



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – GOVERNOR  
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE (208) 364-1959  
FAX (208) 287-1164

February 14, 2013

Kelly Keele, Administrator  
Transitions, Inc.  
520 Lomax Street  
Idaho Falls, ID 83401-2634

Dear Mr. Keele:

Thank you for submitting the Plan of Correction for Transitions, Inc. dated February 13, 2013, in response to the recertification survey conducted from January 22, 2013, to January 24, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Transitions, Inc. a three-year certificate effective from March 1, 2013, through February 29, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at (208) 239-6267.

Sincerely,

PAM LOVELAND-SCHMIDT, ADULT & CHILD DS  
Medical Program Specialist  
DDA/ResHab Certification Program

PLS/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disability Agency Certificate



# Statement of Deficiencies

Developmental Disabilities Agency

Transitions, Inc.  
DDA-1128

530 Lomax St  
Idaho Falls, ID 83401-  
(208) 524-5771

Survey Type: Recertification

Entrance Date: 1/22/2013

Exit Date: 1/24/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Licensing and Certificaton; and Stephanie Galbreath, Clinical Supervisor, Family and Community Services.

Rule Reference/Code	Findings	Plan/Correction	Date Plan Corrected
16.03.10.653.01.c 653. 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. 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: (7-1-11) 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	One of four participant records reviewed (Participant B) lacked documentation that the Standardized Comprehensive Developmental Assessment contained developmental information regarding functional limitations that accurately reflected the current status of the person and established functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code.  For example, Participant B's record lacked documentation of a current SIB-R. The SIB-R in the record was dated August 10, 2010. The rule requires functional testing to be conducted annually. The agency utilized the CALS dated July 26, 2012, which does not meet rule requirements for functional testing.  Also, see IDAPA 16.03.10.503.02.b for approved functional testing instruments for children.	Citation #1 - Eligibility 16.03.10.653.01.c 1. What actions will be taken to correct the deficiency? For Participant B, a SIB-R will be utilized in conjunction with the Developmental Disabilities Eligibility Checklist Summary and the SIB-R Substantial Functional Limitations Worksheet to ensure DD eligibility.  2. What will the agency do to identify any other participant, staff, or systems that may be affected by the deficiency? As of July 1, 2013, all participant eligibility will be determined by the Department. In the meantime, for any new referral or participant transfers, the Developmental Disabilities Eligibility Checklist Summary and the SIB-R Substantial Functional Limitations Worksheet to ensure DD eligibility for Developmental Therapy clients.	2013-03-15

Section 66-402(5)(b), Idaho Code. (7-1-11)

3. Who will be responsible for implementing each corrective action?  
Tyler Dahlke, DS, and Amy Brown, DS

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?  
Eligibility for Developmental Therapy will be determined via the Developmental Disabilities Eligibility Checklist Summary and the SIB-R Substantial Functional Limitations Worksheet to ensure DD eligibility for DDA services, thus ensuring that the correct assessment measures and processes are followed.

Rule Citation/Text	Findings	Plan of Correction	Date of Closure
<p>16.03.21.900.01.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. (7-1-11)</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: (7-1-11)</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 (7-1-11)</p>	<p>Two of two child participant records reviewed (Participants A and B) lacked evidence the agency's quality assurance program ensured skill training activities were 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 shaving program was conducted in the center and community, but not conducted in the individual's natural setting (home) where he would commonly learn and utilize this skill.</p> <p>Participant B's tooth brushing program was conducted in the center and community, but not conducted in the individual's natural setting (home) where she would commonly learn and utilize this skill.</p> <p>REPEAT DEFICIENCY from survey of January 21, 2010.</p>	<p>Citation #2 – Natural Environment 16.03.21.900.01.d</p> <p>1. What actions will be taken to correct the deficiency? For Participants A and B, the hygiene objectives will be taken off of the participants' plans of service. These needs will be re-addressed when the participants are interested in services in the home and/or when the hygiene or other similar objective should be provided in another environment based on participant need.</p> <p>2. What will the agency do to identify any other participant, staff, or systems that may be affected by the deficiency? The Developmental Therapy files will be reviewed by Developmental Specialists to ensure that objectives are being provided in the natural environment. For hygiene and other objectives that need to be provided in the home, participant's parents will be contacted to determine if the service will be modified to be provided in the home setting or be removed from the plan of service.</p>	<p>2013-03-15</p>

3. Who will be responsible for implementing each corrective action?

Tyler Dahlke, DS, and Amy Brown, DS

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?

Both Clinical Supervisors will review all Plans of Service (IPPs) to ensure objectives are provided in the natural environment.

Administrator/Provider Signature:

Date: 2-13-2013

Department POC Approval Signature:

Date: 2/13/13

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

No. 2050 P. 4

TRANSITIONS

Feb. 13. 2013 1:52PM