



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Director

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DIVISION OF MEDICAID

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May 21, 2010

Joann Anderson and Lori Rainboth, Administrators
A&R Case Management
210 Holly St
Nampa, ID 83686

Dear Ms. Anderson and Ms. Rainboth,
Thank you for submitting A&R Case Management's Plan of Correction for Residential Habilitation services dated May 21, 2010. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued A&R Case Management a full certificate effective June 1, 2010 unless otherwise suspended or revoked.

In accordance with IDAPA 16.04.17, your agency certificate is contingent upon the correction of deficiencies. The Department has received documentation to support your agency's Plan of Correction. The documented corrections submitted satisfy the Plan of Correction as written. Please assure the ongoing quality assurance processes continue to implement and monitor these changes.

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

Sincerely,

CARRIE JOHNS
Medical Program Specialist
DDA/RH Survey and Certification

Statement of Deficiencies

Residential Habilitation Agency

A & R Case Management
RHA-1060

210 Holly St
Nampa, ID 83686
(208) 463-9313

Survey Type: Initial

Entrance Date: 4/5/2010

Exit Date: 4/5/2010

Initial Comments: Survey Team: Rebecca Brodhecker, Program Manager; Carrie Johns, Medical Program Specialist.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Term RH A-5.2	Participant Records	
A.5. Quality Improvement. The provider is responsible for the development and implementation of a quality assurance program which assures service delivery consistent with applicable rules. Results of individual quality improvement reviews conducted by IDHW shall be transmitted to the provider within 45 days of a review being completed. If deficiencies have been identified by the review, the provider shall submit to IDHW a corrective action plan for addressing the identified deficiencies. This corrective action plan shall be submitted to IDHW within 45 days of receiving the results of a quality assurance review. Upon request, a provider shall also forward to IDHW the results of any implemented corrective action plan. At a minimum quality of services shall be evaluated according to the following criteria: A.5.2. The provider informs each participant or guardian of the services to be received, the expected benefits and attendant risks of receiving those services, of the right to refuse	Two of two participant files reviewed ((Participants A and B)) did not state the benefits and risks of receiving services, the right to refuse services, or inform of alternative forms of services available.	<ol style="list-style-type: none"> 1. A&R Case management will inform participants and or guardians of the services to be received, the expected benefits and attendant risks of receiving those services, of the right to refuse services and alternative forms of services available upon admission to agency affiliation. 2. The agency will assure that all current participants will be informed. 3. Joanne Anderson/Donna Hacking 4. This will be monitored by agency QA. 5. 8/1/10

Residential Habilitation Agency		A & R Case Management		4/5/2010
services, and alternative forms of services available.				
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm			Date to be Corrected: 2010-08-01	Administrator Initials:
Administrator Signature (confirms submission of POC): <i>galadron</i>			Date: 2010-05-21	
Team Leader Signature (signifies acceptance of POC): <i>Carrie Johns</i>			Date: 5/21/10	