



Home and Community Based
Services (HCBS)
POLICY AND PROCEDURES

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TITLE: ADMISSION OF CONSUMERS

POLICY: VITALCARE will admit consumers for care on the basis of reasonable assurance that the needs of the consumer can be met.

PURPOSE: To provide VITALCARE personnel guidance regarding when to admit a consumer for services.

PROCEDURE:

1. VITALCARE will only accept consumers for care or services on the basis of reasonable assurance that the needs of the consumer can be met adequately by the agency in the individual's temporary or permanent home or place of residence.
2. All admissions for the Home and Community Based Services Program will first be prompted by the Single-Entry Point (SEP) Case Manager
3. There will be initial documentation of the agreed upon days and times of services to be provided based upon the consumer's needs that is updated at least annually.
4. If the agency receives a referral of a consumer who requires care or services that are not available at the time of referral, the agency will advise the consumer's SEP contact, primary care provider, if applicable, and the consumer or authorized representative of that fact.
5. The agency will only admit the consumer if the primary care provider and the consumer or consumer's representative agree the services can be delayed or discontinued, if or when the agency cannot immediately provide the services.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: DISCONTINUATION OF SERVICES
(Volume 8.487.11.C)

POLICY: VITALCARE may discontinue personal care services and or homemaking services when the agency is no longer able to provide appropriate services to meet the consumer's needs, when continuation of services would be a safety hazard to the consumer and/or VITALCARE staff, or providing care to the consumer presents an undue hardship on the agency.

PURPOSE: To provide VITALCARE personnel guidance to determine when it is appropriate to discontinue services before completion of care and to provide a procedure to follow when it has been determined that discontinuation of services is necessary.

PROCEDURE:

1. VITALCARE will demonstrate reasonable efforts to meet the consumer's personal care and or homemaking needs and avoid discontinuation of services. Any or all of the following may be used to meet the consumer's needs and resolve consumer care issues: staff conferences, consumer/family conferences, consultation with the consumer's Single Entry Point (SEP) Case Manager (CM) and/or utilization of contracted services or community resources.
2. Consumer care services will not be discontinued before care has been completed unless there is a determination that:
 - a. The agency cannot adequately and appropriately meet the consumer's personal care or homemaking needs.
 - b. Continuation of services presents a safety risk to the consumer and/or staff.
 - c. The consumer's condition requires skilled care or services.
 - d. Services in the home are not appropriate.
 - e. The consumer's situation does not meet requirements of the payer source.
 - f. Providing care to the consumer presents an undue hardship on the agency.
 - g. There has been a lack of payment for services.
3. Consumer care services will not be discontinued without prior approval from one or more of the following: Agency Administrator or Back-up Administrator.

Notice of Discontinuation of Services.

1. The Single-Entry Point (SEP) Case Manager (CM), (if applicable) or the Primary care provider will be contacted and consulted prior to the decision to discontinue services whenever possible. When it is not possible to contact the Single-Entry Point (SEP) or primary care provider before the decision to discontinue services is made, contacted will be made to inform them of the situation as soon as possible.
2. Unless there is compelling reason otherwise, the consumer and/or consumer's Power of Attorney (POA) will be given at least 72 hours' prior notification of VITALCARE intention to discontinue services. This communication will be made in writing and by telephone.
3. In circumstances that present an imminent danger and/or safety hazard for the consumer and/or staff member, the 72-hour notification period will be waived and the consumer will be discharged immediately.
4. At the time of discontinuation of services, the consumer and/or Power of Attorney (POA) will be informed of possible health related consequences to the discontinuation of services and will also be provided resource information and referrals to other organizations which may meet the needs of the consumer.
5. Communications or actions concerning the discontinuation of services will be documented in the consumer's record.

APPROVED:



03-24-2017

Date: _____

Name & Signature of Administrator

TITLE: PERSONNEL RECRUITMENT, SELECTION, RETENTION, AND TERMINATION (Volume 8.487.12)

POLICY: VITALCARE may recruit and hire personnel who may provide services in accordance with the policies and requirements of the agency as well as the service arrangements identified in the service plan.

PURPOSE: To provide VITALCARE guidance to determine when it is appropriate to recruit, hire and terminate personnel.

PROCEDURE:

1. VITALCARE does not discriminate in employment opportunities or practices based on race, color, religion, gender, national origin, age, disability, sexual orientation, veteran status or any other characteristic protected by law.
2. VITALCARE abides by all Federal, State and local standards and regulations in its day-to-day operations including but not limited to:
 - a. Title VI, Civil Rights Act 1964, 1991
 - b. Rehabilitation Act, 1973, 1993
 - c. Omnibus Reconciliation Act (OBRA)
 - d. Americans with Disabilities Act (ADA), of 1990
 - e. Age Discrimination in Employment Act (ADEA), 1967
 - f. Family & Medical Leave Act (FMLA)
 - g. OSHA (Occupational Safety & Hazard Act)
 - h. HIPPA (Health Insurance Portability & Privacy Act)
 - i. Red Flags Rule, an FTC Law, 2009
3. Personal Care Worker (PCW) will be at least 18 years of age.
4. Candidates will have appropriate experience or training in the homecare industry that is verifiable and/or have completed agency training and successfully passed a competency exam.
5. Candidates agree to all agency policies regarding supervision, training and competency exams.
6. All candidates will agree to submit to a criminal background history, no more than 90 days prior to hiring, and if hired, agree to ongoing, random background check throughout employment. The cost of the initial check will be borne by the agency.
7. Any individual who does not fully disclose criminal history on the agency application and whose criminal history report indicates felonious conviction(s) will not be considered for employment unless the situation and circumstances are fully investigated and documented by members of the Board of Directors with written documentation included in the respective personnel file.
8. The Agency has the right to request a drug and alcohol screening at any time as the Administration feels is justified. Documentation of cause and completion of the screening will be maintained in the personnel record. Cost of the screen will fall on the agency.

9. Applicants will provide at least three (3) reference, whom the agency will contact for at least the following information: dates of employment, position held and whether the individual is eligible for re-hire.
10. Disciplinary actions may take the form of verbal or written correction of an individual's performance. Such actions will be documented in writing and included in the personnel file, signed by the supervisor and employee. Disciplinary action may include:
 - a. Termination of employment with date indicated,
 - b. Reason for separation documented,
 - c. Eligibility for rehire,
 - d. Suspension without pay,
 - e. Verbal warning,
 - f. Written warning,
 - g. Counseling.
11. The agency has the right to terminate employees based on performance.
12. Former employees who have not been active with the company for 90 days or more will be treated as a new hire and complete all new hire information requests and training requirements.
13. Personal Care Workers will not be allowed to:
 - a. Perform skilled home health services,
 - b. Perform or provide medication set up,
 - c. Perform other actions specifically prohibited by law, regulation or agency policy.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

**TITLE: ACCESS TO CONSUMER
RECORDS/CONFIDENTIALITY/EMPLOYEE INFORMATION**
(Volume 8.487.13)

POLICY: All employees and contractors of the agency will maintain confidentiality of consumer information as required by State and Federal laws to maintain the privacy of “Protected Health Information” (PHI). The terms of this policy must be abided by while these rules are in effect.

PURPOSE: To identify rules of maintaining consumer PHI according to existing regulation by all employees and contractors of the agency.

PHI Definition: Information about the consumer including demographic information that can be reasonably used to identify the consumer and related to past, present or future physical or mental health or condition; the provision of related home care services; the payment for that care. This policy identifies ways the agency collects, uses and discloses PHI to carry out care, payment or for other specified purposes that are permitted or required by law.

PROCEDURE:

1. Personal Care Workers (PCW) are provided information with only the consumer information needed to provide the services assigned.
2. PCW will protect the confidentiality of all consumer information provided and never disclose, except as required by law, information to parties outside the realm of agency involvement.
3. PCW will take precautions during phone calls, discussions away from the agency and consumer place of residence to ensure outside parties cannot overhear conversations regarding any agency consumer. Situations to be mindful of include public restrooms, cell phone conversations, elevator and places where an outsider might overhear confidential information concerning a consumer.
4. The agency may use and disclose PHI to perform administrative activities (data management), to process claims and seek reimbursement for health expenses covered by an insurer or plan.
5. The agency may use and disclose PHI to assist other health care providers (doctors, case managers, pharmacies) in the consumer diagnosis and treatment.

VITALCARE – Non-Medical Policies and Procedures

6. The agency may disclose PHI when required to do so by law, e.g., workers' compensation.
7. The agency may disclose PHI to public health agencies for reasons such as preventing or controlling disease, medical injury or disability.
8. The agency will maintain consumer files, current and discharged, in a locked area or file cabinet at all times when the files are not in use for normal, agency operations. The Administrator will maintain keys to the locked area with a designated back up person to have access in absence of the Administrator.
9. All agency employees and contractors will review and acknowledge receipt of this policy with evidence of same placed in the appropriate personnel file.
10. Any breach of confidentiality or allegation of it will be documented in the complaint log and investigated according to agency complaint, grievance, incident and occurrence reporting policies.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: **LIABILITY INSURANCE** (Volume 8.487.14)

POLICY: VITALCARE maintains liability insurance according to current State rules and regulations. Verification of such liability insurance may be directed to the agency President for presentation of documentation accordingly.

PURPOSE: To provide VITALCARE with liability insurance in at least such minimum amount as set annual by the Colorado Department of Public Health and Environment.

PROCEDURE: The Supervisor, will monitor the expiration or current liability insurance coverage and minimum amount needed as set annual by the above-noted departments.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: **EMERGENCY AND DISASTER PREPAREDNESS/PROCEDURES**
(Volume 8.487.14)

POLICY: All employees and contractors of the agency will be trained in emergency and disaster procedures.

PURPOSE: Emergency preparedness with written procedures to manage consumer care and services in response to the consequences of a natural disaster or other emergencies that disrupt the agency's ability to provide care and services and/or threatens the lives or safety of its consumer.

PURPOSE: The agency has established specific guidelines and procedures to be followed in case of medical emergency, fire and other disasters. Staff will be trained on responsibilities and functions for implementation in the emergency preparedness plan. Documentation of all emergencies will be ensured by the agency in the appropriate critical incident/incident log.

Education will be provided to consumers, and/or consumer representative, and/or consumer family member as appropriate on how to handle care, treatment, safety and/or well-being during and following instances of natural and other disasters appropriate to the needs of the consumer.

PROCEDURE:

1. At the time of admission each consumer will be assessed and documented in 1 of the 3 emergency care needs options:
 - a. RED- Needs immediate care within 24 hours.
 - b. YELLOW- Needs care within 24-72 hours
 - c. GREEN- Does not need care; family can meet consumers' needs.
2. This emergency level will be issued in the event of natural disasters that limit the agency's ability to reach the consumer and provide services.

Medical Emergency Procedures

1. Whenever the situation appears to be **life threatening** or where the consumer requires immediate transport to a hospital or emergency center, an ambulance is called immediately using 911.
2. Consumer's representative is called as soon as possible when a **medical emergency** occurs. The alternate and/or emergency contact noted in the consumer file is contacted when the consumer representative is not immediately available.

Utility Breakdown Procedures

1. **UTILITY BREAKDOWN:** If there is a **utility breakdown** (e.g., heat, cooling, lights, water, toilets) for more than one (1) hour, staff will attempt contact the consumer representative, or emergency contact if the consumer representative is unavailable the staff will attempt within a reasonable amount of time to contact the representative always keeping the consumer and their own safety in to account, the agency will arrange for the consumer to be transported to a safe place. If consumer landline phone is out of order, every effort will be made to make contact from other phones, (e.g., cell phones, another home/building).

Fire Procedures

1. **FIRE:** When **a fire, product of combustion or disaster** endangers consumers, evacuation will begin immediately and continue until the consumer is no longer exposed to danger. Immediate contact with Emergency Help using 911
2. Staff in the immediate hazardous area is responsible for the initial evacuation of the room/area involved. This action continues through the arrival of the Fire Department or other Emergency First Responder(s).
3. **EVACUATION:** *Evacuation is directed by staff members to assist the consumers to a safe place until the arrival of the Fire Department or other Emergency First Responder(s).*
4. Staff is in charge of **supervising consumers to walk toward safety using available fire exit route(s). Any assistive device(s) will be retrieved after consumer safety is ensured and any danger to the Personal Care Worker (PCW) has been relieved, i.e., first responder so indicates safety.**
5. **EMERGENCY/SUDDEN ADVERSE WEATHER:** If determination is made prior to scheduled PCW arrival, consumers/authorized representative are notified by telephone as soon as possible by agency representative with notification of as well to the consumers' case manager (CM). Documentation is made in consumer chart what action(s) taken to ensure consumer safety and welfare.
6. **EMERGENCY CALL LIST:** Administrator will ensure that a current emergency call list is available at all times to include, at minimum, emergency facilities, ambulance/rescue, hospitals, pharmacy, and poison control.

Tornado Procedures

In the event of a tornado (sirens may sound or an alert may come from the surrounding cities).

1. Staff will monitor the radio and notify Supervisor immediately.

2. Staff will take the following actions based on location of the consumer in the home:
 - a. **No Windows:** *Consumer will remain in room with no windows until the tornado warning is cancelled.*
 - b. **Windows:** *Consumer in a room with windows is in an unsafe location. Staff will help the consumer to take shelter in an inside room or an area without windows.*
3. Staff will avoid glass areas and exterior walls and will not leave the home unless existing conditions deem it advisable.
4. After the advisory is over report injuries and damage to emergency medical authorities via 911 first and agency Supervisor second. The Supervisor will notify the case manager (CM) and document the incident in the consumer chart.

Earthquake Procedures

An earthquake usually occurs without any type of warning.

1. Attempt to get the consumer to a safe location, such as under a table or desk. Avoid bookshelves, glass areas and doorways.
2. After the earthquake, the PCW will report any injuries and home damage to emergency medical authorities via 911, then the agency Supervisor, who will document the incident and notify the case manager (CM).

Threatening Phone call (Bomb threat) Procedures

In the event of a threatening phone call, the PCW will remain calm and obtain as much information as possible. At first availability, PCW will contact the Supervisor. When possible, the Supervisor will listen carefully to what the caller is saying and will not interrupt.

1. The Supervisor /and or PCW will call 911 to report the threat.
2. The Supervisor /and or PCW will write down the exact wording of the threat.
3. The Supervisor /and or PCW will write down the time and if the caller is male or female. Is the voice deep, soft, muffled or a whisper?
4. The Supervisor /and or PCW will ask and document the answer in writing if possible:
 - a)Where is the bomb?
 - b)What kind of bomb?
5. If an evacuation is necessary, first responders and/or emergency personnel in conjunction will make the decision with the agency Administrator.

Flood Procedures

1. Upon learning of a potential flood, the Administrator will contact Emergency Medical authorities using 911 to ask for aid in moving at-risk consumers to higher ground.

2. The Administrator will monitor the radio for emergency instructions.
3. Staff will be prepared to move the consumer to higher ground to avoid the flood.
4. Consumer safety is the number one priority. Protection of property and possession should be of no concern until consumer is safe.

Know Winter Words of Warning

1. **WATCH-** A winter storm is approaching.
2. **FLURRIES-** Intermittent snowfall that may reduce visibility.
3. **SLEET-** is small particles of ice, usually mixed with rain. If enough sleet accumulates on the ground, it will make the roads slippery.
4. **HEAVY SNOW-** is when four or more inches are expected within a 12-hour period.
5. **FREEZING RAIN** or **FREEZING DRIZZLE-** is forecast when expected rain is likely to freeze as soon as it strikes the ground, putting a coating of ice or glaze on roads and everything else that is exposed. If a substantial layer of ice is expected to accumulate from the freezing rain, an ICE STORM is forecast.
6. A **BLIZZARD-** is the most dangerous of all winter storms. It combines cold air, heavy snow and strong winds that blow the snow about and may reduce visibility to only a few yards. Winds 35 mph. temperature 20 degrees F. or less.
7. A **SEVERE BLIZZARD WARNING-** means that a very heavy snowfall is expected, with winds of at least 45 mph or temperatures of ten degrees or lower.

Blizzard/Winter Storm Procedures

1. If a winter storm is on its way, the Administrator will ensure that the staff members are aware of importance and listens to the radio or television for weather updates.
2. Battery powered equipment (i.e. radios, flashlights) will be checked by staff.
3. If heat is not available, staff will close off unused rooms, seal cracks around doors and cover windows using blankets, pillows, clothing, etc.
4. Staff will contact the agency Administrator, who will reach the consumer's representative/emergency contact(s) for emergency pick up.
5. Staff will contact 911 emergency authorities in the event that no other transportation for any consumer is available.

VITALCARE – Non-Medical Policies and Procedures

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

Emergency and Natural Disaster Cheat Sheet

Fires

Fires are common emergencies, which can be started via a number of reasons. Fires can be prevented by paying attention or supervising activities in the kitchen, keeping all fires watched and well maintained, throwing out oily rags in designated air-tight containers, and not using any appliances with damaged or exposed wiring.

- Small fires can be put out with a fire extinguisher or water.
- Grease fires should never be put out with water. Use an extinguisher or smother them with a lid or heavy blanket.
- Electrical fires should only be put out with an extinguisher. Never use water.

In case of a major fire, adhere to all fire alarms. Keep your head low to avoid smoke inhalation. Exit the building as soon as possible and call 911. Avoid using elevators. Test door handles with the back of your hand to ensure that fire is not behind the door. If trapped, call 911 immediately. If ceiling is collapsing, curl up into a ball sideways with your right side towards the ceiling, shielding your head and body with your right arm. It is most important to protect your head with both hands.

Severe Thunderstorm

The National Weather Service will issue warnings when a thunderstorm is strong enough to fit this category. Remember the following:

- Close all windows
- Stay indoors
- Minimize use of computers or phones that are plugged into phone lines, Ethernet cables, or power outlets.
- Do not take showers. Minimize use of toilets or urinals that are hooked up to sewer lines.

Tornado

Tornado warnings are signaled by sirens. This is a call to turn on a television or radio to a local affiliate. If instructed to, head to the lowest, centermost part of the house and stay away from windows until all is clear. Tornadoes can be seen via a funnel shaped cloud and give off a sound similar to a train or jet engine.

Gas Leak

Natural gas is odorless and colorless but a sulfurous smell is added to it for easy detection. If you smell gas in a consumer's home, evacuate immediately, call 911, then call the office so that the agency can notify Xcel Energy 1-800-895-2999 immediately.

Mustard Gas

Ammonium Chloride (NH₄Cl) is a mustard gas that is often mistakenly mixed in the home. Never mix cleaners containing ammonia such as glass cleaner with chlorine bleach. If this occurs, evacuate the house and call 911.

Carbon Monoxide

Carbon Monoxide (CO) is a colorless, odorless gas emitted in large quantities from old furnaces and water heaters. It is heavy and travels across the floor or a few feet above the ground.

- Never put store anything on top of a furnace or water heater, even if asked.
- If a CO alarm goes off or the consumer begins feeling dizzy, nauseas, or disoriented while laying down, evacuate the house and call 911 immediately.

Flood

When rain is heavy enough to potentially flood roadways and homes, pay close attention to radio and television broadcasts and heed evacuation instructions, even if you must use your own vehicle.

Crime

If there is suspicious activity or you see a crime in progress, do not get involved. Find a safe place, call 911, and stay on the line providing as much assistance as you can.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: **ADULT AT RISK** (Volume 8.487.15)

POLICY: VITALCARE in order ensure at-risk adults are protected and kept safe from harm when they cannot protect themselves, the agency will ensure all staff are carefully trained and supervised in the matter of At-Risk Adults (*See also Consumer Rights Policy and Procedure*).

PURPOSE: The agency aims to ensure that any adult consumer at risk is protected and kept safe from harm when they cannot protect themselves.

Symptoms and types of Abuse:

- A. **Mistreatment:** Mistreatment of an at-risk adult includes physical abuse, neglect, sexual abuse, self-abuse, financial exploitation, and other forms of exploitation.
- B. **Physical Abuse:** Includes hitting, slapping, pushing, kicking, burning, confining, or restraining an at-risk adult. Some signs of physical abuse are: • Injuries, such as bruises, welts, burns, lacerations or abrasions, and fractures that are inconsistent with the explanation or are in various stages of healing • Human bite marks and/or air loss from pulling • Signs of confinement such as rope-burns or bruising on wrists, ankles, neck or torso • A history of repeated emergency room or hospital admissions • Evidence of past injuries that have not properly healed
- C. **Neglect:** Is a lack of physical care, health care, or necessary medication, food, shelter, or clothing provided by a caregiver. Some signs of neglect by a caregiver are: • Untreated medical conditions • Improper administration of medications, other drugs, and/or alcohol to “control” the at-risk adult. • Malnourishment and/or dehydration • Poor hygiene and self-care • Being left alone for long periods of time when the at-risk adult is in need of supervision and assistance
- D. **Sexual Abuse:** Is sexual activity or touching without consent or understanding. Some signs of sexual abuse are: • Unexplained sexually transmitted disease • Reported sexual assault • Difficulty in walking or sitting • Torn, stained, or bloody underclothing • Bruises or bleeding of genital or anal areas or vaginal discharge • Unexpected reluctance to cooperate with toileting and/or physical exam of the genitalia
- E. **Self-Abuse:** Is the infliction of injury to one’s self. Some signs of self-abuse are: • Head injuries from repeated head banging • Bleeding, malformed fingertips from excessive finger biting or sucking • Injuries to genitalia from insertion or rubbing of

- abrasive and/or sharp objects • Hair loss from hair pulling •
Suicide attempts • Self-inflicted cuts or skin tears
- F. **Financial Exploitation:** Is the use of an at-risk adult's money or property for another's benefit. Some signs of financial exploitation are: • Unpaid monthly bills or bounced checks • Income or assets used by another person without the adult's consent • Questionable transfers of assets or property • Denied access to personal funds or assets • Abuse of power of attorney authority
- G. **Exploitation:** Of at-risk adults may not always involve financial issues. Some examples of other forms of exploitation are: • Forcing a frail adult to panhandle • Using the adult's home for the production, sale, or distribution of illegal drugs • Prostituting an adult • Obtaining credit in the adult's name or identity theft
- H. **Self-Neglect:** Occurs when an at-risk adult cannot or does not care for him or herself. Choice of lifestyle, by itself, does not constitute self-neglect. Some signs of self-neglect are: • Untreated medical conditions • Non-compliance with or inability to take medicines as prescribed • Malnutrition and/or dehydration • Poor hygiene and self-care • Bedsores • Frequent falls • Unsanitary condition in the home • Wandering or getting lost • History of fires or burns • Confusion, disorientation, or memory impairment • Inability to receive or communicate information regarding his/her needs.

Procedure

1. Any caregiver who suspects abuse of a consumer receiving services from the agency will contact the agency Administrator and/ or Backup Administrator immediately.
2. The Administrator will determine the appropriate steps to take upon receipt notice of possible mistreatment of a consumer in its care and document any allegation and steps taken with outcome noted in its Incident/Complaint/Occurrence logs.
3. In addition to Incident/Complaint/Occurrence reporting requirements the Administrator or backup will contact the following if deemed appropriate:

**The Colorado Coalition for
Elder Rights and
Adult Protection
303-866-2849
1-800-773-1366
Adult Protective Services
1-888-866-4243**

Or visit:

www.ColoradoAging.com
www.CCERAP.org

4. The Purpose of the Adult Protective Services (APS) program is to protect adults who cannot protect themselves. These adults are known as “at-risk adults.” They are considered to be “at-risk of mistreatment or self-neglect because:
 - a. They are unable to protect themselves;
 - b. They are unable to perform or arrange for services that will help them protect their health and safety; and/or;
 - c. They lack sufficient understanding or lack the capacity to make or communicate decisions that keep them safe and healthy.
5. The Adult Protective Services (APS) statute does not authorize the APS program to investigate reports of emotional and verbal abuse. In order to be eligible for Adult Protective Services (APS), an adult (of any income level) must:
 - a. Meet the statutory definition of an at-risk adult;
 - b. Be the victim of mistreatment or self-neglect as defined by the statute; and
 - c. Either consent to receive APS help or be determined by the court to be incapable of such consent.
6. Some signs, in isolation, may not indicate abuse, neglect, or exploitation.
7. The document on the following pages may be used by the Agency to educate consumers, authorized representatives and other related parties on basic of At-Risk Adults.

Source:

<http://www.ccerap.org/images/stories/pdf/EnglishAbuseofElderly.pdf>

(AUG. 2016).

APPROVED:



03-24-2017

Date: _____

Name & Signature of Administrator

TITLE: CRITICAL INCIDENT REPORTING
(Volume 8.487.15)

POLICY: VITALCARE follows the current direction of Health Care Policy and Finance (HCPF) with regard to the handling and reporting of critical incidents, including accidents, suspicion of abuse, neglect or exploitation and criminal activity.

PURPOSE: To provide VITALCARE with policies and procedures for dealing with critical incidents as defined by the Department of HCPF and the Colorado Department of Public Health(CDPHE) and Environment.

PROCEDURE: The Supervisor, will monitor changes in Critical Incident Reporting requirements as indicated in the Colorado Medicaid Bulletin, and ensure changes are made and implemented in respective agency policies and procedures. The following Critical Incident Reporting Requirements is current as of October 2014:

- 1.All current consumers will have critical incidents documented, resolved and tracked.
- 2.Critical Incident Reporting System (CIRS): The Department of Health Care, Policy & Financing (HCPF) requires Home and Community Based Service (HCBS) Waiver Program participants to comply with the CIRS. Applicable waiver programs include:
 - a. Children's HCBS
 - b. Children with Autism
 - c. Persons with Brain Injury (BI)
 - d. Community Mental Health Supports (CMHS, previously MI)
 - e. Elderly, Blind & Disabled (EBD)
 - f. Hospice Waiver
- 3.HCPF Definition of Critical Incident: Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the health or welfare of a consumer. It could have or has had, a negative impact on the mental and/or physical well being of a consumer in the short or long term.
- 4.Critical Incident Tracking and Reporting:
 - a. VITALCARE will track all incidents to ensure that consumer safety is a priority.
 - b. All incidents will be investigated and resolved.

The following are the requirements for an incident to become critical:

- a.Death- Report any death of an accidental, intentional or suspicious nature or any death, including incidents involving law enforcement or a coroner. If there is any reason to believe the

death may be accidental, of a suspicious nature, or **NOT due to natural causes.**

- b. Suspected Abuse, Neglect and Exploitation- **Abuse** includes actions which result in bodily harm, pain or mental distress. **Neglect** is a failure to provide care and service when an adult is unable to care for him/herself. **Exploitation** is the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a Consumer's belongings or money without the Consumer's consent.
 - c. Injury to or Illness of the Consumer- **Injury or illness requiring treatment beyond first aid** includes: (illness or injury requiring immediate emergency medical treatment; or resulting in emergency admission to the hospital.)
 - i. illness
 - ii. lacerations requiring stitches or staples, fractures, dislocations,
 - iii. Loss of limb, serious burns, skin wounds
 - d. Damage to Consumer's Property or Theft- Deliberate damage, destruction, theft, misplacement or use of a Consumer's belongings or money without the Consumer's consent, including the deliberate diversion of medications.
 - e. Medication Management Issues- Problems with medication dosage, scheduling, timing, set-up, compliance, administration or monitoring **which result in documented harm or an adverse effect which necessitates medical care.**
 - f. Other High Risk Issues- Serious issues that do not yet rise to the level of a critical incident, but have the potential to do so in the future, including such events such as environmental hazards, suicide threats, self-injurious behaviors, arrest or detention, etc. Reports to County Human Services Departments regarding adult or child protection issues or other mandatory reporting.
- 5. Within one (1) business day of learning of the incident, the agency will report to the Single-Entry Point (SEP) Case Manager.
 - 6. The agency will also report to law enforcement, Child or Adult Protective Services & CDPHE as mandated.
 - 7. The Supervisor will document the incident and include the information in its Quality Management Program to identify and implement continuous improvement in its service provisions.
 - 8. Inappropriate Reporting? When in doubt, the agency will err on the side of caution and document & report the incident. There are circumstances that the department deems an issue unnecessary to report and the agency should note this in the log. There are situations that do not fit into an incident category that the case manager deems important, so contact the CM.

9. Report Details to be Documented: In all cases, document:
- a. WHO was involved,
 - b. WHAT were the circumstances,
 - c. WHERE the incident happened,
 - d. WHEN it took place, date & time,
 - e. Name and title of the employee completing the incident form with contact information, HOW employee learned of incident, to whom it was reported, date & time of the incident and date & time the form was submitted.
10. This agency will communicate with the SEP via phone, **unless otherwise requested by the SEP.**

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: COMPLAINTS/OCCURRENCES

(Volume 8.487.15)

POLICY: VITALCARE maintains a log of all complaints and occurrences, which includes documentation of the issue and resolution of the problem. This log is available upon request by State Surveyors and other appropriate authorities.

PURPOSE: To provide VITALCARE personnel guidance on documentation, investigation and resolution of complaints, and occurrences for review, at minimum, at the annual meeting of the Board of Directors.

PROCEDURE:

1. Consumers are informed of their right to express complaints without reprisal or discrimination. Agency policy:

- a. Once a complaint is received the agency administrator or person deemed will document the complaint on the complaint form. As much information will be documented.

The agency staff deemed responsible for investigating complaints will then initiate the investigation of the complaint. The agency has 5 business days to conduct the investigation and attempt to seek resolutions. The Agency may attempt to find such resolutions to include but not limited to conducting staff and or consumer/family conferences. Consulting with the Single-Entry Point (SEP) Case Manager and other refer to other resources.

- b. The agency will document the resolution.
- c. Verbal and written notification will be given to the complainant of the outcome and resolution of the complaint.

Initial Investigation & Documentation of a Complaint: Consumer safety is the primary concern, document contact information for individual making the complaint.

- a. Are all parties safe?
- b. What occurred?
- c. Gather information
- d. Address any injuries
- e. Protect and promote consumer rights
- f. Have all parties document what happened
- g. Interview consumer
- h. Follow agency complaint investigation guide and Policies & Procedures.
- i. Review definitions, Colorado Statutes, Occurrence reporting standards.

Agency Complaint Documentation:

- a. Date and time complaint received,

- b. If verbal, ask open-ended questions,
- c. Document what was told to you,
- d. Ask complainant to document in writing,
- e. Determine who, what, when, where, how,
- f. Have personal interviews with all parties,
- g. Congruence? Does what they are saying match facial expressions and body language?

Complaint Investigation, Data analyzing:

- a. Analyze data and review with Administrator
- b. Are there discrepancies in the data?
- c. Are there patterns of behavior?
- d. Is abuse involved?
- e. What types of behaviors are involved?
- f. Was there Staff involvement?

Complaint Log:

- a. Organize and isolate complaint log.
- b. Most current activity on top using a log sheet
- c. Detail all activity, investigation, resolution
- d. Maintain documents minimum of 2 years per standards. The agency's log will be available for audit and inspection by the department.

Outcome and Follow up:

- a. Document outcome and follow up
- b. What happened as a result of the investigation?
- c. Termination of staff?
- d. Personality conflicts, resulting in change in care giver(s)?
- e. Training & education of staff?
- f. Steps taken to resolve the documented issue.

Resolution - Document resolution verbal and in writing:

- a. Call complainant and notify them of the result of the investigation and the plan to resolve the issues identified.
- b. Notify complainant in writing of investigation results and plan to resolve the issues identified.
- c. Ensure Agency documentation complete per complaint policy.
- d. Ensure Agency incorporates substantiated findings into its Quality Management Program to implement needed changes.

Reporting Requirements: The agency will comply with occurrence reporting set forth in 6 CCR 1011, Chapter II, Section 3.2

- a. Is this a reportable action? If yes, then follow the Occurrence reporting policy.
- b. Responsibility assigned to administrator or backup administrator,
- c. Include what to document in receiving information related to potential occurrence.

What is an Occurrence? Defined in Chapter 2.

An Occurrence is any incident that includes:

- Unexplained deaths,
- Brain injuries,
- Spinal cord injuries,
- Life-threatening complications of anesthesia,
- Life-threatening transfusion errors/reactions,
- Severe burns,
- Missing persons,
- Physical abuse,
- Verbal abuse,
- Sexual abuse,
- Neglect,
- Misappropriation of property,
- Diverted drugs and /or
- Malfunction/misuse of equipment.

Duty to Report Occurrences

- This agency will report all reportable occurrences to the Occurrence Section of Health Facilities and Emergency Medical Services Division.
- The agency will report occurrences by the end of the next business day.
- The agency's compliance with Occurrence Reporting Requirements as found in regulations, Chapter II (Section 3.2) and Chapter XXVI (Section 6.10).
- The agency will integrate occurrences into the agency Quality Management Program.

AGENCY INVESTIGATION

- An allegation must be responded to and treated with the same degree of consideration and seriousness regardless of the nature of the allegation.
- Do not prejudge the situation.
- The agency will ensure a safe environment is provided while conducting the investigation.
- All staff in question will be removed from active cases, to ensure safety of all consumers.

Interviews Performed by Staff

- When conducting interviews, the agency will speak to those involved as well as other consumers, family members, and staff members to determine if there have been other situations or unreported concerns.
- The agency will rule out additional allegations.

REPORTING AN OCCURRENCE: ACTIONS

- Determine the category of occurrence,
- Report only if it meets the elements, listed in the Occurrence manual provided by the Depart of Public Health and Environment. A copy of the manual will always be on the agency's internal website.
- Report occurrence through the Colorado Department of Public Health and Environment (CDPHE) electronic portal. Include the status of the consumer, what protective measures have been implemented, and if law enforcement has been notified (for abuse occurrences).
- This is mandated by statute, 25-1-124(8) CRS.

REPORTING TIMELY

- An initial report must be submitted by the end of the next business day following the occurrence.
- Clock begins with the first staff person who becomes aware of the occurrence.
- A full report should be submitted within 5 calendar days of the occurrence.

REPORTING TO THE POLICE

- If an abuse occurrence meets the reporting elements, it meets the definition of felony abuse and must be reported to law enforcement or the agency will be cited a deficiency.
- The agency's obligation is to report the occurrence to law enforcement. How the police department responds is determined by their policies and procedures.
- Document the Name, badge number of the officer, if appropriate, along with the number of the "reporting document."

Occurrence Reporting Department Contacts

- Sue Neff – Occurrence Program Intake Coordinator
- (303) 692-2826 – www.sue.neff@state.co.us

APPROVED:



03-24-2017

Date: _____

Name & Signature of Administrator

TITLE: **CONSUMER RECORDS** (Volume 8.487.16)

POLICY: All Consumer information will be maintained in a consumer record.

PURPOSE: To identify contents of each consumer record for review and maintenance according to existing federal, state and local regulations and standards.

PROCEDURE: The agency will maintain a complete and accurate record for each consumer assessed, cared for, treated or served. The record will contain at minimum:

1. Sufficient information to identify the consumer,
2. Support the diagnosis or condition,
3. Justify the care, treatment and/or services delivered,
4. Promote continuity of care internally and externally, where applicable,
5. Name, address and phone number of the
 - a. Consumer and/or authorized representative,
 - b. The referral source, case manager (CM) and/or single entry point (SEP) agency, if appropriate,
 - c. Consumer's physician,
6. Special health needs and/or conditions of the consumer,
7. Documentation of services provided, including,
 - a. Where
 - b. When,
 - c. To whom,
 - d. By whom,
 - e. Exact nature of the specific tasks,
 - f. Amount and/or units of service,
 - g. Date, month and year of service,
 - h. Beginning and ending time of day, including a.m. and/or p.m.,
8. Records of communication with the consumer and/or authorized representative regarding, care, treatment and services including documentation of all phone calls and emails,
9. Referrals to and names of known home care agencies, individuals and organizations involved in the care and/or safety of the consumer,
10. Consumer and family education, training on services or treatments and the use of equipment at the time of delivery to the residence.
11. Supervision of all providers providing care to the consumer.

VITALCARE – Non-Medical Policies and Procedures

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: **CONSUMER CHANGE IN CONDITION** (Volume 8.487.16.F)

POLICY: Any changes in the consumer's conditions or needs including appropriate reporting and action taken as a result will be documented in the consumer record.

PURPOSE: This policy and guidance document is designed for employees, consumers, authorized representatives for risk assessment, management of changing Consumer conditions and guidance.

DEFINITION OF CHANGE IN CONDITION: An unplanned event or change in medical status that requires action by the agency to evaluate a possible change in Consumer need for services.

PROCEDURE:

1. The agency will document changes in consumer conditions and/or needs in the consumer record.
2. Change in condition may include:
 - a. Consumer being hospitalized.
 - b. Consumer having a stroke (mental confusion, can't talk, can't walk or move).
 - c. Consumer having a heart attack (chest pains, shortness of breath).
 - d. Consumer declining physically or mentally (unable to do things they had been able to do previously, or more confusion and forgetfulness).
 - e. Consumer being incontinent of urine or feces.
 - f. Consumer having skin breakdown (sores, bruises, skin tears, abrasions).
 - g. Consumer complaining of more pain.
 - h. Consumer being more tired.
 - i. Consumer not eating or refusing to take fluids.
 - j. Consumer losing weight.
 - k. Consumer vomiting.
 - l. Consumer has a fever.
 - m. Consumer has blood in urine or stool.
 - n. Consumer has physical indications of alcohol or drug abuse.
 - o. Consumer has died.
3. Whatever the change in condition, the goal is to report that change to the Supervisor so they can re-evaluate consumer needs and services.
4. Action(s) taken and reporting the consumer condition change and/or needs will be documented in the consumer record.

5. **Staff responsibilities:** It is vital that employees report a change in condition to the Supervisor immediately.
6. Staff is responsible for:
 - a. Knowing the policies for change in consumer condition and change in consumer status,
 - b. Reporting any change in consumer condition to the Supervisor by contacting the office,
 - c. Following the Supervisor's directions on what needs to be done in the consumer home,
 - d. Reporting any change in consumer's health, environment or home, or condition to the Supervisor,
 - e. Always make every effort to minimize the risks to the consumer, yourself and others in the home setting,
 - f. If medical emergency – See Change in Consumer Status policy for specific responsibilities,
 - g. Documenting tasks and services performed per the Work Order/Timesheet,
 - h. Continue to report any further changes in consumer condition to the Supervisor.
7. **Administrative responsibilities:** The Supervisor will review the change in consumer condition to decide whether to revise the Care Plan.
8. The change in consumer condition will be described in the documentation notes with an explanation of how the change in condition impacts the consumer's need for services.
9. If home services need to be modified, the Supervisor will notify the consumer or consumer representative, case manager (CM) and any other agencies involved with the consumer of the need to revise what services will be provided to the consumer.
10. The Supervisor will revise the Care Plan to reflect the additional or deleted services to address the consumer's change in condition.
11. The revised Care plan will be sent to the Single-Entry Point (SEP)/Case Manager (CM)/Physician, as appropriate; to ensure the services provided in the home meet the consumer's needs related to the change in condition.

APPROVED:



03-24-2017

Date: _____

Name & Signature of Administrator

TITLE: **CONSUMER CHANGE IN STATUS** (Volume 8.487.16.F)

POLICY: Any changes in the consumer's conditions or needs including appropriate reporting and action taken as a result will be documented in the consumer record.

PURPOSE: This policy is designed for employees, consumers, authorized representatives for risk assessment, management of challenging behavior, policy and guidance.

DEFINITION OF CHANGE IN STATUS: An unplanned, and normally dangerous, event that requires immediate action in order to minimize any loss of service or loss of or damage to the consumer, property and/or environment.

PROCEDURE:

1. The agency will document changes in consumer status in the Consumer record.
2. Change in status may be caused by property damage (e.g. due to adverse weather), by a break down in essential services, or by people. Whatever the cause, the aim must always be first to protect the safety of the consumer, Personal Care Worker (PCW) and authorized representative. The next priority is to minimize damage to the property and surrounding environment.
3. Preparation: Most situations can be prevented or minimized by careful planning, and by ensuring that consumer and PCW information are comprehensive and current. All staff must have easy access to emergency phone numbers. Essential telephone numbers include:
 - a. Emergency service (911 – police, ambulance and fire brigade)
 - b. Essential services: gas, electricity, water
 - c. Agency phone number and on-call contacts and number
 - d. Family members' phone numbers
4. Staff responsibilities: It is vital that employees co-operate and share responsibility for the full and correct implementation of health and safety. Staff has responsibilities:
 - a. Familiarize and observe the operational and health and safety policies and procedures of the agency.
 - b. Report any dangerous occurrences to the Administrator or Backup Administrator.
 - c. Follow management advice in ensuring safe working practices.
 - d. Report any changes in consumer's health, environment or working condition.
 - e. Always make every effort to minimize the risks to consumers, yourself and others.

5. Dealing with a change in status, staff should:
 - a. Stay calm.
 - b. Assess the situation and choose a course of action to manage the situation.
 - c. A medical emergency is any condition requiring emergency medical care. Conditions or situations that involve any of the factors described below fall into this category:
 - i. Severe vomiting or visible blood in the vomitus,
 - ii. Fever above 101°F,
 - iii. Unusual abdominal pain,
 - iv. Blood in urine or stool,
 - v. Convulsions,
 - vi. Mental confusion,
 - vii. Poisoning,
 - viii. Severe burns,
 - ix. Overdose of medicine,
 - x. Physical symptoms of alcohol or drug abuse,
 - xi. Head injury,
 - xii. Uncontrolled and/or severe cuts,
 - xiii. Severe bruises, broken bones,
 - xiv. Chest pains, difficulty breathing, unconsciousness,
 - xv. Unresponsiveness, any combination of the above listed conditions.
6. Any situation where staff are unqualified to make medical determinations:
 - a. When in doubt always contact the appropriate emergency service by calling 911, being clear and concise when making a call,
 - b. Contact the agency Administrator and/or Backup Administrator, Agency Phone # 888-664-4222 or the Administrators cell # 720-273-7331
 - c. The appropriate office staff will contact the family, authorized representative, emergency contact,
 - d. Reassure consumer,
 - e. Never attempt to deal with the situation alone
7. PCW reporting of change in status must be reported to the agency as soon as possible and a report provided with detailed explanation of the change in status.
8. Any fatality must be reported to the agency as soon as possible by telephone.

APPROVED:



03-24-2017

Date: _____

Name & Signature of Administrator

TITLE: ADVANCE DIRECTIVES – CONSUMER RECORD
(Volume 8.487.16.G)

POLICY: VITALCARE, uses a policy on Advance Directives that complies with local and State Licensure Standards and regulations to assist the consumer and agency staff in understanding what they are and their purpose.

PURPOSE: To identify clarify the purpose of Advance Directives.

PROCEDURE:

1. Within one (1) business day of the start of services, the agency will inform the consumer concerning the agency's policies on advance directives, including a description of applicable state law.
2. The agency may furnish advance directives information to a consumer at the time of the first home visit, as long as the information is furnished before care is provided.
3. The agency will explain that Advance Directives provide all adult individuals with written information about their rights under State law to:
 - a. Make decisions about their medical care;
 - b. Accept or refuse medical or surgical treatment; and
 - c. Formulate, at the individual's option, an advance directive;
 - d. Inform that Organ Donation may be included in ADs.
4. Inform consumers about the Agencies written policies on implementing Advance Directives, (which is to provide information to the Consumer and authorized representative),
5. Document in the consumer's medical record that consumer was advised of Advance Directives and whether he or she has executed an advance directive;
6. The agency will provide care and under no circumstance or otherwise discriminate against an individual based on whether he or she has executed an advance directive;
7. Ensure compliance with the related state requirements on advance directives;
8. Provide staff and community education on issues concerning advance directives,
9. The consumer or authorized representative has the right to be advised of the availability of the state's toll-free hotline 303-692-2910 or 1-800-842-8826 and has the right to use this hotline to lodge complaints regarding care received or not received including implementation of the advance directives requirements.
10. When a consumer or authorized representative provides a copy of an Advanced Directive to the agency, the Administrator will ensure that a copy is in the consumer record.

- 11.If a Do Not Resuscitate (DNR) has been executed, a physician signs it and a copy is maintained in the consumer record.
- 12.If a Power of Attorney (POA) has been designated then a copy of the appropriate paperwork is maintained in the consumer record.
- 13.The consumer's chart will be labeled indicating the consumer is Do Not Resuscitate (DNR) (if applicable).
- 14.The consumer's care plan will reflect the existence of any physician orders applicable to a Do Not Resuscitate (DNR) and/or Advance Directives.
- 15.An agency representative will remind the consumer, family or authorized representative of the need to have a copy of the Advanced Directive as well as an original copy of the Do Not Resuscitate (DNR) order placed in a clearly marked envelope that is readily available to First Responders, should the need arise.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: SUPERVISION OF CARE – CONSUMER RECORD
(Volume 8.487.16.H)

POLICY: VITALCARE maintains documentation of supervision of care for each consumer in a consumer record that is kept together for easy access and review by supervisors, program monitors and auditors.

PURPOSE: To identify Supervision of care in each consumer record within the agency.

DEFINITION: “Supervision” means authoritative procedural guidance by a qualified person for the accomplishment of a function or activity.

PROCEDURE:

Supervision of a personal care worker (PCW) will:

1. Be performed by a qualified employee of the agency who is in a designated supervisory capacity and available to the worker for questions at all times;
2. Provide on-site supervision at a minimum every three (3) months or more often as necessary, for problem resolution, skills validation of staff, Consumer-specific or procedure-specific training of staff, observation of Consumer's condition and care, and assessment of Consumer's satisfaction with services and the personal care worker's adherence to the service plan; and
3. Includes evaluation of each personal care worker (PCW) providing services at least annually. The evaluation will include observation of tasks performed and relationship with the consumer.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: SUPERVISION OF CARE – VISITS AND MEETINGS
(Volume 8.489.43.G)

POLICY: VITALCARE requires supervision of care for each consumer in a consumer record that is kept together for easy access and review by supervisors, program monitors and auditors.

PURPOSE: Supervisory visits/meetings are provided to all non-skilled employees to ensure that appropriate, quality and necessary care is provided to the consumers. Supervisory visits are provided to ensure consumers' safety and staff competency. Care plan is reviewed and it is ensured that the services provided by non-skilled personnel are current, appropriate for non-skilled staff, and necessary. Supervisory visits are conducted to ensure personnel knowledge of their consumers' Plan of Care, needs, emergency procedures, first aid, and advance directives.

PROCEDURE:

1. PERSONNEL. All personnel conducting supervisory meetings will be trained by the Agency Administrator. All personnel conducting supervisory meetings will demonstrate knowledge of what is considered non-medical services and "INCLUSIONS" vs. "EXCLUSIONS" as provided by Volume 8 statutes 8.489.30 and 8.489.31 along with limitation of Medical Care and Personal Care, as stated in Chapter XXVI in section 8.5.D. All personnel providing supervisory visits will demonstrate knowledge of advance directives, emergency procedures, first aid, and consumer/personnel assessment skills.
2. SUPERVISORY PERSONNEL TRAINING. The agency Administrator will be trained on the knowledge of consumers' needs, personal care, recognition of change in conditions, emergencies training policies and procedures, first aid, and problem resolution.
3. All personnel providing supervisory training will be trained by the agency Administrator on all topics and details of supervisory visits and will demonstrate compliance and knowledge of all those topics and details and will pass the validation test. The competency will be reviewed annually or more frequently as needed.
4. All employees providing personal care will be supervised by a person who has received the training from the agency Administrator and have demonstrated knowledge of appropriate policies and procedures and has passed the skills validation test.

FREQUENCY

Supervisory visits will be conducted regularly, and are considered an on-going program as provided by Chapter 26- 8.5 F and Volume 8- 8.489.43, i.e. at least every 3 months or more frequently if initiated by one of the following:

- Consumers and/or family request.
- Consumer, family, and/or case manager's request for change in hours, frequency and/or duration of visits.
- Incident or accident.
- Problem resolution.
- Change in Consumer's condition.
- Change in Consumer's financial situation and/or insurance coverage.
- Personal Care Worker (PCW) request.
- Personal Care Worker (PCW) consistent non-compliance with Plan of Care.
- Case Manager's request.
- Suspected neglect and/or abuse.
- The need to evaluate multiple PCW's assigned to a case.
- Random visits, as determined by the agency.
- Consumer's non-compliance with Plan of Care or consistent absence from home/place of residence.
- Consumer's unavailability for scheduled supervisory visits.

The agency supervisory staff will attempt to make its supervisory visits to cover and evaluate competency of all assigned staff, if more than one PCW is assigned to a consumer. This will not reflect the frequency of supervisory visits overall. The supervisory visits will, however, be attempted to be made on different weekdays and at different times per consumer schedule needs and staff assignments.

PROCEDURES

Supervisory visits include and are not limited to:

- Review of Consumer's care plan and its adequacy and compliance.
- Review of other services provided to Consumer, i.e. determination of skills provided being in compliance with "INCLUSIONS" and "LIMITATIONS, ensuring that there is no duplication of services.
- Review of Job Descriptions of assigned personnel.
- Review of staff compliance with care plan.
- Review of any requests, problems, accidents, incidents.
- Review of consumer's condition and any changes.
- Orientation of staff to agency's policies and procedures.
- Arrangement and documentation of training.
- Informing staff of policies and procedures concerning advance directives and emergency procedures.

- Oversight of scheduling, and notification to consumers of changes; or close communication with scheduling staff.
- Written assignment of duties on a consumer-specific basis.
- Meetings and conferences with staff, if necessary.
- Problem resolutions.
- Skills validation of staff.
- Consumer-specific or procedure-specific training of staff.
- Observation and assessment of consumer's condition and care.
- Observation and assessment of staff of assigned tasks.
- Assessment of consumer's satisfaction with services.
- Investigation of complaints/critical incidents.
- Review of any missed visits, reasons, rationale and compliance with agency policies and procedures.
- Counseling with staff on difficult cases and potentially dangerous situations.
- Communication with case managers, physicians and other providers, as necessary to assure appropriate and effective care.
- Oversight of record keeping by staff.

DOCUMENTATION

- All training of staff providing supervisory visits will be documented and kept in their employee files.
- All supervisory visits will be documented and the documentation will be kept in Consumer files and the appropriate employee files.
- All attempts to make a supervisory visit, if refused by consumers, or otherwise not performed within a 3-month period will be documented, and will include the reason for delay if appropriate, and will be kept in consumer files, and employee's files, if appropriate.

APPROVED:



03-24-2017

Date: _____

Name & Signature of Administrator

- TITLE:** **SUPERVISOR AND PERSONAL CARE WORKER
QUALIFICATIONS & TRAINING – PERSONNEL RECORD**
(Volume 8.847.A, B & C)
- POLICY:** VITALCARE maintains documentation of supervision and personal care worker (PCW) training for each employee, volunteer and contract workers in a record that is kept together for easy access and review by supervisors, program monitors and auditors.
- PURPOSE:** To identify agency contents in each personnel record within the agency in accordance with local and State standards and regulation.

PROCEDURE:

1. All personal care staff will complete agency orientation before independently providing services to consumers. Orientation will include:
 - a. Employee duties and responsibilities;
 - b. A description of the services provided by the agency;
 - c. The differences in personal care, nurse aide care and health care in the home including limiting factors for the provision of personal care;
 - d. Consumer rights including freedom from abuse or neglect, and confidentiality of consumer records, personal, financial and health information;
 - e. Hand washing and infection control;
 - f. Assignment and supervision of services;
 - g. Observation, reporting and documentation of consumer status and the service furnished;
 - h. Emergency response policies and emergency contact numbers for the agency and for the individual consumer assigned, and
 - i. Training and competency evaluation of appropriate and safe techniques in all personal care tasks for each assigned task to be conducted before completion of initial training.
2. Training within the first 45 days of employment is provided, in addition to orientation, and includes but is not limited to: (In most cases this will be completed at the same time as orientation.)
 - a. Communication skills with consumers such as those who have a hearing deficit, dementia, or other special needs;
 - b. Appropriate training in accordance with the needs of special needs populations served by the agency including communication and behavior management techniques;
 - c. Appropriate and safe techniques in personal care tasks prior to assignment. Areas include bathing, skin care, hair care, mouth care, shaving, dressing, assistance with ambulation, exercises and transfers, positioning, bladder care, bowel care,

- medication reminding, homemaking tasks, and protective oversight;
- d. Recognizing emergencies and knowledge of emergency procedures including basic first aid, home and fire safety;
 - e. The role of, and coordination with, other community service providers;
 - f. Maintenance of a clean, safe and healthy environment, including appropriate cleaning techniques and sanitary meal preparation.
3. VITALCARE will ensure that ongoing supervisory and direct care staff will complete ongoing training. The ongoing training will at a minimum consist of 6 topics applicable to the agency's services and will be completed every 12 months. The training will include but is not limited to the following topics:
- a. Behavior management techniques and the promotion of consumer dignity, independence, self-determination, privacy, choice and right; including abuse and neglect prevention and reporting requirements.
 - b. Disaster and emergency procedures.
 - c. Infection control using universal precautions.
 - d. Basic First Aid and home safety.
- The final two topics will be chosen based on the agency's Quality Management Program process.
4. VITALCARE is responsible for ensuring that the individuals who furnish personal care services on its behalf are competent to carry out all assigned tasks in the consumer's place of residence, and requires proof of competency via written exam and hands-on observation of training in the following tasks:
- | | |
|--------------------|----------------------------------|
| a. Bathing, | i. Positioning, |
| b. Skin care, | j. Bladder and bowel care, and |
| c. Hair care, | k. Medication reminding. |
| d. Mouth care, | l. Performance of the ability to |
| e. Shaving, | assist in the use of specific |
| f. Dressing, | adaptive equipment if the |
| g. Assistance with | worker will be assisting |
| ambulation, | consumers who use the device. |
| h. Exercise and | |
| transfers, | |
5. All Personal Care Workers, including supervisors, will have an evaluation at least annually. The evaluation will include observation of tasks performed and relationship with the consumer.

VITALCARE – HCBS Policies and Procedures

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: ORGANIZATION MISSION AND GOALS

POLICY: VITALCARE will provide personnel and contract workers with a copy of the organization’s mission and goals that directs the care activities.

PURPOSE: To identify Agency mission, goals and philosophy of the organization.

PROCEDURE:

1. A written organization mission, goals and philosophy statement that directs the care delivery all Personnel and contractors are communicated to all staff.
2. The organization reviews its mission and goals at least annually and changes if appropriate.

Vision Statement

“VitalCare, trustworthy and compassionate care at home.”

Mission Statement

The mission of VITALCARE is to provide safe, honest, affordable, non-medical homecare to Consumers in their homes, while supporting dignity, independence & self-determination.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: **PERSONAL CARE WORKER WAIVER OF INITIAL TRAINING – PERSONNEL RECORD** (Volume 8.487.17.A, B & C)

POLICY: VITALCARE may waive the initial training requirements required of a new hire, in certain circumstances and maintains documentation of instances for such employees, volunteers and contract workers in a record that is kept together for easy access and review by supervisors, program monitors and auditors.

PURPOSE: To identify agency provisions for candidates who are eligible for hire without going through initial orientation or training, in accordance with local and State standards and regulation.

PROCEDURE:

5. Initial orientation or training will not be required under the following circumstances:
 - a. A returning employee meets all the following conditions:
 - i. The employee completed the agency's required training and competency assessment at the time of initial employment,
 - ii. The employee successfully completed the agency's required competency assessment at the time of rehire or reactivation,
 - iii. The employee did not have performance issues directly related to consumer care and services in the prior active period of employment, and
 - iv. All orientation, training and personnel action documentation is retained in the personnel files.
 - b. An employee with proof of current healthcare related licensure or certification is exempt from **initial** training in the provision of personal care tasks if such training is recognized as included in the training for that health discipline. The agency will provide orientation and perform a competency evaluation to ensure the employee is able to appropriately perform all personal care tasks at a non-medical level.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: **ALL WORKERS INFORMED OF AGENCY POLICIES AND PROCEDURES – PERSONNEL RECORD** (Volume 8.847.17.D)

POLICY: VITALCARE will ensure and obtain verification that all employees are informed of all policies and procedures.

PURPOSE: To ensure all employees, volunteers and contract workers are informed of agency policies and procedures with evidence of same included in each personnel record.

PROCEDURE:

1. A presentation of all agency policies and procedures will be presented to all employees, volunteers and contract workers to read for understanding of how the agency operates.
2. An opportunity for questions will be presented to all employees, volunteers and contract workers regarding agency policy and procedures.
3. Verification of receipt and understanding of agency policies and procedures will be obtained from all personnel, employees, volunteers, contract workers with printed name, date, title and copy of same placed in each personnel record as evidence of same.

APPROVED:



03-24-2017

Date: _____

Name & Signature of Administrator

TITLE: JOB DESCRIPTION AND PERSONNEL RECORD CONTENT
(Volume 8.847.17.E)

POLICY: VITALCARE will ensure that each employee, volunteer and contract worker has a job description that is signed, dated and titled in his/her personnel record.

PURPOSE: To ensure all job positions of the agency have a job description and that employees, volunteers and contract workers have a job description in their respective personnel record.

PROCEDURE:

1. Employment of qualified personnel will be in accordance with a written job description.
2. Written job descriptions will define the competence, qualifications and experience of staff in each program or service it provides.
3. Staff, full or part time, in each program are provided with and required to read agency policies and procedures.
4. Personnel records for all employees will include references, dates of employment and separation from the agency, and the reason for separation.
5. Personnel records for all employees will also include:
 - a. Qualifications and licensure that are kept current.
 - i. Qualifications include confirmation of type and depth of experience, advanced skills, training and education; and appropriate, detailed and observed competency evaluation and written testing overseen by a person with the same or higher validated qualifications.
 - b. Orientation to the agency,
 - c. Current CPR and first aid certification,
 - d. TB testing information,
 - e. Criminal background check,
 - f. Job descriptions for all positions assigned by the agency, and
 - g. Annual performance evaluation.
6. Before employing any individual to provide direct consumer care or services, the agency contacts the Colorado Department of Regulatory Agencies (DORA) to verify whether a license, registration or certification exists and is in good standing. A copy of the inquiry will be placed in the individual's personnel file.

APPROVED:

Wesley Dolph

03-24-2017

Name & Signature of Administrator

TITLE: SEPARATION OF DIFFERENT CERTIFICATION

(Volume 8.847.18)

POLICY: VITALCARE will ensure that its separate certifications for more than one type of Home and Community Based Services- Elderly, Blind and Disabled (HCBS-EBD) service are clearly separate for auditing purposes. The agency Administrator is able to understand and able to articulate the agency's different functions and roles as a provider of each service as well as all rules that separately govern each of the types of services.

PURPOSE: To ensure that all agency HCBS certifications are separated with policies and procedures for each service and rule that governs.

PROCEDURE:

1. The agency's certification of each HCBS service type will be maintained in a separate file for ease of auditing and monitoring by surveyors.
2. Policies and Procedures for each certification will be so identified in the overall agency policy and procedure manual.

APPROVED:



03-24-2017

Date: _____

Name & Signature of Administrator

TITLE : SERVICE DOCUMENTATION- BILLING TRAINING
(Volume 8.489.50)

POLICY: VITALCARE will ensure that its staff responsible for billing will attend billing training workshops offered by the fiscal agent at least once a year to learn Home and Community Based Services- Elderly, Blind and Disabled (HCBS-EBD) billing as billing for separate certifications of more than one type of HCBS-EBD if appropriate.

PURPOSE: To ensure that all agency billing staff is adequately prepared for billing HCBS Services.

PROCEDURE:

1. Billing staff will attend training workshops at least once a year.
2. Evidence of billing training will be maintained in the personnel record of each attendee.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: **COORDINATION OF CARE WITH OTHERS**
(Volume 8.489.43.)

POLICY: VITALCARE includes procedures and training for the coordination of consumer care and services with known external agencies providing care and services to the same consumer.

PURPOSE: To ensure that agency supervisors and personal care workers (PCW) provide information to aid in the coordination of care with others in the care and services to the same consumer.

PROCEDURE:

1. VITALCARE is responsible for the coordination of consumer services with known external agencies providing care and services to the same consumer.
2. VITALCARE will not refuse to share consumer care information unless the consumer has chosen to refuse coordination with external agencies with the consumer's refusal of such coordination documented in the consumer's record.
3. Care coordination is demonstrated for each consumer anytime communication with another care providers occurs for cases where there is more than one agency sharing the provision of the same home health services. The communication notes reflect discussion and input by all individuals involved in the communication.

APPROVED:



03-24-2017

Name & Signature of Administrator Date: _____

TITLE: **MISSED VISITS** (Volume 8.489.43.D)

POLICY: VITALCARE has established a policy for missed visits scheduled with consumers.

PURPOSE: To ensure scheduled Personal Care Workers (PCW) provide services as scheduled to consumers.

PROCEDURE:

1. VITALCARE informs consumer about scheduled visits in advance.
2. Documentation is maintained on scheduled visits by the administrative staff.
3. Any alterations in the schedule is provided to the consumer as soon as practical. Per time off policies, all PCW's are required to alert the office of an employee illness, vacation, holiday or unexpected voluntary or involuntary termination of employment.
4. Alterations in day, time, and task assignment are requested and approved through the administrative staff with appropriate documentation.
5. Administrative staff will verify all requested alterations in schedule with the consumer to obtain approval and document such communication in writing for the consumer record.
6. If the consumer does not respond to let staff in the home for the scheduled visit, the agency will attempt to ensure the safety of the consumer and the outcome of each attempt will be documented and maintained in the consumer record.
7. If there is a missed visit, services will be provided as agreed upon by the consumer and the agency.
8. If a consumer has care needs that require care or services to be delivered at specific times or parts of the day, only qualified staff in sufficient back up quantity will be assigned or the agency will have other effective back-up plans to ensure the needs of the consumer is met.
9. The back-up plan for scheduled visits does NOT include calling for an ambulance or other emergency services unless the presence of the scheduled staff in the home would still have warranted the summons of emergency services.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: AGENCY DEFINITIONS (Volume 8.489.11-15)

POLICY: VITALCARE has adopted an approved DEFINITION list for use to ensure that its staff is consistent in the meaning of terminology.

PURPOSE: To ensure that definitions and meaning of terminology are used consistently among agency staff.

PROCEDURE:

“Authorized representative” means an individual responsible for the private payment of home care services or an individual who possesses written authorization from the consumer to represent his or her interests regarding care, treatment and services provided by the agency. The authorized representative will not be the home care consumer’s service provider except as allowed by state Medicaid programs.

“AxisCare” VitalCare’s electronic information management system.

“Branch office” means a location or site from which a home care agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home care agency and is located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the requirements of Colorado Licensure Standards.

“Bylaws” means a set of rules adopted by a home care agency for governing the agency’s operation.

“Certified home care agency” means an agency that is certified by either the federal Centers for Medicare and Medicaid Services (CMS) or the state Department of Health Care Policy and Financing (HCPF) to provide skilled home health or personal care services.

“Clinical note” means a written notation of a healthcare contact with a consumer that is signed, with date and time, by an employee of the home care agency that describes signs and symptoms; treatment; education; drugs administered and the consumer’s reaction; and any changes in physical or emotional condition.

“Consumer” means a person who receives skilled home health services or personal care services in his or her temporary or permanent home or place of residence from a home care agency or a provider referred by a home care placement agency.

“Department” means the Colorado Department of Public Health and Environment.

“Employee” means any person providing home care and services on behalf of the agency.

“Geographic area” means an area of land, for which the agency will be licensed surrounding the home care agency’s primary location. There is no restriction as to the number of agencies that may provide services in a particular geographic area.

“HHA” stands for home health agency.

“Home care agency” means any sole proprietorship, partnership, association, corporation, government or governmental subdivision or agency subject to the restrictions in Section 25-1.5-103(1)(a)(II), C.R.S., not-for-profit agency, or any other legal or commercial entity that manages and offers, directly or by contract, skilled home health services or personal care services to a home care consumer in the home care consumer’s temporary or permanent home or place or residence. Home care agency is also referred to in this manual as “HCA” or “agency.”

“Home care agency” does not include: (1) Organizations that provide only housekeeping services; (2) Community and rural health networks that furnish home visits for the purpose of public health monitoring and disease tracking; (3) An individual who is not employed by or affiliated with a home care agency and who acts alone, without employees or contractors; (4) Outpatient rehabilitation agencies and comprehensive outpatient rehabilitation facilities certified pursuant to Title XVIII or XIX of the “Social Security Act”, as amended; (5) Consumer-directed attendant programs administered by the Colorado Department of Health Care Policy and Financing; (6) Licensed dialysis centers that provide in-home dialysis services, supplies, and equipment; (7) Subject to the requirements of Section 25-27.5-103(3), C.R.S., a facility otherwise licensed by the department; or

“Residential Facility” delivers skilled home health or personal care services which the facility is not licensed to otherwise provide, will either be licensed as a home care agency or require the skilled home health or personal care services to be delivered by a licensed home care agency.

“Home care placement agency” means an organization that, for a fee, provides only referrals of providers to home care consumers seeking services. A home care placement agency does not provide skilled home health services or personal care services to a home care consumer in the home care consumer’s temporary or permanent home or place of residence directly or by contract. Such organizations will follow the requirements of

Sections 25-27.5-103(2), 25-27.5-104(1)(c), and 25-27.5-107, C.R.S., and section 4 of this chapter

“Informal caregiver” means a person who provides care to the consumer when the paid Personal Care Worker (PCW) is not in the home.

“Intermediate care provider” means a nurse practitioner or physician assistant.

“Nonprofit agency” means an agency exempt from Federal income taxation under section 501 of the Internal Revenue Code of 1954.

“Nurse aide” means a nurse aide certified by the Colorado Department of Regulatory Agencies or a nurse aide who has completed the requisite training and is within four (4) months of achieving certification.

“Parent home care agency” means the agency that develops and maintains administrative control of branch offices.

“Personal care services” means assistance with activities of daily living, including but not limited to bathing, dressing, eating, transferring, walking or mobility, toileting, and continence care. It also includes housekeeping, personal laundry, medication reminders, and companionship services furnished to a home care consumer in the home care consumer's temporary or permanent home or place of residence, and those normal daily routines that the home care consumer could perform for himself or herself were he or she physically capable, which are intended to enable that individual to remain safely and comfortably in the home care consumer's temporary or permanent home or place of residence.

“Personal Care Worker (PCW)” the individual employed by the agency that is providing the personal care services.

“Plan of correction” means a written plan prepared by the HCA and submitted to the department for approval, that specifies the measures the HCA will take to correct all cited deficiencies.

“Primary agency” means the agency responsible for the professional case management of the consumer when a secondary or subcontracted agency is also providing care and services. The Primary home health is responsible for the services furnished to consumers and for implementation of the plan of care.

“Progress note” means a written notation, dated and signed by a member of the health team, that summarizes facts about care furnished and the consumer’s response during a given period.

“Proprietary agency” means a private profit-making agency licensed by the State.

“Relative Personal Care Worker” (RPCW) means a personal care worker related to the consumer by blood, marriage, adoption or common law. NOT a spouse. ONLY can perform personal care.

“Service note” means a written notation that is signed, with date and time, by an employee of the home care agency furnishing the non-medical services.

“Skilled home health services” means health and medical services furnished in the consumer's temporary or permanent place of residence that include wound care services; use of medical supplies including drugs and biological prescribed by a physician; in home infusion services; nursing services; or certified nurse aide services that require the supervision of a licensed or certified health care professional acting within the scope of his or her license or certificate; occupational therapy; physical therapy; respiratory care services; dietetics and nutrition counseling services; medication administration; medical social services; and speech-language pathology services. "Skilled home health services" does not include the delivery of either durable medical equipment or medical supplies.

“Subdivision” means a component of a multi-function health agency, such as the home care department of a hospital or the nursing division of a health department, which independently meets the licensure requirements for HCAs. A subdivision that has branch offices is considered a parent agency.

“Subunit” means a semi-autonomous organization that--(1) Serves consumer s in a geographic area different from that of the parent agency; and (2) Must independently meet the conditions of participation for HHAs because it is too far from the parent agency to share administration, supervision, and services on a daily basis.

“Summary report” means the compilation of the pertinent factors of a home care consumer's clinical notes that is submitted to the consumer's physician by the skilled home health care agency.

“Supervision” means authoritative procedural guidance by a qualified person for the accomplishment of a function or activity. Bylaws or equivalent means a set of rules adopted by an HHA for governing the agency’s operation Branch office means a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the conditions of participation as a home health agency.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: **CARE PLAN/SERVICE PLAN** (Volume 8.489.43.E)

Policy: VITALCARE meets or exceeds standards for Care Plan development, compliance, review, and updating.

PURPOSE:

- a. To ensure that all staff follow a written plan of care established and periodically reviewed for the care of each consumer.
- b. To ensure agency informs the consumer or authorized representative in advance about the care and services to be furnished, and of any changes in the care and services to be furnished to enable the consumer to give informed consent.
- c. To ensure that the consumer or authorized representative is aware of his/her right to refuse treatment within the confines of the law, to be informed of the consequences of such action and to be involved in experimental research only upon the consumer's voluntary written consent.
- d. To ensure that the consumer or authorized representative is aware of his/her right to be told in advance of receiving care about the services that will be provided, the disciplines that will be utilized to furnish care, the frequency of visits proposed to be furnished and the consequences of refusing care or services.
- e. To ensure that the consumer or authorized representative is aware of his/her right to participate in developing the plan of care and receive instruction and education regarding the plan, care or treatment and in planning changes in the care or treatment.

PROCEDURE:

1. All consumer charts will contain evidence (signature of consumer/authorized representative) of consumer rights regarding the plan of care rights as outlined in a – e above.
2. The current plan of care is complete and included in the consumer chart. The date of referral and referral source match those on the intake sheet. The services and units on the cost sheet should match the services and units in Plan of Care service delivery plan and should the services and units in the prior authorization.
3. Plan of Care reevaluation occurs at least once every 3 months or as necessary due to a Change in Condition (see Policy).
4. Special health needs or conditions of the consumer will be readily identified on the Plan of Care (if applicable).
5. Personnel records will reflect training of personal care worker (PCW) and supervisors in following and documenting care provided according to the Plan of Care.
6. The Plan of Care will include a specific plan for discharge.

7. If no improvement or discharge is expected, it will be noted on the Plan of Care and/or separately in the consumer chart.
8. The agency will document due diligence in ensuring continuity of care upon discharge as necessary to protect the consumer's safety and welfare.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____

TITLE: **SERVICES** (Volume 8.489.22, 8.489.30, 8.489.32)

Policy: VITALCARE meets or exceeds standards for services that will be provided and provides service with in the limitations set forth by Health Care Policy and Financing.

Purpose: To explain the service that will be provided by this agency and ensure limitations are stated and understood by all staff.

Procedure:

1. The agency will provide the following services within the expectations and limitations set forth in Volume 8.489.30.

a. Bathing	k. Transfers
b. Skin Care	l. Positioning
c. Hair Care	m. Bladder Care
d. Nail Care	n. Bowel Care
e. Mouth Care	o. Medication Reminding
f. Shaving	p. Respiratory Care
g. Dressing	q. Accompanying
h. Feeding	r. Homemaking
i. Ambulation	s. Protective Oversight
j. Exercise	
2. This agency will not provide any service that is not included in the inclusions section of the above listed tasks.
3. This agency will not provide any service that is not listed as an allowable service, such as transportation, financial management, pet care, etc. Families and Consumers can make arrangements with the agency for these needs to be met on a private pay basis.
4. Family members will not be reimbursed to provide only homemaker services. Family members will provide relative personal care in accordance with SECTION 8.485.200, LIMITATIONS ON PAYMENT TO FAMILY. Documentation of services provided will indicate that the provider is a relative. ^[1]_{SEP}
5. Personal care services as described above will be used to provide respite care for primary care givers, provided that the respite care does not duplicate any care, which the primary caregiver may be receiving payment to provide.

APPROVED:



03-24-2017

Name & Signature of Administrator

Date: _____