In Home Support Services (IHSS) Policy and Procedures

Version 6-16-2018
Approved by Matt Dolph

Contents

TITLE:

Training, In-Service Education and Staff Development- IHSS (Volume 8.552. 6.A2, 6.I,6J,)

POLICY:

In-service training or continuing education programs will be provided and documented for employees. Attendant training, oversight and supervision will be provided by a licensed health care professional employed by the IHSS who is at minimum a Registered Nurse (RN). Programs will be appropriate to their responsibilities and to the maintenance of skills necessary to care for agency IHSS clients.

Programs incorporate adult teaching and learning principles and may utilize various effective adult teaching methodologies.

IHSS Attendants will receive IHSS specific training.

Direct care staff are required to attend or produce evidence of having attended appropriate number of continuing education programs required by law and regulation.

All direct care staff members must attend or provide proof of having participated in 6 topics of mandatory in-service programs annually per CDPHE licensure rules Chapter 26 Section 8. The mandatory in-service training programs include:

- Behavior Management techniques and the promotion of consumer dignity, independence, self-determination, privacy, choice and rights; including abuse and neglect prevention and reporting requirements
- Disaster/Emergency procedures
- Infection Control: using universal precautions
- Basic First Aid and Home Safety

PURPOSE:

To assure employees delivering client care or service are provided with opportunities to develop and expand their knowledge appropriate to their responsibilities and to the maintenance of skills necessary to care for clients.

To increase staff knowledge base of work-related issues

Maintain and improve staff competency

Are appropriate to the needs of client populations served by the agency

PROCEDURE:

1. All staff members providing direct client care will attend a minimum of six (6) topics of in-service education programs every 12 months. These programs will be based on identified staff needs and state requirements listed above.
2. A record of in-service training will be maintained for each employee including all documentation required under Home Care Licensure rules Chapter 26, Section 8.6F.
3. In addition to licensure requirements, the IHSS attendant will have documented training on:

a. Overview of IHSS program scope, and service delivery option of consumer direction; and,

b. Development of interpersonal skills, focused on addressing the needs of persons with disabilities; and,

c. Instruction on safety, basic first aid administration, emergency procedures, infection control techniques including universal or standard precautions, and mandatory reporting procedures.

4. There may be a skills validation test given an attendant by the IHSS Healthcare Professional. If given, the test and resulting score will be maintained in the attendant's personnel file.
5. Training may be modified if an attendant demonstrates competence in a given area.
6. The agency shall allow the client/authorized representative to provide individualized attendant training that is specific to his/her own needs and preferences.
7. Training and skills validation will be provided prior to service delivery unless waived by the client/authorized representative to prevent interruption of services.
8. In no event, shall the training and/or skills validation be postponed more than 30 days after services are initiated.

TITLE:

Care Plan/Service Plan - IHSS

(Volume 8.552.4A, 6E, 6F, 8A, 8F)

POLICY:

A complete and appropriate Care Plan, identifying duties to be performed by the attendant and PCW (Personal Care Worker) care staff, shall be developed initially with the client/authorized representative at the time of admission and assessment and updated as indicated. The Care Plan will be provided to the SEP case manager, and available to all persons involved in client care. All IHSS care staff will follow the identified plan.

PURPOSE:

To provide a means of assigning duties to the direct care staff that are clear to both the staff and to the client/caregiver being served.

To provide documentation that the supervisor oriented the assigned staff to the client's care before initiating the care.

To provide documentation that the client's care is individualized to his/her specific needs.

PROCEDURE:

1. Following the initial needs assessment in consultation with the client/authorized representative, a written care plan identifying attendant and personal care and/or homemaker care services are prepared by a the IHSS Healthcare Professional.
2. Initial care plans will be submitted to and approved by the SEP case manager, Services provided prior to care plan approval are not billable.
3. The IHSS Care Plan will be maintained in the client record.
4. Services provided will be limited according to the agency's current HCPF Medicaid IHSS Volume 8 rules and payor agreement. Consumers will have attendant services provided per care plan developed with agency RN and Consumer/Authorized Representative. Attendant care will be provided by persons as allowed by current Colorado Volume 8.552 and may include PCW/Homemaker services if such services are completed during the attendant care and are secondary and contiguous to the attendant care. Care by an attendant will be provided after orientation and basic training by agency and care specific training by either IHSS Healthcare professional or consumer/authorized representative at the request of consumer/authorized representative.
5. Personal Care care plans will not include provision of excluded services for PCWs as outlined in the Colorado Volume 8. Medicaid HCBS PCW services provided by relatives will (i) be clearly marked as relative (ii) not include any homemaking services (iii) not be for greater than the current state allowed units per year for relative care in an IHSS program (iv) not be allowed for spouses.
6. IHSS care plans will be reviewed annually and updated as indicated. Updated care

plans will be filed in agency client record and communicated to agency staff assigned to case.

7. In the event of the observation of new symptoms or worsening condition that may impair the client's ability to direct their care, the IHSS Agency, in consultation with the client or their Authorized Representative and Case Manager, shall contact the client's Licensed Medical Professional to receive direction as to the appropriateness of continued care. The outcome of that consultation shall be documented in the client's revised Care Plan, with the client and/or Authorized Representative's input and approval. The IHSS Agency will submit the revised Care Plan to the Case Manager for review and approval.
8. The agency will provide updated care plans to the appropriate SEP case manager within five (5) working days.

TITLE:

Admission of Consumers - IHSS

(Volume 8.552.4C, 6B, 6H)

POLICY:

Services shall be provided to all persons without regard to race, color, creed, sex, national origin, handicap, sexual orientation, age, marital status, status with regard to public assistance or veteran status. All services are available without distinction to all individuals admitted, regardless of their diagnosis. Agency shall not deny admission to people with a contagious disease, including, but not limited to, HIV, MRSA and Hepatitis. All persons and organizations who either refer persons for services or recommend the services of the agency shall also be advised of same. Services will not be initiated until an initial needs assessment has been completed and identified client needs can be met by the agency. The agency determines that client needs can be met by the agency.

PURPOSE:

To establish a consistent admission process for all clients admitted to Agency.

To ensure that client-identifying data is obtained and documented. To ensure clients are admitted for care according to the admission criteria.

To determine whether the client's health care needs for services are appropriate by evaluating the client's physical, psychological, social, spiritual, and cultural status.

To identify situations in which the agency will not provide services.

PROCEDURE:

1. Admission criteria are standards by which a client can be deemed appropriate for admission. These standards include:

   a. The client/caregiver has an acceptance of home care.

   b. The client/caregiver's ability and willingness to provide interim care, when necessary.

   c. The home environment is suitable or adaptable for proper home care.

   d. The client's needs can safely and adequately be met at home. This includes the ongoing availability of personnel and equipment and a plan to meet medical emergencies.

   e. Home care services provided in the client's place of residence are within the geographic area served by the agency.

   f. The Agency is capable of providing the needed care or service at the level of intensity the client's condition requires.

g. The client has the financial ability to fund the home care services provided, if no other funding source is available.

h. The services and care must conform with current industry standards of practice and should be reasonable and necessary to provide care.

i. Clients will have the right to refuse services.

2. Agency will not admit client or continue to provide services in the following situations:

a. Scope and complexity of needs cannot be met by agency under IHSS regulations and if the stability of the patient's needs are not able to be met under 2b of this policy.

b. Skills and suitability of agency personnel are not adequate to meet client needs.

c. The client's life situation/caregiver support system does not provide for his/her maintenance/supervision.

d. Where the client's activities or environment pose a threat to safety of agency personnel.

3. When a new referral is received by the agency, the Intake Form shall be completed to obtain information about the client. A referral may be received from the physician, social worker, other health team member, third party payer, client, family, friend or another home health care company. Referral's from persons other than the SEP case manager will be verified with the SEP case manager prior to completion of admission process.

4. The Agency Administrator, Manager, alternate or Supervisor may participate in discharge planning conferences at medical centers served by the agency, as appropriate.

5. Each client referred to the agency shall be evaluated by a Supervisor to determine the immediate care and support needs of the client. The initial assessment will be completed on the date the client requested start of care date.

6. The admission healthcare professional will:

a. Verify all the information on the Referral/ Intake Form with the client/caregiver.

b. Determine who will be the responsible party by confirmation from the client's attending physician. If the physician determines that the client is not able to manage their own care independently and will require an Authorized Representative, that person will be identified in advance and be present at the admission visit to participate in care planning and sign all required documents.

c. Healthcare professional will assure the Authorize Representative is at least 18 years of age and has known the consumer for at least two (2) years.

d. Provide the client with a copy of their privacy rights and the Notice of privacy practices and obtain consent to use and disclose protected health information for treatment, payment and health care operations.

e. Provide the client/caregiver with a copy and an explanation of the Written Notice of Consumer and Responsibilities, the state complaint hotline number and the procedures for filing a complaint.

f. Offer the client/authorized representative peer counseling including, but not limited to:

i- Cross disability / peer counseling,

ii- Information and referral services,

iii- Individual and systems advocacy.

The admission staff will document the offering and response of client/authorized representative regarding peer counseling.

g. Complete a Needs Assessment to provide SEP with data to support requested units of Health Maintenance and, if indicated, PCW (Personal Care Worker) and/or Homemaker hours authorization. Safety measures will be documented in the record and on the care plan as applicable.

h. Develop a Care Plan to be implemented upon approval of requested hours by the SEP case manager and review the plan for services with the client/caregiver and obtain input when possible.

i. Advise the client/caregiver of the charges and billing procedures and, to the extent possible, the anticipated insurance coverage, the client/caregiver financial liability, and other methods of payment.

j. Explain the concept of assignment of benefits and the liability for payments received from the insurance company for the agency's services. Clients will be informed of any possible financial obligations related to the care.

k. Obtain the client's/authorized representative's signature on the Consent/ Service Agreement, Notice of Rights, and other forms required by the agency under Colorado rules and agency policy.

l. Provide the client/caregiver Advance Beneficiary information letter.

m. Inform adult clients of their right to formulate advance directives, and explain the agency policy regarding advance directives.

n. Advise the client/authorized representative that services provided under Medicaid payment will begin upon SEP approval of the care plan and documentation of approval of hours authorized. The client/authorized representative may choose to have services provided under a private pay agreement prior to Medicaid approval, and if so agreed this will be documented in the client record per 6g of this policy

7. A copy of the Intake Form may be forwarded to the Staffing Coordinator.

8. Upon acceptance and admission of a client, the Supervisor will assign the individual to

the in-agency supervisor that will serve as a contact to client, staff and healthcare professional.

9. The agency will work with the client/authorized representative to facilitate timely hiring of staff that meet the client/authorized representative's approval including emergency coverage staff. All efforts will be made to provide continuity and limit the number of individuals providing care.
10. As applicable, past medical information shall be obtained from the transferring/referring organization to assure the record includes all required components including diagnosis and physician name and contact information.
11. The completed admission paperwork will be forwarded to the Agency Administrator, Manager, alternate or Supervisor who will review the record for accuracy and completeness and assure follow-up as needed.
12. If the agency cannot fulfill the required health care need, a referral will be made to other appropriate community resources and referral source will be notified.
13. A record of all persons referred for service but not admitted will be maintained for three months.

TITLE:

Orientation Client/Authorized Representative -IHSS

(Volume 8.552.6B4)

POLICY:

Agency will provide to client/authorized representative new to IHSS with orientation to as required by state rules. The agency will provide orientation to all client/authorized representatives on staff issues.

The orientation is provided individually by the IHSS Healthcare Professional or the assigned office case supervisor.

PURPOSE:

To assure clients/authorized representatives are aware of the IHSS program scope and regulations.

PROCEDURE:

1. For those clients/authorized representatives new to IHSS an overview of IHSS program will be provided including:
   a. Philosophy,
   b. Regulations of IHSS,
   c. Agency policies required by IHSS;
   d. Client Rights and Responsibilities.

2. For all clients/authorized representatives:
   Selection of Attendants
   a. Agency hiring criteria,
   b. Agency hiring process,
   c. Access to assistance in selecting an attendant initially and throughout the term the agency is providing IHSS services,
   d. Understanding that agency will provide assistance in selecting an attendant.
   Functional Skills Training
   a. Skills to maximize their independent living and
   b. Skills to maximize management of healthcare.

3. Agency personnel policies, including employee grievance procedures.
   When the orientation is completed the employee will sign the orientation and documentation will be maintained in the agency file.

TITLE:

Complaints/Occurrences/Critical Incidents

(Volume 8.487.15)

POLICY:

All clients admitted to the Agency will be informed of their right to voice complaints to the agency without fear of retaliation. Clients will be presented with a copy of the Written Notice of Home Care Consumer Rights and IHSS Patient Rights and Responsibilities which include the agency and State Contact numbers for voicing a complaint.

PURPOSE:

To provide a mechanism for handling client/family complaints and or grievances in a timely and efficient manner.

To allow clients to express complaints or grievances to someone other than their direct caregiver.

To establish a procedure for channeling complaints to the appropriate person for resolution, and to provide a response to the client/family.

DEFINITION:

A complaint is defined as "any expression of dissatisfaction by a client/family regarding care or services provided or failed to be provided, disrespect foe patient person or property.

PROCEDURE:

1. While every effort is made to provide quality services that meet the expectation of clients and their families, occasions may rise in which the client/family may be dissatisfied with an aspect of service. Agency clients are provided with written information about how to address their concerns and questions related to their care as part of their rights during admission to IHSS.
2. Client complaints, regarding services or charges will be documented immediately on a client complaint form by the person receiving the complaint and filed with the complaint log in an administrative file.
3. The IHSS Healthcare Professional or Agency Administrator, alternate, Manager or Supervisor will be immediately notified of all complaints. After hours, the Agency Administrator or alternate can be reached by calling the main office number.
4. In the case the person taking the complaint is in the field and unable to immediately document the complaint, the staff will call the information in to the office to IHSS Healthcare Professional, a supervisor, Agency Administrator, alternate, or Manager. The office staff receiving notice of the complaint/grievance will document the information on a complaint form.

5. The Agency Administrator, alternate or Manager will assure the complaint is reviewed, investigated as indicated and noted on the complaint log. The IHSS Healthcare Professional will be included in the review and as assigned in the resolution of the complaint

6. The agency shall investigate thoroughly all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the organization.

7. In the event of an allegation as outlined above in item #5, the alleged perpetrator will be removed from direct care assignments during the pendency of the investigation.

8. All allegations of mistreatment, neglect, or verbal, mental, sexual and physical abuse including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the organization and all other complaints will be forwarded immediately to the Administrator who will assign the investigation and follow-through to the appropriate supervisor.

9. The Agency Administrator, alternate or Manager will assure completion of the complaint/grievance process and trending of the information.

10. Complaints will be addressed by the director or his/her designee and response made to the complainant within seven (7) calendar days of receipt. If the grievance is one that will take longer than seven (7) calendar days to investigate and resolve, the director will contact the complainant within that time frame to let him/her know the grievance has been received and is being investigated, and that the responsible person will report back within thirty (30) calendar days with a resolution of the grievance. In the event that the department director is not available, his/her designee is responsible for following up on the grievance within this established time frame. Every effort will be made to review and respond within seven (7) calendar days, but no longer than thirty (30) calendar days.

11. Clients/families not satisfied with the resolution, or with concerns regarding the quality of their care, may contact the home health hotline number that is provided on the Patient Rights Form given to all clients.

12. The complainant will be notified of the outcome of the review of the complaint.

13. Complaints/grievances are considered completed when an approved response has been mailed or phoned into the client complainant. Upon completion of the complaint form, the original along with investigations or any other documentation is sent or returned to the Agency Administrator, alternate or Manager for tabulation and trending of data. This report will be used to determine actions to be taken regarding improvements in organizational process, services, or individual employee performance.

14. Agency will follow Critical Incident Reporting policy regardless of payor source. (VitalCare HCBS Policies and Procedures) In the event of a critical incident involving an IHSS consumer the IHSS Healthcare professional will be notified and involved in the assessment and resolution.

TITLE:

Discontinuation of Services - IHSS

(Volume 8.487.11.C; 8.552.2B,9)

POLICY:

To specify what is required for the discharge of IHSS clients in addition to the current agency general Discharge policies.

Discharge Planning is initiated for IHSS client at the time of the client's admission for home care. The agency will follow all current Colorado HCPF regulations and DPHE licensure rules. The agency will note in the record if there is no expected discharge.

PURPOSE:

To facilitate the client's discharge or transfer to another entity.

To ensure continuity of care, treatment and services when needed.

To assure collaboration with the physician, client, authorized representative and SEP case manager a in planning for discharge from the agency.

PROCEDURE:

1. The agency may discontinue IHSS services when:

   a. The client refuses to secure an Authorized Representative if required by the Physician Attestation of Consumer Capacity. Note: the client will not be admitted if the client refuses an Authorized Representative at the time of scheduled admission in this same situation. The SEP will be notified immediately in this situation.
   b. Equivalent care in the community has been secured; or
   c. A client no longer meets program criteria; or
   d. The consumer and/or Authorized Representative fails to comply with agency policies; or
   e. The consumer provides false information, false records or is convicted of fraud.

2. The agency may discontinue IHSS services when the client has exhibited inappropriate behavior. Inappropriate behavior includes, but is not limited to documented verbal, physical or sexual abuse of agency staff.

3. The agency will assure documentation of attempts to avoid any discharge for cause and will discuss the possibility of discharge with the consumer/authorized representative prior to any discharge decision being made. All attempts to resolve the issue triggering the consideration for discharge will be documented, as well as offers of dispute resolution and peer or cross disability counseling.

4. Offer of further dispute resolution will be documented prior to initiating discharge process. The CDPHE will be notified in advance of initiating discharge for

inappropriate behavior. Upon determination, by the CDPHE, that adequate dispute resolution has been attempted and has failed.

5. The agency will provide orally and in writing a 30-day advance notice of discharge for inappropriate behavior, will specify the inappropriate behavior. The notice may be delivered in person, by certified mail or other verifiable receipt service. Notice is considered to be given when it is documented the client/authorized representative has received the notice.

6. Upon provider discretion, the agency may allow the client/authorized representative to use the 30 day period to correct the problem.

7. The agency will send a copy of the 30 day notice of discharge to the SEP case manager the same day the notice is given to the client/authorized representative.

8. The agency may make an emergency discharge of the client without 30 day notice if there is an immediate threat the safety of agency staff. The agency will notify the Department within 24 hours in all cases of emergency discharge.

9. The agency will work with the SEP case manager to locate other services in the community to meet the needs of any IHSS client who will be discharged from the agency.

TITLE:

Direct Care Staff Assignment - IHSS

(Volume 8.552. 6A3, 6E)

POLICY:

The need for direct care services is determined during the needs assessment by the Supervisor. After admission the agency will assure staffing coverage by qualified personnel.

PURPOSE:

To meet the client needs for assistance with activities of daily living and personal care by providing twenty-four-hour emergency back-up attendant.

To orient the attendant to the client and to the care plan.

To provide direction and supervision of care provided by direct care staff if requested by the client/authorized representative.

PROCEDURE:

1. The initial assessment for need of home health aide services shall be completed by the Supervisor with the consumer/authorized representative. The assignment of tasks will be identified in the IHSS care plan/Assignment Sheet.

2. At the time the care plan is developed the agency will assure prior to initiating services that adequate staffing is available including back-up staff approved by client/authorized representative to ensure necessary services will be provided.

3. The client/authorized representative will be involved:

   a. Suggesting potential staff for agency hire for their specific case;
   b. Approving staff prior to hire;
   c. Scheduling staff after hire by agency.
   d. Notifying the agency if staff are determined to be no longer acceptable;
   e. Providing a schedule of staff to the agency to facilitate the agency back-up staff readiness;
   f. Providing access to emergency back-up staff.

4. Any change in the assignment must be approved by the client/authorized representative with the Supervisor or Manager. Any changes will be discussed with the client/authorized representative prior to implementation.

TITLE:

Services

(Volume 8.552.61A)

POLICY:

Agency will provide IHSS Health Maintenance activities per current Colorado Healthcare Policy and Finance regulations as set forth in Volume 8, after 8.552. In addition, under IHSS authorization the agency will provide personal care, and homemaking services to clients in their places of residence. If, for safety reasons, a service to be provided must be completed at the scheduled time, and the assigned Agency staff is unable, for any reason, to keep the scheduled appointment, arrangements will be made to provide the service.

Independent Living Core Services means services that advance and support the independence of individuals with disabilities and to assist those individuals to live outside of institutions. These services which may be provided by the agency include but are not limited to: information and referral services, independent living skills training, peer and cross-disability peer counseling, individual and systems advocacy.

Services shall be available seven (7) days a week, visits are provided twenty-four (24) hours per day. Telephone answering system will be supplied.

Services will be coordinated by the Manager or Supervisor managing the care.
This will include implementing, revising, and updating the assignments for staff; family or responsible party conferencing; scheduling of visits; and supervision of care team members.

The qualifications and competence of the individual(s) providing service are appropriate to client needs and the required services and comply with applicable laws and regulations.

The Agency will provide services to clients in those counties in which the agency is licensed by CDPHE to provide care.

Agency maintains business hours Monday through Friday, 9am to 5pm, except during holidays or as authorized by the Manager.

TITLE:

Consumer Rights – IHSS

(Ch. XXVI, 6.4, Vol 8.552.4A)

POLICY:

Clients will be informed of their rights as a consumer of home care services. This includes the right to voice grievances and request changes without discrimination, reprisal, or unreasonable interruption of service.

PURPOSE:

To consistently inform clients verbally and in writing, or by other means understood by the clients, of their right to make informed decisions regarding their care.

To protect and promote the exercise of clients' rights.

To establish, operate, and maintain a grievance/complaint mechanism for use by the client/representative, which assures response and disposition and is in operation at a minimum during normal business hours.

PROCEDURE:

1. The admission staff will provide the client with the Written Notice of Consumer Rights and IHSS Rights and Responsibilities in advance of furnishing care to the client or during the initial evaluation visit before treatment is initiated. In the event that the client is unable to make decisions, the Written Notice of Consumer Rights and IHSS Rights and Responsibilities will be given to the client's legal guardian. The reason the client is unable to acknowledge receipt of the Written Notice of Consumer Rights and IHSS Rights will be documented.

2. The client/caregiver shall be advised orally and in writing of their right to voice grievances and the method of contacting the agency if dissatisfied. This shall include information about the state Home Health Agency Hotline (established by the state), including its hours of operation and that the purpose of the hotline is to receive questions or complaints about local home health agencies.

   Clients shall be informed of their right to voice a grievance without fear of retaliation from the provider.

3. IHSS client/authorized representative will have the following specific rights in addition to those in Colorado licensure rules Chapter 26, 6.4:
   - Present a person of his/her own choosing to the agency as potential attendant;
   - Train and schedule attendant(s) to meet his/her own needs;
   - Dismiss attendants who are not meeting his/her own needs from his/her own case;
   - Directly schedule manage and supervise attendants;
   - Determine in conjunction with the IHSS agency the level of oversight with the licensed IHSS Healthcare Professional;
   - Document permanent and significant changes in scheduling of attendants;

- Transition to alternative service delivery options at any time. The SEP Case Manager 31 shall coordinate the transition and referral process.
- Communicate with the IHSS Agency and SEP Case Manager to ensure safe, accurate and effective delivery of services.
- Request a reassessment, as described at 10 C.C.R. 2505-10, § 8.393.2.D, if level of care or service needs have changed.

4. The Agency may not request nor obtain from the client any waiver of any of the client's rights.
5. The Written Notice of Consumer Rights and IHSS Rights and Responsibilities will be redistributed to clients receiving only non-medical services following any revisions or modifications.
6. Documentation of the receipt of the Written Notice of Consumer Rights and IHSS Rights and Responsibilities will be maintained in the care record.
7. *All complaints* and status of investigation will be documented and maintained in a Confidential Administrative File.
8. A summary of complaint reports will be presented to Governing Body and recommendations documented.
9. When the client/caregiver have reviewed the Written Notice of Consumer Rights and IHSS Rights and Responsibilities and their right to complain to the agency, they are also given the numbers and contact information for the Home Care Hotline operated by the Department of Health.

Consumers are encouraged to call complaints to the IHSS manager at 7204580642

Consumers may also file a complaint with the Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment via mail or telephone:

4300 Cherry Creek Drive South
Denver, CO 80246

303-692-2910 or 1-800-842-8826

TITLE:

Supervision of Care – IHSS

(Volume 8.489.43.G; 8.552.4A)

POLICY:

The agency will allow the client/authorized representative to directly schedule, manage and supervise attendants.

SPECIAL INSTRUCTIONS:

1. The agency will document the discussion and decision of the client/authorized representative regarding the level of support and oversight requested to be provided by the IHSS Healthcare Professional.
2. The agency will note any increased monitoring recommended by the consumer's physician.
3. The agency will allow the client/authorized representative to directly schedule, manage and supervise attendants.
4. The agency will request to be advised of the schedule of services set up by the client/authorized representative to facilitate the agency support of client in the provision of services

TITLE:

Access to Consumer Records / Confidentiality / Employee Information

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.

PHI DEFINITION:

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.

SPECIAL INSTRUCTIONS:

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.

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.