



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 27, 2010

Deb & Rob Bennett, Administrators
MDC Magic Valley
798 Lawrence Avenue
Twin Falls, Idaho 83301

Dear Mr. & Mrs. Bennett:

Thank you for submitting MDC Magic Valley's Plan of Correction for Residential Habilitation services dated September 24, 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 MDC Magic Valley a full one (1) year certificate effective November 1, 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. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than **November 30, 2010**. You may submit supporting documentation as follows:

Email to: lovelanp@dhw.idaho.gov
Fax to: 208-239-6269
Mail to: Dept. of Health & Welfare
Medicaid-Survey & Certification
1070 Hilina, Suite 260
Pocatello, Idaho 83201
Or deliver to: Above address

You can reach me if you have any questions at 208-239-6267.

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

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
DDA/RH Survey and Certification



Statement of Deficiencies

Residential Habilitation Agency

MDC Magic Valley
RHA-272

798 Lawrence Ave
Twin Falls, ID 83301-3635
(208) 324-6776

Survey Type: Recertification

Entrance Date: 7/26/2010

Exit Date: 7/28/2010

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist.

Observations:

[Participant 1] was not observed. The participant lives in a CFH. A record review only was conducted.

[Participant 2] was not observed. The participant lives in a CFH. A record review only was conducted.

[Participant 3] was observed in the home working with a direct care staff member ([Employee 4]) working on preparing a meal. The staff provided prompts and reinforcements as appropriate. Overall, the staff worked well with the participant.

[Participant 4] was observed in the home with a direct care staff member ([Employee 3]) working on putting laundry away. The staff worked well with the participant.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.704.02.a.iv	Provider Records	
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)	Four of four participant records reviewed ([Participants 1, 2, 3, and 4]) lacked documentation each visit made or service provided to the participant documented the time of the visit including the time in and the time out. For example, [Participants 1, 2, 3, and 4]'s records lacked documentation of the time in and the time out for the QMRP/Program Coordinator visits.	1. Time in and time out has been added to the QMRP visit worksheet. 2. All participants were affected by this deficiency. The correct worksheet will be used for all future visits. 3. Program coordinators 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. August 1, 2010

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)

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

Date to be Corrected: 8/11/10

Administrator Initials: DS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.705.01.d.i-ix</p> <p>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).</p> <p>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</p>	<p>Training</p> <p>One of four employee/affiliate records reviewed ([Employee 1]) lacked evidence that additional training was completed within six months of employment or affiliation.</p> <p>For example, [Employee 1]'s record lacked evidence additional training was completed per rule requirements.</p> <p>(REPEAT DEFICIENCY)</p> <p>(FAILURE TO COMPLY WITH PLAN OF CORRECTION)</p>	<p>1. Employee 1s training was completed within six months of affiliation. It was filed under the tab Medicaid provider information so was not easily found by the surveyors.</p> <p>2. The program coordinators will review all certified family home affiliation records to ensure their training records are located under the correct tab. Any that are misplaced will be correctly located.</p> <p>3. Program Coordinators</p> <p>4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure records are located under the correct tabs present.</p> <p>5. November 19, 2010</p>

Residential Habilitation Agency	MDC Magic Valley	7/28/2010
<p>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)</p> <p>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)</p> <p>i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-19-07)</p> <p>ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-19-07)</p> <p>iii. Feeding; (3-19-07)</p> <p>iv. Communication; (3-19-07)</p> <p>v. Mobility; (3-19-07)</p> <p>vi. Activities of daily living; (3-19-07)</p> <p>vii. Body mechanics and lifting techniques; (3-19-07)</p> <p>viii. Housekeeping techniques; and (3-19-07)</p> <p>ix. Maintenance of a clean, safe, and healthy environment. (3-19-07)</p>		

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 11/19/2010 **Administrator Initials:** DB

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.011.19</p> <p>Services consisting of an integrated array of individually-tailored services and supports furnished to an eligible participant which are designed to assist them to reside successfully in their own homes, with their families, or alternate family home.</p>	<p>Residential Habilitation</p> <p>The agency lacked evidence residential habilitation (Res Hab) services were provided per IDAPA rules.</p> <p>For example, Res Hab participants received services during the day in the developmental disability agency (DDA) center per discussion</p>	<p>1. One participant was brought to the DDA during the day per request of his guardian. He attended the center prior to receiving high support services and his guardian wanted him to continue to attend. No DDA services were billed. The guardian was notified that this practice could not continue and it was stopped.</p> <p>2. No other MDC participant who receives high support services has attended the DDA.</p>

Residential Habilitation Agency		MDC Magic Valley	7/28/2010
<p>with Res-Hab employees and administrator. The employees and administrator stated they brought the Res Hab supported living participants to the DDA to participate in activities.</p> <p>In addition, the agency is out of compliance with the Medicaid Provider Handbook, Section 3.11.9, "Place of Service". Codes state Res Hab services can only be billed for the following places of service: home (CFH, participant's own home, or home of unpaid family) or other place of service (community). This code should only be used when the participant receives hourly supported living to access the community. All other Res Hab services should be coded as "Home".</p> <p>(POTENTIAL RECOUPMENT)</p>		<p>3. Program Administrator 4. Program Administrator will ensure no participant receiving high support attends the DDA. 5. July 26, 2010</p>	
<p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 7/26/10</p>	<p>Administrator Initials: AB</p>
Risk Reference/Text	Category/Findings	Plan of Correction (POC)	
<p>16.04.17.203.01-06</p> <p>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</p>	<p>Training</p> <p>One of four employee/affiliate records reviewed ([Employee 1]) lacked evidence that orientation training was completed within six months of employment or affiliation.</p> <p>For example, [Employee 1]'s record lacked orientation training on rights, disabilities, understanding of participant needs, supervision, and review of services.</p>	<p>1. Employee 1s orientation training was completed within six months of affiliation. It was filed under the tab Medicaid provider information so was not easily found by the surveyors. 2. The program coordinators will review all certified family home affiliation records to ensure their training records are located under the correct tab. Any that are misplaced will be correctly located. 3. Program Coordinators 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure records are located under the correct tabs present. 5. November 19, 2010</p>	

Residential Habilitation Agency	MDC Magic Valley	7/28/2010
<p>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)</p> <p>01. Rights. Personal, civil, and human rights. (7-1-95)</p> <p>02. Disabilities. Developmental disabilities commensurate with the skills of participants served. (3-20-04)</p> <p>03. Understanding of Participants' Needs. A basic understanding of the needs, desires, goals and objectives of participants served. (3-20-04)</p> <p>04. Supervision. Appropriate methods of supervision. (7-1-95)</p> <p>05. Review of Services. A review of the specific services that the participant requires. (3-20-04)</p> <p>06. First Aid and CPR. First aid, CPR, and universal precautions. (7-1-95)</p>		

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 11/19/2010 **Administrator Initials:** DS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.302.02</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>02. Implementation Plan. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. (3-20-04)</p> <p>See also...</p> <p>010. DEFINITIONS -- A THROUGH N.</p> <p>For the purposes of these rules the following terms are used as defined below:</p> <p>22. Implementation Plan. Written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction of the program developed, implemented, and provided</p>	<p>Program Implementation Plan</p> <p>Two of four participant records reviewed ([Participant 2 and 3]) lacked documentation of data-based progress.</p> <p>For example:</p> <p>[Participant 2]'s baseline for the objective "using sign language practiced during the day with one verbal prompt" was at 100%. A note stated the parent did not run the goal correctly and was retrained. It was unclear as to why the goal was run when the participant could complete the goal/objective with one verbal prompt at 100%. In addition, the provider status review progress from December 21, 2009, through January 3, 2010, was at 100%.</p>	<p>1. The parent of Participant 2 did not complete the baseline data correctly, resulting in the inaccurate 100%. The parent was retrained and the baseline data redone. The objective was then continued however it was continued beyond normal expectation, as 100% is not realistic. That objective will be removed from the participants program. Participant 3's programs were poorly written and poorly maintained. All participant programs served by this program coordinator were reviewed and found to be unsatisfactory. The program coordinator in charge of this program was terminated by the agency.</p> <p>2. All participants programs will be reviewed to ensure the expectations for success are realistic. If not, they will be re-written to reflect realistic expectations.</p> <p>3. Program Coordinators</p>

by the agency specific to the plan of service. (3-20-04)

See also...

16.04.17.011. DEFINITIONS -- M THROUGH Z. For the purposes of these rules the following terms are used as defined below: (3-20-04) 01. Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of attainment. (7-1-95)

The data for [Participant 3]'s provider status for the objective "will plan a written well balanced menu for dinner with one verbal prompt or less at 65% for three consecutive months" between January 2010 and March 2010 stated 0% progress had been made. There was no documentation of why there was no progress. The notation by the QMRP stated the objective was changed to 100% because she has almost mastered the goal. The agency needed to make changes to the objective or discontinue it if there was no progress. In addition, requiring an individual to accomplish the objective at 100% is an un realistic goal. A disabled individual cannot be expected to achieve higher than a non-disabled individual.

The participant's provider status review stated, "She will buy what she needs and not get angry because she can't buy what she wants with one verbal prompt for three consecutive months," and the QMRP notes stated she struggled with this goal. The criteria has been changed from 75% to 50% in August without changing the steps to make the skill achievable. The provider status review for August 2009 to March 2010 stated progress was 12% to 35% and the baseline was at 70%. Based upon the agency data, this individual is losing this skill with therapy. The agency must discontinue this objective due to no progress or change the objective.

(POTENTIAL RECOUPMENT)

- 4. The program administrator will conduct quarterly reviews to ensure the work completed by the program coordinators meets quality assurance standards and is compliant with rule.
- 5. The program coordinator was terminated on September 9, 2010. All other corrections will be completed by November 19th, 2010.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 11/19/2010 Administrator Initials: (S)

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.05	Service Provision Procedures	
302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of	Two of four participant records reviewed ((Participants 1 and 2)) lacked evidence the agency submitted the provider status review to the Program Monitor.	Participant 1's service coordination agency closed down so the developmental specialist was waiting for consents from the new agency to send the status review. That information should have been noted. Participant 2s status review submissions for both DDA and CFH were located in the DDA book. The CFH status

behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)

(REPEAT DEFICIENCY)

review should have been located in the CFH book. MDC will develop a formal status review submission form which will have a tab designated for that purpose located in the record for each type of service.
 2. All participants records will be reviewed to ensure status reviews were submitted and notifications correctly filed in the record.
 3. Program coordinators
 4. The quality assurance program completed by the program administrator will ensure compliance with this rule.
 5. November 19th, 2010

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

Date to be Corrected: 11/19/2010

Administrator Initials: *CS*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.402.01.c 402.PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: (3-20-04) c. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; (3-20-04)</p>	<p>Participant Rights Two of four participant records reviewed ([Participants 2 and 3]) lacked documentation the agency informed each participant or guardian of the expected benefits and attendant risks of receiving those services and alternative forms of services available. For example, [Participants 2 and 3]'s records included sections of the rule requirements, but not the requirements listed above. In addition, see Residential Habilitation Provider</p>	<p>1. MDC added the required information to our consumer rights review done annually. However, the program coordinators of Participants 2 and 3 used the old consumer rights form which did not include this information. Those participants/guardians will be given the opportunity to receive this information and the signed review will be placed in the file. 2. All participant files will be reviewed to ensure this information is in place. If not, the participants involved will be given the information and the signed review will be placed in the file. 3. Program Coordinators 4. The quarterly quality assurance review done by the program administrator will ensure this information is present in the records of all participants.</p>

Residential Habilitation Agency	MDC Magic Valley	7/28/2010
	<p>Agreement Additional Term A-5.2.</p> <p>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:</p> <p>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 services, and alternative forms of services available.</p> <p>(REPEAT DEFICIENCY)</p> <p>(FAILURE TO COMPLY WITH PLAN OF CORRECTION)</p>	5. November 19th, 2010

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 11/19/2010 **Administrator Initials:** DE

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.404.01-03</p> <p>404.COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS AND OTHERS</p> <p>The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by</p>	<p>Communication</p> <p>One of four participant records reviewed ((Participant 4)) lacked documentation that the agency notified the participant's legal guardian of any significant incidents or changes in participant's condition including serious illness, accident, death or abuse.</p>	<p>1. The accident injury reports for these incidents were completed and the guardians were notified. However, the reports were placed in a drawer in the program coordinators office where they were unable to be reviewed or located at the time of survey. They are now in place in the participants record.</p> <p>2. All program coordinators were counseled to properly place accident injury reports in the consumer files for supported living and certified family homes.</p>

the plan of service; and (3-20-04)
 01. Reciprocal Communication. Answer communications from participant's families and friends promptly and appropriately; and (3-20-04)
 02. Promotion of Visits and Activities. Promote frequent and informal opportunities for visits, trips or vacations; and (7-1-95)
 03. Notification of Guardian of Participant's Condition. Notify promptly the participant's legal guardian, if one exists, of any significant incidents, or changes in participant's condition including serious illness, accident, death, or abuse. (3-20-04)

For example, [Participant 4]'s record lacked documentation of a recent fall or documentation it was reported to the guardian. During the observation, the direct care staff stated the participant fell recently. In addition, the participant gestured that he was unable to complete the tasks he was asked to complete due to his back hurting him.

- 3. Program Coordinators
- 4. The quarterly quality assurance review completed by the program administrator will ensure these documents are present in the file.
- 5. November 19th, 2010.

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

Date to be Corrected: 11/19/2010

Administrator Initials: *DB*

Administrator Signature (confirms submission of POCE:

Deb Bennett Program administrator

Date: 9/24/2010

Team Leader Signature (signifies acceptance of POCE:

Pam Hoeveland-Schmidt

Date: 9/27/10