



C.L. "BUTCH" OTTER – Governor
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IDAHO DEPARTMENT OF HEALTH & WELFARE

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November 19, 2010

Joanne Anderson, Administrator
Lori Rainboth, Administrator
A & R Case Management
210 Holly Street
Nampa, ID 83686

Dear Ms. Anderson and Ms. Rainboth:

Thank you for submitting the Plan of Correction (POC) dated November 10, 2010, for A & R Case Management. Survey and Certification has reviewed and accepted the POC in response to the Department's findings listed on the Statement of Deficiencies. As a result, we have issued A & R Case Management a full three year certificate effective from January 1, 2011, through December 31, 2013.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon correction of deficiencies. Your agency is required to submit documentation to substantiate that your POC 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 to this office within seven days of the date of completion listed on your agency's POC, and **no later than March 10, 2011**. You may submit supporting documentation as follows:

Fax: (208) 364-1811

Email: ALC@dhw.idaho.gov

Deliver: Medicaid Central Office
3232 Elder Street
Boise, ID 83705

Mail: Licensing & Certification
Division of Medicaid – DHW
P.O. Box 83720
Boise, ID 83720-0009

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at (208) 364-1906.

Sincerely,

ERIC D. BROWN
Program Supervisor
DD Survey and Certification

EDB/sm

Enclosures

Statement of Deficiencies

Developmental Disabilities Agency

A & R Case Management 3A&RCASE085	210 Holly St Nampa, ID 83686 (208) 463-9313
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Survey Type: Recertification Entrance Date: 9/27/2010
 Exit Date: 10/1/2010

Initial Comments: Survey Team: Eric Brown, Program Supervisor; Greg Miles, Medical Program Specialist; Melissa Woods, Clinician; Heather Olsen, Developmental Specialist.

Rule Referenced/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07.c 604. TYPES OF COMPREHENSIVE ASSESSMENTS. 07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06) c. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-06)	Assessments (Participants B and C)'s medical/social histories did not document information related to the participants' legal or criminal history.	<ol style="list-style-type: none"> All medical social evaluations generated by A&R Case Management will include participants legal or criminal history. A section addressing legal or criminal history will be added to the medical social questionnaire which is currently being utilized to develop the medical social evaluation. As of 11/9/10 participant B and C medical social evaluations have been updated. The agency will review all current consumer files to assure that the participants' legal or criminal history is identified. If the medical social evaluation does not address legal or criminal history an update will be completed by 3/1/11. Program Manager Medical social evaluation will be reviewed by quality assurance team for compliance. All medical social evaluations completed after 11/1/10 will include the participants' legal or criminal history. All medical social evaluations on current participants will be reviewed and updated if needed by 3/1/11.

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Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-03-01 **Administrator Initials:** JA

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.v</p> <p>701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age appropriate. The IPP must include: (7-1-08)</p>	<p>Individual Program Plan</p> <p>(Participants A, B, and C)'s Individual Program Plans did not include information relative to the participant's current personal choices.</p>	<p>1. All Individual program plans generated by A&R Case Management will include participants current personal choices. A section addressing personal choices will be added to the annual planning form that is currently being utilized in the development of the Individual Program Plan at the annual staffing meeting with the participant and team members.</p> <p>2. As of 11/9/10 participants A, B, and C IPP's have been updated. The agency will review all current consumer files to assure that the participants' personal choices are included on their IPP. If the IPP does not include personal choices an update will be completed by 3/1/11.</p> <p>3. Program Manager</p> <p>4. IPP's will be reviewed by Program Manager prior to implementation to ensure that participant personal choices are included on the IPP.</p> <p>5. All IPP's completed after 11/1/10 will include the participants' current personal choices. All IPP's on current participants will be reviewed and updated if needed by 3/1/11.</p>

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Developmental Disabilities Agency		A & R Case Management		10/1/2010
v. A list of the participant's current personal goals, interests and choices; (7-1-06)				
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm			Date to be Corrected: 2011-03-01	Administrator Initials: <i>ds</i>
Administrator Signature (confirms submission of POCI): <i>Spencer Anderson</i>			Date: 11/10/10	
Team Leader Signature (confirms acceptance of POCI): <i>Si P. Run</i>			Date: 11/19/10	