

## HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Bolse, Idaho 83720-0009 PHONE: (208) 334-5747 FAX: (208) 364-1811

December 20, 2010

Stephanie Spencer Whipps, Director Idaho Center for Autism, LLC P.O. Box 706 Meridian, ID 83680

Dear Mrs. Spencer Whipps:

Thank you for submitting the Plan of Correction (POC) dated December 14, 2010, for Idaho Center for Autism, LLC. The Department has reviewed and accepted the POC in response to the recertification survey conducted on November 18, 2010. As a result, we have issued Idaho Center for Autism, LLC a full three-year certificate effective from January 1, 2011, through December 31, 2013.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency is required to submit documentation to substantiate that you your POC has been implemented. Please submit these documents in order of citation listed on the Statement of Deficiencies (NOTE: Pease assure that each document submitted as supporting documentation is directly referenced to a citation). All supporting documentation must be submitted no later than January 3, 2011. You may submit supporting documentation as follows:

Fax: (208) 364-1811 E-mail: ALC@dhw.idaho.gov

Mail: DDA Survey & Certification Deliver: Division of Medicaid

Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

Botter:

Bivision of Wedicaid
3232 Elder Street
Boise, ID 83705

Thank you for your patience and accommodating us throughout the survey process. If you have any questions, please contact me at (208) 364-1906.

Sincerely,

ERIC D. BROWN

Supervisor

DDA/ResHab Survey & Certification Program

C. D. Fun

EDB/sm

Enclosures

Submit by Email

Print-Form

## **Statement of Deficiencies**

Developmental Disabilities Agency

Idaho Center for Autism, LLC	5353 Franklin Rd
4CFA144	Boise, ID 83705
	(208) 342-0374

Survey Type:

Recertification

Entrance Date:

11/15/2010

Exit Date:

11/18/2010

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Initial Comments:

Survey Team: Michael Breuer, Human Services Regional Program Specialist; Greg Miles, Medical Program Specialist; and Eric Brown,

Program Supervisor.

Rule Reference/Text	Catagory/Findings	Plan of Correction (POC)
16.04.11.604.01.f 604. TYPES OF COMPREHENSIVE ASSESSMENTS.	Assessments [Participants A, B, C, and D]'s files did not contain information sufficiently describing the participants' capacity for independent living.	<ol> <li>The Idaho Center for Autism will ensure that all developmental assessments contain information about the participant's capacity for independent living.</li> <li>The deficiency affects all children under the age of 8 who are receiving services from the agency. All affected files will be updated to describe information about the child's capacity for independent living.</li> <li>The agency's Executive Director will be responsible for this corrective action. In the future, the DS responsible for the developmental assessment will describe the participant's capacity for independent living within the developmental assessment.</li> <li>The Developmental Specialist's supervisor and Quality Assurance Director will be responsible for ensuring that necessary actions are taken in the future to prevent this error from occurring in the future.</li> <li>The corrective actions will be taken by December 21, 2010.</li> </ol>

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PROVIDING SERVICES TO CHILDREN AGES   duration was mislabeled as "amount", with THREE THROUGH SEVENTEEN AND   "amount" not identified on the Individual   plan year and amount is identified as the hour(s) of the service   per week.	Developmental Disabilities Agency	Idaho Center for Autism, LLC	11/18/20
16.04.11.701.04.d Individual Program Plan  TOT. 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.  4. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)  5. Duration of services, the duration is one (I) year; services that end prior to the end of the plan year must have a specified end date. (7-1-06)	South and one of the		
PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PROGRAUTHORIZED UNDER THE EPSDT PROGRAM 4. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service, (7-1-06) d. Duration of service is the length of time. This is typically the length of the pian year. For ongoing services, the duration is one (1) year; services that end prior to the end of the pian year must have a specified end date. (7-1-06)	MURC KESEMBICE/ IEXE	Galderry/Hames	
	PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.  O4. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan	[Participants A, B, C, and D]'s files indicated that duration was mislabeled as "amount", with "amount" not identified on the Individual Program Plans (IPPs). Therefore, duration was	files are affected by this issue. Affected files will be corrected to ensure that duration is identified in terms of the length of the plan year and amount is identified as the hour(s) of the service per week.  2. The agency will review all participant files and will ensure that the agency's individual Program Plan (IPP) template is updated to ensure that the problem does not reoccur. All affected files will be corrected.  3. The agency's Executive Director will be responsible for ensuring that all current affected files are corrected. The agency's Quality Assurance Director will be responsible for updating the agency's IPP template to ensure that no files are affected in the future.  4. The agency's Quality Assurance Director will be responsible for ensuring that all new IPPs have amount of service per week and duration of service labeled as the length of the plan year.  5. The corrective action will be completed by December 21,

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Developmental Disabilities Agency	Idaho Center for Autism, LLC		11/18/201
luie Reference/Text	Category/Fandings	Plan of Garrection CPOCE	
16.04.11.705.01.d  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 carticipant record must support the individual's choices, interests, and needs that result in the	Participant Records [Participant D]'s file indicated he has asthma, is taking medications, and has allergies. On [Participant D]'s profile sheet, the listed emergency phone number was for a parent serving overseas in the military.  [Participant A]'s file indicated that she is on a gluten free diet. This information was not found on the profile sheets.  On [Participants A, B, C, and D]'s profile sheets, emergency contacts were identified as the same number provided for the parent.	1. An updated profile sheet will be document reflects the current state updated profile sheet will be comparticipants and future participant to give emergency contact number the event that the parent is unable 2. The agency will review all files to participants are affected. As noted that are outdated will be updated the participant. This will include he emergency contact numbers in the not able to reach them in an emerga. The agency's Executive Director ensuring that all profile sheets for updated. The agency's Quality Assistant the agency's Profile Sheet term the problem from reoccurring.  4. The agency's Quality Assurance for ensuring that the problem is coreoccur in the future.  5. The agency will correct all affect agency's Profile Sheet template by	us of the participant. The pleted for all current is. Parents will also be require its for relatives or friends in it to be reached. It to be reached. It is determine which above, those profile sheets to reflect the current status or wing parents provide other is event that the agency staff gency. It will be responsible for current participants are urance Director will ensure inplate is updated to prevent. Director will be responsible preceded and that it does not sed files and will update the
Scope and Severity: Pattern / No Actual Harm - Potent	Rel for Minimal Harm	Date to be Corrected: 12/21/2010	Administrator Initials: SW
Administrator Signature Confirms substantion of POCE	Stephanic Spencer Whipps		Date: 12/14/10
Team Leader Signature (signifies acceptance of 1903:			

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