



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 25, 2011

Frede Trenkle-MacAllister, Administrator
Progressive Behavior Systems
1092 Eastland Drive N., Suite C
Twin Falls, Idaho 83301

Dear Ms. Trenkle-MacAllister:

Thank you for submitting the Progressive Behavior Systems Plan of Correction dated May 23, 2011. 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 Progressive Behavior Systems a full Three (3) year certificate effective from June 1, 2011 through May 31, 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. 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 **July 27, 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

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

Progressive Behavior Systems -- Region 5

512 6th St S

5PBSYSTEM087

Rupert, ID 83350-1621

(208) 733-3308

Survey Type: Recertification

Entrance Date: 4/11/2011

Exit Date: 4/13/2011

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; Eric Brown, Supervisor; and Crystal Pyne, Clinician.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.009.01	Criminal History	
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)	<p>One of 15 employee/contractor records reviewed ([Employee 14]) lacked evidence the agency verified that the employee complied with the IDAPA 16.05.06 Criminal History and Background Check rules prior to delivery of service.</p> <p>For example, [Employee 14]'s record included a criminal history clearance letter for another agency and lacked documentation the agency was added per Criminal History Rules.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.)</p> <p>Also see 16.04.11.009.02</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 will address this as if every participant is affected and will re-check every employee record to ensure compliance.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? This will be monitored in an ongoing fashion and formally during quarterly quality assurance reviews.</p>

Administrative Initials: FETM

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

Date to be Corrected: _____

Administrator Initials: *JM*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.500.03.f</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>03. Fire and Safety Standards. (7-1-06)</p> <p>f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06)</p>	<p>Facility Standards</p> <p>One of two center locations reviewed (Rupert) lacked evidence the agency's hazardous/toxic materials were properly labeled, stored, and locked.</p> <p>For example, the Rupert center lacked evidence hazardous/toxic materials such as bleach and Woolite cleaner were locked up. In addition, the agency had a spray bottle in the bathroom with a clear liquid that was not labled.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.)</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>The agency will monitor this as if every participant who receives center-based services is affected. All hazardous material will always be under lock and key.</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>Administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>This will be monitored daily by all PBS staff and formally reported in quarterly compliance reviews.</p>

Administrative Initials: FETM

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm

Date to be Corrected: _____

Administrator Initials: *JM*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.600.01.d</p> <p>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) d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)</p>	<p>Assessments</p> <p>Two of eight records reviewed ([Participants A and D]) lacked evidence the Comprehensive Developmental Assessment identified the participant's current and relevant strengths, needs, and interests when these were applicable to the respective discipline.</p> <p>For example:</p> <p>[Participant A]'s Comprehensive Developmental Assessment lacked interests for all skill areas.</p> <p>[Participant D]'s Comprehensive Developmental Assessment lacked interests for: learning, self-direction, and capacity for independent living sections.</p>	<p>1. What corrective action(s) will be taken? All required areas will be included in all developmental assessments. Updates will be completed to ensure 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? All participant records will be reviewed and corrected as needed.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Ongoing and measured during quarterly quality assurance reviews.</p> <p>Administrative Initials: FETM</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-07-01 **Administrator Initials:** *jm*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.602.01-02</p> <p>602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06) 01. Current Assessments for Ongoing Services.</p>	<p>Assessments</p> <p>Two of eight records reviewed ([Participants A and 1]) lacked evidence that, at the time of the required review of the assessment, the qualified professional in the respective discipline determined whether a full assessment or an</p>	

<p>To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06)</p> <p>02. Updated Assessments. At the time of the required review of the assessment(s), the qualified professional in the respective discipline must determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participant's current status in that service area. If, during the required review of the assessment(s), the latest assessment accurately represents the status of the participant, the file must contain documentation from the professional stating so. (7-1-06)</p>	<p>updated assessment was required for the purpose of reflecting the participant's current status in that service area.</p> <p>For example:</p> <p>[Participant A]'s Psychological Assessment completed in 2007 was reviewed in 2009 and an update was requested for 2010. There was no documentation in the participant's record this was conducted.</p> <p>[Participant 1]'s Individual Service Plan for November 17, 2010, though November 16, 2011, stated for goal #5, "Speak in complete sentences," and the Program Implementation Plan objective stated that he will "speak clearly using complete sentences independently 80% of opportunities for 3 consecutive months." The agency documentation under the Speech Language Pathology (SLP) section stated that as of April 3, 2011, the participant does not receive any private speech therapy at this time. He has been referred by the Developmental Specialist, but at this time his grandmother is going to work with him in speech. The agency stated the SLP assessment was removed from the plan due to budget cuts. The agency has an old SLP assessment dated September 3, 2008. There was no documentation of a current SLP assessment and the agency was working on a receptive and expressive language goal that required an assessment prior to skill training.</p>	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? All assessments/needs will be evaluated. Referrals will be made and all assessments will be obtained to support developmental services. 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? Agency will review all participant records and plan of correction will be followed. 3. Who will be responsible for implementing each corrective action? Administrator or designee. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Ongoing and formally during quarterly quality assurance reviews. <p>Administrative Initials: FETM</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-07-01 **Administrator Initials:** *JML*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.605.05</p> <p>605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06)</p> <p>05. Determine Baselines. Be used to determine baselines and develop the program</p>	<p>Assessments</p> <p>One of eight records reviewed ([Participant C]) lacked evidence that skill assessments were used to determine baselines and to develop the Program Implementation Plan (PIP).</p>	

implementation plan. (7-1-06)

For example, [Participant C]'s baseline measurements did not reflect baseline data collected for multiple PIPs.

1. What corrective action(s) will be taken?
All baselines will be reviewed. New baseline probes will be taken to ensure accurate skill assessment
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?
All participants' baselines will be reviewed and corrected as needed.
3. Who will be responsible for implementing each corrective action?
Administrator, DS, or designee
4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?
Ongoing and during quarterly quality assurance reviews.

Administrative Initials: FETM

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

Date to be Corrected: 2011-07-01

Administrator Initials: *JM*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.b</p> <p>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</p>	<p>Individual Program Plan</p> <p>One of six records reviewed ([Participant C]) lacked evidence a physician or other practitioner of the healing arts signed the Individual Program Plan (PIP) prior to initiation of any services identified within the plan.</p> <p>For example, [Participant C]'s IPP lacked evidence it was signed prior to initiation of services. The IPP dated December 20, 2010, was signed by the Physician on January 4, 2011. The documented data began January 3, 2011, prior to the physician's signature.</p>	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? No services will be implemented without physician authorization. 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? All files have been reviewed and this appears to be an oversight. 3. Who will be responsible for implementing each corrective action? Administrator or designee. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Ongoing and during quarterly quality assurance reviews.

IPP. (7-1-06)
 b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)

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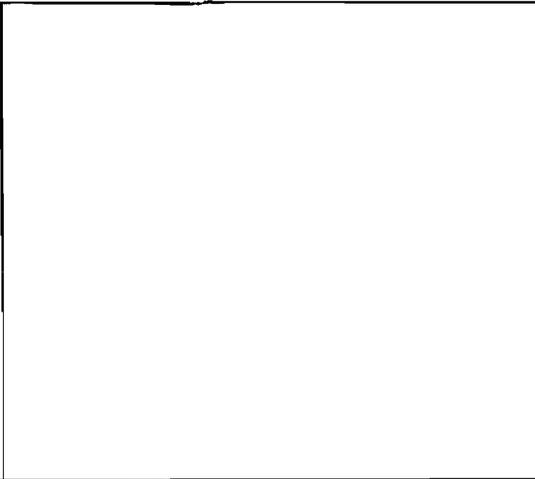
Date to be Corrected: 2011-07-01

Administrator Initials: *JM*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.xi</p> <p>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)</p> <p>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</p>	<p>Individual Program Plan</p> <p>Three of six participant records reviewed ([Participants B, D, and E]) lacked documentation of Individual Program Plans containing rule-complaint transition plans.</p> <p>For example:</p> <p>[Participant B]'s transition plan lacked the child's personal interests that were indentified in the Comprehensive Developmental Assessment.</p> <p>[Participant D]'s transition plan lacked the child's personal interests that were indentified in the Comprehensive Developmental Assessment.</p> <p>[Participant E]'s interests were not incorporated into the transition plan. The statement for transition appeared to be the same as all other participants' transition plans, not "individualized" to address the particilular participant's interests.</p>	<p>1. What corrective action(s) will be taken? All transition plans will be reviewed an individually enhanced.</p> <p>2. How will the agency identify participants who may be affected by the deficlency(s)? If participants are identified, what corrective action will be taken? All participants' transition plans will be reviewed and the plan of correction followed.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator or DS</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Ongoing and part of quarterly quality assurance review.</p>

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<p>contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>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)</p>		(REPEAT DEFICIENCY 2009)	Administrative Initials: FETM
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2011-07-01	Administrator Initials: <i>JM</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.706.01.a	Collaboration/Consultation	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? IEP's will be requested if missing. 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? All participants' records will be reviewed. 3. Who will be responsible for implementing each corrective action? Administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Ongoing and as a component of quarterly quality assurance reviews. 	
706. REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and 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)	One of six records reviewed ([Participant B]) lacked documentation the agency obtained a copy of the current IEP. For example, [Participant B]'s record lacked evidence the agency obtained a current IEP from the child's school.		
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 hours. (7-1-06)



Administrative Initials: FETM

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-07-01 **Administrator Initials:** *FM*

Administrator Signature (confirms submission of POC): *Judi Lambie-Maullista* **Date:** 2011-05-13 *5/23/11*

Team Leader Signature (signifies acceptance of POC): *Pam Howland-Schmidt* **Date:** *5/25/11*