

**Katrina Hotrum**  
Deputy Secretary

**Jessica Sutin**  
Deputy Secretary

**Michael Mulligan**  
Acting Deputy Secretary

**Karen Armitage, MD**  
Chief Medical Officer

Date: June 18, 2010

To: Marjorie Neset, Executive Director  
Provider: VSA Arts of New Mexico  
Address: 4904 Fourth Street NW  
State/Zip: Albuquerque, New Mexico 87107

E-mail Address: [bbadeaux@vsartsnm.org](mailto:bbadeaux@vsartsnm.org)

CC: Kristine Maltrud, Board President/Chair  
Address: 4904 Fourth Street N.W.  
State/Zip: Albuquerque, New Mexico 87107

Region: Metro  
Survey Date: April 6 – 9, 2010  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Community Inclusion (Adult Habilitation)  
Survey Type: Routine  
Team Leader: Stephanie R. Martinez de Berenger, M.P.A., GCDF, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau  
Team Members: Cynthia Nielsen, MSN, RN, ONC, CCM, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Florie Alire, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Nadine Romero, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Lori Drury, BA, Community Inclusion Coordinator, Developmental Disabilities Division.

Dear Ms. Neset,

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 determination of “non-compliance with Conditions of Participation” and 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:

1. Quality Management Bureau, Attention: Plan of Correction Coordinator  
5301 Central Ave. NE Suite 400 Albuquerque, NM 87108



*“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 – VSA Arts of New Mexico- Metro Region – April 6 – 9, 2010

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 505-690-7285, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Stephanie R. Martinez de Berenger, M.P.A., GCDF*

Stephanie R. Martinez de Berenger, M.P.A., GCDF  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Entrance Conference Date:	April 6, 2010
Present:	<b><u>VSA Arts of New Mexico</u></b> Brynne Badeaux, Deputy Director
Team Members:	<b><u>DOH/DHI/QMB</u></b> Stephanie R. Martinez de Berenger, M.P.A., GCDF, Team Lead/Healthcare Surveyor Cynthia Nielsen, MSN, RN, ONC, CCM, Healthcare Surveyor, Florie Alire, RN, Healthcare Surveyor Nadine Romero, LBSW, Healthcare Surveyor
	<b><u>DDSD - Metro Regional Office</u></b> Lori Drury, BA, Community Inclusion Coordinator, Developmental Disabilities Division
Exit Conference Date:	April 9, 2010
Present:	<b><u>VSA Arts of New Mexico</u></b> Marjorie Neset, Executive Director Brynne Badeaux, Deputy Director
Team Members:	<b><u>DOH/DHI/QMB</u></b> Stephanie R. Martinez de Berenger, M.P.A., GCDF, Team Lead/Healthcare Surveyor Cynthia Nielsen, MSN, RN, ONC, CCM, Healthcare Surveyor, Florie Alire, RN, Healthcare Surveyor Nadine Romero, LBSW, Healthcare Surveyor
	<b><u>DDSD - Metro Regional Office</u></b> Lori Drury, BA, Community Inclusion Coordinator, Developmental Disabilities Division
Administrative Locations Visited	Number: 1
Total Sample Size	Number: 22 2 - Jackson Class Members 20 - Non-Jackson Class Members 22 - Adult Habilitation
Persons Served Interviewed	Number: 17
Persons Served Observed	Number: 5 (3 Individuals declined to be interviewed and 2 Individuals were not present during the on site visit)
Records Reviewed (Persons Served)	Number: 22
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>• 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.
- 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)		
	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 Findings:

##### "Compliance"

"Compliance" 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 be in "Compliance" the provider must not have any findings that are a Condition of Participation.

##### "Non-Compliance"

"Non-Compliance" 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" or "F") to individuals' health and safety.

Providers having repeat Non-compliance findings may be referred by QMB to the Internal Review Committee (IRC) for potential actions and sanctions, including but not limited to:

- Repeat findings of Conditions of Participation
- A pattern of repeat findings

## **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:** VSA Arts of New Mexico - Metro Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Community Inclusion (Adult Habilitation)  
**Monitoring Type:** Routine Survey  
**Date of Survey:** April 6 - 9, 2010

Statute	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
<b>Tag # 1A08 Agency Case File</b>	<b>Scope and Severity Rating: A</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 1 of 22 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>• Annual Physical (#16)</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 # 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)</b>  <b>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 1 of 24 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>• Assisting With Medication Delivery (DSP #42)</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 DDS-approved behavioral intervention system (e.g., Mandt, CPI) before using physical restraint techniques. Staff members providing direct services shall maintain certification in a DDS-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 DDS-approved medication course in accordance with the DDS 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: 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>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 DDS in the Policy</p>	<p>Based on interview, the Agency failed to ensure that training competencies were met for 2 of 13 Direct Service Personnel.</p> <p><b>When DSP were asked if they received training on the Individual’s Speech Therapy Plan and what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>DSP #52 stated, “No, I have not received training on the Speech Language Pathologist Plan, because there has been no Speech Language Pathologist Plan since September 2009.” According to the Individual Specific Training Section of the ISP, the Individual requires a Speech Therapy Plan. (Individual #5)</li> </ul> <p><b>When DSP were asked if they received training on the Individual’s Positive Behavioral Supports Crisis Plans and what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>DSP #52 stated, “There is no Crisis Plan for Behavioral Therapy.” As indicated by the Individual Specific Training, the Individual has a Positive Behavioral Crisis Plan. (Individual #5)</li> </ul> <p><b>When DSP were asked if the individual has any Crisis Plans for Medical, Chronic or potentially Life-Threatening conditions and if they received training on the Individual’s Crisis Plans, the following was reported:</b></p> <ul style="list-style-type: none"> <li>DSP #54 stated, “There is no Crisis Plan for Cardiac Condition.” As indicated by Individual’s ISP, the Individual has a Cardiac Condition Crisis Plan. (Individual #20)</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>			
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Tag # 1A28 (CoP) Incident Mgt. System - Parent/Guardian Training	Scope & Severity Rating: E		
<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>E. Consumer and Guardian Orientation Packet:</b> Consumers, family members and legal guardians shall be made aware of and have available immediate accessibility to the licensed health care facility and community based service provider incident reporting processes. The licensed health care facility and community based service provider shall provide consumers, family members or legal guardians an orientation packet to include incident management systems policies and procedural information concerning the reporting of abuse, neglect or misappropriation. The licensed health care facility and community based service provider shall include a signed statement indicating the date, time, and place they received their orientation packet to be contained in the consumer's file. The appropriate consumer, family member or legal guardian shall sign this at the time of orientation.</p>	<p>Based on record review, the Agency failed to provide documentation indicating consumer, family members, or legal guardians had received an orientation packet including incident management system policies and procedural information concerning the reporting of Abuse, Neglect and Misappropriation of Consumers' Property for 15 of 22 individuals.</p> <ul style="list-style-type: none"> <li>• Parent/Guardian Incident Management Training (Abuse, Neglect &amp; Misappropriation of Consumers' Property) (#1, 2, 3, 6, 7, 8, 9, 13, 14, 15, 16, 17, 19, 20 &amp; 22)</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 1 III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</b></p> <p><b>A. General:</b> All Provider Agencies shall maintain all records necessary to fully disclose the service, quality, quantity and clinical necessity furnished to individuals who are currently receiving services. The Provider Agency records shall be sufficiently detailed to substantiate the date, time, individual name, servicing Provider Agency, level of services, and length of a session of service billed.</p> <p><b>B. Billable Units:</b> The documentation of the billable time spent with an individual shall be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each unit billed, the record shall contain the following:</p> <ol style="list-style-type: none"> <li>(1) Date, start and end time of each service encounter or other billable service interval;</li> <li>(2) A description of what occurred during the encounter or service interval; and</li> <li>(3) The signature or authenticated name of staff providing the service.</li> </ol> <p><b>MAD-MR: 03-59 Eff 1/1/2004</b></p> <p><b>8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b></p> <p>Providers must maintain all records necessary to fully disclose the extent of the services provided to the Medicaid recipient. Services that have been billed to Medicaid, but are not substantiated in a treatment plan and/or patient records for the recipient are subject to recoupment.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 5 XVI. REIMBURSEMENT</b></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 22 of 22 individuals.</p> <p>Individual #1 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 68 units of Adult Habilitation from 12/1/2009 through 12/28/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 160 units of Adult Habilitation from 1/1/2010 through 1/27/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 100 units of Adult Habilitation from 2/1/2010 through 2/22/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #2 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 285 units of Adult Habilitation</li> </ul>		

<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>from 12/1/2009 through 12/22/2009. Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 261 units of Adult Habilitation from 1/1/2010 through 1/21/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 328 units of Adult Habilitation from 2/1/2010 through 2/25/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #3 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 63 units of Adult Habilitation from 12/1/2009 through 12/21/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 68 units of Adult Habilitation from 1/1/2010 through 1/25/2010.</li> </ul>	
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	<p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 72 units of Adult Habilitation from 2/1/2010 through 2/24/2010.</li> </ul> <p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>Individual #4 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 370 units of Adult Habilitation from 12/1/2009 through 12/31/2009.</li> </ul> <p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 352 units of Adult Habilitation from 1/1/2010 through 1/29/2010.</li> </ul> <p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 401 units of Adult Habilitation from 2/1/2010 through 2/26/2010.</li> </ul>		
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	<p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>Individual #5 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 188 units of Adult Habilitation from 12/1/2009 through 12/31/2009.</li> </ul> <p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 187 units of Adult Habilitation from 1/1/2010 through 1/28/2010.</li> </ul> <p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 178 units of Adult Habilitation from 2/1/2010 through 2/25/2010.</li> </ul> <p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>Individual #6 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 140 units of Adult Habilitation from 12/1/2009 through 12/30/2009.</li> </ul>		
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	<p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 141 units of Adult Habilitation from 1/1/2010 through 1/29/2010.</li> </ul> <p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 141 units of Adult Habilitation from 2/1/2010 through 2/26/2010.</li> </ul> <p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>Individual #7 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 144 units of Adult Habilitation from 12/1/2009 through 12/18/2009.</li> </ul> <p>Documentation did not contain the following:</p> <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 259 units of Adult Habilitation from 1/1/2010 through 1/24/2010.</li> </ul> <p>Documentation did not contain the following:</p>		
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	<ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 216 units of Adult Habilitation from 2/1/2010 through 2/26/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #8 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 292 units of Adult Habilitation from 12/1/2009 through 12/22/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 263 units of Adult Habilitation from 1/1/2010 through 1/29/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 357 units of Adult Habilitation from 2/1/2010 through 2/26/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>Individual #9 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 200 units of Adult Habilitation from 12/1/2009 through 12/18/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 256 units of Adult Habilitation from 1/1/2010 through 1/28/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 154 units of Adult Habilitation from 2/1/2010 through 2/18/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #10 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 265 units of Adult Habilitation from 12/1/2009 through 12/30/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 219 units of Adult Habilitation from 1/1/2010 through 1/27/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 281 units of Adult Habilitation from 2/1/2010 through 2/25/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #11 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 154 units of Adult Habilitation from 12/1/2009 through 12/31/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 255 units of Adult Habilitation from 1/1/2010 through 1/28/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 200 units of Adult Habilitation from 2/1/2010 through 2/25/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #12 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 215 units of Adult Habilitation from 12/1/2009 through 12/22/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 285 units of Adult Habilitation from 1/1/2010 through 1/29/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 282 units of Adult Habilitation from 2/1/2010 through 2/26/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the</li> </ul> </li> </ul>		
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	<p>encounter or service interval to justify billing.</p> <p>Individual #13 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 488 units of Adult Habilitation from 12/1/2009 through 12/31/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 444 units of Adult Habilitation from 1/1/2010 through 1/29/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 414 units of Adult Habilitation from 1/1/2010 through 1/29/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #14 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 201 units of Adult Habilitation from 12/1/2009 through 12/31/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the</li> </ul> </li> </ul>		
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	<p>encounter or service interval to justify billing.</p> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 244 units of Adult Habilitation from 1/1/2010 through 1/29/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 269 units of Adult Habilitation from 2/1/2010 through 2/26/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #15 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 272 units of Adult Habilitation from 12/1/2009 through 12/21/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 419 units of Adult Habilitation from 1/1/2010 through 1/23/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify</li> </ul> </li> </ul>		
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	<p>billing.</p> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 375 units of Adult Habilitation from 2/1/2010 through 2/24/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #16</p> <p>December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 222 units of Adult Habilitation from 12/1/2009 through 12/23/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 267 units of Adult Habilitation from 1/1/2010 through 1/22/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 198 units of Adult Habilitation from 2/1/2010 through 2/25/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul>		
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	<p>Individual #17 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 154 units of Adult Habilitation from 12/1/2009 through 12/31/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 347 units of Adult Habilitation from 1/1/2010 through 1/28/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 322 units of Adult Habilitation from 2/1/2010 through 2/25/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #18 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 168 units of Adult Habilitation from 12/1/2009 through 12/31/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul>		
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	<p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 189 units of Adult Habilitation from 1/1/2010 through 1/29/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 164 units of Adult Habilitation from 2/1/2010 through 1/26/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #19 December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 395 units of Adult Habilitation from 12/1/2009 through 12/30/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 336 units of Adult Habilitation from 1/1/2010 through 1/30/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul>		
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	<p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 348 units of Adult Habilitation from 2/1/2010 through 1/25/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #20</p> <p>December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 168 units of Adult Habilitation from 12/1/2009 through 12/31/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 190 units of Adult Habilitation from 1/1/2010 through 1/28/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 183 units of Adult Habilitation from 2/1/2010 through 1/25/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #21</p>		
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	<p>December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 159 units of Adult Habilitation from 12/1/2009 through 12/29/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 173 units of Adult Habilitation from 1/1/2010 through 1/29/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 174 units of Adult Habilitation from 2/1/2010 through 2/26/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>Individual #22</p> <p>December 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 60 units of Adult Habilitation from 12/1/2009 through 12/18/2009. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>January 2010</p>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 61 units of Adult Habilitation from 1/1/2010 through 1/29./2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul> <p>February 2010</p> <ul style="list-style-type: none"> <li>• The Agency billed 81 units of Adult Habilitation from 2/1/2010 through 2/26/2010. Documentation did not contain the following: <ul style="list-style-type: none"> <li>◦ A start and end time to justify billing.</li> <li>◦ A description of what occurred during the encounter or service interval to justify billing.</li> </ul> </li> </ul>		
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