



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE (208) 364-1959
FAX (208) 287-1164

May 9, 2013

J. Mike Hutchings, Owner
Becky Novak, Administrator
Center for Independent Living
1411 Falls Avenue East, Suite 703
Twin Falls, ID 83301

Dear Mr. Hutchings and Ms. Novak:

Thank you for submitting the Plan of Correction for Center for Independent Living dated April 24, 2013, in response to the recertification survey conducted from April 2, 2013, through April 4, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Center for Independent Living a full certificate effective from May 1, 2013, through April 30, 2016, unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, this certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at lovelanp@dhw.idaho.gov or (208) 239-6267.

Sincerely,

PAM LOVELAND-SCHMIDT, Adult & Child DS
Medical Program Specialist
DDA/ResHab Certification Program

PLS/sim

Enclosures

1. Approved Plan of Correction
2. Renewed Residential Habilitation Agency Certificate



Statement of Deficiencies

Residential Habilitation Agency

Center for Independent Living
RHA-265

158 Blake St N
Twin Falls, ID 83301-
(208) 734-8973

Survey Type: Recertification

Entrance Date: 4/2/2013

Exit Date: 4/4/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; and Fredé Trenkle-MacAllister, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.705.01.b</p> <p>705. ADULT DD 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 – Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, " Rules Governing Residential Habilitation Agencies," and must supervise the direct services provided. 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: (10-1-12)T</p>	<p>The agency lacked documentation that all skill training for direct service staff was provided by a Qualified Intellectual Disabilities Professional (QIDP) who had demonstrated experience in writing skill training programs.</p> <p>For example, Employee 3 received skill training in October 2010 that was not provided by a QIDP. The training consisted of socialization, skill changed during development, activities of daily living, and implementation of individual program plans.</p>	<p>1. What corrective action(s) will be taken? Skills training will be provided and documented by a QIDP.</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? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, orientation, annual training, annual performance appraisals, and ongoing.</p>	<p>2013-05-31</p>

b. All skill training for agency direct service staff must be provided by a Qualified Intellectual Disabilities Professional (QIDP) who has demonstrated experience in writing skill training programs. (3-29-12)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203</p> <p>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>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 with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (3-29-12)</p>	<p>One of four employee records reviewed (Employee 4) lacked documentation of initial orientation and required training.</p> <p>For example, Employee 4's date of hire was October 2, 2008. No orientation training for this employee was completed prior to accepting participants. The orientation training was not completed until March 27, 2009.</p>	<p>1. What corrective action(s) will be taken? Initial orientation training documentation will reflect all required components for all new employees. Old employees may be reoriented for 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? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, orientation, annual training, annual performance appraisals, and ongoing.</p>	<p>2013-05-31</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.05</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of 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)</p>	<p>One of four participant records reviewed (Participant 3) lacked evidence that the agency submitted semiannual and annual status reviews that reflected the status of behavioral objectives or services identified on the plan of service to the plan monitor.</p> <p>For example, Participant 3's Provider Status Review (PSR) lacked documentation of the individual's status. The PSR baseline stated 33% independence. For six months, the participant dropped below the baseline, then jumped up to 100% with no documentation as to why. This did not address the participant's status.</p>	<p>1. What corrective action(s) will be taken? Provider status reviews will be completed and submitted that reflect the status of the participant.</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? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, orientation, annual training, annual performance appraisals, and ongoing.</p>	2013-05-31

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17:400.02.a</p> <p>400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>a. Name, address and current phone number of the participant. (3-20-04)</p>	<p>One of four participant records reviewed (Participant 1) lacked documentation of a current phone number for the participant.</p>	<p>1. What corrective action(s) will be taken? Participant profiles will be updated to include all required components</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? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, annual performance appraisals, and ongoing.</p>	<p>2013-05-31</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17:400.02.b</p> <p>400. PARTICIPANT RECORDS. 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>One of four participant records reviewed (Participant 1) lacked documentation of a social security number.</p>		

1. What corrective action(s) will be taken?
Participant profiles will be updated to include all required components

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?
All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.

3. Who will be responsible for implementing each corrective action?
The administrator or designee

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?
The corrective actions will monitored in formal quarterly quality assurance reviews, annual performance appraisals, and ongoing.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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>One of four participant records reviewed (Participant 1) lacked documentation of the address or current phone number for his guardian.</p>	<p>1. What corrective action(s) will be taken? Participant profiles will be updated to include all required components</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? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?</p>	<p>2013-05-31</p>

The corrective actions will monitored in formal quarterly quality assurance reviews, annual performance appraisals, and ongoing.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.f</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (7-1-95)</p> <p>f. Physician, dentist, and other health care providers.</p>	<p>One of four participant records reviewed (Participant1)lacked documentation of a dentist.</p>	<p>1. What corrective action(s) will be taken? Participant profiles will be updated to include all required components</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? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, annual performance appraisals, and ongoing.</p>	<p>2013-05-31</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Completed
<p>16.04.17.400.02.k</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>k. Habilitation program, including documentation of planning, continuous evaluation; and participant satisfaction with the program. (3-20-04)</p>	<p>Two of four participant records reviewed (Participants 3 and 4) lacked documentation of the habilitation program, including documentation of planning, continuous evaluation, and participant satisfaction with the program.</p> <p>For example:</p> <p>Participant 3's functional assessment and program implementation plans (PIPs) lacked the baseline or status to measure progress.</p> <p>Participant 4's record included the functional assessment labeled "Res: Hab Implementation Plan" dated May 14, 2012, but there were no PIPs that addressed rule requirements, such as measurable objectives (no baselines). In another section, the PIPs start date was as of November 6, 2012, through November 5, 2013. There was no baseline or status to measure progress. As written, these objectives were not measurable.</p> <p>Also, see:</p> <ul style="list-style-type: none"> • 16.04.17.010.22. 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. • 16.04.17.011.01. Measurable Objective. A 	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? Baseline statements will be included on the implementation plans. 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? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, annual performance appraisals, annual redeterminations, and ongoing. 	2013-05-31

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.

Rule Reference(s)/Text	Findings	Plan of Correction	Date to be Completed
<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. Results of individual quality improvement reviews conducted by the Department shall be transmitted to the Provider within forty-five (45) days of a review being completed. If deficiencies have been identified by the review, the Provider shall submit to the Department a corrective action plan for addressing the identified deficiencies. This corrective action plan shall be submitted to the Department within forty-five (45) days of receiving the results of a quality assurance review. Upon request, a provider shall also forward to the Department 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-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.</p>	<p>One of four participant records reviewed (Participant 2) lacked documentation that the provider discussed the implementation plan(s) with the participant and provided him a copy of each plan.</p>	<p>1. What corrective action(s) will be taken? Participants will be provided a copy of the previously-discussed implementation plan</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? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, annual performance appraisals, annual redetermination, and ongoing.</p>	<p>2013-05-31</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>Provider Handbook 2.15.4 Core Functions of the Program Coordinator include:</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. • Develop emergency care measures and crisis and emergency plans for participants receiving residential habilitation services. 	<p>One of four participant records reviewed (Participant 2) lacked evidence that the PIPs were developed by the Program Coordinator (QIDP).</p> <p>For example, based upon discussion with agency staff, the QIDP did not write the implementation plans based on self-disclosure from the administrator and ResHab director.</p>	<p>1. What corrective action(s) will be taken? Implementation plans will be developed by the QIDP.</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? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, annual performance appraisals, annual redetermination, and ongoing.</p>	<p>2013-05-31</p>

Administrator/Provider Signature: *Becky Nozick* Date: *4/24/2013*
 Department PDC Approval Signature: *Pam Louvard-Sabmet* Date: *5/8/13*

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.