

DDA COMPLIANCE REVIEW

AGENCY NAME: FAMILY AND CHILDREN'S THERAPY SERVICES (FACTS) **SURVEY DATE(S):** 1/14/2008 TO 1/17/2008

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

SURVEY TEAM MEMBERS: Rebecca Fadness, Cynthia Jonsson, Linda Keirnes, Veronica Martinez, Ebony Jorgensen

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:

Consumer satisfaction surveys were very positive. Parents/guardians stated feeling extremely satisfied with the services received by the agency, and especially with the developmental therapists. They stated that the staff at Family and Children's Therapy Services (FACTS) is accommodating, flexible, and understanding. Parents/guardians expressed feeling very happy with the progress that their children have made. Communication was also excellent between agency and parents/guardians as staff is available for questions and clarifications as needed and requested.

Therapy Observation Notes:

Therapist seemed to have an excellent rapport with the children. The interaction between the children and their therapist seem appropriate and positive. The therapist used cueing and reinforcement as instructed and this elicited positive response. The frequency of reinforcement was consistent and seemed effective as the children responded positively. The setting where therapy was conducted was conducive to success and it seemed to facilitate compliance and participation from the children during the session. During therapy, children were given breaks which also seemed to facilitate engagement and increase motivation to continue working. Data was taken by therapists during transition and free time periods.

Deficiencies:

Agency's Plan for Compliance:

16.04.11.710.REQUIRED SERVICES.

Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written

1. Updated working agreement was faxed to H&W Jan 18, 2008. Written formal agreement with licensed clinical psychologist, Dr. Tyler Whitney was updated to specifically include psychotherapy to ensure services are available through agency.
2. No participants were affected by the deficiency.
3. Marlane Garner responsible for corrective action
4. Monitoring will be through annual review of working agreements to ensure all required services are identified in working agreement.



<p>agreement</p> <p>Finding: The agency is not in compliance</p> <ul style="list-style-type: none"> • There is no psychotherapy available either by an employee or through a written formal agreement. 	<p>5. Corrective Action was completed Jan 18, 2008.</p>
<p>16.04.11.500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</p> <p>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building</p> <p>Finding: The agency is not in compliance</p> <ul style="list-style-type: none"> • The posted evacuation plans should be designed so that the writing is not upside down • The posted evacuation plans do not show the location of the fire extinguishers • The posted evacuation plans do not show the designated meeting areas outside of the building. <p>16.04.11.500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</p> <p>03. Fire and Safety Standards. b. There must be written policies and procedures covering the protection of all persons in the event of fire and other emergencies;</p> <p>Finding: The agency is not in compliance</p> <ul style="list-style-type: none"> • There are no policies and procedures for safety standards for emergencies other than for evacuations 	<p>1. Evacuation plans have been updated as required. Plans are now:</p> <ul style="list-style-type: none"> • written right side up • location of fire extinguishers are noted • designated meeting area outside of the building is shown. <p>2. No participants affected by the deficiency.</p> <p>3. Marlane Garner responsible for corrective action</p> <p>4. Monitoring will be through annual review of maps to ensure maps are in compliance.</p> <p>5. Corrective Action was completed Jan 17, 2008</p> <p>1. Written policies and procedures for safety standards for emergencies other than for evacuations have been developed and the document is included with the POC.</p> <p>2. No participants known to have been affected by the deficiency.</p> <p>3. Marlane Garner responsible for corrective action</p> <p>4. Monitoring will be through annual review of emergency programs to ensure policies and procedures are in compliance for all emergencies.</p> <p>5. Corrective action are completed by March 24, 2008.</p>
<p>16.04.11.501.VEHICLE SAFETY REQUIREMENTS.</p> <p>Each DDA that transports participants must:</p> <p>02. Transportation Safety Policy. Develop and implement a written transportation safety policy</p> <p>Finding: The agency is not in compliance</p> <ul style="list-style-type: none"> • The policy only states that drivers must have licenses, obey the law and have insurance. There are no procedures in place to 	<p>1. All drivers have current licenses and comprehensive insurance on their vehicles. Written policies and procedures have been developed requiring drivers participate in additional training for safe driving such as defensive driving and winter driving. Driving records will be checked annually to verify drivers are obeying the law. Participants will be encouraged to utilize public transportation. The updated transportation policy is included with the POC.</p> <p>2. No participants affected by the deficiency.</p>



<p>verify that drivers obey the law and there are no policies and procedures in place for other safety measures related to transportation</p>	<ol style="list-style-type: none"> 3. Program Manager responsible to implement transportation policy. 4. Monitoring will be through annual review of training logs and driver's records. 5. Corrective action plan will be completed by March 24, 2008.
<p>16.04.11.510.HEALTH REQUIREMENTS 03. Employees. Each employee with direct contact with participants must be free of communicable disease and infected skin lesions while on duty.</p> <p>Finding: The agency is not in compliance</p> <ol style="list-style-type: none"> 2 The agency does not have a process for assuring that employees are free of infected skin lesions while on duty 	<ol style="list-style-type: none"> 1. A policy has been written to assure that employees are free of disease and infected skin lesions while on duty. The document is included with the POC. 2. No participants were affected by the deficiency. 3. Program Manager is responsible to implement policy. 4. Monitoring will be through incident reports, staff training logs, and an annual review of policies and procedures for communicable disease and infected skin lesions while on duty. 5. Corrective action plan will be completed by March 24, 2008.
<p>16.04.11.900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of these rules; b. Person, discipline or department responsible for each goal; c. A system to ensure the correction of problems identified within a specified period of time; e. A regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction. (7-1-06)</p> <p>Finding: The agency is not in compliance</p> <ol style="list-style-type: none"> 3. The agency does not have a written Quality Assurance program that includes the cited rule requirements. The agency is in compliance with 900.02.d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate 	<ol style="list-style-type: none"> 1. A more thorough Quality Assurance (QA) program has been developed that meets all requirements for 16.04.11.900. The plan states the goals and procedures, the person responsible for each goal; the system to ensure correction of problems identified within a specified period of time; the method for regular review of the agency's code of ethics, identifications of violations, and implementation of an internal plan of correction. The document is included with the POC. 2. No participants were known to be affected by the deficiency. 3. The Program Manager and Developmental Specialist will be responsible to implement the programs as specified in the program. 4. Monitoring will be through regular reports and reviews as outlined in the QA plan. 5. Corrective action plan will be completed by March 26, 2008.
<p>16.04.11.900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program.</p>	<ol style="list-style-type: none"> 1. A Quality Assurance (QA) program has been developed that ensures the services provided to participants are age appropriate, promote integration, provide opportunities for community participation and inclusion, offer opportunities for participants to exercise their rights,

<p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants:</p> <ul style="list-style-type: none"> b. Are age appropriate; c. Promote integration; d. Provide opportunities for community participation and inclusion; e. Offer opportunities for participants to exercise their rights; and f. Are observable in practice. <p>Finding: The agency is not in compliance</p> <ul style="list-style-type: none"> 4. The agency's written Quality Assurance program does not articulate how it will ensure the requirements cited above. The agency is in compliance with 900.03.a. [Services] Are developed with each participant and guardian where applicable, and actively promote the participation, personal choice and preference of the participant 	<p>and are observable in practice. The QA plan (section 3) is included with the POC.</p> <ul style="list-style-type: none"> 2. No participants were known to be affected by the deficiency. 3. The Program Manager and/or Developmental Specialist will be responsible to implement the reviews as specified in the program. 4. Monitoring will be through annual reviews of the QA program to ensure a system is in compliance to ensure requirements are met as specified. 5. Corrective action plan will be completed by March 26, 2008.
<p>REGION III and IV Findings for Services Provided to Children Ages Three (3) Through Seventeen (17) and Adults Receiving IBI</p>	
<p>600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)</p> <p>01. Comprehensive Assessments A comprehensive assessment must:</p> <ul style="list-style-type: none"> d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06) <p>Findings:</p> <ul style="list-style-type: none"> • In two of the four files reviewed, the medical/ social assessment for participant A and B failed to identify strengths, needs and interests. 	<ul style="list-style-type: none"> 1. The agency's recent medical/social assessments do include strengths, needs and interests. Future medical/social assessments will identify strengths, needs and interests. Corrective action will be to include this procedure in the QA reviews. 2. Five participants were affected by the deficiency. To correct this, the next medical/socials for these participants will include strengths, needs and interests. 3. Developmental Specialist is responsible for the corrective action. 4. Monitoring will be quarterly file checks to ensure these items are included in future assessments. 5. Corrective Action will be completed by March 24, 2008.
<p>600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA.</p> <p>03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-06)</p>	<ul style="list-style-type: none"> 1. Future assessments have dates printed on them in addition to his/her credentials on the signature page. Corrective action will be to include this procedure in the QA reviews. 2. Eleven participants were affected by the deficiency. Future assessments will include dates and credentials with the signature. 3. The respective Program Manager and Developmental Specialists will

<p>Findings:</p> <ul style="list-style-type: none"> In four of the files reviewed, the professional completing the assessment failed to print the date and his/her credentials on the signature page of the report. 	<p>be responsible for the corrective action.</p> <ol style="list-style-type: none"> Monitoring will be monthly reports and quarterly file checks to ensure these items are included. Corrective action plan will be completed by March 24, 2008.
<p>600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. 04. Assessment Must Be Completed Within Forty-Five Days (7-1-06)</p> <p>a. With the exception noted under Subsection 600.04.b of this rule, each assessment must be completed within forty-five (45) calendar days of the date it was recommended by the physician or other practitioner of the healing arts. If the assessment is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. (7-1-06)</p> <p>Findings:</p> <ul style="list-style-type: none"> For participant C and D, the physician's order exceeded the 45 calendar days for completion of recommended assessments. In addition, there was no documentation found on file justifying the delay. 	<ol style="list-style-type: none"> Physician's orders will be secured prior to assessments. Assessments will be completed within 45 days of recommendation. When delays occur, documentation will be on file justifying the delay. Corrective action will be to include this procedure in the QA reviews. Nine participants were affected by the deficiency. Future assessments will be completed within 45 days of the physician's orders. The respective Program Manager and Developmental Specialists will be responsible for the corrective action. Monitoring will be monthly reports and quarterly file checks to ensure these items are completed in a timely manner. Corrective action plan will be completed by March 24, 2008.
<p>601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>01. Completion of Assessments Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)</p> <p>Findings:</p> <ul style="list-style-type: none"> In four of the files reviewed, the comprehensive assessments were completed after the development of the Individual Program Plan (IPP). 	<ol style="list-style-type: none"> Assessments will be completed or obtained prior to the development of the Individual Program Plan (IPP). Corrective action will be to include this procedure in the QA reviews. Eleven participants were affected by the deficiency. Future assessments will be completed prior to the IPP. Developmental Specialist will be responsible. Monitoring will be monthly reports and quarterly file checks to ensure these items are completed or obtained prior to the IPP. Corrective action plan will be completed by March 24, 2008.
<p>601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>01. Completion of Assessments Assessments must be completed or obtained prior to the delivery of therapy in each type of service (7-1-06)</p> <p>Findings:</p>	<ol style="list-style-type: none"> Assessments will be current or completed annually. Corrective action will be to include this procedure in the QA reviews. Eleven participants were affected by the deficiency. Future assessments will be completed prior to the IPP. Developmental Specialist will be responsible. Monitoring will be monthly reports and quarterly file checks to ensure these items are completed or obtained prior to the IPP. Corrective action plan will be completed by March 24, 2008.

<ul style="list-style-type: none"> In four of the files reviewed, the comprehensive assessments were completed after the development of the Individual Program Plan (IPP). 	
<p>602.REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant (7-1-06)</p> <p>01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis (7-1-06)</p> <p>Findings:</p> <ul style="list-style-type: none"> For participant C, the medical/social assessment was updated five months after the date for review. 	<p>Response written in cell on previous page.</p>
<p>701.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. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</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 (7-1-06)</p> <p>a. Type of service refers to the kind of service described in terms of: (7-1-06)</p> <p>iii Whether the service is home, community, or center-based (7-1-06)</p> <p>Findings:</p> <ul style="list-style-type: none"> In four of the files reviewed, the Implementation Plans did not describe whether the service is provided is home, community or center-based. 	<ol style="list-style-type: none"> Implementation Plans will describe whether services are provided in the home, community or center-based. Corrective action will be to include this procedure in the QA reviews. All participants were affected by the deficiency. Updated and new PIP's will describe whether services are provided in the home, community or center-based. Developmental Specialist will be responsible. Monitoring will be monthly reports and quarterly file checks to ensure these items are completed as required. Corrective action plan will be completed by March 24, 2008.
<p>701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO</p>	

<p>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 (7-1-06)</p> <p>c. Frequency of service is the number of times service is offered during a week or month. (7-1-06)</p> <p>Findings:</p> <ul style="list-style-type: none"> In four of the files reviewed, the Implementation Plans did not specify the frequency of service in accordance with the number of times the services would be offered during a week or a month period. 	<ol style="list-style-type: none"> Implementation Plans will specify the frequency of service in accordance with the number of times the services will be offered during a week. Corrective action will be to include this procedure in the QA reviews. All participants were affected by the deficiency. Updated and new assessments will specify the frequency per week. Developmental Specialist will be responsible. Monitoring will be monthly reports and quarterly file checks to ensure these items are specified in the IPP. Corrective action plan will be completed by March 24, 2008.
<p>701.05. Individual Program Plan (IPP) For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP (7-1-06)</p> <p>a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. (7-1-06)</p> <p>Findings:</p> <ul style="list-style-type: none"> In four of the files reviewed, the comprehensive assessments were completed after the development of the Individual Program Plan (IPP). 	<ol style="list-style-type: none"> Comprehensive assessments will be completed or obtained prior to the development of the Individual Program Plan (IPP). Corrective action will be to include this procedure in the QA reviews. Nine participants were affected by the deficiency. Future comprehensive assessments will be completed prior to the IPP. Developmental Specialist will be responsible. Monitoring will be monthly reports and quarterly file checks to ensure these items are completed or obtained prior to the IPP. Corrective action plan will be completed by March 24, 2008.
<p>701.05. Individual Program Plan (IPP)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-06)</p> <p>iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)</p> <p>Findings:</p>	<ol style="list-style-type: none"> Corrective action will be to provide the amount and frequency of therapy concurrent with the amount specified on the IPP. When the average amount over 4 weeks deviates more than the 20% specified, the agency will seek a revision through Health and Welfare. Seven participants were affected by the deficiency. Updated and new IPP's will provide therapy within 80% of the specified hours or the agency will seek revision of hours. The Program Manager of the Developmental Specialist will be responsible for the corrective action. Monitoring will be a case reviews and monthly reports to ensure hours are concurrent with the IPP or are revised. Corrective action plan will be completed by March 24, 2008.

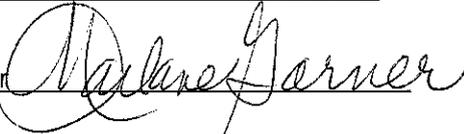
<ul style="list-style-type: none"> In three of the files reviewed, the amount and frequency of the therapy provided was not concurrent with the amount of therapy specified on the IPP. The amount of therapy billed per week averaged at a higher deviation rate than the twenty percent 20% specified by rule. 	
<p>701.05. Individual Program Plan (IPP) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-06)</p> <ul style="list-style-type: none"> xi A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06) <p>Findings:</p> <ul style="list-style-type: none"> In four of the files reviewed, the transition plans did not specify criteria for participant transition into less restrictive, more integrated settings where the learned skills would be utilized. 	<ol style="list-style-type: none"> Transitions plans written since the review have been revised and now specify criteria for participant transition into less restrictive, more integrated settings where the learned skills will be utilized. Recent transition plans have been revised until accepted by Health & Welfare. Corrective action will be to include this procedure in the QA reviews. All participants were affected by the deficiency. Future transition plans will be written to meet compliance with this requirement. The Program Manager and Developmental Specialist will be responsible for the corrective action. Monitoring will be monthly reports and quarterly file checks to ensure these items are specified in the IPP. Corrective action plan will be completed by March 24, 2008.
<p>703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703 01 through 703 07 of this rule: (7-1-06)</p>	<ol style="list-style-type: none"> Corrective action has been to train the Developmental Specialist to ensure the baselines are an accurate measure, and objectives are appropriate for the participant. Corrective action will be to include this procedure in the QA reviews. One participant was affected by the deficiency. Baselines have been revised for the participant to meet the H&W requirements. The Program Manager and Developmental Specialist will be responsible for the corrective action. Monitoring will be quarterly file checks to ensure baselines and objectives are appropriately written. Corrective action plan will be completed by March 24, 2008.

<p>03. Objectives Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)</p> <p>Findings:</p> <ul style="list-style-type: none"> • For participant B, the baseline recorded in the Implementation Plan is higher than the criteria for achievement of the objective resulting in an inaccurate measure of the skills learned. 	
<p>703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS.</p> <p>04. Written Instructions to Staff These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective (7-1-06)</p> <p>Findings:</p> <ul style="list-style-type: none"> • In the Implementation Plan for participant A and B, the frequency of reinforcement was not stated in the written instruction to staff. Step by step instructions and identification of “access preferred activities” should be part of the plan. 	<ol style="list-style-type: none"> 1. Implementation Plans will specify the frequency of reinforcement in the written instructions to staff. Step by step instructions and identification of “access to preferred activities” will be part of the plan. Corrective action will be to include this procedure in the QA review. 2. Fourteen participants were affected by the deficiency. For both these participants, instructions have been revised to include the detail specified and descriptions of access to preferred activities. 3. The Program Manager and Developmental Specialist will be responsible for the corrective action. 4. Monitoring will be monthly reports and quarterly file checks to ensure these items are specified in the IPP. 5. Corrective action plan will be completed by March 24, 2008.
<p>724. COLLATERAL CONTACT.</p> <p>Collateral contact is consultation with or treatment direction given to a person with a primary relationship to a participant for the purpose of assisting the participant to live in the community. Collateral contact must: (7-1-06)</p> <p>02. Face to Face or by Telephone Be conducted either face-to-face or by telephone when telephone contact is the most expeditious and effective way to exchange information. Collateral contact does not include general staff training, general staffing, regularly scheduled parent-teacher conferences, general parent education, or treatment team meetings, even when the parent is present (7-1-06)</p> <p>Findings:</p> <ul style="list-style-type: none"> • For participant C, the collateral contact documented on file was an observation of the delivery of therapy at 	<ol style="list-style-type: none"> 1. The corrective action has been to train the provider on the rule and give notice that this activity will not be accepted as a billable activity for collateral. The provider no longer engages in such activities and follows rules for collateral contact. 2. One participant was affected by the deficiency. 3. The Program Manager and Developmental Specialist will be responsible for the corrective action. 4. Monitoring will be monthly reviews of the logs and participant progress to ensure collateral is conducted as outlined in rule. 5. Corrective action plan will be completed by March 24, 2008.

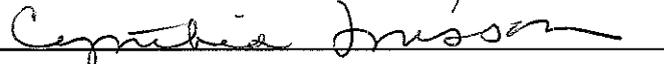
<p>a provider's office. Collateral contact must include a coordination of services to maximize the skill acquisition and generalization of skills across environments and avoid duplication of services.</p>	
<p>REGION III FINDINGS:</p> <p>IDAPA 16.04.11 803.IBI TRANSITION PLAN. An IBI transition plan must be developed when it is anticipated that IBI services will be terminated within the next Department or agency review period and the child will be moving into natural learning environments or less intensive therapy settings. The IBI transition plan may not be used as a substitute for, nor does it replace the transition plans required under Sections 701 and 702 of these rules. IBI transition plans must include the following steps to support the transition and the timelines for those steps:</p> <p>01. Setting. The setting to which the child will be moving and the therapists or persons who will be interacting with the child; and</p> <p>02. Training of New Therapists or Other Persons. How behavioral intervention techniques will be shared with new therapists or other persons in the new environments to encourage generalization and maintenance of appropriate behavior and action to be taken if the child demonstrates regression in the new setting in skills learned through IBI.</p> <p>Findings:</p> <ul style="list-style-type: none"> • Transition plan located but failed to address thoroughly / specifically for client needs to be met after IBI term is complete. 	<ol style="list-style-type: none"> 1. Transitions plans written since the review have been revised and now address more thoroughly and specifically how participant needs will be met after the IBI term is complete. Recent transition plans have been revised until accepted by Health & Welfare. Corrective action will be to include this procedure in the QA reviews. 2. All participants were affected by the deficiency. 3. The Program Manager and Developmental Specialist will be responsible for the corrective action. 4. Monitoring will be monthly reports an quarterly file checks to ensure these items are thorough and specific in the transition plans. 5. Corrective action plan will be completed by March 24, 2008.

Survey report completed by : Cynthia Jonsson

Date: _____

Agency Administrator Signature: Marlane Garner 

Date: 3-26-2008 submitted 3/26/08

Plan of correction accepted: Cynthia Jonsson 

Date: 3/27/08