



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 1, 2013

Sara Leavitt, DDA Manager
SL Start and Associates
10118 West Overland Road
Boise, ID 83709-1428

Dear Ms. Leavitt:

Thank you for submitting the Plan of Correction for SL Start and Associates dated June 17, 2013, in response to the recertification survey concluded on May 17, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued SL Start and Associates a three-year certificate effective from July 1, 2013, through June 30, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at 364-1906.

Sincerely,

ERIC D. BROWN
Supervisor
DDA/ResHab Certification Program

EDB/slm

Enclosures

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



Statement of Deficiencies

Developmental Disabilities Agency

SL Start and Associates -- Boise
4SLSTAR054

10118 W Overland Rd
Boise, ID 83709-1428
(208) 323-9940

Survey Type: Recertification

Entrance Date: 5/14/2013

Exit Date: 5/17/2013

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.651.12.c</p> <p>651. DDA SERVICES: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental disabilities agency services must be recommended by a physician or other practitioner of the healing arts. The following therapy services are reimbursable when provided in accordance with these rules. (7-1-11)</p> <p>12. Excluded Services. The following services are excluded for Medicaid payments: (7-1-11)</p> <p>c. Recreational services. (7-1-11)</p>	<p>Two of 4 participant records reviewed (Participants 1 and 2) lacked evidence the agency assured developmental therapy did not include recreational services, which are excluded from Medicaid services.</p> <p>For example, Participants 1 and 2 were observed in a group setting in the center with two other participants playing Trivial Pursuit for Dummies. Participant 1 was in charge of the game and the paraprofessional documented on the programs. The surveyors were present the next day when the participants and paraprofessional returned to the center, where they ate their lunches. Participant 1 again led the discussion and took data/notes on the other participant's responses to the conversation. During this time, Participant 1 started a conversation with the surveyor and discussed what they had done in the community. All participants stated they went to a coffee shop</p>	<p>Going forward, SL Start will ensure compliance to rule by implementing follow up training with all staff working with adults to discuss implementing goals in a group setting and determining appropriate group activities per IDAPA rule that are not recreational in nature. Developmental Specialist and Program Manager will provide ongoing training in this area. This will be monitored through monthly staff observations by supervisory staff.</p>	<p>2013-07-15</p>

and played the game Sorry, went to another coffee shop and played another game, and then returned to the agency. These activities are recreational in nature and are not Medicaid billable services.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.101.02.1</p> <p>101. APPLICATION FOR INITIAL CERTIFICATION.</p> <p>02. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Subsection 005.06 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-11)</p> <p>i. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements in Section 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable; (7-1-11)</p>	<p>Two of 10 employee records reviewed (Employees 7 and 8) lacked job descriptions.</p> <p>For example:</p> <p>Employee 7's record lacked documentation of a job description for a clinical supervisor and adult/child developmental specialist.</p> <p>Employee 8's record lacked documentation of a job description for habilitative intervention.</p>	<p>SL Start will ensure all current employees will have job descriptions in place, outlining responsibilities and duties. The Idaho State Director will complete any new job descriptions needed or any required updates. This will be monitored on a quarterly basis through our internal QA process.</p>	<p>2013-07-15</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p> <p>01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11)</p> <p>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>	<p>One of 10 employee records reviewed (Employee 9) lacked documentation that agency staff providing services to participants were certified in CPR and First Aid within 90 days of hire and maintained current certification thereafter.</p> <p>For example, Employee 9's record lacked documentation of CPR/First Aid certification per rule requirements. The employee was certified from March 17, 2010 through March 17, 2012 and recertified from March 27, 2012 through March 27, 2014. The employee was not certified between March 18 and March 26, 2012.</p>	<p>SL Start will ensure all staff hired will obtain required CPR/first aid certification within 90 days of hire through the new hire orientation process and training checklist. A review will be conducted immediately to ensure that no other staff are in non compliance. Going forward this will be monitored annually by each city based trainer and reviewed quarterly by our internal QA team or by Human Resources.</p>	<p>2013-07-15</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.a</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</p> <p>The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p>03. Fire and Safety Standards. (7-1-11)</p> <p>a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)</p>	<p>The agency lacked documentation that the buildings on the premises met all local and state codes concerning fire and life safety that are applicable to a DDA. For example, the agency lacked documentation of a building inspection for 2012.</p>	<p>Going forward SL Start will ensure fire/ building inspections will be completed and maintained on an annual basis within the required time frame from the previous years' inspection. Web based calendar system will be marked 60 days in advance to ensure fire/building inspection is completed within necessary timeframe. This will be implemented and maintained by the DDA Program Manager and reviewed quarterly by the Internal QA team.</p>	<p>2013-07-15</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601</p> <p>601. RECORD REQUIREMENTS.</p> <p>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)</p>	<p>Two of 4 participant records reviewed (Participants 1 and 2) lacked evidence each participant record supported the individual's choices, interests, and needs that resulted in the type and amount of each service provided.</p>	<p>Going forward, SL Start will ensure that all adult participants' objectives will be amended to show current individual needs relating to goals outlined on current ISP. This will be completed by Developmental Specialist and monitored by Program Manager. Objectives will be completed</p>	<p>2013-07-15</p>

<p>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 current information and to safeguard participant confidentially under these rules. (7-1-11)</p>	<p>For example, Participants 1 and 2's Program Implementation Plans (PIPs) included objectives that stated "complete two 'lesson plans' in the SNAP binder," which did not address specific objectives the individuals had a need to work on for that objective. In addition, the objectives goal percentages were pre-set prior to the baselines being conducted. In the ICDE Social Medical for Participant 1, there was a comment that the participant was required to participate in group activities although her needs were individual and she did not want to participate in group.</p> <p>Also, see IDAPA 16.03.10.655.08.d.</p>	<p>after baseline data has been taken and submitted to TSC within 14 days of the onset of service. This will be completed by the Developmental Specialist and monitored by Program Manager. This will be crossed checked by internal QA on a quarterly basis.</p> <p>Each participant's ISP meeting is attended by the Developmental Specialist or the program manager each year. This due date is tracked on our internal system. At the ISP meeting the goals and services are discussed and agreed upon by the team present. This is a person-centered planning meeting and is focused on the individual's strengths, needs, and preferences. SL Start will continue to attend all ISP meeting, and follow the goals and services as outlined on the approved ISP. Objectives will be written by the Developmental Specialist, monitored by the Program Manager, and six month and annual reviews will be sent to the TSC. This will be reviewed quarterly by internal QA process.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.b</p> <p>601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs</p>	<p>Two of 4 participant records reviewed (Participants 1 and 2) lacked documentation that the PIPs included a baseline statements that addressed the participants' skill levels and abilities related to the specific skill to be learned.</p> <p>For example, Participant 2's record included 4 of 5 PIPs that lacked baselines. The baseline statements stated, "This goal is currently in the</p>	<p>SL Start will ensure that objectives will be completed after baseline data has been taken and submitted to TSC within 14 days of the onset of service. This will be completed by the Developmental Specialist, monitored by Program Manager. This will be crossed checked by the internal QA process on a quarterly basis. The DS will go back through all participant files and audit</p>	<p>2013-07-15</p>

<p>that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)</p> <p>b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant. (7-1-11)</p>	<p>baseline phase." The baseline percentage did not correlate with the objective percentage. For instance, the baseline for one objective was 16%, and the objective was 70%.</p> <p>This is the same for Participant 1. Also, see the citation for individualized.</p> <p>Also, see IDAPA 16.03.10.655.08.c.</p>	<p>files to ensure that baseline statements are reflective of participants skill level and then develop appropriate objectives where needed.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.c</p> <p>601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs 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</p>	<p>One of four participant records reviewed (Participant 1) lacked documentation that results of psychological or psychiatric assessments were maintained in the participant's record.</p> <p>For example, Participant 1's record stated she had two mental health diagnoses. The record included a comprehensive psychological assessment dated April 2, 2009, and an updated review dated May 4, 2010. However, the record lacked a current assessment per IDAPA 16.03.10.655.03.a, which requires assessments to be completed or updated at least every two years.</p>	<p>SL Start will ensure all participant records related to psychological or psychiatric assessments are maintained in the participant's record according to IDAPA rule. The assessment will be requested within 90 days prior to expiration and documented in our computer tracking system. This will be maintained on an as needed or required basis, not to exceed 2 years. Developmental Specialist will maintain participant file and monitored by Program Manager. Internal QA review will be done on a quarterly basis.</p>	<p>2013-07-15</p>

<p>signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)</p> <p>c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)</p>			
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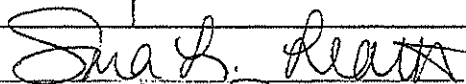
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.02</p> <p>601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard</p>	<p>One of four participant records reviewed (Participant 2) 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, Participant 2's provider status review dated April 10, 2013, stated for the "volunteering" objective that she met the criteria for four (4) consecutive months. The objective goal was to be completed in three (3) months. There was no documentation addressing why she continued to need the service and there was no documentation that the objective had been discontinued or changed.</p> <p>Also, see IDAPA 16.03.10. 655.07.a.iv.</p>	<p>SL Start will ensure written documentation is reviewed on a monthly basis to ensure all current objectives meet participants' current need. Developmental Specialist will review on a monthly basis, monitored by the Program Manager. Internal QA process will review on a quarterly basis.</p>	<p>2013-07-15</p>

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)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.03.f 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) f. Are observable in practice. (7-1-11)</p>	<p>Based on observation of two of four participants (Participants 1 and 2), it was determined the agency lacked evidence it assured developmental therapy was observable in practice. For example, during the observation of services provided to Participants 1 and 2, the agency staff were observed taking data, but the activity was conducted by the participant, not the agency staff. The activity was recreational in nature. See the citation for 16.03.10.651.12.c.</p>	<p>The Developmental Specialist will go back and do training with all therapists to ensure that training objectives are observable in nature and that the participant is actively engaged through instructional guidance. Going forward, SL Start will ensure compliance to rule by implementing follow up training with all staff working with adults to discuss implementing goals in a group setting and determining appropriate group activities per IDAPA rule that are not recreational in nature. Developmental Specialist and Program Manager will provide ongoing training in this area. This will be monitored through monthly staff observations by supervisory staff.</p>	<p>2013-07-15</p>

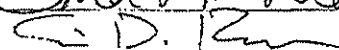
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Administrator/Provider Signature:



Date: 2013-06-17

Department POC Approval Signature:



Date: 6/28/13

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