As many of you may know, Medicaid benefits were adjusted January 1, 2011. Medicaid participants can no longer receive both psychosocial rehabilitation (PSR) and partial care (commonly referred to as day treatment) services. Any participants who were receiving both of these services will now only qualify for one or the other, not both.

We have received several concerns about facilities requiring residents to retain partial care rather than PSR services. Please be advised that making residents retain one benefit rather than the other is a violation of their right to control their health-related services. A violation of residents’ rights is taken very seriously and is considered a core issue deficiency under inadequate care.

Residents should decide for themselves which service they would like to keep. The facility cannot make residents select a service that they would rather not have. Please ensure that all of your residents understand it is their right to determine which service they want, and support them in their decision.

Concerns About Residents’ Rights

Reminder — Admission Agreement Requirements

On March 29, 2010, the rule requirements regarding admission agreements for private pay residents changed. Please refer to the amended rules to ensure your admission agreements are meeting all of the requirements. These are some important questions to ask yourself about the admission agreement:

- Is it transparent, understandable, and translated into a language the resident or the resident’s representative understands?
- Has the resident or representative signed the admission agreement and received a copy?
- Does it disclose all prices, formulas, and calculations used to determine rates?
- Does it identify services or amenities not covered in your basic rates?
- Does it describe how a resident’s need of services will be assessed, how and when the resident will be reassessed, and how that will affect the resident’s rates?
- Does it describe the methods by which a resident may contest charges or rate increases?
- Does it disclose conditions under which the resident can remain in the facility if payment for the resident shifts to a publicly-funded program?

Refer to the following subsections of 16.03.22 for all the changes: 010., 215, 219, 220, 250, 430, 550
Procedure Changes — Notifying Licensing & Certification of Reportable Incidences

In an effort to make the reportable incident process more efficient for both Licensing and Certification staff and your facility’s staff, we are no longer requiring that facilities fax in their incident reports unless Licensing and Certification requests them. Please still include your preventative actions when calling the hotline or more information may be sought. Additionally, we have changed what information needs to be included when calling the hotline. This is in an effort to make sure we can correctly identify your facility. The following must be included when calling the hotline:

- The facility’s license number. This number can be found on your facility license displayed within the facility. This number usually begins with #RC.
- The facility’s phone number
- The facility’s name
- The date and time of the incident
- The caller’s name and title
- The resident’s name (SSN is no longer required)
- An outline of what happened
- A description of any injuries that occurred
- A plan for prevention/corrective actions

You can get a set of the new hotline instructions from our Web site at www.assistedliving.dhw.idaho.gov.

Frequently Asked Questions

The RALF "Frequently Asked Questions" was expanded in December 2010. You can print a copy from www.assistedliving.dhw.idaho.gov.

Hats off to Safe Haven Health Care for the renovation of Magic Valley Manor in Wendell, Idaho

If you have a renovation, addition, remodel, or other project you want to share, please send us a picture and a brief description so we can include it in our newsletter.