



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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November 14, 2011

Lee Ann Turpin, Administrator
Martin Calder, Program Manager
Center Case Management & DD Services
265 E. Chubbuck Road, Suite 3
Chubbuck, Idaho 83202

Dear Ms. Turpin & Mr. Calder:

Thank you for submitting Center Case Management's Plan of Correction for Residential Habilitation services dated November 9, 2011. 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 Center Case Management a full certificate effective December 1, 2011 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 **January 18, 2012**. 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-Licensing & Certification
1070 Hilina, Suite 260
Pocatello, Idaho 83201
Attn: Pam Loveland-Schmidt
Or deliver to: Above address

You can reach me if you have any questions at lovelanp@dhw.idaho.gov or 208-239-6267.

Sincerely,

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

Statement of Deficiencies

Residential Habilitation Agency

Center Case Management and DD Services, LLC
RHA-2664

265 E Chubbuck Rd Ste A
Chubbuck, ID 83202-
(208) 237-3880

Survey Type: Recertification

Entrance Date: 7/5/2011

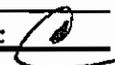
Exit Date: 7/18/2011

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.302.04</p> <p>302. SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)</p>	<p>Medication</p> <p>Two of two participant records reviewed ([Participants 1 and 2]) lacked evidence and documentation that the agency assured compliance with medication rules.</p> <p>For example:</p> <p>[Participants 1 and 2]'s ISP dated April 1, 2011, had a Res Hab formal goal "Health Care" which stated he needs to take medications three times a day and needs specific prompts. Agency staff stated they do not assist with medications. The record contained a note dated April 28, 2011, which stated Center Case Management does not administer medications, but there is a program being run for assistance with medications.</p>	<p>1. What corrective action(s) will be taken? All staff, if assisting with medications, will be trained in assistance with medications pursuant to regulation. Until then, the agency will not provide assistance with medication to participants. Other arrangements will be made with participants to address this.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Providing the formal assistance with medication training should adequately correct the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? That administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' needs for assistance with medication during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews.</p>

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

Date to be Corrected: 2011-07-18

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.705.01.a.v</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 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</p>	<p>Provider Records</p> <p>One of one direct care staff record reviewed ((Employee 3)) lacked documentation that the agency assured each staff person assisting with participant medications successfully completed and followed the "Assistance with Medications" course per rule requirements and agency policy.</p>	<p>1. What corrective action(s) will be taken? All staff, if assisting with medications, will be trained in assistance with medications pursuant to regulation. Until then, the agency will not provide assistance with medication to participants. Other arrangements will be made with participants to address this.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Providing the formal assistance with medication training should adequately correct the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? That administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' needs for assistance with medication during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews. Staff will be trained and certified to assist with medications and trained on agency's policies regarding medications as a component of the QA process.</p>

following requirements: (3-19-07),
 a. Direct service staff must meet the following minimum qualifications: (3-19-07)
 v. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other department-approved training. Staff previously trained on assistance with medications by a licensed nurse but who have not completed this course must meet this requirement by July 1, 2007. (3-19-07)

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

Date to be Corrected: 2011-09-30

Administrator Initials: 

Rule 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 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</p>	<p>Training</p> <p>Two of two employee records reviewed ([Employee 2 and 3]) lacked documentation they received training per rule requirements.</p> <p>For example:</p> <p>[Employee 2]'s record lacked documentation of orientation training and ongoing training per rule requirements. The record had documentation of behavior training only for Res Hab.</p> <p>[Employee 3]'s record lacked documentation of orientation training per rule requirements. The record had documentation of behavior training only for Res Hab and ongoing training.</p> <p>Also see IDAPA 16.03.10.705.01.c-e</p>	<p>1. What corrective action(s) will be taken? The agency has a training program that ensure rule-specific training categories addressed. The manager and staff will be retrained on this procedure to assure compliance. All staff will be reoriented as a component of the plan of correction.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Providing the staff reorientation of all training categories with should adequately correct the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? That administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the staff training requirements upon hire, during formal performance appraisals, and as part of the quarterly quality assurance review.</p>

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)

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

Date to be Corrected: 2011-09-30

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.301.03.j 301.PERSONNEL. 03. Personnel Records. A record for each employee and affiliated residential habilitation provider must be maintained from date of hire or affiliation for not less than one (1) year after the employee or affiliated residential habilitation provider is no longer employed by the agency, and must include at least the following: (3-20-04) j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)</p>	<p>Criminal History</p> <p>Two of three employee records reviewed ([Employees 2 and 3]) lacked documentation that the agency verified completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks".</p> <p>For example:</p> <p>[Employee 2]'s date of hire was March 29, 2010, and the DHW Criminal History Check was completed on May 20, 2008. The agency added to this agency on April 20, 2010, but there was no documentation of a local Idaho State Police background check in the employee record per rule requirements.</p> <p>[Employee 3]'s date of hire was December 16, 2010. There was no documentation in the employee's record until February 18, 2011, regarding Criminal History Clearance, which stated in an e-mail that he cleared the check.</p> <p>Also, see IDAPA 16.03.10.705.01.a.vi</p>	<p>1. What corrective action(s) will be taken? All staff, if necessary, will have the Idaho State Police background check completed. Additionally, all clearance notifications will be filed in the records. Staff who do not have clearance will not be allowed to render care until the background screening is completed.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Completing and filing the background screening should adequately correct the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? That administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the staffs' criminal history checks upon hire and part of the agency's quarterly quality assurance review.</p>

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

Date to be Corrected: 2011-09-16

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.301.03.k 301. PERSONNEL. 03. Personnel Records. A record for each employee and affiliated residential habilitation provider must be maintained from date of hire or affiliation for not less than one (1) year after the employee or affiliated residential habilitation provider is no longer employed by the agency, and must include at least the following: (3-20-04) k. Evidence that the employee or affiliated residential habilitation provider has received a job description and understands his duties. (7-1-95)	Provider Records One of three employee records reviewed ([Employee 3]) lacked evidence the employee received a job description and understands his duties. For example, [Employee 3]'s record included documentation of a job description for Developmental Therapy only, not Res Hab.	1. What corrective action(s) will be taken? All staff will be retrained in reshab-specific job duties. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Providing the formal assistance with medication training should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' needs for assistance with medication during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews. The QA process will ensure that all staff have received copies of their job descriptions and verify that by signing it. Their understanding will be monitored in an ongoing basis and measured in employee performance appraisals.
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2011-09-16 Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.02 302. SERVICE PROVISION PROCEDURES. 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) See also...	Program Implementation Plan Two of two participant records reviewed ([Participants 1 and 2]) lacked documentation the agency assured program implementation plans specific to rule requirements. For example: [Participant 1]'s objectives as written are not	

16.04.17.

010. DEFINITIONS – A THROUGH N.

For the purposes of these rules the following terms are used as defined below:

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 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)

See also...

16.04.17.

400. PARTICIPANT RECORDS.

02. Required Information. Records must include at least the following information: (3-20-04)

k. Habilitation program, including documentation of planning, continuous evaluation, and participant satisfaction with the program. (3-20-04)

measurable and do not address quantifiable criteria for determining progress towards and attainment of the skill. For instance, the objective "money management and shopping" does not address prompt levels or timeline for attainment. The instructions to staff do not address which prompt level for the individual to meet the goal. The data collection states, "Daily documentation log and record daily obtain new sheet each month."

[Participant 2]'s objectives as written are not measurable. For instance, for the objective "Meal planning and prep" the status states, "Will prepare three meals per week: Tuesday, Thursday, and Saturday." Data collection is the same as listed for [Participant 1].

1. What corrective action(s) will be taken?

The reshab manager and QIDP's will be retrained on developing measurable objectives. Clinical components that enhance the measurability will be trained. All PIPs will be reevaluated and modified pursuant to the corrective training rendered.

2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?

The agency is addressing the citation as is all clients are affected. Retraining and modifying PIPs should adequately correct the deficiency.

3. Who will be responsible for implementing each corrective action?

That administrator or designee

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?

The agency will monitor the the measurability during monthly reviews of progress, person-centered planning sessions, and during formal quarterly quality assurance reviews.

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

Date to be Corrected: 2011-10-14

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.302.03</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>03. Periodic Review. Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. (3-20-04)</p>	<p>Service Provision Procedures</p> <p>Two of two participant records reviewed ([Participants 1 and 2]) lacked evidence a review of services and participant satisfaction was conducted at least quarterly or more often if required by the participant's condition or program.</p>	<p>1. What corrective action(s) will be taken? All participants' and/or guardians' satisfaction will be assessed immediately. Thereafter, quarterly evaluations of satisfaction will occur.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Conducting an immediate review of satisfaction should adequately correct the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? That administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will conduct formal satisfaction survey on a quarterly basis.</p>

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

Date to be Corrected: 2011-09-16

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.400.02.b</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>b. Social Security and Medicaid ID numbers. (7-1-95)</p>	<p>Participant Records</p> <p>One of two Res Hab participant records reviewed ([Participant 1]) lacked documentation the participant record included the participant's social security number.</p> <p>For example, [Participant 1]'s profile sheet had a</p>	

	<p>section for a social security number, but it was left blank.</p>	<p>1. What corrective action(s) will be taken? The agency has a rule-specific template for profiles. All profiles will be reviewed to assure compliance.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Reviewing and updating the profiles should adequately correct the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? That administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' profiles upon intake and during quarterly quality assurance reviews.</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2011-09-16

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.400.02.e</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>e. Names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency. (3-20-04)</p>	<p>Participant Records</p> <p>Two of two participant records reviewed ([Participants 1 and 2]) lacked documentation of names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency.</p> <p>[Participants 1 and 2]'s profile sheet stated "none" for family and both live with their mother (no name, address, or phone number).</p>	<p>1. What corrective action(s) will be taken? The agency has a rule-specific template for profiles. All profiles will be reviewed to assure compliance.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Reviewing and updating the profiles should adequately correct the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? That administrator or designee</p>

		<p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor and correct participant records on a quarterly basis. Absent or documents will be completed and/or corrected to ensure compliance. Documentation of the QA will be documented by the agency.</p>
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-09-16 **Administrator Initials:** @

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.400.02.h 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) h. Results of a history and physical when necessary. (7-1-95)</p>	<p>Participant Records One of two participant records reviewed ([Participant 2]) lacked documentation of a history and physical. For example, [Participant 2]'s history and physical was dated May 12, 2010. There was no current history and physical in the record. (The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction).</p>	<p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Reviewing and updating the history and physicals of all participants should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' histories and physicals upon intake, annually and during quarterly quality assurance reviews.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2011-07-18**Administrator Initials:** **Rule Reference/Text**

16.04.17.404.01-03

404.COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS AND OTHERS. 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 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)

Category/Findings

Communication

Two of two participant records reviewed ([Participants 1 and 2]) lacked evidence the agency communicated with the participant, parent, legal guardian and others.

Plan of Correction (POC)

1. What corrective action(s) will be taken?
The agency will document pertinent correspondence with all relevant stakeholders. Documentation will be filed in the participants' records.
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?
The agency is addressing the citation as is all clients are affected. Documenting and filing correspondence should adequately correct the deficiency.
3. Who will be responsible for implementing each corrective action?
That administrator or designee
4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?
The agency will ensure documentation of correspondence is filed in the participants' records as a component of quarterly quality assurance reviews.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2011-09-16**Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>Additional Terms A-5.10</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. At a minimum, quality of services shall be evaluated according to the following criteria:</p> <p>A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.</p>	<p>QA Program</p> <p>Two of two participant records reviewed ([Participants 1 and 2]) reviewed lacked evidence the provider discussed the implementation plan(s) with the participant and provided him/her a copy of each plan.</p>	<p>1. What corrective action(s) will be taken?</p> <p>The agency will re-review all reshab implementation plans with participants and document that copies have been provided to them to assure compliance.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?</p> <p>The agency is addressing the citation as is all clients are affected. Reviewing reshab implementation plans should adequately correct the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>That administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>The agency will review implementation plans with participants upon intake, annually, and review that they have received a copy of them during quality assurance reviews.</p>

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

Date to be Corrected: 2011-09-30

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>Provider Handbook 3.11.4</p> <p>3.11.4 Program Coordination. Program coordination is a function under RES/HAB. Program Coordination is defined as development, implementation, coordination, and evaluation of personal assistance, habilitation,</p>	<p>Program Coordination</p> <p>Two of two participant records reviewed ([Participants 1 and 2]) lacked documentation that emergency contact information specific to Res Hab services are identified on the Individual Service Plan.</p>	

and skills training provided for the participant as components of RES/HAB developed by a QMRP and delivered by a RES/HAB provider. Agencies providing oversight of RES/HAB must employ a program coordinator. Program coordinators must have the following qualifications:

- Education and experience to meet the criteria established for qualifying as a QMRP for DD and ISSH Waiver participants.
- Experience in writing skills-training programs.
- Skill in individualized strategy development and implementation to assist the participant in meeting wants and needs within the scope of RES/HAB.

Core Functions of the Program Coordinator include the following:

- Face to face contact with direct service provider(s) and/or participant regarding oversight, supervision, and provision of RES/HAB.
- Implementation plan development.
- Evaluation, analysis, and/or revision of implementation plans.
- Phone contacts specific to RES/HAB services identified on the ISP.
- Attendance at participant meetings specific to RES/HAB services identified on the ISP.
- Emergency contact specific to RES/HAB services identified on the ISP.

1. What corrective action(s) will be taken?

The agency will contact the service coordinator of all participants and initiate an addendum to document emergency contact information. Regional Medicaid staff will be contacted should service coordinators impede the agency's compliance.

2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?

The agency is addressing the citation as is all clients are affected. Addressing the ISP's should adequately correct the deficiency.

3. Who will be responsible for implementing each corrective action?

That administrator or designee

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?

The agency will monitor the participants' ISP's annually and during quarterly quality assurance reviews.

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

Date to be Corrected: 2011-09-30

Administrator Initials: *P*

Administrator Signature (confirms submission of PDC):

M. D. Z. Callahan

Date: 2-9-11

Team Leader Signature (signifies acceptance of PDC):

Tom Haveland-Schmitt

Date: 11/14/11