or absence of behavior rather than assisting participants behavior through teaching of alternate adaptive skills. (ie. Participant had incidents of "interruption", and "refrain from being inappropriate", "keep emotions under control".)	1. Behavior programs will be rewritten to assist participants through teaching of alternate adaptive skills 2. Participants behavior programs will be corrected immediately 3. Director will in-service DS on how to write a behavior program 4. Director will review all behavior programs during the internal audit 5. September 2008

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16.04.11.601.01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Participant A IPP was created 3/24/08. evaluations in file were dated 4/10/08, after the creation of the treatment plan. •	1. Director will in-service DS on correct process when completing evaluation for an IPP 2. Children IPP and evaluation dates will be checked and correct immediately if found to be dated after the IPP *(participant A file was corrected immediately)* 3. DS will be responsible for correction 4. Director will complete QA review to ensure corrections were implemented and followed 5. September 2008
16.04.11.601.03. 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) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • 2 of 4 participants (# 1,3) receive a behavior modifying drug according to the participant file. • Participant #3's psychological assessment was completed in 1994 and is not current; • Participant #1's psychological assessment completed 11/1999- update completed 5/07. but no reference as to whether the assessment is current and relevant as outlined in 602.01 and 601.02 •	1. Director will in-service DS on correct process when review or updating Psychological assessments 2. Participant #3- update completed in 2006 copy in file with notes reflecting it is a current assessment. Participant #1- reviewed by Psychologist with notes reflecting that assessment is current *both participants 1&3 files were corrected immediately* 3. Director is responsible for in-servicing DS, DS is responsible for correcting participants assessment in file 4. Director will complete internal QA audit on participants file 5. September 2008
16.04.11.604.01. 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) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:**	1. Participants 1-7 will immediately have developmental comprehensive assessment rewritten to address section c. learning 2. Director and DS will review developmental comprehensive assessment and correct as needed to ensure all 7 areas are addressed correctly. 3. Director will in-service DS and DS will complete the assessments 4. Director will complete internal QA audit 5. September 2008

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• 7 of 7 comprehensive assessments did not reflect the developmental status in Learning as defined in 16.03.10.501	
16.04.11.600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. 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 **c.** Guide treatment; (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Participant deficits were clearly identified on the agency assessment tool (CALS). In 4 of 4 of the comprehensive assessment, several targeted deficits were listed as needs but did not address the how the need was a relevant and functional for the individual in order to guide treatment ○ For example: Participant #1- identifying nickel/penny program. There was no indication on narrative of why this skill was necessary to increase his independence in order to guide development of treatment programming. This individual had not established the basic skill despite years of training, therefore the training may not be necessary to independence in his current environment. Also programming for nutrition, no indication of assessment of need nor recommendation from professional in respective discipline;	1. Participants 1-7 assessments will be corrected immediately to ensure that these areas are addressed ... A. necessity B. need C. treatment 2. Director and DS will review all participants comprehensive assessment to ensure that all 3 of the areas are addresses correctly 3. DS is responsible for correcting participants file; director responsible for in-service training and QA 4. Director will complete internal QA of participants files 5. September 2008
16.04.11.600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06**d.** Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06 **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • 6 of 7 participant assessments did not include interests relevant to	1. Participants 1-7 assessments will be corrected immediately to ensure that the interest listed are relevant to developmental therapy 2. Director and DS will review all participants comprehensive assessment and correct as needed 3. DS is responsible for correcting participants file; director is responsible for in-service training and QA 4. Director will complete internal QA of participant's files 5. September 2008

developmental therapy.	
16.04.11.604.06. Medical Assessments. Medical assessments must be completed by a physician or other practitioner of the healing arts who is qualified in accordance with Section 420 of these rules and accurately reflects the current status and needs of the person. (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Participant A had a report from Physician dated 5/11/05 and was no longer current. A form was also found that had DD eligibility checkmarks on it that was recent and signed by physician. However, this was not considered to be a medical assessment.	1. Participants A file was immediately corrected to include a medical assessment 2. Director and DS will review children's files and correct as needed 3. Director is responsible for in-service training and QA; DS is responsible for participants file 4. Director will complete internal QA of participant's files 5. September 2008
16.04.11.701.04. 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) **a.** Type of service refers to the kind of service described in terms of: (7-1-06) i. Discipline; (7-1-06) ii. Group, individual, or family; and (7-1-06) iii. Whether the service is home, community, or center-based. (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) **c.** Frequency of service is the number of times service is offered during a week or month. (7-1-06) **d.** Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Participant A assessment indicated a recommended range of therapy of 0-15 hours. This does not meet the criteria for defining "amount" of therapy. • Participant B had group developmental therapy indicated in the IPP, agency is not providing this service to the participant. •	1. Participants A and B IPP were immediately corrected to state amount of therapy to occur 2. DS will review all IPP's and make corrections as needed 3. Director is responsible for in-service training and QA; DS is responsible for participants file 4. Director will complete internal QA of participant's files 5. September 2008
16.04.11.701.05 Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver	1. Participants C IPP was immediately corrected to state current hours of

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services, and for adults receiving EPSDT 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 age-appropriate. The IPP must include: 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 four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • The IPP for Participant C states 6 hours a week of Individual therapy and 4 hours a week of Group therapy. Documentation did not indicate that Group therapy is being provided. •	therapy 2.DS will review all IPP's and make corrections as needed 3. Director is responsible for in-service training and QA; DS is responsible for participants file 4. Director will complete internal QA of participant's files 5. September 2008
16.04.11.703. Program Implementation Plan requirements. **04. Written Instruction 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. **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • For Participant C, data was no collected as instructed. Data did not include the prompt level when a minus (-) was given	1. Participants C data collection was reviewed by DS and staff in-serviced on how the data was to be recorded *(corrected immediately)* 2. DS will review PIP data to ensure data is being collected as stated, corrected as needed 3. DS will in-service the staff on how to record data 4. Director will complete internal QA of participant's files 5. September 2008
16.04.11.900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program.**03. Additional Requirements.** The quality assurance program must ensure that DDA servicesprovided to participants;	1. Administrator will revise QA form to include "observable training skills" 2. Monthly QA form 3. Administrator responsible for form change, in-servicing Director and DS, DS for monthly QA observation 4. Director will complete internal QA of participant's files

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f. Are observable in practice. **FINDINGS:** Based upon observation and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Participants in groups in Group Rm B and the kitchen did not appear to be receiving any skills training during the observation. Staff was feeding and assisting participants in their lunch. • In the main group room, there were two tables eating lunch and there were staff at each table. There was some guided discussion that involved participants generally speaking. • Observation of participant at Fred Meyer. The staff person was engaged in a conversation with a clerk. It may have been regarding a CD that had been ordered but not received. The participant wandered around. Then the staff asked her if she wanted to comparison price digital picture frames. She did not appear to respond in an interested way, but followed the staff person anyway. The staff person wrote down the prices of the picture frames while the participant's attention was elsewhere. During that time the participant was on the phone with her mother and became quite agitated. She kept saying "I don't know" over and over and finally said, "Here – talk to [name]" and handed the phone to staff. The staff talked to the Mom and explained about the CD and then talked a bit about the picture frames. Then they left. Perhaps the intent was to purchase the CD for Mom and price compare for Mom. No skills training occurred for the participant.	5. September 2008

Survey report completed by : Rebecca Fadness, Program Supervisor — Date: 6/6/2008

Agency Administrator Signature: [signature] — Date: 6/26/08

Plan of correction accepted: Greg Miles for Rebecca Fadness — Date: 7/3/08

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