

RICHARD M. ARMSTRONG - Director

HEALTH & WELFARE

LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-5747 FAX: (208) 364-1811

November 1, 2010

Kama Hurley, Administrator Access Living 690 South Industry Way, Suite 45 Meridian, ID 83642

Dear Ms. Hurley:

Thank you for submitting the Plan of Correction (POC) for Access Living dated October 14, 2010. The Department has reviewed and accepted the POC in response to the compliance review findings. As a result, we have issued Access Living a full three-year certificate effective from December 1, 2010, through November 30, 2013.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon correction of deficiencies. Your agency is required to submit documentation to substantiate that you your Plan of Correction has been implemented. Please submit these documents in order of citation following the Statement of Deficiencies (NOTE: Pease assure that each document submitted as supporting documentation is directly referenced to a citation). Documentation must be submitted within seven days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than January 20, 2011. You may submit supporting documentation as follows:

Fax: (208) 364-1811

E-mail: ALC@dhw.idaho.gov

Mail: DDA/ResHab Survey & Certification

Division of Medicaid - DHW

P.O. Box 83720 Boise, ID 83720-0009

Deliver: 3232 Elder Street, Boise, ID 83709

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

Sincerely,

ERIC D. BROWN

5: 2. Em

Supervisor

DDA/ResHab Survey & Certification

EDB/sm

Submit by Email

Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Access Living
3ACCLVG147

690 S Industry Way Ste 45
Meridian, ID 83642

(208) 922-2207

Survey Type:

Recertification

Entrance Date:

9/14/2010

Exit Date:

9/17/2010

Initial Comments:

Survey Team: Mike Breuer, Medical Program Specialist; Greg Miles, Medical Program Specialist; Eric Brown, Supervisor.

Observations:

Observation of [Participant A] started at 15:58 with an introduction to the therapist. [Participant A] was sleeping on a bean-bag chair. He was apparently upset as he had been told that he would be going to the park today, but that the agency had decided to adjust the location for the observation. He was asked to join the table by being offered a choice of chairs to sit in. He was reinforced verbally for doing so, as well as reminded not to touch his face. [Participant A] was then prompted to start his "writing sentences" program. He was to make up a sentence he would like to write and then proceeds to do so. [Participant A] apologized frequently for minor, and sometimes non-existent, mistakes, for which the therapist reminded him that he does not need to apologize. A potential objective would be to teach him when it is appropriate to apologize. [Participant A] was verbally reinforced for his work. The therapist provided assistance with spelling as needed. Data was taken during the observation. At 16:09, the therapist switched to an identify safe/strangers variety of program, which is where observation ended.

Observation of [Participant B] begins at 15:12 in the center. Introductions to therapist are made while [Participant B] was bouncing on a mini trampoline. Therapist proceeded to re-direct [Participant B] to the table, where he was given a writing assignment. [Participant B] was supposed to write sentences. [Participant B] refused, saying he was going to choose programs. As therapist tried to present choices, [Participant B] countered by engaging in variations of escape/avoid styled behaviors. Changing the subject, refusal, arguing, hiding under furniture, and leaving the room were examples of observed behavior. At 15:17, when [Participant B] left the room, the therapist followed and returned him to the room where another staff person presented at the doorway to prevent him from leaving the room again. The therapist continued to offer choices of programs: 1) Best value, 2) Write sentence, 3) How many items to buy. [Participant B] opted for a money program, but then again engaged in avoidance behavior by asking to take off his shoes, plugging his ears, etc. At this point he was on the floor. The therapist took the binder and joined him on the floor. During observation, the therapist remained calm and tried hard to stay on task despite [Participant B]'s attempts to manipulate the situation and change the topic. No programs were run during this period. From review of the file, test scores, and programs, it is suggested that [Participant B] has easy mastery of the developmental-style objectives. Lack of performance in testing is not likely due to lack of skill, but rather behavioral in nature and, as such, refusal to perform. It is suggested that a program be written that is behaviorally based and includes family.

Observation of [Participant D] occurred at 14:58. Introductions to the therapist and child were made. At the point of introduction, [Participant D] was playing on the computer, and she was told that she had six more minutes before she will have to stop. [Participant D] was just tapping

on keys on the keyboard. When the therapist asked if she needed help identifying keys to type, [Participant D] indicated that she was just typing on keys for fun. When reminded that she had 3 minutes left, [Participant D] requested that therapist leave her alone. As the time ended, the therapist asked [Participant D] to turn off the computer and come to the table, and was offered a choice of chairs as well as a "stress ball" for her to squeeze. [Participant D] was not sure what this object was for, and appeared to not have had exposure to this in the past, so the therapist began to explain its purpose. She is then asked if she would like to read the "Three Bears" story. [Participant D] picked up the book and started to read. At more difficult words, the therapist offered explanations as well as sounding out phonetics such as "th". At 15:11, the therapists' cell phone went off, which was then shut down, and the therapist indicated that [Participant D] would do three more pages and then she would be provided with the choice to continue to keep reading or engage in different task. After three more pages, the therapist reinforced [Participant D] with a cookie and again the choice of continuing or changing tasks.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.503	Participant Records	Medical notes were submitted for this client and have been
503.DEVELOPMENTAL DISABILITY DETERMINATION - TEST INSTRUMENTS. A variety of standardized test instruments are available. Tests used to determine a developmental disability must reflect the current functional status of the individual being evaluated. Tests over one (1) year old must be verified to reflect the current status of the individual by an appropriate professional. Instruments designed only for screening purposes must not be used to determine eligibility. (3-19-07)	[Participant C]'s most recent psychological evaluation was dated December 2008. The most recent medical note was dated 2004.	obtained for every year the client has had services from this DDA. A spreadsheet is utilized to track when medical assessments are due annually as well as other information. The office support staff will be updating and monitoring the spreadsheet monthly in addition to presenting a copy monthly to the DS and program administrator so it can be reviewed and obtained. This will increase accuracy and compliance. This system is currently in place.

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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) 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)		
books and sound ira.		Date to be Corrected: 2010-10-01 Administrator Initials:
		Plan of Correction (POC)
16.04.11.600.01.e 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	Participant Records [Participant D]'s comprehensive developmental evaluation had a section for the recommended type and amount of therapy; however, those fields were left blank. [Participant B]'s assessment had recommended hours, but as written were undecipherable (either some information missing or hours/frequency did not match up).	The amount, frequency, and duration of therapy has been written in a way that was somewhat ambiguous. Carol Walters is rewriting this section and will have it completed as of November 1st. Carol Walters will continue to monitor the completion and accuracy of these fields. Each client's CDA will be updated with the new format by January 14, 2011.

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amount of therapy necessary to address the participant's needs. (7-1-06)			
Scope and Severity: Isolated / No Actual Harm - Potent	tial for Minimal Harm	Date to be Corrected 2011-01-14	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.701.01.c 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 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	Participant Records [Participants A, B, C, and D]'s developmental evaluations did not demonstrate functional eligibility. SIB-Rs were found in the files, but scores were not incorporated into the	The Comprehensive Developments revised to include a section that ev part of the assessment. This will be and will be utilize immediately. On into the CDA template it will automeach participant. All files are being are signed with credentials. Carol Walters is responsible for conadapting the template and she will	aluates the SIB-R results as completed by November 1st ce this section is incorporated natically be completed for reviewed to make sure SIB-R's recting this deficiency by

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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)		
Scope and Severity: Widespread / No Actual Harm - Po	otential for Minimal Harm	Date to be Corrected: 2010-11-01 Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.b	Participant Records	The amount, frequency, and duration of therapy has been
rules for all ISSH Waiver participants. (7-1-06) 04. Individual Program Plan (IPP) Definitions.	[Participant B]'s hours on the IPP were incorrectly identified, making amount, frequency, etc. undecipherable as to what the child will receive. [Participant D]'s hours were also undecipherable due to similar format.	written in a way that was somewhat ambiguous. Carol Walters is rewriting this section and will have it completed as of November 1st. Carol Walters will continue to monitor the completion and accuracy of these fields. Each client's IPP will be updated with the new format by January 14, 2011.

Developmental Disabilities Agency	Access Living	9/17/2010
Scope and Severity: Pattern / No Actual Harm - Potent	al for Minimal Harm	Date to be Corrected: 2011-01-14 Administrator initials:
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Total Reference/Text 16.04.11.701.05.e.xi 701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and	Participant Records [Participants A and B]'s criteria for transition on the IPP were vague and not likely to occur as defined. [Participant D]'s plan left the section marked "Transition Plan" blank. (REPEAT DEFICIENCY) This is a repeat deficiency from the survey dated 9/2/2008.	Plan of Correction (PCC) A new transition plan is being developed to include more specific transition criteria. This plan includes functional capabilities, identifying the LRE and where client will be transitioning to. The Developmental Specialist, Carol Walters, will have this transition plan complete by November 1st. All clients will have IPP's with updated transition plans complete by January 14,2011.

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contain objectives that are ageappropriate. The IPP must include: (7-1-06) xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06)		
Scope and Severity: Widespread / No Actual Harm - Po	otential for Minimal Harm	Date to be Corrected: 2011-01-14 Administrator Initials:
Ruis Reference/Text 16.04.11.704.01.d	Category/Findings Participant Records	Plan of Correction (PCC)
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)	[Participants A, B, and C]'s files did not contain review documentation consistent with requirements. Description of progress and justification for continuing need was not described.	The developmental specialist, Carol Walters, is developing a 6 month and Annual review that will be complete by November 1st. This document will be utilized immediately following, for all 6 month and annual reviews. This document will include a description of progress for each goal the client is working on and address the need for continuing services.

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

accurately. This form is currently in use. All client's will have the updated form on their new IPPs no later than January 14, 2011.

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

Date to be Corrected: 2011-01-14

Plan of Correction (POC)

Administrator Initials:

16.04.11.708.01 708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES.

01. Comprehensive Assessment 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

[Participant A]'s Developmental Therapy
Evaluation occurred on March 31, 2010. This
IPP was written prior to that on March 13, 2010.
Medical/Social History was written on May 4,
2010. [Participant A]'s Developmental Therapy
evaluation indicated that Collateral Contact was
to be provided, which was also listed on the IPP
at two times per month for one hour. However,
no objective was written on the IPP to indicate

Currently there is a checklist in place that monitors all documents be done accurately and in order. This same document is being required for annual reviews for participants to ensure that the documents are completed in the appropriate order and on time. The office support staff will also be monitoring the participant spreadsheet to notify the DS when these documents need completed. The DS is responsible for overseeing this compliance issue. The changes are already in place.

hours. (7-1-06)

Rule Reference/Text

Category/Findings

Participant Records

service. Program Implementation Plans must be covering Collateral Contact was written on the developed for each objective listed on the plan of service. (7-1-06)

objective.

[Participant B]'s file also indicated Collateral Contact to be provided, yet no objective describing the purpose of Collateral Contact was found on the IPP. (Similar findings for [Participant C]).

[Participant D]'s IPP was dated December 10, 2009, but the Deveopmental Thearpy evaluation was dated January 8, 2010. The Medical/Social History evaluation report indicated the referral was dated May 19, 2009, but was completed on January 20, 2010.

The IPP is being changed to include objectives for collateral contact. Carol Walters, developmental specialist, is responsible for this change and ensuring these are monitored as she writes them. All client's will have corrected IPP's by January 14, 2011.

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

Date to be Corrected: 2011-01-14

Administrator initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.724.03	Participant Records	The IPP is being changed to include objectives for collateral
Collateral contact is consultation with or treatment direction given to a person with a	Collateral Contact hours were listed on [Participants A and B]'s files. However, objectives defining Collateral Contact were not found on the IPP.	contact. Carol Walters, developmental specialist, is responsible for this change and ensuring these are monitored as she writes them. All client's will have corrected IPP's by January 14, 2011.

po and Severity: Pattern / No Actual Harm - Potential for Minimal Harm Sets in its Corrected: 2011-01-14 Administrator intible:	p-iindi e-restability t Marial	Access Livin	g	9/17/2010
	elopmental Disabilities Agency collateral contact objectives. (7-1-06)	Access Living		9/17/2010
	e sed Sovertly: Pattern / No Actual Harm - Poter Solutinator Signature (confirms submission of Pitch	ntial for Minimal Harm	Data to be Corrected: 2011-01-14	Administrator initials: