



# PROGRAM APPROVED SERVICE AGENCY (PASA) Policy and Procedures

Version 9-25-2018  
Approved by Matt Dolph

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**TITLE:** Policy and Procedure for Rights of a Person Receiving Services  
(Sections 25.5-10-218 through 231, C.R.S. and 10 C.C.R. 2505-10 Section 8.604.2)

**POLICY:** VITALCARE will ensure no person receiving services, his/her family members, guardian or authorized representatives, may be retaliated against in their receipt of services or supports or otherwise as a result of attempts to advocate on their own behalf. A person receiving services has the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions and federal and state laws unless such rights are modified pursuant to state or federal law.

**PURPOSE:** To ensure that all agency staff are aware of the rights of persons receiving care under PASA programs.

**PROCEDURE:**

1. All persons receiving services/guardians shall be given information on the rights of the person receiving care at the time of admission to agency services.
2. The person receiving services/guardian will be advised of the rights of the person receiving care in plain language and in a language, they understand. The agency admission staff will discuss the material with the person receiving services/guardian during the admission visit and annually thereafter to be sure the person receiving services/guardian know and understand these rights.
3. Interpretation in native languages other than English and through such modes of communication as may be necessary shall be made available upon request
4. The persons receiving services/guardian has the right to be informed of the consumer's rights through an effective means of communication. The person receiving care has a right to read or have explained any rule(s) or regulations of the Department, the CCB, the agency or regional center or obtain a copy of Section 25.5-10, rules, policies or procedures.
5. The consumer has the right to be assured that the agency will not condition the provision of care or otherwise discriminate against a consumer based upon personal, cultural or ethnic preference, disabilities or whether the consumer has an advance directive.
6. The agency will protect and promote the exercise of these rights.
7. All staff, employees or contractors, will be trained on the regulations, rules, agency policies and expectations of staff behavior regarding the rights of persons receiving care under PASA forms provided consumers. Training will be at the time of hire and annually.
8. No person receiving services, his/her family members, guardian or authorized representatives, may be retaliated against in their receipt of services or supports or otherwise as a result of attempts to advocate on their own behalf.

9. All persons receiving services under PASA will be advised of the following rights. These rights include those right identified in C.R.S. Sections 25.5-10-218 through 231 including:
- i. Right to an Individualized Plan  
Each person receiving services shall have an individualized plan, an individualized family service plan, or a similar plan specified by the state department that qualifies as an individualized plan that is developed by the person's interdisciplinary team. The individualized family service plan for a child with disabilities from birth through two years of age shall be developed in compliance with part 7 of article 10.5 of title 27, C.R.S.  
VitalCare will coordinate with the referring CCB/case manager for individualized care plan to be provided by this agency during respite care, person receiving care/guardian to assure that respite care plan is individualized and meets the needs of the consumer.
  - ii. Right to medical care and treatment. VitalCare provides non-medical respite care and will coordinate with CCB/case manager to facilitate support of the consumer, within service level restrictions, receiving all medical care and treatment as ordered, planned and scheduled. Each person has the right choose their physician and treatment options.
  - iii. Right to humane care and treatment  
Each person has the right to be treated well by others and have their dignity and respect honored.
  - iv. Right to religious belief, practice and worship  
Each person has the right to practice their personal religious believes as they desire.
  - v. Rights to communications and visits  
Each person receiving services has the right to communicate freely and privately with others of the person's own choosing.
  - vi. Right to fair employment practices  
Each person has the right to work as they choose in accordance with all state and federal employment laws.
  - vii. Right to vote  
Each person receiving services who is eligible to vote according to law has the right to vote in all primary and general elections.
  - viii. Records and confidentiality of information pertaining to eligible persons or their families  
A confidential record for each person receiving services shall be maintained by the agency and available for review upon request by the person receiving services or their guardian.
  - ix. Right to personal property  
Each person receiving services has the right to the possession and use of such person's own clothing and personal effects.
  - x. Right to influence policy  
The persons receiving services of a service agency are entitled to establish a committee to hear the views and represent the interests of all such persons served by the agency and to attempt to influence the policies of the agency to the extent that they influence provision of services and supports.
  - xi. Right to notification

Each person receiving services has the right to read or have explained, in each person's or family's native language, any rules adopted by the service agency and pertaining to such person's activities.

xii. Right to be free of discrimination

No person who has received services or supports under any provision of this article shall be discriminated against because of such status.

xiii. Sterilization Rights

Each person has the right to maintain their reproductive ability or seek sterilization.

10. The process for a suspension of rights:

- An individual's rights may be suspended only to protect the individual from endangering his/herself, others or significant property and in a manner, which will promote the least restriction on the person's rights
- The process for suspending a right will be reviewed by the Interdisciplinary Team (IDT) and approved by the Human Rights Committee (HRC).
- The CCB will obtain informed consent from the person receiving services or their guardian prior to implementation of the rights modification. The agency is responsible to maintain a copy of the informed consent in the file of the person receiving services.
- The process for ongoing Interdisciplinary Team (IDT) review including frequency and content is managed by your CCB IDT at a frequency decided by the team, but not less than every six months. The review shall include the original reason for suspension, current circumstances, success or failure of programmatic intervention, and the need for continued suspension or modification. Restoration of affected rights shall occur as soon as circumstances justify, this decision will be made by your CCB IDT.

11. The agency supervisor, name and contact information as noted on the information provided at admission, will be available for the person receiving services/guardian to speak to regarding any question about his or her rights. The current phone number will be included on the Rights of Persons Receiving Care form provided at the time of admission.

12. The agency will maintain documentation of confirmation of receipt of this policy in plain language by the person receiving services/guardian and showing that it has complied with the requirements of this section.

APPROVED:

Matthew Dolph



09/25/2018

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Administrator.

**TITLE:** Mistreatment, Abuse Neglect and Exploitation (MANE)  
(VOLUME 8.487.15; Section 25.5-10-221 C.R.S. and 10 C.C.R. 2505-10  
Section 8.608.8)

**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 on mistreatment, abuse, neglect and exploitation. All investigations will be thoroughly investigated.

The agency prohibits the abuse, mistreatment, neglect or exploitation of any person receiving services.

**PURPOSE:**

To assure the agency personnel are fully aware of the agency prohibition against any mistreatment, abuse, neglect or exploitation of persons receiving care from the agency. To ensure the agency staff are aware of the state laws, PASA regulations and the agency policies and expectations.

**DEFINITIONS:**

- A. Mistreatment: Mistreatment of an at-risk adult includes physical abuse, neglect, sexual abuse, self-abuse, financial exploitation, and other forms of exploitation.
- B. Abuse, or the purpose of mistreatment, abuse, neglect and exploitation, means any of the following acts or omissions committed against a person with an intellectual or developmental disability:
  - a. The non-accidental infliction of physical pain or injury, as demonstrated by, but not limited to, substantial or multiple skin bruising, bleeding, malnutrition, dehydration, burns, bone fractures, poisoning, subdural hematoma, soft tissue swelling, or suffocation;
  - b. Confinement or restraint that is unreasonable under generally accepted caretaking standards; or
  - c. The subjection to sexual conduct or contact classified as a crime under the “Colorado Criminal Code,” Title 18, C.R.S
- C. Physical Abuse: Includes intentional, knowing or reckless physical contact, or confining, or restraining an at-risk adult resulting in physical pain, injury or permanent disability. 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

D. Caretaker Neglect means neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, supervision, or other treatment necessary for the health and safety of a person with an intellectual and developmental disability is not secured for a person with an intellectual and developmental disability or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence, or intimidation to create a hostile or fearful environment for an at-risk adult with an intellectual and developmental disability.

- i. Notwithstanding the provisions of this subsection, the withholding, withdrawing, or refusing of any medication, any medical procedure or device, or any treatment, including but not limited to resuscitation, cardiac pacing, mechanical ventilation, dialysis, artificial nutrition and hydration, in accordance with any valid medical directive or order, or as described in a palliative plan of care, shall not be deemed caretaker neglect.
- ii. As used in this subsection, “medical directive or order” includes a medical durable power of attorney, a declaration as to medical treatment executed pursuant to section 15-18108, C.R.S., a medical order for scope of treatment form executed pursuant to Article 18.7 of T

Overall Neglect is a failure to provide 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

E. Mistreatment means:

- i. Abuse,
- ii. Caretaker Neglect,
- iii. Exploitation,
- iv. An act or omission that threatens the health, safety, or welfare of a person with intellectual or developmental disability, or
- v. An act or omission that exposes the person with an intellectual or developmental disability to a situation or condition that poses an imminent risk of bodily injury

F. 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

- G. Sexual contact means the knowing touching of the victim's intimate parts by the actor, or of the actor's intimate parts by the victim, or the knowing touching of the clothing covering the immediate area of the victim's or actor's intimate parts if that sexual contact is for the purposes of sexual arousal, gratification, or abuse.
- H. Sexual intrusion means any intrusion, however slight, by any object or any part of a person's body, except the mouth, tongue, or penis, into the genital or anal opening of another person's body if that sexual intrusion can reasonably be construed as being for the purposes of sexual arousal, gratification, or abuse.
- I. Sexual penetration means sexual intercourse, cunnilingus, fellatio, analingus, or anal intercourse. Emission need not be proved as an element of any sexual penetration. Any penetration, however slight, is sufficient to complete the crime.
- J. 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
- K. 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
- L. Exploitation: means an act or omission committed by a person who:
  - i. Uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive a person with an intellectual or developmental disability of the use, benefit, or possession of anything of value;
  - ii. Employs the services of a third party for the profit or advantage of the person or another person to the detriment of the person with an intellectual or developmental disability; or
  - iii. Forces, compels, coerces, or entices a person with an intellectual or developmental disability to perform services for the profit or advantage of the person or another person against the will of the person with an intellectual or developmental disability; or
  - iv. Misuses the property of a person with an intellectual or developmental disability in a manner that adversely affects the person with an intellectual or developmental disability's ability to receive health care or health care benefits or to pay bills for basic needs or obligations.



Further, 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

- M. 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. To monitor to detect instances of MANE, the agency will train supervisory staff on signs of MANE and to intervene by (i) communicating with agency administrator with any concerns, (ii) observe for signs of MANE, (iii) change staff to reduce caregiver strain, (iv) maintain open communication with persons receiving services from the agency, (v) increasing supervisory visits to facilitate monitoring.
2. The agency Governing Body will act as the Human Rights Committee (HRC) of the agency and will oversee all allegations of MANE, and as needed to coordinate with the CCB HRC.
3. No individual will be coerced, intimidated, threatened or retaliated against because the individual, in good faith, makes a report of suspected abuse, mistreatment, neglect or exploitation or assists or participates in any manner in an investigation of such allegations in accordance with 10 CCR 2505-10 8.600, Section 8.608.8 D.
4. All agency staff, included both hired and contracted personnel, will trained on the all applicable state law, PASA regulations, agency policy and procedures and expectations of behavior at hire and annually.
5. Any caregiver who suspects abuse of a consumer receiving services from the agency will contact the agency Administrator and/or Backup Administrator immediately.
6. The Administrator will document any allegation. The documentation will include but not be limited to: all investigations, interviews and reviews; actions taken including reporting to outside agencies; coordination with person receiving services/ guardian(s) and staff; reports to and from law enforcement and /or CCBs; and outcome(s) including determination on substantiation of allegations when staff are named; agency changes to reduce possible recurrence of allegations.

7. The Administrator will determine the appropriate steps are taken upon receipt notice of possible mistreatment of a person receiving services from the agency.
8. The agency will report as required to all outside authorities as required by law, including but not limited to law enforcement, and adult or child protective services.
9. The Administrator will assure notification of the Governing Body and the guardian or parent of a minor of the allegation no later than within one calendar day of the allegation being made. Further, the Administrator will also notify the Community Centered Board managing the consumer's care within, assuring the safety of the consumer is the first priority, but no later than within one day of receipt of the allegation by the Administrator. The agency Administrator is responsible to assure notifications.
10. In the circumstances when agency staff are alleged to have perpetrated the MANE, the staff member(s) named in the allegation will be immediately suspended from any direct care assignment or work with contact of agency clients even in a temporary assigned office capacity.
11. The agency will work with the CCB to provide the victim necessary supports.
12. Staff named in a substantiated allegation of MANE will be terminated.
13. The investigations would typically be conducted by the Community Centered Board through its Human Rights Committee or in some situations by the Department. The agency will cooperate fully with any CCB investigation. If the Community Centered Board determines the situation does not warrant an investigation, the agency will proceed to conduct their own internal investigation. The agency is responsible for conducting an internal investigation of all MANE allegations, even when forwarded to law enforcement or Adult Protective Services. The agency should collaborate with these authorities to complete an investigation.
14. The agency will ensure documentation of their actions are included in the investigative file provided to the CCB and reviewed by Human Resource Committee.
15. The agency will ensure the required information is documented in the agency administrative record as related to the report review and investigation.

APPROVED:

Matthew Dolph



09-25-2018

DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME & SIGNATURE OF ADMINISTRATOR

**TITLE:** Policy and Procedure for Requirements for Safety Control Procedures

(10 C.C.R. 2505-10 SECTION 8.608.4 B)

**POLICY:** The agency ensures use of safety control procedures in a safe manner for both the person receiving services and the agency staff. Safety Control Procedure means a restrictive procedure or restraint that is used to control a previously exhibited behavior which is anticipated to occur again and for which the planned method of intervention is developed in order to keep the person and others safe.

The agency will communicate with Community Centered Board (CCB) when the safety control procedure is used three (3) times within thirty (30) days. The agency will participate as requested by the CCB with the person's interdisciplinary team meeting to review the situation and to endorse the current plans or prepare other strategies.

Staff will be trained by behavioral experts to assure clear understanding of approved emergency control procedures prior to assignment to consumer care.

The agency will utilize Crisis Prevention Intervention (CPI) or similar training and certification through a certified/authorized entity.

**PURPOSE:** To ensure a staff understand the PASA regulations on safety controls, are adequately trained to safely implement the safety measure for a person receiving services, as well as agency expectations.

**PROCEDURE:**

1. To facilitate the requirement that safety control procedures must be developed when it can be anticipated that there will be a need to use restrictive procedures or restraints to control a previously exhibited behavior which is likely to occur again, the agency will communicate with CCB after the use of an emergency control procedure to determine the need for safety control procedures.
2. The development of safety controls will be made working with the CCB and the CCB's Human Rights Committee. The agency will review any safety controls with the agency HRC.
3. The use of safety control procedures shall comply with requirements under section 8.608.4B.
4. As a PASA agency, VitalCare has written policies on the use of safety control procedures, the types of procedures which may be used, and requirements for staff training:
  - As the agency provides respite to persons receiving wider services under the management of an area CCB, will coordinate with the area CCBs to determine safety control procedures currently used and will train staff on those

procedures. The agency will review the safety measures for any persons receiving respite care from the agency with the CCB at the time of the referral. The agency will maintain a list of types of procedures which may be used as these are identified in conjunction with the CCB, and as changes are made to safety controls.

- Prior to admitting the person to receive services, the agency will assure all staff assigned on the case are trained by a behaviorally trained agency clinician and competency verified on the safe use of those safety measures.
5. When a safety control procedure is used, the service agency shall file an incident report within three (3) days with the community centered board or regional center which meets all requirements of section 8.608.6.B and the conditions associated with each use of a safety control procedure; and,
  6. If the safety control procedure is used more than three times within the previous thirty (30) days, the person's interdisciplinary team shall meet to review the situation and to endorse the current plans or to prepare other strategies. The agency will participate as requested, or/and cooperate with the IDT to assure adequate review of the safety control procedure.
  7. The agency will file an incident report with the Community Center Board in no less than one day after implementation of a safety control procedure.

APPROVED:

Matthew Dolph



09-25-2018

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Administrator

**TITLE:** Policy and Procedure for Requirements for Emergency Control Procedures  
(10 C.C.R. 2505-10 Section 8.608.4 A)

**POLICY:** The agency has determined emergency control procedures to protect persons receiving services with intellectual and developmental disabilities. An emergency control procedure is defined as an unanticipated use of a restrictive procedure or restraint in order to keep the person receiving services and others safe.

Emergency control procedures are only to be applied when a behavior is infrequent or unpredictable.

Emergency control procedures shall not be employed as punishment, for the convenience of staff, or as a substitute for services, supports or instruction.

The agency will communicate with Community Centered Board (CCB) and/or case managers to coordinate emergency control procedures for consistent safety. Staff will be trained by behavioral experts to assure clear understanding of approved emergency control procedures prior to assignment to consumer care.

The agency will utilize Crisis Prevention Intervention (CPI) or similar training and certification through a certified/authorized entity.

**PURPOSE:** To set the agency allowed emergency control procedures.

To ensure a staff understanding of training, direct care expectations.

To set agency follow up process.

**PROCEDURE:**

1. Agency has determined that emergency control procedures to be implemented only when there is an imminent injury to the person receiving services, or a person in the immediate area. Imminent danger may include, but not be limited to: movement into vehicular traffic, self-injurious behavior that would result in open skin or consumption of dangerous substances – pica, hazardous chemicals.
2. Emergency control procedures include physical interference of the patient movement, to put staff body/arm between the patient's own body or another individual to prevent the patient connecting to hit or bite. This does not include the staff purposeful movement to contact with the patient body in an assaultive direction, but in tangent to the patient to interrupt movement; to lock exits from the room while both staff and person receiving services are in the room, to prevent egress when there is access to

vehicular traffic outside the room; placement of client in previously approved wheelchair or seating solution which may have a positioned tray or arm supports which may limit the patient movement.

3. Emergency Control procedures also include a basket hold technique for the safety of the person receiving services, staff or others in the immediate area.
4. The agency will provide training by a behaviorally trained clinician to all PASA staff at hire and annually. All training will be documented. Staff will have a trained supervisor on any patient specific procedures. Training will be documented.
5. Staff members will immediately upon the report the use of an emergency control procedure to their supervisor as soon as the person receiving services is safe, but in no instance after the staff has left the patient.
6. The agency administrator will ensure documentation will include: the situation that resulted in the use of an emergency control, the specifics of the emergency control implemented, the length of time the emergency control was active and the response of the person receiving services and his/her condition after removal of the emergency control. The documentation will include review conclusions.
7. Within twenty-four (24) hours after the use of an emergency control procedure, the responsible staff person, which may be the Administrator or trained designee with input from the direct care staff member involved, shall file an incident report if the requirements of the Incident Reporting policy is met.
8. The incident report should not include opinions or conclusions, but facts, direct observations and witness statements. The incident report shall meet all requirements of section 8.608.6.B and shall also include:
  - a. A description of the emergency control procedure employed, including beginning and ending times;
  - b. An explanation of why the procedure was judged necessary; and,
  - c. An assessment of the likelihood that the behavior that prompted the use of the emergency control procedure will recur.
9. Within one (1) day after use of an emergency control procedure, the community centered board or regional center, parent of a minor, guardian, and authorized representative if within the scope of his or her duties, shall be notified.

APPROVED:

Matthew Dolph



09-25-2018

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Administrator

**TITLE:** Policy and Procedure for the Use of Restraints  
(10 C.C.R. 2505-10 Section 8.608.3; Definitions per 8.660.4)

**POLICY:** VITALCARE, will only use restraint when necessary to protect the person receiving services from injury to self or others and may not be employed as punishment, for the convenience of staff or as a substitute for a program of services and supports.

The agency has determined situations that may warrant the use of a physical or mechanical restraint include when the person receiving services does not recognize immediate danger or is acting in a manner that is likely to result in harm to the person or agency staff, including: abusive behavior, self-injurious behavior not responding to interruption and redirection, or disruptive emergency control, when using knives or bladed instruments in an aggressive manner toward self or agency staff, when attempting to enter a high traffic area and not responding to verbal instruction or redirection.

The use of restraints may be per the agency Emergency Control policy (e.g. physical use of basket hold) or only with authorization of the client or the responsible party and CCB IDT and HRC approval as part of an emergency control or safety controls added to the IP of a person receiving. Employees and other caregivers will receive education in the correct application or use of restraints and safe, effective methods of caring for a client in restraint.

Education must be provided to all staff on the regulations, agency policy, safe use of restraints, expectations of reporting to supervisors and required documentation.

The agency staff will provide emergency procedures as outlined in the agency policy- Emergency and Safety Controls.

**PURPOSE:** To ensure that agency Supervisors and Personal Care Workers (PCW) are aware of the Agency policy regarding the use of restraints.

**PROCEDURE:**

1. VITALCARE employees the state definitions of physical, mechanical or chemical restraints:
  - a. "Physical Restraint" means the use of manual methods to restrict the movement or normal functioning of a portion of an individual's body through direct physical contact by others except for the purpose of providing assistance/prompts. Assistance/prompts is the use of manual methods to guide or assist with the initiation or completion of and/or support the voluntary movement or functioning of an individual's body through the use of physical contact by others except for the purpose of providing physical restraint.
  - b. "Mechanical Restraint" means the use of devices intended to restrict the movement or normal functioning of a portion of an individual's body. Mechanical restraint does not include the use of protective devices used for the purpose of providing physical support or prevention of accidental injury.
  - c. "Chemical restraint" means giving an individual medication involuntarily for the purpose of restraining that individual; except that "chemical restraint" does not include the involuntary administration of medication or administration of medication for voluntary or life-saving medical procedures.
2. All employees are trained to the agency policy on the use of restraints.
3. Regarding respite cases provided under PASA regulations, in addition to any IDT approved safety control procedure, the agency staff will be trained on specific types of emergency controls to employ to keep the person receiving services safe.
4. The agency will confirm the person receiving services, parents of a minor, or legal guardian has granted informed consent for the use of the restrictive procedure prior to its implementation.
5. When a person referred for respite services has a safety controls plan, the Supervisor will monitor for correct application of the approved controls and effectiveness of such measures. The Supervisor will coordinate with the CCB routinely throughout the respite period during which the agency provides services.
6. Restraint may be employed only when necessary to protect the person receiving services for injury to self or others and may not be employed as punishment, for the convenience of staff or as a substitute for a program of services and supports
7. The use of mechanical restraint is subject to special review and oversight and shall only be applied in an emergency if alternative techniques have failed. This requires coordinated review between an agency member of the HRC and the CCB case manager beginning with the referral process and shared information from the CCB as well as coordination with the CCB if the agency identifies at any time the need for restraint when that has not been previously included in



- special procedures in the IP provided. Mechanical restraints shall be designed and used so as not to cause physical injury and the least possible discomfort
8. That an individual placed in a mechanical restraint shall be monitored at least every 15 minutes by employees or contractors trained in the use of mechanical restraint to ensure the individual's physical needs are met and the individual's circulation is not restricted, or airway obstructed. A record of such monitoring shall be maintained.
  9. During the initial assessment for admission to home care, the client's safety needs and the availability of caregivers will be addressed. The use of restraints will be considered only if the restraint is necessary to prevent harm to the client and there is not an alternate, less restrictive method available.
  10. No physical or mechanical restraint of a person receiving services shall place excess pressure on the chest or back of that person or inhibit or impede the person's ability to breathe.
  11. During physical or mechanical restraint, the person's breathing and circulation shall be checked to ensure that these are not compromised. These checks will be documented in the consumer record.
  12. Physical restraint exceeding 15 minutes only when absolutely necessary for safety reasons and the agency shall provide for back-up by appropriate professionals and/or trained agency staff when notified by direct care staff with consumer of the anticipated need to continue beyond one fifteen (15) minute cycle of restraint.
  13. If the use of restraints is deemed necessary, family/caregivers will receive education/instruction on the indications for the use of restraints, alternatives to the use of restraints, correct application and the need to monitor and respond to the needs of the person in restraint.
  14. Relief periods of, at a minimum, ten minutes every (1) hour shall be provided to an individual in a mechanical restraint, except when sleeping. A record of relief periods shall be maintained
  15. That the individual will be released from a physical or mechanical restraint as soon as the emergency condition no longer exists.
  16. Employees will be trained to the agency policies on the use of restraints as part of emergency controls.
  17. Training includes documentation of any situation that could have resulted in harm to the consumer or others to include in the consumers record.
  18. Staff assigned to a case including safety control procedures will be oriented to the case and have competency in the application of the safety controls completed before independently working with the person receiving services.
  19. All cases which include safety control measures will be supervised at least once within the first ten (10) days of service, not including the admission visit completed by supervisory staff.
  20. All safety control procedures approved by the CCB IDT and HRC will be identified in the care plan. If restraints are being used in the home and this has not been identified in the plan of care, employees will notify the Case Manager or Nursing Supervisor.

21. Clients requiring restraints will not be left in the home unattended. If the client does not have an available caregiver and is unable to be safely cared for without using restraints, the client must be reassessed for whether or not he/she is an appropriate candidate for home care.
22. Documentation in the clinical record will indicate:
  - a. Precipitating circumstances as outlined in the individualized care plan.
  - b. CCB confirmation of the inclusion of restraint in the IP as
  - c. presented during referral process
  - d. Consent of the person receiving services/guardian/legally responsible party.
  - e. Care plan specifics which indicate what type of restraint and parameters of usage.
  - f. Staff will not leave a mechanically restrained person out of line of sight.
  - g. Time of application of restraint and circumstances present precipitating use of restraint.
  - h. Rest periods time start and time end
  - i. Observations of the following will be documented every ten (10) minutes for mechanical restraint:
  - j. Observation of the following will be documented every fifteen (15) minutes for both physical and mechanical restraint
  - k. Time of release of restraint.
  - l. Effectiveness of the restraint.
  - m. Coordination with agency supervisor as soon as the safety of the consumer is assured
  - n. Coordination with guardian/parent/legally responsible party when restraints have been employed and the effectiveness and any noted impacts of restraints.
23. The agency HRC will meet and review any case when care plan includes the use of physical or mechanical restraints. The review will be immediately after admission and every one (1) month at a minimum while the involved person is receiving services from the agency.

APPROVED:

Matthew Dolph



09/25/2018

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Administrator

**TITLE:** Policy and Procedure for Grievance/Complaint Process  
(10 C.C.R. 2505-10 SECTION 8.605.5)

**POLICY:** When a person receiving PASA services, or the person's guardian, has a complaint that does not meet the requirements for Dispute Resolution, then the person receiving service/guardian can file a grievance which is also known as a complaint.

The use of the grievance procedure shall not prejudice the provision of appropriate services or supports.

No individual shall be coerced, intimidated, threatened or retaliated against because the individual has exercised his or her right to file a grievance or has participated in the grievance process

**PURPOSE:** To provide VITALCARE personnel guidance on PASA Grievance/Complaint Process.

**PROCEDURE:**

1. All persons receiving services/guardians shall be given information on the grievance process at the time of admission to agency services.
2. The person receiving services/guardian will be advised of the grievance process in plain language and in a language they understand. The agency admission staff will discuss the material with the person receiving services/guardian during the admission visit to be sure the person receiving services/guardian know what it means and how to make a complaint to the agency.
3. Interpretation in native languages other than English and through such modes of communication as may be necessary shall be made available upon request.
4. No individual shall be coerced, intimidated, threatened or retaliated against because the individual exercised his or her right to file a grievance or has participated in the grievance process.
5. The person receiving services/guardian may make a complaint/file a grievance at any time by calling the agency office. The contact information will be provided in the admission information. The Supervisor will receive grievances.
6. An opportunity will be made available for individuals to come together in order to attempt finding a mutually acceptable solution. This could include the use of mediation if both parties voluntarily agree to this process.
7. The grievance will be resolved, including communication with and agreement of the plan by the person receiving services/guardian within fourteen (14) days from the date the agency was made aware of the grievance.
8. Consideration by the agency director, Matt Dolph, or designee will be given and documented if the grievance cannot be resolved at a lower level.

VITALCARE – PASA Policies and Procedures

9. The agency supervisor, name and contact information as noted on the information provided at admission, will be available for the person receiving services/guardian to speak to assist in the submission of a grievance.

10. In addition, the following information will be provided regarding outside resources to assist persons receiving services and their guardians in making a complaint.

Center for Independent Living –

If you live in Adams (shared), Arapahoe, Clear Creek, Denver, Douglas, Elbert, and Jefferson

Atlantis Community, Inc. ([www.atlantiscommunity.org](http://www.atlantiscommunity.org)) (303) 733-9324

201 South Cherokee

Denver, CO 80223

If you live in Adams, Boulder, Broomfield, Gilpin, and Jefferson

Center for People with Disabilities (<http://www.cpwd-ilc.org>) (303) 442-8662 v/tty  
1675 Range St.

Boulder, CO 80301

(888) 929-5519

The Aging and Disability Resource Center

Aging and Disability Resource Center (ADRC) 303-480-6700

Toll-free outside Denver 1(866) 959-3017

Opción disponible en Español

APPROVED:

Matthew Dolph



09/25/2018

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Administrator

**TITLE:** Policy and Procedure for Incident Reporting  
(10 C.C.R. 2505-10 Section 8.608.6)

**POLICY:** The agency will follow the Incident Reporting procedure for all persons receiving services from this PASA agency. The agency will actively review and respond to all incident reports to facilitate change in the organization to reduce the probability of recurrent incidents.

**PURPOSE:** To ensure VitalCare personnel have guidance in correctly supporting the PASA Incident Reporting procedure.

**PROCEDURE:**

1. Agency will document and report all incidents that deviate from routine agency operations and will or could result in injury or potential harm to a client/caregiver or employee.
2. Incidents to be reported include, but are not limited, to:
  - Injury to a person receiving services
  - Lost or missing persons receiving services
  - Medical emergencies involving persons receiving services
  - Hospitalization of persons receiving services
  - Death of person receiving services
  - Errors in medication administration
  - Incidents or reports of actions by persons receiving services that are unusual and require review
  - Allegations of abuse, mistreatment, neglect, or exploitation
  - Use of safety control procedures
  - Use of emergency control procedures
  - Stolen personal property belonging to a person receiving services
3. Information regarding the documentation requirements of incidents including:
  - Name of the person reporting
  - Name of the person receiving services who was involved in the incident
  - Name of persons involved or witnessing the incident
  - Type of incident
  - Description of the incident
  - Date and place of occurrence
  - Duration of the incident
  - Description of the action taken
  - Whether the incident was observed directly or reported to the agency
  - Names of persons notified
  - Follow-up action taken or where to find documentation for further follow-up
  - Name of the person responsible for follow-up

4. The Agency Manager will assure that employees alleged to have committed a reportable occurrence will be suspended from direct care until the investigation is complete.
5. The Agency Manager will assure the incident is reported to Community Centered Boards (CCB) and guardian or parent of a minor.
6. Timelines for reporting to the CCB and the guardian or parent of a minor as applicable, which is based on the type of incident:  
Within two hours: Death of the person receiving services, Lost or missing persons receiving services, Hospitalization of persons receiving services  
Within two hours of the stabilization of the person receiving services: Injury, Medical Emergencies, use of emergency procedures, use of safety procedures, errors in medication administration

Within one business day (24 Hours): Incidents or reports of actions by persons receiving services that are unusual and require review; allegations of abuse, mistreatment, neglect, or exploitation; or Stolen personal property belonging to a person receiving services.

Within one business day (24 hours); Incident reports will be completed and sent to the CCB and the guardian or parent of a minor as applicable.

Documentation indicating the reports of incidents will be kept in the individual's record. If the incident involves a client, documentation will address the objective facts in the client record, indicating the report of incident.

7. Records of incidents will be available to the Community Centered Board and to the Department upon request.
8. Incident reports are reviewed by appropriate supervisors and a determination of whether further action is needed. After the report is reviewed by the Agency Manager, the leadership team determines opportunities for performance improvement or whether to continue monitoring.
9. The agency Quality Management Plan process is to review and analyze incident reports to identify trends and problematic practices and monitor the corrective action plan to assure changes in the agency.
10. Review of incidents and trend analysis will be included in the quarterly QMP evaluation by Governing Body.
11. The agency will take appropriate corrective actions if problematic practices are identified

APPROVED:



09-25-2018

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Administrator



**TITLE:** Policy and Procedure for Dispute Resolution  
(SECTION 25.5-10-212 C.R.S. AND 10 C.C.R. 2505-10 SECTION 8.605.2)

**POLICY:** An individual shall not be coerced, intimidated, threatened or retaliated against because that individual has exercised his or her right to file a complaint or has participated in the dispute resolution process.

The use of the dispute/resolution procedure shall not prejudice the provision of appropriate services or supports to the individual in need of/or receiving services.

**NOTE:** Dispute and Grievance are two separate processes used for different purposes.

**PURPOSE:** To provide VITALCARE personnel guidance on PASA Dispute Resolution Process.

**PROCEDURE:**

1. There are four types of situations an individual or guardian would file an agency dispute including:
  - The applicant is not eligible for services or supports
  - The person receiving services is no longer eligible for services or supports
  - Services or supports are to be terminated
  - Services in the Individualized Plan are to be modified, reduced or denied
2. All persons receiving services/guardians shall be given information on the dispute resolution process at the time of admission to agency services.
3. The person receiving services/guardian will be advised of the dispute resolution process in plain language and in a language they understand. The agency admission staff will discuss the material with the person receiving services/guardian during the admission visit to be sure the person receiving services/guardian know what it means and how to use the dispute resolution process.
4. Interpretation in native languages other than English and through such modes of communication as may be necessary shall be made available upon request.
5. Notice of the proposed action, as defined in Section 8.600.4 shall be provided to the person receiving services/guardian at least 15 days prior to the date of action. Notice means written notification hand delivered to or sent by first class mail that contains at least all of the following:
  - A. The proposed action;
  - B. The reason or reasons for that action;
  - C. The effective date of that action;
  - D. The specific law, regulation, or policy supporting the action;



- E. The responsible agency with whom a protest of the action may be filed including the name and address of the director.
  - F. The dispute resolution procedure, including deadlines, in conformity with section 8.605 and procedures on accessing agency records:
6. The process to be used if the person receiving services/guardian is dissatisfied with the decision nor action of the agency is as follows:
- A. Step 1: Informal Negotiation
    - The agency shall provide an opportunity for resolution through an informal negotiation which may be waived by mutual consent.
    - A meeting of all parties shall be scheduled within 15 days of the receipt of the complaint.
    - If informal negotiation has been attempted or waived the following provisions shall be initiated.
  - B. Step 2: Formal Negotiation
    - An opportunity to present information and evidence to an impartial decision maker
    - Notification of the meeting at least 10 days prior to the meeting unless waived by the objecting parties
    - Representation by council, authorized representative or another individual if the objecting party desires
    - The opportunity to respond to questions
    - Recording of the proceeding by electronic device or reporter
    - Written decision within 15 days of the meeting
    - Notification that if the dispute is not resolved, the objecting party may request that the Executive Director of the Department or a designee review the decision
  - C. Step 3: Review by the Department of Health Care Policy and Financing
    - The request to review the outcome of the dispute resolution process shall be submitted to the Department within 15 days from which the decision was postmarked.
    - The request for review shall also contain a statement of the matters in dispute and all information that is relevant to a thorough review of the matter.
    - The program approved service agency or other party shall be afforded the opportunity to respond within fifteen (15) working days
    - The Department has a right to request additional information or may request an oral argument or a hearing
    - The Department shall render a decision within 10 working days of the submission of all relevant information
    - The decision of the Department shall constitute final agency action on the dispute
    - The agency will keep a written record of all proceedings
    - No person receiving services will be terminated from such services or supports during the resolution process.

VITALCARE – PASA Policies and Procedures

7. The agency supervisor, name and contact information as noted on the information provided at admission, will be available for the person receiving services/guardian to speak to assist in the submission of a grievance.
8. In addition, the following information will be provided regarding outside resources to assist persons receiving services and their guardians in making a complaint.  
Center for Independent Living –

If you live in Adams (shared), Arapahoe, Clear Creek, Denver, Douglas, Elbert, and Jefferson

Atlantis Community, Inc. ([www.atlantiscommunity.org](http://www.atlantiscommunity.org)) (303) 733-9324

201 South Cherokee

Denver, CO 80223

If you live in Adams, Boulder, Broomfield, Gilpin, and Jefferson

Center for People with Disabilities (<http://www.cpwd-ilc.org>) (303) 442-8662 v/tty  
1675 Range St.

Boulder, CO 80301

(888) 929-5519

The Aging and Disability Resource Center

Aging and Disability Resource Center (ADRC) 303-480-6700

Toll-free outside Denver 1(866) 959-3017

Opción disponible en Español

9. The intended action will not occur until after reasonable notice has been provided to the person/guardian along with an opportunity to utilize the resolution process except in emergency situations as determined by the Department.

APPROVED:

Matthew Dolph



09/25/2018

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Administrator

**TITLE:** Policy and Procedure Medication Procurement, Storage,  
Distribution and Disposal  
(10 C.C.R. 2505-10 Section 8.609.6 D)

**POLICY:** The agency solely provides respite non-medical services and therefore does not procure, store, distribute or dispose of medications.

The agency will support self-administration of medications by a person receiving services if that is documented in the individualized care plan from the referring CCB/case manager/EI provider.

Should a patient report missing medications a complaint/incident report will be filed per agency policy and if indicated a reportable occurrence will also be made.

The parent/guardian, legally responsible party, CCB or case manager will be notified same day as the report is received by the agency.

**PURPOSE:** To clarify the agency does not provide Medication Procurement, Storage, Distribution and Disposal.

**APPROVED:**

Matthew Dolph 

09-25-2018

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Administrator

TITLE: Medication Reminder Boxes  
(10 C.C.R. 2505-10 Section 8.609.6 D)/ Pursuant to Section 25.1-107(1)(ee)(1.5)C.R.S.

POLICY: The agency provides only respite personal care services and does not provider medication reminder box filling, labeling or administration.

PURPOSE: To confirm the agency licensure limitations with regards to agency licensure.

PROCEDURE:

1. The agency will coordinate with the referring CCB, or case manager regarding needs for filling or labeling medication reminder boxes for all persons needing or receiving care.
2. In the event the person needs medication reminder box filling or labeling, the agency will coordinate with the referring CCB, or case manager regarding the agency or CCB staff to provide this service during the respite service period the agency is providing respite services.

APPROVED:

Matthew Dolph   
\_\_\_\_\_

09-25-2018  
Date: \_\_\_\_\_

Name & Signature of Administrator

TITLE: Policy and Procedure Personal Needs Funds - Payee Services  
(10 C.C.R. 2505-10 SECTION 8.609.5 AND TITLE 25.5-6-411 C.R.S.)

POLICY: VITALCARE provides solely respite services and does not provide Representative Payee Services. VitalCare will coordinate with referring client manager/Community Centered Board (CCB) prior to admission for respite services to assure payee services have been completed for patient. Further, should a patient admitted for respite request personal needs funds, VitalCare will coordinate with the client's representative payee service provider.

APPROVED:

MATTHEW DOLPH



09-25-2018

DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME & SIGNATURE OF ADMINISTRATOR

## VitalCare – ADMIT 1 - PASA Services Consent / Admission

### **CONSENT FOR PATIENT:**

I consent to the provision of services and do authorize the staff of VitalCare-PASA Service (VitalCare-PASA) to provide in home services as noted in my individualized care plan.

### **FINANCIAL RESPONSIBILITY:**

I also understand the following: (Agency to note which payor applies. Person receiving care/guardian to initial understanding)

☐ All my care will be paid for by Medicaid. I understand it is my responsibility to inform VitalCare-PASA Division if my Medicaid status changes. I authorize release of all records required to act on this request. I request that payment of benefits be made on my behalf.

### **I HAVE BEEN GIVEN THESE AND HAD TIME TO ASK QUESTIONS:**

<input type="checkbox"/> PASA Rights of Person Receiving Services	<input type="checkbox"/> Agency Disclosure Notice
<input type="checkbox"/> PASA Responsibilities of the Person	<input type="checkbox"/> Dispute Resolution Procedure
<input type="checkbox"/> Grievance/Complaint Procedure	<input type="checkbox"/> Advance Directive Information and Policy
<input type="checkbox"/> Training on Emergency Preparedness	

### **ADVANCE DIRECTIVES:**

☐ Client does not have any Advance Directives in place.

☐ Client has a Living Will, location \_\_\_\_\_

☐ Client has a Durable Medical Power of Attorney, \_\_\_\_\_ ph # \_\_\_\_\_ Filed \_\_\_\_\_

☐ Client has Do Not Resuscitate order (DNR)

☐ I understand that if I make any new or different decisions I will notify VitalCare-PASA, and I agree to make a copy of all my Advance Directives available to VitalCare-PASA.

### **COORDINATION**

☐ I understand that VitalCare-PASA must coordinate with your CCB/case manager to be sure that we provide you all services that are in your plan

### **REQUESTED DAYS AND HOURS OF SERVICES:**

VitalCare will provide services to me on these days and times:

---

\_\_\_\_\_  
Signature Client/Authorized Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Guardian/Authorized Responsible Party and relationship to person receiving services

\_\_\_\_\_  
Signature VitalCare-PASA Division Representative

\_\_\_\_\_  
Date

## VitalCare – Handout 1 - PASA Rights of Persons Receiving Care

The agency administrator and supervisor are available to talk to you at any time about your rights, to answer any questions you have – just call

You can also call your CCB case manager for questions about your rights.

Today while we go over these rights, we want you to ask questions and be sure you know your rights.

THE FULL WORDING OF THESE RIGHTS IS ON THE FOLLOWING PAGES

1. No person receiving services, his/her family members, guardian or authorized representatives, may be retaliated against in their receipt of services or supports or otherwise as a result of attempts to advocate on their own behalf.  
**VitalCare will never become angry with you or take away your services because you want to talk about your care, or if you want a change to the care we provide or if you have a grievance.**
2. Right to an Individualized Plan  
**VitalCare will coordinate with the referring CCB/case manager for individualized care plan to be provided by this agency during respite care, person receiving care/guardian to assure that respite care plan is individualized and meets the needs of the consumer.**  
**VitalCare will work with your CCB, or case manager, and will talk to you/your guardian, before providing care to make the care plan that we will follow during your respite services from our agency.**
3. Right to medical care and treatment.  
**VitalCare provides non-medical respite care and will coordinate with CCB/case manager to facilitate supporting you to get all medical care and treatment as ordered, planned and scheduled. We cannot do any medical care for you, but we will talk to and listen to you and your CCB. We will coordinate with your regular transportation service to assist you in getting to medical appointments for care/treatments while you are receiving our services.**  
**VitalCare will only assist you with medications by reminding you to take the medications that are in your pill box. We worked with your CCB before today to be sure your medications will be set up and, if you need it, someone will come to give you your medications. We will listen to you about anything that is worrying you about your medications and will work with the CCB the whole time we care for you.**  
**VitalCare will not make anyone use or be part of experimental research or hazardous treatments.**

**VitalCare will get your signed consent before providing any care and you may change your mind and tell us to stop something at any time.**

4. Right to humane care and treatment

**VitalCare believes you are important. We will provide caring people who will not hurt you. We work hard to be sure that everything we do for you is safe and you are not afraid of the care we give you. VitalCare will only participate in behavior programs if our staff are trained and competency is checked by your CCB, case manager.**

5. Right to religious belief, practice and worship

**VitalCare believes that your religious beliefs are important. You have the right to worship and not have anyone stop you from following your religion. You will not be discriminated against for your religious beliefs. No one from our agency will try to make you change or stop any religious activity, what you believe or practice in your religion.**

**PASA Rights of Persons Receiving Care**

6. Rights to communications and visits

**VitalCare will ensure that persons receiving services have suitable opportunities for talk with or visit with people you choose.**

7. Right to fair employment practices

**VitalCare will never require persons receiving care to work for the agency.**

8. Right to vote

**VitalCare will assist such persons to register to vote, to obtain mail ballots, to comply with other requirements that are prerequisite to voting, and to vote if elections are in progress during while you are receiving care from our agency**

9. Records and confidentiality of information pertaining to eligible persons or their families

**VitalCare will maintain your records of your care with confidentiality, the information is kept safe. This includes your care plan. The only people we will share any information about you with are: your parent/legal guardian; the Colorado Department of Health – Health Facilities Division if requested by them during a survey or as required by our license; in communication with your CCB, or case manager to be sure your care is well coordinated, put together right; to your payor for services; to a law enforcement, protection or advocacy organization in case of suspected mistreatment, abuse, neglect or exploitation.**

10. Right to personal property

**VitalCare will assure you have the right to keep and use your own clothing and personal effects. We will document anytime we put your personal property somewhere else if you give us direction to do so. We are not a payee, but will coordinate with your CCB or case manager if they are your Representative Payee for any funds they manage before we start your respite or during our care if you feel you need to access more monies from them.**

11. Right to influence policy

**The persons receiving services of a service agency are entitled to establish a committee to hear the views and represent the interests of all such persons**



**served by the agency and to attempt to influence the policies of the agency to the extent that they influence provision of services and supports.**

12. Right to notification

**Each person receiving services has the right to read or have explained, in each person's or family's native language, any rules adopted by the service agency and pertaining to such person's activities.**

13. Right to be free of discrimination

**No person who has received services or supports under any provision of this article shall be discriminated against because of such status. For purposes of this section, "discrimination" means the giving of any unfavorable weight to the fact that a person has received such services or supports**

14. Sterilization Rights

**VitalCare provides solely respite services under PASA and does not participate in any sterilization decisions nor surgical procedures.**

15. **The agency will make available to the consumer or authorized representative, upon request, a written notice listing all individuals or other legal entities having ownership or controlling interest in the agency.**

#### **FULL WORDING OF PASA RIGHTS of PERSONS RECEIVING CARE**

All persons receiving services under PASA will be advised of the following in addition to those in items 6-29 of this policy. These rights include those right identified in C.R.S. Sections 25.5-10-218 through 231 including:

i. Right to an Individualized Plan

Each person receiving services shall have an individualized plan, an individualized family service plan, or a similar plan specified by the state department that qualifies as an individualized plan that is developed by the person's interdisciplinary team. The individualized family service plan for a child with disabilities from birth through two years of age shall be developed in compliance with part 7 of article 10.5 of title 27, C.R.S.

VitalCare will coordinate with the referring CCB/case manager for individualized care plan to be provided by this agency during respite care, person receiving care/guardian to assure that respite care plan is individualized and meets the needs of the consumer.

ii. Right to medical care and treatment. VitalCare provides non-medical respite care and will coordinate with CCB/case manager to facilitate support of the consumer, within service level restrictions, receiving all medical care and treatment as ordered, planned and scheduled

(1) Each person receiving services must have access to appropriate dental and medical care and treatment for any physical ailments and for the prevention of any illness or disability. (2) No medication for which a prescription is required

shall be administered without the written order of a physician. A physician shall conduct a review of all prescriptions and other orders for medications in order to determine the appropriateness of the person's medication regimen annually, or more often, if required by law. (3) All service agencies which administer medication shall require that notation of the medication of a person receiving services be kept in the person's medical records. All medications must be administered pursuant to part 3 of article 1.5 of title 25, C.R.S. (4) Persons receiving services must have a right to be free from unnecessary or excessive medication. The service agency's records must state the effects of psychoactive medication if administered to the person receiving services. When dosages of such are changed or other psychoactive medications are prescribed, a notation must be made in such person's record concerning the effect of the new medication or new dosages and the behavior changes, if any, which occur. (5) Medication must not be used for the convenience of the staff, for punishment, as a substitute for a treatment program, or in quantities that interfere with the treatment program of the person receiving services. (6) Only appropriately trained staff shall be allowed to administer medications. (7) The executive director has the power to direct the administration or monitoring of medications to persons receiving services and supports in centers for persons with intellectual and developmental disabilities pursuant to section 25-1.5-301 (2) (h), C.R.S. (8) No person receiving services may be subjected to any experimental research or hazardous treatment procedures without the consent of such person, if the person is over eighteen years of age and is able to give such consent, or of the person's parent, if the person is under eighteen years of age, or of the person's legal guardian. Such consent may be given only after consultation with the interdisciplinary team and an intellectual and developmental disabilities professional not affiliated with the facility or community residential home in which the person receiving services resides. However, no such person of any age may be subjected to experimental research or hazardous treatment procedures if said person implicitly or expressly objects to such procedure. (9) No person receiving services may have any organs removed for the purpose of transplantation without the consent of such person, if the person is over eighteen years of age and is able to give such consent. If the person's ability to give consent to the medical procedure is challenged by the physician, the same procedures as those set forth in section 25.5-10-232 shall be followed. Consent for the removal of organs for transplantation may be given by the parents of a person receiving services, if the person is under eighteen years of age, or by the person's legal guardian. Such consent may be given only after consultation with the interdisciplinary team and an intellectual and developmental disabilities professional not affiliated with the facility or community residential home in which the person receiving services resides. However, no person receiving services of any age may be a donor of an organ if the person implicitly or expressly objects to such procedure. (10) (a) As used in subsections (8) and (9) of this section, consent also requires that the person whose consent is sought has been adequately and effectively informed as to the: (I) Method of experimental research, hazardous

treatment, or transplantation; (II) Nature and consequence of such procedures; and (III) Risks, benefits, and purposes of such procedures. (b) The consent of any person may be revoked at any time.

iii. Right to humane care and treatment

(1) Corporal punishment of persons with an intellectual and developmental disability is not permitted. (2) All service agencies shall prohibit mistreatment, exploitation, neglect, or abuse in any form of any person receiving services. (3) Service agencies shall provide every person receiving services with a humane physical environment. (4) Each person receiving services must be attended to by qualified staff in numbers sufficient to provide appropriate services and supports. (5) Seclusion, defined as the placement of a person receiving services alone in a closed room for the purpose of punishment, is prohibited. (6) "Time out" procedures, defined as separation from other persons receiving services and group activities, may not be employed by agency staff under current home care licensure rules. Even close and direct professional supervision, as defined by rule by the state board, and only as a technique in behavior-shaping programs. Behavior-shaping programs utilizing a "time out" procedure may be implemented only when it incorporates a positive approach designed to result in the acquisition of adaptive behaviors. Such behavior programs may only be implemented following the completion of a comprehensive functional analysis, when alternative nonrestrictive procedures have been proven to be ineffective, and only with the informed consent of the person, parents, or legal guardian. Such behavior programs may be implemented only following the review and approval process defined in rules. Behavior development programs must be developed in conjunction with the interdisciplinary team and implemented only following review by the human rights committee. Behavior development programs involving the use of the procedure in a "time out room" are prohibited. (7) Behavior development programs involving the use of aversive or noxious stimuli are prohibited. (8) Physical restraint, defined as the use of manual methods intended to restrict the movement or normal functioning of a portion of a person's body through direct contact by staff. Physical restraint may not be employed as punishment, for the convenience of staff, or as a substitute for a program of services and supports. Physical guidance or prompting techniques of short duration such as those employed in training techniques are not considered physical restraint. Physical restraint may not be applied even if alternative techniques have failed and only if such restraint imposed the least possible restriction consistent with its purpose. If physical restraint is used in an emergency or on a continuing basis its use shall be reviewed by the interdisciplinary team and the human rights committee in accordance with the rules of the state board. (9) The use of a mechanical restraint, defined as the use of mechanical devices intended to restrict the movement or normal functioning of a portion of a person's body, is subject to special review and oversight, as defined in rules. Use of mechanical restraints may not be applied even in an emergency if alternative techniques have failed and in conjunction with a behavior development program. Mechanical restraints must be designed and used so as not to cause physical injury to the person receiving services and

so as to cause the least possible discomfort. The use of mechanical restraints shall be reviewed by the human rights committee. The use of posey vests, straight-jackets, ankle and wrist restraints, and other devices defined in rules is prohibited. (10) A record must be maintained of all physical injuries to any person receiving services, all incidents of mistreatment, exploitation, neglect, or abuse, and all uses of physical or mechanical restraint. All records are subject to review by the human rights committee. (11) Behavior development programs must be supervised by an intellectual and developmental disabilities professional having specific knowledge and skills to develop and implement positive behavioral intervention strategies

iv. Right to religious belief, practice and worship

No person receiving services is required to perform any act or be subject to any procedure whatsoever which is contrary to the person's religious belief, and each such person has the right to practice such religious belief and be accorded the opportunity for religious worship. Provisions for religious worship must be made available to all persons receiving services on a nondiscriminatory basis. No such person shall be coerced into engaging in or refraining from any religious activity, practice, or belief.

v. Rights to communications and visits

(1) Each person receiving services has the right to communicate freely and privately with others of the person's own choosing. (2) Each person receiving services has the right to receive and send sealed, unopened correspondence. No such person's incoming or outgoing correspondence shall be opened, delayed, held, or censored by any person. (3) Each person receiving services shall have the right to receive and send packages. No such person's outgoing packages shall be opened, delayed, held, or censored by any person. (4) Each person receiving services must have reasonable access to telephones, both to make and to receive calls in privacy, and must be afforded reasonable and frequent opportunities to meet with visitors. (5) All service agencies shall ensure that persons receiving services have suitable opportunities for interaction with persons of their choice. Nothing in this section will limit the protections provided under article 3.1 of title 26, C.R.S.

vi. Right to fair employment practices

(1) No person receiving services shall be required to perform labor; except that persons receiving services may voluntarily engage in such labor if the labor is compensated in accordance with applicable minimum wage laws. (2) No person receiving services shall be involved in the physical care, care and treatment, training, or supervision of other persons receiving services unless such person has volunteered, has been specifically trained in the necessary skills, and has the judgment required for such activities, is adequately supervised, and is reimbursed in accordance with the applicable minimum wage laws. (3) Each person receiving services may perform vocational training tasks, subject to a presumption that an assignment longer than three months to any task is not a training task, if the specific task or any change in task assignment is an integral part of such person's individualized plan. If such person performs vocational training tasks for which the service agency is receiving compensation

from any outside source, the person shall be compensated in accordance with the applicable minimum wage laws. (4) Each person receiving services may voluntarily engage in labor for which the service agency would otherwise have to pay an employee if the specific labor or any change in labor is an integral part of such person's individualized plan and the person is compensated in accordance with the applicable minimum wage laws. (5) Each person receiving services may be required to perform tasks of a personal housekeeping nature or tasks oriented to improving community living skills in accordance with the person's individualized plan. (6) Payment to persons receiving services pursuant to this section shall not be collected by the service agency to offset the costs of providing services and supports to such person.

vii. Right to vote

Each person receiving services who is eligible to vote according to law has the right to vote in all primary and general elections. As necessary, all service agencies shall assist such persons to register to vote, to obtain mail ballots, to comply with other requirements that are prerequisite to voting, and to vote.

viii. Records and confidentiality of information pertaining to eligible persons or their families

(1) A record for each person receiving services shall be diligently maintained by the community-centered board. The record must include, but not be limited to, information pertaining to the determination of eligibility for services and the individualized plan. The record is not a public record. (2) Except as otherwise provided by law, all information obtained and any records prepared in the course of determining eligibility or providing services and supports pursuant to this article are confidential and subject to the evidentiary privileges established by law. The disclosure of this information and these records in any manner shall be permitted only: (a) To the applicant or person receiving services, to the parents of a minor, to such person's legal guardian, and to any person authorized by the above named person; (b) In communications between qualified professional personnel, including the board of directors of community-centered boards and service agencies providing services to persons with intellectual and developmental disabilities, to the extent necessary for the acquisition, provision, oversight, or referral of services and supports; (c) To the extent necessary to make claims for aid, insurance, or medical assistance to which a person receiving services may be entitled, or to access services and supports pursuant to the individualized plan; (d) For the purposes of evaluation, gathering statistics, or research when no identifying information concerning an individual person or family is disclosed. Identifying information is information which could reasonably be expected to identify a specific person and includes, but is not limited to, name, address, telephone number, social security number, Medicaid number, household number, and photograph. (e) To the court when necessary to implement the provisions of this article; (f) To persons authorized by an order of court issued after a hearing, notice of which was given to the person, parents or legal guardian, where appropriate, and the custodian of the information; (g) To the agency designated pursuant to 42 U.S.C. sec. 6012 as the protection and advocacy system for Colorado when: (I)

A complaint has been received by the protection and advocacy system from or on behalf of a person with an intellectual and developmental disability; and (II) Such person does not have a legal guardian or the state or the designee of the state is the legal guardian of such person; (h) To the state department or its designees as deemed necessary by the executive director to fulfill the duties prescribed by this article. (3) Nothing in this section shall be construed to limit access by a person receiving services to such person's records. (4) Nothing in this section shall be construed to interfere with the protections afforded to a person under the federal "Health Insurance Portability and Accountability Act of 1996", 42 U.S.C. sec. 1320d, and the federal "Family Education Rights and Privacy Act of 1974", 20 U.S.C. sec. 1232

ix. Right to personal property

(1) Each person receiving services has the right to the possession and use of such person's own clothing and personal effects. If the service agency holds any of such person's personal effects for any reason, such retention shall be promptly recorded in such person's record and the reason for retention shall also be recorded. (2) Upon the request of a person receiving services, a service agency may hold money or funds belonging to the person receiving services, received by such person, or received by the service agency for such person. All such money or funds shall be held by the service agency as trustee for the person receiving services. Upon request, an accounting shall be rendered by the service agency. (3) Upon request, a person receiving services is entitled to receive reasonable amounts of such person's money or funds held in trust.

x. Right to influence policy

xi. The persons receiving services of a service agency are entitled to establish a committee to hear the views and represent the interests of all such persons served by the agency and to attempt to influence the policies of the agency to the extent that they influence provision of services and supports.

xii. Right to notification

Each person receiving services has the right to read or have explained, in each person's or family's native language, any rules adopted by the service agency and pertaining to such person's activities.

xiii. Right to be free of discrimination

No person who has received services or supports under any provision of this article shall be discriminated against because of such status. For purposes of this section, "discrimination" means the giving of any unfavorable weight to the fact that a person has received such services or supports

xiv. Sterilization Rights

(1) It is the intent of the general assembly that the procedures set forth in the following subsections be utilized when sterilization is being considered for the primary purpose of rendering the person incapable of reproduction.

(2) Any person with an intellectual and developmental disability over eighteen years of age who has given informed consent has the right to be sterilized, subject to the following:

- (a) Prior to the procedure, competency to give informed consent and assurance that such consent is voluntarily and freely given shall be evaluated by the following:
  - (I) A psychiatrist, psychologist, or physician who does not provide services or supports to the person and who has consulted with and interviewed the person with an intellectual and developmental disability; and
  - (II) An intellectual and developmental disabilities professional who does not provide services or supports in which said person participates, and who has consulted with and interviewed the person with an intellectual and developmental disability.
- (b) The professionals who conducted the evaluation pursuant to paragraph (a) of this subsection (2) shall consult with the physician who is to perform the operation concerning each professional's opinion in regard to the informed consent of the person requesting the sterilization.
- (3) Any person with an intellectual and developmental disability whose capacity to give an informed consent is challenged by the intellectual and developmental disabilities professional or the physician may file a petition with the court to declare competency to give consent pursuant to the procedures set forth in section 25.5-10-232.
- (4) No person with an intellectual and developmental disability who is over eighteen years of age and has the capacity to participate in the decision-making process regarding sterilization shall be sterilized in the absence of the person's informed consent. No minor may be sterilized without a court order pursuant to section 25.5-10-233.
- (5) Sterilization conducted pursuant to this section shall be legal. Consent given by any person pursuant to subsection (2) of this section is not revocable after sterilization, and no person shall be liable for acting pursuant to such consent.

## VitalCare – Handout 2 - PASA Policy and Procedure for Dispute Resolution

(Section 25.5-10-212 C.R.S. and 10 C.C.R. 2505-10 Section 8.605.2)

No person receiving services/guardian will be pressured, coerced, intimidated, threatened or have any action taken against them because that person has exercised his or her right to file a complaint or has participated in the dispute resolution process.

The use of the dispute/resolution procedure by a person receiving services/guardian shall not stop or change the services you need from VitalCare.

We want you to know that Dispute and Grievance are two separate processes used for different purposes.

1. There are four types of situations when you or your guardian would file an agency dispute including:
  - You are not eligible for services or supports
  - You are longer eligible for services or supports
  - All services or supports are to be terminated
  - The services in your Individualized Plan are to be modified, reduced or denied (changed, made less or denied)
2. All persons receiving services/guardians shall be given information on the dispute resolution at the time of admission to this agency.
3. The person receiving services/guardian will be given this information on the dispute resolution process in plain language and in a language they understand. The agency admission staff will discuss the material with the you and /your guardian during the admission visit to be sure you know what it means and how to make a complaint to the agency.
4. Interpretation in another language and in different communication ways may be necessary and shall be made available upon request.
5. Notice of a proposed action shall be provided to the person receiving services/guardian at least 15 days before to the date of action. Notice means written notification hand delivered to or sent by first class mail that has at least all of the following information:
  - A. The proposed action;
  - B. The reason or reasons for that action;
  - C. The effective date of that action;
  - D. The specific law, regulation, or policy supporting the action;
  - E. The responsible agency with whom a protest of the action may be filed including the name and address of the director.
  - F. The dispute resolution procedure, including deadlines, in conformity with section 8.605 and procedures on accessing agency records.



6. This is the process to use if the you or your guardian is dissatisfied with the decision or action of the agency:

A. Step 1: Informal Negotiation

- The agency shall provide an opportunity for resolution through an informal negotiation which may be waived by agreement of both you and the agency.
- A meeting of all parties shall be scheduled within 15 days of the receipt of the complaint.
- If informal negotiation has been attempted or waived the following provisions shall be initiated.

B. Step 2: Formal Negotiation

- An opportunity to present information and evidence to an impartial decision maker
- Notification of the meeting at least 10 days prior to the meeting unless waived by the objecting parties
- Representation by council, authorized representative or another individual if the objecting party desires
- The opportunity to respond to questions
- Recording of the proceeding by electronic device or reporter
- Written decision within 15 days of the meeting
- Notification that if the dispute is not resolved, the objecting party may request that the Executive Director of the Department or a designee review the decision

D. Step 3: Review by the Department of Health Care Policy and Financing

- The request to review the outcome of the dispute resolution process shall be submitted to the Department within 15 days from which the decision was postmarked.
- The request for review shall also contain a statement of the matters in dispute and all information that is relevant to a thorough review of the matter.
- The program approved service agency or other party shall be afforded the opportunity to respond within fifteen (15) working days
- The Department has a right to request additional information or may request an oral argument or a hearing
- The Department shall render a decision within 10 working days of the submission of all relevant information
- The decision of the Department shall constitute final agency action on the dispute
- The agency will keep a written record of all proceedings
- No person receiving services will be terminated from such services or supports during the resolution process.

7. The agency supervisor, Janelle can be reached at 888- 664-4222 will be available for the person receiving services/guardian to speak to and to help in the submission of a grievance.

8. In addition, the following outside resources can help persons receiving services and their guardians in making a complaint.

Center for Independent Living –

If you live in Adams (shared), Arapahoe, Clear Creek, Denver, Douglas, Elbert, and Jefferson

VITALCARE – PASA Policies and Procedures

Atlantis Community, Inc. ([www.atlantiscommunity.org](http://www.atlantiscommunity.org)) (303) 733-9324  
201 South Cherokee  
Denver, CO 80223

If you live in Adams, Boulder, Broomfield, Gilpin, and Jefferson  
Center for People with Disabilities (<http://www.cpwd-ilc.org>) (303) 442-8662 v/tty  
1675 Range St.  
Boulder, CO 80301  
(888) 929-5519

The Aging and Disability Resource Center  
Aging and Disability Resource Center (ADRC) 303-480-6700  
Toll-free outside Denver 1(866) 959-3017  
Opción disponible en Español

9. The action you received notice about will not happen until after reasonable notice has been given to the person/guardian along with an opportunity to use the resolution process, except in emergency situations as determined by the Department.

## VitalCare – Handout 3 - Policy and Procedure for Grievance/Complaint Process (10 C.C.R. 2505-10 Section 8.605.5)

When a person receiving PASA services, or the person's guardian, has a complaint that does not meet the requirements for Dispute Resolution, then the person receiving service/guardian can file a grievance which is also known as a complaint.

The use of the grievance procedure shall not change in any way the services you receive from VitalCare.

No person shall be pressured, made to be afraid, threatened or have any action taken against them (coerced, intimidated) because the individual has filed a grievance or has participated in the grievance process.

1. All persons receiving services/guardians are given information on the grievance process as the time of admission to agency services.
2. The agency admission staff will discuss the material with the person receiving services/guardian during the admission visit to be sure the person receiving services/guardian know what it means and how to make a complaint to the agency. The person receiving services/guardian will be given information about the grievance process in plain language and in a language they understand.
3. Interpretation in other languages or using different means of communication may be needed and shall be made available upon request.
4. The person receiving services/guardian may make a complaint/file a grievance at any time by calling the agency office at 888- 664-4222. The Supervisor, Janell, will receive grievances.
5. An opportunity will be made available for individuals to come together in order to attempt finding a solution that works for everyone. This could include the use of mediation if both parties voluntarily agree to this process.
6. The grievance will be resolved, including communication with and agreement of the plan by the person receiving services/guardian within fourteen (14) days from the date the agency was made aware of the grievance.
7. The agency director, Matt Dolph, or someone he has trained and chosen in the agency, will consider the grievance if it is not resolved completely in the fourteen (14) days. The review by the agency director will be written.
8. The agency supervisor, Janelle, is available for the person receiving services/guardian to speak to at 888- 664-4222. She can talk to you or come to your home to assist in the making a grievance.
9. In addition, the following outside resources to assist persons receiving services and their guardians in making a complaint.  
Center for Independent Living –  
If you live in Adams (shared), Arapahoe, Clear Creek, Denver, Douglas, Elbert, and Jefferson  
Atlantis Community, Inc. ([www.atlantiscommunity.org](http://www.atlantiscommunity.org)) (303) 733-9324  
201 South Cherokee

Denver, CO 80223

If you live in Adams, Boulder, Broomfield, Gilpin, and Jefferson  
Center for People with Disabilities (<http://www.cpwd-ilc.org>) (303) 442-8662 v/tty  
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Boulder, CO 80301  
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