



Alfredo Vigil, MD  
Secretary

DEPARTMENT OF

Building a Healthy New Mexico!

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Deputy Secretary

Michael Mulligan  
Acting Deputy Secretary

Karen Armitage, MD  
Chief Medical Officer

Date: May 6, 2010  
To: Marilyn Muffly, Assistant Director  
Provider: Share Your Care, Inc.  
Address: PO Box 35101  
State/Zip: Albuquerque New Mexico 87176

E-mail Address: marilyn@shareyourcare.org

CC: Nick Pavlokos Executive Director  
Address: P.O. Box 35101  
State/Zip: Albuquerque, New Mexico 87176

E-Mail Address: nickp@shareyourcare.org

Region: Metro  
Survey Date: April 19 – 22, 2010  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Community Inclusion (Adult Habilitation)  
Survey Type: Routine Survey  
Team Leader: Nadine Romero, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau  
Team Members: Maurice Gonzales, BS Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau, Florie Alire, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Selma Dodson, Community Inclusion Coordinator, Department of Health/Developmental Disabilities Service Division

Dear Ms. Muffly,

The Division of Health Improvement/Quality Management Bureau has completed a quality review survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Developmental Disabilities Waiver; and to identify opportunities for improvement.

**Quality Management Approval Rating:**

The Division of Health Improvement is issuing your agency a finding of “Partial Compliance” compliance with DDSD Standards and regulations.

**Plan of Correction:**

The attached Report of Findings identifies deficiencies found during your agency’s survey. You are required to complete and implement a Plan of Correction (POC). Please submit your agency’s Plan of Correction (POC) in the space on the two right columns of the Report of Findings. See attachment A for additional guidance in completing the POC. The response is due to the parties below within 10 working days of the receipt of this letter:



*“Assuring safety and quality of care in New Mexico’s health facilities and community-based programs.”*

**David Rodriguez, Division Director • Division of Health Improvement**

Quality Management Bureau • 5301 Central Ave. NE Suite 400 • Albuquerque, New Mexico 87108  
(505) 222-8623 • FAX: (505) 222-8661 • <http://dhi.health.state.nm.us>

DHI Quality Review Survey Report – Share Your Care, Inc. – Metro Region – April 19 – 22-, 2010

Survey Report #: Q10.04.D0986.METRO.001.RTN.01

1. Quality Management Bureau, Attention: Plan of Correction Coordinator  
5301 Central Ave. NE Suite 400 Albuquerque, NM 87108
2. Developmental Disabilities Supports Division Regional Office for region of service surveyed.

Upon notification from QMB that your Plan of Correction has been approved, you must implement all remedies and corrective actions within 45 working days. If your plan of correction is denied, you must resubmit a revised plan ASAP for approval. All remedies must still be completed within 45 working days of the original submission.

Failure to submit, complete or implement your POC within the required time frames will result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

**Request for Informal Reconsideration of Findings (IRF):**

If you disagree with a determination of noncompliance (finding) you have 10 working days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

QMB Deputy Bureau Chief  
5301 Central Ave NE Suite #400  
Albuquerque, NM 87108  
Attention: IRF request

A request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 working days. Providers may not appeal the nature or interpretation of the standard or regulation, the team composition, sampling methodology or the Scope and Severity of the finding.

If the IRF approves the change or removal of a finding, you will be advised of any changes.

This IRF process is separate and apart from the Informal Dispute Resolution (IDR) and Fair Hearing Process for Sanctions from DOH.

Please call the Team Leader at 505-670-6290, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Nadine Romero, LBSW*

Nadine Romero, LBSW  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Entrance Conference Date:	April 19, 2010
Present:	<p><b><u>Share Your Care, Inc.</u></b> Heather Clark, Program Director Bill Keisel, Chief Operations Officer</p> <p><b><u>DOH/DHI/QMB</u></b> Nadine Romero, LBSW, Team Lead/Healthcare Surveyor Maurice Gonzales, BS, Healthcare Surveyor Florie Alire, RN, Healthcare Surveyor</p> <p><b><u>DDSD - Metro Regional Office</u></b> Selma Dodson, Community Inclusion Coordinator</p>
Exit Conference Date:	April 22, 2010
Present:	<p><b><u>Share Your Care, Inc.</u></b> Nick Pavlakos, Executive Director Heather Clark, Program Director Bill Keisel, Chief Operations Officer Camille Moreno, Director, Rio Rancho site</p> <p><b><u>DOH/DHI/QMB</u></b> Nadine Romero, LBSW, Team Lead/Healthcare Surveyor Maurice Gonzales, BS, Healthcare Surveyor Florie Alire, RN, Healthcare Surveyor</p> <p><b><u>DDSD - Metro Regional Office</u></b> Selma Dodson, Community Inclusion Coordinator</p>
Administrative Locations Visited	Number: 2 - 5301 Ponderosa NE Albuquerque, NM & 103 Rio Rancho Dr, Rio Rancho, NM
Total Sample Size	Number: 15 6 - Jackson Class Members 9 - Non-Jackson Class Members 15 - Adult Habilitation
Persons Served Interviewed	Number: 15
Records Reviewed (Persons Served)	Number: 15
Administrative Files Reviewed	<ul style="list-style-type: none"><li>• Billing Records</li><li>• Medical Records</li><li>• Incident Management Records</li><li>• Personnel Files</li><li>• Training Records</li><li>• Agency Policy and Procedure</li><li>• Caregiver Criminal History Screening Records</li><li>• Employee Abuse Registry</li><li>• Nursing personnel files</li><li>• Evacuation Drills</li><li>• Quality Improvement/Quality Assurance Plan</li></ul>

CC: Distribution List: DOH - Division of Health Improvement  
DOH - Developmental Disabilities Supports Division  
DOH - Office of Internal Audit  
HSD - Medical Assistance Division

## Provider Instructions for Completing the QMB Plan of Correction (POC) Process

- After a QMB Quality Review, your Survey Report will be sent to you via certified mail. You may request that it also be sent to you electronically by calling George Perrault, Plan of Correction Coordinator at 505-222-8647.
- Within 10 business days of the date you received your survey report, you must develop and send your Plan of Correction response to the QMB office. (Providers who do not pick up their mail will be referred to the Internal Review Committee [IRC]).
- For each Deficiency in your Survey Report, include specific information about HOW you will correct each Deficiency, WHO will fix each Deficiency (“Responsible Party”), and by WHEN (“Date Due”).
- Your POC must not only address HOW, WHO and WHEN each Deficiency will be corrected, but must also address overall systemic issues to prevent the Deficiency from reoccurring, i.e., Quality Assurance (QA). Your description of your QA must include specifics about your self-auditing processes, such as HOW OFTEN you will self-audit, WHO will do it, and WHAT FORMS will be used.
- Corrective actions should be incorporated into your agency’s Quality Assurance/Quality Improvement policies and procedures.
- You may send your POC response electronically to George.Perrault@state.nm.us, by fax (505-222-8661), or by postal mail.
- Do not send supporting documentation to QMB until after your POC has been approved by QMB.
- QMB will notify you if your POC has been “Approved” or “Denied”.
- Whether your POC is “Approved” or “Denied”, you have a maximum of 45 business days to correct all survey Deficiencies from the date of receipt of your Survey Report. If your POC is “Denied” it must be revised and resubmitted ASAP, as the 45 working day limit is in effect. Providers whose revised POC is denied will be referred to the IRC.
- The POC must be completed on the official QMB Survey Report and Plan of Correction Form, unless approved in advance by the POC Coordinator.
- The following Deficiencies must be corrected within the deadlines below (after receipt of your Survey Report):
- If you have questions about the POC process, call the QMB POC Coordinator, George Perrault at 505-222-8647 for assistance.
- For Technical Assistance (TA) in developing or implementing your POC, contact your local DDSD Regional Office.
- Once your POC has been approved by QMB, the POC may not be altered or the dates changed.
- Requests for an extension or modification of your POC (post approval) must be made in writing and submitted to the POC Coordinator at QMB, and are approved on a case-by-case basis.
- When submitting supporting documentation, organize your documents by Tag #s, and annotate or label each document using Individual numbers.
- Do not submit original documents, hard copies or scanned and electronically submitted copies are fine. Originals must be maintained in the agency/client file(s) as per DDSD Standards.
- Failure to submit, complete or implement your POC within the required timeframes will result in a referral to the IRC and the possible imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

## QMB Scope and Severity Matrix of survey results

Each deficiency in your Report of Findings is scored on a Scope and Severity Scale. The culmination of each deficiency's Scope and Severity is used to determine degree of compliance to standards and regulations and level of QMB Certification.

			SCOPE		
			Isolated 01% - 15%	Pattern 16% - 79%	Widespread 80% - 100%
SEVERITY	High Impact	Immediate Jeopardy to individual health and or safety	J.	K.	L.
		Actual harm	G.	H.	I.
	Medium Impact	No Actual Harm Potential for more than minimal harm	D.	E.	F. (3 or more)
		D. (2 or less)	F. (no conditions of participation)		
	Low Impact	No Actual Harm Minimal potential for harm.	A.	B.	C.

### Scope and Severity Definitions:

#### Key to Scope scale:

Isolated:

A deficiency that is limited to 1% to 15% of the sample, usually impacting no more than one or two individuals in the sample.

Pattern:

A deficiency that impacts a number or group of individuals from 16% to 79% of the sample is defined as a pattern finding. Pattern findings suggest the need for system wide corrective actions.

Widespread:

A deficiency that impacts most or all (80% to 100%) of the individuals in the sample is defined as widespread or pervasive. Widespread findings suggest the need for system wide corrective actions as well as the need to implement a Continuous Quality Improvement process to improve or build infrastructure. Widespread findings must be referred to the Internal Review Committee for review and possible actions or sanctions.

#### Key to Rating scale:

##### “Compliance”

The QMB “Compliance” rating indicates that a provider is in compliance with all ‘Conditions of Participation’ and substantial compliance with other standards and regulations. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals’ health and safety. To qualify for the “Compliance” rating the provider must not have any findings that are a Condition of Participation.

##### “Partial Compliance”

“Partial Compliance” is the QMB rating that indicates a provider has obtained a minimum level of compliance, but still has isolated Conditions of Participation out of compliance. This isolated non-compliance, if not corrected is a potential for more than minimal harm (scope/severity level “D”) to individuals’ health and safety. A provider in Partial Compliance may have any number of “D” level Conditions of Participation out of compliance, but no Conditions higher than “D” level.

“Non-Compliance”

The QMB “Non-Compliance” rating indicates that a provider is out of compliance with one or more Conditions of Participation and/or other additional standards and regulations. This non-compliance, if not corrected is a potential for more than minimal harm (scope/severity level “E” and/or “F”) to individuals health and safety.

## **Guidelines for the Provider Informal Reconsideration of Finding (IRF) Process**

### **Introduction:**

Throughout the process, surveyors are openly communicating with providers. Open communication means that surveyors have clarified issues and/or requested missing information before completing the review. Regardless, there may still be instances where the provider disagrees with a specific finding.

To informally dispute a finding the provider must request in writing an Informal Reconsideration of the Finding (IRF) to the QMB Deputy Bureau Chief **within 10 working days** of receipt of the final report.

The written request for an IRF **must be completed on the QMB Request for Informal Reconsideration of Finding Form** (available on the QMB website: <http://dhi.health.state.nm.us/qmb>) and must specify in detail the request for reconsideration and why the finding is inaccurate. **The IRF request must include all supporting documentation or evidence that was not previously reviewed during the survey process.**

### **The following limitations apply to the IRF process:**

- The request for an IRF and all supporting evidence must be received in 10 days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed by the survey team.
- Providers must continue to complete their plan of correction during the IRF process
- Providers may not request an IRF to challenge the Scope and Severity of a finding.
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition
- Providers may not request an IRF to challenge the QMB Quality Approval Rating and the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not made within 10 working days of receiving the report and does not include all supporting documentation or evidence to show compliance with the standards and regulations.

QMB has 30 working days to complete the review and notify the provider of the decision. The request will be reviewed by the IRF committee. The Provider will be notified in writing of the ruling, no face to face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is successfully reconsidered, it will be noted and will be removed or modified from the report. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

### **Administrative Review Process:**

If a Provider desires to challenge the decision of the IRF committee they may request an Administrative Review by the DHI and DDSD Director. The Request must be made in writing to the QMB Bureau Chief and received within 5 days of notification from the IRF decision.

### **Regarding IRC Sanctions:**

The Informal Reconsideration of the Finding process is a separate process specific to QMB Survey Findings and should not be confused with any process associated with IRC Sanctions.

If a Provider desires to Dispute or Appeal an IRC Sanction that is a separate and different process. Providers may choose the Informal Dispute Resolution Process or the Formal Medicaid Fair Hearing Process to dispute or appeal IRC sanctions, please refer to the DOH Sanction policy and section 39 of the provider contract agreement.



**Agency:** Share Your Care, Inc. - Metro Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Community Inclusion (Adult Habilitation)  
**Monitoring Type:** Routine Survey  
**Date of Survey:** April 19 – 22, 2010

Statute	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
<b>Tag # 1A08 Agency Case File</b>	<b>Scope and Severity Rating: B</b>		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</b> The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p><b>D. Provider Agency Case File for the Individual:</b> All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <p>(1) Emergency contact information, including the individual's address, telephone number, names and telephone numbers of relatives, or guardian or conservator, physician's name(s) and telephone number(s), pharmacy name, address and telephone number, and health plan if appropriate;</p> <p>(2) The individual's complete and current ISP, with all supplemental plans specific to the individual,</p>	<p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 8 of 15 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• ISP Signature Page (#15)</li> <li>• Positive Behavioral Plan (#3)</li> <li>• Speech Therapy Plan (#4, 6, 8 &amp; 11)</li> <li>• Occupational Therapy Plan (#4, 6, 11 &amp; 15)</li> <li>• Physical Therapy Plan (#1, 2, 3 &amp; 8)</li> </ul>		

<p>and the most current completed Health Assessment Tool (HAT);</p> <p>(3) Progress notes and other service delivery documentation;</p> <p>(4) Crisis Prevention/Intervention Plans, if there are any for the individual;</p> <p>(5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p>(6) When applicable, transition plans completed for individuals at the time of discharge from Fort Stanton Hospital or Los Lunas Hospital and Training School; and</p> <p>(7) Case records belong to the individual receiving services and copies shall be provided to the individual upon request.</p> <p>(8) The receiving Provider Agency shall be provided at a minimum the following records whenever an individual changes provider agencies:</p> <ul style="list-style-type: none"> <li>(a) Complete file for the past 12 months;</li> <li>(b) ISP and quarterly reports from the current and prior ISP year;</li> <li>(c) Intake information from original admission to services; and</li> <li>(d) When applicable, the Individual Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital.</li> </ul>			
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Tag # 1A09 Medication Delivery - PRN Medication	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</b> The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p><b>E. Medication Delivery:</b> Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <ol style="list-style-type: none"> <li>The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed;</li> <li>Prescribed dosage, frequency and method/route of administration, times and dates of administration;</li> <li>Initials of the individual administering or assisting with the medication;</li> <li>Explanation of any medication irregularity;</li> <li>Documentation of any allergic reaction or adverse medication effect; and</li> </ol>	<p>Based on record review, the Agency failed to maintain PRN Medication Administration Records which contained all elements required by standard for 1 of 4 Individuals.</p> <p>Individual #2 January 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Pro-Air 90 MCG (2 Puffs every 4 hours)</li> </ul> <p>February 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Pro-Air 90 MCG (2 Puffs every 4 hours)</li> </ul> <p>March 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Pro-Air 90 MCG (2 Puffs every 4 hours)</li> </ul> <p>Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:</p> <ul style="list-style-type: none"> <li>• Fexofenadine 10 mg (PRN)</li> <li>• Pulmicort 1 mg (PRN)</li> </ul>		

<p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p> <p><b>NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</b></p> <p>(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, <b>including over-the-counter medications.</b> This documentation shall include:</p> <ul style="list-style-type: none"> <li>(i) Name of resident;</li> <li>(ii) Date given;</li> <li>(iii) Drug product name;</li> <li>(iv) Dosage and form;</li> <li>(v) Strength of drug;</li> <li>(vi) Route of administration;</li> <li>(vii) How often medication is to be taken;</li> <li>(viii) Time taken and staff initials;</li> <li>(ix) Dates when the medication is discontinued</li> </ul>			
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- or changed;
- (x) The name and initials of all staff administering medications.

**Model Custodial Procedure Manual**

***D. Administration of Drugs***

Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.

All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:

- symptoms that indicate the use of the medication,
- exact dosage to be used, and
- the exact amount to be used in a 24 hour period.

**Department of Health**

**Developmental Disabilities Supports Division**

**(DDSD) Medication Assessment and Delivery**

**Policy - Eff. November 1, 2006**

**F. PRN Medication**

3. Prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. This does not apply to home based/family living settings where the provider is related by affinity or by consanguinity to the individual.

4. The agency nurse shall review the utilization of PRN medications routinely. Frequent or escalating use of PRN medications must be reported to the PCP and discussed by the Interdisciplinary for changes to the overall support plan (see Section H of this policy).

**H. Agency Nurse Monitoring**

1. Regardless of the level of assistance with medication delivery that is required by the individual or the route through which the medication is delivered, the agency nurses must monitor the individual's response to the effects of their routine and PRN medications. The frequency and type of monitoring must be based on the nurse's assessment of the individual and consideration of the individual's diagnoses, health status, stability, utilization of PRN medications and level of support required by the individual's condition and the skill level and needs of the direct care staff. Nursing monitoring should be based on prudent nursing practice and should support the safety and independence of the individual in the community setting. The health care plan shall reflect the planned monitoring of the individual's response to medication.

**Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title: Medication Assessment and Delivery Procedure Eff Date: November 1, 2006**

C. 3. Prior to delivery of the PRN, direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention.

(References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications).

a. Document conversation with nurse including all reported signs and symptoms, advice given and action taken by staff.

4. Document on the MAR each time a PRN medication is used and describe its effect on the individual (e.g., temperature down, vomiting lessened, anxiety increased, the condition is the same, improved, or worsened, etc.).

Tag # 1A11 (CoP) Transportation Training	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</b> The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p><b>G. Transportation:</b> Provider agencies that provide Community Living, Community Inclusion or Non-Medical Transportation services shall have a written policy and procedures regarding the safe transportation of individuals in the community, which comply with New Mexico regulations governing the operation of motor vehicles to transport individuals, and which are consistent with DDSD guidelines issued July 1, 1999 titled "Client Transportation Safety". The policy and procedures must address at least the following topics:</p> <ol style="list-style-type: none"> <li>(1) Drivers' requirements,</li> <li>(2) Individual safety, including safe locations for boarding and disembarking passengers, appropriate responses to hazardous weather and other adverse driving conditions,</li> <li>(3) Vehicle maintenance and safety inspections,</li> <li>(4) Staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures,</li> <li>(5) Emergency Plans, including vehicle evacuation techniques,</li> <li>(6) Documentation, and</li> <li>(7) Accident Procedures.</li> </ol> <p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Training Requirements for Direct Service Agency Staff Policy Eff Date:</b> March 1, 2007</p>	<p>Based on record review, the Agency failed to provide staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 2 of 28 Direct Service Personnel.</p> <p>No documented evidence was found of the following required training:</p> <ul style="list-style-type: none"> <li>• Transportation (DSP #55 &amp; 65)</li> </ul>		



**II. POLICY STATEMENTS:**

1. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following:

1. Operating a fire extinguisher
2. Proper lifting procedures
3. General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat)
4. Assisting passengers with cognitive and/or physical impairments (e.g., general guidelines for supporting individuals who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)
5. Operating wheelchair lifts (if applicable to the staff's role)
6. Wheelchair tie-down procedures (if applicable to the staff's role)
7. Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)

Tag # 1A15 Nurse Availability	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>Chapter 1. III. E. (1 - 4) CHAPTER 1. III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</b></p> <p><b>E. Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services:</b> Nursing services must be available as needed and documented for Provider Agencies delivering Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p><b>NEW MEXICO NURSING PRACTICE ACT CHAPTER 61, ARTICLE 3</b></p> <p>I. "licensed practical nursing" means the practice of a directed scope of nursing requiring basic knowledge of the biological, physical, social and behavioral sciences and nursing procedures, which practice is at the direction of a registered nurse, physician or dentist licensed to practice in this state. This practice includes but is not limited to:</p> <p>(1) contributing to the assessment of the health status of individuals, families and communities;</p> <p>(2) participating in the development and modification of the plan of care;</p> <p>(3) implementing appropriate aspects of the plan of care commensurate with education and verified competence;</p> <p>(4) collaborating with other health care professionals in the management of health care; and</p> <p>(5) participating in the evaluation of responses to interventions;</p>	<p>Based on interview, the Agency failed to ensure nursing services were available as needed for 2 of 15 individuals.</p> <p>When DSP were asked about the availability of their agency nurse, the following was reported:</p> <ul style="list-style-type: none"> <li>• DSP #48 stated, "No." (Individual #7 &amp; 8)</li> </ul>		

Tag # 1A15 Healthcare Documentation	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1. III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION - Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services:</b> Nursing services must be available as needed and documented for Provider Agencies delivering Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p><b>Chapter 1. III. E. (1 - 4) (1) Documentation of nursing assessment activities</b></p> <p>(a) The following hierarchy shall be used to determine which provider agency is responsible for completion of the HAT and MAAT and related subsequent planning and training:</p> <ul style="list-style-type: none"> <li>(i) Community living services provider agency;</li> <li>(ii) Private duty nursing provider agency;</li> <li>(iii) Adult habilitation provider agency;</li> <li>(iv) Community access provider agency; and</li> <li>(v) Supported employment provider agency.</li> </ul> <p>(b) The provider agency must arrange for their nurse to complete the Health Assessment Tool (HAT) and the Medication Administration Assessment Tool (MAAT) on at least an annual basis for each individual receiving community living, community inclusion or private duty nursing services, unless the provider agency arranges for the individual's Primary Care Practitioner (PCP) to voluntarily complete these assessments in lieu of the agency nurse. Agency nurses may also complete these assessments in collaboration with the Primary Care Practitioner if they believe such consultation is necessary for an accurate assessment. Family Living Provider Agencies have the option of having the subcontracted caregiver complete the HAT instead of the nurse or PCP, if the caregiver is comfortable doing so. However, the agency nurse must be available to assist the</p>	<p>Based on record review, the Agency failed to maintain the required documentation in the Individuals Agency Record as required per standard for 2 of 15 individual</p> <p>The following were not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> <li>• Health Assessment Tool (#5)</li> <li>• Medication Administration Assessment Tool (#5)</li> <li>• <b>Special Health Care Needs:</b> <ul style="list-style-type: none"> <li>• Meal Time Plan <ul style="list-style-type: none"> <li>◦ Individual #5 - As indicated by the IST section of ISP the individual is required to have a plan. No plan was found.</li> </ul> </li> </ul> </li> <li>• <b>Health Care Plans</b> <ul style="list-style-type: none"> <li>• Constipation <ul style="list-style-type: none"> <li>◦ Individual #2 - As indicated by the IST section of ISP the individual is required to have a plan. No plan was found.</li> </ul> </li> </ul> </li> </ul>		

<p>caregiver upon request.</p> <p>(c) For newly allocated individuals, the HAT and the MAAT must be completed within seventy-two (72) hours of admission into direct services or two weeks following the initial ISP, whichever comes first.</p> <p>(d) For individuals already in services, the HAT and the MAAT must be completed at least fourteen (14) days prior to the annual ISP meeting and submitted to all members of the interdisciplinary team. The HAT must also be completed at the time of any significant change in clinical condition and upon return from any hospitalizations. In addition to annually, the MAAT must be completed at the time of any significant change in clinical condition, when a medication regime or route change requires delivery by licensed or certified staff, or when an individual has completed additional training designed to improve their skills to support self-administration (see DDSD Medication Assessment and Delivery Policy).</p> <p>(e) Nursing assessments conducted to determine current health status or to evaluate a change in clinical condition must be documented in a signed progress note that includes time and date as well as <i>subjective</i> information including the individual complaints, signs and symptoms noted by staff, family members or other team members; <i>objective</i> information including vital signs, physical examination, weight, and other pertinent data for the given situation (e.g., seizure frequency, method in which temperature taken); <i>assessment</i> of the clinical status, and <i>plan</i> of action addressing relevant aspects of all active health problems and follow up on any recommendations of medical consultants.</p> <p><b>(2) Health related plans</b></p> <p>(a) For individuals with chronic conditions that have the potential to exacerbate into a life-threatening situation, a medical crisis prevention and intervention plan must be written by the nurse or other appropriately designated healthcare professional.</p>			
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<p>(b) Crisis prevention and intervention plans must be written in user-friendly language that is easily understood by those implementing the plan.</p> <p>(c) The nurse shall also document training regarding the crisis prevention and intervention plan delivered to agency staff and other team members, clearly indicating competency determination for each trainee.</p> <p>(d) If the individual receives services from separate agencies for community living and community inclusion services, nurses from each agency shall collaborate in the development of and training delivery for crisis prevention and intervention plans to assure maximum consistency across settings.</p> <p>(3) For all individuals with a HAT score of 4, 5 or 6, the nurse shall develop a comprehensive healthcare plan that includes health related supports identified in the ISP (The healthcare plan is the equivalent of a nursing care plan; two separate documents are not required nor recommended):</p> <p>(a) Each healthcare plan must include a statement of the person's healthcare needs and list measurable goals to be achieved through implementation of the healthcare plan. Needs statements may be based upon supports needed for the individual to maintain a current strength, ability or skill related to their health, prevention measures, and/or supports needed to remediate, minimize or manage an existing health condition.</p> <p>(b) Goals must be measurable and shall be revised when an individual has met the goal and has the potential to attain additional goals or no longer requires supports in order to maintain the goal.</p> <p>(c) Approaches described in the plan shall be individualized to reflect the individual's unique needs, provide guidance to the caregiver(s) and designed to support successful interactions. Some interventions may be carried out by staff, family members or other team members, and other interventions may be carried out directly by the nurse – persons responsible for each intervention shall be specified in the plan.</p>			
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<p>(d) Healthcare plans shall be written in language that will be easily understood by the person(s) identified as implementing the interventions.</p> <p>(e) The nurse shall also document training on the healthcare plan delivered to agency staff and other team members, clearly indicating competency determination for each trainee. If the individual receives services from separate agencies for community living and community inclusion services, nurses from each agency shall collaborate in the development of and training delivery for healthcare plans to assure maximum consistency across settings.</p> <p>(f) Healthcare plans must be updated to reflect relevant discharge orders whenever an individual returns to services following a hospitalization.</p> <p>(g) All crisis prevention and intervention plans and healthcare plans shall include the individual's name and date on each page and shall be signed by the author.</p> <p>(h) Crisis prevention and intervention plans as well as healthcare plans shall be reviewed by the nurse at least quarterly, and updated as needed.</p> <p><b>(4) General Nursing Documentation</b></p> <p>(a) The nurse shall complete legible and signed progress notes with date and time indicated that describe all interventions or interactions conducted with individuals served as well as all interactions with other healthcare providers serving the individual. All interactions shall be documented whether they occur by phone or in person.</p> <p>(b) For individuals with a HAT score of 4, 5 or 6, or who have identified health concerns in their ISP, the nurse shall provide the interdisciplinary team with a quarterly report that indicates current health status and progress to date on health related ISP desired outcomes and action plans as well as progress toward goals in the healthcare plan.</p>			
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Tag # 1A20 DSP Training Documents	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</b></p> <p><b>PERSONNEL:</b> The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards.</p> <p><b>C. Orientation and Training Requirements:</b> Orientation and training for direct support staff and his or her supervisors shall comply with the DDSD/DOH Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities to include the following:</p> <ol style="list-style-type: none"> <li>(1) Each new employee shall receive appropriate orientation, including but not limited to, all policies relating to fire prevention, accident prevention, incident management and reporting, and emergency procedures; and</li> <li>(2) Individual-specific training for each individual under his or her direct care, as described in the individual service plan, prior to working alone with the individual.</li> </ol> <p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</b></p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>B. Staff shall complete individual-specific (formerly known as "Addendum B") training requirements in</p>	<p>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 2 of 28 Direct Service Personnel.</p> <p>Review of Direct Service Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <ul style="list-style-type: none"> <li>• First Aid (DSP #64)</li> <li>• CPR (DSP #64)</li> <li>• Assisting With Medication Delivery (DSP #47)</li> </ul>		

accordance with the specifications described in the individual service plan (ISP) of each individual served.

C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.

D. Staff providing direct services shall complete training in universal precautions on an annual basis. The training materials shall meet Occupational Safety and Health Administration (OSHA) requirements.

E. Staff providing direct services shall maintain certification in first aid and CPR. The training materials shall meet OSHA requirements/guidelines.

F. Staff who may be exposed to hazardous chemicals shall complete relevant training in accordance with OSHA requirements.

G. Staff shall be certified in a DDSD-approved behavioral intervention system (e.g., Mandt, CPI) before using physical restraint techniques. Staff members providing direct services shall maintain certification in a DDSD-approved behavioral intervention system if an individual they support has a behavioral crisis plan that includes the use of physical restraint techniques.

H. Staff shall complete and maintain certification in a DDSD-approved medication course in accordance with the DDSD Medication Delivery Policy M-001.

I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services.



Tag # 1A22 Staff Competence	Scope and Severity Rating: E	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</b></p> <p><b>PERSONNEL:</b> The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards.</p> <p><b>F. Qualifications for Direct Service Personnel:</b> The following employment qualifications and competency requirements are applicable to all Direct Service Personnel employed by a Provider Agency:</p> <p>(1) Direct service personnel shall be eighteen (18) years or older. Exception: Adult Habilitation can employ direct care personnel under the age of eighteen 18 years, but the employee shall work directly under a supervisor, who is physically present at all times;</p> <p>(2) Direct service personnel shall have the ability to read and carry out the requirements in an ISP;</p> <p>(3) Direct service personnel shall be available to communicate in the language that is functionally required by the individual or in the use of any specific augmentative communication system utilized by the individual;</p> <p>(4) Direct service personnel shall meet the qualifications specified by DDSD in the Policy</p>	<p>Based on interview, the Agency failed to ensure that training competencies were met for 6 of 7 Direct Service Personnel.</p> <p><b>When DSP were asked if they received training on the Individual’s ISP and what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #48 stated, “Can’t remember.” (Individual #7)</li> <li>• DSP #48 stated, “Can’t remember.” (Individual#8)</li> </ul> <p><b>When DSP were asked if they received training on the Individual’s Positive Behavioral Supports Plan and what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #48 stated, “Don’t know.” According to the Individual Specific Training Section of the ISP the Individual requires a Positive Behavioral Supports Plan. (Individual #7)</li> </ul> <p><b>When DSP were asked if they received training on the Individual’s Occupational Therapy Plan and what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #48 stated, “Does not receive.” According to the Individual Specific Training Section of the ISP the Individual requires an Occupational Therapy Plan. (Individual #7)</li> <li>• DSP #54 stated, “No.” According to the Individual Specific Training Section of the ISP the Individual requires an Occupational Therapy Plan. (Individual #9)</li> <li>• DSP #50 stated, “No Training.” According to the Individual Specific Training Section of the ISP the Individual requires an Occupational Therapy</li> </ul>	

<p>Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators, Serving Individuals with Developmental Disabilities; and</p> <p>(5) Direct service Provider Agencies of Respite Services, Substitute Care, Personal Support Services, Nutritional Counseling, Therapists and Nursing shall demonstrate basic knowledge of developmental disabilities and have training or demonstrable qualifications related to the role he or she is performing and complete individual specific training as required in the ISP for each individual he or she support.</p> <p>(6) Report required personnel training status to the DDSD Statewide Training Database as specified in DDSD policies as related to training requirements as follows:</p> <p>(a) Initial comprehensive personnel status report (name, date of hire, Social Security number category) on all required personnel to be submitted to DDSD Statewide Training Database within the first ninety (90) calendar days of providing services;</p> <p>(b) Staff who do not wish to use his or her Social Security Number may request an alternative tracking number; and</p> <p>(c) Quarterly personnel update reports sent to DDSD Statewide Training Database to reflect new hires, terminations, inter-provider Agency position changes, and name changes.</p> <p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</b></p> <p>A. Individuals shall receive services from competent and qualified staff.</p>	<p>Plan. (Individual #14)</p> <p><b>When DSP were asked if they received training on the Individual’s Physical Therapy Plan and what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #48 stated, “Think I did, I don’t remember” According to the Individual Specific Training Section of the ISP the Individual requires a Physical Therapy Plan. (Individual #7)</li> <li>• DSP #48 stated, “Think I did, I don’t remember” According to the Individual Specific Training Section of the ISP the Individual requires a Physical Therapy Plan. (Individual #8)</li> <li>• DSP #54 stated, “No” According to the Individual Specific Training Section of the ISP the Individual requires a Physical Therapy Plan. (Individual #9)</li> </ul> <p><b>When DSP were asked if they received training on the Individual’s Health Care Plans and what the plan covered, the following was reported and/or observed:</b></p> <ul style="list-style-type: none"> <li>• DSP #54 - When Surveyors asked the question, DSP begin to search through the Agency file looking for plans and could not find or identify them. As indicated by the Agency file, the Individual has Health Care Plans for Seizures &amp; Aspiration, self care, skin integrity, constipation, &amp; mobility the individual has a HAT score of 4 and the Individual Specific Training section of the ISP indicates there are HCPs for Seizures, Aspiration, self care, skin integrity, constipation &amp; mobility. (Individual #6)</li> <li>• DSP #48 stated “I don’t remember.” As indicated by the Agency file, the individual has Health Care Plans for Aspiration for (Individual # 7)</li> </ul>	
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	<ul style="list-style-type: none"> <li>• DSP #48 stated “I don’t remember.” As indicated by the Agency file, the individual has Health Care Plans for Seizures for (Individual # 8)</li> </ul> <p><b>When DSP were asked if they received training on the Individual’s Crisis Plans and what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #54 stated, “Aspiration &amp; seizures,” The DSP failed to discuss other crisis plans indicated by the Agency file the Individual has Crisis Plans for: Respiratory Distress, CP, Osteoporosis, fall risk, potential for fractures. (Individual #1)</li> <li>• DSP #44 reported not being aware of crisis plan for seizures. As indicated by the Agency file the Individual has Crisis Plans for Seizures (Individual #6)</li> <li>• DSP #48 stated, “ I don’t know, and I don’t remember.” As indicated by the Agency file the Individual has Crisis Plans for Seizures &amp; Aspiration (Individual #7)</li> <li>• DSP #48 stated, “I don’t know, and I don’t remember.” As indicated by the Agency file the Individual has Crisis Plans for Seizures &amp; Aspiration (Individual #8)</li> </ul> <p><b>When DSP were asked what the individual’s Diagnosis were, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #47 stated, “Seasonal allergies, behavioral management issues, &amp; profound MR” According to the individuals ISP the individual is diagnosed with Autism. DSP did not discuss the diagnosis. (Individual #4)</li> </ul> <p><b>When DSP were asked if they received training on the Individuals’ Meal Time Plans and what the plan covered, the following was reported:</b></p>		
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|  | <ul style="list-style-type: none"><li>• DSP #41 reported no knowledge of food restriction or precautions. As indicated by the Individual Specific Training section of the ISP the individual has a Meal Time Plan. (Individual #5)</li></ul> |  |  |
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<b>Tag # 1A28 (CoP) Incident Mgt. System - Personnel Training</b>	<b>Scope &amp; Severity Rating: D</b>		
<p><b>NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</b></p> <p><b>A. General:</b> All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner.</p> <p><b>D. Training Documentation:</b> All licensed health care facilities and community based service providers shall prepare training documentation for each employee to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The licensed health care facility and community based service provider shall maintain documentation of an employee's training for a period of at least twelve (12) months, or six (6) months after termination of an employee's employment. Training curricula shall be kept on the provider premises and made available on request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee training documentation shall subject the licensed health care facility or community based service provider to the penalties provided for in this rule.</p> <p><b>Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007</b></p> <p><b>II. POLICY STATEMENTS:</b></p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p>	<p>Based on record review, the Agency failed to provide documentation verifying completion of Incident Management Training for 2 of 32 Agency Personnel.</p> <ul style="list-style-type: none"> <li>• Incident Management Training (Abuse, Neglect &amp; Misappropriation of Consumers' Property) (#68 &amp; 71)</li> </ul>		

Tag # 1A37 Individual Specific Training	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</b></p> <p><b>PERSONNEL:</b> The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards.</p> <p><b>C. Orientation and Training Requirements:</b> Orientation and training for direct support staff and his or her supervisors shall comply with the DDS/DOH Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities to include the following:</p> <p>(2) <b>Individual-specific training</b> for each individual under his or her direct care, as described in the individual service plan, prior to working alone with the individual.</p> <p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</b></p> <p><b>A.</b> Individuals shall receive services from competent and qualified staff.</p> <p><b>B.</b> Staff shall complete individual-specific (formerly known as "Addendum B") training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.</p>	<p>Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 2 of 32 Agency Personnel.</p> <p>Review of personnel records found no evidence of the following:</p> <ul style="list-style-type: none"> <li>• Individual Specific Training (#67 &amp; 71)</li> </ul>		

Tag # 5144 AH Reimbursement	Scope and Severity Rating: C		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 5 XVI. REIMBURSEMENT</b></p> <p><b>A. Billable Unit.</b> A billable unit for Adult Habilitation Services is in 15-minute increments hour. The rate is based on the individual's level of care.</p> <p><b>B. Billable Activities</b></p> <p>(1) The Community Inclusion Provider Agency can bill for those activities listed and described on the ISP and within the Scope of Service. Partial units are allowable. Billable units are face-to-face, except that Adult Habilitation services may be non- face-to-face under the following conditions: (a) Time that is non face-to-face is documented separately and clearly identified as to the nature of the activity; and(b) Non face-to-face hours do not exceed 5% of the monthly billable hours.</p> <p>(2) Adult Habilitation Services can be provided with any other services, insofar as the services are not reported for the same hours on the same day, except that Therapy Services and Case Management may be provided and billed for the same hours</p>	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Adult Habilitation Services for 11 of 15 individuals.</p> <p>Individual #2 February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 469 units of Adult Habilitation from 2/01/10 through 2/26/10. Documentation received accounted for 448 units.</li> </ul> <p>March 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 597 units of Adult Habilitation from 3/01/10 through 3/31/10. Documentation received accounted for 589 units.</li> </ul> <p>Individual #3 March 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 161 units of Adult Habilitation from 3/01/10 through 3/31/10. Documentation received accounted for 111 units.</li> </ul> <p>Individual #5 January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 287 units of Adult Habilitation from 1/01/10 through 1/31/10. Documentation received accounted for 212 units.</li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 360 units of Adult Habilitation from 2/01/10 through 2/26/10. Documentation received accounted for 342 units.</li> </ul> <p>March 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 314 units of Adult Habilitation from 3/01/10 through 3/31/10. Documentation received accounted for 290 units.</li> </ul> <p>Individual #6 March 2010</p>		

	<ul style="list-style-type: none"> <li>• The Agency billed 550 units of Adult Habilitation from 3/01/10 through 3/31/10. Documentation received accounted for 487 units.</li> </ul> <p>Individual #7 February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 468 units of Adult Habilitation from 2/01/10 through 2/26/10. Documentation received accounted for 449 units.</li> </ul> <p>March 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 459 units of Adult Habilitation from 3/01/10 through 3/31/10. Documentation received accounted for 375 units.</li> </ul> <p>Individual #9 January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 320 units of Adult Habilitation from 1/1//10 through 1/31/10. Documentation received accounted for 281 units.</li> </ul> <p>Individual #10 January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 237 units of Adult Habilitation from 1/01/10 through 1/31/10. Documentation received accounted for 218 units.</li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 306 units of Adult Habilitation from 2/01/10 through 2/26/10. Documentation received accounted for 246 units.</li> </ul> <p>March 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 444 units of Adult Habilitation from 3/01/10 through 3/31/10. Documentation received accounted for 406 units.</li> </ul> <p>Individual #12 February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 245 units of Adult Habilitation from 2/01/10 through 2/26/10. Documentation received accounted for 213 units.</li> </ul>		
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	<p>March 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 257 units of Adult Habilitation from 3/1/10 through 3/31/10. Documentation received accounted for 235 units.</li> </ul> <p>Individual #13 February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 279 units of Adult Habilitation from 2/01/10 through 2/26/10. Documentation received accounted for 274 units.</li> </ul> <p>March 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 306 units of Adult Habilitation from 3/01/10 through 3/31/10. Documentation received accounted for 287 units.</li> </ul> <p>Individual #14 March 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 339 units of Adult Habilitation from 3/1/10 through 3/31/10. Documentation received accounted for 293 units.</li> </ul> <p>Individual #15 March 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 480 units of Adult Habilitation from 3/1/10 through 3/31/10. Documentation received accounted for 478 units.</li> </ul>		
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