



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 11, 2011

Matt Ward, Administrator
The Lilypad, LLC
P.O. Box 1593
Nampa, ID 83653

Dear Mr. Ward:

Thank you for submitting the The Lilypad, LLC Plan of Correction dated August 1, 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 The Lilypad, LLC a full three year certificate effective from August 12, 2011 through August 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 October 18, 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: milesg@dhw.idaho.gov
Mail to: Medicaid- Elder
Attn: DDA/RH Survey and Certification
PO Box 83720
Boise Idaho 83720
Or deliver to: Department of Health and Welfare
3232 Elder Street, Boise, ID 83720

You can reach me if you have any questions at 364-1828.

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

Greg Miles
Medical Program Specialist
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

The Lilypad, LLC
DDA-1341

1223 11th Ave N
Nampa, ID 83687
(208) 546-9723

Survey Type: Initial

Entrance Date: 6/20/2011

Exit Date: 6/23/2011

Initial Comments: Survey Team Members: Greg Miles, Medical Program Specialist; and Melissa Woods, Clinician.

Observations:

[Participant A] was observed at the park where he was fishing. It was reported that there was very good interaction between the staff and the child. The staff verbally questioned the child on his training programs. However, it was noted that fishing was a recreational activity.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.c 653. DDA SERVICES - COVERAGE REQUIREMENTS AND LIMITATIONS. 05. Excluded Services. The following services are excluded for Medicaid payments: (3-19-07) c. Recreational services. (3-19-07)	Excluded Services For one of three child participants reviewed ([Participant A]), the observation by the team member occurred while the participant was fishing (see observation note in the initial comments). As stated in the observation notes, programming was completed. However, there was no methodology found in the documentation as to how the recreational activity was distinguished from training (since recreational activities are not billable to Medicaid under DDA requirements). Fishing is identified specifically in rule--Medicaid Enhanced Benefits--Definitions--Recreational Services.	<ol style="list-style-type: none"> 1. The fishing activity has been removed from the respective participant's program plan and activity schedule. Fishing and other recreational activities as defined in IDAPA 16.03.10.653.05 and 16.03.10.013.23 will be added to the agency's policies and procedures as disallowed activities. 2. No other participant's have been affected by the deficiency. 3. The respective DS has corrected the participant's program plan and activity schedule. The agency administrator is responsible to amend the policy and procedure manual to include information on disallowed activities such as fishing, and to distribute the amendment to policy to DDA employees. 4. Further deficiencies in this area will be avoided by the training already completed to inform the DS's of disallowed activities as identified in rule. The amendment to the agency's policy and procedure manual will also assist in avoiding such deficiencies in the future. 5. The respective participant's program plan and activity schedule was corrected immediately following the exit interview with the survey team. The amendment to agency policy will be completed and distributed to employees by 8/15/2011.

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

Date to be Corrected: 8/15/11 **Administrator Initials:** *mmw*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.009.01</p> <p>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>	<p>Criminal History</p> <p>Review of staff records revealed that the agency did not have a "verification status" of the SLP with whom they contracted with.</p> <p>The deficiency was corrected during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.</p>	<ol style="list-style-type: none"> 2. The agency has reviewed the files of all contractors and employees to identify any additional deficiencies regarding verification of criminal history and background checks. No additional deficiencies have been identified. The agency has implemented a checklist that must be completed before the start date of any new employee or contractor. 3. The agency administrator is responsible to complete the implement checklist system with each new hire/contract and to collect all required items including verification of criminal history and background checks. 4. The agency administrator maintains a summary database of all employee and contractor documentation requirements. The summary database will be reviewed at least monthly to assure completion of requirements. This is in addition to the new employee/contractor documentation checklist.

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

Date to be Corrected: Complete **Administrator Initials:** *mmw*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.400.02.e 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 02. Professionals. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 420 of these rules, as employees of the agency or through formal written agreement: (7-1-06) e. Psychologist; and (7-1-06)	Agency Requirements After review of the agency's personnel and contract files, there was documentation found that the contract with the psychologist only included psychotherapy services. Diagnostic assessment, behavioral planning or pharmacological evaluation would be among the skills an agency would need for some given individuals. The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.	2. The DDA staffing requirements as identified in IDAPA 16.04.11.400.02 have been reviewed. Contracts (including employee contracts and third party contracts) have been reviewed. No other deficiencies have been identified. Further contacts with psychologists will include all the necessary services as identified in the rule. 3. The agency administrator will be responsible to maintain compliance with the identified staffing requirements. 4. Future contacts with psychologists will be modeled after the corrected contract that included all the necessary services.

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

Date to be Corrected: Complete **Administrator Initials:** *MW*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.iii 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	Individual Program Plan For one of three participants reviewed ([Participant C]), the Individual Program Plan must contain a dated signature of the physician recommending services on the plan. Additionally, there was no date with the physician's signature found in this child's record.	1. Deficiency has been corrected. The physician signature line now has a dated area so that the physician will sign and date the plan. 2. The Developmental Specialist will review all files by 8/31/11 to ensure Individual Program Plan obtains a dated signature from the physician. If no date is found then the DS will obtain physician date. 3. The Developmental Specialist will be responsible for ensuring the physician date the Individual Program Plan.

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)
 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 contain objectives that are ageappropriate. The IPP must include: (7-1-06)
 iii. The dated signature of the physician or other practitioner of the healing arts indicating his recommendation of the services on the plan; (7-1-06)

4. The Developmental Specialist has amended the Individual Program Plan signature line to also obtain dates. This will not require monitoring as the physician will date next to their name in the section that says date.
5. All files will be in compliance no later then 8/31/11.

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

Date to be Corrected: 8/31/11 **Administrator Initials:** *mm*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703.02</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) 02. Baseline Statement. A baseline statement</p>	<p>Program Implementation Plan</p> <p>For one of three participants reviewed ([Participant C]), the Program Implementation Plans included objectives with a 0% baseline. That measurement does not show the participant's skill level and does not provide an accurate measurement on which prompt level to start training in the proposed skill.</p>	<ol style="list-style-type: none"> 1. Deficiency has been corrected. The Developmental Specialist has received training on baselines that appropriately show the participant's skill level. The DS has received training and is aware zero baselines do not accurately show participant skill level. The DS will review plans before therapy is implemented to ensure there are no zero baselines. 2. The Developmental Specialist will review all files by 8/31/11 to ensure that all Program Implementation Plans contain a proper baselines showing the participants skill level. If other 0% baselines are found, the DS will correct the participant's skill level and add the correct baseline above 0%. 3. The Developmental Specialist will be responsible for using correct baselines that show the participant's skill level. 4. The training that has been completed will likely be sufficient to assure that 0% baselines are not used in the future. The agency's quality assurance reviews will include a review of baselines to monitor correct usage in the future.

addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06)

5. All files will be in compliance no later than 8/31/11.

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

Date to be Corrected: 8/31/11

Administrator Initials: *gms*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703.04</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>04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)</p>	<p>Program Implementation Plan</p> <p>For one of three participants reviewed ([Participant C]), the Program Implementation Plans did not include data collection methods.</p>	<ol style="list-style-type: none"> 1. The Developmental Specialist will review plans and ensure that data collection methods are clearly and appropriately written before plans are implemented. 2. The Developmental Specialist will review all files by 8/31/11 to ensure that data collection methods are clearly written. If not, then the DS will correct plans and obtain physician dated signature if needed. 3. The Developmental Specialist will review all plans and ensure that data collections methods are included in the PIP. 4. The Developmental Specialist will review plans before they are implemented to ensure data can be appropriately collected. The agency's quality assurance reviews will include a review of data collection methods to assure proper use in the future. 5. All files will be in compliance no later than 8/31/11.

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 9/31/11 **Administrator Initials:** MW

Administrator Signature (confirms submission of POC): *Matthew Ward*, Matthew Ward, Administrator **Date:** 8/01/2011
Team Leader Signature (signifies acceptance of POC): *Dog Miles* **Date:** 8/9/2011