



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
1070 Hilina, Suite 260
Pocatello, Idaho 83201
PHONE: (208) 239-6267
FAX: (208) 239-6269

November 24, 2010

Edward Asikhia, Administrator
Home-Link Trust Inc.
1110 S. Boulevard
Idaho Falls, Idaho 83402

Dear Dr. Asikhia:

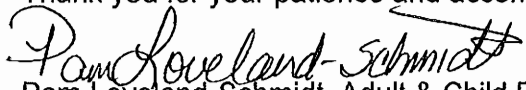
Thank you for submitting the Home-Link Trust, Inc. Plan of Correction dated November 17, 2010. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Home-Link Trust, Inc. a full one (1) year certificate effective from November 1, 2010 through October 31, 2011.

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 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 **February 7, 2011**. 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 Hilina, Suite 260
Pocatello, Idaho 83201
Attn: Pam Loveland-Schmidt
Or deliver to: Above address

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, Adult & Child DS
Medical Program Specialist
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Home-Link Trust Inc.
7HOMELINK143

1110 S Boulevard
Idaho Falls, ID 83402
(208) 524-6375

Survey Type: Follow-up

Entrance Date: 10/25/2010

Exit Date: 10/27/2010

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; Eric Brown, Program Supervisor; Mark Schwartzberger, Clinician; and Robert Card, Clinician.

This follow-up survey was conducted to assure compliance with provisional certification. No new participant records were reviewed or observations conducted due to the previous ban on admissions.

Observations:

[Participant B] was observed in the center and in the community with [Employee 10]. The objective worked on in the center was "recognizing safety signs" then they went outside the center and looked for the "safety signs". The community setting utilized for this child was not his natural setting. They returned to the center and worked on "identifying money and the value of the money". The paraprofessional provided prompts and reinforcements as appropriate and had a good rapport with the child but the environment was contrived for the safety signs and spending money. For example, the paraprofessional informed the child, "We are going to pretend we are at the gas station and you will give me what the item costs and maybe next time we can go to the gas station to buy something." As part of this implementation, the staff also utilized actual items the participant might purchase; however, the proposed cost on these items was not the actual price of the item if bought at the gas station. In addition, the paraprofessional asked the child, "What do you think you can buy from the wall of toys in the center for one penny." The child picked out toys that clearly did not cost a penny. Utilization of actual money was a positive utilization; however, this was not a realistic example of the value of money. In addition, it appeared as though the paraprofessional was giving the child a reinforcement by allowing the child to color, but this went on for 20 minutes and during this time the paraprofessional continued to prompt the child to stay within the lines. When discussed with the Developmental Specialist (DS), she informed the survey team that it was a reinforcer. The DS was advised that the duration of the reinforcer was longer than the therapy and it could be considered educational.

[Participant G] was observed in the center with [Employee 12]. The paraprofessional asked the participant to complete a task of developing a shopping list to utilize when they went to the community to shop at Walmart. The participant commented that she and her mother usually shopped at Broulim's. Also, it was noted that the child lives in Rigby and was brought to the agency in Idaho Falls from school in Rigby and taken into the community from this location. She was able to develop a shopping list with prompting from staff, and then determine how much money would be needed to make these purchases. When completing the actual shopping, the participant appeared to know where the selected items were located and she was able to select items with some prompting from staff regarding appropriate selection of the item. Staff did provide ongoing reinforcement to the child throughout the observation. When asked why the task was occurring at Walmart rather

than Broulim's, the DS indicated the participant and her mother do the bulk of grocery shopping at Walmart and utilized Broulim's to make quick purchases. The DS also indicated the mother wants staff to work with her child on this task as she is not able to work with some of the behaviors which occur when the two of them shop together. A suggestion was made to the DS that utilization of task implementation when the mother is with her child could better demonstrate techniques to address the behavioral concerns.

[Participant I] was observed in the home with an IBI professional ([Employee 9]). The objective worked on was "staying on task", which they worked on by emptying the garbage and raking the leaves in the backyard. During the observation, the two brothers, sister, and grandmother came outside to help and the participant suggested they rake all the leaves into a pile and then pick them up. The professional did not respond to his suggestion. The child appeared to stay on task during this activity and did not appear to have any behaviors during the observation. It appeared as though this child may not be appropriate for IBI – DT may be more appropriate. Staff did not have all the needed items to implement this task (e.g., he had to leave the task area to obtain his leaf rake and rather than utilize a leaf bag already available, he pulled a bag out of his pocket that he had brought with him). This might be observed as not being part of the usual environment where the task is completed. Additional consultation time could have been useful in teaching this participant's grandmother the techniques being utilized by the IBI staff to teach the skill of staying on task.

[Participant 1] was observed in the center and community with [Employee 12]. The objective worked on was "identifying money denominations". The staff worked well with the participant. She provided prompts and reinforcements as appropriate and did not respond when the participant repeated himself. The staff did a nice job transitioning from the center to the community. The staff asked why we (meaning the participant and the employee) needed to know about money and transitioned the training into asking when we go to Leo's, what could we buy and how much do you think it will cost. The staff then had the participant order and purchase his lunch at Leo's and receive the change. Overall, the staff did a nice job working with this individual.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c	Supervision	1. What corrective action(s) will be taken?
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	One of two employee records reviewed ([Employee 12]) lacked evidence the agency assured that a professional qualified to provide the service, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary gave instruction, reviewed progress and provided training on the programs and procedures to be followed. For example, [Employee 12]'s record lacked evidence of supervision for week 2 and week 3 of May 2010; and week 2 of June, 2010. (REPEAT DEFICIENCY from survey of April 4, 2010)	The agency has developed and implemented a system that ensures all paraprofessionals are supervised weekly pursuant to regulation. The system has worked successfully with the exception of the weeks identified by the surveyors. 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 agency addresses all deficiencies as if all participants are affected by the findings. Accordingly, attention will be paid to the scheduled weekly supervision which is a core job duty of all paraprofessionals providing developmental therapy. Those staff members who missed supervision will have to be re-scheduled within the same week failure of which the affected staff will be subjected to the agency's disciplinary procedure.

No. 1583 P. 3
Nov. 17. 2010 12:35PM

Developmental Disabilities Agency	Home-Link Trust Inc.	10/27/2010
<p>(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)</p> <p>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)</p> <p>a. Give instructions; (7-1-06) b. Review progress; and (7-1-06) c. Provide training on the program(s) and procedures to be followed. (7-1-06)</p>		<p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be closely monitored as a component of the agency's quality assurance program. The comprehensive quality assurance review formally occurs quarterly and includes ongoing compliance oversight that occur daily, weekly, monthly, etc. Weekly supervision, therefore, will be monitored weekly.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-06-15 **Administrator Initials:** *Am*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.705</p> <p>705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)</p>	<p>Record Requirements</p> <p>Two of two participant records reviewed ([Participants A and G]) lacked documentation that the participants' records included the signature of the individual providing the service for each service provided.</p> <p>For example:</p> <p>[Participant A]'s collateral contact documentation for April 29, 2010, through October 13, 2010, when requested at survey, was pulled off the computer and signed by staff at the time of the request. The collateral contact documentation lacked the credentials and the date signed.</p> <p>[Participant G]'s collateral contact documentation for April 26, 2010, to October 14, 2010, when requested at survey, was pulled off the computer and signed by staff at the time of</p>	<p>1. What corrective action(s) will be taken? The agency has developed and implemented an internal assurance that all documentation of collateral contact will be completed, signed, dated, credentialed, and printed at the time of the service. The subsequent document will be filed in a Collateral Contact record.</p> <p>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 agency addresses deficiencies as if all participants are affected. Accordingly, the corrective action identified in item #1 will remedy the deficient practice.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be closely monitored as a component of the agency's quality assurance program. The comprehensive</p>

the request. The collateral contact documentation lacked the credentials and the date signed.

In addition, the agency's recordkeeping practice does not meet Provider Agreement requirements of "Recordkeeping - to document each item or service for which Medicaid reimbursement is claimed, at the time it is provided, in compliance with documentation requirements of 56-209(h)(2), the applicable rules and this agreement. Such records shall be maintained in hard copy for at least five years after the date of services or as required by rule." (Medicaid Provider Agreement #5)

(REPEAT DEFICIENCY from survey of April 4, 2010)

quality assurance review formally occurs quarterly and includes ongoing compliance oversight that occur daily, weekly, monthly, etc. Documentation of collateral contact will be monitored as it occurs.

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

Date to be Corrected: 2010-12-01

Administrator Initials: *AW*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.724.01-03</p> <p>724.COLLATERAL CONTACT. Collateral contact is consultation with or treatment direction given to a person with a primary relationship to a participant for the purpose of assisting the participant to live in the community. Collateral contact must: (7-1-06) 01. Conducted by Agency Professionals. Be conducted by agency professionals qualified to deliver services and be necessary to gather and exchange information with individuals having a primary relationship to the participant. (7-1-06) 02. Face to Face or by Telephone. Be conducted either face-to-face or by telephone when telephone contact is the most expeditious and effective way to exchange information. Collateral contact does not include general staff training, general staffings, regularly scheduled parent-teacher conferences, general parent education, or treatment team meetings, even when the parent is present. (7-1-06)</p>	<p>Collateral Contact</p> <p>Two of two child participant records reviewed ([Participant A and G]) lacked documentation of rule compliant collateral contact.</p> <p>For example: [Participant A]'s IPP authorized collateral contact for two hours two times per week, and the agency documentation only had one to one-and-a-half hours per week. Collateral Contact was not specific to any one goal/objective. The IPP listed a Collateral Contact goal/objective that basically restated rule; however, it did not identify the purpose and outcome of the service. When Collateral Contact documentation was requested at survey, this documentation was pulled off the computer and signed by staff at that time.</p> <p>[Participant G]'s IPP authorized collateral</p>	<p>1. What corrective action(s) will be taken? The agency has retrained professionals completing the IPP's as to the purpose of the collateral goal and objective for individual participants. Additionally, training has occurred on the provision of collateral contact relating to the information on the IPP. The agency has a collateral template with the components of rule to facilitate compliance.</p> <p>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 agency addresses deficiencies as if all participants are affected. The corrective action cited in item #1 will remedy the deficient practice.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be closely monitored as a component of the agency's quality assurance program. The comprehensive</p>

<p>03. On the Plan of Service. Have a goal and objective stated on the plan of service that identifies the purpose and outcome of the service and is conducted only with individuals specifically identified on the plan of service. Program Implementation Plans are not required for collateral contact objectives. (7-1-06)</p>	<p>contact for two hours per week and agency only had documentation for one hour per week. The goal/objective did not address specifics to skills to be worked on. The IPP listed a Collateral Contact goal/objective that basically restated rule; however, it did not identify the purpose and outcome of the service. When Collateral Contact documentation was requested at survey, this documentation was pulled off the computer and signed by staff at that time.</p> <p>(REPEAT DEFICIENCY from the surveys of April 6, 2010, and May 19, 2009)</p> <p>Also, see IDAPA 16.04.11.705 and Medicaid Provider Agreement #5 regarding record requirements.</p>	<p>quality assurance review formally occurs quarterly and includes ongoing compliance oversight that occur daily, weekly, monthly, etc. Documentation of collateral contact will be monitored as it occurs.</p>
--	---	---

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-12-01 **Administrator Initials:** *Cur*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.900.01.d</p> <p>900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06)</p> <p>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06)</p> <p>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)</p>	<p>QA Program</p> <p>Three of three participant records review for developmental therapy ([Participants A, B, G, and 1]) lacked evidence the DDA's quality assurance program was designed to ensure skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate.</p> <p>For example:</p> <p>[Participant A]'s Program Implementation Plan objectives 6.1, 6.2, and 6.3 (i.e., service environment in public laundry, center therapy/laundry room). For objective 4.2 "Folding Clothes", the service environments included the neighborhood playground, the center common room, a community restaurant, the park, the public library, and shopping centers where social/interpersonal interactions are most common. These locations are not the natural setting for this individual or where the task would</p>	<p>1. What corrective action(s) will be taken? The agency has provided, and will continue to provide rigorous training on the service provision in the natural setting to all professionals and paraprofessionals. The services will be monitored through observations, supervision, and effective plan development.</p> <p>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 agency addresses deficiencies as if all participants. Accordingly, the corrective actions identified in item #1 will remedy the deficient practice.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be closely monitored as a component of the agency's quality assurance program. The comprehensive quality assurance review formally occurs quarterly and includes ongoing compliance oversight that occur daily, weekly, monthly,</p>

commonly occur.

[Participant B]'s Program Implementation Plan objective 1.1 "Household Chores", the service environments include the center therapy room, the center play room, the center dining area, and a community restaurant. In addition, the written instructions indicated to complete tasks in the home (e.g., make his bed, take out the garbage, dusting, wiping counters, sweeping the floor of a room, vacuuming his room). These tasks do not address completion at the center. These locations are not the natural setting for this individual or where the task would commonly occur.

[Participant G]'s therapy was conducted and observed at Walmart (Idaho Falls). The participant lives in Rigby. The child was transported from school in Rigby to the agency and then taken to a community location in Idaho Falls to purchase groceries (see observation in the initial comments of this report for specific information). In addition, for Program Implementation Plan objective 2.1 "Mopping", the service environments included the neighborhood playground, the center common room, a community restaurant, the park, the public library and a shopping center. For objective 1.1 "Table Setting", the service environments included the center dining room, a community restaurant, the park, the public library, and a shopping center. For objective 3.1 "Cleaning Toilet", the service environments included the center and church bathrooms. For objective 4.1 "Laundry", the service environments included a public laundry center, and the center therapy/laundry room. These locations were not the natural settings for this individual or where the tasks would commonly occur.

[Participant 1]'s Program Implementation Plan,

etc. Oversight of the provision of services in the natural setting will incorporate virtually every aspect of the agency's quality assurance program and administrative documentation procedures including employee performance.

objective 3.2, states the service environment were "Home: sitting room, dining area, bathroom; Center: therapy room, dining room, and playroom." The written instructions to staff state he "likes to go out shopping. He likes to go to restaurants, 'Leo', and his parents would like him to understand the concept of money so that he will be able to pay for any item he buys. Training on this program will begin in the center in order to adequately train the money skill concept and will be modified per the data to community settings. This skill is important for him, as an adult whose goal is to be self-reliant and be independent." The service environment does not correspond with the instructions to the staff or with the observation. In addition, as stated in the instructions, this individual is an adult. Working on the skill in the center play room is not age appropriate. This is the same for objective 1.1 "Button Shirt"; the service environment addresses the center therapy room, play room, and in the community shopping center "Ross". The instructions to staff state this skill is important to him at home and in the community, but the home is not addressed in the service environments.

(REPEAT DEFICIENCY from survey of May 19, 2009)

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

Date to be Corrected: 2010-12-01

Administrator Initials: *Am*

Administrator Signature (Confirms submission of POC):

Am

Date: 11/17/10

Team Leader Signature (Signifies acceptance of POC):

Pam Loveland-Selmu

Date: 11/24/10