



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

September 23, 2013

Christopher Crowder, Administrator
SL Start and Associates -- Coeur d'Alene
280 W Prairie Ave Ste 4
Coeur d'Alene, ID 83414

Dear Mr. Crowder:

Thank you for submitting the plan of correction for the residential habilitation agency operated by SL Start and Associates -- Coeur d'Alene dated September 5, 2013, in response to the recertification survey concluded on July 25, 2013. The Department has reviewed and accepted the plan of correction.

As a result, we have issued SL Start and Associates -- Coeur d'Alene a full certificate effective from October 1, 2013, through September 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 while accommodating us through the survey process. If you have any questions, you can reach me at (208) 239-6267.

Sincerely,

PAMELA LOVELAND-SCHIMDT, Adult & Child DS
Medical Program Specialist
DDA/ResHab Certification Program

PLS/slm

Enclosures

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



Statement of Deficiencies

Residential Habilitation Agency

SL Start and Associates -- Coeur d'Alene
RHA-188

280 W Prairie Ave Ste 4
Coeur d'Alene, ID 83814
(208) 772-4639

Survey Type: Recertification

Entrance Date: 7/24/2013

Exit Date: 7/25/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; Bobbi Hamilton, Medical Program Specialist, DDA/ResHab Certification Program; and Kim Cole, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.704.02.a 704. ADULT DD WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) a. Direct Service Provider Information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07)	One of 4 participant records reviewed (Participant 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 in accordance with IDAPA16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515. For example: Participant 2's ISP is authorized for Intense, and based upon discussion with staff in the home and discussion with agency administration this individual shares staff (1 staff to 3 participants) at night with two other participants. This individual's plan authorized for 06/07/13-06/08/14 states under the Residential Habilitation Supported Living, Intense Support "per day, he has 24 hours one-	To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below: 1. Agency will make sure that prior authorization is received before implementation of service hours. Agency will conduct a plan review upon receipt of plan. 2. A quality assurance review will be conducted on all individual ISP's to verify contracted hours. 3. Program Manager 4. Agency will conduct a plan review upon receipt of plan.	7-24-13

on-one time and his safety plan states one-on-one hours for him is 168 per week, 0 alone time in home and community. In addition, based upon the review of the previous authorized plan dated 06/07/12-06/06/13 has the same, he was authorized for Intense Support.

Also, see:

- IDAPA 16.03.10.514—providers are reimbursed on a fee-for-service basis based on a participant budget.
- IDAPA 16.03.10.706.01—Fee for Service—waiver service providers will be paid on a fee-for-service basis based on the type of service provided as established by the Department.
- IDAPA 16.04.17.302.01.b.

POTENTIAL RECOUPMENT.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203.06</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) 06. First Aid and CPR. First aid, CPR, and universal precautions. (7-1-95)</p>	<p>One of 4 employee records reviewed (Employee 2) lacked evidence the employee completed 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.</p> <p>For example, Employee 2 's record lacked evidence that the employee completed CPR and First Aid certifications initially prior to accepting participants. The employee's date of hired was September 17, 2010, and did not receive CPR/First Aid certification until March 11, 2011. Based upon discussion with the agency administration, the employee did work with participants prior to CPR and First Aid certification and was not certified from</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. Agency has created a checklist (attached) to monitor provider training and documentation. 2. Agency conducted a file review and found no other providers were affected. 3. Program manager, HRA, Agency QA team 4. Agency QA team will monitor the use of the checklist through our internal QA process. 	<p>7-29-13</p>

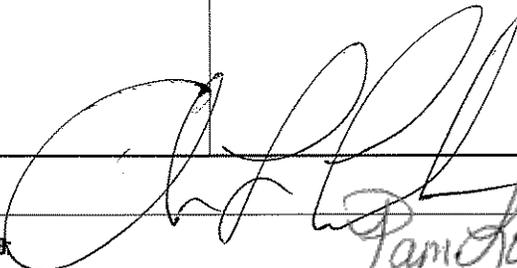
September 17, 2010, through March 11, 2011.
 Also, see IDAPA 16.04.17.301.03.i.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>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)</p>	<p>One of 4 participant records reviewed (Participant 3) lacked evidence each participant had an implementation plan that included goals and objectives specific to his plan of service residential habilitation program.</p> <p>For example, Participant 3's record lacked an implementation plan with goals and objectives. The record included a proposed goal sheet from a previous agency, but the agency did not receive or develop an implementation plan.</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. Agency will assure, through PBS coordinator, that the QMRP is on task with due dates and plan deadlines. 2. The agency conducted a file review and there are no other missing plans. 3. Program Manager, PBS Coordinator, QMRP 4. The PBS coordinator will monitor plan due dates and deadlines. 	<p>8-20-13</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.e 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) 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 4 participant records reviewed (Participant 2) lacked documentation that the participant record included the names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency.</p> <p>For example, Participant 2's profile sheet had a section for emergency contact, but was not completed for the Board of Guardian's address.</p> <p>(The deficiency was corrected during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.)</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. Summary sheet will be reviewed upon intake and again at the annual plan date. The home manager will type the form and send it to the Program Manager of QMRP to validate completion. 2. The agency will conduct a review of the participant profile sheets to make sure they meet IDAPA rules and regulations. 3. Home Manager, Program Manager, QMRP 4. Program Manager and QMRP will approve the form upon intake and annually thereafter. 	<p>9-30-13</p>

Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field.

Administrator/Provider Signature:



Date: 9.5.2013

Department POC Approval Signature:

Pam Loveland-Schmidt

Date: 09/16/2013

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