



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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November 28, 2011

**CERTIFIED MAIL #: 7009 0820 0000 2807 0722**

Philip Girling, Ph.D., Administrator  
Human Dynamics and Diagnostics, LLC  
2267 Teton Plaza  
Idaho Falls, ID 83404

Dear Dr. Girling:

Thank you for submitting the Plan of Correction for Human Dynamics and Diagnostics, LLC addressing deficiencies cited during the initial survey of October 20, 2011. Licensing and Certification staff have reviewed and accepted the Plan of Correction. As a result, we have issued Human Dynamics and Diagnostics, LLC a full certificate effective from December 4, 2011, through November 30, 2012.

According to Idaho Administrative Procedures Act (IDAPA) 16.03.21.125.02, this certificate is contingent upon the correction of deficiencies. Your agency is required to submit documentation to substantiate that your Plan of Correction has been implemented. Please submit these documents with references to citations clearly marked, following the order listed on the Statement of Deficiencies. Documentation must be submitted within seven days of the date of completion listed on your agency's Plan of Correction. All supporting documentation must be submitted no later than **January 27, 2012**. You may submit supporting documentation as follows:

Fax: (208) 239-6269  
Email: [lovelanp@dhw.idaho.gov](mailto:lovelanp@dhw.idaho.gov)  
Mail: Department of Health & Welfare  
DDA/ResHab Survey & Certification  
1070 Hilina Road, Suite 260  
Pocatello, ID 83201  
Deliver: Above address

Philip Girling, Ph.D., Administrator  
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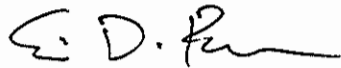
Pursuant to IDAPA 16.05.03.300, you may request an administrative review to appeal the Department decision affecting the length of your certification. The request must be made, in writing, within 28 days of this notice, identify the challenged decision, state specifically the grounds for your contention that the Department's decision was erroneous, and be signed by the agency's administrator. Administrative review request should be addressed as follows:

**Debby Ransom, Bureau Chief**  
**Administration of Licensing & Certification**  
**PO Box 83720**  
**Boise, ID 83720-0036**  
**Fax: (208) 336-1811**

Upon receipt of a timely written request, an administrative review will be scheduled and conducted in accordance with IDAPA 16.05.03 "Rules Governing Contested Case Proceedings and Declaratory Rulings."

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,



ERIC D. BROWN  
Supervisor  
DDA/ResHab Survey and Certification

EDB/sm

Enclosure

# Statement of Deficiencies

Developmental Disabilities Agency

Human Dynamics and Diagnostics LLC  
DDA-3559

2267 Teton Plaza  
Idaho Falls, ID 83401  
(208) 522-0140

Survey Type: Initial

Entrance Date: 10/18/2011

Exit Date: 10/20/2011

Initial Comments: Surveyors Present: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification; and Mark Schwartzberger, Clinician, FACS.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.651.02.c <i>(w/ 11/23/11)</i> 651.DDA SERVICES: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental disabilities agency services must be recommended by a physician or other practitioner of the healing arts. The following therapy services are reimbursable when provided in accordance with these rules. (7-1-11) 02. Requirements to Deliver Developmental Therapy. Developmental therapy may be delivered in a developmental disabilities agency center-based program, the community, or the home of the participant. Participants living in a certified family home must not receive home-based developmental therapy in a certified family home. Developmental therapy includes individual developmental therapy and group developmental therapy. Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment	<p>Limitations on DDA Services</p> <p>Based on observation and record review of three of four child participants ([Participants A,B, and D]), the agency lacked evidence that it assured developmental therapy did not include tutorial activities or assistance with educational tasks associated with educational needs that result from the participant's disability.</p> <p>For example:</p> <p>[Participant A]'s Objective 1.A, Objective 1.B, and Objective 1.C addressed writing her name, naming days of the week, and naming months of the year, respectively. These objectives were also being provided in the school setting and were tutorial/educational in nature. These objectives did not address acquisition of functional skills.</p> <p>[Participant B]'s Objective VII.A addressed naming the days of the week and Objective</p>	<p>1. What corrective action(s) will be taken?</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>3. Who will be responsible for implementing each corrective action?</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>1. All objectives will be reviewed. Objectives that are tutorial or educational in nature will be eliminated or changed to reflect functional skill.</p> <p>2. HDD will review all participant files for possible deficiencies.</p> <p>3. Developmental Specialist/Clinical Supervisor will review all files and make needed corrections.</p> <p>4. Individuals developing plans will have a Developmental Specialist in the agency review questionable objectives to ensure they are not educational or tutorial in nature. All new plans will be reviewed using a</p>

<p>completed prior to the delivery of developmental therapy. Developmental therapy will not be reimbursed if the participant is receiving psychosocial rehabilitation or partial care services as this is a duplication of services. (7-1-11)T</p> <p>c. Tutorial Activities and Educational Tasks are Excluded. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational needs that result from the participant's disability. (7-1-11)</p>	<p>VII.B addressed naming the months of the year. These objectives did not address acquisition of functional skills. The same objectives were run for [Participant A]; it appeared that objectives were not based upon individualized needs. Also, the objectives as written were tutorial/educational in nature.</p> <p>[Participant D]'s Objective II.D, "will imitate vertical, horizontal and circular strokes" was tutorial/educational in nature and did not address acquisition of functional skills.</p> <p>When observations were discussed in the school with administrative staff, it was confirmed that the agency was providing educational skill training in the school for multiple individuals and billed Medicaid for the service provided in the school.</p> <p>Also, see IDAPA 16.03.10.011.01 and IDAPA 16.03.10.651.12.a-c.</p> <p>(POTENTIAL RECOUPMENT)</p>	<p>quality assurance form developed by HDD. The form will specify that objectives are not education/tutorial or recreational in nature. The plans will be reviewed by a Developmental Specialist/Clinical Supervisor that did not originally develop the plan.</p>
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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** 2012-01-20

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.651.12.a-c <i>16.03.11.23/11</i></p> <p>651.DDA SERVICES: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental disabilities agency services must be recommended by a physician or other practitioner of the healing arts. The following therapy services are reimbursable when provided in accordance with these rules. (7-1-11)</p> <p>12. Excluded Services. The following services are excluded for Medicaid payments: (7-1-11)</p> <p>a. Vocational services; (7-1-11)</p> <p>b. Educational services; and (7-1-11)</p> <p>c. Recreational services. (7-1-11)</p>	<p>Limitations on DDA Services</p> <p>Two of four child participant records reviewed ([Participant C and D]) lacked evidence that the agency assured Medicaid-excluded services, such as recreational services, were not provided.</p> <p>For example:</p> <p>[Participant C] had an objective to toss a ball. This objective did not address a functional skill.</p> <p>[Participant D] had an objective to run for a set distance. This objective did not address a functional skill.</p>	<p>1. All objectives will be reviewed. Objectives that are recreational in nature will be eliminated or changed to reflect functional skill.</p> <p>2. HDD will review all participant files for possible deficiencies.</p> <p>3. Specialist/Clinical Supervisor will review all files and make needed corrections.</p> <p>4. Individuals developing plans will have a Developmental Specialist in the agency review questionable objectives to ensure they are not recreational. All new plans will be reviewed using a quality assurance form developed by HDD. The form will specify that objectives are not education/tutorial or recreational in nature. The plans will be reviewed by a Developmental Specialist/Clinical Supervisor that did not originally develop the plan.</p>

The above objectives were recreational in nature and not a Medicaid billable service.  
  
(POTENTIAL RECOUPMENT)

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

**Date to be Corrected:** 2012-01-20

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p><i>Page 11/23/11</i></p> <p>16.03.10.653.04.a.i-iii</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>04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-11)</p> <p>a. Type of service refers to the kind of service described in terms of: (7-1-11)</p> <p>i. Discipline; (7-1-11)</p> <p>ii. Group, individual, or family; and (7-1-11)</p> <p>iii. Whether the service is home, community, or center-based. (7-1-11)</p>	<p>Individual Program Plan</p> <p>Four of four child participant records reviewed ([Participants A, B, C, and D]) lacked documentation that the Individual Program Plan (IPP) included the type, amount, frequency, and duration of the service.</p> <p>For example:</p> <p>There was no indication of the type of therapy on [Participant A]'s IPP.</p> <p>There was no indication of the type of developmental therapy (i.e., group of individual) on [Participant B, C, and D]'s IPPs.</p>	<p>1. IPP will be corrected to specify Individual Therapy. All service providers and family will sign the plan with changes.</p> <p>2. All plans will be reviewed and changes made if needed.</p> <p>3. Specialist/Clinical Supervisor will review all plans.</p> <p>4. All new plans will specify type of developmental therapy. All new plans will be reviewed using a quality assurance form developed by HDD. The form will specify that the type of therapy must be indicated. The plan will be reviewed by a Developmental Specialist/Clinical Supervisor that did not originally develop the plan.</p>

<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 2012-01-20 <b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
<p>16.03.10.653.04.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.          04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-11)          c. Frequency of service is the number of times service is offered during a week or month. (7-1-11)</p>	<p>Individual Program Plan          One of four child participant records reviewed ([Participant A]) lacked an IPP that included the frequency of service, which should include the number of times service is offered during a week or month.          For example, [Participant A]'s IPP included frequency, but stated "Days per Week - 10." Ten is not a valid frequency for days per week.</p>	<p>1. Plan will be corrected to reflect 5 days per week. The plan will be signed by all providers and family.          2. All participant files will be reviewed to ensure that the plans reflect the correct frequency of service.          3. Specialist/Clinical Supervisor will review all plans and correct if needed.          4. All new plans will be reviewed using a quality assurance form developed by HDD. The form will specify to check frequency of service. The plans will be audited by a Developmental Specialist/Clinical Supervisor that did not originally develop the plan.</p>

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2012-01-20**Administrator Initials:****Rule Reference/Text**

par 11/23/11

**Category/Findings****Plan of Correction (POC)**

16.03.10.653.05.b

Individual Program Plan

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.

05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11)

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 his 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 652.02.b.ii. of these rules. (7-1-11)

One of four child participant records reviewed ([Participant B]) lacked documentation that the parent or legal guardian was provided a copy of the completed IPP.

For example, [Participant B]'s record lacked documentation that a copy of the IPP was provided to the parent. The IPP utilized a YES/NO check off that had not been checked for this plan.

(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. All files will be reviewed to ensure that documentation of plan given to parent is included.  
3. Specialist/Clinical Supervisor will review all files.  
4. All files will be reviewed on quarterly basis during agency audit to ensure that it is documented that the family has received a copy of the plan. The audit will be completed by a Developmental Specialist/Clinical Supervisor.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2012-01-20**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.02.a.v <i>11/23/11 DW</i></p> <p>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)</p>	<p>Assessments</p> <p>One of four child participant records reviewed ([Participant A]) lacked documentation that the psychological assessment recommended the type of therapy necessary to address the participant's needs.</p> <p>For example, [Participant A]'s psychological evaluation formulated a diagnosis, but did not recommend the type therapy.</p>	<p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> <li>1. HDD will contact psychologist to see if she will add recommendations to her psychological assessment.</li> <li>2. All psychological assessments will be reviewed to ensure that the psychological evaluation has recommendations and will make corrections as needed.</li> <li>3. Specialist/Clinical Supervisor will review all psychological assessments.</li> <li>4. Under Children's System Redesign, the agency will be given evaluations through the IAP and region. HDD will develop a spreadsheet to ensure that all assessments have been gathered prior to the initiation of service. All files will be reviewed on quarterly basis during agency audit to ensure that it is documented that the participant file contains the spreadsheet of all assessments completed. The audit will be completed by a Developmental Specialist/Clinical Supervisor.</li> </ol>

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2012-01-20 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.03.e <i>DW 11/23/11</i></p> <p>655.DDA SERVICES: PROCEDURAL REQUIREMENTS.                      03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11)                      e. Assessments must be completed or obtained</p>	<p>Assessments</p> <p>Two of four child participant records reviewed ([Participants A and D]) lacked documentation that assessments were completed or obtained prior to the delivery of therapy in each type of service.</p>	<p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> <li>1. HDD will request all assessments for each participant and document all contact with the school and other care providers.</li> <li>2. HDD will develop a spreadsheet to ensure that all assessments have been gathered as well as documentation of ongoing contact for all participant files.</li> <li>3. Specialist/Clinical Supervisor will develop the</li> </ol>



prior to the delivery of therapy in each type of service.  
(7-1-11)T

For example:

[Participant A]'s record stated, per the medical/social history, that the participant continued to receive occupational therapy (OT); however, there was no documentation of this therapy. The Individualized Education Program indicated that OT was provided in the school setting, but there was no documentation she received an assessment prior to services. In addition, the medical/social history indicated the participant receives physical therapy, but per the Developmental Specialist, the participant does not receive this service. Also, per the medical/social history, the child continues to receive speech-language pathology (SLP). The developmental assessment indicated the family wants the participant to utilize PECS cards to make choices. The Prioritized Strengths/Needs worksheet indicated this area as a concern with the individual's language needs, but there was no documentation of a speech assessment.

[Participant D]'s comprehensive developmental assessment recommended OT and SLP. The physician's order recommended OT and SLP, but there was no documentation of an OT or SLP assessment. The agency administration stated during survey that they were having difficulty with the participant's mother following through. The child had an objective to work on gross and fine motor skills (Objectives II.C., II.D and II.E). Objective II.C stated, "To decrease spasticity in his legs by asking to be stretched when his legs are feeling tight." This objective must be conducted by an individual working within the scope of his/her license. This is the same for speech therapy.

spreadsheet and gather all needed assessments.  
4. HDD will obtain all assessments and document prior to initiation of services. The spreadsheet will be kept in each participant file. All files will be reviewed on quarterly basis during agency audit to ensure that it is documented that the participant file contains the spreadsheet of all assessments completed. The audit will be completed by a Developmental Specialist/Clinical Supervisor.

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

**Date to be Corrected:** 2012-01-20

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.05.g.i-viii</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>05. Types of Comprehensive Assessments. (7-1-11)</p> <p>g. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-11)</p> <p>i. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-11)</p> <p>ii. Developmental history including developmental milestones and developmental treatment interventions; (7-1-11)</p> <p>iii. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-11)</p> <p>iv. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-11)</p> <p>v. Educational history including any participation in special education; (7-1-11)</p> <p>vi. Prevocational or vocational paid and unpaid work experiences; (7-1-11)</p> <p>vii. Financial resources; and (7-1-11)</p> <p>viii. Recommendation of services necessary to address the participant's needs. (7-1-11)</p>	<p>Assessments</p> <p>One of four child participant records reviewed ((Participant A)) lacked evidence that the medical/social history contained current medical information.</p> <p>For example, ((Participant A))'s medical/social history indicated "...continues to receive Occupational, Physical and Speech Therapy..." yet there was no documentation of provision of these services other than 25 minutes in the school setting, which does not demonstrate the current status of this individual. The Developmental Specialist indicated the child does not currently receive PT or ST.</p>	<p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> <li>1. HDD will file updated assessments and will document changes to services throughout the plan year.</li> <li>2. All files will be reviewed and updated assessments will be added. A spreadsheet documenting contact with providers and changes in service will be added to all files.</li> <li>3. Specialist/Clinical Supervisor will review all files and add needed documentation.</li> <li>4. Each DS will document service changes and types throughout the service plan year. All files will be reviewed on quarterly basis during agency audit to ensure that it is documented that the participant file contains the spreadsheet of all assessments completed and changes to service. The audit will be completed by a Developmental Specialist/Clinical Supervisor.</li> </ol>
<p><b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p><b>Date to be Corrected:</b> 2012-01-20      <b>Administrator Initials:</b></p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.06.a-e</p> <p>655.DDA SERVICES: PROCEDURAL REQUIREMENTS.</p>	<p>Assessments</p> <p>One of two child participant records reviewed ((Participant B)) lacked a specific skill</p>	<p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> <li>1. HDD will correct baseline statement to state measurable skill level.</li> <li>2. All files will be reviewed to ensure that the baselines are</li> </ol>

Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11)  
 a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. (7-1-11)  
 i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)

conversation with parent, but the record lacked the IEP. In addition, the agency administration stated the child attends Idaho Virtual Academy. The agency has not determined who the IPP must be submitted to.

providers. The spreadsheet will specifically show the date the IPP was given to the school. All files will be reviewed on quarterly basis during agency audit to ensure that it is documented that the participant file contains the spreadsheet of all assessments completed, school contact, IPP given to school, and changes to service. The audit will be completed by a Developmental Specialist/Clinical Supervisor.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2012-01-20 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.601.01.b                      601. RECORD REQUIREMENTS.                      Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant</p>	<p>Program Implementation Plan</p> <p>Two of four child participant records reviewed ((Participant A and B)) lacked evidence that each Program Implementation Planmet rule requirements.</p> <p>For example:</p> <p>[Participant A]'s Weekly Activity Reports, dated October 10, 2011, through October 14, 2011, lacked credentials of staff.</p> <p>[Participant B]'s entry on October 5, 2011, lacked credentials of staff.</p>	<p>1.HDD has completed a reminder training on the requirement for credentials.</p> <p>2. All participant files will be reviewed to ensure that each signed document includes credentials.</p> <p>3. Specialist/Clinical Supervisor will review all files.</p> <p>4. HDD will train administrative staff to review WARS and Notes weekly to ensure that all signatures include credentials. All files will be reviewed on quarterly basis during agency audit to ensure that all signatures include credentials.</p>

<p><b>06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11)</b>                  a. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-11)                  b. Related to a Goal. Be related to a goal on the IPP, ISP, or IFSP. (7-1-11)                  c. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (7-1-11)                  d. Determine a Participant's Skill Level. Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-11)                  e. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-11)</p>	<p>assessment that met rule requirements.                   [Participant B]'s baseline statement is provided; however, it does not indicate the child's skill level. For example, Goal II.A "is able to transition to the floor and some chairs at school that he is used to," does not address his skill level. As written, the child appears to have the ability to transition himself and there is no need for skill training.</p>	<p>measurable. HDD will correct baselines that are not indicating skill level.                  3. Specialist/Clinical Supervisor will review all participant files.                  4. Each DS will write baselines that show measurable skill level. The baseline data collected will be kept in the file with the implementation plan. All new plans will be reviewed using a quality assurance form developed by HDD. The form will specify that the baseline must be measurable skill level. The plans will be reviewed by a Developmental Specialist/Clinical Supervisor that did not originally develop the plan.</p>
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**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2012-01-20 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.600.02.a.i</p>	<p>Collaboration/Consultation</p>	
<p><b>600. PROGRAM DOCUMENTATION REQUIREMENTS.</b>                  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. (7-1-11)  <b>02. Requirements for Participants Three to</b></p>	<p>One of four child participant records reviewed ([Participant D]) lacked documentation that the agency provided a copy of the IPP to the school or referred the child to the local school district for enrollment.                   For example, [Participant D]'s record stated the IEP was in process of being developed, per</p>	<p>1. HDD will submit a copy of the IPP to Participant D's Home School Program. HDD will document that they have contacted the local school district.                  2. All participant files will be reviewed for documentation of agency providing IPP to the school.                  3. Specialist/Clinical Supervisor will review all participant files for documentation.                  4. A spreadsheet will be developed for each participant file indicating all contact with the school and additional service</p>

confidentiality under these rules. (7-1-11)

01. General Records Requirements. Each participant record must contain the following information: (7-1-11)

b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant. (7-1-11)

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

**Date to be Corrected:** 2012-01-20

**Administrator Initials:**

**Administrator Signature (confirms submission of POC):**

*mm*

**Date:** 11/23/11

**Team Leader Signature (signifies acceptance of POC):**

*Pam Louland-Schmidt*

**Date:** 11/23/11