



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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October 21, 2013

Scott Birkinbine, Administrator  
Upper Valley Options, Inc.  
1120 Stocks Avenue  
Rexburg, ID 83440

Dear Mr. Birkinbine:

Thank you for submitting the Plan of Correction for Upper Valley Options, Inc. dated September 16, 2013, in response to the recertification survey concluded on August 29, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result of the recertification survey, we previously issued Upper Valley Options, Inc. full certificates effective from October 1, 2013, through September 30, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, these certificates are issued on the basis of substantial compliance and are 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

Enclosure

1. Approved Plan of Correction



# Statement of Deficiencies

Developmental Disabilities Agency

Upper Valley Options, Inc.  
7UPPER066

1120 Stocks Ave  
Rexburg, ID 83440  
(208) 359-3133

Survey Type: Recertification

Entrance Date: 8/27/2013

Exit Date: 8/29/2013

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

Rule Reference/Fact	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 family-centered 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 accordance with these rules: (7-1-11)</p> <p>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</p>	<p>Based on review of one of two participant records (Participant B) and observation, it was determined the agency lacked evidence it ensured the participant was involved in age-appropriate activities and was engaging with typical peers according to the ability of the participant.</p> <p>For example, Participant B was observed with another participant and staff who were not engaging with typical peers according to the ability of the participant.</p>	<p>1. We had a staff training and instructed staff in proper engagement of typical peer involvement according to 16.03.10.663.02.b</p> <p>2. Through the staff training issues were discussed and cared for at that time.</p> <p>3. Administrator/HI/Clinical Supervisor</p> <p>4. Through staff observation and Contact Note details.</p> <p>5. By what date will the corrective actions be completed? September 18th 2013</p>	2013-09-18

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)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.683.01.b                      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)                      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)                      b. Family training must be provided to the participant's parent or legal guardian when the participant is present. (7-1-11)</p>	<p>One of two participant records reviewed (Participant A) lacked documentation that family training was provided to the participant's parent or legal guardian when the participant was present.</p>	<ol style="list-style-type: none"> <li>1. We placed a check box on the contact note for the HI Professional to mark as indicating if the child / Parent was present at the time.</li> <li>2. Through staff training and review from HI and Clinical Supervisor.</li> <li>3. HI &amp; Clinical Supervisor</li> <li>4. Through review and staff observation.</li> <li>5. 9-18-13</li> </ol>	<p>2013-09-18</p>

Audit Reference/Text	Findings	Plan of Correction	Date in Compliance
<p>16.03.10.683.02.b</p> <p><b>683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS.</b>                      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><b>02. Interdisciplinary Training.</b> 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><b>B. Interdisciplinary training must only be provided to the direct service provider when the participant is present. (7-1-11)</b></p>	<p>One of two participant records reviewed (Participant A) lacked documentation that interdisciplinary training was only provided to the direct service provider when the participant was present.</p>	<ol style="list-style-type: none"> <li>1. We placed a check box on the contact note for the HI Professional to mark as indicating if the child is present at the time.</li> <li>2. Through staff training and review from HI and Clinical Supervisor.</li> <li>3. HI &amp; Clinical Supervisor</li> <li>4. Through review and staff observation.</li> <li>5. 9-18-13</li> </ol>	<p>2013-09-18</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.02.a.v</p> <p>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 program documentation is required: (7-1-11) 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: (7-1-11) v. Specific place of service. (7-1-11)</p>	<p>Two of two participant records reviewed (Participants A and B) lacked documentation that direct service provider information included written documentation of each visit made or service provided to the participant, and, at a minimum, specific place of service.</p> <p>For example:</p> <p>Participant A's habilitative support documentation included some documentation of the specific location (e.g., Rigby Lake), but most lacked this documentation.</p> <p>Participant B's habilitative support documentation lacked documentation of the specific location.</p>	<p>1. We added a area on the contact note to specify the location. 2. Through the staff training issues were discussed and cared for at that time. 3. Administrator/Hi/Clinical Supervisor 4. Through staff observation and Contact Note details. 5. By what date will the corrective actions be completed? September 18th 2013</p>	<p>2013-09-18</p>
<p>16.03.10.684.03.c.x</p> <p>684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 03. Program Implementation Plan</p>	<p>One of two participant records reviewed (Participant A) lacked documentation that the program implementation plan (PIP) was reviewed and approved by the clinical</p>	<p>1. We added additional HI Clinical Supervisor who will review the plan that was written by other HI Professionals. 2. We placed this on a permanent si</p>	<p>2013-09-18</p>

Requirements. For each participant receiving intervention and family training services, the DDA or the Infant 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)  
 c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements: (7-1-11)  
 x. The program implementation plan must be reviewed and approved by the clinical supervisor, as indicated by signature, credential, and date on the plan. (7-1-13)

supervisor, as indicated by signature, credential, and date on the plan.  
 For example, Participant A's PIP's had been approved by the Habilitative Interventionist (HI) who is a Clinical Supervisor, but not by the Clinical Supervisor who supervised the HI professional.  
 Also, see IDAPA 16.03.21.601.01.b.

2. We placed permanent signature credential date within the plan so it is always present so that it can be reviewed and signed by the Clinical Supervisor.  
 3. By a Secondary HI Clinical Supervisor  
 4. Through the QA process  
 9-18-13

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04                      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)                      04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must</p>	<p>Two of two agency facilities lacked evidence that evacuation plans posted throughout the center met rule requirements. The plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building.                      For example, evacuation plans lacked fire extinguisher locations.</p>	<p>2. We will make sure that the visual indicator of fire extinguishers are placed on all evacuation maps that are displayed at the locations that pertain to 16.03.21.500.04                      3. Administrator                      4. Through observation and quarterly walkthroughs.</p>	<p>2013-09-18</p>

indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building. (7-1-11)

(The agency corrected the deficiency during the course of the survey. The agency is required to address questions 2-4 on the Plan of Correction).

by the deficiency? If identified, what corrective actions will be taken?  
 3. Who will be responsible for implementing each corrective action?  
 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?  
 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.d                      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</p>	<p>Based on review of agency records, it was determined that 1 of 3 participant records (Participant 1) lacked a profile sheet that met all rule requirements.</p> <p>For example, Participant 1's profile sheet had a section for Allergies and Special Diet, but there was no documentation in this section. Participant 1's medical assessments dated August 10, 2012, and August 26, 2013, stated that she is allergic to Coumadin.</p>	<p>1. Professional meeting was held for all DS / CS. They were told that all special diets MUST be written in the info sheet as well as the medication sheet.                      2. DS /CS were instructed to go through all files and make corrections. The corrections were then handed to Administrator for approval.                      3. CS/ DS/ Administrator                      4. Done by Administrator</p>	<p>2013-09-18</p>

participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)  
 01. General Records Requirements. Each participant record must contain the following information: (7-1-11)  
 d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)

Rule Reference/Title	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.02</p> <p><b>601. RECORD REQUIREMENTS.</b>                      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</p>	<p>Based on review of agency records, it was determined that for 2 of 3 participants (Participants 1 and 3) the agency lacked written documentation that identified the participant's progress toward goals defined on his plan, and included why the participant continued to need the service.</p> <p>For example:</p> <p>Participant 1's Provider Status Review dated April 11, 2013, lacked documentation of the participant's progress toward the achievement of therapeutic goals and why he continued to need services. For instance, the baseline as of January 23, 2013, for Objective 5B "participate in group activity" was 90% with no prompting. For December 2012, he was at 95%; January</p>	<p>1. Professional Staff meeting was held. DS &amp; CS were instructed to identify programs that had baselines that showed needs met with no prompts be eliminated as well as stating the progress note about how they determined a successful program complete.                      2. DS/CS will review PSRs and make corrections as needed.                      3. CS/DS/Administrator                      4. Through the QA Process</p>	<p>2013-09-18</p>

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current information and to safeguard participant confidentiality under these rules. (7-1-11)

02. Status Review. Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)

2013 he was at 91%; February 2013 he was 93%; and for March 2013 he dropped to 68%. A note on March 5, 2013, stating to delete steps 1-4 met criteria, but did not address why there had been no progress. This is the same for Objective 5D "follow directions as given both in community and home." In addition, there was a "follow directions for home" with a baseline of 33% dated February 6, 2013. February 2013 was recorded at 16%; March 2013 was at 14%, which stated for comments "verbal prompts per step" and on April 1, 2013 "no changes struggling primarily with completion of step 3 avg. Dec. minimal documentation due to start date and holidays avg. 16%." This is the same for Objective 1A "complete deficient hygiene;" the baseline on February 6, 2013, was 35% and in January 2013 decreased to 31%; February 2013 decreased to 14%; and March 2013 decreased to 7% with comments stating: "02/06/13 verbal prompts per step;" "02/26/12 determine baseline-no documentation;" "04/01/13 reviewed, continue Dec. minimal documentation due to start date and holidays. Goal was completed 1 x during Dec. avg. 38%."

Participant 3's Provider Status Review dated June 1, 2013, was the same. For instance, the baseline listed for Objective 6B "demonstrates community safety" was 54% and documentation for the year showed progress for 4 months, but for 8 months the percentage was less than the baseline and the comments stated he was 43% lower than baseline. This was the same for Objective 5D "actively engage in not obsessing." Two of 12 months showed progress and the agency comments stated he was 14% lower than baseline. There was no evidence why the participant continued to need the service as he appeared to be losing the skill with the service.

completed? Enter this date in the column to the far right.

Administrator/Provider Signature

*[Handwritten Signature]*

Date:

09-16-13

Department POC Approval Signature:

*Pam Loveland-Schmidt*

Date:

10/16/2013

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