



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – GOVERNOR  
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE (208) 364-1959  
FAX (208) 287-1164

June 3, 2013

Cheri Atkins, Ph.D.  
ALLIES Family Solutions  
DBA of Advocacy and Learning Associates  
818 East Lander Street  
Pocatello, ID 83201

Dear Dr. Atkins:

Thank you for submitting the Plan of Correction for ALLIES Family Solutions dated May 31, 2013, in response to the recertification survey concluded on April 23, 2013. The Department has reviewed and accepted the Plan of Correction.

We previously issued ALLIES Family Solutions a three-year certificate effective from May 1, 2013, through April 30, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, that certificate was issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you may reach me at (208) 239-6267.

Sincerely,

PAMELA LOVELAND-SCHMIDT, Adult & Child DS  
Medical Program Specialist  
DDA/ResHab Certification Program

PLS/slm

Enclosure

1. Approved Plan of Correction



# Statement of Deficiencies

Developmental Disabilities Agency

ALLIES Family Solutions (dba of Advocacy and Learning Associates)  
6ADVOC062

818 E Lander St  
Pocatello, ID 83201-  
(208) 234-2094

Survey Type: Recertification

Entrance Date: 4/22/2013

Exit Date: 4/23/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; and Eric Brown, Supervisor, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.665.06</p> <p>665. CHILDREN'S HCBS STATE PLAN OPTION: PROVIDER QUALIFICATIONS AND DUTIES.</p> <p>All providers of HCBS state plan option services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (7-1-11)</p> <p>06. Requirements for Collaboration. Providers of home and community based services must coordinate with the family-centered planning team as specified on the plan of service. (7-1-11)</p>	<p>One of 4 participant records reviewed (Participant A) lacked documentation that providers of home- and community-based services coordinate with the family-centered planning team as specified on the plan of service.</p> <p>For example, Participant A's plan dated for March 26, 2013, through March 25, 2014, addressed Speech Language Pathology (SLP), Occupational Therapy (OT), and Physical Therapy (PT). The record included a fax requesting SLP, OT, and PT as of March 20, 2013, but assessments were not in record at the time of the survey.</p>	<ol style="list-style-type: none"> <li>1. On the Intervention assessment sections that are to be determined at a later time and highlighted therefore it could be easily noticed i.e.. this participant had been referred to receive these services however mom hadn't followed through with referral. Also, mom was in disagreement with these services due to her son's aggressive behaviors. In the future when parents don't follow through with referral the clinical supervisor will consult with the physiologist to determine course of action.</li> <li>2. None isolated incidence.</li> <li>3. Clinical supervisor will highlight assessment should similar situations arise.</li> <li>4. On the assessment sections that are to be determined at a later time and highlighted therefore it could be easily noticed to avoid going</li> </ol>	6/1/2013

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.02.a.v</p> <p><b>684.CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</b></p> <p>02. General Requirements for Program Documentation. Children's waiver providers 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. For each participant the following program documentation is required:</p> <p>a. Direct service provider information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information:</p> <p>v. Specific place of service. (7-1-11)</p>	<p>One of 4 participant records reviewed (Participant A) lacked documentation that the participant record included written documentation of each visit made or service provided to the participant, and recorded, at a minimum, the specific place of service.</p> <p>For example, Participant A's record indicated community as the place of service, but did not address the specific place of service, such as daycare.</p> <p>Also, see IDAPA 16.03.21.601.01.b and 16.03.10.684.03.c.v.</p>	<p>off of one's memory. 5. Isolated incident therefore as it's needed.</p> <p>1. On April 23, 2013 billing sheets were re-done for clients to specify a spot to list the location spots where the community therapy services were being performed at. Clients under the old system will have location of services under the additional comment section.</p> <p>2. On April, 30, 2013 there was a meeting held to discuss this change with staff and explained (supporting document attached).</p> <p>3. Staff will be responsible after this date to place the location area where services were performed.</p> <p>4. DS who signs billing will make sure that they are listed in the correct boxes.</p> <p>5. On April, 30, 2013 there was a meeting held to discuss this change with staff and explained (supporting document attached).</p>	<p>4/30/2013</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.03.c.x</p> <p>16.03.10.684.CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA must develop a program implementation plan to determine objectives to be included on the participant's required plan of service.</p> <p>c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements:</p> <p>x. The program implementation plan must be reviewed and approved by the DDA clinical supervisor, as indicated by signature, credential, and date on the plan.</p>	<p>One of 4 participant records reviewed (Participant A) lacked documentation that the Program Implementation Plan (PIP) was completed by the Habilitative Interventionist (HI), and reviewed and approved by the DDA Clinical Supervisor, as indicated by signature, credential, and date on the plan.</p> <p>Also, see IDAPA 16.03.21.601.01.b.</p>	<ol style="list-style-type: none"> <li>1. The clinical supervisor will sign, date and credential the document.</li> <li>2. Anyone who is requiring a new plan.</li> <li>3. Clinical supervisor</li> <li>4. Isolated situation, clinical supervisor was unaware that each PIP needed to be signed.</li> <li>5. Immediately and signed thereafter on new plans.</li> </ol>	<p>04/29/2013</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.510.04</p> <p>510. HEALTH REQUIREMENTS. 04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant or require the participant to be hospitalized. Each report must document the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review by the agency of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-11)</p>	<p>The agency lacked documentation that all incident reports were reviewed at least annually with written recommendations.</p>	<p>1. Incident reports will be reviewed twice per year, once in April and once in the month of August.</p> <p>2. Agency assumes that all participants that have needed an incident Report have been impacted.</p> <p>3. The review will be completed by the DDA Program Director.</p> <p>4. A notification has been put on the secretary's calendar, DDA Program Director's Calendar, and Administrator's calendar. The Administrator is responsible to make sure the reports are done.</p> <p>5. An initial review of incident reports will be completed by July 1, 2013 for the past 6 months. The next review will be completed in August 2013 and then April 2014 and so on.</p>	<p>04/2014</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601</p> <p>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</p>	<p>One of 4 participant records reviewed (Participant A) lacked documentation that the participant record clearly documented the date, time, duration, and type of service, and included the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date</p>	<p>1. On April 23, 2013 billing sheets were re-done for staff to specify what services were being performed by circling the option of HI/HS (Supporting document attached). Based upon that the credentialing will match the client and services provided.</p> <p>2. Staff/DS who signs billing will make sure that they match the service provided.</p>	<p>04/30/2013</p>

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

signed.  
 For example, Participant A's record included Intensive Behavioral Intervention (IBI) listed for HI services on the PIPs. The billing sheets for HS/HI did not address which service was provided. The staff credential next to the staff signature was "DT," which is not for either service. Documentation did not accurately address the service authorized or provided.  
 Also, see IDAPA 16.03.10.684.02.a.ii.

3. DS who signs billing will make sure that they match the service provided.  
 4. DS who signs billing will make sure that they match the service provided.  
 5. On April, 30, 2013 there was a meeting held to discuss this change with staff and explained.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.e                      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</p>	<p>One of 4 participant records reviewed (Participant A) lacked documentation the participant record contained medical, social, and developmental information and assessments that reflected the current status of the participant.                      For example, Participant A's record lacked the medical, social, and developmental information completed by ICDE.                      Also, see IDAPA 16.03.10.655.05.g.</p>	<p>2. This was an isolated situation where the document was misfiled therefore this matter was resolved.                      3-4. No further corrective action will be necessary due to it being filed correctly. Corrected on site received documentation medical, social and developmental evaluation from ICDE. On April 30, 2013 there was a support staff meeting (supporting document attached) to address paperwork/structure of documents of the new redesign.</p>	<p>04/30/2013</p>

<p>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 confidentiality under these rules. (7-1-11)</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>e. Medical, social, and developmental information and assessments that reflect the current status of the participant.</p>	<p>The agency corrected the deficiency during the course of the survey. The agency must complete questions 2-4 on the Plan of Correction.</p>	<p>This would allow support staff to separate paperwork and file under proper tabs in order to locate the information more readily.</p>	
---	---	---	--

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.d</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>d. A method for assessing participant satisfaction annually including minimum criteria for participant response and alternate methods to gather information if minimum criteria is not met; (7-1-11)</p>	<p>Two of 4 participant records reviewed (Participants C and D) lacked evidence the agency followed its written quality assurance program, which should include a method for assessing participant satisfaction annually including minimum criteria for participant response and alternate methods to gather information if minimum criteria is not met.</p> <p>For example, Participants C and D's records lacked documentation of annual participant satisfaction. Based upon discussion with the agency administration, they were not following their policy and procedure.</p>	<p>1. The policy and procedure manual will be updated to include annual Satisfaction surveys to be completed at a minimum of the time of annual reviews.</p> <p>2. Agency assumes all participants have been impacted by this deficiency.</p> <p>3. A designated support staff will be responsible for getting surveys completed by parents.</p> <p>4. At the time of annual reviews, the DDA Program Director will check to see if the survey has been completed.</p> <p>5. Surveys have already been designed. The Policy and Procedures manual will be updated no later than July 1, 2013. Staff training regarding any new P&amp;P will be conducted no later than July 15, 2013.</p>	<p>7/15/2013</p>

Administrator/Provider Signature:

*Christ Atkins PWS 5/31/2013*

Date: 05/22/2013

Department POC Approval Signature:

*Pam Loveland-Schmidt*

Date: 05/31/2013

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.