IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 12, 2008

Mike O'Bleness, Administrator
JoEllen Jones
Development Workshop, Inc.
555 W. 25th Street
Idaho Falls, Idaho 83402

Dear Mr. O'Bleness and Ms. Jones:

Thank you for submitting the Development Workshop, Inc. Plan of Correction dated September 22, 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 Development Workshop, Inc. a full one (1) year certificate effective from October 20, 2008 through September 30, 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 **December 5, 2008**. You may submit supporting documentation as follows:

Fax to:	208-239-6269
Email to:	lovelanp@dhw.idaho.gov
Mail to:	Dept. of Health & Welfare
	DDA/Res Hab Survey & Certification
	1070 Hiline, Suite 260
	Pocatello, Idaho 83201
Or deliver to:	1070 Hiline, Suite 260
	Pocatello, Idaho 83201

You can reach me if you have any questions at 208-239-6267.

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

Pam Loveland-Schmidt
Medical Program Specialist
DD Survey and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: DEVELOPMENT WORKSHOP, INC., UPPER VALLEY INDUSTRIES & SALMON RIVER INDUSTRIES
SURVEY DATE(S): AUGUST 4, 2008 – AUGUST 8, 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: Mark Schwartzenberger, Region VII FACS Clinician; Sandy Griffin, Region VII FACS Supervisor; David Doran, Medical Program Specialist Survey & Certification; and Pam Loveland-Schmidt, Medical Program Specialist Survey & Licensing found your agency through observations, discussions and record review to be providing quality services. However, the survey team found several areas of deficiencies that require immediate attention, due to non-compliance with the IDAPA rule and the Provider Agreement. The deficiencies are as follow:

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:

Participants interviewed and observed during this survey were very positive in regards to the services they received at Upper Valley Industries (UVI). Only participants served in the UVI facility were reviewed and observed by the FACS team members as this is the only facility within this organization that works with children.

Therapy Observation Notes:

- Participant 1 was observed in the center receiving individual therapy with Developmental Therapist (CM). The participant was working on "computer skills". The therapist provided verbal prompts and reinforcements as necessary.
- Participant 2 was observed in the community receiving group therapy with 2 other individuals and the Developmental Therapist (JP). The participant was working on "budgeting and price comparison". The therapy did not enhance the social image due to when one participant was receiving therapy the other two participants would lag behind and stood out. It was difficult for other shoppers to get around the group of four in the isles. Another participant was working on "purchasing" and she chose to purchase a yogurt which she did not have her money ready and the therapist was assisting her how much money she needed at the cash register which took quite some time and held up the customers behind her. The therapist should consider working with the participant on getting the approximate dollar amount ready prior to entering the checkout stand. The therapist had a good rapport with the participants, provided reinforcement and prompts as needed and provided the therapy in the natural setting. Overall, the therapist did a good job with the participants.
- Participant 3 was not observed due to her being too tired to receive Developmental Therapy.
- Participant 4 was observed in the center receiving individual therapy with Developmental Therapist (JS). The participant was working on "Personal Hygiene and Grooming" objectives. The therapy was not conducted in the participant's natural setting. Although the therapy was not conducted in the participant's natural setting,

the therapist provided quality developmental therapy. The therapist had a good rapport, provided choices and asked permission before she assisted the participant with the task. The therapist was pleasant and followed the implementation plan as written and allowed the participant to do the steps in the order he preferred and prompted when appropriate. Overall, did a very good job.

- Participant 5 was observed in the community at Bowl-Ero receiving group therapy with three groups of three participants with Developmental Therapist (CM). The participant was to work on "socialization" skills, but during the observation no therapy was observed for this participant and the other participants in the three groups of three participants. This setting was not inclusive with all three groups of participant grouped together in three lanes separate from the other individuals bowling. Bowling as it was implemented would be more appropriate for adult day care. The participants received reinforcement for the bowling activity but no developmental therapy was observed.
- Participant 6 was observed in the center receiving group therapy in a group of 6 participants with Developmental Therapist (DW). The participant was working on "identifying money and the proper change" goal. The center was not the natural setting where the participant would commonly learn and utilize the skill whenever appropriate to promote normalization but the therapist utilized real life examples to promote normalization. The therapist used fake money, which was not the same size as real money which she commented on the size of the coins being different. Using fake money is difficult to generalize into the participant's natural environment. The therapist informed all the participants of what objectives they were working on and reminded them of their objective when it was their turn. The therapist was very energetic, engaged the whole group and when a participant would get distracted she would get them back on task without embarrassing them. The therapist provided reinforcements, prompts when necessary and worked well with the group.
- Participant 7 was observed in the center receiving group therapy in a group of 8 participants with Developmental Therapist (JP). The participant was working on "independently participant in a group activity as appropriate" objective. The group was playing Bingo and the therapist went around the room asking each individual to tell something about himself or herself. The therapy did not promote inclusion because it was conducted in the center with only Developmentally Disabled participants. The game of "Bingo" is not functional and is recreational and not a Medicaid billable service. The therapist provided prompts, reinforcements as necessary and overall did a good job.
- Participant 8 was observed in his natural setting-his apartment receiving individual therapy with Developmental Therapist (JJ). The participant was working on "cleaning" goals. The therapist was very professional, calm and followed the implementation plan as appropriate and allowed the participant to make choices and redirected him when he showed inappropriate behaviors. Overall did a good job.
- Participant 9 was observed in his community program at Teton Lanes with Developmental Therapist (JJ). The participant was working on Individual Community objective for obtaining assistance. The therapist has only worked with the participant for approximately 1 week yet appeared to have already developed a good rapport in interacting with him. The therapist allowed the participant to be involved in the activity and only interceded at times when the participant made the initial request for assistance, and then readily provided verbal reinforcement regarding the assistance request.
- Participant 10 was observed in the DDA facility program in Individual Facility Based developmental therapy working with Developmental Therapist (JJ). The participant was working on an objective to increase communication skills. The therapist would encourage the participant to select specific items to read/look through. Verbal prompting was required during most of the training with positive reinforcement given relative to being able to verbalize a response (even though a response sometimes took a while to be completed due to language skills). The participant was not pushed to respond quickly. At the time Individual therapy was being provided to the participant he was seated at the same table with other participants who were participating in a group activity.
- Participant 11 was observed in the DDA facility program. At the time the observation took place the participant was scheduled to be working on an objective to address appropriate public comment. As the observers entered the training area the identification of the participant was requested and staff directed the observers to him. The participant was seated in a chair away from other participants in the group who were participating in a board game (Wheel of Fortune). The participant spoke with the observers briefly, indicated he is in **time out** when asked why he was not participating in group activity, and then asked staff if he could use the bathroom. The staff person running the group activity asked another staff person if this was okay and was informed his "time out" was supposed to be for approximately 5 more minutes but that it was okay at that point for him to use the restroom. In reviewing the program book in the training area it was noted the participant has an objective to control his temper with a time out component identified that if he knows his anger can become a problem he can put himself into a time out in order to think about the current situation and determine the appropriate manner to approach the situation. This objective did not address the limitation on the time out, where it was to take place nor did it identify the parameter of what he should do when the time out was "over".

Deficiencies:	Agency's Plan for Compliance: *(Answer questions 1 through 5 for each deficiency)*
16.04.11.201. APPLICATION FOR INITIAL CERTIFICATION. **04. Content of Application for Certification.** Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06) i. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements in Subsections 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 6 out of 15 employees/contracted professionals (KG,MH-M,VH,JJ,VN,JT) records **lacked the following**: • Evidence staff qualifications including evidence of compliance with criminal history and background check requirements in Subsections 009.01 through 009.03 of these rules. For example: VN's criminal history check was completed in Utah. Employee (MH-M) has a criminal history check in her record from 09/23/05 but DWI was not listed as the agency, the same for (VH) who had a Criminal History Check completed 08/03/05 and did not start for DWI until 09/05/06 and the Criminal History Check was not transferred to DWI. Employee (VN)'s record stated that her Criminal History Check was completed 09/05/06 but no evidence she has cleared a background check for DWI. Employee (JJ) started employment 09/01/07 and no evidence he has cleared a criminal history check for DWI.	1. What corrective action(s) will be taken? A complete review has been made of all DDA employees and consultants to insure that all appropriate background checks have been requested and/or received. Quarterly reviews will be completed to identify any deficiencies with immediate corrective action made. GH: Background Check has been received 8/12/08 MH-M: A request has been made for a change of employer. 8-20-08 Received 9-4-08 VN: Background Check has been received. 8/25/08 JJ: A request has been made for a change of employer. 8-20-08 Received 9/4/08 VH: A self-declaration has been completed and fingerprinting is scheduled for 9/11/08 JT: Was let go the day of the audit because he did not show for his scheduled Background Check fingerprinting appointment. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants will be served by a staff member not having a background check by the specified time. 3. Who will be responsible for implementing each corrective action? Human Resources 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? A new process will be developed that will ensure background checks are completed within the time frame specified in IDAPA rule. Background checks will be centralized to ensure compliance Quarterly reviews will be completed to ensure consistent compliance. Program Administrator will perform quarterly quality assurance reviews. 5. Dates for when the corrective action will be completed? 9/11/08 (See Attachment 1)
16.04.11.201. APPLICATION FOR INITIAL CERTIFICATION. **04. Content of Application for Certification.** Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents	1. What corrective action(s) will be taken? Consultant was contacted and new license obtained. 8/26/08 (SeeAattachment 2) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? DWI does not have any participants utilizing OT services at this time; therefore, no participants were affected.

must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06) i. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements in Subsections 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 5 contracted professionals (BO-OT) records **lacked the following**: • **Evidence staff qualifications including** copies of state licenses and certificates for staff when applicable.	3. Who will be responsible for implementing each corrective action? Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules Contracts for consultants are signed July 1. As part of this contract, new licenses will be requested and provided at the time of the renewal. Program Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. 5. Dates for when the corrective action will be completed? 08/26/08
16.04.11.405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06) **02. Frequency of Supervision.** The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06) **a.** Give instructions; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 7 out of 7 Employee(s) (CM,VN,PPi,JPy,JS,JT,DW) employee	1. What corrective action(s) will be taken? A new tracking process will be implemented to document the weekly supervision of paraprofessionals. This document will include progress review, training on program and procedures and instructions on the program and participants. The document will be completed by each DS on the paraprofessional under their supervision. The document will be turned into the Program Director monthly. (SeeAttachment 3) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Each DS for the paraprofessionals under their supervision. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Director will review the document monthly to make sure compliance with IDAPA rules. Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. 5. Dates for when the corrective action will be completed? Document will be completed by September 1, 2008. DS' will be trained on use of document by 11/25/08. Documentation of observations will start October 1, 2008 on the old form until training has occurred.

record lacked: • Evidence the agency assured that a professional qualified to provide the service must, gave instruction to all paraprofessionals under his supervision, on a weekly basis or more often if necessary.	
16.04.11.405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06) **02. Frequency of Supervision.** The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06) **b.** Review progress; and (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 7 out of 7 Employee(s) (CM,VN,PPi,JPy,JS,JT,DW) employee record lacked: • Evidence the agency assured that a professional qualified to provide the service must, reviewed progress with all paraprofessionals under his supervision, on a weekly basis or more often if necessary.	1. What corrective action(s) will be taken? A new tracking process will be implemented to document the weekly supervision of paraprofessionals. This document will include progress review, training on program and procedures and instructions on the program and participants. The document will be completed by each DS on the paraprofessional under their supervision. The document will be turned into the program director monthly. (See Attachment 3) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Each DS for the paraprofessional under their supervision. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Director will review the document monthly to make sure compliance with IDAPA rules. Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. 5. Dates for when the corrective action will be completed? Document will be completed by September 1, 2008. DS will be trained on use of document by September 15, 2008. Documentation of observations will start September 16, 2008.
16.04.11.405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified	1. What corrective action(s) will be taken? A new tracking process will be implemented to document the weekly supervision of paraprofessionals. This document will include progress review, training on program and procedures and instructions on the program and participants. The document will be completed by

professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06) **02. Frequency of Supervision.** The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06) **c.** Provide training on the program(s) and procedures to be followed. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 7 out of 7 Employee(s) (CM,VN,PPi,JPy,JS,JT,DW) employee record lacked: • Evidence the agency assured that a professional qualified to provide the service must, provide training on the program(s) and procedures to be followed with all paraprofessionals under his supervision, on a weekly basis or more often if necessary.	each DS on the paraprofessional under their supervision. The document will be turned into the program director monthly. (See attachment 3) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. Who will be responsible for implementing each corrective action? Each DS for the paraprofessional under their supervision. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Director will review the document monthly to make sure compliance with IDAPA rules. Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. Dates for when the corrective action will be completed? Document will be completed by September 1, 2008. DS will be trained on use of document by September 15, 2008. Documentation of observations will start September 16, 2008.
16.04.11.405 STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children	What corrective action(s) will be taken? DWI has updated our paraprofessional observation form under the direction of our instructional consultant. Each paraprofessional has been assigned to a DS who will be responsible for doing not only weekly but monthly observations. Each observation when completed will be turned into the Program Director for review. Program Director and DS will go over the observations with the staff instructing paraprofessional on needed changes or reinforcement of quality service. (See Attachment 4) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action?

birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06) **03. Professional Observation.** The agency must assure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 5 out of 7 Employee(s) (CM,PPi,JPy,JS,DW) employee record lacked: • Documentation the agency assures that a professional qualified to provide the service must on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). For example: Developmental Therapist (CM,PPi,JPy,JS)' record lacked evidence monthly observations were completed for June, 2007 through July 2008. Developmental Therapist (DW) 's record lacked evidence monthly observations were completed for August, 2007 through December, 2007 and February, 2008 through July, 2008.	Each DS for the paraprofessional under their supervision. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Director will monitor monthly to assure compliance with IDAPA rules. Program administrator will monitor quarterly. 5. Dates for when the corrective action will be completed? All paraprofessionals will have documented observations monthly starting October 1, 2008 and having one month completed by October 31, 2008. Each month will be documented thereafter.
16.04.11.415 GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. **01. Yearly Training.** The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06) **a.** Each agency employee providing services to participants must participate in fire and safety training upon employment and at least yearly thereafter; and (7-1-06)	1. What corrective action(s) will be taken? A form has been created to address orientation training for a new DDA employee. (See Attachment 5) A training manual will be produced to compliment the hands on training each new employee receives. This will address all areas as required by IDAPA Rules. A fire and safety training video will be purchased that will be added to the training program. We will continue to use the individual employee training logs that document the 12 hours of required training per year per staff member. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action?

FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 4 out of 9 employees (AB,VN,JP,JT) training records **lacked the following**: • Evidence of each agency employee providing services to participants participated in fire and safety training upon employment and at least yearly thereafter; 1.	Each employee is required to maintain their own training logs. The program director will also maintain a spreadsheet summarizing this information for all DDA employees. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. 5. Dates for when the corrective action will be completed? Form 9/1/08 Training Manual – 11/25/08 Video 11/25/08
16.04.11.415 GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. **01. Yearly Training.** The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06) **c.** Direct service staff must be trained to meet any special health or medical requirements of the participants they serve. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 9 employees (JP) training records **lacked the following**: • Evidence the direct service staff have been trained to meet any special health or medical requirements of the participants they serve.	1. What corrective action(s) will be taken? A form has been created to address orientation training for a new DDA employee. (See Attachment 5) A training manual will be produced to compliment the hands on training each new employee receives. This will address all areas as required by IDAPA Rules. A fire and safety training video will be purchased that will be added to the training program. We will continue to use the individual employee training logs that document the 12 hours of required training per year per staff member. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Each employee is required to maintain their own training logs. The program director will also maintain a spreadsheet summarizing this information for all DDA employees.. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. 5. Dates for when the corrective action will be completed? Form 9/1/08 Training Manual – 11/25/08 Video 11/25/08
16.04.11.415 GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. **02. Sufficient Training.** Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06) **a.** Correct and consistent implementation of all participants' individual program plans and implementation plans, to achieve individual objectives; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 9 employees (JP) training records **lacked the following**: 1. Evidence of correct and consistent implementation of all participants' individual program plans and implementation	1. What corrective action(s) will be taken? A form has been created to address orientation training for a new DDA employee. (See Attachment 5) A training manual will be produced to compliment the hands on training each new employee receives. This will address all areas as required by IDAPA Rules. A fire and safety training video will be purchased that will be added to the training program. We will continue to use the individual employee training logs that document the 12 hours of required training per year per staff member. 2.. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. Who will be responsible for implementing each corrective action? Each employee is required to maintain their own training logs. The program director will also maintain a spreadsheet summarizing this information for all DDA employees 3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will review quarterly as part of an ongoing quality assurance checklist that

plans, to achieve individual objectives.	all training has been completed in a timely manner. 4. Dates for when the corrective action will be completed? Form 9/1/08 Training Manual – 11/25/08 Video 11/25/08
16.04.11.415 GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. **02. Sufficient Training.** Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06 **b.** Optimal independence of all participants is encouraged, supported and reinforced through appropriate activities, opportunities, and training; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 9 employees (JT) training records **lacked the following**: 2. Evidence of optimal independence of all participants is encouraged, supported and reinforced through appropriate activities, opportunities, and training;	1. What corrective action(s) will be taken? A form has been created to address orientation training for a new DDA employee. (See Attachment 5) A training manual will be produced to compliment the hands on training each new employee receives. This will address all areas as required by IDAPA Rules. A fire and safety training video will be purchased that will be added to the training program. We will continue to use the individual employee training logs that document the 12 hours of required training per year per staff member. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Each employee is required to maintain their own training logs. The program director will also maintain a spreadsheet summarizing this information for all DDA employees 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. 5. Dates for when the corrective action will be completed? Form 9/1/08 Training Manual – 11/25/08 Video 11/25/08
16.04.11.415 GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. **02. Sufficient Training.** Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06) **c.** Correct and appropriate use of assistive technology used by participants; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 9 employees (TP) training records **lacked the following**: • Evidence of Correct and appropriate use of assistive technology used by participants; (7-1-06) Note: Agency needs to document complete date (m/d/y) when documenting training.	1. What corrective action(s) will be taken? A form has been created to address orientation training for a new DDA employee. (See Attachment 5) A training manual will be produced to compliment the hands on training each new employee receives. This will address all areas as required by IDAPA Rules. A fire and safety training video will be purchased that will be added to the training program. We will continue to use the individual employee training logs that document the 12 hours of required training per year per staff member. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Each employee is required to maintain their own training logs. The program director will also maintain a spreadsheet summarizing this information for all DDA employees 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. 5. Dates for when the corrective action will be completed? Form 9/1/08 Training Manual – 11/25/08 Video 11/25/08
16.04.11.415 GENERAL TRAINING REQUIREMENTS	1. What corrective action(s) will be taken?

FOR DDA STAFF. **02. Sufficient Training.** Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06 **d.** Accurate record keeping and data collection procedures; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 9 employees (JT) training records **lacked the following**: 6. Evidence of accurate record keeping and data collection procedures.	A form has been created to address orientation training for a new DDA employee. (See Attachment 5) A training manual will be produced to compliment the hands on training each new employee receives. This will address all areas as required by IDAPA Rules. A fire and safety training video will be purchased that will be added to the training program. We will continue to use the individual employee training logs that document the 12 hours of required training per year per staff member. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Each employee is required to maintain their own training logs. The program director will also maintain a spreadsheet summarizing this information for all DDA employees. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. 5. Dates for when the corrective action will be completed? Form 9/1/08 Training Manual – 11/25/08 Video 11/25/08
16.04.11.415 GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. **02. Sufficient Training.** Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06) **e.** Consistent use of behavioral and developmental programming principles and the use of positive behavioral intervention techniques; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 9 employees (JT) training records **lacked the following**: **1.** Evidence of consistent use of behavioral and developmental programming principles and the use of positive behavioral intervention techniques	1. What corrective action(s) will be taken? 2. A form has been created to address orientation training for a new DDA employee. (See Attachment 5) A training manual will be produced to compliment the hands on training each new employee receives. This will address all areas as required by IDAPA Rules. A fire and safety training video will be purchased that will be added to the training program. We will continue to use the individual employee training logs that document the 12 hours of required training per year per staff member. 3. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 4. Who will be responsible for implementing each corrective action? Each employee is required to maintain their own training logs. The program director will also maintain a spreadsheet summarizing this information for all DDA employees.. 5. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will review quarterly as part of an ongoing quality assurance checklist that all training has been completed in a timely manner. 6. Dates for when the corrective action will be completed? Form 9/1/08 Training Manual – 11/25/08 Video 11/25/08
16.04.11.500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) **02. Environment.** The facilities of the agency must be designed and equipped to meet the needs of each participant including	1. What corrective action(s) will be taken? All burned out light bulbs have been replaced. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Development Workshop, Inc. has a building maintenance process in place. 3. Who will be responsible for implementing each corrective action?

factors such as sufficient space, equipment, lighting and noise control. (7-1-06) FINDINGS: Based upon observation and staff discussion, the agency is not in compliance. The findings include: Agency lacked: • Evidence the facilities of the agency are designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting and noise control. For example: A light bulb was out in classroom one-Idaho Falls center. The same for the Rexburg center.	A person responsible for building maintenance has been assigned at each location. The monthly reporting has been assigned to: Salmon, the Program Director at SRI, Rexburg, the Upper Valley Industries Director and for Idaho Falls, the Vice President of Industrial Services. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? (See Attachment 6) Maintenance Procedures 5. Dates for when the corrective action will be completed? 09/08/2008
16.04.11.500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) **03. Fire and Safety Standards.** (7-1-06) **a.** Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-06) FINDINGS: Agency lacked: • **Evidence** the owner or operator of a DDA has had the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited.	1. What corrective action(s) will be taken? We will schedule an inspection of all locations by either the local fire authority or State Fire Marshall's office. 9-3-08 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Corporate Safety Officer 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Annual inspections will be calendared to ensure consistent compliance. 5. Dates for when the corrective action will be completed? 9-3-08

16.04.11.500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) **03. Fire and Safety Standards.** (7-1-06) **d.** The premises must be kept free from the accumulation of weeds, trash and rubbish; and (7-1-06) FINDINGS: Agency lacked: • **Evidence the** premises are kept free from the accumulation of weeds, trash and rubbish. For example: Weeds are overgrown in parking lot-Salmon center.	1. What corrective action(s) will be taken? The parking lot has been mowed and weeded and is currently free of weeds. Open Communication will be kept with Lemhi County Weed Control in spring of 2009 for prevention of overgrowth in the future. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Director of Salmon River Industries 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Director of Salmon River Industries will inspect the premises on a biweekly basis. 5. Dates for when the corrective action will be completed? 6. 9-4-08
16.04.11.500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) **03. Fire and Safety Standards.** (7-1-06) **f.** All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: Agency <u>lacked</u>: 1. **Evidence a**ll hazardous or toxic substances are properly labeled and stored under lock and key. For example: The agency had phosphoric acid toilet bowl cleaner stored on a shelf in the bathroom at the Idaho Falls center. The Salmon center had cleaners stored through out the center and not properly stored under lock and key.	*Agency corrected deficiency during the survey for the Idaho Falls Center. Agency needs to address questions number 3 and 4.* 1. What corrective action(s) will be taken? 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? 3. Who will be responsible for implementing each corrective action? Human Resources Vice president of Industrial Services 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Vice President of Industrial Services will ensure that whenever possible cleaners utilized are "Green" and cleaning supplies will be inspected during the twice annual inspections of the facilities. All cleaners will be stored under lock and any non green cleaners used to maintain our facilities will be controlled by the supervisor of the cleaning crew. Dates for when the corrective action will be completed? 9-3-08 The Salmon center was not corrected during the survey. Agency needs to address questions 1

	through 5. 1. What corrective action(s) will be taken. Development Workshop will discontinue use of toxic materials and use green cleaners only. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Human Resources, Vice President of Industrial Services 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Vice President of Industrial Services will ensure that cleaners utilized are "Green" and cleaning supplies will be inspected during the twice annual inspections of the facilities. 5. Dates for when the corrective action will be completed? 9-3-08
16.04.11.500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) **04. Evacuation Plans.** Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: Agency lacked: • Evidence the center evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. For example: The evacuation plan lacked location of all fire exits-Idaho Falls center.	1. What corrective action(s) will be taken? Evacuation plans have been revised to include all information required. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking. 3. Who will be responsible for implementing each corrective action? Human Resources 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Inspection of evacuation plans will be a part of the facility inspection checklists reviewed by the Safety Officer. Evacuation plans will be included in the Program Administrator quarterly quality assurance review. Deficiencies will be taken care of immediately. 5. Dates for when the corrective action will be completed? 8/15/08
16.04.11.500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) **04. Evacuation Plans.** Evacuation plans must be posted throughout the center. Plans must indicate point of orientation,	1. What corrective action(s) will be taken? Quarterly fire drills have been calendared. At least two drills will include full evacuation of the buildings. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as the supervision occurred, just the documentation was lacking.

location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06) **a.** The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building; and (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: Agency lacked: • Evidence the DDA conducted quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building. For example: The agency lacked evidence fire drills were conducted for the first quarter and second quarter of 2008 – Idaho Falls Center.	3. Who will be responsible for implementing each corrective action? Human Resources 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Written reports of fire drills will be completed and the President/CEO will review and sign the forms. 5. Dates for when the corrective action will be completed? 8/15/08
16.04.11.500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) **02. Environment.** The facilities of the agency must be designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting and noise control. (7-1-06) FINDINGS: Based upon record review, observation and staff discussion, the agency is not in compliance. The findings include: 1 out of 3 participant (10) observations lacked: 1. Evidence the facilities of the agency are designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting and noise control. For example: Participant (see observation for participant (10) was observed in the Center with Developmental Therapist (JJ) working on the objective to Vocalize and was seated at the table where other participants were participating in a group activity. Although the noise level from the group was not obtrusive it was apparent that this activity was distracting to this participant.	1. What corrective action(s) will be taken? DWI will designate areas for individual therapy that will provide a better environment conducive to learning. DS will train staff to be attentive to the participant's environmental needs during therapy and to report needs to the Program Manager and the DS. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? During intake the participant's DS will ask if there are any circumstances that would warrant concerns with the physical surroundings such as sensitivity to light, difficulty hearing or distractibility. The DS will address those concerns when developing the program plan. The DS will inform staff of the concerns and how to address them. During the DS observations of the therapy, she will note any concerns with meeting the needs of the participant and make necessary changes to the plan or instruct the staff to be responsive to the participant's needs. 3. Who will be responsible for implementing each corrective action? DS is responsible for executing into the participant's plan any special considerations and to inform the staff how to implement these needs when working with the participant. Program Manager will be responsible for any changes in the physical environment to meet the needs of the participants. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Program Manager will do a monthly inspection of the facility to ensure that the physical environment is sufficient for the needs of the participants. Program Administrator will quarterly do a quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08

16.04.11.510 HEALTH REQUIREMENTS. **01. Required Health Policies and Procedures.** Each DDA must develop policies and procedures that: (7-1-06) **c.** Address any special medical or health care needs of particular participants being served by the agency. (7-1-06) Agency lacked: • **Evidence the** DDA developed policies and procedures that: address any special medical or health care needs of particular participants being served by the agency.	1. What corrective action(s) will be taken? Procedures for participant special medical or health needs have been added to the Rehabilitation Procedures for Medicaid Services Handbook. (See Attachment 7) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Special medical and health needs have always been addressed. There has been no procedure addressing what we already do. 3. Who will be responsible for implementing each corrective action? Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Annual review of policies and procedures by management team and review of Rehabilitation Handbook by Program Administrator. 5. Dates for when the corrective action will be completed? 9/15/08
16.04.11.510 HEALTH REQUIREMENTS. **04. Incident Reports.** Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant. Each report must document that the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 2 out of 11 participant (2,10) records **lacked the following**: • Evidence when and incident, accident or injury occurs the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. For example: Participant (10)'s record review found the utilization of a hand-written Incident Report located in the participant's program book in the facility programming area	1. What corrective action(s) will be taken? The incident/accident report form has been updated to include a line that addresses the participant's guardian, care provider or parent being notified of the incident/accident. (See attachment 8) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Notifying appropriate individuals will begin immediately as new incidents/accidents occur so that no participants will be affected. 3. Who will be responsible for implementing each corrective action? Vice President of Human Resources updated form. DS', program manager and program administrator who oversee program will all be responsible for making sure the guardian, care provider or parent have been notified. Program Administrator will be responsible for providing training on new form to DS', and Program Manager. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? All incident reports shall go through the Program Manager for his/her signature. Program Manager will review the reports. They will be turned in to Human Resources and the Safety Committee who will also review incidents/accident reports as they are submitted. Annually, a summary analysis will be compiled to look for trends or clusters and make recommendations for further action. Dates for when the corrective action will be completed? Form - 9/1/08 Training on form – 11/25/08

completed by staff (AR) In a discussion with the Developmental Specialist (AB) it was indicated that a formal Incident Report should be completed for all reportable concerns within a couple of days of the incident. AB was not aware of the Incident Report by AR that was dated 7-29-08. This incident report did not contain information regarding the parent or guardian being notified regarding the staff "grabbing" the arm of the participant in response to his not leaving the lunchroom area at the completion of his lunch. Example 2: Participant (2)'s incident report(s) lacked evidence his guardian was notified of the incident(s).	
16.04.11.520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. **04. Image Enhancement.** The community-based services must enhance each participant's social image, personal competencies and promote inclusion in the community. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 8 adult participant (5) records **lacked the following**: Evidence the community-based services must enhance each participant's social image, personal competencies and promote inclusion in the community. For example: Participant (5) was observed in the bowling alley with 3 groups of 3 participants with 1 therapist with each group all grouped together in three lanes separate from other bowlers. See observation for participant (5).	1. What corrective action(s) will be taken? A redesign of scheduled participants will occur so fewer are going out at the same time. The bowling alley will be contacted and participants will be split up on the lanes so they are more integrated. Instructor training will occur that will address better community integration. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Instructor observations will occur monthly while the instructor is with a group in the community. A new instructor observation form has been developed to address this issue. 3. Who will be responsible for implementing each corrective action? Program Manager will redesign the schedule and provide the training to staff. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program administrator will follow up quarterly as part of the quality assurance review. 5. Dates for when the corrective action will be completed? Schedule redesign – 10/1/08 Form – 9/1/08 Training – 11/25/08
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) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,3,4,5,6,8) record **lacked the following**: • Evidence of a comprehensive developmental assessment	DWI was under the impression that assessments completed by the Independent Assessors, who provide contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Therapy Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) The Developmental Therapy Assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All Assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by the responsible DS. Those that are not current or are using the form from the IAP will have an

conducted by a qualified Development Specialist which determines the necessity of the service. For example: Participant (1, 3, 4, 5, 6, 8) records lacked evidence of a developmental assessment.	authorization request from Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new Assessments will begin immediately. As those addendums are completed, each developmental assessment will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
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) **b.** Determine the participant's needs; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,3,4,5,6,8) record **lacked the following:** • Evidence of a comprehensive developmental assessment conducted by a qualified Development Specialist which determines the participant's needs. For example: Participant (1, 3, 4, 5, 6, 8) records lacked evidence of a developmental assessment.	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Therapy Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) The Developmental Therapy Assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All Assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will have an authorization request from Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new Assessments will begin immediately. As those addendums are completed, each developmental assessment will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
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)	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Therapy Assessment template has been updated to include specifically,

01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) **c.** Guide treatment; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,3,4,5,6,8) record **lacked the following:** • Evidence of a comprehensive developmental assessment conducted by a qualified Development Specialist which guides treatment. For example: Participant (1, 3, 4, 5, 6, 8) records lacked evidence of a developmental assessment.	interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) The Developmental Therapy Assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All Assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will have an authorization request from Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new Assessments will begin immediately. As those addendums are completed, each developmental assessment will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
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) **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 staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,3,4,5,6,8) record **lacked the following:** • Evidence of a comprehensive developmental assessment conducted by a qualified Development Specialist which identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; For example: Participant (1, 3, 4, 5, 6, 8) records lacked evidence of a developmental	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Therapy Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) The Developmental Therapy Assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All Assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will have an authorization request from Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Assessments will be added to our Quality Assurance Checklist. This checklist will

assessment.	be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new Assessments will begin immediately. As those addendums are completed, each developmental assessment will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
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) **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. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,3,4,5,6,8) record **lacked the following:** • Evidence of a comprehensive developmental assessment conducted by a qualified Development Specialist which recommended type and amount of therapy necessary to address the participant's needs. For example: Participant (1, 3, 4, 5, 6, 8) records lacked evidence of a developmental assessment.	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Therapy Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 10) The Developmental Therapy Assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All Assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will have an authorization request from Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new Assessments will begin immediately. As those addendums are completed, each developmental assessment will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
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) **03. Date, Signature, and Credential Requirements.** Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-06)	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Therapy Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) The Developmental Therapy Assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All Assessments will be signed by the DS writing the report with credentials and date.

FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 7 out of 11 Participants (1,3,4,5,6,8,11) record **lacked the following**: • Evidence of a comprehensive developmental assessment signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. For example: Participant (1, 3, 4, 5, 6, 8, 11) records lacked evidence of a developmental assessment. In addition, record review of participant (11) demonstrates the SIB-R completed 9-18-06 does not include a signature of professional who completed and the current assessment instrument utilized does not include date signed by the Developmental Specialist.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will have an authorization request from Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new Assessments will begin immediately. As those addendums are completed, each developmental assessment will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
16.04.11.601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. **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 staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,3,4,5,6,8) record **lacked the following**: • Evidence of a comprehensive developmental assessment completed or obtained prior to the delivery of therapy in each type of service. For example: Participant (1, 3, 4, 5, 6, 8) records lacked evidence of a developmental assessment.	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Therapy Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) The Developmental Therapy Assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All Assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will have an authorization request from Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new Assessments will begin immediately. As those addendums are completed, each developmental assessment will be completed. Because the number of assessments to be completed

	is well over 60, we would request six months to have them all completed. 2/28/09
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). FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 2 out of 8 adult participants (1,8) record **lacked the following**: • Evidence a current psychological assessment was completed or obtained when the participant is receiving a behavior modifying drug(s). For example: Participant (1)'s Psychological assessment date 06/15/05 recommends psychotropic medication which the participant record does not indicate medications were followed up on or any documentation of reason why not or a current psychological assessment.	1. What corrective action(s) will be taken? A list of behavior modifying drugs will be compiled to hand out to DS'. Training on behavior modifying drugs and the behaviors associated with them will occur. Also, training on how to read a psychological report and the test scores will also take place. DS' will be instructed on the protocol for taking the information from the assessment and writing objectives to address those mental health issues. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for those needing new psychological assessments. Addendums will be submitted for those participants requiring new assessments. 3. Who will be responsible for implementing each corrective action? DS' will ensure that all psychological assessments are current and will start requesting those at annual staffings as needed. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will be responsible for doing a quarterly quality assurance review. Current psychological assessments will be added to the list to be reviewed. 5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. **03. Psychological Assessment.** A current psychological assessment must be completed or obtained: (7-1-06) **e.** When a participant has been diagnosed with mental illness; or (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 3 children participants (10) record **lacked the following**: • Evidence a current psychological assessment is completed or obtained annually when the participant has been diagnosed with mental illness. For example: Participant (10)'s record contains a psychological evaluation from 9-17-02 and further file records (Staffing Minutes dated 4-3-08) indicate the individual is also receiving PSR services. The Psychological Evaluation of 9-17-02 does not refer to a mental illness diagnosis and also does not address the current functioning of the participant in addressing behavioral concerns noted in the staffing minutes.	1. What corrective action(s) will be taken? DS will review all files starting with the records that were found not in compliance and identify all participants that have been diagnosed with mental illness or are receiving behavioral modification drugs, or prior to the initiation of restrictive interventions to modify inappropriate behavior(s), or prior to the initiation of supportive counseling, or when it is necessary to determine eligibility for services or establish a diagnosis or when a child has been identified to have a server emotional disturbance. DS will obtain a current (within the current year) psychological assessment or make the necessary arrangement for one to be done and obtain a copy of the assessment to place in the participant's file. During the intake of a participant, the DS will ascertain the need of a psychological assessment according to the IDAPA requirements and will obtain one if needed prior to developing the participant's plan. If status changes on an existing participant and the changes reflect the need for a psychological assessment it will be obtained before changes are made in the participant's plan. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Participant files will be reviewed. The DS will identify participants that need a psychological assessment from diagnosis on the intake, the list of medications on the Client Emergency Information Form, and from a pattern of inappropriate behaviors document by incident reports. 3. Who will be responsible for implementing each corrective action? DS will be responsible for identifying participants either upon intake or during file reviews and then they will be responsible to obtain the assessment as outlined. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?

	Program Manager will monthly perform file reviews and Program Administrator will do quarterly quality assurance reviews. 5. Dates for when the corrective action will be completed? 11/25/08
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) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 3 child participants (10) record and 6 out of 8 adult participants **lacked the following**: • Evidence assessments are completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. For example: participant (10)'s record contains a psychological from 9-17-02 which provides no mental illness/severe emotional disturbance diagnosis however additional file records (Meeting minutes dated 4-3-08) state the participant is receiving PSR services which would indicate a possible diagnosis of a mental illness or severe emotional disturbance and no current Psychological Evaluation Assessment referring to such a diagnosis. Example 2: Participants (1,3,4,5,6,8) record lacked evidence of a comprehensive developmental assessment or an updated developmental assessment.	1. What corrective action(s) will be taken? For each participant, all assessments would be reviewed by the appropriate professional each year to determine if a full assessment or an updated assessment is needed. If the review reveals that a new assessment is needed one will be obtained and if the most recent is current then documentation by a qualified professional will be placed in the file. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed to determine which assessments need to be updated. At the annual staffing all services that the participant is receiving will be identified and assessments will be distributed among the providers. 3. Who will be responsible for implementing each corrective action? DS will attend the annual staffings and will be responsible for making sure all assessments are current and a professional has reviewed them. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Program Manager will monitor files monthly by completing the File check List on a sampling of participant files to make sure all assessments are current. The Program Administrator will do a quarterly quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08
•	1. What corrective action(s) will be taken? . Before the annual staffing, the DS will have each qualified professional in the respective disciplines determine whether a full assessment or update is required. Documentation of decision will be added to participant file. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All files will be reviewed to determine which participants need to have updated assessments. 3. Who will be responsible for implementing each corrective action? Development Specialist under the direction of the Program Manager and Program Administrator. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?

	Consistent compliance with IDAPA rules will be monitored through quarterly review of files as part of the quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.604. 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) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,3,4,5,6,8) record **lacked the following:** • Evidence of a comprehensive developmental assessment conducted by a qualified Development Specialist. For example: Participant (1, 3, 4, 5, 6, 8) records lacked evidence of a developmental assessment.	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) These developmental assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will get an authorization request to Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new developmental assessments will begin immediately. As those addendums are completed, each developmental eval will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
16.04.11.604. 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)	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) These developmental assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants

f. Capacity for independent living; and (7-1-06) g. Economic self-sufficiency. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,3,4,5,6,8) record **lacked the following:** • Evidence of a comprehensive developmental assessment conducted by a qualified Development Specialist. For example: Participant (1, 3, 4, 5, 6, 8) records lacked evidence of a developmental assessment.	are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will get an authorization request to Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new developmental assessments will begin immediately. As those addendums are completed, each developmental eval will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
16.04.11.604. TYPES OF COMPREHENSIVE ASSESSMENTS. **06. Medical Assessment.** 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 reflect the current status and needs of the person. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 2 out of 8 Participants (7,8) record **lacked the following:** • Evidence the medical assessment completed by a physician or other practitioner of the healing arts accurately reflects the current status and needs of the person. For example: Participant (7)'s medical assessment states he should be seen quarterly but no evidence in the participant's record that he has been seen quarterly. Example 2: Participant (8)'s medical assessment is not current most recent assessment is dated 02/23/07.	1. What corrective action(s) will be taken? Medical assessments, after completed, are received from the TSC, guardian or care provider. They are completed before the annual staffing. The Development Specialist will request the medical assessment if it has not already be received at the annual staffing. When it is received, the DS will review all entries to make sure the information is complete and understandable. Any information that needs to be acted upon will be taken care of. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current medical assessments and to review the information contained in the assessments. Those that require more action will be worked on. 3. Who will be responsible for implementing each corrective action? DS' will be responsible for obtaining current medical assessments for each participant on their case load and acting on information. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Manager will perform monthly file reviews to insure compliance with IDAPA rules and Program Administrator will complete quarterly quality assurance reviews. 5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.605 REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) **01. Further Assessment.** Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) These developmental assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also

in compliance. The findings included: 6 out of 8 Participants (1,2,4,5,6,7) record **lacked the following**: • Evidence the specific skill assessment further assesses an area of limitation or deficit identified on a comprehensive assessment. For example: Participant (1,2,4,5,6,7) records lacked evidence of a developmental assessment.	address current and relevant strengths and interests. All assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will give an authorization request to Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new developmental assessments will begin immediately. As those addendums are completed, each developmental eval will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
16.04.11.605 REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) **02. Related to a Goal**. Be related to a goal on the IPP, ISP, or IFSP. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,2,4,5,6,7) record **lacked the following**: • Evidence of specific skill assessments is related to a goal on the IPP, ISP, or IFSP. For example: Participant (1,2,4,5,6,7) records lacked evidence of a developmental assessment.	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) These developmental assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will give an authorization request to Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? Development Specialists, Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new developmental assessments will begin immediately. As those addendums are completed, each developmental eval will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09

16.04.11.605 REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) **03. Conducted by Qualified Professionals.** Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Participants (1,2,4,5,6,7) record **lacked the following:** • Evidence of a specific skill assessment conducted by qualified professionals for the respective disciplines as defined in this chapter. For example: Participant (1,2,4,5,6,7) records lacked evidence of a developmental assessment.	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) These developmental assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All assessments will be signed by the DS writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by DS'. Those that are not current or are using the form from the IAP will give an authorization request to Targeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? Development Spcialists, Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new developmental assessments will begin immediately. As those addendums are completed, each developmental eval will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
16.04.11.700. REQUIREMENTS FOR DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS. 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 Medicaid Basic Plan Benefits. DDA s must comply with the requirements under Section 701 of these rules for those adults. **.05 Documentation of Plan Changes.** 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 the 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 type or amount of service on the plan of service, an	1. What corrective action(s) will be taken? Corrective action will include retraining of the DS' so they are more aware of the procedure that needs to be followed. Changes to the Program Plan form will be made that will include a section for the DS to sign with the reason for the change. This will also include an area for the date, signature, title and credentials of the professional making the change. (See attachment 10) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed and corrective action taken. 3. Who will be responsible for implementing each corrective action? The Program Manager will make the necessary changes to the Plan Form. The DS' will be responsible to document each plan change with the reason for the change, date change was made and the signature of the professional making the change complete with date credential and title. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Program Manager will perform monthly file reviews and Program Administrator will complete a quality assurance review quarterly.

addendum to the plan of service must be completed. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 3 out of 8 Participants (2,5,7) record **lacked the following:** • 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 the 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 type or amount of service on the plan of service, an addendum to the plan of service must be completed.	5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.701. Requirements for a DDA Providing Services to Children ages 3-17 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 accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06) **c.** Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 3 Child Participants (11) record **lacked the following:** 1. Evidence the comprehensive assessment contains	1. What corrective action(s) will be taken? Prior to a potential participant being accepted into the DDA program, eligibility will be determined by the acquisition of a medical assessment that establishes eligibility or a psychological assessment plus a standardized comprehensive development assessment that establishes functional eligibility and substantial limitations. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All files will be reviewed and documentation to establish eligibility will be collected on those that are missing the necessary documentation. 3. Who will be responsible for implementing each corrective action? Development Specialist will be responsible for collecting the correct eligibility documentation and completing the comprehensive development assessment. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Manager will review on a monthly schedule and quarterly the Program Administrator will do a quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08

developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code. For example: Participant (11)'s record includes a SIB-R dated 9-18-06 but does not demonstrate participant meets functional limitations to qualify for developmental therapy services.	
16.04.11.701. Requirements for a DDA Providing Services to Children ages 3-17 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) **02. Intake.** The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services. (7-1-06) **b.** The DDA must obtain or complete a comprehensive medical and medical/social history. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 2 out of 3 Child Participants (10,11) record **lacked the following:** • Evidence the DDA obtained or completed a comprehensive medical and medical/social history. For example: Participant (11)'s record lacked a comprehensive medical or medical/social history. The agency utilizes a Client Report that assesses the functional abilities of the participant; however this report does not provide a detailing narrative that addresses the specific rule requirements. Per a note from the DS the medical/social history has been requested but is not yet available and in discussion with the DS a medical assessment is to be requested.	1. What corrective action(s) will be taken? During the intake process a participant's assessments for eligibility will be obtained and a comprehensive medical and a medical social history that reflect the current status. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? A review of the files will be done to identify those who do not have the necessary assessments. The missing assessments will be obtained. 3. Who will be responsible for implementing each corrective action? The DS will review the files and write the narrative for the developmental assessments. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Manager will review asampling of files on a monthly schedule using the File Review Checklist and quarterly, the Program Administrator will do a quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.703 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	1. What corrective action(s) will be taken? The Program Implementation Plan has been updated to include more instructions for baselines, location detail and specific target dates. A baseline data collection form has been created to gather the baseline information. From this data, a baseline will be added to the PIP. Training will be given on how to complete the PIP, complete baseline trials and write more measurable, behaviorally stated objectives. (See Attachments 11 & 12)

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) **.02. Baseline Statement.** A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 4 out of 8 Participants (1,5,6,7) record **lacked the following**: • Evidence of a baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant plans will be reviewed to make sure all PIP's are included and each objective has a baseline. Writing more measurable objectives with begin with each annual plan. 3. Who will be responsible for implementing each corrective action? Program Administrator will be responsible for providing the training. DS' once trained will be responsible for writing objectives and completing PIP's. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? All new and yearly plans will be submitted to the Program Administrator to review. Program Administrator will review all other plans quarterly as part of an ongoing quality assurance process. 5. Dates for when the corrective action will be completed? Yearly plans will start immediately. Training will be completed by 11/25/08
16.04.11.703 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) **.03 Objectives.** Measurable, behaviorally stated objectives that correspond to those goals or objective previously identified on the required plan of service. FINDINGS: Based upon record review and staff discussion, the agency is not	1. What corrective action(s) will be taken? The Program Implementation Plan has been updated to include more instructions for baselines, location detail and specific target dates. A baseline data collection form has been created to gather the baseline information. From this data, a baseline will be added to the PIP. Training will be given on how to complete the PIP, complete baseline trials and write more measurable, behaviorally stated objectives. See attachments 11 & 12) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant plans will be reviewed to make sure all PIP's are included and each objective has a baseline. Writing more measurable objectives with begin with each annual plan. 3. Who will be responsible for implementing each corrective action? Program Administrator will be responsible for providing the training. DS' once trained will be responsible for writing objectives and completing PIP's. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? All new and yearly plans will be submitted to the Program Administrator to review. Program Administrator will review all other plans quarterly as part of an ongoing quality assurance process. 5. Dates for when the corrective action will be completed? Yearly plans will start immediately. Training will be completed by 11/25/08

in compliance. The findings included: 6 out of 8 Adult Participants (1,2,3,5,6,8) record **lacked the following**: • Evidence the objectives on the implementation plan are measurable, behaviorally stated objectives that correspond to those goals or objective previously identified on the required plan of service.	
16.04.11.703 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) **.06 Target Date.** Target date for completion. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 6 out of 8 Adult Participants (1,2,3,5,6,8) record **lacked the following**: 1. Evidence the Implementation Plan includes a target date. For example: Participant (1,2,3,5,6,8)'s record stated, "will assess monthly" instead of a specific target date.	1. What corrective action(s) will be taken? The Program Implementation Plan has been updated to include more instructions for baselines, location detail and specific target dates. A baseline data collection form has been created to gather the baseline information. From this data, a baseline will be added to the PIP. Training will be given on how to complete the PIP, complete baseline trials and write more measurable, behaviorally stated objectives. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant plans will be reviewed to make sure all PIP's are included and each objective has a baseline. Writing more measurable objectives with begin with each annual plan. 3. Who will be responsible for implementing each corrective action? Program Administrator will be responsible for providing the training. DS' once trained will be responsible for writing objectives and completing PIP's. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? All new and yearly plans will be submitted to the Program Administrator to review. Program Administrator will review all other plans quarterly as part of an ongoing quality assurance process. 5. Dates for when the corrective action will be completed? Yearly plans will start immediately. Training will be completed by 10/30/08
16.04.11.703 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	1. What corrective action(s) will be taken? During the intake or annual staffing, the DS will obtain the psychological assessment from the TSC or care provider. The psychological assessment will be reviewed to determine if objectives need to be written to address any mental health needs. The Program Implementation Plan will address those objectives to make sure no therapies are contra-indicated or delivered in a manner that presents risk to the participant's mental health status. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?

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) **.07 Results of the Psychological or Psychiatric Assessment.** When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objective to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 2 out of 8 Adult Participants (1,8) record **lacked the following**: 1. Evidence when a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. For example: Participants (1,8)'s record had no evidence of a current psychological assessment and no evidence the assessments were used to develop objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status.	A file review will be completed on all participant files to identify those needing a current psychological assessment. The psychological assessments then will be reviewed to determine those that need to have objectives written to address any mental health issues. 3. Who will be responsible for implementing each corrective action? DS will be responsible for reviewing files of participants on their case load and writing objectives to address any mental health issues. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Program Manager will review a sampling of files monthly and the Program Administrator will perform a documented quarterly quality assurance review. 6. Dates for when the corrective action will be completed? 11/25/08
16.04.11.704 PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)	1. What corrective action(s) will be taken? Development Specialists will be trained to review data and when indicated, make changes in the daily activities or specific implementation procedures. Baseline date collection will be targeted. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? A file review will be completed on all participant files. Quarterlies, six month and annual reviews

01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06) b. Sufficient progress data to accurately assess the participant's progress toward each objective. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 7 out of 8 Adult Participants (1,2,3,4,5,6,7) record **lacked the following**: 2. Evidence of sufficient progress data to accurately assess the participant's progress toward each objective. For example: Participant 4's objective 4F stated "Participant will actively participant in and complete a activity while in the community with 1 verbal prompt for 3 consecutive months. If the participant completed the goal with 1 verbal prompt each month for 3 months this goal is completed and must be changed or discontinued. Also, the baseline for the same participant states she is at 91% independence for this goal, which appears to be at independence level prior to building on this skill, and should not be considered when choosing priority goals. After reviewing participant records and discussing with staff the baselines were not completed accurately and not a true measurement of the individuals abilities and the objectives the way they have been written are not measurable.	will be scrutinized to identify data that needs to be changed or determined to be a need for further training on data collection. Those objectives that have met criteria will be discontinued. 3. Who will be responsible for implementing each corrective action? DS' will be responsible for reviewing files to identify objectives that need to be changed or baseline data examined. Program Manager and Program Administrator will be responsible for providing the training to ensure compliance with IDAPA Rules. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Manager will review a sampling of files monthly and Program Administrator will perform a quarterly quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.704 PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) **01. General Requirements for Program Documentation.** For each participant the following program documentation is required: (7-1-06) **c.** A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)	1. What corrective action(s) will be taken? Training on data collection and documentation will begin immediately using the information found in "Advancing Skills of Developmental Specialists". 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Participants affected by this deficiency will be identified through file reviews. When a deficiency is identified, a determination will be made as to whether it is a lack of training in data collection or if the objective needs to be changed. At that time a correction will be made. 3. Who will be responsible for implementing each corrective action? The Development Specialist is responsible for reviewing the participant files on her caseload and implementing the corrective actions. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Monthly file reviews will be conducted by the Program Manager and quarterly quality assurance

FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 7 out of 8 Adult Participants (1,2,3,4,5,6,7) record **lacked the following**: • Evidence the agency's review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. For example: Participant 6's objectives should have been changed or discontinued when her data continuously dropped below the baseline or staff should have been retrained to collect data properly. Also, on objective 4F she met her goal four consecutive months and this objective was not discontinued or changed based upon documentation. **(Potential Recoupment)**	reviews by the Program Administrator will be completed. 5. Dates for when the corrective action will be completed? 11/25/09
16.04.11.704 PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) **01. General Requirements for Program Documentation.** For each participant the following program documentation is required: (7-1-06) **d.** When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 8 out of 8 Participants (1,2,3,4,5,6,7,8) record **lacked the following**: **3.** Evidence the agency assures when a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to	1. What corrective action(s) will be taken? Six month and Annual Status Review training will be conducted to include written descriptions of the participant's progress toward the achievement of therapeutic goals and why he continues to need services. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Starting immediately the six month and annual reviews will include a written description that includes why the participant needs to have continued developmental therapy. 3. Who will be responsible for implementing each corrective action? Program Administrator will be responsible for training DS' on documenting need for services on the six month and annual reviews. The DS' will be responsible for ensuring their individual caseload of participants are compliant with IDAPA rules 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Monthly file reviews will be conducted by the Program Manager and quarterly quality assurance reviews by the Program Administrator will be completed. 5. Dates for when the corrective action will be completed? Training – 11/25/08 Reviews – Follow immediately after training

need services. For example: All participant goals are being looked at for the 6 month review but there is not an explanation of why continued services are needed.	
16.04.11.705. 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 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. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 8 out of 8 Participants (1,2,3,4,5,6,7,8) record **lacked the following**: • Evidence each participant record 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 by credentials and the date signed. For example: Participant records "pink sheet" lacked the signature, credentials and the date signed on for weekly review of data.	1. What corrective action(s) will be taken? Tracking Sheet has been updated to include a section for weekly review of documentation with space for signature, credentials and date. (See Attachment13) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? N/A 3. Who will be responsible for implementing each corrective action? Program Manager and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will conduct quarterly quality assurance reviews. 5. Dates for when the corrective action will be completed? 9/30/08
16.04.11.705. 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 by credentials and the date signed. Each agency must have an integrated participant records	1. What corrective action(s) will be taken? During intake staffing or annual staffing, a current medical assessment will be obtained from the TSC, care provider or physician. The medical assessment must include the current status and needs of the participant and be in the file before services can begin. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed to identify that all files have a current medical assessment with current status and medical needs identified. 3. Who will be responsible for implementing each corrective action? DS' will be responsible for making sure every participant's file on their case load has a current medical assessment with accurate and complete information.

system to provide past and current information and to safeguard participant confidentiality under these rules. 01.General Records Requirements. Each participant record must contain the following: a. A order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on a ongoing basis. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 8 Participants (8) record **lacked the following**: • Evidence an order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis. For example: Participant (8)'s record lacked a physician's order for services.	4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Manager will conduct a file review on a sampling of client files monthly. Program Administrator will conduct a quarterly quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.705. 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 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. 01.General Records Requirements. Each participant record must contain the following: 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. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 7 out of 8 Participants (1,2,3,4,5,7,8) record **lacked the**	1. What corrective action(s) will be taken? Current profile sheet has been updated to include special dietary or medical needs. Development Specialists will be trained on how to complete the form correctly, identifying any concerns. (See Attachment 14) 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? A file review of all participant files will identify any dietary or medical needs not listed on the current profile sheets. Any needs will be addressed appropriately. If there are no special dietary needs or medical needs the form will reflect none. All profile sheets will be reviewed to make sure they are current. 3. Who will be responsible for implementing each corrective action? Profile Sheet Update is the responsibility of the Program Administrator and Human Resources. Program Manager will conduct a monthly sample review of files to identify any files not compliant with IDAPA rules. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will conduct a quarterly quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08

following: 4. Evidence the current profile sheet contains 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. For example: Participant profile sheets lacked special dietary needs.	
16.04.11.705. 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 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. **01.**General Records Requirements. Each participant record must contain the following: **f.** When assessments are completed or obtained by the agency the participant's record must include assessment results, test scores when applicable and narrative reports, signed with credentials and dated by the respective evaluator. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 3 out of 8 Participants (1,5,6) record **lacked the following**: 5. Evidence when assessments are completed or obtained by the agency the participant's record must include assessment results, test scores when applicable and narrative reports, signed with credentials and dated by the respective evaluator.	1. What corrective action(s) will be taken? Program (Checklist of Adult Living Skills) to complete assessments has been purchased. This will insure that the results of the testing will be available. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Participants affected by the deficiency will be identified through file reviews. Assessments will be completed. The test scores will be included as well as the narrative report signed by the evaluator with date, title and credentials. 3. Who will be responsible for implementing each corrective action? The Development Specialist responsible for the respective participants on their caseload will be responsible for implementing the corrective action by completing/requesting the required assessments. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Monthly file reviews will be conducted by the Program Manager and quarterly quality assurance reviews by the Program Administrator will be completed. 5. Dates for when the corrective action will be completed? 11/25/08

16.04.11.706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS.
When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06)

FINDINGS:
Based upon record review and staff discussion, the agency is not in compliance. The findings include:
1 of 3 child participants (10) record **lacked the following:**

- Evidence of collaboration when participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. For example: Participant (10)'s record lacked the PSR plan. A PSR worker is referred to in the Meeting Minutes dated 4-3-08; however a current PSR plan is not available in the participant's record. The participant is also identified as attending school with the utilization of an IEP to facilitate programming in the school system. The current IEP was not present in participant for participant (10)'s record, however the IEP dated 9-27-07 thru 9-26-07 was present.
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1. What corrective action(s) will be taken?
   During a participant's intake staffing and at the annual staffings, all services the participant is receiving will be discussed and there will be an exchange of plans and information. The Development Specialist will use the information in preparing plans for the participant. The Targeted Service Coordinator or Plan Monitor will assist with distributing all other service plans.
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? be taken?
   A review of the files and interview with the participants, TSC and guardians will help us identify other services that the participants are receiving. We will obtain a signed release of information and contact other provides or the TSC/Plan Monitor to receive the needed information. After receiving the information, a review of the participant's plan will be made to see if changes are needed to maximize skill acquisition and generalization of skills across environments and to avoid duplication of services.
3. Who will be responsible for implementing each corrective action?
   The Development Specialist will be responsible for obtaining the information from the other providers and for making plans reflecting information from all providers.
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
   The Program Manager will monthly review participant files using the File Check List. The Program Administrator will quarterly do a quality assurance review.
5. Dates for when the corrective action will be completed?
   11/25/08

16.04.11.706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS.
When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06)

01. Requirements for Participants Three to Twenty-One. (7-1-06)

a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-06)

FINDINGS:
Based upon record review and staff discussion the DDA is not in compliance.
2 of 3 child participants (10,11) record **lacked the following:**

- Evidence the DDA documented that they provided a current copy of the child's Individual Program Plan (IPP) to his school. For example: Participant (10,11)'s record lacked documentation that the DDA had contacted the school regarding the Individual Program Plan and no documentation that a copy of the IPP had been given to the school. The last Individualized Education Plan for participant (10) was dated 9-27-06. Per discussion with the Developmental Specialist the school has been contacted regarding participant (10) attending their DDA for developmental therapy however the

1. What corrective action(s) will be taken?
   DWI will contact the participant's school to obtain a copy of the IEP. We will also provide the school with a copy of the our Individual Program Plan. We will work with the schools to be notified of all participant's IEP meetings so that we may attend. For participants of mandatory school age (7-16) that are not attending school, we will refer the child to the local school for enrollment and document the referral.
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
   A review of the files will identify records that are missing. DWI will get a release of information and obtain from the schools a copy of the current IEP and provide them with a copy of our Individual Program Plan.
3. Who will be responsible for implementing each corrective action?
   The Development Specialist will review the files, and contact the schools obtaining the IEP and sending the IPP to them.
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
   The Program Manager will monthly review participant files using the File Check List. The Program Administrator will quarterly do a quality assurance review.
5. Dates for when the corrective action will be completed?
   11/25/08

DDA does not have a formal manner of notifying the schools of this participation nor of sending the IPP to the school.	
16.04.11.708. REQUIREMENTS FOR DELIVERY OF DDA SERVICES. **01. Comprehensive Assessments and Plan Requirements.** Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the service. FINDINGS: Based upon record review and staff discussion the DDA is not in compliance. 7 of 8 adult participant (1,2,3,4,5,7,8)) record's **lacked the following:** 7. Evidence prior to the delivery of a service, a comprehensive assessment was completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the service. For example: Participant (1,2,3,4,5,8)'s record lacked evidence of a comprehensive developmental assessment and participant (7) had evidence of a comprehensive assessment but it was not included on the plan.	DWI was under the assumption that assessments completed by the Independent Assessors, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. 1. What corrective action(s) will be taken? The Developmental Assessment template has been updated to include specifically, interests, prioritized needs and address the type and amount of therapy to meet needs. (See attachment 9) These developmental assessments will address the necessity of the service, determine the participant's needs and will guide the treatment and objectives worked on. Assessments will also address current and relevant strengths and interests. All assessmentls will be signed by the DevelopmentSpecialist writing the report with credentials and date. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participant files will be reviewed for current Developmental Assessments written by a Development Specialist. Those that are not current or are using the form from the IAP will get an authorization request from theTargeted Service Coordinator or Plan Monitor. Those participants identified will be given the CALS Assessment (Checklist of Adaptive Living Skills) and a narrative report completed. 3. Who will be responsible for implementing each corrective action? DS', Program Director and Program Administrator 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Assessments will be added to our Quality Assurance Checklist. This checklist will be reviewed quarterly by the Program Administrator to insure compliance. 5. Dates for when the corrective action will be completed? Requests for new developmental assessments will begin immediately. As those addendums are completed, each developmental assessment will be completed. Because the number of assessments to be completed is well over 60, we would request six months to have them all completed. 2/28/09
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. **01. Purpose of the Quality Assurance Program.** The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: **d.** Skill training activities are conducted in the natural setting where a person would commonly learn training to make informed choices.	1. What corrective action(s) will be taken? Quality Assurance Program will be updated and missing components from IDAPA 16.04.11.900.01 - .03 will be added. A quality assurance checklist patterned after the DDA Self Assessment Forms will be used to complete quarterly reviews of DWI and outreach locations. These reviews will be completed the last month of each quarter starting with the second quarter of DWI's fiscal year. They will be completed in December, March, June and September. Staff observations and instructions will be conducted on a weekly and monthly basis to ensure that all developmental therapy is being performed in the natural setting where the participant would commonly learn and utilize the skill. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?

FINDINGS: Based upon record review, observation and staff discussion the DDA is not in compliance. 2 of 8 adult participant (4,7) record's **lacked the following:** 8. Evidence skill training activities are conducted in the natural setting where a person would commonly learn training to make informed choices. For example: Participant (4)'s skill training for personal care (shaving) was conducted in the center, which is not where an individual would commonly learn that skill. Example 2: Participant (7)'s skill training for participating in a group setting was conducted in the center playing bingo with other DD individuals not in his natural setting where he would commonly learn.	No participants were affected as supervision occurred, just documentation was lacking. 3. Who will be responsible for implementing each corrective action? Quality Assurance Program for Medicaid Program will be updated by the Program Administrator. A more comprehensive quality assurance program addressing all areas of our company will be updated and improved on by the entire management team. The Program Administrator will be responsible for completing the checklist review quarterly. Development Specialists will be responsible for completing the weekly and monthly staff observations and instruction. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will complete quarterly quality assurance reviews. 5. Dates for when the corrective action will be completed? 11/25/08
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 services provided to participants are: **f.** Are observable in practice. FINDINGS: Based upon record review, observation and staff discussion the DDA is not in compliance. 1 of 8 adult participant (5) record's **lacked the following:** 9. Evidence DDA services provided to participants is observable in practice. For example: Participant (5) was observed with 8 other DD individuals at the bowling alley, no therapy was observed for all 9 participants. This activity appeared more appropriate for Adult Day Care. See observation for participant (5). **(Potential Recoupment)**	2. What corrective action(s) will be taken? Quality Assurance Program will be updated and missing components from IDAPA 16.04.11.900.01 - .03 will be added. A quality assurance checklist patterned after the DDA Self Assessment Forms will be used to complete quarterly reviews of DWI and outreach locations. These reviews will be completed the last month of each quarter starting with the second quarter of DWI's fiscal year. They will be completed in December, March, June and September. Staff observations and instructions will be conducted on a weekly and monthly basis to ensure that all developmental therapy is observable in practice. 3. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? No participants were affected as supervision occurred, just documentation was lacking. 4. Who will be responsible for implementing each corrective action? Quality Assurance Program for Medicaid Program will be updated by the Program Administrator. A more comprehensive quality assurance program addressing all areas of our company will be updated and improved on by the entire management team. The Program Administrator will be responsible for completing the checklist review quarterly. Development Specialists will be responsible for completing the weekly and monthly staff observations and instruction. 5. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator complete quarterly quality assurance reviews. 6. Dates for when the corrective action will be completed? 11/25/08
16.04.11.905 PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving	1. What corrective action(s) will be taken? The Orientation/Annual Checklist includes items to be discussed with the participant, parent or guardian concerning their rights. The DS goes over this checklist with the participant and others immediately before or immediately after the staffing. The participant rights are verbally discussed

DDA services. (7-1-06) **03. Method of Informing Participants of Their Rights.** Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-06) **c.** The DDA must provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights. FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 8 Adult participant (3)'s record **lacked the following**: 10. Evidence the DDA provided each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights.	with the participant and others and documented on the Orientation/Annual Checklist with the signatures of the participant and/or guardian. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Development Specialists will review all files on their participant case load to ensure the Orientation Checklist is in the file indicating the participant rights have been verbally explained. If the Checklist is not in the file, the DS will immediately go over the checklist with the participant, including rights, and have them sign and date. 3. Who will be responsible for implementing each corrective action? Development Specialist will be responsible for making sure the Orientation Checklist has been filled out properly and signed. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Manager will complete a review of a sampling of participant files monthly. Program Administrator will perform a quarterly quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.915. 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) **06. Objectives and Plans.** Ensure that objectives and intervention techniques are developed or obtained and implemented to address self-injurious behavior, aggressive behavior, inappropriate sexual behavior and any other behaviors which significantly interfere with the participant's independence or ability to participate in the community. Ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 2 out of 3 child participants (10, 11) records **lacked the following**:	1. What corrective action(s) will be taken? Prior to developing the participant's plan, the Development Specialist will review assessments to identify all participants that have been diagnosed with mental illness, or is receiving behavioral modification drugs, or has a history of inappropriate behavior(s), or when a Participant has been identified to have a severe emotional disturbance. DS will ensure that objectives or plans written to develop appropriate social skills will use reinforcements that are individual and appropriate for the participant and are not contraindicating for medical reasons. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? The Development Specialist will review all files to identify all participants that have been diagnosed with mental illness, or receiving behavioral modification drugs, or has a history of inappropriate behavior(s) documented by incident reports, or when a participant has been identified to have a severe emotional disturbance. Behavior plans utilizing restrictive or aversive techniques will be signed by the psychologist. Further documentation will be included on the PIP to address reinforcement techniques. 3. Who will be responsible for implementing each corrective action? Development Specialist will be responsible to obtain the comprehensive knowledge about the participant and develop a plan to replace any inappropriate behavior with positive social skills. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Program Manager will review a sampling of participant files monthly and Program Administrator will perform a quarterly quality assurance review.

• Evidence the agency ensures that objectives and intervention techniques are developed or obtained and implemented to address self-injurious behavior, aggressive behavior, inappropriate sexual behavior and any other behaviors which significantly interfere with the participant's independence or ability to participate in the community. Ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons. For example: Participant (10)'s record contains a Behavior Plan that utilizes "Time Out" to address possible physical and/or verbal aggression to others. Discussion with staff included that the correct utilization of this procedure is "Time out without reinforcement". This Behavior Plan does not have the signature of a psychologist, does not indicate the procedures to be utilized as part of the "time out" procedure, does not identify the location of the "time out", and does not indicate the duration of the "time out". Reference is made to a process to take away "privileges" but does not identify the "privileges" or any positive reinforcement to encourage appropriate behaviors. In the observation of participant (11) it was determined he was currently in "time out" which is identified in an objective (Control his temper) technique for the participant to be able to remove himself from an encounter when he feels he is becoming angry and self-determine when he is capable of returning to the previous involvement. The PIP does not identify how the "time out" is to be initiated but does identify the participant as the one to regulate the use of "time out". Duration and location of the "time out" is not listed in the PIP and does not indicate it is the responsibility of staff to set the "duration" of the procedure.	5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.915.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) **09. Review and Approval.** Ensure that programs developed by an agency to manage inappropriate behavior are only implemented after the review and written approval of the qualified professional. If the program contains restrictive or	1. What corrective action(s) will be taken? Behavioral Plans written with restrictive or aversive components will be reviewed and written approval received by a qualified professional prior to presenting the plan to the participant, their guardian if any, and other providers that are serving the participant and signed by all parties involved. When a behavioral plan is obtained and implemented from another provider, the copy we have must have the necessary reviews and signatures of approval before being executed. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? There will be a review of the participant's files to identify those who have restrictive or aversive

aversive components, the agency psychologist must also review and approve, in writing, the plan prior to implementation. When programs implemented by the agency are developed by another service provider the agency must obtain a copy of these reviews and approvals. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 2 out of 3 child participants (10, 11) records **lacked the following**: • Evidence the agency ensures that programs developed by an agency to manage inappropriate behavior are only implemented after the review and written approval of the qualified professional. If the program contains restrictive or aversive components, the agency psychologist must also review and approve, in writing, the plan prior to implementation. For example: Participant (10,11)'s record has no evidence there is a plan on file for the use of restrictive or aversive components that has been reviewed and approved by the agency psychologist for "time out". For example: Participant (10)'s record provided evidence of a Behavior Program to address identified inappropriate behaviors of verbal and physical aggression toward others that includes the use of "Time Out" but no evidence the plan was reviewed and approved in writing by the agency psychologist.	components on any behavioral plans or objectives that have not been reviewed and approved by a qualified professional. Those interventions will be removed until they have been reviewed by the qualified professional. Once approval is obtained, DS will train the paraprofessionals on implementing the plan or objective. 3. Who will be responsible for implementing each corrective action? The Development Specialist will be responsible for identifying the plans and obtaining any necessary reviews and approvals for the plans. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Program Manager will perform monthly file reviews. Program Administrator will quarterly perform a quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08
16.04.11.915.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) **d.** By untrained or unqualified staff. (7-1-06) 1 out of 3 child participants (10) records **lacked the following**: • Evidence the agency ensures that interventions used to manage a participant's inappropriate behavior are never used	1. What corrective action(s) will be taken? Policy on Positive Social Behaviors will be reviewed to ensure all Statements from IDAPA Rules are included in the Policy. All staff will receive training on our policy for Development of Positive Social Behaviors. All new staff will receive the same training during orientation. Non Violent Physical Crisis Intervention training will be offered to staff. Additional training on incident reports will also be given. Through weekly observations and instructions by the Development Specialist, staff will be given instructions on the proper delivery of therapy and interventions. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? All participants could be affected by the actions of untrained or unqualified staff. New staff will be trained and documentation of the training will be kept on the Orientation Training Log. Existing staff will be trained and the documentation of the training will be kept on the Staff Training Log. Weekly observation and Instruction Form will also document any specific participant instruction given by the Development Specialist to the staff person. Participants will receive instructions on

by untrained or unqualified staff. For example: Participant (10)'s program book identified a hand-written Incident Report by staff (AR). This staff is one of the Developmental Therapists in the programming area where developmental therapy is implemented with participants. The participant has a Behavior Plan in place which is utilized to address possible verbal or physical aggression. This incident involved what appeared to be non-compliance issues rather than aggression, however, agency records do not indicate this staff has had training in order to implement procedures involved in the Behavior Plan for participant (10).	their rights and the grievance procedures on an annual basis at the time of their ISP and it will be documented by their signature. 3. Who will be responsible for implementing each corrective action? Program Administrator will be responsible for reviewing Policy on Positive Social Behaviors. Development Specialists and Program Manager will be responsible for training staff on program implementation. Program Manager will be responsible for keeping documentation of training. Staff will also be responsible for keeping documentation of training current. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Administrator will quarterly do a quality assurance review. 5. Dates for when the corrective action will be completed? 11/25/08

Medicaid Survey Team Lead Signature: _____ Date: _____

Agency Administrator Signature: JoEllen Jones Date: 9/12/08

Plan of Correction accepted: _____ Date: _____