



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 2, 2013

Sean Brogan, City Director
SL Start and Associates
1630 23rd Avenue, Suite 501
Lewiston, ID 83501

Dear Mr. Brogan:

Thank you for submitting the Plan of Correction for SL Start and Associates (Lewiston) dated October 2, 2013, in response to the recertification survey concluded on July 23, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued SL Start and Associates (Lewiston) a three-year certificate effective from September 1, 2013, through August 31, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate is 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 can reach me at (208) 239-6267.

Sincerely,

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

PLS/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disabilities Agency Certificate



Statement of Deficiencies

Developmental Disabilities Agency

SL Start and Associates -- Lewiston
2SLSTART005

1630 23rd Ave Ste 501
Lewiston, ID 83501-
(208) 798-8771

Survey Type: Recertification

Entrance Date: 7/22/2013

Exit Date: 7/23/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; Bobbi Hamilton, Medical Program Specialist, DDA/ResHab Certification Program; and Kim Cole, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.651.02.a-c</p> <p>651.DEVELOPMENTAL THERAPY: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental therapy must be recommended by a physician or other practitioner of the healing arts. (7-1-13)</p> <p>02. 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>Based on observation and records review for 1 of 2 participants (Participant 1), it was determined the agency lacked evidence it ensured excluded services were not provided.</p> <p>For example, Participant 1's record was reviewed. The statement of location and specific individualized instructions were not in place to ensure excluded services such as recreational activities were not provided and billed for Developmental Therapy. The participant was observed playing Frisbee with another participant and staff with no therapeutic input provided during a 30 minute observation. Data gathered from that day indicates that programs were provided while playing games.</p> <p>POTENTIAL RECOUPMENT</p>	<p>1. Training will be conducted on what a billable Medicaid service will resemble.</p> <p>2. Monthly observations will be conducted along with weekly staff meetings. All staff will participate in training mentioned above.</p> <p>3. City Director, Clinical Supervisor, Adult Developmental Specialist.</p> <p>4. Agency will conduct monthly observations and case file reviews. Twice per year, we will have surveys completed by our corporate QA team.</p>	11-26-13

		<p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.654.03.a-e 654.DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS. 03. Specific Skill Assessments. Specific skill assessments must: (7-1-13) a. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-13) b. Be related to a goal on the IPP or ISP. (7-1-13) c. Be conducted by qualified professionals. (7-1-13) d. Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-13) e. Be used to determine baselines and develop</p>	<p>Two of 2 participant records reviewed (Participants 1 and 2) lacked documentation that specific skill assessments were completed per rule requirements. For example, Participants 1 and 2's records lacked documentation of specific skill assessments.</p>	<p>1. A specific skill assessment is being developed and will be completed for participants 1 and 2. 2. Agency will conduct a case file review for all remaining participants and if needed, a specific skill assessment will be completed. 3.City Director, Clinical Supervisor, Adult Developmental Specialist. 4. There will be monthly informal case file reviews by the management team. Twice per year , we will have surveys completed by our corporate QA team.</p>	<p>11-26-13</p>

the program implementation plan. (7-1-13)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.655.03.a 655.DEVELOPMENTAL THERAPY: PROVIDER QUALIFICATIONS AND DUTIES. 03. Requirements for Collaboration with Other Providers. (4-4-13) a. 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.</p>	<p>Two of 2 participant records reviewed (Participants 1 and 2) lacked evidence that the agency collaborated with other providers. For example, Participant 2 resides in a residential care or assisted living facility. There was no copy of the negotiated service agreement or plan of care, or documentation of attempting to acquire this or any other collaboration to maximize acquisition and generalization of skills across environments and avoiding duplication.</p>	<p>1. Agency will obtain collaborative service plans from other providers. 2. A case file review will be conducted for all participants and missing documentation will be obtained. 3. City Director, Clinical Supervisor, Adult Developmental Specialist. 4. There will be monthly informal case file reviews by the management team. Twice per year, we will have surveys completed by our corporate QA team.</p>	<p>11-26-13</p>

The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (4-4-13)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.656.01.b.i-iii 656.GENERAL STAFFING REQUIREMENTS. 01. Standards for Paraprofessionals Providing Developmental Therapy. When a paraprofessional provides developmental therapy, the agency must ensure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Disabilities Agencies (DDA)," Section 410 and must meet the qualifications under Section 655 of these rules. A paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. For paraprofessionals to provide developmental</p>	<p>Two of 6 employee records reviewed (Employees 5 and 6) lacked documentation that the agency ensured that a professional qualified to provide the service had given instructions, reviewed progress, and provided training for all paraprofessionals under his supervision on a weekly basis or more often if necessary.</p> <p>For example, Employee 5 and 6's records lacked documentation of weekly supervision for 2012.</p>	<p>1.Weekly supervision by a qualified professional will be documented and filed weekly, and more often if necessary. 2. City Director and Clinical Supervisor will review to make sure supervision is being documented and recorded appropriately. 3. City Director and Clinical Supervisor 4. There will be monthly informal case file reviews by the management team. Twice per year, we will have surveys completed by our corporate QA team.</p>	<p>2013-09-30</p>

therapy in a DDA, the agency must adhere to the following standards:
 (7-1-13)
 b. Frequency of Supervision. The agency must ensure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-11)
 i. Give instructions; (7-1-11)
 ii. Review progress; and (7-1-11)
 iii. Provide training on the program(s) and procedures to be followed. (7-1-11)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.656.01.c 656.GENERAL STAFFING REQUIREMENTS. 01. Standards for Paraprofessionals Providing Developmental Therapy. When a paraprofessional provides developmental therapy, the agency must ensure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 410 and must meet the qualifications under Section 655 of these</p>	<p>Two of 6 employee records reviewed (Employees 5 and 6) lacked documentation that the agency ensured that a professional qualified to provide the service had, on a monthly basis or more often if necessary, observed and reviewed the work performed by the paraprofessional under his supervision, to ensure the paraprofessional had been trained on the program(s) and demonstrated the necessary skills to correctly implement the program(s). For example:</p>	<p>1. Monthly observations will be conducted by a qualified professional and training will be provided to ensure quality of developmental therapy. 2. Agency will create a list of therapists that need to be observed monthly - more if necessary. All therapists will then be observed monthly, according to IDAPA rule. 3. City Director, Adult Developmental Specialist 4. There will be monthly informal case file reviews by the management team. Twice per year, we will have surveys completed by our corporate QA team.</p>	<p>2013-09-30</p>

<p>rules. A paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. For paraprofessionals to provide developmental therapy in a DDA, the agency must adhere to the following standards: (7-1-13)</p> <p>c. Professional Observation. The agency must ensure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to ensure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-11)</p>	<p>Employee 5's record lacked documentation of monthly observations for the following months in 2012: April, May, June, July, and August.</p> <p>Employee 6's record lacked documentation of monthly observations for the following months in 2012: March, May, June, July, August, and September.</p>		
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.663.02.b</p> <p>663.CHILDREN'S HCBS STATE PLAN OPTION: COVERAGE AND LIMITATIONS. All children's home and community based services must be identified on a plan of service developed by the familycentered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. The following services are reimbursable when provided in</p>	<p>Based on observation and review of 2 of 2 participant records (Participants A and B), it was determined the agency lacked evidence it assured the participants were involved in age-appropriate activities and were engaging with typical peers according to the ability of the participant.</p> <p>For example, Participants A and B participated in SL Start's Summer Camp, which was for SL Start participants only. When staff at the park</p>	<ol style="list-style-type: none"> 1. Agency will conduct a training on what is considered age-appropriate activities. Staff will also be trained on how to structure activities to include typical peers. 2. Monthly staff observations and weekly contact 3. City Director, Clinical Supervisor, Adult Developmental Specialist. 4. Monitoring will occur through monthly staff observations, weekly contact and daily monitoring of staff schedules. 	<p>2013-11-26</p>

<p>accordance with these rules: (7-1-11) 02. Habilitative Supports. Habilitative Supports provides assistance to a participant with a disability by facilitating the participant's independence and integration into the community. This service provides an opportunity for participants to explore their interests, practice skills learned in other therapeutic environments. And learn through interactions in typical community activities. Integration into the community enables participants to expand their skills related to activities of daily living and reinforces skills to achieve or maintain mobility, sensorymotor, communication, socialization, personal care, relationship building, and participation in leisure and community activities. Habilitative Supports must: (7-1-11) b. Ensure the participant is involved in age-appropriate activities and is engaging with typical peers according to the ability of the participant; and (7-1-11)</p>	<p>were asked, they stated no other children had asked to participate in the activities at the park. In addition, there was a 12-year-old child with a developmental disability diagnosis participating in the activities at the park with the other children, who were 4-6 year olds. Based upon the findings, it appeared as though the agency had not ensured the child was involved in age-appropriate activities and engaging with typical peers.</p>		
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.664.02.a-b 16.03.10.664.CHILDREN'S HCBS STATE PLAN OPTION: PROCEDURAL REQUIREMENTS. 02. Habilitative Supports Documentation. In addition to the general requirements listed in</p>	<p>Two of 2 participant records reviewed (Participants A and B) lacked documentation that on a monthly basis, the habilitative support staff submitted a summary of the participant's response to the support service to the clinical supervisor. The clinical supervisor reviews the summary on a monthly basis and, when</p>	<p>1. HS summary monthly checklist will be developed and signed off on by the City Director. 2. Agency will conduct a case file review and complete all missing monthly summaries. 3. City Director, Clinical Supervisor</p>	<p>2013-11-26</p>

<p>Subsection 664.01 of this rule, the following must be completed: (7-1-11)</p> <p>a. On a monthly basis, the habilitative support staff must complete a summary of the participant's response to the support service and submit the monthly summary to the clinical supervisor. (7-1-11)</p> <p>b. The clinical supervisor reviews the summary on a monthly basis and when recommendations for changes to the type and amount of support are identified, submits the recommendations to the plan developer. (7-1-11)</p>	<p>recommendations for changes to the type and amount of support are identified, submits the recommendations to the plan developer.</p> <p>For example:</p> <p>Participant A's record had a summary, but did not have documentation it was submitted monthly to the clinical supervisor for review, and when recommendations for changes to the type and amount of support were identified, the summary was submitted to the plan developer.</p> <p>Participant B's record had a summary, but did not have documentation it was submitted monthly to the clinical supervisor for review, and when recommendations for changes to the type and amount of support were identified, the summary was submitted to the plan developer.</p>	<p>4. There will be monthly informal case file reviews by the management team. Twice per year, we will have surveys conducted by our corporate QA team.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.664.04.a-b</p> <p>16.03.10.664.CHILDREN'S HCBS STATE PLAN OPTION: PROCEDURAL</p>	<p>Two of 2 participant records reviewed (Participants A and B) lacked documentation the six-month and annual reviews were submitted to the plan monitor.</p>	<p>1. What actions will be taken to correct the</p>	<p>2013-08-05</p>

<p>REQUIREMENTS. 04. Reporting Requirements. The clinical supervisor must complete at a minimum, six- (6) month and annual provider status reviews for habilitative support services provided. These provider status reviews must be completed more frequently, when so required on the plan of service. (7-1-11) a. Documentation of the six- (6) month and annual reviews must be submitted to the plan monitor.(7-1-11) b. The provider must use Department-approved forms for provider status reviews. (7-1-11)</p>	<p>For example: Participant A's record had a six-month review, but lacked documentation it was submitted to the plan monitor. Participant B's record had a six-month review, but lacked documentation it was submitted to the plan monitor.</p>	<p>deficiency? All submitted documentation will be date stamped or printed copy of email with date will be kept in participants books. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? All participants books will have this documentation 3. Who will be responsible for implementing each corrective action? clinical supervisor and branch manager will be responsible. 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? QA reviews quarterly. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p> <p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.665.05.b 665. CHILDREN'S HCBS STATE PLAN OPTION: PROVIDER QUALIFICATIONS AND DUTIES. All providers of HCBS state plan option services must have a valid provider agreement</p>	<p>One of 6 employee records reviewed (Employee 3) lacked documentation that the clinical supervisor observed and reviewed the direct services performed by all paraprofessional and professional staff on a monthly basis, or more often as necessary, to ensure staff demonstrated the necessary skills</p>	<p>1.Agency will ensure that all children's employees will be observed monthly by a qualified Clinical Supervisor.</p>	<p>2013-11-26</p>

<p>with the Department. Performance under this agreement will be monitored by the Department. (7-1-11)</p> <p>05. Requirements for Clinical Supervision. All DDA services must be provided under the supervision of a clinical supervisor. The clinical supervisor must meet the qualifications to provide habilitative intervention as defined in Section 685 of these rules. Clinical supervisor(s) are professionals employed by a DDA on a continuous and regularly scheduled basis. (7-1-11)</p> <p>b. The clinical supervisor must observe and review the direct services performed by all paraprofessional and professional staff on a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the services and support. (7-1-11)</p>	<p>to correctly provide the services and support.</p> <p>For example, Employee 3's record lacked documentation of an observation completed in January 2013. Based upon discussion with the agency administration, and review of the employee's record, it was confirmed that the employee had provided direct services during the month of January 2013.</p>	<p>2. Agency will create a check list of all employees that require a monthly observation to ensure that no one is missed going forward.</p> <p>3. City Director, Clinical Supervisor</p> <p>4. There will be monthly informal file reviews by the management team. Twice per year, we will have surveys oompleted by our corporate QA team.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.665.07</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</p>	<p>Two of 2 participant records reviewed (Participants A and B) lacked evidence thatt the provider of children's home- and community-based state plan option services demonstrated a high quality of services through an internal quality assurance review process.</p>	<p>1. Agency will follow all IDAPA regulations and internal QA policies as written.</p>	<p>2013-11-26</p>

with the Department. Performance under this agreement will be monitored by the Department. (7-1-11)
 07. Requirements for Quality Assurance. Providers of children's home and community based state plan option services must demonstrate high quality of services through an internal quality assurance review process. (7-1-11)

For example, based upon the citations within this report taken together, it was apparent the agency's internal quality assurance process was not utilized to assure high quality services were provided.

2. Internal QA reviews will be conducted by the management team according to documented SL Start and Imagine Behavioral Services policy. Agency will conduct training as necessary to make sure a high quality of service is maintained.
 3. Regional Director, City Director, Clinical Supervisor, Adult Developmental Specialist.
 4. Management will follow all Quality Assurance policy currently established.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.683.01.a 683.CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be	Two of 2 participant records reviewed (Participants A and B) lacked documentation that family training was limited to training in the implementation of intervention techniques as outlined in the plan of service.	1. A family training document has been developed and will replace the agencies current family training document. 2. Agency will conduct a case file review for all	2013-09-30

identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section 663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11)
01. Family Training. Family training is professional one-on-one (1 on 1) instruction to families to help them better meet the needs of the waiver participant receiving intervention services. (7-1-11)
a. Family training is limited to training in the implementation of intervention techniques as outlined in the plan of service. (7-1-11)

For example:
Participant A's authorized plan stated for family training (FT) the agency would provide training to family on current positive behavioral intervention strategies. The agency documentation only stated the date, time and amount, but did not address what was provided during training.
Participant B's training documentation addressed talking about an Autism Walk, and about schools for next year, but did not address what training was provided by the Habilitative Intervention professional to the parent. Also, the document used to document FT did not have a section for the participant's name. Some of the documentation addressed the child by name; this was the only way to know which child these documents were completed on. In addition, documentation did not address one-to-one instruction. The agency documentation did not meet rule requirements for Family Training.
Also, see IDAPA 16.03.10.683.01.b-d.

remaining participants and if needed, a new family training document will be completed.
3. City Director, Clinical Supervisor
4. There will be monthly informal case file reviews by the management team, Twice per year, we will have surveys completed by our corporate QA team.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.683.01.d.ii</p> <p>683.CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section 663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11)</p> <p>01. Family Training. Family training is professional one-on-one (1 on 1) instruction to families to help them better meet the needs of the waiver participant receiving intervention services. (7-1-11)</p> <p>d. The parent or legal guardian of the waiver participant is required to participate in family training when the participant is receiving habilitative interventions. The following applies for each waiver program: (7-1-11)</p> <p>ii. For participants enrolled in the Act Early Waiver, the parent or legal guardian will be required to be present and actively participate during the intervention service session for at least twenty percent (20%) of the intervention time provided to the child. (7-1-11)</p>	<p>One of 1 participant record reviewed (Participant B) lacked documentation that for participants enrolled in the Act Early Waiver, the parent or legal guardian was present and actively participated during the intervention service session for at least 20% of the intervention time provided to the child.</p> <p>For example, Participant B was enrolled in the Act Early Waiver. The agency had no documentation that the parent was present and actively participated during the required 20% of the intervention.</p>	<ol style="list-style-type: none"> 1. Agency will obtain documentation of family training (evidenced by the completion of the new form). The agency has developed an Excel spreadsheet documenting participants FT services in relation to HI services. New form will ensure parent was present. 2. Agency will ensure that the Spreadsheet and documentation will be recorded with each participant. City Director will monitor spread sheet weekly to determine if the Act Early participants have met the 20% rule for the week. If it has not been met, adjustments to the schedule will be made. 3. City Director, Clinical Supervisor 4. There will be monthly informal case file reviews by the management team. Twice per year we will have surveys completed by our corporate QA team. 	<p>2013-11-26</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.683.02.a.i-v</p> <p>683.CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be identified on a plan of service developed by</p>	<p>One of 1 participant record reviewed (Participant B) lacked documentation that interdisciplinary training was provided to assist the direct provider meet the needs of the waiver participant.</p>	<ol style="list-style-type: none"> 1. A new form for interdisciplinary training has been developed and is in use by agency .Agency will obtain documentation of interdisciplinary training (as evidenced by the use of the new 	<p>2013-11-26</p>

<p>the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section 663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11)</p> <p>02. Interdisciplinary Training. Interdisciplinary training is professional instruction to the direct service provider. Interdisciplinary training must only be provided during the provision of a support or intervention service. Interdisciplinary training is provided to assist the direct provider to meet the needs of the waiver participant.</p> <p>a. Interdisciplinary training includes: (7-1-11)</p> <ul style="list-style-type: none"> i. Health and medication monitoring; (7-1-11) ii. Positioning and transfer; (7-1-11) iii. Intervention techniques; (7-1-11) iv. Positive Behavior Support; (7-1-11) v. Use of equipment; (7-1-11) 	<p>For example, Participant B's plan authorized interdisciplinary training quarterly. There was no documentation that this training had occurred.</p>	<p>form).</p> <ol style="list-style-type: none"> 2. Agency will ensure, going forward, that the new form is being implemented and used with each individual that has authorized interdisciplinary training on their plan. 3. City Director, Clinical Supervisor 4. There will be monthly informal case file reviews by the management team. Twice per year we will have surveys completed by our corporate QA team. 	
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<p>16.03.10.683.02.b</p> <p>683.CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be recommended by a physician or other</p>	<p>One of 1 participant record reviewed (Participant B) lacked evidence that interdisciplinary training was provided to the direct service provider when the participant was present.</p> <p>For example, Participant B's plan authorized interdisciplinary training quarterly. There was no documentation that this training had</p>	<ol style="list-style-type: none"> 1. Agency will obtain documentation of interdisciplinary training (evidenced by the completion of the new form). The agency has developed an Excel spreadsheet documenting participants services. 2. Agency will conduct a case file review for all remaining participants authorized with IT. 	<p>2013-11-26</p>

practitioner of the healing arts. In addition to the children’s home and community based state plan option services described in Section 663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11)
 02. Interdisciplinary Training. Interdisciplinary training is professional instruction to the direct service provider. Interdisciplinary training must only be provided during the provision of a support or intervention service.
 Interdisciplinary training is provided to assist the direct provider to meet the needs of the waiver participant.
 B. Interdisciplinary training must only be provided to the direct service provider when the participant is present. (7-1-11)

occurred.

The new form will ensure proper documentation as stated in IDAPA code. The form indicates that the participant is present.
 3. City Director, Clinical Supervisor
 4. There will be monthly informal case file reviews by the management team. Twice per year, we will have surveys completed by our corporate QA team.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.683.02.c 683.CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children’s DD waiver services must be identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children’s home and community based state plan option services described in Section 663 of these rules, the following services are</p>	<p>One of 1 participant record reviewed (Participant B) lacked evidence that the interdisciplinary training provider maintained documentation of the training in the participant’s record documenting the provision of activities outlined in the plan of service. For example, Participant B's plan authorized interdisciplinary training quarterly. There was no documentation that this had occurred.</p>	<p>1. Agency will obtain documentation of interdisciplinary training (evidenced by the completion of the new form). The agency has developed an Excel spreadsheet documenting participants services. 2. Agency will conduct a case file review for all remaining participants authorized with IT. The new form will ensure proper documentation as stated in IDAPA code. The form indicates the provision of activities outlined in the POS. 3. City Director, Clinical Supervisor 4. There will be monthly informal case file reviews</p>	<p>2013-11-26</p>

<p>available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11) 02. Interdisciplinary Training. Interdisciplinary training is professional instruction to the direct service provider. Interdisciplinary training must only be provided during the provision of a support or intervention service. Interdisciplinary training is provided to assist the direct provider to meet the needs of the waiver participant. c. The interdisciplinary training provider must maintain documentation of the training in the participant's record documenting the provision of activities outlined in the plan of service. (7-1-11)</p>		<p>by the management team. Twice per year we will have surveys completed by our corporate QA team.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.02.a.v 684.CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 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</p>	<p>Two of 2 participant records reviewed (Participants A and B) lacked documentation that the direct service provider information, which should include written documentation of each visit made or service provided to the participant, recorded the specific place of service. For example, Participants A and B's records lacked documentation of the specific place of service. The documentation stated "center," "</p>	<p>1. Agency will ensure that place of service is listed on all PIP's. 2. Agency will conduct a case file review to ensure that PIP's contain a specific place of service and all PIP's missing this will be adjusted accordingly. 3. City Director, Clinical Supervisor 4. There will be monthly informal case file reviews by the management team. Twice per year we will have surveys completed by our corporate QA team</p>	<p>2013-11-26</p>

<p>program documentation is required: 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: v. Specific place of service. (7-1-11)</p>	<p>community,” or “home,” but did not address the specific place of service. Some documentation stated the location, but most did not. The progress notes stated “community,” but lacked the specific place of service.</p> <p>Also, see: • IDAPA 16.03.10.664.01.a.v; • IDAPA 16.03.10.684.03.c.v; and • IDAPA 16.03.21.601.01.b.</p>		
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.03.a 684.CHILDREN’S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA or the Infant</p>	<p>One of 2 participant records reviewed (Participant A) lacked documentation that for each participant receiving intervention and family training services, the DDA developed a program implementation plan to determine objectives to be included on the participant's required plan of service. All program implementation plan objectives must be related</p>	<p>1.Each PIP will be reviewed by the clinical supervisor to determine if there is an objective for each goal on the POS. 2. A case file review will be conducted to see if any other participants are effected. If identified, the plans will be corrected to add or delete objectives as indicated on the POS.</p>	<p>2013-11-26</p>

<p>Toddler Program must develop a program implementation plan to determine objectives to be included on the participant's required plan of service. (7-1-13) a. All program implementation plan objectives must be related to a goal on the participant's plan of service. (7-1-11)</p>	<p>to a goal on the participant's plan of service. For example, Participant A's record lacked documentation of a Program Implementation Plan (PIP) for family training (FT) services for each objective included on the plan of service. In addition, the FT notes appeared to be case notes, not training notes (for instance: April 19, 2013, notes stated, "...helped mom fill out form for the Psychologist," which did not address the goals authorized on the plan of service to provide training to family on current positive behavioral intervention strategies).</p>	<p>3. City Director, Clinical Supervisor 4. There will be monthly informal case file reviews conducted by the management team. Twice per year we will have surveys completed by our corporate QA team.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.03.c.x 16.03.10.684.CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 03. Program Implementation Plan Requirements. For each participant receiving intervention and</p>	<p>Two of 2 participant records reviewed (Participants A and B) lacked documentation that the PIP was reviewed and approved by the DDA clinical supervisor, as indicated by signature, credential, and date on the plan.</p>	<p>1. Agency will ensure that a signature and date is maintained on each PIP by a certified clinical supervisor. 2. A case file review will be conducted on all remaining participants to see if any deficiencies are</p>	<p>2013-11-26</p>

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.
 c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements:
 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.

identified. If identified, corrections will be made.
 3. City Director, Clinical Supervisor
 4. There will be monthly informal case file reviews by the management team. Twice per year we will have surveys completed by our corporate QA team.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.009.01 009. 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 have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)	Three of 6 employee records reviewed (Employees 3, 4, and 5) lacked documentation that the agency verified that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services had complied with IDAPA 16.05.06, "Criminal History and Background Checks." For example:	1. Agency has applied for on-site notary in all branches. This will maintain that the background checks are completed or transferred, and notarized the same day, bridging the gap between the ISP checks (if needed) and the Health and Welfare background checks. Please refer to attached background check forms Admin 17 and flow charts. 2. Agency will conduct a personnel file review to	2013-09-30

	<p>Documentation in Employee 3's record stated that the employee's date of hire was October 11, 2010. The employee was not cleared to provide services until October 25, 2010. There was no documentation of a notarized Department of Health and Welfare Criminal History Check (DHW CHC) application.</p> <p>Documentation in Employee 4's record stated the employee's date of hire was September 8, 2010. The agency transferred a DHW CHC from another agency, which was dated October 3, 2008. The employee then left employment with this agency and returned on December 30, 2011. Upon return to employment with this agency, the agency completed an Idaho State Police Check on January 19, 2012. At the time of the return to work, the employee's initial DHW CHC (dated October 3, 2008) was over 3 years old and could not be transferred. The employee required a new DHW CHC, which was not completed per rule requirement.</p> <p>Documentation in Employee 5's record stated the employee's date of hire was June 16, 2011. The employee was not cleared to provide services until June 28, 2011. There was no documentation of a notarized DHW CHC application.</p>	<p>make sure we are in compliance with IDAPA 16.05.06.</p> <p>3. City Director, HRA, Office Manager</p> <p>4. There will be monthly informal personnel file reviews by the HRA. Twice per year, we will have surveys completed by our corporate QA team.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p>	<p>Four of 6 employee records reviewed (Employees 2, 3, 4, and 5) lacked documentation that each agency staff providing services to participants was certified in CPR and First Aid within 90 days of hire and maintained current certification thereafter.</p>	<p>1. Agency will obtain CPR certification for all staff prior to scheduling with participants.</p> <p>2. Agency will conduct a training database and personnel file audit. If missing, staff will be taken off the schedule until CPR certification is obtained.</p> <p>3. City Director, HRA, Office Manager</p>	<p>2013-09-30</p>

01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11)
 b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)

For example:

Employee 2's record lacked documentation that the employee maintained current certification. The employee was CPR and First Aid certified from May 24, 2011 – May 24, 2013, and was then recertified from July 16, 2013 – July 16, 2015. The employee record lacked documentation that the employee maintained certification from May 25, 2013 – July 15, 2013.

Employee 3's record lacked documentation that the employee maintained current certification. The employee was CPR and First Aid certified from October 12, 2010 – October 12, 2012, and was then recertified from December 12, 2012 – December 12, 2014. The employee record lacked documentation that the employee maintained certification from October 13, 2012 – December 11, 2012.

Employee 4's record lacked documentation that the employee maintained current certification. The employee was CPR and First Aid certified from September 8, 2010 – September 8, 2012, and was then recertified from September 17, 2012 – September 17, 2014. The employee record lacked documentation that the employee maintained certification from September 9, 2012 – September 16, 2012.

Employee 5's record lacked documentation that the employee maintained current certification. The employee was CPR and First Aid certified from October 13, 2010 – October 13, 2012, and was then recertified from November 14, 2012 – November 14, 2014. The employee record lacked documentation that the employee maintained certification from October 14, 2012 – November 13, 2012.

4. CPR certification will be obtained prior to placing staff on the schedule. This will be monitored by the new hire training checklist housed in the personnel file.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.06.d</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p>06. Housekeeping and Maintenance Services. (7-1-11)</p> <p>d. The center must maintain the temperature and humidity within a normal comfort range by heating, air conditioning, or other means. (7-1-11)</p>	<p>The agency lacked evidence that it maintained the temperature and humidity at the center within a normal comfort range by heating, air conditioning, or other means.</p> <p>For example, the center was at approximately 80 degrees in the therapy rooms.</p>	<p>1 Thermostats in the building are set at 70 degrees. Building maintenance serviced our units and will maintain a quarterly service and check to be performed to ensure all units are working properly.</p> <p>2. Agency will work with Property manager to ensure building maintenance is done properly and in a timely manner.</p> <p>3. Regional Director, City Director</p> <p>4. City Director will ensure units are working by completing monthly checks of vents in each room. The thermostats read between 70 - 73 degrees at the time of survey.</p>	<p>2013-09-30</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.e</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must</p>	<p>The agency lacked documentation that it completed an annual review of its code of ethics, identified violations, and implemented an internal plan of correction.</p>	<p>1. Agency will complete an annual document, mimicking our incident report document, addressing any ethics violations.</p>	<p>2013-11-26</p>

develop and implement a quality assurance program. (7-1-11)
 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)
 e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)

For example, the agency had a written code of ethics policy, but the review of policies did not address any violations, nor was there evidence of the implementation of an internal plan of correction.

- 2. An annual document will be maintained in the survey prep binder following the completion of the calendar year.
- 3. Regional Director, City Director
- 4. This will be monitored by our corporate QA team on their bi-annual visits.

Administrator/Provider Signature:

Sam Bregan City Director

Date:

10/2/13

Department POC Approval Signature:

Fam. Loveland-Schmidt

Date:

10/02/2013

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