

Policies and Procedures

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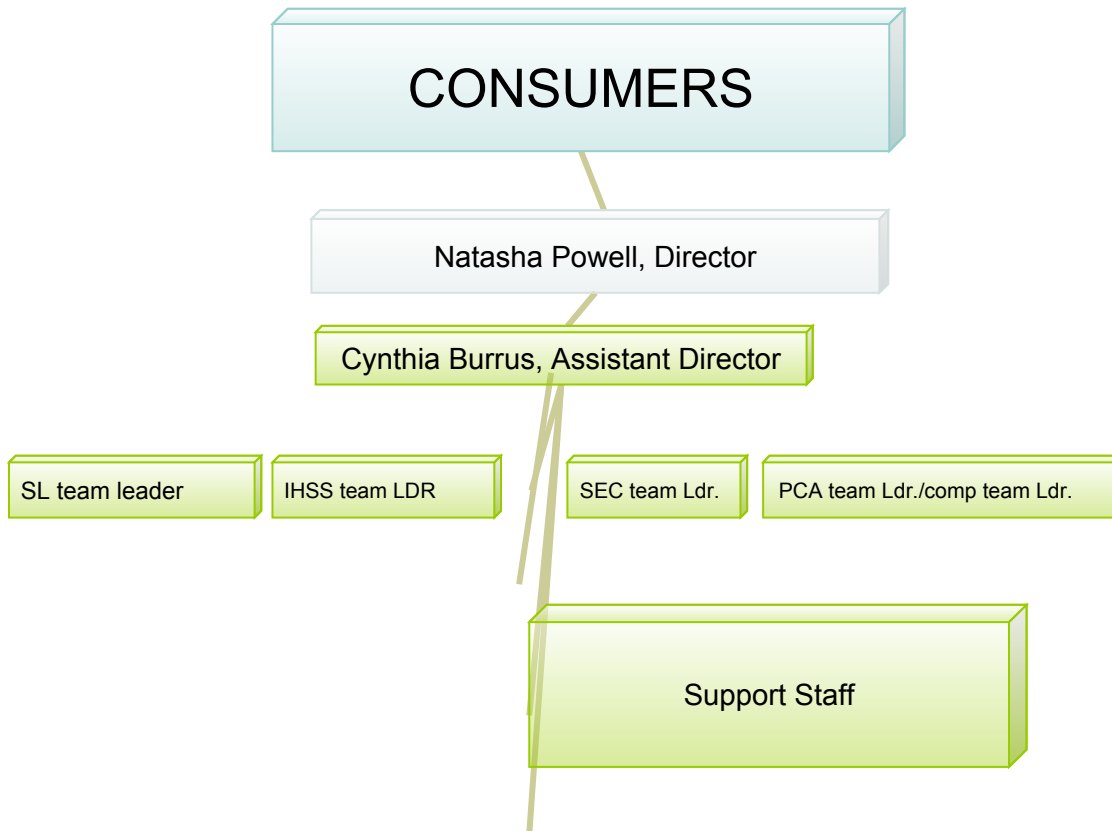
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Mission Statement

Our mission is to advance the dignity of individuals with disabilities by enabling the individual to be as independent as possible. We will do this through the provision of supports and services including Supported Living Coaching, Supported Employment Coach, In-home support, Companion, Personal Care and Respite and Res Hab, while complying with all regulations, Core Assurances and the Handbook of Service Delivery. We will provide the opportunity for choice through education of activities for daily life in the community. We will stay involved in the community, advocate for our consumers and encourage self-advocacy.

Organization



Service Areas

Companion In-Home Support Respite Personal Care
Supported Living, Supported Employment, Residential Habilitation

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Qualifications

Providers of in-home support, companion, respite, personal services are independent vendors, who are either individuals or employees of agencies, must be at least 18 years of age and have at least a high school diploma or equivalent and one year of experience working in a medical, psychiatric, nursing or childcare setting or working with recipients who have a developmental disability. College, vocational or technical training equal to 30 semester hours, 45 quarter hours or 720 classroom hours may substitute for the required experience. Licensure, certification, or registration is not required.

Supported Living Coaches or Supported Employment Coaches are independent vendors, solo providers and employees of agencies who render this service shall have a bachelor's degree from an accredited college or university with a major in business; nursing; education; or a social, behavioral or rehabilitative science. In lieu of a bachelor's degree, a person rendering this service shall have an associate's degree from an accredited college or university with a major in business; nursing; education; or a social, behavioral or rehabilitative science and two years of experience. Experience in one of the previously mentioned fields shall substitute on a year-for-year basis for the required college education.

Statement of Work

Companion Services consist of non-medical care, supervision and socialization activities provided to an adult on a one-on-one basis or in groups not to exceed three clients. This service must be provided in direct relation to the achievement of the client's goals per his support plan. A companion provider may also assist the client with such tasks as self-care needs, meal preparation, laundry and shopping; however, these activities shall not be performed as discrete services. This service does not entail hands-on medical care. Providers may also perform light housekeeping tasks, incidental to the care and supervision of the client. The service provides access to community-based activities that cannot be provided by natural or other unpaid supports, and should be defined as activities most likely to result in increased ability to access community resources without paid support. Companion services may be scheduled on a regular, long-term basis.

Reimbursement and monitoring documentation to be maintained by the provider:

1. Copy of claim(s) submitted for payment;
2. Copy of service log.

The provider must submit a copy of service log, monthly, to the waiver support coordinator.

Services are provided within the guidelines laid out in the Medicaid Waiver Handbook.

In-home supports are services that provide clients who live in their own homes with up to 24 hours a day assistance from a support worker or support workers. The support worker may live in the client's home or apartment and share living expenses (rent, utilities, phone, etc.) with the client. The support worker provides companionship and personal care and may assist with or perform activities of daily living and other duties necessary to maintain

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the client in supported living. The support worker may perform grocery shopping, housekeeping, and cooking responsibilities or may conduct training programs designed by the supported living coach to teach these and other daily living skills. The in-home support services are separate and not a replacement for the services performed by a supported living coach. Some clients in supported living may need only the services of an in-home support worker or only the services of a supported living coach. Other clients may need both services. When both services are used, the providers must coordinate their activities to avoid duplication.

This service offers individualized training and is provided for the express purpose of providing access to the community-based activities that cannot be provided by natural or other unpaid supports, and are defined as activities most likely to result in increasing ability to access community resources without paid support.

Reimbursement and monitoring documentation to be maintained by the provider:

1. Copy of claims submitted for payment;
2. Copy of service log;
3. Monthly summary notes; and
4. Staffing documentation such as in-home staffing schedules, payroll records indicating identified in-home support staff and hours worked, and other supplemental in-home support staffing schedules which document required staffing ratios.

Documentation to be submitted to the waiver support coordinator by the provider:

1. Copy of service log, monthly; and
2. Monthly summary notes at the time of claims submission.

This service is not available to individuals enrolled on the DD Waiver – Tier Four.

Personal Care Services are those that assist the consumer in completing daily living and personal hygiene skills such as eating, toileting, bathing, dressing, etc. The service also includes activities such as assistance with meal preparation, bed making and vacuuming when these activities are essential to the health and Welfare of the consumer and when no one else is available to perform them. This service is provided on a one-on-one basis. The service will be provided within the scope defined on the support plan. Personal Care services shall be provided in the consumer's own home or family home or while the consumer who lives in one of those arrangements is engaged in a community activity. For reimbursement purposes we will submit a copy of claim(s) and a service log. For monitoring review purposes WE will have a copy of all service logs for the period being reviewed.

Reimbursement and monitoring documentation to be maintained by the provider:

1. Copy of claim(s) submitted for payment; and
2. Copy of service log.

The provider must submit a copy of service log, monthly, to the waiver support coordinator.

This service is not available to individuals enrolled on the DD Waiver – Tier Four.

Respite Services are used to provide care and supervision when the primary care giver is unavailable. For reimbursement purposes WE will submit an invoice and a service log. For monitoring review purposes WE will have a copy of all service logs for the period being reviewed.

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Respite service will be provided in the consumer's own home, family home or foster home. Reimbursement and monitoring documentation to be maintained by the provider:

1. Copy of claim(s) submitted for payment; and
2. Service log.

The provider must submit a copy of service log, monthly, to the waiver support coordinator.

Supported Living Services provide training and assistance to support consumers in a variety of activities that are necessary to establish, live in and maintain a household of their choosing in the community. These services may include assistance with locating appropriate housing, the acquisition, retention or improvement of skills related to activities of daily living such as personal hygiene and grooming, household chores, meal preparation, shopping, personal finances and the social and adaptive skills necessary to enable consumers to reside on their own. A **Functional Community Assessment**, the basis for identifying the types of training, assistance and the intensity of support, shall be completed with the consumer prior to his or her move to a supported living arrangement. This assessment shall be updated annually. A **Housing Survey**, the basis for surveying a prospective home to ensure that it is safe will be completed and forwarded to the consumer's support coordinator within ten (10) working days of the selection. This survey will be updated quarterly and made available for review by the support coordinator at the time of the support coordinator's quarterly home visit. These updates shall include a review of the beneficiaries overall health, safety and well-being status. The financial profile is an analysis of the household costs and revenue sources associated with maintaining a balanced monthly budget for the consumer. The analysis will substantiate the need for a monthly subsidy or initial start-up costs, and should be a source of information for determining strategies for assisting the person in money management. WE will assist the consumer in completing the **Financial Profile** and submitting it to the support coordinator no more than 10 days following the selection of housing by the consumer. Supported living coaching services will provide in the consumer's place of residence or in the community. For reimbursement purposes WE will submit an invoice, A service log (time intervention log), which shall be supported by progress notes including documentation of activities, supports and contacts with the consumer, other providers and agencies with dates and times, and a summary of support provided during the contact, any follow up needed and progress toward achieving support plan goals and a copy of the Individual Implementation Plan (or in the case of transition, a transition plan) at the time of the first full month and at least annually thereafter at the time of the support plan update, and any time updates and changes are made before they are implemented. The implementation plan will include the data elements as described in the Handbook and in addition will contain information on the frequency of the supported living service, how home, health and community safety needs will be addressed and the supports needed to meet these needs, the method for accessing the provider 24-hours per-day, 7-days per-week for emergency assistance, a description of how natural and generic supports will be used to assist in supporting the consumer; and a financial profile that includes strategies for assisting the person in money management, *when requested by the consumer or guardian*, and the amount approved for the supported living subsidy. For monitoring review purposes we will have a copy of the service logs

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(time intervention log), for the period being reviewed, an individual implementation plan and/or transition plan, an annual written report, summarizing the consumer's progress toward achieving the goal(s) from the support plan. The annual report shall include objective (fact-based) information reflecting the results of training and supports provided over the course of the year, as well as subjective information (opinions) and recommendations. The annual report shall be submitted to the consumer or guardian and the support coordinator 30 days prior to the end of the support plan year, an annual satisfaction survey (as described in Chapter 65B-11.008, F.A.C.) that addresses satisfaction with supported living services, documentation of a quarterly meeting in which the consumer, the waiver support coordinator review the current supported living services (this review will be documented in the progress notes contained in the service log), an initial housing survey containing quarterly updates of the consumer's health and safety status which will be updated quarterly and made available to the waiver support coordinator at or prior to the quarterly meeting, up-to-date information regarding the demographic, health, medical and emergency information, and a complete copy of the current support plan, if approved by the consumer/guardian, for each consumer served and performance data on the selected service outcomes projected as defined in the handbook.

Each individual is unique and presents his or her own distinctive set of needs and desires. Goals and objectives relevant to services provided are identified on the support plan with the assistance of the consumer's circle of supports. Once a client has chosen our agency to provide services, and we are in receipt of a current support plan and service authorization We enter both demographic information, goals to be addressed along with the short term objectives that will be used to make progress on the goals, and training strategies that have been identified by the consumer and circle of support for the consumer into the Medicaid Waiver Provider Information System. In addition, information regarding from the service authorization such as the service approved, number of units and rate approved is entered into the system for tracking billing units. Data collection sheets are generated monthly for staff which lists specific goals and objectives. The data collection sheets are used to collect specific objective data on progress towards goals as stated on the support plan and are also used to note discussions on personal outcome measures and projected outcomes. Narrative progress notes are also completed as necessary. This information is entered into the Medicaid Waiver Provider Information System monthly at a minimum and is used to generate monthly progress reports that are sent to the Support Coordinator as documentation for billing. Progress is reviewed and changes to goals and objectives are made with appropriate by conferencing with the consumer and the support coordinator. Services are provided as scheduled and identified in the support plan and the service authorization and are provided at the convenience of the consumer.

When dictated by the handbook for the service being provided, an implementation plan will be completed with direction from the consumer and will contain information from the consumer, the support plan, and other appropriate sources. The specific areas of training and strategies used to meet the specific goals will be addressed within the implementation plan.

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The following data elements will be included as part of the **Implementation Plan**:

- The name, address, and contact information of the consumer
- The goals from the support plan that the service will address.
- The strategies used to assist the consumer in meeting the support plan goal(s)
- The system for data collection and assessment of progress

The implementation plan will be developed, at a minimum, within 30 days of the initiation of the new service, or within 30 calendar days of the support plan effective date for continuation of services and annually thereafter. A copy of the implementation plan, approved by the recipient, shall be furnished to the recipient, guardian and to the waiver support coordinator at the end of this 30-day period. The progress toward achieving the goal(s) identified on the implementation plan shall be documented in daily progress notes or quarterly summaries, as specified in each service description. Data supporting the recipient's progress or lack thereof, summarized in the quarterly summary shall be available for review.

Documentation to be maintained by the provider:

1. Copy of claim(s) submitted for payment;
2. Service log, which includes documentation of activities, supports and contacts with the recipient, other providers and agencies with dates and times, and a summary of support provided during the contact, any follow up needed and progress toward achieving support plan goals. This service log and progress notes shall be placed in the recipient's record prior to claim submission; and
3. Individual implementation plan, or in the case of transition, a transition plan within 30 days of the initiation of a new service or within 30 days of the support plan effective date for continuation services and annually thereafter. A copy of the implementation plan, approved by the individual or their guardian shall be furnished to the individual or their guardian and to the waiver support coordinator at the end of the 30 day period.

In addition to the minimum required components of the individual implementation plan described in the definitions section of the handbook, the individual implementation plan for supported living coaching service must also contain the following:

1. The frequency of the supported living service;
2. How home, health and community safety needs will be addressed and the supports needed to meet these needs to include a personal emergency disaster plan;
3. The method for accessing the provider 24-hours per-day, 7-days per-week for emergency assistance;
4. A description of how natural and generic supports will be used to assist in supporting the recipient; and
5. A financial profile that includes strategies for assisting the person in money management, when requested by the recipient or guardian; and the amount approved for the supported living subsidy. The financial profile is critical in determining whether or not the housing selected by the recipient is within his financial means and will identify the need for monthly subsidy which must be approved by the APD Area Office;
6. A quarterly written report, which summarizes quarterly activities and the recipient's progress toward achieving the goal(s) from the support plan. The annual report shall include objective, fact-based, information reflecting the results of training and supports

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provided to the recipient over the course of the quarter, as well as recommendations. The third quarterly summary which includes a summary of the activities of the current and previous quarters of the support plan and shall be considered the annual report.

7. The quarterly review which reflects activities completed at the quarterly home visit. This review shall include: a review of the supported living services to ensure services are assisting the individual with identified support plan goals, a review of the person's financial status including a review of the financial profile, financial records and the status of the subsidy if provided, review of the individual's health and safety status including identified need for follow-up, a review of the housing survey. Documentation of the quarterly home visit and subsequent recommendations shall be made in the individual's record.

8. An initial housing survey containing quarterly updates of the recipient's health and safety status. The housing survey will be updated quarterly and made available to the waiver support coordinator at or prior to the quarterly meeting.

Documentation of the meeting and subsequent recommendations will be made in the recipient's record;

9. Up-to-date information regarding the demographic, health, medical and emergency information, and a complete copy of the current support plan, if approved by the recipient or guardian, for each recipient served.

Documentation to be submitted to the waiver support coordinator by the provider:

1. Copy of service log or time intervention log, monthly
2. Copy of individual implementation plan or in the case of transition, a transition plan, completed within 30 days of the initiation of a new service or within 30 days of the support plan effective date for continuation services and annually thereafter; and
3. Third quarterly summary which includes a summary of the activities of the current and previous quarters of the support plan and shall be considered the annual report.

Supported Employment Services provide training and assistance in a variety of activities to support recipients in sustaining paid employment at or above minimum wage unless the recipient is operating a small business. The supported employment provider assists with the acquisition, retention or improvement of skills related to accessing and maintaining such employment or developing and operating a small business. With the assistance of the supported employment provider, the recipient is assisted in securing employment according to their desired outcomes, including the type of work environment, activities, hours of work, level of pay and supports needed.

Supported employment is conducted in a variety of settings, to include work sites in which individuals, without disabilities, are employed.

Supported employment includes activities needed to sustain paid work at or above minimum wage for recipients receiving waiver services, including supervision and training. This training can focus on both the recipient's needs, as well as providing consultation to the employer to enhance supports natural to the workplace rather than imposing paid supports. Supported employment providers will immediately notify the recipient's waiver support coordinator of any changes affecting the recipient's income. The service provider shall work with both the recipient and the respective support coordinator to maintain

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eligibility under the DD waiver, as well as health and income benefits through the Social Security Administration and other resources.

Annually a review of the consumer's progress is done with the consumer to identify the personal goals, needs and services of the consumer as well as progress made during the previous support plan year. When dictated by the handbook for the service provided, an annual report will be completed and provided to the consumer and the support coordinator.

Upon receipt of the approved support plan and cost plan from the district, the pertinent information in the support plan along with a service authorization will be sent to the other providers selected by the consumer. A dated copy of the service authorization will be generated and placed in the central file. This will be replaced with the signed copy once it is received from the provider. A copy of the support plan and the date stamped cost plan will be placed in the file.

Documentation to be maintained by the provider:

1. Copy of claim(s) submitted for payment;
2. Service log
3. Quarterly summary, the third quarterly summary which includes a summary of the activities of the current and previous quarters of the support plan and shall be considered the annual report.
4. Documentation, in the form of a letter from Vocational Rehabilitation (VR) Services or a case note detailing contact with a named VR representative, the date, summary of conversation, etc., indicating a lack of available VR funding for supported employment.
5. Individual employment plan must be completed within 30 days of the initiation of a new service or within 30 days of the support plan effective date for continuation services and at any time updates and changes are made before they are implemented and annually thereafter.

In addition to the minimum required components of the individual plan for employment described in the definitions section of the handbook, the plan will contain the following:

- Documented review by the provider to furnish information and supports for the recipient to make an informed choice in the type of work preferred, job changes or career advancement opportunities.

Documentation to be submitted to the waiver support coordinator by the provider:

1. Copy of service log, monthly;
2. Individual plan for employment; and
3. Third quarterly summary which summarizes the current and previous quarters of the activities of the support plan and will count as the annual report.

Demographic information will be reviewed during contacts to ensure accuracy of information. Changes will be made to the Medicaid Waiver Provider Information System. A demographic report can be run at any time to assist in facilitating contact of consumers. In addition, demographic information will also be maintained on parents and guardians of consumers so that they too will be informed regarding changes, updates, vacations, etc. A copy of these reports can be found in the appendix. The Medicaid Waiver Provider

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Information System also generates a report which included information regarding support coordinators for all consumers along with contract information. (See Appendix for sample.)

Residential Habilitation Services are specific training activities provided that assist in acquiring, maintaining, or improving skills related to activities of daily living. Training activities focus on personal hygiene skills like bathing and oral hygiene, homemaking skills like food preparation, vacuuming and laundry and on social and adaptive skills that will enable the consumer to reside in the community. Services are provided in accordance with the formal implementation plan which is developed with direction from the consumer and his circle of supports and reflects the goals from their current support plan. For those consumers with behavioral challenges that impact the immediate safety, health, progress and quality of life of the consumer a more intensive residential habilitation service, with a behavior focus, is provided. For reimbursement purposes, We will submit:

1. An invoice;
2. A daily attendance log;
3. A copy of the consumers implementation plan (when billing for an beneficiary for the first time; at least annually thereafter at the time of the support plan update; and, any time updates and changes are made before they are implemented).

For monitoring purposes, we will have, at a minimum:

1. An individual implementation plan and supporting data;
2. A copy of the daily attendance logs for the period being reviewed;
3. Monthly summaries for the period being reviewed;
4. An annual report;
5. Results of the annual satisfaction survey; and
6. Performance data on the selected Service Outcomes.

Services are provided within the guidelines laid out in the Medicaid Waiver Handbook. Personal Care Services are those that assist the consumer in completing daily living and personal hygiene skills such as eating, toileting, bathing, dressing, etc. The service also includes activities such as assistance with meal preparation, bed making and vacuuming when these activities are essential to the health and Welfare of the consumer and when no one else is available to perform them. This service is provided on a one-on-one basis. The service will be provided within the scope defined on the support plan. Personal Care services shall be provided in the consumer's own home or family home or while the consumer who lives in one of those arrangements is engaged in a community activity. For reimbursement purposes WE will submit an invoice and a service log. For monitoring review purposes we will have a copy of all service logs for the period being reviewed.

Availability

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Our services for individuals are available 24 hours a day, 7 days a Week if necessary via emergency contact information provided to families. This is done through the use of a business/home phone and a cellular phone. An answering machine is attached to both telephone numbers, allowing the beneficiaries leave a detailed message for ours response. Messages will be checked frequently through-out the day and will be answered within 24 hours. Consumers will be notified when a back up is to be used, if this is a planned absence on my part.

Evaluation

Annually we will design and provide a customer survey to each individual served. Record of this survey being sent will be placed in a binder for review and will be used to develop a written statement of changes. The results will be used to assist me in determining the effectiveness of our services and to ascertain where improvements and changes can be made. The results will be read and analyzed to determine any needed changes in how WE conduct business. A sample copy of the survey can be found in the appendix.

Billing Services

Billing is done on a biweekly or monthly schedule, as appropriate. FLMMIS is used to create invoices and submit them to Medicaid for payment. Documentation for billing consists of data collection sheets showing objective progress on goals, notation of discussions or meetings addressing personal outcome measures, projected outcomes, and narrative notes when necessary. Data on progress towards goals is generated at each contact. Billing information is entered in to the Medicaid Waiver Provider Information System and a report is generated to indicate the number of units approved the number of units billed and the remaining units. Units less that 100 will be printed in red and italics and will indicate a need to contact the support coordinator to ensure that an updated service authorization is in progress and there will be no interruption of services to the consumer. (See Appendix for sample report.) A monthly report is provided to the Support Coordinators to show services provided. (See Appendix for sample report.)

Person Centered Approach/Personal Outcomes

It is my policy to always use a person centered approach to the service delivery for the individuals that serve. This approach will focus on what the individual wants to determine

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their desired goals and outcomes. We will emphasize awareness of options and freedom of choice. We will also continually attempt to ascertain satisfaction of services.

At each contact with the consumer, we will attempt to gather information regarding at least one of the Personal Outcome Measures. This will be done using questions found in the Assessment Workbook for use with Personal Outcome Measures. This information will be recorded on the data collection sheets and entered into the Medicaid Waiver Provider Information System. Periodically this information will be reviewed by using a report generated that will document which personal outcome measures have already been address with the consumer. A sample copy of this report can be found in the appendix. In addition, annually, the Personal Outcome Measures will be reassessed and reviewed with the consumer and the circle of support present for the support plan meeting. This information will be placed in the consumer's at least annually. Information from the Personal Outcome Measures will be used to support the consumer in developing goals. A report documenting the number of consumers who have addressed each personal outcome measure will be used in the self assessment process. A sample copy of these reports can be found in the appendix.

When personal outcome areas are beyond our mission or scope we will make every effort to assist in making referrals, advocating, education, or consulting with others

Results of person centered reviews conducted by Delmarva will be analyzed and follow up action will be taken if necessary. This information will be maintained in the Medicaid Waiver Provider Information system and a copy will be kept in the consumer's file. A sample of this report can be found in the appendix.

Benefits Monitoring

Whenever possible, we will attempt to ensure that consumers and their families understand the process involved in maintaining Medicaid eligibility.

Protection of Client Rights

As a provider of services under the Medicaid Waiver Program, we need to ensure that all individuals with disabilities that we service are treated fairly according to the Bill of Rights of Persons who are Developmentally Disabled. At the first meeting with an individual, we

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will provide the individual with a copy of their Rights and Responsibilities and review them with them and further review with them at least annually. A copy of the rights and responsibilities can be found in the appendix. Consumers will also receive a copy of the following:

- How to Report Incidents of Abuse, Neglect, Exploitation
- Due Process for a Fair Hearing (as issued by the District)
- Grievance Procedure

If the consumer or their family feels that their rights are not being reserved, we will assist them in finding a satisfactory solution. This may include acting as a mediator. Documentation of such instances will be included in progress notes.

As a provider, we will ensure that no consumer that we service will have rights restricted without full explanation and assurance that the restrictions are in compliance with rules and regulations. If a consumer reports a restriction or if we perceive this to be happening through interaction with others we will take action immediately to review the explanations for the restriction, ensure that the explanations are documented and ensure that any action taken is in compliance with rules and regulations.

We will treat the individuals we service with dignity and respect at all times. We will ensure that in our interactions with consumers we will use language that will be respectful to the individual. We will call ahead when we want to meet with an individual in their homes. We will arrive on time for our appointments with the individual whenever possible and will call if for some reason we are delayed.

Conversations that take place with the individuals we service will be conducted in the most respectful manner possible. From time to time, we will need to speak with others that work with the individuals we service. During these conversations, the individual will be referred to respectfully and these conversations will be held in private, not in the public arena. We will constantly be aware of the need to treat consumers with respect.

Choice of Supports and Services

As a provider, we will assist the individuals in making decisions regarding the supports and services they receive. We will ensure that the consumer is active in any decision making process. We clearly have an important role to play in recognizing and interpreting choice

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by people with limited communication. We will 'build refusal' into routines and allocate specific times for making choices. We will reassure consumers that refusal to follow a routine is their right and that if they make this choice they will not be penalized with adverse consequences. Another effort made to encourage choice is to work so that the environment is structured to promote choice making and to make the consumer aware that a choice is available. We will assist the consumer in making choices by going through the following process with the consumer when they are making significant choices:

- Information gathering
- Discussion with the Consumer
- Summarizing the results of the discussion with the consumer
- Checking different interpretations
- Reaching a decision

Among the positive strategies we will use to promote choice are:

- using a pause to indicate that a choice is available
- making choices explicit using verbal explanation
- recording choices made
- Encouraging consumer to ask for help with choice making when they need it.

All concerned need to commit themselves to learning to listen to people so as to discover their wishes, dreams, aspirations, preferences and choices

HIPAA/Confidentiality Policy

We agree that we will not use or disclose protected health information (PHI) except as permitted or required by state or federal law or with the consumer's written authorization. We will use appropriate safeguards to prevent use or disclosure of PHI.

Information regarding an individual will be kept confidential. Consumer' records will be maintained in a locked file cabinet. Information will be shared only after a consumer has signed consent for release of information with someone else. This signed agreement will be kept in the consumer's file. This will be done only as necessary with other providers or health care professionals. Information regarding the HIPPA Policy will be provided to consumers and information will be released only in accordance with this policy. A copy of the policy, signed by the consumer, will be maintained in their file. If we find that something has been disclosed or used we will immediately report it to the Department.

We will make my internal practices, books and records relating to the use and disclosure of PHI received from the Department or created or received by the provider on behalf of the department available for purposed of determining my compliance with the assurances.

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Any papers that have consumer information that is appropriately discarded will be shredded.

We have completed training on the HIPAA policy.

Release of Information Policy

Annually releases will be signed by the individual or the guardian. These are specific, time limited, signed and dated. Information will not be released without executed release forms and these will be added on an as needed basis. A sample copy of the release can be found in the appendix.

Abuse, Neglect, and Exploitation Reporting Policy

All incidents of suspected abuse, neglect, and exploitation will be immediately reported to the Abuse Registry. The Support Coordinator will also be notified using the district provided incident report. Additional critical contacts will be made in a timely fashion. An incident log will be maintained. A copy of the incident log can be found in the appendix. The number to call the Abuse Registry will be posted in my office.

Grievance Procedure

The consumer and or his family members have a right to file a written grievance at any time. This grievance will be acted on within 24 hours of receiving the written complaint.

The grievance procedure will be provided to the by the individual/guardian within 30 days of selecting our services and after that annually at the support plan meeting.

Upon receipt of the written or verbal grievance, we will contact the consumer and set up a face to face meeting to discuss the grievance. Depending on the outcome of these meetings, appropriate steps will be taken. We will ensure that identified steps for rectifying the problem are followed through.

Verbal and written responses will be provided in the language understood by the individual and at the individual's level of comprehension. A log of informal and formal complains will be kept that includes the name of the person, date, description of complain, and disposition. A sample copy of this form can be found in the appendix.

Education/Training

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- All training necessary for Medicaid Billing will be taken and copies of proof of training will be maintained in personnel files.
- CPR, Infection Control, AIDS, HIV will be completed and renewed within prescribed time constraints.
- The required orientation and training for enrollment in the Medicaid Waiver has been completed.
- Training will be obtained through District and private settings
- We will seek out training relevant to working with individuals with developmental disabilities.
- We will attend all required meetings and trainings as dictated by the local District, AHCA, and the Agency for People with Disabilities.
- Pre-service for new employees
 - All new employees will be required to have Zero Tolerance and Core Assurances: Intro to Developmental Disabilities, Health & Safety prior to working with consumers.
- Required Training
 - All new employees will successfully complete the following training before date of hire:
 - Introduction to Developmental Disabilities & Health/Safety
 - Bill of Rights
 - Introduction to Support Planning/Goals
 - Zero Tolerance
 - CPR/First Aid
 - HIV/AIDS, Universal Precautions
 - Administrative Code 65G-8 (Reactive Strategies)
 - Medication Administration (Admin Rule 65-G7)
 - Core Assurances
 - Introduction to Individual Choice/ Personal Outcomes Measures
 - Employees will present documentation to verify that all training was completed and a copy will be placed in the employee's personnel file.
- Ongoing In service

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- The office manager will coordinate and schedule in service training with designated employees as needed.
- A record of all in services including signed attendance sheets, see pages 2 of this policy, will be kept by the office manager in an annual “Training” binder.
- Ongoing In service
 - Required Annual Training
 - CPR and Med Validation
 - Staff recertification in both CPR and Med Validation will be completed annually. Due to the serious consequences that may occur if a staff member is out of compliance with their recertification, staff will be suspended from their positions if they do not comply with the recertification process.
 - Utilizing a tracking system, the office will notify staff needing recertification updates in advance of expiration of their current certification.
 - The staff will be notified when trainings are scheduled.
 - Once trainings have expired the staff will be responsible for making arrangements for recertification.
 - HIPPA Update, as needed (which can be completed through in service training or online through the DCF website).
 - Required Training every three (3) years.
 - Standard First Aid
 - Zero Tolerance Abuse
 - Special Training Requests
 - The Director may at any time make special requests for training for specific staff.

Policies and Procedures

Medication Policy

Developmental Disability Program Policy Directive #01-01 allows unlicensed staff who have been trained and have had their skills certified by a Florida Registered nurse to supervise the self-administration of medication by individuals. Assistance to self-administer medication may include the following activities performed by the trained staff:

If medication is kept in the original container:

1. Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the individual.
2. In the presence of the individual:
 - Reading the label and opening the container
 - Telling the individual what amount of medication he/she should remove from the container (or in the case of inhaled medications the number of pre-measured doses to be taken and instructions as to where the inhaler is to be used, in the mouth or the nose)
 - Giving the container to the consumer and observing as medication is taken
 - Checking to make sure the consumer has actually taken the medication
 - Closing the container.
3. Assisting in the application of topical medications.
4. Assisting in the placement of a patch by which medication is administered.
5. Assessing whether the individual is properly self-administering oral or nasal inhaler medication.
6. Returning the medication to proper storage.
7. Keeping a record of when supervision of self-administration of medication occurs. That record should include the individual's name, date, time, dosage, name of medications, and signature of person supervising the self-administration.

If the individual uses a pill reminder container:

1. Where appropriate, observing the individual placement of medication in the Weekly pill reminder container and providing direction as to which pill should be placed in the Weekly pills reminder container and what quantities.
2. Locating the weekly pill container, this should be maintained in a safe location within the home.
3. Opening the correct slot in the weekly pill reminder and providing verbal instructions to the individual as to which pills should be taken at that time.
4. Observing the individual take the medications, and checking afterwards to be sure that the medication was actually swallowed.
5. Closing the weekly pill reminder container.
6. Returning the weekly pill reminder container to its safe location.
7. Keeping a record of when supervision of self-administration of medication occurs. That record should include the individual's name, date, time, dosage, name of medications, and signature of person supervising the self-administration.

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Developmental Disability Program Policy Directive #01-01 also allows unlicensed staff who have been trained and have had their skills certified by a Florida registered nurse to administer medication to individuals with whom they have an ongoing relationship. Staff may not administer medication under the following circumstances:

1. Prescription medications that are prescribed on a "PRN" or as needed basis.
2. Prescription medications by injection.

A copy of my proof of MARs training will be maintained on file.

Financial Requirements

WE agree to notify the Department in writing prior to any filing for bankruptcy protection. Appropriate to the type and scope of services rendered, we agree to maintain a separate checking account for any personal funds of any and all individual(s) in the care of, or receiving services. WE understand and agree that at no time should any individual's personal funds be commingled with my funds.

Under no circumstance will we be the payee or representative for any individual's life insurance policy. Should we be acting as the Rep Pay, financial reports and records will be maintained and reviewed with the consumer and support coordinator quarterly or more often if needed will receive any financial benefit as a result of being named the beneficiary of a life insurance policy on an individual served by the provider. Under no circumstances will we benefit financially from any individuals we serve.

Promotion of Health, Safety, Well-Being

We will be familiar with medical information regarding the clients we service by reading the health page section of the support plan, getting collateral information as necessary regarding medical history, ensuring the medical reports are kept in the client's file and making suggestions regarding follow up health services that may be necessary. All health concerns will be noted and appropriate referrals will be made. Follow up of health services will be made. Major life events that relate to consumer's health, safety, and Welfare will be discussed with the consumer and any necessary information will be shared with the appropriate support people, with the consumer's permission, in order to ensure that consumer's optimum health, safety and Welfare. Procedures will be developed for each consumer regarding the administration of medications based on the individual's level of

Policies and Procedures

ability. Monitoring of the administration of prescription medication will occur on an ongoing basis. A review of safety policies at all housing facilities will be conducted prior to recommendation that a consumer move in. Quarterly safety reviews will be completed. We will abide by the rights as outline in Act 393 personal treatment of persons who are Developmentally Disabled. As providers, we need to ensure that all individuals with disabilities that we service are treated fairly according to the Bill of Rights of Persons who are Developmentally Disabled. If the consumer or their family feels that there rights are not being reserved, we will assist them in finding a satisfactory solution. This may include acting as a mediator with others. Documentation of such instances will be included in progress notes.

We will protect the dignity and respect of each individual with regard to their personal privacy, sharing information, and being included in discussions concerning personal matters. As providers, we will treat the individuals we service with dignity and respect at all times. We will ensure that in our interactions with consumers we will use language that will be respectful to the individual. We will call ahead when we want to meet with an individual in their homes. We will arrive on time for our appointments with the individual whenever possible and will call if for some reason we are delayed.

We will monitor strategies, supports, and services requested to make sure they do not jeopardize the safety of the individual.

All consumers will be provided with education in writing and verbally on community medical standards relevant to the individual. These will show the recommended number of times a person in the community, which includes the consumer, when they should be going to the dentist, doctor, have a vision exam, etc. A copy of this can be found in the Appendix.

We will be constantly looking for and providing education on health and safety issues to consumers. We will make efforts seasonally to provide education relevant like preparing for hurricanes, safety precautions when swimming, heating their home environment safely, appropriate clothing to the weather, etc.

When issues are brought to my attention related to environment and or personal safety and any health issues We will follow-up on these issues immediately. We will report all suspected incidents of abuse, neglect, and exploitation to the Abuse Registry. Annually We will educate individuals on how to report incidents of abuse, neglect and exploitation.

We will inform the Support Coordinator of all incidents of an emergency nature and follow-up with the appropriate documentation.

Client Choice/Fair Marketing Practices

We will honor individual choice and fair marketing practices. My business is based on word of mouth and recommendation we will be available to interview face to face with clients who are in the process of choosing providers. Under no circumstances will we

Policies and Procedures

engage in inappropriate solicitation of individuals. We will not solicit individuals through the use of fraud, intimidation, undue influence, including offering discounts, special offers, including prizes, free services or other incentives. We will work diligently for any individual who may choose our services within the identified geographical location as indicated in our Policies and Procedures. We will review with each individual choice of support services and their satisfaction.

Transitioning

If the individual chooses another provider we will maintain communication with the support coordinator and the new provider to ensure a smooth transition of services and provide any information or assistance in this effort. We will ensure that all records and billing are current prior to transition, whenever possible.

When an individual/guardian has expressed a desire to transition to community services the following procedures will be followed:

1. The Director will meet with the consumer and conduct an interview.
2. Once Powell Supportive Services is selected, a thorough explanation of all residential options will be discussed; any options consumer wishes to consider will be scheduled for a visit.
3. Once a residence has been selected an Individual Financial Profile including proposed start –up stipend and/or supported living allowance will be submitted to the Support Coordinator.
4. If the consumer takes prescription medications, consideration must be taken for proper medication maintenance and administration.
5. The provider should ensure continuity of services and obtain all necessary paperwork from the Support Coordinator.

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6. All needed supports and services should be arranged and ready to begin upon move in to consumers new home.
7. Third party benefits and Medicaid eligibility issues should be addressed and resolved prior to the move.
8. Complete the Transitional Guide for move in.

Exit from Services

When an individual makes a decision to leave Caregivers Companion Services, the following procedures will be followed:

1. The individual will inform the provider and agency of the choice so that the provider can make arrangements for a successful transition between providers, services or supports.
2. The Support Coordinator will be notified of individual's decision and ensure the individual has made an informed decision and all options have been explored (providers, supports, or services).
3. Once a provider has been chosen arrangements will be made to transfer necessary services and records as needed.
4. The consumers file will be closed and archived in a locked location.

When the Provider decides to release a client who is receiving services, the following procedure will be followed:

1. A 30-day certified letter will be sent to the client as well as APD and the client's Support Coordinator.

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Self-Assessment

A self-assessment will be conducted annually and may include the following:

1. Results of the consumer satisfaction survey
2. Review of one consumer file using the Monitoring Protocol
3. Reports documenting the number of consumers to whom a personal outcome has been addressed
4. Report documenting the Personal Outcomes addressed for each individual
5. Review of the Core Assurances and Service guidelines as outlined in the Medicaid Waiver Services Handbook
6. Most current Monitoring Report
7. Projected Outcome Information including
 - Reports documenting at least annually, presence of projected outcome regarding Consumers have maximum freedom of choice in all areas of their life. (Choose personal goals, where and with whom they live, work, choose daily routine) with graph.
 - Report documenting at least annually, presence of projected outcome regarding consumers demonstrating an increase in abilities, self-sufficiency and changes consistent with personal goals.
 - Satisfaction of services as evidenced by Annual Survey.
 - Report documenting at least annually, successes of consumers.
8. Report documenting objective progress on goals.
9. Quality Improvement Plan for Previous Year

The method of the self assessment may change as we grow and experience a monitoring. The intent will remain to be a way to measure my effectiveness as a provider and my need for improvement. Information learned from the self-assessment will be used to develop a quality improvement plan.

Record Retention

We will maintain records which sufficiently and properly reflect all services provided. Records will be maintained for 5 years after completion of the contract, or if a federal or state audit has been initiated and audit findings have not been resolved at the end of the five years, the records will be maintained until resolution of the audit findings or litigation. We agree that if the business is sold or transferred, we will maintain and make available to the Department and Agency those Medicaid-related records required to be kept.

Zero Tolerance

We will receive training when available on the Zero Tolerance Policy initiated by the state every three years.

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Screening Requirements

We will maintain and make available upon request documentation that we have completed a Level Two background screening requirements are met in accordance with s. 393.0655, F.S.; and a local background screening. The Level Two screening will be renewed every 5 years.

Federal Anti-Discrimination Laws

The Civil Rights Act of 1964 prohibits discrimination on the basis of race, creed, color or national origin. Section 504 of the Rehabilitation Act of 1975 prohibits discrimination on the basis of a disabling condition. The American Disabilities Act of 1990 assures equal access to services for persons with disabilities.