IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 21, 2008

Administrator, Steve Adkins
Fellowships DDA, LLC
1530 W State Street Ste F
Meridian, Idaho 83642

Dear Mr. Adkins,

Thank you for submitting the Fellowships Plan of Correction dated 8/16/2008. 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 Fellowships a full 1 year certificate effective from 7/3/2008 through 7/2/2009.

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 October 22, 2008. You may submit supporting documentation as follows:

Fax to: 364-1811, Attention Greg Miles
Email to: milesg@dhw.idaho.gov
Mail to: DD Survey and Certification Unit, Attn Greg Miles
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 364-1828.

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

Greg Miles
Medical Program Specialist
DD Survey and Certification

Greg Miles

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: FELLOWSHIPS DDA **REVIEW DATE(s): 6/23/08-6/27/08**

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.

REVIEW TEAM MEMBERS: Survey and Certification Team Members: Cyndy Jonsson, Clinician Greg Miles, Medical Program Specialist; Region III and IV Survey Team Members: Mike Breuer, Regional Program Specialist Ebony Jorgenson, Clinician Veronica Martinez, Clinician

SURVEY FINDINGS

Therapy Observation Notes:
There were two different trainers working – one with Participant 2 and one with Participant 1. Participant 1 was cleaning the house and doing the home safety checks. Participant 2 was preparing dinner. Participant 1 stated that he was very happy with the staff who were there now and that they had been with them for awhile. This is a big compliment since Participant 1 has "fired" many staff in the past. One caution would be for the staff not to provide the verbal prompt until it is clear that the participant is unable to complete the task. On a couple of occasions the participants were prompted prior to attempting the task.

Deficiencies:	Agency's Plan for Compliance:
16.04.11 009.MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-06) FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • There was no documentation found of a criminal history check for the social worker.	Corrected at Survey.

16.04.11 400.GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 01. Administrative Staffing. Each DDA must have an agency administrator who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis. The agency administrator is accountable for the overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-06) FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • There was no documentation found of a job description for the Administrator.	1. A job description for the agencies administrator will be written and added to the policy and procedure manual. 2. No participants have been identified to be effected by this deficiency. 3. Fellowships administrator will be responsible for this corrective action. 4 Once the job description is added to the policy and procedure manual it will be reviewed and modified by our quality assurance professional on a quarterly basis. 5. The job description will be completed and added to Fellowships policy and procedure manual by September 1, 2008.
16.04.11.604. 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) FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • There is a program for fine motor skills for Participant #2 written by the Developmental Specialist rather than the agency's Occupational Therapist. • The Participant's needs for therapy are not related to her developmental disability. Developmental therapy could only be conducted to the extent of her needs that are a result of her developmental disability. Occupational Therapy secondary to this injury would also be delivered separately from Developmental Therapy and paid for by Medicaid under a different billing code not under the DDA.	1. This objective will be discontinued from the participants plan. 2. The participant and her service coordinator will be notified of the changes to her plan. If she would like to continue to work on fine motor skills, Fellowships will refer her to an OT. Fellowships will also review current participants IPP's and consult our contracted OT if there is a need for fine/gross motor objectives. 3. Fellowships Developmental Specialist will be responsible for this corrective action. 4. When implementing participant goals Fellowships Developmental Specialist will work with other contracted professionals (OT, PT) if a need is found in the area of mobility pertaining to fine or gross motor skills. 5. This will be corrected effective August 4, 2008.

16.04.11 600.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) d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline. (7-1-06) FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • SIB-R Report does not reflect the participant's relevant needs for developmental therapy. The tool is constructed to assess and reports deficits and determine a need regardless of its relevancy to an individual given their age, living situation, goals, etc. • Agency's identification of strengths, needs and interests are not all applicable to developmental therapy.	1. Fellowships will develop a functional assessment tool that will more accurately reflect the participant's relevant needs, strengths, and interest for developmental therapy. The Developmental Specialist will use the SIB-R, Functional Assessment Tool, and Baseline Tool to do this. Once all three tools are completed, the DS will tie the participant's strengths, needs, and interest reported in the tools together to create their individualized Comprehensive Assessment. 2. All participants will be affected by this deficiency. The use of all three tools when developing the participant's comprehensive assessment will allow each participants plan to reflect their needs, strengths, and interest pertaining to developmental therapy. 3. Fellowships Developmental Specialist will be responsible for creating a functional assessment that will more accurately assess the participant's needs for service, and that will more affectively guide their treatment plan. 4. The Quality Assurance professional will monitor to ensure that each participant has a functional assessment in their file on a quarterly basis, and that the functional assessment corresponds with the participants needs and that it guides their treatment plan. 5. The tool will be developed by August 4, 2008. Participants in the sample that were found deficient will have the correction made by October 10, 2008. All other participant affected by this deficiency will be identified and corrected by January 22, 2009. Fellowships DDA has attached a sample functional assessment tool to this plan of correction.
16.04.11 - DEVELOPMENTAL DISABILITIES AGENCIES (DDA) 011. DEFINITIONS -- P THROUGH Z. For the purposes of these rules, the following terms are used as defined below: (7-1-06) 22. Specific Skill Assessment. A type of assessment used to determine the baseline or the need for further intervention for the discipline area being assessed. (7-1-06) 16.04.11 605.REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. 05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06) FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • There are no specific skill assessments to use for determining baselines.	1. Fellowships will develop a tool for determining baselines that will be used during the intake process that will more accurately reflect the participant's current skill level in a specific skill area. 2. Each participant will be affected by this deficiency. All participants will have their baselines statements and objectives rewritten to reflect their current ability more accurately. 3. Fellowships Developmental Specialist will be responsible for creating a tool that will more accurately assess the participant's needs and will use this tool before developing each participant's PIP's. 4. The Quality Assurance professional will monitor to ensure that each participant has a baseline assessment in their file on a quarterly basis, and that the baseline assessment accurately reflects the participants PIP's . 5. The tool will be developed by August 4, 2008. Participants in the sample that were found deficient will have a baseline assessment completed by October 10, 2008. All other participant affected by this deficiency will have a baseline assessment completed by January 22, 2009. Fellowships has attached a sample Baseline assessment tool to this

• The agency does not have any other tool that assesses a person's skills and abilities related to skills.	plan of correction.
16.04.11 703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. 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) FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • Program Implementation Plans do not include a participant's skill level and abilities related to the specific skill to be learned.	1. Fellowships will rewrite participant PIP's to include their current skill level and abilities. Their skill level will be determined by reviewing the SIB-R, Functional Assessment, and Baseline Assessment. 2. Each participant will be affected by this deficiency. The participant's plans will be rewritten to include their current skill level and ability. 3. Fellowships Developmental Specialist will be responsible for rewriting each plan and administrating the assessments on the participant to determine their specific skill level. 4. The Quality Assurance professional will monitor to ensure that on every PIP for each participant the PIP includes the specific skill being learned and their abilities. 5. Participants in the sample that were found deficient will have their baseline statement modified to address the specific skill being learned by October 10, 2008. All other participant affected by this deficiency will be identified and have their baseline statement modified to address the specific skill being learned by January 22, 2009.Fellowships has attached a sample PIP to this plan of correction
16.04.11 703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. 03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan 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: • Objectives are not measurable. They include several components that combined cannot be measured when indicated by one data response. For example: Participant #2 Self Care program states that they will complete "household chores" with two verbal cues. • Objective such as "interact appropriately" (For example: Participant #2 Social skills program), "positively interact" (For example: Participant #1 Social Skills program) are not behaviorally-stated.	1. All PIP's will be reviewed by Fellowships Administrator and Developmental Specialist and corrected to identify a measurable behavioral stated objective to match their goals. This will be conducted on an individual basis. 2. All participants' objectives will be affected by this deficiency. When each objective is rewritten the participant or their guardian will receive a copy of their IPP that will reflect the changes. 3. Fellowships Administrator and Developmental Specialist will be responsible for making the changes. 4. On a quarterly basis Fellowships Quality Assurance Professional will monitor participant's objectives to ensure that they are behaviorally stated and measurable. 5. Participants in the sample that were found deficient will have their objectives rewritten to be measurable and behaviorally stated by October 10, 2008. All other participant affected by this deficiency will be identified and have their objectives rewritten to be measurable and behaviorally stated by January 22, 2009.Fellowships has attached a sample PIP to this plan of correction

16.04.11.601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06) a. When the participant is receiving a behavior modifying drug(s);(7-1-06) b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06) c. Prior to the initiation of supportive counseling; (3-30-07) d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06) e. When a participant has been diagnosed with mental illness; or (7-1-06) f. When a child has been identified to have a severe emotional disturbance the initiation of restrictive interventions to modify inappropriate behavior(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: • There is no current psychological assessment in the file for Adult Participant's #1 and #2, and Child Participant's A and C who are on a behavior modifying drug.	1. Fellowships will contact participants, service coordinators or parents of participants that need psychological evaluations to determine if they have recently had a psychological evaluation within the last year. If they have not, Fellowships will recommend their contracted Psychologist for the services. 2. We will review each participants profile sheet to determine if they are in need of a psychological evaluation due to behavior modifying medications, or have a mental illness diagnosis. 3. Fellowships Administrator and Developmental Specialist will be responsible for reviewing files to see which participants need psychological evaluations and to ensure the evaluations are completed. 4. The Quality Assurance professional will review participants file before services begin to ensure that all necessary paperwork is collected including psychological evaluation and that the psychological evaluation meets the criteria set in the IDAPA rules. 5. Participants in the sample that were found deficient will have a psychological evaluation completed by October 10, 2008. All other participant affected by this deficiency will be identified and have a psychological evaluation completed by January 22, 2009. New participants will not receive services until the proper evaluations have been completed.
16.04.11 711. 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) **01.** Areas of Service. These services must be directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. (7-1-06) FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • Instructions to staff on Participants Implementation Plans do not consistently indicate interventions that include a skill acquisition.	1. Staff instructions on PIP's will be rewritten to be more specific towards skill acquisition. 2. All participants will be affected because the staff instruction area on their PIP's will be modified. We feel this change will provide better services to our participants when staff will have a clearer understanding of what is expected of them. 3. Fellowships Administration and Developmental Specialist will be responsible for the changes. 4. The Quality Assurance professional will review participants file before services begin to ensure that the staff instructions are directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. 5. Participants in the sample that were found deficient will have their PIP's rewritten to be more specific towards skill acquisition by October 10, 2008. All other participant affected by this deficiency will be identified and have their PIP's rewritten to be more specific towards skill acquisition by January 22, 2009. Fellowships has attached a example PIP to this plan of

Interventions include watching and cuing when Participants fail. • Participant #2 has programs for "expressing her feelings", "reacting to the children's behavior", "using I-statements". These programs are not habilitative skills, as such. These issues would be more appropriately worked through under Supportive Counseling or Psychotherapy.	correction.
16.04.11.701.01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • Eligibility worksheet for Participant A was completed 1/16/08. IPP was dated 1/14/08, indicating that eligibility determination occurred after the start of treatment plan. For participant C and E, the eligibility documentation on file is not sufficient to establish categorical eligibility. No initial evaluations documenting diagnosis was found, the participant file only included progress note from physicians, and school psychological reports. In addition, since participant D is over the age of five, a psychological report to support a developmental disability diagnosis is necessary.	1. Fellowships will complete the eligibility worksheet prior to providing services or writing an IPP for a participant. If we do not have the necessary documentation to begin services we will then request the appropriate testing be completed prior to the start of services. 2. All Participant eligibility worksheets will be reviewed to determine if they have the appropriate documentation needed to qualify for services. If participants do not, we will request that the appropriate testing be completed by our contracted psychologist. 3. Fellowships Administration and Developmental Specialist will be responsible for implementing the changes. 4. Fellowships Quality Assurance Professional will review participant files on a quarterly basis to ensure all eligibility documentation is up to date. They will also review files prior to a participant beginning services to ensure the eligibility documentation is correct. 5. Participants in the sample that were found deficient will have an appropriate evaluation completed by October 10, 2008. All other participant affected by this deficiency will be identified and have the appropriate testing completed by January 22, 2009.
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 services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • Participant A's IPP was written 1/14/08, Medical/Social History was completed 6/6/08.	1. Fellowships will ensure that all participant Med-Social Evaluations are completed by our LSW prior to the IPP date. Fellowships DDA will also keep participants Med-Socials and Med-Social updates in their file on a continuous basis to document that they have been done and have been revised on an annual basis. 2. Fellowships will review each participant's current Med-Social to ensure that it is up to date. If it is not, We will contact our LSW to update the Med-Social. 3. Fellowships Administration and Developmental Specialist will be responsible for implementing the changes 4. Fellowships Quality Assurance Professional will review participant files on a quarterly basis to ensure all Med-Social have been completed. 5. Participants in the sample that were found deficient will have their Med-Socials updated by October 10, 2008. All other participant affected by this deficiency will be identified and have their med-socials updated by January 22,

	2009.
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: • IPP for Participants A & B indicates a range up hours: "Up to 30 hours individual and group" rather than an identified number of hours, and does not indicate which hours are to be spent on individual therapy and which ones are indicated for group. • Participant A's IPP provides for a target date but does not indicate duration of services. • For participants C, D and E, the IPP is missing the specific number of times services will be offered during a week. The plan only states the amount of hour a week the participant will be receiving services, but does not state the frequency during the week.	1. Fellowships will modify participant's IPP to include the specific number of hours allotted for individual developmental therapy and group developmental therapy along with the specific number of times the services will be offered during the week. 2. Fellowships DDA will review each participants IPP and add an addendum to each that will be more specific to the hours of therapy the participant will receive each week, including how many days per week, and if it will be individual, or group therapy. 3. Fellowships Administration and Developmental Specialist will be responsible for implementing the changes. 4. Fellowships Quality Assurance Professional will review participant files on a quarterly basis to ensure that the range and duration of hours on the participants IPP is specific and meets their needs. They will also review files prior to a participant beginning services to ensure the range is appropriate. 5. Participants in the sample that were found deficient will have the correction made to their IPP by October 10, 2008. All other participant affected by this deficiency will be identified and have the corrections made to their IPP by January 22, 2009.
16.04.11.701.05.e.xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA.	1. Fellowships DDA will revise participants IPP's so that they include their goals and choices along with interest strengths and needs. We will also create a separate form for participant's transition plans. We will be sure that the participant's transition plan includes information that will facilitate the participant's independence, include their personal goals, and interests pertaining to developmental therapy and that it identifies the criteria for transitioning to a less restrictive environment. 2. Fellowships will review and rewrite each participant's IPP so that it includes their personal goals and choices. Fellowships will meet with each

FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • For participant C, D and E, the IPP is missing the participant's personal goals and choices. The IPP only identifies participants' interests, strengths and needs. • Transition plans for Participants A, B, C, D, and E are labeled "Summary Statement/Transition Plan", and are therefore not a separate document. In addition, there is no discussion in the plan that identifies criteria for transition into less restrictive environment, integrated settings, or other statement that meets IDAPA definition of transition plan.	participant on an individual basis to obtain this information and to develop an individualized transition plan. 3. Fellowships Administration and Developmental Specialist will be responsible for implementing the changes. 4. Fellowships Quality Assurance professional will review the participants IPP before services begin, and quarterly to ensure the goals, choices, interest, strengths, needs, and transition plan are still relevant to the participant. 5. Participants in the sample that were found deficient will have their IPP's modified so that they include their goals and choices along with interest strengths and needs along with transition plans by October 10, 2008. All other participant affected by this deficiency will be identified and have their IPP's modified so that they include their goals and choices along with interest strengths and needs along with transition plans by January 22, 2009.
16.04.11.703 PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. 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. FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • For Participants A, C, D, and E, the IPP objective instructions were often vague, or carried several optional tasks, which would make data collection accuracy impossible given varying difficulty in tasks. Types of prompts were not identified and frequency of reinforcement was not individualized. Methods were not described in a manner that would allow for consistency in running objectives between different staff or settings.	1. Staff instructions on PIP's will be rewritten to address different types of prompting, and the frequency of reinforcement will be more individualized based on the participant's needs. 2. All participants will be affected because the staff instruction area on their PIP's will be modified. We feel this change will provide better services to our participants when staff will have a clearer understanding of what is expected of them when running the objective. 3. Fellowships Administration and Developmental Specialist will be responsible for implementing the changes. 4. The Quality Assurance professional will review participants file before services begin to ensure that the staff instructions identify the prompts required to run the program, and that the instructions are individualized for the needs of each participant. 5. Participants in the sample that were found deficient will have their PIP's rewritten to address different types of prompting, and the frequency of reinforcement will be more individualized based on the participant's needs by October 10, 2008. All other participant affected by this deficiency will be identified and have their PIP's rewritten to address different types of prompting, and the frequency of reinforcement will be more individualized based on the participant's needs by January 22, 2009. Fellowships has attached an example PIP to this plan of correction.
16.04.11.701.05 Individual Program Plan (IPP). a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. AND	1. Fellowships will meet with Participant B's parent and service coordinator to discuss having a new IQ evaluation completed. 2. Fellowships will review eligibility worksheets of all current participants. For any participant that has had a psychological evaluation completed

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)
b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06)
c. Prior to the initiation of supportive counseling; (3-30-07)
d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06)
e. When a participant has been diagnosed with mental illness; or (7-1-06) f. When a child has been identified to have a severe emotional disturbance
AND
16.04.11.600. 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)
d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)
e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs.

FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows:

- Participant B's file was missing a psychological report. As IQ is part of his eligibility documentation this is a requirement. File did contain an IEP dated 2/15/07 that referenced a psychological evaluation that was conducted in 2007, which referenced a psychological evaluation conducted on 1/05/04. This does not meet criteria for what is considered an evaluation, and the testing scores are now considered outdated.

through the school and that is being used for eligibility we will make the necessary arrangements to have the evaluation completed by our contracted psychologist. We will also review the dates that evaluations were completed to make sure none are more then 1 year old, or that they have been updated within the last year.
3. Fellowships Administration and Developmental Specialist will be responsible for implementing the changes.
4. Fellowships DDA will have our Quality Assurance Professional review files on a quarterly basis to ensure that all evaluations are up to date. In addition she will also review evaluations before the participant begins services to ensure all the necessary eligibility documentation is in the file.
5. Participants in the sample that were found deficient will have the proper evaluation completed by October 10, 2008. All other participant affected by this deficiency will be identified and have the proper evaluation completed by January 22, 2009.

16.04.11.600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • Participant's A, B, C, D and E had assessments that indicated "up to 30 hours" of services. This is a range of services and does not meet definition of "amount".	1. Fellowships will modify participant assessments to include the specific amount of hours allotted for individual developmental therapy and group developmental therapy along with the specific number of times the services will be offered during the week. 2. Fellowships DDA will review each participants assessment and make it specific to the hours of therapy the participant will receive each week, including how many days per week, and if it will be individual, or group therapy. 3. Fellowships Administration and Developmental Specialist will be responsible for implementing the changes. 4. Fellowships Quality Assurance Professional will review participant files on a quarterly basis to ensure that the range and duration of hours on the participant's assessments are specific and meets their needs. They will also review files prior to a participant beginning services to ensure the range is appropriate. 5. Participants in the sample that were found deficient will have their assessments corrected by October 10, 2008. All other participant affected by this deficiency will be identified and have their assessments corrected by January 22, 2009.
16.04. 11. 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) 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) FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents lacked evidence as follows: • For Participants C, D, and E, the med/social evaluation were completed over a year ago, however no documentation was found to support that an assessment review had taken place.	1. Fellowships will meet with their LSW to have the Medical-Social evaluations updated or redone depending on what she feels is necessary. 2. Fellowships will review all current participant med-socials and will give the social worker a list of the participants whose evaluations need to be reviewed because they are more then a year old, or that we know have had a dramatic change in their living situation since the last evaluation. 3. Fellowships Administration and Developmental Specialist will be responsible for implementing the changes. 4. Fellowships Quality Assurance Professional will review participant files on a quarterly basis to ensure that med-socials for participants have been written or updated by a LSW with in a year of the IPP date. . 5. Participants in the sample that were found deficient will have their med-socials corrected by October 10, 2008. All other participant affected by this deficiency will be identified and have their med-socials corrected by January 22, 2009.

01/08

IDAHO DEPARTMENT OF HEALTH & WELFARE

Survey report completed by : Cynthia Jonsson Date: 7/17/08

Agency Administrator Signature: Date: 8/21/08

Plan of correction accepted: Guy Miles Date: 8-25-08

PAGE 2/2 * RCVD AT 8/21/2008 2:16:40 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/1 * DNIS:1811 * CSID:2088889309 * DURATION (mm-ss):00-44