IDAHO DEPARTMENT OF HEALTH & WELFARE

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October 6, 2010

Administrator, Cliff McAleer
Milestone Decisions
611 S. Main
Moscow, ID 83843

Dear Mr. McAleer,

Thank you for submitting Milestone Decisions Plan of Correction for Residential Habilitation services dated September 30, 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 Milestone Decisions a full certificate effective September 30. 2010 unless otherwise suspended or revoked.

This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Please submit these documents in order of citation, following the plan of correction findings. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than December 1, 2010. . You may submit supporting documentation as follows:

NOTE: Please assure that each document submitted as supporting documentation is directly referenced to a citation.

Fax to: (208) 364-1811
Email to: milesg@dhw.idaho.gov
Mail to: Medicaid- Elder
Attn: DDA/RH Survey and Certification
PO Box 83720
Boise Idaho 83720
Or deliver to: Department of Health and Welfare
3232 Elder Street, Boise, ID 83720

You can reach me if you have any questions at 364-1828.
Thank you for your patience and accommodating us through the survey process.

Greg Miles
Medical Program Specialist
DDA/RH Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

Milestone Decisions
RHA-199

611 S Main St
Moscow, ID 83843-3039
(208) 883-8262

Survey Type: Recertification

Entrance Date: 5/26/2010
Exit Date: 5/26/2010

Initial Comments: Survey Team: Rebecca Fadness, Program Supervisor; Carrie Johns, Medical Program Specialist; Greg Miles, Medical Program Specialist.

Observations: Participants were not present during the review timeframe. No observations were conducted.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.704.02.a.iv	Provider Records	Program Coordinator is currently signing in and out for each visit made. This practice is being done for all individuals at Milestone Decisions. Signatures, time in, and time out will be monitored by the Administrator during quarterly reviews. Date Completed: 7-1-10
704.DD/ISSH WAIVER SERVICES - PROCEDURAL REQUIREMENTS. 02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) a. Direct Service Provider Information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07) iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery will be verified by the participant as evidenced by their signature on the service record. (3-19-07)	Documentation of quarterly visits by the QMRP were reviewed. The records did not include the time out to assure duration. Also refer to IDAPA 16.04.17.400.02.n.	

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule References/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.c.i-ix 705.DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07) 01. Residential Habilitation. Residential habilitation services must be provided by an agency that is certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality assurance to the certified family home provider. Individuals who provide residential habilitation services in the home of the participant (supported living), must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (3-19-07) c. Prior to delivering services to a participant,	Training A review of training records revealed that documentation of orientation training did not include the following components: (i) purpose and philosopy of services; (ii) service rules; (iii) policies and procedures; (v) handling of confidential and emergency situations that involve the participant; (vii) methods of supervising participants; and (viii) working with individuals with developmental disabilities.	A separate Res Hab specific orientation packet and checklist will be generated. This will include all components for training outlined in 16.03.10.705.01.c.1-1x. This will be for all Milestone staff working at any Milestone Res Hab setting. The administrator, or program coordinator, or lead worker of the Res Hab setting will review and document the new training materials with all current staff. The administrator will monitor by quarterly review of personnel files of all Res Hab staff for signed documentation. Date completed: 8-25-10

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direct service staff must complete an orientation program. The orientation program must include the following subjects: (3-19-07) i. Purpose and philosophy of services; (3-19-07) ii. Service rules; (3-19-07) iii. Policies and procedures; (3-19-07) iv. Proper conduct in relating to waiver participants; (3-19-07) v. Handling of confidential and emergency situations that involve the waiver participant; (3-19-07) vi. Participant rights; (3-19-07) vii. Methods of supervising participants; (3-19-07) viii. Working with individuals with developmental disabilities; and (3-19-07) ix. Training specific to the needs of the participant. (3-19-07)		

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.d.i-ix	Training	A 6 month training packet and checklist will be developed. This will incorporate all training components outlined in 16.03.10.705.01.d.i-ix. This will be for all Milestone staff in any Milestone Decisions Res Hab setting. The administrator, program coordinator, or lead worker will review and document new training materials with all new staff. The administrator will monitor by annual review of personnel files of all Res Hab staff for signed documentation. Date completed: 8-25-10
705.DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07) 01. Residential Habilitation. Residential habilitation services must be provided by an agency that is certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality assurance to the certified family home provider.	Review of records found no documentation of training required in i-ix. (REPEAT DEFICIENCY; FAILURE TO COMPLY WITH PLAN OF CORRECTION)	

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Individuals who provide residential habilitation services in the home of the participant (supported living), must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (3-19-07) d. Additional training requirements must be completed within six (6) months of employment or affiliation with the residential habilitation agency and include at a minimum: (3-19-07) i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-19-07) ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-19-07) iii. Feeding; (3-19-07) iv. Communication; (3-19-07) v. Mobility; (3-19-07) vi. Activities of daily living; (3-19-07) vii. Body mechanics and lifting techniques; (3-19-07) viii. Housekeeping techniques; and (3-19-07) ix. Maintenance of a clean, safe, and healthy environment. (3-19-07)		

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.203.01-06	Training	See 16.03.10.705.01c.i-ix plan of correction 16.03.10.705.01.d.i-ix plan of correction
203.STAFF AND AFFILIATED RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment or affiliation with a residential habilitation agency and documented	The agency did not have documentation of orientation training for staff in the following areas: 02. Disabilities; 03. Understanding of Participant Needs; 04. Supervision; and 05. Review of services.	

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in the employee or affiliated residential habilitation provider record. The agency must ensure that all employees, affiliated residential habilitation providers, and contractors receive orientation training in the following areas: (3-20-04) 01. Rights. Personal, civil, and human rights. (7-1-95) 02. Disabilities. Developmental disabilities commensurate with the skills of participants served. (3-20-04) 03. Understanding of Participants' Needs. A basic understanding of the needs, desires, goals and objectives of participants served. (3-20-04) 04. Supervision. Appropriate methods of supervision. (7-1-95) 05. Review of Services. A review of the specific services that the participant requires. (3-20-04) 06. First Aid and CPR. First aid, CPR, and universal precautions. (7-1-95)		

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.05	Program Documentation (data/progress)	Program coordinator has completed this and has reviewed all Milestone Decisions participant's records to ensure all reviews are current Administrator will monitor by reviewing checklist at quarterly meeting. Date completed: 7-1-10
302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the planmonitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	[Participant 2]'s record was missing a Provider Status Review for August 2009, an Annual Review, and the February 2010 six-month review. [Participant 1]'s file did not contain a Provider Status Review.	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.a	Participant Records	Profile sheets have been updated on the computer by the program coordinator, printed, and placed in all Milestone Decision participants' records. Records will be monitored by the administrator and program coordinator annually for accuracy. Date completed: 7-1-10
400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) a. Name, address and current phone number of the participant. (3-20-04)	Three of three participants' reviewed profile sheets did not contain marital status. (REPEAT DEFICIENCY; FAILURE TO COMPLY WITH PLAN OF CORRECTION)	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.i	Participant Records	Program coordinator will complete functional assessments for all individuals at Milestone Decisions. Administrator will monitor by reviewing annual check list. Date completed: 8-25-10
400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) i. Results of an age appropriate functional assessment, and person centered plan. (7-1-95)	Three of three participants' reviewed files did not contain functional assessments that were current. For example: [Participant 1]'s functional assessment was completed in 2004. [Participant 2]'s functional assessment was completed in 2007. [Participant 3]'s functional assessment was completed in 2008.	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.10	Implementation Plan	Program coordinator will discuss implementation plan or give him/her a copy and document in the progress notes. This will be done for all Milestone Decision participants. Administrator will monitor by review of annual checklist. Date completed: 8-1-10
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. At a minimum, quality of services shall be evaluated according to the following criteria: A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.	For three of three participants reviewed, files did not contain documentation that the provider discussed the implementation plan with the participant or gave him/her a copy.	

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Administrator Signature (confirms submission of POC):			**Date:** 9-30-2010
Team Leader Signature (signifies acceptance of POC):			**Date:** 10-6-10

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