



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

# IDAHO DEPARTMENT OF HEALTH & WELFARE

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

August 11, 2011

Pascale Cafferty, Administrator  
Family Support Services of North Idaho  
3775 E. Covington Ave.  
Post Falls, ID 83854

Dear Ms. Cafferty,

Thank you for submitting the Family Support Services of North Idaho's Plan of Correction dated Tuesday, August 9, 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 Family Support Services of North Idaho a full three (3) year certificate effective from August 21, 2011 through August 21, 2014.

According to IDAPA 16.03.21.125.02, 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 Thursday, November 10, 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](mailto:ALC@dhw.idaho.gov)  
Mail to: Idaho Department of Health and Welfare  
Licensing and Certification  
PO Box 83720  
Boise, ID 83720-0009

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 D Brown  
Program Supervisor  
DD Survey and Certification

Submit by Email      Print Form

# Statement of Deficiencies

Developmental Disabilities Agency

Family Support Services of North Idaho  
1FSSNI126-2

3775 E Covington Ave  
Post Falls, ID 83854  
(208) 777-1600

**Survey Type:**      Recertification

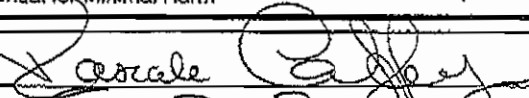
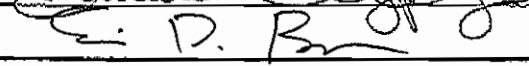
**Entrance Date:**      7/25/2011

**Exit Date:**      7/28/2011

**Initial Comments:**      Survey Team: Paul Norstog, Clinician; and Eric Brown, Program Supervisor.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.01</p> <p>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.</p> <p>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)</p>	<p>Eligibility</p> <p>Review of [Participant B]'s file revealed that the agency did not formally document that it had determined the participant's eligibility, or the date the determination was made.</p>	<p>1. Family Support Services has obtained and completed an eligibility checklist from Paul Norstog (DHW) to formally document that the eligibility of our participants has been determined. This form was recommended for usage by Paul Norstog as it is also used by DHW to formally document eligibility on their end.</p> <p>2. This was the only participant affected by the deficiency. However, FSS will include the form listed above as a on-going tool to formally document eligibility for all its future participants.</p> <p>3. Clinical supervisor and DDA administrator will be responsible to implement the corrective action.</p> <p>4. Through quarterly internal audit.</p> <p>5. The formal documentation of the eligibility of participant B was completed on July 28th using the recommended form listed above.</p>

Developmental Disabilities Agency		Family Support Services of North Idaho	7/28/2011
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 07/28/2011	<b>Administrator Initials:</b> PC
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.03.10.655.02.a.v 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service. (7-1-11) a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11) v. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-11)	Assessments Review of [Participant B]'s file revealed that the assessment from the Speech & Language Pathologist did not recommend the type and amount of therapy necessary to meet the participant's needs.	<ol style="list-style-type: none"> <li>1. Family Support Services has contacted the participant's speech therapist and has requested for her to determined and recommend in her assessment the type and amount of therapy necessary to meet participant B's needs.</li> <li>2. Through our next quarterly internal audit all participants files will be reviewed to ensure that all speech assessments recommend type and amount of therapy necessary to meet each participants individual needs.</li> <li>3. The clinical supervisor, DDA administrator in conjunction with the speech therapist will ensure the implementation of this corrective action.</li> <li>4. Through on going quarterly internal audit.</li> <li>5. October 2011</li> </ol>	
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 2011-10-01	<b>Administrator Initials:</b> PC

Developmental Disabilities Agency		Family Support Services of North Idaho	7/28/2011
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.03.10.655.02.c 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service. (7-1-11) c. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-11)	Assessments Review of [Participant A]'s file revealed that the comprehensive Intensive behavioral intervention assessment was not signed by the professional completing the document.	1. Unsuccessful attempts were made to reach the professional who is no longer employed by Family Support Services, however the DDA administrator has signed the comprehensive assessment and is taking responsibilities for its content. 2. Through our next quarterly internal audit all files will be reviewed to ensure that all proper signatures are included. If participants are identified efforts will be made to gain the signature, if unable to do so the DDA administrator will sign the document and will assume responsibility for it. 3. The clinical supervisor will conduct the internal audit in conjunction with the DDA administrator. 4. Through on going monitoring of documents leaving our agency to ensure that all signatures are always obtained and through quarterly audits.	
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 2011-10-01	<b>Administrator Initials:</b> PC
<b>Administrator Signature (confirms submission of POC):</b> 		<b>Date:</b> 8/11/11	
<b>Team Leader Signature (signifies acceptance of POC):</b> 		<b>Date:</b> 8/12/11	