



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

April 5, 2011

Michael Wilson, Administrator
Inclusion, Inc.
880 E Franklin Road, Suite 303
Meridian, ID 83642

Dear Mr. Wilson,

Thank you for submitting the Inclusion, Inc. Plan of Correction dated 3/31/11. 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 Inclusion, Inc. a full three year certificate effective from March 12, 2011 through March 12, 2014.

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. Please submit these documents in order of citation, following the plan of correction findings. 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 August 8, 2011. You may submit supporting documentation as follows:

NOTE: Please assure that each document submitted as supporting documentation is directly referenced to a citation.

Fax to: (208) 364-1811
Email to: ALC@dhw.idaho.gov
Mail to: PO Box 83720
Boise, ID 83720-0009
Or deliver to: 3232 Elder Street
Boise, ID 83705

You can reach me if you have any questions at (208) 364-1906.

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

Eric Brown
Program Supervisor
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Inclusion, Inc.

880 E Franklin Rd Ste 303

4INCLUS015

Meridian, ID 83642

(208) 888-1758

Survey Type: Recertification**Entrance Date:** 2/7/2011**Exit Date:** 2/10/2011**Initial Comments:** Survey Team: Michael Breuer, Medicaid Utilization Review Analyst; Pam Loveland-Schmidt, Medical Program Specialist; and Eric Brown, Program Supervisor.

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| 16.04.11.009.01 | Criminal History | 1. What corrective action(s) will be taken? Inclusion, Inc. will ensure personnel files for contracted agency personnel include a criminal history check through the DHW. |
| 009. MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." (7-1-06) | Review of contracted staff files revealed that requirements in IDAPA 16.05.06 had not been met. The personnel files for the agency's contracted Occupational Therapist, Physical Therapist, and Audiologist/Speech-Language Pathologist only contained local criminal history checks and not documentation of criminal history checks completed through the Department of Health and Welfare. | 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? Inclusion, Inc. has completed a comprehensive review of the contracted files to ensure compliance to IDAPA 16.05.06; and, 16.04.11.009.01 - and, will ensure each contractor file, when applicable, includes verification of the criminal history background check completed through DHW or the contract specifies the requirement is met. 3. Who will be responsible for implementing each corrective action? Administrator and Administrative Assistant |

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| | | <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>Quarterly Reviews will be completed by Administrative Assistance and reviewed by Administrator.</p> <p>5. By what date will the corrective action be completed? (A field for this question is provided on the form)</p> |
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Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 06/01/2011 **Administrator Initials:** Michael Wilson

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.420.06</p> <p>420. STAFF WHO ARE QUALIFIED TO PROVIDE SERVICES FOR AGENCIES.</p> <p>06. Developmental Specialist for Children Three Through Seventeen. A Developmental Specialist providing developmental assessment and therapy services to children ages three (3) through seventeen (17) must meet the requirements for a Developmental Specialist for adults, and must also meet the following requirements: (7-1-06)</p> | <p>Staff Qualifications</p> <p>During the review, it was determined that some professional oversight of developmental services provided by paraprofessionals was conducted by Developmental Specialists that did not have the Developmental Specialist for Children credentials.</p> | <p>1. What corrective action(s) will be taken?</p> <p>Inclusion, Inc. will ensure Developmental Specialist(s) providing professional oversight to direct care staff serving children receiving DDA services maintain DS for Children credentials.</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?</p> <p>NA- comprehensive change.</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>DDA Program Director</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>DDA Program Director will ensure DS for Children qualified professionals only complete professional oversight.</p> <p>5. By what date will the corrective action be completed? (A field for this question is provided on the form)</p> |

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 08/01/2011 **Administrator Initials:** Michael Wilson

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.703.03</p> <p>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 objectives previously identified on the required plan of service. (7-1-06)</p> | <p>Implementation Plan</p> <p>[Participant 2]'s objective "refrain from phone use during conversation with others" is not measurable. It is difficult to determine if she is actually "refraining from" or just choosing not to use her phone at that time.</p> <p>This is a repeat deficiency that was identified on the 3/2009 survey report.</p> | <p>1. What corrective action(s) will be taken?</p> <p>A comprehensive review of objectives will be completed to identify any objects stating "refrain from...", and those objectives will be altered. Training will be provided to all DS(s) to ensure this terminology is not utilized within objectives.</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?</p> <p>Comprehensive review of objectives.</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>DDA Program Director and DS(s).</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>DDA Program Director will review objectives prior to implementation.</p> <p>5. By what date will the corrective action be completed? (A field for this question is provided on the form)</p> |

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 08/01/2011 **Administrator Initials:** Michael Wilson

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.703.05</p> <p>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)</p> <p>05. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-06)</p> | <p>Program Implementation Plan</p> <p>Agency program implementation plans defined the service environment as "at home or in the community". This description is not specific and does not direct the therapy staff toward appropriate environments for the therapy to be conducted. Service environments should be individualized to each participant and each therapy objective to enhance the participant's skill acquisition opportunities.</p> | <p>1. What corrective action(s) will be taken? A comprehensive review of PIP(s) will be conducted - any service environment that simply identifies "home" or "community" will be altered to provide more specific environment (i.e. grocery store; living room; restaurant; etc.)</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? NA - Comprehensive.</p> <p>3. Who will be responsible for implementing each corrective action? DDA Program Director and DS(s).</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? DDA Program Director will review PIP(s) prior to implementation.</p> <p>5. By what date will the corrective action be completed? (A field for this question is provided on the form)</p> |
| <p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 08/01/2011 Administrator Initials: Michael Wilson</p> |

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.704.01.d</p> <p>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)</p> | <p>Program Documentation (data/progress)</p> <p>One of [Participant 1]'s Implementation Plans stated he will accomplish the objective "complete weekly goal at 50%". The Provider Status Review data stated he accomplished the objective at 100% for April 2010 through August 2010, and the objective was revised at the 5th</p> | <p>1. What corrective action(s) will be taken? DDA Program Director will review monthly outcome summaries on a monthly basis to ensure DS(s) are making appropriate changes to programming; or, including relevant qualitative explanation as to why programming is not being changes when</p> |

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)

month to 75%. Then for September 2010, he completed the objective at 100%. The agency documented data and reviewed data, but needed to assure changes were being made per objective criteria. The objective identified three (3) consecutive months, and the goal was achieved for four (4) months without a change to the objective being made.

data indicates changes should be made due to quantitative outcomes.

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?

Comprehensive - DDA Program Director will complete monthly reviews to ensure compliance.

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

DDA Program Director/DS

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?

DDA Program Director will monitor the outcome monthly to ensure compliance.

5. By what date will the corrective action be completed? (A field for this question is provided on the form)

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

Date to be Corrected: 08/01/2011

Administrator Initials: Michael Wilson

Administrator Signature (confirms submission of POC): Michael Wilson

Digitally signed by Michael Wilson
 DN: cn=Michael Wilson, o=Inclusion, Inc. ou, email=mkew@resources.org, c=US
 Date: 2011.03.31 15:53:59 -0600

Date: 2011-03-31

Team Leader Signature (signifies acceptance of POC): 

Date: 4/5/11