IDAHO DEPARTMENT OF
HEALTH & WELFARE

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February 27, 2008

Mike Job
WITCO
122 W. Georgia
Nampa, ID 83686

Dear Mike,

Thank you for submitting the addendum to the Plan of Correction of January 9, 2008. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued WITCO a full two year certificate effective from February 2, 2008 through February 2, 2010.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency may be required to submit documentation to substantiate that your Plan of Correction has been met.

You can reach me if you have any questions at 364-1841.

Thank you for your patience and accommodating us through the survey process.

Cynthia Jonsson
Clinician
DD Survey and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: _WITCO_____ **SURVEY DATE(s): __DEC 3-7, 2007 _____**

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 and Mike Breuer

SURVEY FINDINGS

Best Practice: (They reflect continuous learning and continual improvement approaches.) ONLY USE THIS PORTION IF AGENCY HAS INOVATIVE PRACTICES THAT COULD BE USED BY OTHER AGENCIES

Consumer/Family Satisfaction Survey:
Family satisfaction questionnaires in file indicated an emphasis on good customer service to family.

Therapy Observation Notes:
Observation was very positive in nature. Therapist working with the participant had a very natural, positive relationship with participant. Participant was very engaged in the service.

Deficiencies:	Agency's Plan for Compliance:
16.04.11.400.02. Professionals. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 420 of these rules, as employees of the agency or through formal written agreement: (7-1-06) c. Occupational therapist; (7-1-06) Also refer to 16.04.11.710	16.04.11.400.02/16.04.11.710.02. PROFESSIONALS WITCO has been unable to obtain a licensed occupational therapist. Twelve agencies and/or individuals have been contacted with no success (attachment #1). A scheduled appointment on January 11 with a thirteenth individual may prove

FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • For the Nampa and Caldwell service locations, the agency did not have documentation of a formal written agreement for Occupational Therapy.	successful. WITCO will continue to make every attempt to secure an occupational therapist. If we are unable to obtain that individual, written documentation will reflect the various contacts made. Inquiries will be made annually and a summary will be written by Mike Job and kept with ancillary contracts.
16.04.11.405.02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06) a. Give instructions; (7-1-06) b. Review progress; and (7-1-06) c. Provide training on the program(s) and procedures to be followed. (7-1-06) FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • There was no documentation to support that ongoing supervision of paraprofessional occurred providing instructions, review of progress or training on a weekly basis.	16.04.11.405.02 FREQUENCY OF SUPERVISION WITCO will assure that paraprofessional staff are monitored and documentation occurs weekly. The existing document used for this purpose has been revised (attachment #2) and professional staff will provide instruction, progress review, and program training to all staff under their supervision. A tracking device will be utilized by supervisory staff to assure we meet this standard. Implementation will occur immediately.
16.04.11.405.03. Professional Observation. The agency must assure 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 assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06) FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • There was no documentation to support that ongoing monthly observation and review of work performed by paraprofessionals had occurred.	16.04.11.405.03 PROFESSIONAL OBSERVATION WITCO will provide written documentation that supports the occurrence of monthly observation and review of paraprofessional staff. A Quality Assurance Monthly Monitoring of Staff form (attachment # 3) has been developed to be utilized by professional staff. Areas observed are specific and emphasis will be placed on accuracy in delivering programs. Implementation will occur immediately.
16.04.11.600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY 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) 01. Comprehensive Assessments. A comprehensive assessment must:	

(7-1-06) a. Determine the necessity of the service; (7-1-06) b. Determine the participant's needs; (7-1-06) c. Guide treatment; (7-1-06) FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Participant #3, 4, 6 had SIB- R computer generated report in file, but did not contain protocol information to determine specific strengths and needs and guide treatment. • Participant #1's file does not contain a current Comprehensive Developmental Assessment that is compliant with the cited rules. Note: The Developmental Disability Assessment Summary is information provided by the Independent Assessment Provider, but is not a Comprehensive Developmental Assessment that meets compliance with 16.04.11. Information from the Summary can be utilized by the DDA, however, to assist with information gathering.	16.04.11.600.01. COMPREHENSIVE ASSESSMENTS WITCO Program Director was under the assumption that assessments completed by ICDE, which provides contractual services to the Idaho Department of Health and Welfare, would meet compliance with Medicaid regulations. The developmental assessments (SIB-R) received from ICDE were accepted at "face value". The developmental assessment implemented by WITCO is the Checklist of Adaptive Living Skills (CALS). WITCO is in the process of completing a CALS assessment on all participants. The narrative report will include relevant strengths and needs. Those needs targeted will determine the necessity of the service and needs will be prioritized as recommendations are made for programming. The correction of this deficiency has already been implemented and a schedule has been devised to complete those assessments that have been authorized.
16.04.11.600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY DDA d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06) FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Participant #3, 5, 1 and 6 comprehensive assessments did not identify applicable interests.	16.04.11.600.d. COMPREHENSIVE ASSESSMENTS The developmental assessment (CALS) implemented by WITCO will include applicable interests in the narrative report. This corrective action has already been implemented on those assessments currently being performed. An "addendum" will be attached to the existing CALS assessments listing relevant interests and will be completed by 4-15-08.
16.04.11.604.01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06) a. Self-care; (7-1-06) b. Receptive and expressive language; (7-1-06) c. Learning; (7-1-06) d. Gross and fine motor development; (7-1-06) e. Self-direction; (7-1-06) f. Capacity for independent living; and (7-1-06) g. Economic self-sufficiency. (7-1-06) FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Current written Comprehensive Developmental	16.04.11.604.01. COMPREHENSIVE ASSESSMENTS WITCO's Program Director will develop an addition to the current CALS assessment being utilized that will include the domains 1) learning, and 2) receptive/expressive language. This will be completed by 4-15-08. The format of the CALS narrative report will be revised to reflect the following seven (7) areas: 1) self-care, 2) receptive/expressive language, 3) learning, 4) gross/fine motor development, 5) self-direction, 6) capacity for independent living, and 7) economic self-sufficiency. The changes in the narrative format will also occur by 4-15-08. Additions of the domains learning and receptive/expressive language on those individuals with completed CALS assessments will occur at annual update.

Assessment utilized by the agency does not reflect persons developmental status in Learning nor Receptive and Expressive Language.	
16.04.11.602. REQUIREMENTS FOR CURRENT ASSESSMENTS 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) • Participant #3 file contained a Developmental evaluation completed in 2002. There was no documentation that assessment was reviewed nor updated. • Participant #4 file contained a SIB-R being used as developmental assessment that was not current. Participant has identified needs in Speech Language and Assessment was last completed 1999. Participant has current sensory programming, last OT evaluation completed 8/06 recommending programming. No documentation that assessments was reviewed nor updated. • Participant #5 has occupational programming in place for sensory integration. Last Occupational therapy assessment completed 3/04. No documentation that assessments was reviewed nor updated.	16.04.11.602. 01. REQUIREMENTS FOR CURRENT ASSESSMENTS An assessment or update will occur annually for service areas in which the participant is receiving services. Specific to the developmental assessment, the Program Director will devise a form that the Developmental Specialists will use to review strengths, needs, and interests and determine current performance level and recommendations. This will occur prior to 4-15-08. For those developmental assessments performed by WITCO that have lapsed more than three (3) years, WITCO will make a recommendation at the time of the ISP meeting to conduct a full developmental assessment.
16.04.11.705.01.d. Current profile sheet containing the identifying information about 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; (7-1-06) FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Participant's #1, 2,3,4,5 and 6 profiles did not contain identifying information regarding living arrangement, medications, allergies nor special dietary or medical needs.	16.04.11.705.01.d. RECORD REQUIREMENTS The WITCO Consumer Profile form has been changed. A draft has been attached (attachment # 4). Two (2) WITCO forms have been combined to include the information cited by the review team. The information included on the proposed document will meet this standard. The draft document will be introduced to the Administrative Staff at their next meeting, February 12 and will be approved or altered. Once that has occurred, the document will be implemented.
16.04.11.605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS.	

Specific skill assessments must: (7-1-06) 01. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-06) 04. Determine a Participant's Skill Level. Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-06) 05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06) FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • 6 of 6 participant files did not contain clear skill assessments that further assessed identified limitations. Implementation plans included programs with several steps or components which did not have a baseline associated with each skill. There was no documentation to support that specific skill assessments were completed as needed to determine baselines.	16.04.11.605.01., 04., 05. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENT WITCO Program Director will devise a form that will further assess specific areas of limitation that are targeted for programming. Skill level and baseline information will be indicated. This document will be implemented prior to the start of programming and will assess targeted areas from the assessment update document mentioned previously (16.04.11.602.01.). The document will be completed prior to 4-15-08 and will be implemented immediately upon completion.
16.04.11.703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. 02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06) FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Participant implementation plans contained baselines that did not indicate the prompt or cueing level assessed to determine the skill level related to the specific skill to be learned. Staff reported that baseline was based on independence which programming indicated that the participants actual performance was less than independent and required cueing. For example program instructions indicated the use of physical prompting, and yet the baseline stated 80% without indication of level of prompt to be utilized to determine the objective to be measured.	16.04.11.703.02 PROGRAM IMPLEMENTATION PLAN REQUIREMENTS Using the proposed document listed above (16.04.11.605.01.,04., 05.), baseline information will be more descriptive and will reveal prompt levels utilized for successful performance, etc. Completion and implementation dates will be the same.
16.04.11.703. 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. FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Some of the implementation plans did not indicate interventions that include a skill acquisition. Instructions in various files reflected statements of what the participant was supposed to do without a skills training component for staff to conduct. • Instructions do not include frequency for reinforcements.	16.04.11.703.04 PROGRAM IMPLEMENTATION PLAN REQUIREMENTS Procedural instructions will consistently provide more detailed information to include curriculum, interventions, task analyses, activity schedules, etc. Training provided by the Program Director for the management staff will occur prior to 3-1-08 to disseminate information and assure consistency. The reinforcement description will be more varied and detailed to include frequency.
16.04.11.703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS 05. Service Environments. Identification of the type of environment(s) where services will be provided FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • The Implementation Plan does not include the type of environment where services will be provided. Community environments are not clearly identified.	16.04.11.703.05. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS The service environment is included on the individual's Program Implementation Plan but only distinguishes between the center facility and the community. When the service occurs in the community, an attempt will be made to narrow the category of the environment (i.e. "retail store", etc.). This component will be addressed in the training for management staff mentioned above.
16.04.11.704. PROGRAM DOCUMENTATION REQUIREMENTS 01. General Requirements for Program Documentation b. Sufficient progress data to accurately assess the participant's progress toward each objective FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • When data is gathered from multiple objectives, and then the data is averaged with data from other objectives in order to assess progress, the progress is not reflective of each objective.	16.04.11.704.01.b. PROGRAM DOCUMENTATION REQUIREMENTS The deficiency in regards to this standard referenced objectives with multiple steps. Specifically, when some of the steps were performed with some measure of independence, it skewed the performance data when averaged. Developmental Specialists have been advised to 1) avoid writing objectives with multiple steps, OR 2) attach a separate percentage per each step. If an objective is written with multiple steps and it is revealed after the individual begins the program that a level of independence is obtained, that portion of the objective will indicate mastery and it will be deleted from the data sheet. This change has already occurred.
16.04.11.706 . REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. 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. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Participant's #1,2,3,4,5,6 receive Residential Habilitation (RH) services and did not contain documentation of RH plan in the file for collaboration.	16.04.11.706. REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS Residential Habilitation service documents will be requested at the time of the annual ISP from the Targeted Service Coordinator. As WITCO obtains that information, we will include the document with the current written ISP. This has already been implemented.
16.04.11.708.01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06) FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Participant's # 1 and 2 did not have documentation of a comprehensive developmental assessment in the file.	16.04.11.708.01. REQUIREMENTS FOR DELIVERY OF DDA SERVICES WITCO will assure that comprehensive assessments have occurred prior to the delivery of services. The developmental assessments for participants #1 and #2 were not considered current or comprehensive by the review team. Please also refer to plan of correction for 16.04.11.600.01., 16.04.11.600.d., and 16.04.11.604.01.
16.04.11.601.03. Psychological Assessment. A current psychological assessment must be completed or obtained: a. When the participant is receiving a behavior modifying drug(s); Also refer to 703.07 "results of the psychological. . .assessment must be used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status." FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • There is no current psychological assessment in the file for Participant #1 who is on a behavior modifying drug.	16.04.11.601.03.a., 16.04.11.703.07. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS, PROGRAM IMPLEMENTATION PLAN REQUIREMENTS Two (2) forms have been developed to meet this standard (attachments #5,#6). A Release of Confidentiality will first be signed by the participant or legal guardian to obtain information from the physician. The signed release and Physician's Annual Review form will be sent to the physician. When returned, that form and the Psychologist's Annual Review will be sent to our contracting psychologist. The psychologist will determine in writing if the current psychological evaluation is sufficient or needs to be updated. The Psychologist's Annual Review form will serve as an annual update. Any recommendations for treatment from the psychologist will be incorporated into the individual's implementation plan.

Note: It is noted that the physician's diagnosis on the Medical Care Evaluation is not legible, so the DDA will need clarification from the physician regarding the diagnosis.	
16.04.11.915. POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06). 06. Objectives and Plans. Ensure that objectives and intervention techniques are developed or obtained and implemented to address self-injurious behavior, aggressive behavior, inappropriate sexual behavior and any other behaviors which significantly interfere with the participant's independence or ability to participate in the community. Ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons. (7-1-06) 09. Review and Approval. Ensure that programs developed by an agency to manage inappropriate behavior are only implemented after the review and written approval of the qualified professional. If the program contains restrictive or aversive components, the agency psychologist must also review and approve, in writing, the plan prior to implementation. When programs implemented by the agency are developed by another service provider the agency must obtain a copy of these reviews and approvals. FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • For Participant #6, behavior difficulties and aggression was documented; however there was no documentation indicating that an intervention plan was developed to address these behaviors. • For Participant #6 interventions plans with restrictive and aversive techniques should be developed and must be signed by a psychologist prior to its implementation. (having gloves put on her after not responding to prompts to not grab people)	16.04.11.915.06. 09. POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS Participant #6 began services with WITCO on June 4, 2007. Baseline information was gathered regarding maladaptive behaviors. With her increased familiarity with WITCO, staff, and procedures and the implementation of a consistent schedule, the individual's aggressive behaviors have been extinguished. WITCO does not utilize any restrictive or aversive techniques with this individual (using gloves to discourage pinching is no longer necessary). A Behavior Intervention Plan is not needed at this time. Had the individual's behaviors continued, a plan of intervention would have been written as it is with our other participants.
Below are the findings from Region III Children's services review:	

16.04.11.701..01 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 participant 01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Agency did not determine eligibility nor document its eligibility process prior to starting services.	16.04.11.701.01. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN . . . The individual receiving children's services became involved with WITCO 6-3-04 and has received services since with WITCO either through summer programming or throughout the calendar year. It is felt by the Program Director that his psychological evaluation (most current dated 7-05) and his comprehensive evaluation report from the Caldwell School District (dated 3-05; and scheduled for update 3-08) document his eligibility for developmental therapy services. However, an updated comprehensive assessment has been recommended by WITCO and awaits physician authorization (see plan of correction #16.04.11.600.01., 16.04.11.600.d., and 16.04.11.604.01.). A document draft regarding developmental disabilities eligibility was provided by the Medicaid survey individual. WITCO's Program Director will revise the document for our needs and utilize it for children's services participants. Document revision and implementation will occur by 3-1-08.
16.04.11.701.02. Intake. The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services. a. The person must have been determined by the DDA to be eligible for DDA services. b. The DDA must obtain or complete a comprehensive medical and medical/social history. FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • No Medical/Social history was found in file. A WITCO Social Profile was found dated 10/4/05. However this did not meet standards for Medical/Social histories, nor was it current.	16.04.11.701.02.b. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN . . . A Medical/Social History has been recommended by WITCO and awaits physician authorization. WITCO's Program Director will assure that the evaluation will include all components listed under Medical/Social Histories (16.04.11.604.07.).
16.04.11.706.01.a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. FINDING: Based upon record review and interview, the agency is	16.04.11.706.01.a. REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS An entry was made in the participant's correspondence file verifying a copy of the Service Plan was sent to the individual's teacher with the Caldwell School District.

not in compliance. The finding included: • Agency did have copy of IEP in file, and staff indicated that they had sent IPP to school, however no documentation could be found indicating that this had, in fact been sent to the school.	
602.REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06) 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) 02. Updated Assessments. At the time of the required review of the assessment(s), the qualified professional in the respective discipline must determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participant's current status in that service area. If, during the required review of the assessment(s), the latest assessment accurately represents the status of the participant, the file must contain documentation from the professional stating so. (7-1-06) 03. Medical/Social Histories and Medical Assessments. Medical/social histories and medical assessments must be completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments. (7-1-06) 04. Intelligence Quotient (IQ) Tests. Once initial eligibility has been established, annual assessment of IQ is not required for persons whose categorical eligibility for DDA services is based on a diagnosis of mental retardation. IQ testing must be reconducted on a frequency determined and documented by the agency psychologist or at the request of the Department. AND: 604.TYPES OF COMPREHENSIVE ASSESSMENTS. 01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06) a. Self-care; (7-1-06) b. Receptive and expressive language; (7-1-06) c. Learning; (7-1-06) d. Gross and fine motor development; (7e. Self-direction; (7-1-06) f. Capacity for independent living; and (7-1-06) g. Economic self-sufficiency. AND: 07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06) a. Medical history including age	16.04.11.602.01, 02., 03., 04. REQUIREMENTS FOR CURRENT ASSESSMENTS 16.04.11.604.01., 07. TYPES OF COMPREHENSIVE ASSESSMENTS Please refer to plan of correction #16.04.11.600.01., #16.04.11.600.d., #16.04.11.604.01., #16.04.11.602.01., and #16.04.11.701.02.b.

of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-06) b. Developmental history including developmental milestones and developmental treatment interventions; (7-1-06) c. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-06) d. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-06) e. Educational history including any participation in special education; (7-1-06) f. Prevocational or vocational paid and unpaid work experiences; (7-1-06) g. Financial resources; and (7-1-06) h. Recommendation of services necessary to address the participant's needs. (7-1-06) 08. Hearing Assessment. A hearing assessment must be conducted by an audiologist who is qualified under Section 420 of these rules. FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Developmental evaluations and Medical/Social History documentation was insufficient. There was a Gem State Addendum report found in file dated 9/2/05, an Adaptive Behavior Scale dated 6/3/04, and a Social Profile dated 6/4/04. Documents were outdated and did not meet criteria.	
16.04.11.701.05. 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) a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. (7-1-06) b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules.	16.04.11.701.05.a.,b. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN . . . An entry was made in the participant's correspondence file verifying a copy of the Service Plan was provided to the individual's parent.

FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Parent signatures were found on plan, however documentation was not found indicating that the family had been provided a copy of the IPP	
16.04.11.701.05.e.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. FINDING: Based upon record review and interview, the agency is not in compliance. The finding included: • Transition plan on IPP did not meet above stated criteria.	16.04.11.701.05.e.xi. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN . . . transition plan. The transition plan statement has been expanded to reflect promotion of an independent level of performance, incorporation of personal goals and interests, and services that offer a less restrictive environment in a variety of integrated settings (attachment #7).

Survey report completed by : __Cynthia Jonsson_____ Date: _12/21/07_____

Agency Administrator Signature: Michael B. [signature] Date: 1-9-08

Plan of correction accepted: _____ Date:_____

WITCO

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January 23, 2008

Cynthia Jonsson
Idaho Department of Health & Welfare
Developmental Disabilities Program Survey & Certification
P.O. Box 83720
Boise, ID 83720-0036

Dear Cyndi,

Thank you for bringing to my attention the few things I overlooked in submitting the plan of correction document. Please accept the following as a supplement.

16.04.11.600.01. COMPREHENSIVE ASSESSMENTS
The existing assessment schedule is monitored by WITCO's Program Director.

16.04.11.604.01. COMPREHENSIVE ASSESSMENTS
The supplement to the CALS assessment has been developed and WITCO's Program Director has in-serviced the evaluator. Those supplements have been implemented. Likewise, the format change in the assessment narrative has been implemented. WITCO's Developmental Specialists will be responsible for the annual assessment updates and will ensure that the supplements (receptive language, expressive language, and learning) are incorporated into those updates. The Annual Update form includes a comment section for those additional domains (see attachment previously received).

16.04.11.602.01. REQUIREMENTS FOR CURRENT ASSESSMENTS
WITCO's Developmental Specialists, in preparation for annual staffings, note all assessments and the evaluation dates. Recommendations will be made by the Developmental Specialists to update the developmental assessment specifically if it has lapsed more than three (3) years. Once written authorization is received, the D.S. will notify the evaluator to schedule and complete the assessment.

Please contact me if you are needing further information.

Sincerely,

Mike Job, Program Director

Table for Plan of Correction addendum – WITCO

Please refer to original plan of correction for detailed information including attachments.

400.GENERAL STAFFING REQUIREMENTS FOR AGENCIES. c. Occupational therapist;	A contract is currently being signed by Gabriel Nielsen, Kid Abilities, Inc., and WITCO for Occupational Therapy services. The contract is dated March 1, 2008 and will extend to the end of the fiscal year. All ancillary contracts for Development Services with WITCO are monitored by the Program Director and are renewed each fiscal year. *I believe that it is important to note that the expense for the Occupational Therapy services, as with most of the ancillary services, is above the Medicaid reimbursement rate. It is unrealistic to assume that businesses will incur expenses above their reimbursement and expect them to maintain financial stability.
405. 02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary:	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? NA •Who will be responsible for implementing each corrective action? Supervisory staff •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Two forms were previously submitted as attachments. A third tracking device was devised for staff use for charting the monitoring of staff, etc., on a weekly basis. •Dates for when the corrective action will be completed?

	Immediate
405. 03. Professional Observation. The agency must assure 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 assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s).	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? NA •Who will be responsible for implementing each corrective action? Supervisory staff •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Same response as #405.02. •Dates for when the corrective action will be completed? Immediate
601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.01. 01.Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Refer to initial plan of correction. •Who will be responsible for implementing each corrective action? The schedule for authorized evaluations is monitored by the

	Program Director. •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Implementation Schedule monitored by Mike Job, Program Director •Dates for when the corrective action will be completed? 1. Completion of CALS – schedule devised for immediate implementation. 2. Narrative report revision and implementation date?? Implementation has occurred.
604.TYPES OF COMPREHENSIVE ASSESSMENTS. 01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06) a. Self-care; (7-1-06) b. Receptive and expressive language; (7-1-06) c. Learning; (7-1-06) d. Gross and fine motor development; e. Self-direction; (7-1-06) f. Capacity for independent living; and g. Economic self-sufficiency.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All program participants will be evaluated using the CALS supplement. It is currently implemented on those authorized. On individuals with completed CALS assessments, the supplements will occur during the annual update. •Who will be responsible for implementing each corrective action? 1. Mike Job, Program Director –supplement to CALS document 2. Mike Job, Program Director – Format change in assessment narrative. •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?

	Dates for when the corrective action will be completed? 1 and 2. – completed Participant file updates? Refer to response above.
602.REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06) 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.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participants are undergoing a comprehensive developmental assessment update and a schedule is in place for completion. •Who will be responsible for implementing each corrective action? 1. Mike Job, Program Director will devise a form for DS to use in determining current performance level and recommendations 2. DS will complete form for each participant •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? D.S. staff, in preparation for annual staffings, note all assessments and the evaluation dates. Recommendations will be made by the D.S. to update the developmental assessment specifically if it has lapsed more than 3 years. Once written authorization is received, the D.S. will notify the evaluator to schedule and complete the assessment. •Dates for when the corrective action will be completed? 1, Form complete 2. Reviews to be completed by DS – 4/15/08 3. For assessments for ongoing services - Request for annual

	updates will occur at time of annual ISP; once authorization is received, annual update will occur within time frame set by Medicaid standards.
705.RECORD REQUIREMENTS.d. Current profile sheet containing the identifying information about 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;	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participants will have updated forms completed •Who will be responsible for implementing each corrective action? 1. Form change - Mike Job, Program Director 2. Completion of new form for each participant file – Developmental Specialists •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Completion of form will occur at intake and updated annually at participant's staff meeting. •Dates for when the corrective action will be completed? 1. Form change completed 2. Implementation will occur once approved by Admin. Staff.
605.REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) 01. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-06) 02. Related to a Goal. Be related to a goal on the IPP, ISP, or IFSP. (7-1-06) 03. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Example of Specific Skill Assessment attached. The new form will be utilized for all participants. Refer to initial plan of correction. •Who will be responsible for implementing each corrective action? The document will be completed by professional staff.

disciplines as defined in this chapter. (7-1-06) 04. Determine a Participant's Skill Level. Be conducted for the purposes of determining a participant's skill level within a specific domain 05. Determine Baselines. Be used to determine baselines and develop the program implementation plan.	•How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The new form replaces an existing document and will be utilized prior to the start of programming. Completion will occur for each participant prior to writing an Implementation Plan. The document has been added to a tracking device used by D.S. staff. •Dates for when the corrective action will be completed? Implementation has occurred.
703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. 02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Refer to initial plan of correction and statement above. •Who will be responsible for implementing each corrective action? Professional staff are responsible for acquiring baseline information. •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Refer to statement above. •Dates for when the corrective action will be completed? Implementation has occurred.
703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. 04. Written Instructions to Staff.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Refer to initial plan of correction. Sample of completed Implementation Plan attached. Procedural instructions providing more detailed information will occur with all participants. •Who will be responsible for implementing each corrective action? Professional staff are responsible for completing Implementation Plans.

	•How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Random sampling of completed document will occur by Program Director. •Dates for when the corrective action will be completed? Training occurred on 2-7-08 and necessary changes have been Implemented.
703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. 05. Service Environments. Identification of the type of environment(s) where services will be provided.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Refer to initial plan of correction. Addition will occur on all community programs reflected on Implementation Plans of all participants. •Who will be responsible for implementing each corrective action? Professional staff who write the Implementation Plans. •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Random sampling of completed document will occur by Program Director. •Dates for when the corrective action will be completed? Immediate
704.PROGRAM DOCUMENTATION REQUIREMENTS. 01. b. Sufficient progress data to accurately assess the participant's progress toward each objective;	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Refer to initial plan of correction. Refer to attached Implementation Plan referencing an objective with multiple steps. •Who will be responsible for implementing each corrective action? D.S. staff

	•How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Program Director, at this time, proofs all objectives written by D.S. staff prior to finalizing. •Dates for when the corrective action will be completed? Action has occurred.
706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. 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.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Residential plans are requested at all annual ISP meetings on all participants. •Who will be responsible for implementing each corrective action? Professional staff in attendance at ISP will make the request. •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? This has been added to an existing tracking device the D.S. staff are already utilizing. •Dates for when the corrective action will be completed? Implementation has occurred.
708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES. 01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Refer to initial plan of correction. Safeguards in other areas identified will assure all participants have a completed comprehensive assessment prior to service delivery. •Who will be responsible for implementing each corrective action? D.S. staff. •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?

	Previously indicated. •Dates for when the corrective action will be completed? Implementation has occurred.
601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 03. Psychological Assessment.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Refer to initial plan of correction. All participants on psychotropic medications. •Who will be responsible for implementing each corrective action? Program Director and D.S. staff. •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? D.S. staff devised a tracking device to ensure receipt of documents sent. •Dates for when the corrective action will be completed? Immediate.
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN 01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Refer to initial plan of correction. One child receiving services. •Who will be responsible for implementing each corrective action? Eligibility document was developed by Program Director and sample given previously to review team. A completed eligibility form will be completed by professional staff on all children ages three through seventeen that WITCO provides services to in the future. •Dates for when the corrective action will be completed? Implementation complete.

701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN 05. Individual Program Plan (IPP)	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Refer to initial plan of correction. •Who will be responsible for implementing each corrective action? In the future, D.S. staff will send Service Plan to parent via certified mail/return receipt. The receipt will be kept in the participant's file, correspondence section, to verify compliance. •Dates for when the corrective action will be completed? Immediate
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN 05. Individual Program Plan (IPP) e. xi. A transition plan.	•How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Only one child receiving services. •Who will be responsible for implementing each corrective action? Form already completed for the child •How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Form already completed for the child •Dates for when the corrective action will be completed? Form already completed for the child

Plan of Correction accepted 2/27/08. C. Jonson