



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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November 10, 2011

Kendra Ellis, Director of Operations
Mike Norris, Region V Res Hab Administrator
Tom Vialpando, Region VI & VII Res Hab Administrator
SL Start
25 W. Nora Avenue
Spokane, WA 99205

Dear Ms. Ellis, Mr. Norris & Mr. Vialpando:

Thank you for submitting SL Start's Plan of Correction for Residential Habilitation services dated November 4, 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 Pearl Group 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 **December 15, 2011**. 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

SL Start and Associates -- Regions 5, 6, and 7
RHA-278

200 2nd Ave N Ste E
Twin Falls, ID 83301-6158
(208) 732-0910

Survey Type: Recertification

Entrance Date: 9/8/2011

Exit Date: 9/15/2011

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.302.01.b</p> <p>302.SERVICE PROVISION PROCEDURES.</p> <p>01. Admission Procedures. The following criteria must apply to all participants receiving services from a residential habilitation agency: (3-20-04)</p> <p>b. The agency must obtain authorization from the Department for reimbursement for each Medicaid covered eligible waiver service prior to providing residential habilitation services in accordance with IDAPA16:03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515 (3-20-04)</p>	<p>Individual Service Plan</p> <p>Two of four participant records reviewed ([Participants 1 and 2]) lacked documentation that the agency obtained authorization from the Department for reimbursement for each Medicaid covered eligible waiver service prior to providing residential habilitation services.</p> <p>For example:</p> <p>[Participant 1]'s record included an Individual Service Plan (ISP), but it was not authorized by the Department.</p> <p>[Participant 2]'s record included an ISP only with the previous agency that was authorized by the Department.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)</p>	<p>Each person's ISP will be reviewed to ensure that authorization is obtained from the Department for each Medicaid covered service. If individuals are identified as needing to obtain consent, the Program Coordinator (QMRP) will obtain authorization.</p> <p>This corrective action applies to all individuals receiving support from SL Start.</p> <p>The Program Coordinator will ensure that authorization is obtained annually during the development of the implementation plan.</p> <p>Program Coordinator (QMRP) and Administrator will be responsible for implementation of this corrective action.</p>

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

Date to be Corrected: 11/01/2011

Administrator Initials: 

Rule Reference/Text

16.04.17.302.03

302. SERVICE PROVISION PROCEDURES.
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)

Category/Findings

Program Coordination

One of four participant records reviewed ([Participant 4]) lacked documentation of a review of services conducted at least quarterly or more often if required by the participant's condition or program.

For example, [Participant 4]'s record included the agency's Provider Status Review, which had data from 88% first month, 50% 2nd month, 50% 3rd month, then 0%, etc. There was no documentation of changes or training to make progress. His first month progress was above the goal, but the data for 10 months on the annual review were 50%-0%. The individual appeared to be losing skill with treatment.

(In addition, see Additional Terms A-5.1)

Plan of Correction (POC)

Each person's data will be reviewed on a monthly basis to determine whether or not criteria is being met. If after a period of 3 months criteria is either above or below the minimum baseline, changes will be made to the goal in order to create opportunity for success. If it is determined by the PCP team that the goal is not appropriate for the individual it may be discontinued as well.

Data will be tracked on the Provider Status Review on a monthly basis.

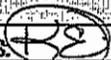
This corrective action applies to all individuals receiving support from SL Start.

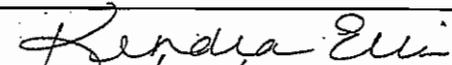
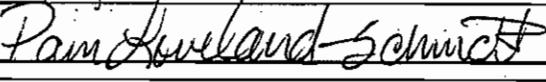
Program Coordinator (QMRP) and Administrator will be responsible for implementation of this corrective action.

Corrective Action completed by 11/01/2011

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

Date to be Corrected: 11/01/2011

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>Provider Handbook 3.11.4</p> <p>3.11.4 Program Coordination.</p> <p>Program coordination is a function under RES/HAB. Program Coordination is defined as development, implementation, coordination, and evaluation of personal assistance, habilitation, 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:</p> <ul style="list-style-type: none"> • 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. <p>Core Functions of the Program Coordinator include the following:</p> <ul style="list-style-type: none"> • 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. 	<p>Program Coordination</p> <p>One of four participant records reviewed ([Participant 1]) lacked documentation of an emergency contact specific to Res/Hab services identified on the ISP.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)</p>	<p>Each person's ISP will be reviewed to ensure that the primary emergency contact is identified as the agency's emergency cell phone.</p> <p>This corrective action applies to all individuals receiving support from SL Start.</p> <p>The Program Coordinator will ensure that documentation reflects the agency's emergency cell phone as the primary contact in an emergency situation.</p> <p>Program Coordinator (QMRP) and Administrator will be responsible for implementation of this corrective action.</p>
<p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 11/10/2011 Administrator Initials: </p>
<p>Administrator Signature (confirms submission of POC): </p>		<p>Date: 11/10/2011</p>
<p>Team Leader Signature (signifies acceptance of POC): </p>		<p>Date: 11/10/11</p>