IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

December 13, 2010

R&T Agency Inc,
Administrator, Eugene McHugh
2707 Highway 95N
Cottonwood, ID 83522

Dear Mr. McHugh, Administrator

Thank you for submitting the Plan of Correction for R&T Agency Inc, dated December 10, 2010, in response to the Residential Habilitation Agency compliance review conducted by the Department on June 8, 2010. The Department has reviewed and accepted the Plan of Correction. As a result, we have issued a full certificate effective December 10, 2010, unless otherwise suspended or revoked.

This certificate is contingent upon correction of deficiencies cited during the compliance review. Your agency is required to submit documentation to substantiate that your Plan of Correction has been implemented. Please submit these documents in the order of citation listed on the Statement of Deficiencies (NOTE: Please assure that each document submitted as supporting documentation is directly referenced to a citation). Documentation must be submitted within seven days of the date of completion listed on your agency's Plan of Correction and no later than N/A (thank you for supplying the supporting documentation). You may submit supporting documentation as follows:

- Fax: (208) 364-1811
- E-mail: milesg@dhw.idaho.gov
- Mail: Attn: DDA/RHA Survey and Certification
  Division of Medicaid - DHW
  P.O. Box 83720
  Boise, ID 83720-0009
- Deliver: Division of Medicaid – DHW
  3232 Elder Street, Boise, ID 83705

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

Sincerely,

Greg Miles

GREG MILES
Medical Program Specialist
DDA/RH Survey and Certification

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Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

R & T Agency, Inc.
RHA-203

2707 Highway 95 N
Cottonwood, ID 83522
(208) 962-5170

Survey Type: Recertification

Entrance Date: 6/8/2010

Exit Date: 6/8/2010

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.d.i-ix	Training	
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	A review of records indicated there was no documnetation found of the needed training of staff as required by rule. Specifically i-ix.	1. Agency will revise its Policy and Procedure Manual to include a training record similar to 16.03.10.705.04, that will include i-ix. This form will be maintained in the provider's file. 2. All providers are affected by this deficiency. Corrective action as stated. 3. Responsibility - Administrator and Program Coordinator. 4. The Administrator will review this deficiency quarterly to ensure Agency's compliance. 5. Corrective action will be completed and records updated by December 15, 2010. EM

(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)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Provider Agreement A-5.1	Program Documentation (data/progress)	1. Agency will revise its Policy and Procedure Manual to include documentation that a participant's implementation plan was modified when there were changes in circumstances, abilities, or a re-assessment. Documentation will be maintained in the participant's file. 2. All participants are affected by this deficiency. Corrective action as stated. 3. Responsibility - Program Coordinator and Administrator. 4. The Administrator will review this deficiency quarterly to ensure Agency's compliance. 5. Corrective action will be completed and implementation plans reviewed by December 15, 2010. EM
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 bee 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	For all participants reviewed, documentation showed that modifications were not made when a participant met criteria or was struggling with a given program and would indicate a needed change to programming.	

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-5.1 A participant's implementation plan should be modified when there are changes in circumstances, abilities, or a re-assessment to ensure that public funds are expended for appropriate services in the most cost-effective manner.		

Scope and Severity:	Widespread / No Actual Harm - Potential for Minimal Harm	**Date to be Corrected:** 2010-12-15	**Administrator Initials:** EM
Administrator Signature (confirms submission of POC):	Eugene McHugh		**Date:** 2010-10-12
Team Leader Signature (signifies acceptance of POC):	Dy Miles		**Date:** 2010-13-12

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