



IDAHO DEPARTMENT OF

HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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DIVISION OF LICENSING & CERTIFICATION
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November 8, 2013

Lori Rainboth, Administrator
A & R Case Management
3070 12th Avenue, Suite 112
Nampa, ID 86386

Dear Ms. Rainboth:

Please find enclosed the Statement of Deficiencies report for your Developmental Disabilities Agency (DDA). The report is based on the recertification survey of your agency that was conducted from October 28, 2013, through November 1, 2013, for the purpose of renewing your DDA certificate.

Congratulations! The survey team did not find any deficient practices during the review.

The Department has renewed your DDA certificate (also enclosed). This certificate is effective from January 1, 2014, through December 31, 2016, unless otherwise suspended or revoked.

Thank you for accommodating the survey team during the review process. Please call me with any questions or comments at 364-1828.

Sincerely,

BOBBI HAMILTON, BS, BCaBA
Medical Program Specialist
DDA/ResHab Certification Program

BH/slm

Enclosures

1. Statement of Deficiencies
2. Renewed DDA Certificate



Statement of Deficiencies

Developmental Disabilities Agency

A & R Case Management
3A&RCASE085

3070 12th Ave Ste 112
Nampa, ID 83686-
(208) 463-9313

Survey Type: Recertification

Entrance Date: 10/28/2013

Exit Date: 11/1/2013

Initial Comments: Survey Team: Bobbi Hamilton, Medical Program Specialist, DDA/ResHab Certification Program; and Eric Brown, Manager, DDA/ResHab Certification Program.

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|--|--|--------------------|----------------------|
| <No Deficiencies> No deficiencies were cited over the course of the survey. | No deficiencies were cited during the course of the survey. The provider is not required to submit a Plan of Correction to the Department. | | |

Administrator/Provider Signature:

Date:

Department POC Approval Signature:

Date:

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