



POLICIES AND PROCEDURES 2020

Home Care Preference

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Home Care Preference

EXECUTIVE SUMMARY

Home Care Preference is owned and operated by Dr. Burdick Delphine, a Ph.D. level Nursing Professor with over twenty-five years of nursing experience in home care, acute nursing, psychiatric nursing, management, and education. The company's Holistic approach to service delivery provides supported individuals with the industry's leading innovative safe high-quality approaches. Our person-centered oriented services are fully customizing to support individualized needs of persons served. Our trained registered nurses work one-on-one with supported individual and families to develop a truly holistic service plan of care that is attuned to their needs. The company's Vision, Mission and Values are accomplished by maintaining commitment to quality, loyalty, dignity and integrity.

VISION, MISSION, AND VALUES

Vision Statement: Home Care Preference's vision is to provide quality professional services that enhance the wellbeing and, independence of seniors and individuals with intellectual and developmental disabilities at the comfort of their preferred living environment.

Mission Statement: Home Care Preference's mission is to become the state of Tennessee's most efficient and dependable provider of person-centered care services that support the integration of seniors and persons with intellectual and developmental disabilities into the community.

Values. Our values are principles that guide day-to-day decisions making and the delivery of services to seniors and individuals supported by DIDD. Home Care Preference stands for and abide by the five main principle values in the delivery of its services to seniors, supported individuals, and their families:

1. **Respect for supported individual's rights.** We respect Supported individual's rights are respected, protected and promoted as stated in the United States Constitution and the United Nation's Declaration of Human Rights.
2. **Person-Centered Services.** All services are planned to enhance supported individual's well-being, abilities, independence, and integration into the community.
3. **Loyalty.** We Serve Support and Represent our supported individuals in their homes, lifelong goals and in the community
4. **Safety and security.** The safety and security of supported individuals is secured by following departmental policies and procedures that protect service recipients from harm.
5. **Professionalism.** At Home Care Preference professional standards are applied to everything we do. We ensure consistent high quality services at all level by providing training, collaboration, coaching, modeling and supporting rather than supervising, controlling and reprimanding. Hence, Home care Preference is distinguished by its provision of services that result in the achievement of personal outcomes.

Home Care Preference

POLICY NUMBER: PP100

GOVERNANCE OF THE ORGANIZATION

POLICY:

The agency is governed by the Chairperson, who is responsible for the oversight of the organization. The Chief Executive Officer (CEO/Acting CEO) is responsible for the day-to-day oversight and management of the agency. Home Care Preference's local advisory group shall abide by the following requirements as a For-profit provider:

1. Advisory group meetings are held at least quarterly and more frequently if deemed necessary to fulfill company responsibilities.
2. Minutes of all advisory group meetings are taken and maintained in the Chairperson's office.
3. The advisory group is composed of board members and guest representatives of different community interest groups, including persons with disabilities and/or family members of people with disabilities.
4. Guest representatives if any present are required to sign confidentiality agreements and the Chairperson is responsible for maintaining the confidentiality of people using services.
5. All newly appointed CEOs are required to attend a new provider orientation or complete the online equivalent

Home Care Preference

POLICY NUMBER: PP100.1

ORGANIZATIONAL STRUCTURE

POLICY

The governing body of Home Care Preference establishes the organizational structure within the agency. Staff hired adhere to the lines of authority in carrying out specified responsibilities as outlined in specific job descriptions and the organizational structure.

A. Objectives

1. To outline the organizational structure and lines of authority within the agency.
2. To define the responsibilities of personnel within the agency.
3. To denote accountability and supervision of personnel within the agency.

B. Definitions

Governing body: person within an organization assuming full legal authority and responsibility for the management and provision of all professional support services, fiscal operations, quality assessment, and performance improvement plans.

Administrator: A person who establishes policies and procedures and is responsible for the activities of the organization and its staff. This person may be a physician, registered nurse, therapist, or a person with at least one-year experience in a health or disability related field.

Home Care Preference

Governing Body

Administrator

Title VI
Coordinator

Incident
Management
coordinator

Direct Support Staff

House Managers
(Residential)

Office
manager

Nurses (RNs & LPNs)

Direct Support Personnel (DSP)

Home Care Preference

POLICY NUMBER: PP111.1

HIRING PROCEDURES

POLICY:

Home Care Preference will ensure that appropriate measures are taken in the hiring procedures to ensure safe quality services to supported individuals.

PROCEDURE:

1. Employees must be 18 years of age or older.
2. Direct care personals must have good communication skills. They must be able read, write and speak effectively in English.
3. Service recipients are included in the hiring process of staff to the extent they desire, where applicable (e.g., direct support professionals staffing supported living homes)
4. Recruiting Advertisements will be used as one of our hiring procedures, Advertisement of any open positions are posted in house and social media recruiting sources
5. All applicants are required to fill out an application form, even if they have provided a resume. The application form will conform to state and federal regulations and will give Home Care Preference permission to perform national criminal background checks
6. Home Care Preference keeps a computerized applicant log; it saves time when applicants call in to see if their resume or application is still on file. The log is maintained by year and month.
7. Interview procedures are planned ahead of time in order of the position being applied for.
8. Personnel use a list of questions to be asked during the interview process.
9. At least three reference checks are completed on everyone before they can be offered employment
10. Direct care personals must NOT include individuals listed on Tennessee Abuse Registry, the Tennessee Sexual Offender Registry, the Tennessee Felony Offender Information List (FOIL), and the Office of Inspector General's List of Excluded Individuals/Entities.
11. Employees transporting service recipients are required to have an automobile liability insurance of the appropriate type and minimum coverage limits for Tennessee, as established by the Department of Safety and Homeland Security.
12. In cases where family members are hired to provide care to service recipients, Home Care Preference will ensure that those family members meet all direct care personal qualifications.
13. Home Care Preference provides every new employee with access to the company handbook where all company's policies and procedures are found. The new employee will be given orientation to the company a review of company benefits and required DIDD and company training.
14. An employee/personnel files are set-up for each and every employee

POLICY NUMBER: PP111.2

JOB DESCRIPTIONS

POLICY:

Home Care Preference maintain job descriptions and policies identifying required staff qualifications which meet regulatory requirements. Job Descriptions we exist for all necessary staff roles that HCP is licensed to provide.

Job Description

Job Title: Chief Executive Officer (CEO)

Department: Administration

Position Summary: A person who establishes policies and procedures and is responsible for the activities of the agency and its staff. This person may be a physician, registered nurse, therapist, therapist assistant or a person with at least three years' experience in a health or disability related field.

Principle Duties and Responsibilities:

1. Maintains open communication with the Department of Intellectual and Developmental Disabilities (DIDD), Independent Support Coordination agencies and other related provider agencies. Identifies and works to resolve problems as they arise.
2. Maintains knowledge of the DOH and DIDD standards and coordinates preparation for agency surveys.
3. Maintains working knowledge of the DIDD Provider Agreement requirements, the Standards for Home Care Organizations Providing Professional Support Services rules, agency policies and operating procedures.
4. Develops and monitors/oversees compliance with agency policies and procedures.
5. Assures all staffs are in compliance with maintaining professional licenses and training requirements.
6. Provides oversight, education, and training to agency staff.
7. Participates in and provides relevant training for staff to improve skills and knowledge in the area of providing supports and services for persons with intellectual and developmental disabilities.
8. Oversees confidential personnel files.
9. Assures confidentiality and maintenance of customer files including the assurance of staff completing appropriate documentation as outlined in medical record policy.
10. Exhibits a high degree of responsibility for confidential manners.
11. Oversees the agency operating budget.
12. Assumes other related responsibilities as required.

Position Requirements: This person may be a physician, registered nurse, therapist, therapist assistant, or a person with a degree and at least three years' experience in a health or disability related field. Clinical experience in the area of intellectual and developmental disabilities a plus. Excellent interpersonal skills, including the ability to communicate professionally, both verbally and in writing. Willingness to maintain a flexible work schedule as needed.

Job Description

Job Title: Acting Administrator

Department: Administration

Position Summary: A person who acts as administrator on an as-needed basis. While acting as the administrator, this person will follow all policies and procedures and is responsible for the activities of the agency and its staff. This person must be a licensed therapist.

Principle Duties and Responsibilities:

1. Maintains open communication with the Department of Intellectual and Developmental Disabilities (DIDD), Independent Support Coordination agencies and other related provider agencies. Identifies and works to resolve problems as they arise.
2. Maintains knowledge of the standards for the DIDD quality enhancement survey and the Department of Health survey and coordinates preparation for these surveys, as needed.
3. Maintains working knowledge of the DIDD Provider Agreement requirements, the Standards for Home Care Organizations Providing Professional Support Services rules, agency policies and operating procedures.
4. Develops and monitors/oversees compliance with agency policies and procedures.
5. Assures all staff members are in compliance with maintaining professional licenses and training requirements.
6. Provides oversight, education, and training to agency staff.
7. Participates in and provides relevant training for staff to improve skills and knowledge in the area of providing supports and services for persons with intellectual and developmental disabilities, as needed.
8. Oversees confidential personnel files.
9. Assures confidentiality and maintenance of consumer files including the assurance of staff completing appropriate documentation as outlined in medical record policy.
10. Exhibits a high degree of responsibility for confidential manners.
11. Oversees the agency operating budget, as needed.
12. Assumes other related responsibilities as required.

Position Requirements: This person must be a licensed therapist or therapist assistant or other person with a degree and at least one-year experience in a health or disability related field. Clinical experience in the area of intellectual and developmental disabilities a plus. Excellent interpersonal skills, including the ability to communicate professionally, both verbally and in writing are needed. Willingness to maintain a flexible work schedule as needed.

Signature

Date

JOB DESCRIPTION

Job Title: Program Coordinator
Department: Administration
Reports to: Executive Director

Position Summary: Home Care Preference Care (HCP) uses best practices and technology within a community based residential setting to teach people with developmental disabilities how to acquire the physical, intellectual, emotional and social skills needed to live as independently as possible. Program Coordinators performs all duties necessary to meet state-approved objectives and requirements. Program Coordinators maintain a high quality program in accordance with the company's values and mission.

Principal Duties and Responsibilities

1. Ensure that HCP maintains the EVV state compliance percentage of at least 90% as required by the 21st Century Cures Act.
2. 24 hr. oversight of all assigned facilities.
3. 24 hr. call in case of emergencies on any assigned site.
4. Schedule and lead required organizational meetings as stated in HCP policies and procedures.
5. Conducting Performance evaluations on all staff per HCP policies and procedures.
6. Conduct regular documentation reviews, resolve complaints and conduct satisfaction surveys.
7. Responsible for scheduling all homes and ensuring schedules are complete and covered.
8. Responsible for the financial records and maintaining all financial accounts of supported members.
9. Responsible for balancing all financial accounts on a monthly basis for all individuals assigned.
10. Responsible for ensuring payment of all bills due for all Supported Living Services.
11. Performing all supervisory visits to all member's homes as described in HCP Supervisory Plan.
12. Ensuring staff documentation is accurate and complete.
13. Ensuring staff have all needed documents to provide proper documentation
14. Recruit, interview and hire new staff making sure files are complete, trainings scheduled by HR.
15. Work closely with CEO for company strategic planning, new developments and expansion meetings.
16. Attending HCP Mandatory Administrative meetings and required MCOs training/ webinars, ETC.
17. Attending all Circle of Support meetings, house meetings , meet and great meetings per MCOS SCHEDULE TIMELIMITS (meet and great new referrals within 4 days)
18. Responsible for ensuring payroll timesheets submission to HCP payroll admin. Prior to the Pay-Day Calendar (communicate with payroll admin. To ensure all timesheets are received)
19. Ensuring Health and Safety of all members supported by coordinating with house managers to ensure the following:
 - a. Supported members medical appointments are scheduled and follow up
 - b. Adequate food supplies and groceries/supplies
 - c. Conducting monthly fire drills in residential homes
 - d. Ensuring proper administration of medication and documentation
 - e. Timely and proper reporting on "reportable events" to IMC, and MCOs
 - f. Resolving staff/consumer complaints as per HCP Policy and Procedures

Position Requirements:

1. Bachelor's degree or Higher (MBA preferred)
2. The ability to exercise good judgment and remain calm in a crisis situation.
3. The ability to interact with a wide range of people.

Signature

Date

JOB DESCRIPTION

Job Title: Director of nursing (DON)
Department: Administration
Reports to: Executive Director

Position Summary: The Director of Nursing will provide oversight for all medical and nursing operations of Home Care Preference

Principle Duties and Responsibilities:

1. Formulate the policy and procedure manual for all nursing services.
2. Conduct all required training for the Professional Services License.
3. Maintain all Profession Services Personnel files and keep them up to date as mandated by DDID and the Cabinet for Health and Family Services.
4. Responsible for Supervisory Visits of LPNs
5. Responsible for maintain all annual evaluations including medical screening of all nursing personnel.
6. Reports to the Executive Director on all issues pertaining to nursing services.

Position Requirements:

1. An active Registered Nurse License from an accredited Nursing Program
2. Demonstrates effective people management skills including, but not limited to, effective communication and team building skills.
3. Demonstrates capability for effective problem solving.
4. Possesses effective verbal and written communication skills including group leadership skills
5. Possesses competent skills as a registered nurse and is able to serve as a resource for nursing staff regarding resident care needs.
6. Demonstrates ability to perform following sound ethical and social standards.
7. Demonstrates ability to perform under typical stress associated with a management position (e.g., changing deadlines, conflict situations, unanticipated demands or interruptions).
8. Demonstrates ability to present a model of professionalism for nursing employees and other facility personnel.
9. Demonstrates ability to provide competent leadership to the department through appropriate foresight planning and organization.
10. Demonstrates ability to develop an effective employee work team.

Signature

Date

JOB DESCRIPTION

Job Title: Registered Nurse (RN)
Department: Nursing
Reports to: Director of Nursing

Position Summary: The Registered Nurse Promotes and restores patients' health by completing the nursing process; collaborating with physicians and multidisciplinary team members; providing physical and psychological support to patients, friends, and families; supervising assigned team members.

Principle Duties and Responsibilities:

- Identifies patient care requirements by establishing personal rapport with potential and actual patients and other persons in a position to understand care requirements.
- Establishes a compassionate environment by providing emotional, psychological, and spiritual support to patients, friends, and families.
- Promotes patient's independence by establishing patient care goals; teaching patient, friends, and family to understand condition, medications, and self-care skills; answering questions.
- Assures quality of care by adhering to therapeutic standards; measuring health outcomes against patient care goals and standards; making or recommending necessary adjustments; following hospital and nursing division's philosophies and standards of care set by state board of nursing, state nurse practice act, and other governing agency regulations.
- Resolves patient problems and needs by utilizing multidisciplinary team strategies.
- Maintains safe and clean working environment by complying with procedures, rules, and regulations; calling for assistance from health care support personnel.
- Protects patients and employees by adhering to infection-control policies and protocols, medication administration and storage procedures, and controlled substance regulations.
- Documents patient care services by charting in patient and department records.
- Maintains continuity among nursing teams by documenting and communicating actions, irregularities, and continuing needs.
- Maintains patient confidence and protects operations by keeping information confidential.
- Ensures operation of equipment by completing preventive maintenance requirements; following manufacturer's instructions; troubleshooting malfunctions; calling for repairs; maintaining equipment inventories; evaluating new equipment and techniques.
- Maintains nursing supplies inventory by checking stock to determine inventory level; anticipating needed supplies; placing and expediting orders for supplies; verifying receipt of supplies; using equipment and supplies as needed to accomplish job results.
- Maintains professional and technical knowledge by attending educational workshops; reviewing professional publications; establishing personal networks; participating in professional societies.
- Maintains a cooperative relationship among health care teams by communicating information; responding to requests; building rapport; participating in team problem-solving methods.
- Contributes to team effort by accomplishing related results as needed.

Position Requirements:

11. An active TN Registered Nurse License from an accredited Nursing Program
12. Clinical Skills, Bedside Manner, Infection Control, Nursing Skills, Physiological
13. Knowledge, Administering Medication, Medical Teamwork, Multi-tasking, Listening,
14. Excellent Verbal and written
15. Health Promotion and Maintenance

JOB DESCRIPTION

Job Title: Licensed Practical Nurse (LPN)

Department: Nursing

Reports to: Director of Nursing

Position Summary: Under general supervision; is responsible for work of average difficulty involving routine nursing care; supervises/assists direct support staff; performs related work as required. Provides physical care and carries out therapeutic and medical regimens.

Principle Duties and Responsibilities:

1. Administers medication, injections, and routine treatments
2. Assists in the evaluation of consumer's care
3. Accepts doctor's orders for residents and notifies administrative supervisor of any significant change in resident's condition
4. Assists with general health care of residents
5. Observes and records signs and symptoms of changes in resident's condition or behavior
6. Assists consumer with ADLs
7. Performs basic nursing skills permitted by the Tennessee Nurse Practice act
8. Performs additional functions incidental to nursing activities

Position Requirements:

1. To perform this job successfully, an individual must be able to perform each essential duty satisfactorily.
2. The requirements listed below are representative of the knowledge, skill, and/or ability required.
 - a. Considerable knowledge of practical nursing
 - b. Ability to follow oral and written directions that are technical and detailed
 - c. Ability to organize and monitor nursing care of residents in assigned area
 - d. Ability to provide care for and develop rapport with the consumer
 - e. Ability to maintain and interpret records and reports
 - f. Ability to act quickly and calmly in emergency situations
3. Must possess, as a minimum, Nursing Degree and License from an accredited college or be a graduate of an approved Licensed Practical Nursing Program.
4. Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations.
5. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.
6. Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
7. Ability to interpret a variety of instructions.

LPN Signature

Job Description

Job Title: Office Manager
Department: Administration
Reports to: Executive Director

Position Summary: Responsible for the organization and coordination of office operations, procedures and resources to facilitate organizational effectiveness and efficiency. Responsible for answering the telephone and must have excellent interpersonal skills, including skills to communicate professionally, both verbal and in writing. Must be computer literate.

Principle Duties and Responsibilities:

1. assign and monitor clerical, administrative and secretarial responsibilities and tasks among office staff
2. allocation of resources to enable task performance
3. coordinate office staff activities to ensure maximum efficiency
4. design and implement filing systems
5. ensure filing systems are maintained and current
6. establish procedures for record keeping
7. monitor record keeping
8. ensure security and confidentiality of data
9. ensure office policies and procedures are being adhered to
10. analyze and monitor internal processes
11. implement procedural and policy changes to improve operational efficiency
12. prepare operational reports and schedules to ensure efficiency
13. monitor and maintain office supplies inventory
14. review and approve office supply acquisitions
15. maintain a safe and secure working environment
16. handle customer inquiries and complaints
17. manage internal staff relations
18. Answer the telephone and direct calls to appropriate department
19. Do typing, photo copies, and faxing.
20. Chart preparation

Position Requirements:

1. The ability to interact with a wide range of people
2. High school diploma with a number of years administrative and supervisory experience
3. The ability to navigate the internet
4. Word Processing / Typing
5. Microsoft Office / Windows
6. Customer Service
7. Filing

Signature

JOB DESCRIPTION

Job Title: House Manager Residential
Reports to: Program Coordinator

Position Summary: Home Care Preference (HCP) uses best practices and technology within a community based residential setting to teach people with developmental disabilities how to acquire the physical, intellectual, emotional and social skills needed to live as independently as possible. House Managers perform all duties necessary to meet state-approved objectives and requirements. House Managers maintain a high quality program in accordance with Company values and mission.

Principle Duties and Responsibilities:

1. 24-hour oversight of all assigned facilities.
2. 24-hour call in case of emergencies on any assigned site.
3. Communication with Parents/Guardians, Conservators, Advocates of individuals assigned.
4. Conducting Performance Evaluations on all staff as needed in a timely manner.
5. Submitting Monthly Reviews for all individuals assigned to Program Coordinator.
6. Responsible for scheduling all homes and ensuring schedules are complete and covered.
7. Responsible for the financial records and maintaining all financial accounts of individuals assigned.
8. Responsible for ensuring payment of all bills due for all Supported Living Services of individuals assigned.
9. Performing all supervisory visits to all individual's homes.
10. Ensuring staff documentation is accurate and complete.
11. Conducting training as needed and as certified by DDID
12. Attending HCP Mandatory Administrative meetings and required DDID training.
13. Attending all Circle of Support meetings and in house meetings.
14. Responsible for payroll timesheets submission to SHC office as per the Pay-Day Calendar.
15. Responsible for developing and submitting to the Program Coordinator every two weeks, direct-care staff schedules a week in advance in residential programs.
16. Schedules are devised to provide 24hour direct-care staff coverage during all hours that clients are present in the facility.
17. Schedules are approved, in advance, by the residential coordinator, who is responsible to ensure that staff will work normally 40 hours per week. Part-time staff will work less than 40 hours work week.
18. Responsible to ensure adequate supplies of cleaning agents, food and other necessary supplies.
19. Responsible for house checks on direct support staff and reporting any problems to Program Coordinator.
20. Ensuring Health and Safety of all individuals served by doing among other things the following:
 - a. Adequate food supplies and groceries/ supplies
 - b. Scheduling medical appointments and follow up
 - c. conducting monthly fire drills
 - d. Ensuring proper administration of medication.
 - e. Timely reporting on "reportable incidents" to Regional Office and WHC office.

Position Requirements:

1. The ability to exercise good judgment and remain calm in a crisis situation.
2. The ability to interact with a wide range of people.
3. Ability to establish a comfortable and supportive relationship with service recipients.
4. Ability to read and write English.
5. Ability to lift 50 pounds.
6. College degree (Bachelors in healthcare preferred).
7. 2 years' supervisory experience.

Signature

Date

JOB DESCRIPTION

Job Title: Incidents Management Coordinator (IMC)

Department: Administration

IMC must take the classroom “train-the trainer”

advanced version of the Protection from Harm and Incident Management course from the Middle regional office staff. Primary Job functions include but not limited to:

- Act as the primary contact for the DIDD Protection from Harm Unit (Incidents and Investigations) to ensure the investigative process is followed.
- Review of all incidents for timely and appropriate action.
- Ensure that all reportable incidents have been reported as required, including reports to the DIDD Investigations Hotline.
- Ensure that the RIFs are typed, complete and electronically submitted by the reporter to DIDD, the ISC and primary provider of the person supported; with the exception of anonymous reports. Reports by private citizens and other individuals not affiliated with DIDD or a provider agency will have the RIF completed by the DIDD on-call investigator or provider agency IMC.
- Ensure that DIDD recommendations and findings associated with reportable incidents and/or resulting from DIDD investigations are addressed and implemented.
- Serve as the chair of the IRC.
- Conduct trend studies of reportable incidents and submit reports, analyses and recommendations to agency management.
- Ensure that all incidents of reportable staff misconduct that are not investigated by DIDD are reviewed and addressed by agency management

Position Requirements:

1. A College degree in a health related field. Some experience in Long-term Care preferred.
2. The ability to exercise good judgment and remain calm in a crisis situation.
3. The ability to interact with a wide range of people.
4. Ability to establish a comfortable and supportive relationship with service recipients, staff, family members, and legal representatives
5. Ability to read and write English efficiently
6. Ability to lift 50 pounds.
7. 2 years’ supervisory experience.
8. Great organizational skill.
9. Ability to lead, facilitate meetings and maintain a good relationship between HCP and DIDD
10. Attend and complete all required DDID trainings and train other staff and administration.

Signature

Date

Job Description

Job Title: Licensed Practical Nurse
Reports to: Director of Nursing

Position Summary: Under general supervision; is responsible for work of average difficulty involving routine nursing care; supervises/assists direct support staff; performs related work as required. Provides physical care and carries out therapeutic and medical regimens.

Principle Duties and Responsibilities:

9. Administers medication, injections, and routine treatments
10. Assists in the evaluation of consumer's care
11. Accepts doctor's orders for residents and notifies administrative supervisor of any significant change in resident's condition
12. Assists with general health care of residents
13. Observes and records signs and symptoms of changes in resident's condition or behavior
14. Assists consumer with ADLs
15. Performs basic nursing skills permitted by the Tennessee Nurse Practice ac

Position Requirements:

8. To perform this job successfully, an individual must be able to perform each essential duty satisfactorily.
 9. The requirements listed below are representative of the knowledge, skill, and/or ability required.
 - a. Considerable knowledge of practical nursing
 - b. Ability to follow oral and written directions that are technical and detailed
 - c. Ability to organize and monitor nursing care of residents in assigned area
 - d. Ability to provide care for and develop rapport with the consumer
 - e. Ability to maintain and interpret records and reports
 - f. Ability to act quickly and calmly in emergency situations
 10. Must possess, as a minimum, Nursing Degree from an accredited college or be a graduate of an approved Licensed Practical Nursing Program.
 11. Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations.
 12. Ability to write reports, business correspondence, and procedure manuals.
 13. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.
 14. Ability to calculate figures and amounts such as discounts, interest, commissions, proportions, percentages, area, circumference, and volume.
 15. Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
 16. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.
 17. Must possess current license as a Licensed Practical Nurse, valid in the State of Tennessee..
 - a. While performing the duties of this job, the employee is regularly required to stand and talk or hear.
 - b. The employee frequently is required to walk; use hands to finger, handle, or feel; and reach with hands and arms.
 - c. The employee is occasionally required to sit and stoop, kneel, crouch, or crawl.
 - d. The employee must frequently lift and/or move up to 50 pounds
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JOB DESCRIPTION

Job Title: Direct Support Personnel (DSP)

Reports to: House Manager

Position Summary: Home Care Preference (HCP) uses the best practices and technology within a community based residential setting to teach people with developmental disabilities how to acquire the physical, intellectual, emotional, and social skills needed to live as independently as possible. The DSP performs all duties necessary to meet state-approved objectives and requirements. The DSP maintains a high quality program with Company values and mission.

Principle Duties and Responsibilities:

1. Assists individuals, as necessary with daily living skills and development of independent community skills.
2. Utilizes Person Centered Plans to assess consumer's needs and interest in the community, and to develop goals and objectives.
3. Assists in the development of a weekly schedule for each consumer to maximize their time spent in the community.
4. Completes training with individuals towards achieving POC goals
5. Administers medication(s) and completes appropriate documentation.
6. Accompanies individual to and from appointments and activities
7. Builds a support network between the individuals and community members
8. Accurately completes all in-house documentation; maintains current case notes, and monthly reports of individual's progress
9. Provides reports on consumer's progress and how it relates to their overall goals.
10. Participates in Center(s) of Support for person's future planning.
11. Attend staff meetings as determined by supervisor
12. Attends conferences, seminars, and training relevant to the position
13. Other duties as assigned by the House Manager

Position Requirements:

1. The ability to exercise good judgment and remain calm in a crisis situation.
2. The ability to interact with a wide range of people
3. Ability to establish a comfortable and supportive relationship with a person receiving supports.
4. Ability to read and write English
5. Ability to lift 50 pounds (weight of average manual wheelchair when chair is empty)
6. High School diploma (or equivalent)
7. First aid, CPR, OSHA, and medications Certification course within the first 90 days of employment, and any required residential or state training.
8. Home Care Preference orientation
9. Valid Driver's License with a good driving record

Signature

Date

JOB DESCRIPTION

Job Title: Personal Assistant Residential
Reports to: Program Coordinator

Position Summary: Home Care Preference (HCP) uses the best practices and technology within a community based residential setting to teach people with developmental disabilities how to acquire the physical, intellectual, emotional, and social skills needed to live as independently as possible. The PA performs all duties necessary to meet state-approved objectives and requirements. The PA maintains a high quality program with Company standards and mission.

Principle Duties and Responsibilities:

1. Assists individuals, as necessary with daily living skills and development of independent community skills.
2. Utilizes Person Centered Plans to assess consumer's needs and interest in the community, and to develop goals and objectives.
3. Assists in the development of a weekly schedule for each consumer to maximize their time spent in the community.
4. Completes training with individuals towards achieving POC goals
5. Administers medication(s) and completes appropriate documentation.
6. Accompanies individual to and from appointments and activities
7. Builds a support network between the individuals and community members
8. Accurately completes all in-house documentation; maintains current case notes, and monthly reports of individual's progress
9. Provides reports on consumer's progress and how it relates to their overall goals.
10. Participates in Center(s) of Support for person's future planning.

Position Requirements:

1. The ability to exercise good judgment and remain calm in a crisis situation.
2. The ability to interact with a wide range of people
3. Ability to establish a comfortable and supportive relationship with a person receiving supports.
4. Ability to read and write English
5. Ability to lift 50 pounds (weight of average manual wheelchair when chair is empty)
6. High School diploma (or equivalent)
7. First aid, CPR, OSHA, and medications Certification course within the first 90 days of employment, and any required residential or state training.
8. Home Care Preference orientation
9. Valid Driver's License with a good driving record
10. Frequent lifting, stretching, and other physical exertion during positioning of consumer's or equipment.
11. While performing the duties of the job, employee travels by automobile, utilizing own vehicle, and is exposed to changing weather conditions.
12. May occasionally assist with wheelchair transfer of non-ambulatory participants
13. May be exposed to various medical conditions and communicable diseases
14. Work will take place in the community and in the homes
15. Flexible schedule as determined by supervisor

Signature

Date

POLICY NUMBER 111.3

BACKUP STAFFING PLAN

A policy for assuring backup staffing coverage and last Minutes call-in

POLICY

In the event where a staff scheduled to support an ECF CHOICES Member is unable to cover or complete a shift, the staff must contact the Agency on -all person at least 2 hours before scheduled shift begins. If the nature of the service being provided is such that someone must take the staff's place, the on call person will send another staff as outline on the Agency Alternate staffing plan. The on-call staff will notify the supported ECF CHOICES Member, his/ her legal representative immediately of the changes.

Alternate Plan for Staffing procedures

1. An alternate plan for staffing will be prepared for each ECF CHOICES member's homes.
2. Each home shall be assigned regular staffs and stand-by or substitute staff.
3. In the event of the absence of the assigned staff, the program coordinator will dispatch a substitute staff to the homes immediately.
4. The supported member will be notified of the changes immediately.

POLICY NUMBER: PP111.15

EMERGENCY/DISASTER SAFETY PLAN

POLICY:

Home Care Preference shall maintain an approved emergency precautions plan that provides detail safety procedures in the event of a fire, severe weather, natural and manmade disasters or health crisis. The emergency precautions plan shall include an evacuation plan, regular employees training and documented regular drills. Given that natural, man-made disasters and emergencies can occur at any time, without warning, Home Care Preference shall keep an approved emergency safety plan readily available in all service recipients' home and main office at all time.

PEOCEDURE

Home Care Preference and the U.S. government recommend that each household maintain emergency kits in the event of a disaster or emergency situation. Included below are suggested items for First Aid Kits, Disaster Kits, and Blood borne Pathogen Kits that shall be kept in all Residential programs.

EMERGENCY EVENTS AND ACTION PLAN

FIRE SAFETY:

1. Home Care Preference shall maintain approved compliance record from Tennessee Division of Mental Retardation Services (DMRS) which requires that Direct Support Professionals and anyone who assists with evacuating individuals with disabilities from a building during a fire take a fire safety course.
2. Home Care Preference shall direct all current and new employees to the College of Direct Support for completion and documentation of the Mock Fire Drill Competency course.
3. In addition to the course, Home Care Preference shall administer the TN DMRS Mock Fire Drill monthly at each service recipients' site. The TN DMRS Mock Fire Drill Checklist shall be completed after monthly drill and file by the house manager of each residential site.
4. The primary goal of completing the checklist is to verify employees' knowledge of the site specific and general safety processes involved in case of a fire. It also confirms that employees are aware of safety devices locations and proper application Each area is marked with a check when successful
5. Employees assign for transporting service recipients shall be educated on how to get service recipients out of the vehicle IMMEDIATELY and MOVE AWAY as far as possible in the event of a fire!
6. Employees who provides services in a private home with family or relatives and the family or relative chooses to not have a home fire safety evacuation plan the statement at the bottom of the Mock Fire Drill Competency shall be signed by the family or relative.
7. In the event of a fire in an office building, all staff will be safely evacuated using the designated evacuation routes. The Administrator will check all offices, conference rooms, and restrooms within the building to ensure all employees and service recipients are safely evacuated. He/she will also ensure all doors are closed as he/she makes a pass through the building. In the event that the office building can no longer be used due to fire damage, the Administration will determine how the operations and functions of that office will continue.

SAFETY EQUIPMENS

First Aid Kits

- Tweezers
- Small scissors
- Adhesive bandages
- Adhesive tape
- Moistened towellettes
- Gauze pads (variety of sizes)
- Package of gauze roller bandages (2 inches wide)
- Elastic wrap
- Antiseptic Cream
- Emergency numbers

2. Disaster Kits

- Flashlight & extra batteries
- Weather radio & extra batteries
- 2-day supply of non-perishable food and a non-electric can opener
- Adequate supply of bottled water (2 gallons or more per person depending on needs of individuals)
- Fire extinguisher
- Blankets and/or sleeping bags (1 per person)
- Paper plates, cups, and eating utensils

- Duct tape
- Candles and matches/lighters

3. Blood borne Pathogen Kits

- Gown
- Gloves
- CPR barrier
- Face mask

TORNADOS AND SEVERE WEATHER SAFETY.

In the event of a severe weather alert the Administrator will monitor the radar and weather reports to determine if precautionary measures need to be taken by the staff to protect service recipients. If there is a tornado in the area, the Administrator will make sure all employees and service recipients are safely relocated to the designated shelter area within their residents and office. He/she will then check the building, closing all doors as he/she moves through the building, to ensure everyone has safely moved to the designated shelter. In the event that an office building takes a direct hit from a tornado, the Administration will determine how the operations and functions of that office will continue.

Winter Storms: The process for winter storms will be similar to that of a tornado during normal business hours. The Administrator will be responsible for monitoring radar and weather reports. Together they will determine whether precautionary measures are necessary

Floods: In the event that there is a flood affecting an office building, all staff will be safely evacuated using the designated evacuation routes and all essential documentation will be removed as safety permits. The Administrator will check all offices, conference rooms, and restrooms within the building to ensure all employees and service recipients are safely evacuated. He/she will also ensure all doors are closed as he/she makes a pass through the building. In the event an office building cannot be used due to a flood, the Administration will determine how the operations and functions of that office will continue.

Power Failures: Power failures can occur during severe weather storms, extreme heat, winter storms, and extreme cold. In the event that a power failure occurs staff must ensure the safety of service recipients using items in the emergency kit. The cause of power failure must be resolved immediately and documented. The Administration should be notify so that he/she can determine how future occurrence can be avoided.

Extreme Heat & Extreme Cold: The Administration will ensure all air conditioning units are properly working to curtail the build-up of extreme heat in an office building during the hot summer months. They will also ensure the heating units are properly working during the cold winter months to ensure the office does not become a hazard to service recipients and employees due to extreme cold.

Earthquakes: In the event a sizable earthquake occurs during normal business hours, the Administrator will ensure all employees and service recipients take appropriate measures to escape harm from an earthquake. He/she will ensure no one goes outside; stands under an internal non-supported door frame, or do anything else that may lead to injury during an earthquake. In the event an office building cannot be used due to an earthquake, the Administration will determine how the operations and functions of that office will continue.

Bomb Threat: The individual receiving the bomb threat is to obtain as much information as possible from the caller. Remember to not argue with the caller. The individual receiving the call will immediately call 911 to report the bomb threat. Be prepared to give the following information: Address of the building; Your name; The company name; The floor/suite number; Your telephone

number; Exactly what the caller said; Ask them to send a police officer to the location; and Listen for instructions. The individual receiving the call will notify the director(s) supervising the office. If so instructed, the director(s) supervising the office will call for an evacuation of the building using the evacuation procedures as specified in section. Staff will assist the service recipients and other employees in need of assistance with evacuating the building. The Administrator will check all rooms and areas where someone might be located. Employees leaving the building should make visual checks of their areas. Do not touch or move any unidentifiable items or packages. Report anything unusual to the police when they arrive.

Terrorist Attacks: When in the immediate area of a terrorist attack, all employees will rely on instructions from police, fire, and other public officials. If an employee notices any of the following he/she must report this to the director(s) supervising the office and the police: Unusual behavior, suspicious packages, or strange devices. If a chemical or biological attack occurs, the employees will listen to the radio and/or television for instructions from authorities. If instructed to remain at the office, the director(s) supervising the office must: Turn off all ventilation, including furnaces, air conditioners, vents and fans; Seek shelter in a room without windows, take the disaster supply kit, and seal the room with duct tape; Remain in the room until officials give the "all-clear." If caught in an unprotected area: Attempt to get up-wind of the contaminated area; Attempt to find shelter, remembering to look for a place that is equipped to handle disabilities; and Listen to radio for further instructions.

Life Threatening Situations: When a service recipient or employee is making threats towards the life of other employees and/or service recipients, the following steps will be used by the employee being threatened and those assisting with the situation. If a service recipient or employee refuses to remove a weapon from office premises, staff will initiate the violence alert procedures. The staff person who needs assistance is to initiate communication with supervisors or other staff using this "violence alert" code message: "This is [staff's name] please tell Dr. Strong that I will meet him at the office for the meeting ." Staff receiving this message should assume a high-risk situation and initiate a request for assistance from supervisors and police. An Incident Report form will be completed within 24 hours of the situation being resolved.

Training and Testing: All employees will be trained in all procedures listed above and will be knowledgeable about designated shelter areas for each of the disasters requiring such a place. Training will be done a minimum of upon hire, and then as needed and determined reasonable by the Management Team. This plan will be tested in each office a minimum of annually and more often for certain sections. The fire and severe weather sections are each tested a minimum of two (2) times per year in each office. All documentation of testing the plan will be submitted to the Chief Executive officer within one (1) week of the testing.

Off Site Operations if Office is Closed: All available laptops will be utilized from all offices to allow for more temporary worksites if offices are closed. Electronic scanning and faxing will be utilized to continue office operations. Employees responsible for traveling to other offices will be selected and notified. Allowing employees to work from home will be determined by the Management Team. All information stored on Home Care Preference computers is backed-up. Home care Preference will take necessary steps to identify, retain, store, and promptly recover key agency information regardless of the nature of any emergency at an office location. Information will be retained for at least the minimum period dictated by any regulatory authority.

SERVICE SITE DISASTER AND EMERGENCY PLANS

To promote safety, and appropriate responses to emergency situations, Home care Preference has developed the following plan with procedures for all employees and service recipients to utilize. The first section of this plan covers general safety issues that pertain to all types of disasters that could potentially occur in service locations.

All emergency plans and procedures will be communicated to service recipients, agency personnel, and others as appropriate. Service recipients will be informed of their emergency plans and procedures upon entry into the program and on an annual basis. The need for training in these areas will be considered during the development of the Individual Plan. Every residence will be equipped

with an Emergency Information List, and staff will know its precise location. This list will include the following information, but may not be limited to:

- a. Medical and emergency contact information for all service recipients
- b. Emergency out-of-town contacts
- c. Names and telephone numbers of agency support staff
- d. Every residence will be required to keep a current Medical Information List. This list will include:
 - a. medical providers.
 - b. medications (prescription and non-prescription)
 - c. adaptive equipment, body support equipment
 - d. allergies and sensitivities
 - e. communications or cognitive difficulties
 - f. health insurance cards and birth certificates

All houses will utilize the general evacuation guidelines below for both natural and man-made disasters.

- a. Turn to a local radio station for reports about evacuation instructions and conditions, etc. Use the travel routes specified.
- b. Listen for the announcement of the locations of shelters for individuals with disabilities. If you are told to evacuate, you will be required to move to a place designated by public officials or pre-determined by the agency.
- c. Have a safe evacuation route planned in advance. Be prepared to leave early.
- d. Before you leave, do the following:
 - i. Turn off lights, household gas appliances, heating, air conditioning, and ventilation systems; Leave refrigerator/freezer on; Lock the building; and Let the Home Coordinator know when you are leaving and where you will be going.

All employees will be trained on the above procedures during new employee orientation and annually thereafter via newsletters, training sessions, house meetings, staff meetings, etc. All employees will be required to show competence of these procedures and requirements during these training sessions.

TORNADO AND THUNDERSTORMS

Tornado winds can reach up to 300 miles per hour and the damage path can be in excess of one (1) mile wide and 50 miles long. Because of this, it is important for all employees to take the proper precautions when faced with a storm that could produce tornados.

The Federal Emergency Management Agency (FEMA) offers the following caution:

- a. Some tornados are clearly visible, while rain or nearby low-hanging clouds obscure others.
- b. Occasionally, tornadoes develop so rapidly that little, if any, advance warning is possible.
- c. Before a tornado hits, the wind may die down and the air may become very still.
- d. A cloud of debris can mark the location of a tornado even if a funnel is not visible.
- e. Tornados generally occur near the trailing edge of a thunderstorm.

Preparation Prior to the Storm

- a. Secure outdoor items that may get blown away or cause damage.
- b. Ensure service recipient(s) and staff is in doors before the storm starts.
- c. Turn on local news radio station or local news television station for important information regarding the storm. If there is no power for the local radio or television news to tell you the distance the storm is from you, identify the distance by utilizing

the FEMA recommendation of counting seconds between lightning and thunder.

Take the number of seconds between each and divide by five (5) – this will give you the distance in miles.

- d. Secure windows and doors.
- e. Ensure the following are updated, stocked, and readily available prior to the start of the storm: Emergency Information List, Medical Information List, Disaster Kits, First Aid Kits, Blood-borne Pathogen Kits.
- f. If an employee or service recipient notices any revolving, funnel-shaped clouds, he/she must report these to the local police and take the necessary precautions. When a tornado watch has been issued, the employee must watch for any signs of tornado danger. These signs may include: Dark, often greenish tint to the sky; Large hail; Large, dark, low-lying clouds (particular if rotating); and A loud roar, similar to a freight train.

During the Storm

- a. If any of the signs for tornados are present, employees and service recipients will take immediate action to take cover for a tornado.
- b. Listen to local news and weather alerts.
- c. Be aware of what is going on in your area.
- d. When a tornado warning is issued, the employee and service recipient will move to a pre-designated safe room in the service recipient's home or at your current location. Secure windows and doors, and stay inside, away from external walls, windows, and doors. Do not open windows during a tornado.
- e. Turn off computers and other non-essential appliances and electrical items.
- f. Do not bathe service recipient if lightning is present.
- g. Only use cordless and cell phones if calls are necessary.
- h. If the employee and the service recipient are caught outside with no shelter when a tornado hits, both parties need to lie flat in a nearby ditch or depression and cover their heads.

Following the Storm

- a. Once local news and weather stations have given the all clear, check windows and doors to ensure there is no leakage or damage.
- b. After the rain has stopped, inspect the outside and property to ensure there is no damage. If damage is found, complete the Incident Report and submit it to the House Manager for review and follow-up.
- c. Make sure the service recipient is safe and no injuries occurred.
- d. The House Manager will contact the house following a tornado to ensure the service recipient(s) and staff is not injured and there is no property damage that can be found. If the House Manager cannot reach the staff on duty using the service recipient telephone or the staff cell phone, he/she will contact the Program Coordinator to inform him/her of the situation. The House Manager will then drive to the service recipient's home to ensure everyone and everything is okay and find out why the staff did not answer the phone calls. The House Manager will update the Program Coordinator once he/she has spoken with staff.
- e. In the event a serious emergency exists, the House Manager will immediately contact the Program Coordinator.

Training

- a. All staff will be trained on these procedures during new employee orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
- b. All staff will be trained on the tornado terminology during orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.

- i. Tornado Watch – Tornados are possible. Remain alert for approaching storms.
- ii. Tornado Warning – A tornado has been sighted or indicated by weather radar. Take cover immediately.
- c. All staff will be trained on the specific house procedures during house orientation.
- d. Each house is required to participate in a quarterly severe weather safety drill. This drill will occur during all shifts so all staff are regularly trained on the proper procedures during severe weather. If there are problems with conducting drills on all shifts or service recipients are not participating in the drills, staff on duty need to note these issues on the drill form and notify the House Manager. If the problems continue to occur with the service recipient, the House Manager will meet with Administration to make them aware the service recipient is not participating in the drills. If the problems continue to occur with the employee(s), the House Manager will meet with the employee to identify why they will not conduct or participate in the drills. If necessary, the House Manager will implement the employee disciplinary process.

WINTER STORMS AND EXTREME COLD

Preparation Prior to the Storm

- a. Stay tuned to the local news radio station or local news television station for important information regarding the storm.
- b. Secure windows and doors.
- c. Ensure the heater is functioning properly. If the heater is not functioning properly, the landlord needs to be contacted and the House Manager needs to be notified.
- d. Ensure the following are updated, stocked, and readily available prior to the start of the storm: Emergency Information List, Medical Information List, Disaster Kits, First Aid Kits, Blood-borne Pathogen Kits
- e. Ensure there is an adequate amount of winter clothing and blankets to keep warm.
- f. Always dress the service recipients for the season; this will help reduce the risk of hypothermia.
- g. Winterize the vehicle, including maintaining: Battery checks; Antifreeze; Wipers and windshield washer fluid; Ignition system; Thermostat; Lights; Flashing hazard lights; Exhaust system; Heater; Brakes; Defroster; Oil level; and Tires. Keep vehicle's gas tank full during winter conditions. Always have a kit in the trunk/rear of the vehicle for use in the case of an emergency or becoming stranded. This kit should include, but not be limited to: Non-perishable food; Water; Blankets; Weather radio; Flashlights; Batteries; First Aid Kit; Antifreeze; and Road flares.
- h. House Managers will work to ensure there is an adequate supply of snow shovels and ice melt present in the home. These supplies will be in place by October 31st each year to ensure each home is equipped with supplies before stores are depleted of their stocks.

During the Storm

- a. Listen to local news and weather alerts.
- b. Be aware of what is going on in your area.
- c. Stay inside where it is warm and dry.
- d. If the power goes out during extreme cold temperatures, contact the House Manager immediately and make arrangements to follow the service recipient's Emergency Back-Up Plan.
- e. Unless travel is absolutely necessary, such as in an emergency situation, staff will not transport service recipients during winter weather.

- f. If the vehicle becomes stranded: Remain in the vehicle with the engine running; Call 911 immediately; Call the Home Coordinator immediately following 911; Cover up with a blanket if it begins to get cold in the vehicle, remembering to take care of the service recipient first; and Turn on inside lights so rescue workers can find the vehicle.

Following the Storm

- a. Once local news and weather stations have given the all clear, check windows and doors to ensure there is no leakage or damage.
- b. Once the storm has passed, inspect the outside and property to ensure there is no damage. If damage is found, notify the House Manager.
- c. Make sure the service recipient is safe and no injuries occurred.
- d. The House Manager will contact the house following a winter storm to ensure the service recipient(s) and staff are not injured and there is no property damage that can be found. If the House Manager cannot reach the staff on duty using the service recipient telephone or the staff cell phone, he/she will contact the Program Coordinator to inform him/her of the situation. The House Manager will then drive to the service recipient's home to ensure everyone and everything is okay and find out why the staff did not answer the phone calls. The House Manager will update the Coordinator once he/she has spoken with staff.
- e. In the event a serious emergency exists, the House Manager will immediately contact the Coordinator.

Training

- a. All staff will be trained these procedures during new employee orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
- b. All staff will be trained on the winter storms and extreme cold terminology during orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
 - i. Freezing Rain – Rain that freezes when it hits the ground, creating a coating of ice on roads, walkways, trees, and power lines.
 - ii. Sleet – Rain that turns to ice pellets before reaching the ground. Sleet also causes roads and walkways to become icy and slippery.
 - iii. Winter Storm Watch – A winter storm is possible.
 - iv. Winter Storm Warning – A winter storm is occurring, or will soon occur.
 - v. Blizzard Warning – Sustained winds or frequent gusts to 35 miles per hour or greater and considerable falling or blowing snow are expected to prevail for a period no less than 3 hours.
 - vi. Frost/Freeze Warning – Below freezing temperatures are expected.
- c. All staff will be trained on the specific house procedures during house orientation.
- d. Each house is required to participate in a quarterly severe weather safety drill. This drill will occur during all shifts so all staff are regularly trained on the proper procedures during severe weather. If there are problems with conducting drills on all shifts or service recipients are not participating in the drills, staff on duty need to note these issues on the drill form and notify the House Manager. If the problems continue to occur with the service recipient, the House Manager will meet with Administration to make them aware the service recipient is not participating in the drills. If the problems continue to occur with the employee(s), the House Manager will meet with the employee to identify why they will not conduct or participate in the drills. If necessary, the House Manager will implement the employee disciplinary process.

FLOODS

Preparation Prior to the Flood

- a. Secure outdoor items that may get washed away in the flood waters.
- b. Move inside furniture and belongings to a higher location, if possible.
- c. Turn on a local news radio station or local news television station for important information regarding the flood.
- d. Ensure the following are updated, stocked, and readily available prior to the start of the flood: Emergency Information List, Medical Information List, Disaster Kits, First Aid Kits, and Blood-borne Pathogen Kits
- e. Contact local emergency personnel to identify whether or not the service recipient's house is in the path of the flood.
- f. If instructed to, disconnect electrical equipment. Remember, do not touch electrical equipment if you are wet or standing in water.
- g. Fill the bathtub with water in case water becomes contaminated or services are cut off. Sterilize the tub before filling.
- h. Secure windows and doors.
- i. Seek higher ground in a direction away from the flood waters before the waters approach your location.

During the Flood

- a. Listen to local news and weather alerts.
- b. Be aware of what is going on in your area.
- c. As the flood waters approach the house, move to a higher point in the house, if possible.
- d. If instructed to evacuate, do so immediately and contact the House Manager to notify him/her of the evacuation and utilize the service recipient's back-up plan.
- e. Grab only necessity items and emergency information.
- f. Do not walk through moving water. Six (6) inches of moving water can knock you off your feet.
- g. Do not drive into flooded areas. Six (6) inches of water will reach the bottom of most passenger cars, which can lead to loss of control or stalling. Two (2) feet of water will wash away most vehicles.
- h. If an employee and service recipient(s) are stuck in a vehicle as floodwater rises, the employee and service recipient(s) will abandon the car and move to higher ground.

Following the Storm

- a. Once local news and weather stations have given the all clear, check the house for damage due to the flood waters.
- b. Make sure the service recipient is safe and no injuries occurred.
- c. Complete an Incident Report at the earliest convenience and submit it to the House Manager.
- d. The House Manager will contact the house following a flooding situation to ensure the service recipient(s) and staff are not injured and there is no property damage that can be found. If the House Manager cannot reach the staff on duty using the service recipient telephone or the staff cell phone, he/she will contact the Program Coordinator to inform him/her of the situation. If the house is not in the flooded area, the House Manager will attempt to drive to the service recipient's home to ensure everyone and everything is okay and find out why the staff did not answer the phone calls. If the service recipient's home is in the flooded area, the House Manager will work with emergency personnel to send someone in to check on the staff and service

recipient, and possibly rescue them from the flood. The House Manager will update the Program Coordinator once he/she has spoken with staff.

- e. In the event a serious emergency exists, the House Manager will immediately contact the Program Coordinator.

Training

- a. All staff will be trained these procedures during new employee orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
- b. All staff will be trained on the flood terminology during orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
 - i. Flood Watch – Flooding is possible. Watches are issued 12 to 36 hours in advance of a possible flooding event.
 - ii. Flash Flood Watch – Flash flooding is possible. Be prepared to move to higher ground. A flash flood could occur without any warning.
 - iii. Flood Warning – Flooding is occurring or will occur soon. If advised to evacuate, do so immediately.
 - iv. Flash Flood Warning – A flash flood is occurring. Seek higher ground on foot immediately.
- c. All staff will be trained on the specific house procedures during house orientation.
- d. Each house is required to participate in a quarterly severe weather safety drill. This drill will occur during all shifts so all staff are regularly trained on the proper procedures during severe weather. If there are problems with conducting drills on all shifts or service recipients are not participating in the drills, staff on duty need to note these issues on the drill form and notify the House Manager. If the problems continue to occur with the service recipient, the House Manager will meet with Administration to make them aware the service recipient is not participating in the drills. If the problems continue to occur with the employee(s), the House Manager will meet with the employee to identify why they will not conduct or participate in the drills. If necessary, the House Manager will implement the employee disciplinary process.

EXTREME HEAT AND HEAT WAVES

Preparation Prior to the Heat

- a. Stay tuned to the local news radio station or local news television station for important information regarding the heat.
- b. Secure windows and doors.
- c. Ensure the air conditioning is functioning properly. If the air conditioning is not functioning properly, the landlord needs to be contacted and the House Manager should be notified.
- d. Ensure the following are updated, stocked, and readily available prior to the start of the storm: Emergency Information List, Medical Information List, Disaster Kits, First Aid Kits, and Blood-borne Pathogen Kits
- e. Ensure there is an adequate amount of summer clothing and cool fluids to keep cool.
- f. Always dress the service recipients appropriately in light, loose-fitting clothing in order to allow air intake.

During the Storm

- a. Listen to local news and weather alerts.
- b. Be aware of what is going on in your area.
- c. Employees will keep all service recipients inside, in cooled areas, as much as possible.

- d. If the power goes out during extreme heat temperatures, contact the House Manager immediately and make arrangements to follow the service recipient's Emergency Back-Up Plan.
- e. Employees will ensure that service recipients eat regular, light, well-balanced meals, and drink plenty of water.
- f. If a service recipient experiences sunburn, instruct the service recipient to bathe, using cool water. This will remove the oils that may be blocking the pores, and will assist the body to cool naturally. If blisters occur, the employee will apply dry, sterile dressings and see that the service recipient receives medical attention.
- g. If a service recipient experiences heat cramps, immediately move the individual to a cooler area. Help the service recipient stretch to relax the muscle spasms. Ensure the service recipient is taking sips of cool water every 15 minutes.
- h. If a service recipient experiences heat exhaustion, immediately move the individual to a cooler location to lie down. Loosen the service recipient's clothing to help the body cool and apply cool, wet cloths. Ensure the service recipient is taking sips of cool water every 15 minutes.
- i. If nausea occurs while drinking water, discontinue.
- j. If vomiting occurs while drinking water, discontinue and seek immediate medical attention for the service recipient.
- k. Watch for breathing problems to report to the medical personnel attending to the service recipient. If the service recipient experiences sunburn, heat cramps, or heat exhaustion, notify the appropriate medical professionals and the House Manager once you have completed the steps above to protect the service recipient.

Following the Storm

- a. Following the incident and once the service recipient is stable, safe, and resting, complete the Incident Report and submit it to the House Manager for review and follow-up.
- b. If you have spent a while outside during extreme heat make sure the service recipient is safe, cool, and no injuries occurred.
- c. If medical attention is sought due to a sunburn, heat cramps, or heat exhaustion, the House Manager will notify the Program Coordinator once he/she has spoken with staff.
- d. In the event a serious emergency exists, the House Manager will immediately contact the Program Coordinator.

Training

- a. All staff will be trained on these procedures during new employee orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
- b. All staff will be trained on the extreme heat and heat wave terminology during orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
 - i. Heat Wave – Prolonged period of excessive heat, often combined with excessive humidity.
 - ii. Heat Index – A number in degrees Fahrenheit (F) that tells how hot it feels when relative humidity is added to the air temperature. Exposure to full sunshine can increase the heat index by 15 degrees.
 - iii. Heat Cramps – Muscular pains and spasms due to heavy exertion. Although heat cramps are the least severe, they are often the first signal the body is having trouble with the heat.
 - iv. Heat Exhaustion – Typically occurs when people exercise heavily or work in hot, humid places where body fluids are lost through heavy sweating. Blood

flow to the skin increases, causing blood flow to decrease to the vital organs. This results in a form of mild shock. If not treated, the victim's condition will worsen. Body temperature will keep rising and the victim may suffer heat stroke.

- v. Heat/Sun Stroke – Heat stroke, also known as sun stroke, is life threatening. The victim's temperature control system, which produces sweating to cool the body, stops working. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly.
- c. All staff will be trained on the specific house procedures during house orientation.
- d. Each house is required to participate in a quarterly severe weather safety drill. This drill will occur during all shifts so all staff are regularly trained on the proper procedures during severe weather. If there are problems with conducting drills on all shifts or service recipients are not participating in the drills, staff on duty need to note these issues on the drill form and notify the House Manager. If the problems continue to occur with the service recipient, the House Manager will meet with Administration to make them aware the service recipient is not participating in the drills. If the problems continue to occur with the employee(s), the House Manager will meet with the employee to identify why they will not conduct or participate in the drills. If necessary, the House Manager will implement the employee disciplinary process.

EARTHQUAKES

Tennessee is susceptible to experiencing earthquakes, although many times they are undetectable. However, the following procedures are to be used in the event of a detectable earthquake.

Preparation Prior to the Earthquake

- a. Ensure the following are updated, stocked, and readily available prior to the start of the storm: Emergency Information List, Medical Information List, Disaster Kits, First Aid Kits, and Blood-borne Pathogen Kits
- b. Know the procedures to follow for an earthquake.

During the Earthquake

- a. Listen to local news alerts.
- b. Be aware of what is going on in your area.
- c. Stay inside until the shaking stops and it is safe to go outside.
- d. Minimize movements during an earthquake to a few steps.
- e. Service recipients and staff will take cover under a sturdy bench, table, or desk, or against an inside wall. If a table or desk cannot be used, cover your face and head and crouch in an inside corner of the building. Doorways should only be used for shelter if they are in close proximity and they are strongly supported, load-bearing doorways.
- f. Stay away from glass, windows, outside doors or walls, and anything that could fall, such as lighting fixtures and furniture.
- g. If caught outdoors, stay there. Move away from buildings, streetlights, and utility wires.
- h. If caught in a moving vehicle, stop as quickly as safety permits, and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, bridges, or utility wires.
- i. If trapped in debris: Do not light a match; Do not move about or kick up dust; Cover your mouth with a handkerchief or clothing; Tap on a pipe or wall so rescuers can locate you. Shout only as a last resort, as shouting can cause the inhalation of dangerous amounts of dust.

Following the Earthquake

- a. Once local news stations have given the all clear, check windows and doors to ensure there is no damage. After given the all clear, inspect the outside and property to ensure there is no damage. If damage is found, notify the House Manager for review and follow-up.
- b. Make sure the service recipient is safe and no injuries occurred.
- c. The House Manager will contact the house following an earthquake to ensure the service recipient(s) and staff are not injured and there is no property damage that can be found. If the House Manager cannot reach the staff on duty using the service recipient telephone or the staff cell phone, he/she will contact the Program Coordinator to inform him/her of the situation. The House Manager will then drive to the service recipient's home to ensure everyone and everything is okay and find out why the staff did not answer the phone calls. The House Manager will update the Program Coordinator once he/she has spoken with staff. In the event a serious emergency exists, the House Manager will immediately contact the Program Coordinator.

Training

- a. All staff will be trained these procedures during new employee orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
- b. All staff will be trained on the earthquake terminology during orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
 - i. Earthquake – A sudden slipping or movement of a portion of the Earth accompanied and followed by a series of vibrations.
 - ii. Aftershock – An earthquake of similar or lesser intensity that follows the main earthquake.
 - iii. Fault – The Earth's crust slips along a fault, which is an area of weakness where two (2) sections of crust may only move a few inches to a few feet in a severe earthquake.
 - iv. Epicenter – The area of the Earth's surface directly above the origin of an earthquake.
 - v. Seismic Wave – Vibrations that travel outward from the earthquake at speeds of several miles per second. These vibrations can shake some buildings so rapidly that they collapse.
 - vi. Magnitude – Indicates how much energy was released by the earthquake. This energy can be measured on a recording device and graphically displayed through lines on a Richter Scale. Each whole number on the scale represents an increase of about 30 times the energy released.
- c. All staff will be trained on the specific house procedures during house orientation.
- d. Each house is required to participate in a quarterly severe weather safety drill. This drill will occur during all shifts so all staff are regularly trained on the proper procedures during severe weather. If there are problems with conducting drills on all shifts or service recipients are not participating in the drills, staff on duty need to note these issues on the drill form and notify the House Manager. If the problems continue to occur with the service recipient, the House Manager will meet with Administration to make them aware the service recipient is not participating in the drills. If the problems continue to occur with the employee(s), the House Manager will meet with the employee to identify why they will not conduct or participate in the drills. If necessary, the House Manager will implement the employee disciplinary process.

POWER FAILURES

Preparation Prior to the Power Failure

- a. Ensure the disaster kit is always fully stocked, especially with flashlights, batteries, candles, etc.
- b. If you know there is a chance for a power failure, secure windows and doors.
- c. Ensure there is a battery back-up for all life-sustaining equipment, if applicable.
- d. Ensure there is a battery back-up for house alarms, if applicable.
- e. Ensure the following are updated, stocked, and readily available prior to the start of the storm: Emergency Information List, Medical Information List, Disaster Kits, First Aid Kits, and Blood-borne Pathogen Kits

During the Power Failure

- a. Before calling in a report of a power failure, check to see if the neighbors are also out of power. Verify power failure on the block by looking through windows. **DO NOT GO OUTSIDE.**
- b. Before calling in a report of a power failure, check the fuses or circuit breakers in the building. Make sure they are completely flipped to the on position. If they are not completely flipped on, flip the switch completely off, and then on again. If this is the problem it should be resolved.
- c. Call the electric company to report the problem. This is the only way the electric company knows there is no power. If you notice anything unusual, such as tree limbs over the power lines, a flash atop a pole, or a downed wire, please include that information with your report.
- d. If the electricity is off for a period of time, first use perishable foods and foods from the refrigerator, then use foods from the freezer.
- e. If the electricity is expected to be out for 6 hours or more, staff will utilize the service recipient's back-up plan to go to a safe location with electricity.

Following the Power Failure

- a. Make sure there are no damaged outlets or receptacles.
- b. Make sure there are no dangerous hazards outside. If so, stay inside until the hazards can be removed.
- c. Make sure there are no broken windows or doors.
- d. Make sure the service recipient is safe and no injuries occurred.
- e. If damage or injuries are found, notify the House Manager for review and follow-up.
- f. The House Manager will work with the landlord or a maintenance person to fix the damaged items.
- g. The House Manager will notify and keep the Program Coordinator updated of the situation.
- h. In the event a serious emergency exists, the House Manager will immediately contact the Program Coordinator.

Training

- a. All staff will be trained on these procedures during new employee orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
- b. All staff will be trained on the specific house procedures during house orientation

BOMB THREATS

Preparation Prior to the Bomb Threat

- a. Know the procedures when a bomb threat occurs.

During the Bomb Threat

- a. Recipient of bomb threat will obtain as much information as possible from the person making the threat, remembering not to argue with the person.
- b. Recipient of bomb threat will call 911 to report the bomb threat. Be prepared to give the following information: Address of the building; Recipient's name; The company name; The floor/suite number, if any; The telephone number from which recipient is calling; Exactly what the person making the threat said; Ask them to send a police officer to the location; and Listen for instructions.
- c. Call the House Manager as soon as you have followed the instructions given to you by 911.
- d. The House Manager will notify the Program Coordinator.
- e. If so instructed, call for an evacuation of the building using the evacuation procedures as specified in this policy.
- f. Staff will assist the service recipients and other employees in need of assistance with evacuating the building.
- g. Appointed staff will check all rooms and areas where someone might be located.
- h. Employees leaving the building should make visual checks of their areas. Do not touch or move any unidentifiable items or packages. Report anything unusual to the police when they arrive.

Following the Bomb Threat

- a. Once the emergency personnel have given the all clear, staff and service recipients will be allowed to return inside.
- b. Once the emergency personnel have given the all clear, staff will notify the House Manager upon returning inside to update him/her on the current situation.
- c. After everyone has safely returned inside and the House Manager has been notified, staff will complete an Incident Report and submit it to the House Manager for review and follow-up.
- d. Upon notification of the situations resolution, the House Manager will contact the Program Coordinator to update him/her of the resolution.

Training

- a. All staff will be trained on these procedures during new employee orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
- b. All staff will be trained on the specific house procedures during house orientation.
- c. Each house is required to participate in a quarterly severe weather safety drill. This drill will occur during all shifts so all staff are regularly trained on the proper procedures during severe weather. If there are problems with conducting drills on all shifts or service recipients are not participating in the drills, staff on duty need to note these issues on the drill form and notify the House Manager. If the problems continue to occur with the service recipient, the House Manager will meet with Administration to make them aware the service recipient is not participating in the drills. If the problems continue to occur with the employee(s), the House Manager will meet with the employee to identify why they will not conduct or participate in the drills. If necessary, the House Manager will implement the employee disciplinary process.

TERRORIST ATTACKS

Terrorism is defined as the use of force or violence against persons or property in violation of the criminal laws of the country for the purposes of intimidation, coercion, or ransom.

Terrorism can be anything from threats of terrorism, assassinations, kidnappings, hijackings, bomb scares and bombings, cyber-attacks, and the use of chemical, biological and nuclear weapons.

Preparation Prior to the Terrorist Attack

- a. Know the procedures when a terrorist attack occurs.
- b. Turn on local news radio station or local news television station for important information regarding the terrorist attack.
- c. Secure windows and doors.
- d. Ensure the following are updated, stocked, and readily available prior to the start of the terrorist attack: Emergency Information List, Medical Information List, Disaster Kits, First Aid Kits, and Blood-borne Pathogen Kits

During the Terrorist Attack

- a. When in the immediate area of a terrorist attack, all employees will rely on instructions from police, fire, and other public officials.
- b. If an employee notices any of the following he/she must report this to his/her House Manager, who will notify the Program Coordinator and the local Police: Unusual behavior, Suspicious packages, Strange devices
- c. If a chemical or biological attack occurs, the employee will listen to the radio and/or television for instructions from authorities. If instructed to remain at the residence, the employee must: Turn off all ventilation, including furnaces, air conditioners, vents, and fans; Seek shelter in a room without windows, take the disaster supply kit, and seal the room with duct tape; and Remain in the room until officials give the all clear.
- d. If caught in an unprotected area during a chemical or biological attack: Attempt to get up-wind of the contaminated area; Attempt to find shelter, remembering to look for a place this is equipped to handle disabilities; and Listen to radio for further instructions.

Following the Terrorist Attack

- a. Once the emergency personnel have given the all clear, staff and service recipients will follow instructions given by the emergency personnel.
- b. Once the emergency personnel have given the all clear, staff will notify the House Manager to update him/her on the current situation.
- c. After everyone is safe and settled, staff will complete an Incident Report and submit it to the House Manager for review and follow-up.
- d. Upon notification of the situation's resolution, the House Manager will contact the Program Coordinator to update him/her of the resolution.

Training

- a. All staff will be trained on these procedures during new employee orientation and annually thereafter via training sessions, house meetings, newsletter articles, etc.
- b. All staff will be trained on the specific house procedures during house orientation.

Emergency Communication Plan

Each supervisor will have a list of all current contact information for each employee in their department or program. In the event of an emergency, the supervisors will utilize this list to communicate the current situation to each employee. This list will also be utilized to communicate office closings or relocations in the event of an emergency.

If the emergency situation warrants the use of local media, the Chief Executive Officer will arrange for this to occur and will identify one (1) person to be the media contact during the emergency situation. This will be the only person allowed to speak to the media during the emergency.

POLICY NUMBER: PP111.16

FIRE, SANITATION AND SAFETY

POLICY

Home Care Preference will establish fire, sanitation and safety policies that protect the lives of service recipients, staff and administration. Each dwelling will have smoke detectors, fire extinguishers and two evacuation routes and an alternative staffing plan. All direct support staff and service recipients will be trained in the proper evacuation strategies and universal precautions application.

PROCEDURE:

1. FIRE PREVENTION

1. All flammable materials shall be stored in approved containers away from open flames.
2. Exits shall be kept clear and free from debris.
3. Smoking shall only be allowed in designated areas.
4. Individuals shall be assisted with preventing the accumulation of trash and debris in their rooms.
5. Use of common sense to take measure to prevent fire shall be required i.e. turning electrical appliance off when not in use, avoiding the overloading of electric circuits and running electric cords away from high traffic areas.

2. RACE

In the event of a fire, employees will follow the "RACE" procedure as described below. If you should be the first to discover a fire remember the acronym: RACE each letter will remind you of what to do.

R = **REMOVE** anyone who might be in immediate danger of the fire. Step Out of the room involved and call out as loud as you can 'FIRE' three (3) Times.

A = **Alarm** will be pulled by the person closest to the pull stations and they will bring the fire extinguisher.

C = **CONTROL** ventilation by closing the door and windows in the area.

E = **EXTINGUISH** the fire with the fire extinguisher if possible, if not, **evacuate** the building taking the evacuation diagram and client roster from the wall near the exits with you.

Once outside the building complete a head count using the list of names on the Client and employee roster to assure accuracy. Account for any missing staff.

DO NOT ENTER THE BUILDING UNTIL ALL CLEAR IS GIVEN BY THE FIRE DEPARTMENT.

FIRE DRILLS AND TRAINING

1. During in-home orientation every employee will be trained in the fire safety plan.
2. Fire drills will be conducted monthly on each shift in each dwelling. The Drills will simulate different conditions to train staff on the use of both evacuation routes for the dwelling.
 - a. For Personal Assistance sites, conservators may wish to decline the completion of monthly fire drills in their homes.
3. Each drill will be documented on the fire drill form which will give details of how the drill was conducted including the time of the drill, the length of time it took to evacuate individuals, where the fire was and the client and staff overall performance.

- a. All drills must be conducted in 3 minutes or less. If drills are not completed within the allotted time, staffing support will be modified as necessary and the drill will be completed with 7 days.
4. All documented drills will be reviewed by the executive/PC and copies will be kept on file in the Administrative office.

UNIVERSAL PRECAUTIONS

1. All vehicles, properties, and offices of Volunteers of America shall be equipped with First Aid kits, disposable gloves, and appropriate shields for mouth-to-mouth resuscitation.
2. Appropriate shields shall be used by any person rendering mouth-to-mouth resuscitation.
3. Disposable gloves shall be used by any staff or volunteer whenever contact with any person's bodily fluids is possible. This includes other staff and volunteers as well as consumers.
4. When gloves are not immediately available, the person rendering assistance shall use any item at hand to prevent contact with another person's bodily fluids. Such an item might be an article of clothing, a pillow, a towel, etc. A makeshift shield shall be used only until gloves are available.
5. Immediately after the event which precipitated the use of gloves or a shield is over, appropriate cleaning measures shall be taken.
6. Staff or volunteers shall wash with soap and water any part of their bodies which was or may have been in contact with another person's bodily fluids.
7. All items which were or may have been in contact with bodily fluids shall be properly disposed of and/or cleaned. Persons cleaning non-disposable items such as tables, chairs, walls, floors, etc. shall wear gloves.
8. Managers and Directors are responsible for ensuring steps one through seven above are followed, supplies are on-hand and replenished when needed, and written procedures are developed and reviewed annually to ensure universal precautions are being followed.
9. Human Resources shall ensure mandatory training is provided upon employment. Volunteers who could potentially be exposed to blood borne pathogens shall also receive this training. The training shall include a general discussion on blood borne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, Hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, signs/labels/color-coding. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter.

IMMINENT HIGHLY INFECTIOUS DISEASES

1. Whenever public communications from the Centers for Disease Control indicate the possible imminence of an outbreak of flu or other highly infectious disease, a communication process will be developed as the need arises. Time is of the essence with respect to this policy's implementation and it shall be the priority activity of management and staff to implement this policy's procedures immediately upon receiving notice that the agency is operating under this policy.
2. Educational materials, if deemed necessary, will be prepared and distributed agency-wide be posted in a consistent and highly visible manner throughout program and office locations, to include the following:
 - a. Inside all bathrooms
 - b. Inside all kitchens
 - c. Inside all administrative offices spaces
 - d. On the walls of all lobbies and common/community spaces
3. Directors/managers/supervisors will ensure that employees, vendors and clients who clean facilities are provided with additional guidance and oversight so that surfaces likely to increase disease exposure (such as door handles, light switches, etc.) are disinfected regularly.
4. Home Care Preference may develop special staff instructions, consistent with the guidance of the Center for Disease Control. These instructions may encourage staff to stay home if sick, or in doubt. Directors/Managers shall keep an alternate staffing plan for all service recipients.
5. Vaccines, whenever possible, shall be made available on a voluntary basis to clients through various clinics and community based health partnerships used by each program location. It

shall be the responsibility of the Administrators to be informed of the locations where vaccines are offered in each community and to provide that information to staff and clients.

POLICY #: 11.07

SANITATION AND COMFORTABLE LIVING ENVIRONMENT

1. All homes managed by Home Care Preference will be maintained in a safe manner and daily continuing effort will be made to eliminate potential hazards, e.g. electrical wires shall not be left open, electrical outlets will be covered, electrical appliances should be turned off when not in use.
2. Hazard cleaning materials shall be put up in the appropriate closet.
3. All homes managed by Home Care Preference will be maintained in a sanitary and clean condition free from accumulation of dirt or garbage, well ventilated, and free from foul, stale, or musty odors.
4. All homes maintained by Home Care Preference will be kept free of pests, mice, rats and other rodents.
5. Housekeeping duties will be assigned to each staff to ensure the maintenance of practices and standards that eradicate flies, roaches and other vermin.

MAINTENANCE

1. Program staff will assist in identifying program maintenance needs and potential hazards through regular facility tours and will document and submit maintenance requests/work orders.
2. If maintenance is needed and it is an urgent/life threatening situation contact the Program Coordinator's cell phone number. Numbers can be found in the agency phone listing. Examples of an issue that is urgent are a toilet overflowing, serious water leak, serious electrical problem, ac/heat is out and temperatures are extreme, etc.

NUTRITIONAL NEEDS AND FOOD SUPPLY

1. There shall be at least a 3 day supply of food available at all times.
2. Leftover food will be labeled and dated. Leftovers must be refrigerated and used or discarded within three days.
3. Frozen meats will be labeled and dated. Frozen meats may be kept for 6 months only.
4. Items must be used by their expiration dates or discarded.

Individuals should be encouraged to make healthy eating habits. Nutritional guidelines should fall in line

POLICY NUMBER: PP111.4

TRANSPORTING SERVICE RECIPIENTS IN EMPLOYEE-OWNED VEHICLES

POLICY:

1. All employees of Home Care Preference can only use their own vehicles to transport service recipients if and only if they have valid driver’s licenses, and an automobile liability insurance of the appropriate type and minimum coverage limits for Tennessee, as established by the Department of Safety and Homeland Security. Additionally, the vehicle must have passed a vehicle inspection conducted by certified persons and Home Care Preference’s designee.

PROCEDURE:

1. Each employee shall read and sign the employee driving own vehicle policy.
2. An employee shall provide a copy of the insurance, which shall be placed in the employee's file.
3. It is the responsibility of HR to make sure a copy of a valid current insurance is kept in the employee's file.
4. If an employee transports or allows residents in his/her car when they do not have a valid copy of their auto insurance; the disciplinary action is instant termination of employment.

DRIVING OWN VEHICLE POLICY ACKNOWLEDGEMENT

Please read, carefully, check the box that applies to you and sign

I have valid auto insurance. I shall use my vehicle to provide Transportation services to residents where and when it’s necessary and I shall drive and conduct myself in accordance to Federal and State traffic laws applicable.

I understand by signing below that I must have current automobile insurance and driver’s license at all times. I also understand driving the service recipient without current car insurance results in immediate termination.

Employee Name	Signature	Date
Human Resources	Signature	Date

POLICY NUMBER 111.3

EVV Policy & Procedure

POLICY:

Home care Preference shall provide Electronic Visit Verification System (EVV) training to all employees upon hiring. All direct care persons must complete the EVV training prior to providing care to all CHOICES and ECF CHOICE service recipients.

PROCEDURE:

HCP shall provide training materials and sign-in sheets on ECF CHOICES EVV System to all paid caregivers. HCP shall have at least one trained full-time-staff assigned to EVV monitoring and two staff employees fully trained as knowledgeable EVV superusers. These employees shall be well knowledgeable with billing, exceptions handling, EVV scheduling and late and missed visits reporting.

1. EVV training acknowledgement forms shall be signed by all trained staff and kept in their personnel files.
2. HCP's on-call process shall include a trained on-call staff for after-hours emergencies receptions, plan of action and monitoring of EVV. Plan of action shall include a list of trained PRN staff in case of call outs and other emergencies plans to resolve CHOICES and ECF CHOICES . A special phone-line shall be dedicated to the trained after-hours on-call EVV monitoring staff.
3. All direct care personnel must utilize the EVV System to clock-in, clock-out and document care provided to service recipients based on individualized plan of care.
4. Home Care Preference shall designate two 24/7 on-call EVV staff members who shall continuously monitor system dashboard for efficiency, receive call-outs, call in backup staff and provide technical support to caregivers.
5. Designated on-call staff shall turn-in 24hour monitoring report to administration daily for timely incidents reporting to MCOs
6. Home care Preference shall verify member's eligibility and schedule all authorized visits in EVV system prior to providing services.
7. The EVV system training shall be provided to caregivers in member's homes in order to ensure understanding of the clock-in, clock-out and documentation of performed services as well as the consequences of improper utilization of the system.
8. Home Care Preference's 24/7 on-call staff shall be responsible for updating caregiver's required personal information on assigned service recipients in the EVV system and with Sandata
9. Home Care Preference's Incident Management Coordinator (IMC) shall notify MCOS of any member's status change such as hospitalization, vacations, or nursing facility stay within 4hours of such occurrence.
10. HCP shall Report and deviations related to member's plan of care as soon as possible to BlueCare Tennessee as via email or phone.

11. HCP shall shall have at least one full time staff person devoted to EVV monitoring and two staff persons fully trained and knowledgeable of the EVV system and its functionality including, at a minimum, billing, exception handling, scheduling, and late and missed visit reporting.
12. HCP shall ensure availability of sufficient trained staff to provide services to service recipients accordance with member's plan of care.
13. HCP shall comply with timely submission of all and any information related to member's visit status such as late and missed visits.
14. HCP shall work all EVV exceptions within 24 hours of occurrence.
15. HCP shall ensure timely claims submission to MCO within 120 days from the actual date of services provided.

POLICY NUMBER: PP111.4

RECORDS MAINTANANCE AND PRIVACY COMPLIANCE

POLICY:

Home Care Preference shall provide and document initial and ongoing education to all employees who will provide services to CHOICES and ECF individuals that includes Ethics and confidentiality training, including HIPAA and HI-TECH..

PROCEDURE:

All CHOICES and ECF CHOICES service recipient's records shall be kept in confidentiality according to federal laws, rules, regulations, policy and ethical standards. Comprehensive Record shall be kept in the main office in a locked and key area for privacy.

HIPPA and HI-ECH COMPLIANCE

HIPPA compliance policy shall be followed when keeping, transferring and receiving record between providers by implementing the following steps:

- i. Home Care Preference shall designate a Privacy Officer, responsible for development and implementation of HIPAA-compliant policies and procedures and for responding to HIPAA-related complaints.
- ii. Service recipients' electronic records shall be password protected, and paper copies shall be store in a locked office only accessible to designated employees with password and/or keys as necessary for the purpose of completing designated job rolls.
- iii. Home care Preference shall obtain signed confidentiality statements from all staff.
- iv. Staff suspected of violating HIPPA compliance policy shall be reported to the

Privacy Officer for investigation and disciplinary procedures per company policy.

- v. HIPPA compliant training shall be provided to all newly hired and annually thereafter.
- vi. Home Care Preference shall assure that service recipients' health Information (PHI) is not left unattended or visible in public areas
- vii. All electronic devices with services recipients information shall be password protected. Employees shall NEVER share passwords with each other.
- viii. Passwords shall be renewed every six months for security purposes. for each service recipient. Multiple providers may contribute information to the Comprehensive

POLICYNUMBER: PP111.5

ECF CHOICES Web Portal Claims Submission Training

POLICY

Home Care Preference shall Provide and document initial and ongoing education to designated employees on ECF CHOICES Web Portal and Claims Submission (Availity). Availity is a single MCOs interface portal which has all service recipients information such as eligibility, benefits, and claims status.

PROCEDURE

1. HCP shall train and assign a designated billing specialist staff responsible for submitting claims through Availity
2. Home Care Preference shall provide designated staff with education and training on how to use Availity to access remittance advice and check claims status.
3. All trained billing staff shall create security access username and passwords and update per Availity Portal requirements.
4. HCP billing staffs shall check all newly admitted service recipients approved and authorized services for correctly assigned billing codes prior to initiating services. MCOs shall be notified immediately via phone or email of deviations and/or incorrect corresponding daily billing codes on members plan of services.

5. HCP shall provide Availity Web Portal training upon hire and monthly to keep billing current with any updated and changes made by MCOs.
6. HCP shall provide billing staff with training material and sign-in sheets for all training session. Training sign-in sheets shall be kept in designated staff files as documentation verification for scheduled trainings.
7. HCP billing staff shall submit claims weekly on every Friday of the week in order to remain compliance with 120 days claims submissions and processing datelines.
8. All corrected claims shall be rebilled on the Friday of the week that billing staff receive notification of claims denial in order to remain in compliance with 120days claims correction dateline.
9. HCP billing staff training shall include two acceptable reasons for claims correction such as wrong and or incorrectly entered information on the original claim.
10. Trainings material and sign-in sheets shall be provided on billing sample services through the Avality web Portal based on approved services

POLICY NUMBER: PP111.5

Orientation to the Population that we Support

WELL TRAINED STAFF

POLICY:

All HCP employees providing support services to service recipients shall be well trained on caring for the elderly and disable population. All caregivers shall be trained upon hired and annually on all essential topics recommended by the MCOs.

PROCEDURE

1. HCP staff coordinator shall enroll all newly hire staff training in RELIAS, at the central office using educating DVDs, Videos, and handouts on related relevant topics.
2. Documentation of completed training shall be in the form of completion certificates and sign-in sheets.
3. All MCO required training shall be completed in four phases:
 - I. upon hired,
 - II. **within 30 days of hired**
 - III. **Within 60days**
 - IV. **And annually renewal of all courses**

4. **HCP DIRECT SUPPORT STAFF TRAINING REQUIREMENTS** include topics/modules that staff are trained on that prepare caregivers to care for the elderly and disabled population. Such training shall include but not limited to:

Phase I Pre-services Training upon hire prior to providing services

- CPR
- First Aid
- Abuse and neglect Prevention
- Protection from Harm
- Client Specific Needs training (POC)

Phase II to be completed within 30 days of employment

- Title VI
- Fire Safety and Evacuation
- Universal Precautions.
- Crisis Prevention and Intervention Training
- Critical Incidents Reporting

Phase III, CORE-SERVICE TRAINING (to be done within 60days of employment)

This training must be completed within sixty (60) days of employment. Staff may work alone with service recipients while completing Core Training courses which include:

- Education on disability awareness
introduction to behavioral health
- Behavior support challenges
- Individuals with I/DD or other cognitive limitations (including Alzheimer's Disease, dementia, etc.) may face
- Understanding behavior as communication
- Potential causes of behavior, including physiological or environmental factors
- Person-centered supports for individuals with challenging behaviors, including positive behavior supports
- Cultural Competency
- First Person Language and etiquette when meeting and supporting individuals who use alternative forms of communication, sign language or who are non-verbal
- Training on promoting healthy lifestyle choices and supporting self-management of chronic conditions

All completed training shall be renewed annually by all actively employer direct support staff. **Note: Job Coach Training** is only done by staff that support service recipients with receive Supported Employment under the MCOs program.

POLICY NUMBER: PP111.6

Documentation of Service Delivery

POLICY

HCP shall develop and maintain forms for documenting the provision of all approved services to supported service recipients.

PROCEDURES

1. HCP shall maintain documentation of all services provided to service recipients daily on company developed forms as well as in EVV.
2. Services documentation training shall be provided to caregivers upon hire and ongoing as needed.
3. All documentation shall contain employee's name, signature, date of services, times when specific services were provided and/or specific times when an incident accrued.
4. **At minimum, documentation shall include:**
 - I. Date
 - II. Time and location of service
 - III. Specific HCBS provided
 - IV. Name of the member receiving the service
 - V. Name of the staff person who delivered the service
 - VI. Detailed tasks and functions performed as a component of each service
 - VII. Notes for other caregivers to promote continuation of care
 - VIII. Initials and signature of the staff person who delivered the service
5. **HCP shall maintain a services rendered checklist form that contains**
 - I. Member's signature
 - II. Worker's signature

- III. Supervisor's initials
- 6. All employees shall document time in and out of service recipient's home on company timesheets.
- 7. All copies of service documentation forms including incidents reporting forms shall be kept in a secured locked area at the company main office.
- 8. CLS Documentation Components documentation shall include
 - I. Services recipient's Code status (DNR , Full code)
 - II. Emergency Plan
 - III. CC and family contact information
 - IV. MCO Community Living Support Daily Note
 - V. Travel log/activity
 - VI. Member specific (Plan of Care, Risk Agreement,
 - VII. Medication Agreement)
 - VIII. Medication Administration Record/Outpatient Therapy Services provided within the home. (This section shall include the HCP follow-up form)
- 9. All training material and sign-in sheets shall be maintain at the company main office for verification at all time,

POLICY NUMBER: PP111.8

Critical Incident Policy & Procedure

POLICY:

Home Care Preference's staff shall report and manage all critical incidents that occurs during the provision of services to all approved CHOICE A and ECF members as stipulated in the MCO's provider manual.

PROCEDURE:

1. Critical incidents may occur to CHOICE members in their homes, and community based supported living environment.
2. Critical Incidents may be witnessed or discovered by HCP staff during services provision.
3. All critical incidents must be documented on the MCOs approved form and reported to company Incidents management coordinator (IMC) immediately.
4. HCP IMC must notify the provider MCO within four (4) hours of occurrence
5. Critical incidents shall include but not limited to:
 - I. Any unexpected death of a CHOICES member, regardless of whether the death occurred during provision of service
 - II. Suspected physical or mental abuse: Examples of abuse include inflicted physical injuries, unreasonable confinement, intimidation or punishment with resulting pain or mental anguish.
 - III. Serious medication errors which are defined as any medication error that requires or has the potential to require medical intervention or treatment
 - IV. **Sexual Abuse:** any type of sexual activity or contact with sexual intent or motivation between a CHOICE services recipient and a HCP staff.
 - V. Abuse, neglect, and exploitation as defined in MCO provider manual.
6. The person witnessing or discovering the critical incident shall immediately complete an MCO critical Incident reporting form and report incident immediately to HCP IMC. HCP IMC shall notify MCO via phone and/or email **within 24hours.**
7. Completed form shall contain date and time of occurrence, and name of first entity that discovered/witnessed incident.
8. Completed reports shall be written on MCO specific forms and submitted to specified MCOs **within 48hours**
9. Completed follow-up report shall be submitted to specified MCOs within 20 calendar days or **within 30 calendar days** from date of discovery.
10. If the incident is sexual or physical abuse related, HCP shall remove staff with the allegations from the CHOICES members' case and place staff on administrative leave till all investigation is cleared.
11. HCP shall remove any staff undergoing investigation for any form of neglect and/or abuse CHOICES and ECF members entrusted under company care and support.
12. HCP staff suspected of medication theft shall be drug-tested **within 24hour of** discovery for the medication in question.
13. All HCP employees shall sign a drug testing consent form prior to being hired.
14. HCP shall respond immediately within 24 hours to any CHOICES member that has had a reportable incident of any sort.
15. HCP employees shall be trained on Incident reporting forms (CIF) completion. Sections F and G of CIF shall be completed by HCP employees.
16. HCP shall include investigation results and conclusions on all follow up reports.
17. HCP shall provide training to all employees on Critical Incidents Reporting to ensure the wellbeing of CHOICES members supported as listed on employees training policy.

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either adult Protective Services (APS) or Child Protective Services (CPS) as applicable, the participant's case manager, the participant's designated representative and by fax to DBHDID if abuse, neglect, or exploitation is suspected

2. If the critical incident does not require reporting of abuse, neglect, or exploitation, the Critical Incident shall be reported within eight (8) hours of discovery to the participant's case manager, the participant's designated representative as applicable and by fax to DBHDID
3. The Critical Incident shall
 - a. Be recorded by the witness or discovery agency employee subcontractor, or volunteer on the prescribed Critical Incident Report form.
 - b. Include an immediate investigation by the provider agency with the investigation involving the case manager.
 - c. Include documentation that will be maintained in the participant record at the provider site, and copies shall be provided to the case management agency
4. The investigative report shall include, but is not limited to:
 - a. Identifying information of the participant involved in the incident and the person reporting the incident

VI.

VII.

INCIDENT REPORT

2. An incident is any occurrence that impacts the health, safety, and welfare, or lifestyle choices of service recipients and includes but is not limited to:
 - a. Minor injuries
 - b. Medication errors without any serious outcomes; or
 - c. Behaviors or situations that do not meet the definition of a Critical Incident
3. An Incident shall be documented on an Incident Report form an immediately assessed for potential abuse, neglect, or exploitation. If the assessment is positive for potential abuse, neglect, or exploitation, the person discovering or witnessing the incident shall take immediate action to ensure the health safety, and welfare of the at-risk participant and the incident shall be immediately redefined as a Critical Incident---AND all procedures followed for Critical Incident
4. Such Incidents shall be reported to the immediate supervisor. The supervisor shall contact the service recipients' designated legal representative and DIDD within twenty-four (24) hours of the discovery of the incident.
5. An Incident shall be recorded by the witness or discovery agency employee, subcontractor, or volunteer on prescribed Incident Report.
6. An Incident shall be retained on file at the Home Care Preference and copies shall be provided to DIDD

CRITICAL INCIDENT

1. A Critical Incident is defined as an alleged, suspected, or actual occurrence of an incident that can reasonably be expected to result in harm to the participant and may include, but is not limited to:
 - a. Abuse, neglect, and exploitation as defined in KRS Chapter 209;
 - b. Serious medication errors which are defined as any medication error that requires or has the potential to require medical intervention or treatment
 - c. Death
 - d. Homicidal or suicidal ideation
 - e. A missing person
2. The person witnessing or discovering the critical incident shall take immediate action to ensure the health, safety, and welfare of the at-risk participant
3. The person witnessing or discovering the critical incident shall immediately report to either adult Protective Services (APS) or Child Protective Services (CPS) as applicable, the participant's case manager, the participant's designated representative and by fax to DBHDID if abuse, neglect, or exploitation is suspected
4. If the critical incident does not require reporting of abuse, neglect, or exploitation, the Critical Incident shall be reported within eight (8) hours of discovery to the participant's case manager, the participant's designated representative as applicable and by fax to DBHDID
5. The Critical Incident shall
 - a. Be recorded by the witness or discovery agency employee subcontractor, or volunteer on the prescribed Critical Incident Report form.

- b. Include an immediate investigation by the provider agency with the investigation involving the case manager.
- c. Include documentation that will be maintained in the participant record at the provider site, and copies shall be provided to the case management agency
6. The investigative report shall include, but is not limited to:
 - a. Identifying information of the participant involved in the incident and the person reporting the incident
 - b. Details of the incident
 - c. Relevant participant information including:
 - i. Axis I, II and III diagnoses
 - ii. Listing of recent medical concerns
 - iii. Analysis of causal factors and
 - iv. Recommendations for preventing future occurrences
7. Notify DIDD for internal investigation when there is suspected abuse, neglect, or exploitation
8. All reportable incidents must be submitted to the Department, within required timelines, on the DIDD RIF, which can be found on the DIDD web site under the heading.

Categories of Incidents.

The following categories of incidents shall be reported to the DIDD Investigations Hotline as well as to the Incident Management Unit using a RIF:

1. **Allegations of abuse, neglect and exploitation** in accordance with the definitions below:

- a. **Abuse:** [defined in T.C.A. § 33-2-402 (1)] the knowing infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. DIDD recognizes three subcategories of abuse:
 - **Physical Abuse:** actions including, but not limited to, any physical motion or action by which physical harm, pain or mental anguish is inflicted or caused. The use of any unauthorized restrictive or intrusive procedure to control behavior or punish. Corporal punishment, takedowns, prone and supine restraints are prohibited and considered abuse.
 - **Sexual Abuse:** any type of sexual activity or contact with sexual intent or motivation between a person supported and anyone affiliated with DIDD as a staff person, employee or a contracted provider or volunteer. This includes but is not limited to actions by which a person is coerced into sexual activity (forced, tricked, induced or threatened) or exposed to sexually explicit material or language. Sexual battery by an authority figure as defined in T.C.A. § 39-13-527 is also considered sexual abuse. Sexual abuse occurs whether or not a person is able to give consent to such activities.
 - **Emotional/Psychological Abuse:** actions including but not limited to humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) directed to or within eyesight or audible range of the person supported.
 - **Neglect:** [T.C.A. § 33-2-402 (9)] failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness, which results in injury or probable risk of serious harm.⁵⁰
 - **Exploitation:** [T.C.A. § 33-2-402 (8)] actions including but not limited to the deliberate misplacement, misappropriation or wrongful temporary or permanent use of belongings or money⁵¹ with or without the consent of a person using services. The illegal or improper use of a person's resources or status for another's benefit or advantage is considered exploitation.
 - **Serious Injury of Unknown Cause:** an injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person, the cause of which is unknown.
 - **Suspicious Injury:** an injury that may have been the result of abuse or neglect or is not consistent with the explanation provided. There must be a reason to suspect the injury was the result of abuse or neglect.

- **Death:** a fatality occurring under circumstances that are unexpected or unexplained

OTHER INCIDENTS AND INTERVENTIONS

The following categories of incidents and interventions must also be reported to the Incident Management Unit using the RIF52:

1. **Death:** a fatality regardless of cause or location.
 2. **Serious Injury:** any injury to a person supported that requires assessment and treatment beyond basic first aid that can be administered by a lay person.
 3. **Person Missing Longer Than 15 Minutes:** any person receiving services, unless the absence is specified in a plan, whose whereabouts are unknown for longer than 15 minutes.
 4. **Criminal Conduct or Probable Criminal Conduct:** acts which lead to or can reasonably be expected to lead to police involvement, arrest or incarceration of a person using services
- 50 Neglect towards a person supported includes being on duty while impaired or under the influence of alcohol or illegal substances. If a staff person has a valid current prescription for a drug and is impaired while on duty from the prescription drug, this may be considered neglect.
- 51 The loss of \$50.00 or more within a sixty (60) calendar day period.
- 52Go to Forms & Tools, Reportable Incident Forms. Click on the link for the RIF for the appropriate region. http://www.tn.gov/didd/provider_agencies/index.shtml
5. **Sexual Aggression:** acts of a sexual nature, associated with potentially violent behavior of a person supported, regardless of the desire for participation on the part of the other person.
 6. **Hospitalization:** a medical or psychiatric admission whether planned or unplanned.
 7. **Use of Cardiopulmonary resuscitation (CPR) or an automated external defibrillator (AED).**
 8. **X-ray to Rule Out a Fracture:** use of any imaging technique to determine whether a person supported has a fracture. This does not include imaging techniques used to diagnose illness.
 9. **Use of Abdominal Thrust or Heimlich Maneuver:** techniques used for dislodging food or foreign objects from the windpipe.
 10. **Any Use of Crisis Services:** including 911 Call, emergency room visit, mobile crisis services, EMT, fire or police on scene, or the use of an urgent care facility for emergency services.
 11. **Serious Injury to Another by a Person Supported:** any injury to another person that requires assessment and treatment beyond basic first aid and was the result of a challenging behavior by a person supported.
 12. **Manual Restraint:** as defined in the glossary.
 13. **Protective Equipment:** as defined in the glossary. Unless, when appropriate, a reporting variance has been requested and approved.
 14. **Mechanical Restraint:** as defined in the glossary.
 15. **PRN Administration of Psychotropic Medication:** psychotropic medications administered on

an as needed (PRN) basis.

16. Property Destruction Exceeding \$100 in Value.

17. Reportable Staff Misconduct: actions or inactions by staff of contracted providers, contracted employees, volunteers or others associated with or providing care for persons supported by DIDD, that are contrary to sound judgment and/or training and related to the provision of services and/or the safeguarding of the person's health, safety, general welfare and/or individual rights. Staff misconduct includes incidents that do not rise to the level of abuse, neglect or exploitation, and do not result in injury or adverse effect, and the risk for harm is minimal.

18. Medication Variances and Omissions: the submission of categories E to I on the Medication Variance Form shall require a RIF, with a copy of the DIDD Medication Variance Report.⁵³ In all cases, medication administration by a person who was not trained and certified, or was not licensed by the State of Tennessee to administer medications requires notification to the DIDD Investigations Hotline.

SERVICE RECIPIENTS' RIGHTS TRAINING

1. Upon admission each service recipient will receive a fully informed verbal and written list of his or her rights while receiving services from Home Care Preference. A description of how these rights may be fully exercised will be provided upon admission. Individuals who are legally adjudicated incompetent adults or minors will have their rights described to their parents or guardians. Explanation of Individual Rights will require a signature by the individual, parent or guardian. The signature must also be signed in the presence of one witness who will themselves sign to acknowledged proof of witnessing the signing. The signed document will then be filed under the admissions records of each individual. When and if the individual later becomes legally independent to understand the information shared with a parent or guardian it will be reviewed with them at that time.
2. When a suggestion is made that a Right becomes Limited, the Individual, Parent or Guardian and Staff of Home Care Preference must meet and make a decision on the rejection or approval of the Limitation to the Right.
 - a. The individual, parent or guardian must give written consent to the limitation.
 - b. If a suggestion to limit a right is approved a Behavior Support Plan detailing the limitation request (or a Rights-Limitation request) will be submitted to the Home Care Preference Human Rights Committee. When the Human Rights Committee Approves the Rights-Limitation will be implemented.
 - c. Limitation of rights should not be granted for more than six months at a time, therefore any Rights-Limitation request should contain conditions or parameters for restoration of the right.
3. Each service recipient or parent/guardian shall be provided a list of available advocacy services to retain should they require assistance. Each Individual or parent/guardian shall be provided with a copy of description of grievance procedures available to them. Opportunities will be given to allow questions to be asked about the information provided.
4. There will be an annual review of each Individual's Rights in the presence of the individual, parent or guardian as part of the annual development of the Individuals Care Plan, and will be maintained with that Individuals Record.
5. The review of the Individual's Rights shall be done in a manner in which the individual and or guardian can understand and to the fullest extent possible. The Individual, parent/guardian or Human Rights Committee of Home Care Preference (all responsible for protecting the rights of the individual), will be provided the same information to assure that advocates understand them if the Individual is unable to understand.
6. At initiation of employment and periodically thereafter a staff is employed by Home Care Preference, to provide direct care to Individuals, they will be informed of all Home Care

Home Care Preference

Preference service recipients rights. As part of the ISP implementation training, staff will be informed of any approved Rights-Limitations.

7. Staff members not adhering to the policy regarding the Rights of service recipients by will be subject to company disciplinary action.
8. Staff members who are suspected of neglecting, abusing or mistreating Individuals will be subjected to company disciplinary actions



EMPLOYEES GRIEVANCE RESOLUTION PROCEDURE

POLICY:

It is the policy of Home Care Preference to provide all its employees with a systematic method of resolving complaints in a quick and fair manner. The managing board of Home Care Preference shall be available to any employee and service recipient who feels aggrieved as a result of some act, omission, or practice within the company. An Incident Management Coordinator shall be designated with primary function to manage and coordinate complaints within the company. The Incident Management Coordinator's email address and phone number shall be provided to all employees and service recipients.

PROCEDURE:

COMPLAINT STEP

This step calls for the complainant to discuss their concerns with the incident management coordinator within 15 days of occurrence. The Incident Management Coordinator responds to the complainant with a period of five business days. Such discussions usually resolve most concerns. In the event where the complaint is not resolved at this level, the complainant pursues the matter further in writing.

STEP ONE

At Step One, the complainant must reduce their complaint to a written statement outlining the problem and indicating the corrective action sought. This statement should be presented to the complainant's supervisor within 10 days of the supervisor's reply at the complaint stage. Following any discussions or investigations that may be required, within 10 calendar days, the supervisor will reply to the grievance statement in writing, giving their analysis of the problem and decision.

STEP TWO

If the complainant is not satisfied with the decision of the supervisor, they may submit the complaint to the supervisor's immediate superior or department head within 10 days of the immediate supervisor's written reply at step one. Within 10 calendar days a decision will be given in writing to the complainant.

STEP THREE

If not settled at step two, the grievor may submit their alleged grievance to the Chief Executive Officer, Human Resources or designate within ten days of the reply to step two. The Chief Executive Officer, Human Resources or designate shall meet with the grievor within 10 days of the grievance's

STEP FOUR

This is the final stage permitted by this policy. Should the complainant not be satisfied with the reply to their grievance at Step Three, they may, within 10 calendar days, present the grievance to the Chief Executive Officer who may establish a Grievance Committee to examine and investigate the grievance and to report back with advice as to the final disposition of the grievance. The Adjudication Committee shall be an ad hoc committee of three consisting of:

1. The Chief Executive Officer
2. A person nominated by the grievor.
3. A chair shall then be chosen by agreement of the Chief Executive Officer and the grievor's nominee. In the event that the Chief Executive Officer and the grievor's nominee cannot agree on a chair within 14 days of the submission of the grievor's complaint to the Chairperson of Home Care Preference will appoint one.

The committee shall convene no later than 14 calendar days following the appointment of the chair and shall report in writing, through its chair, its advice to the Chairperson within 10 calendar days of having convened. The Chairperson shall give the Chief Executive Officer the final and binding reply to the grievor within 7 calendar days of receiving the Grievance Committee's advice on the matter.

GENERAL CONDITIONS

1. Except for discharge cases, no grievance may be lodged at Step One without first having been discussed verbally by the grievor and their immediate supervisor.
2. All grievance documents and management replies must be clearly dated.
3. Grievances at Step One must be presented within 10 calendar days of the grievor first becoming aware of the matter giving rise to the grievance.
4. The time limits specified above in relation to this grievance procedure may be extended by mutual consent of the parties.
5. Grievances related to an employee's discharge may be commenced at Step Three within 10 calendar days of the employee being informed of their discharge.
6. The grievance procedure is intended as a formal in-house mechanism for the resolution of grievances and is not intended to supersede any legal rights possessed by the employee. Therefore, the grievance procedure is not available to an employee who is pursuing their complaint or grievance through any Federal or Provincial board, commission or court. For purposes of this grievance procedure the use of solicitors/lawyers in the proceedings is not appropriate and will not be considered

HOME CARE PREFERENCE COMPLAINT AND RESOLUTION DOCUMENTATION

A. DETAILS OF PERSON REPORTING

1. First Name: _____ Last Name: _____

2. Address:

3. Home Tel: _____ Work Tel _____ Cell: _____

B. DETAILS OF COMPLAINT

(Get details on covering demands/allegations and cover what, how, when, where and parties involved and their contract numbers)

 Employee's Signature

____/____/____
 Date

C. INVESTIGATION, RECOMMENDATIONS AND RESOLUTION

_____/_____/_____
Incidents Management Coordinator's Signature Date

D. FOLLOW-UP/STATUS OF CASE

_____/_____/_____
Employee's Signature Witness Date

_____/_____/_____
CEO's Signature Date

POLICY NUMBER: PP111.5

DISCIPLINARY ACTION: PROGRSSIVE DISCIPLINE

POLICY:

Disciplinary action is a very serious employment issue and is only taken when justified by clear and substantial evidence

PROCEDURE:

1. FIRST STEP: Oral Warning:

An employee whose performance or conduct is unsatisfactory is first counseled by the immediate supervisor. Such discussions is done in private. House manager must encourage the employee to offer any explanation or justification. The house manager must clearly advise the employee that failure to comply by company policies will result in progressive disciplinary procedures which could lead to written warnings, probation, or ultimate termination. Should the verbal counseling correct the problem, the house manager should acknowledge the fact to the employee and encourage continued performance improvement.

2. SECOND STEP: Written Disciplinary Warning

A written warning is issued to an employee following non-responsiveness to verbal counseling, or when an infraction is considered serious.

Infraction: Improper conduct or unsatisfactory work performance which, if continued or repeated, would warrant progressive discipline, possibly leading to termination. The report may be considered as a first step in the disciplinary process. Such report should describe the behavior/incident, provide for corrective action and note that failure could result in probation, suspension or discharge.

3. THIRD STEP: Final Written Warning:

If the employee's performance does not show improvement, they may, depending upon the pace of improvement, receive either another disciplinary warning or be placed on probation.

Suspension: A suspension without pay may be issued to an employee who fails to respond while on probation, or may be issued immediately if a major infraction is committed. The length of suspension should allow time to investigate other relevant facts and, therefore, may vary depending on the nature of the problem. A suspension may be converted to a termination, depending upon the results of the investigation

4. FOURTH STEP: Termination

Termination can occur after sufficient warnings have been given or if a serious infraction has occurred. The employee must turn in all facility property at the time of termination and prior to receiving his/her final paycheck.

The following is a **partial** list of infractions that could result in disciplinary action, up to, and including immediate discharge:

1. Willful destruction of property.
2. Stilling time off the clock-in and out system (dishonesty).
3. Fighting, attempting, or threatening bodily injury to another person on company property.
4. Use of abusive language toward a fellow worker, visitor or a resident, which might be expected to cause a disturbance; uncivil or insulting language in willful contempt of authority.
5. Horseplay or recklessness, disorderly or immoral conducts on or about premises, which endangers or may lead to endangerment to other persons or property.
6. Punching another employee's time badge to falsify a time record, or intentionally giving false information.

7. Violation of any provision of the company Substance Abuse Policy.
8. Reporting to work in an unfit condition, or under the influence of alcohol or drugs.
9. Failing to carry out any reasonable order by a representative of management, or refusal to work on jobs assigned by the supervisor.
10. Deliberate idleness or inattention to duty.
11. Unexplained or unauthorized absence from work for one day (i.e. no call-no show.)
12. Violation of reasonable safety and health rules.
13. Possession of dangerous weapons on company premises.
14. Posting, defacing or removal of signs, notices, or writing in any form on bulletin boards of company property at any time without permission.
15. Removal from company premises, without proper authorization of institution, property of records of any nature.
16. Sabotage or threats of sabotage, bomb or fire threats of injury to persons or property.
17. Leaving company premises while on duty without the permission of the authorized house manager or supervisor.
18. Any interference with the supply system of the community such as a misappropriation of property or a diversion of supplies from its intended destination or damage to supply carts or contents.
19. Use of their work time, company premises, or their jobs to solicit or receive requests for services for which they will be paid.
20. Harassment - All kinds of harassment.
21. Conviction of a job related criminal offense.
22. Illegal sale of drugs on company property.
23. Deliberate misrepresentation in order to obtain employment.
24. Theft of company, resident, visitor or employee property.
25. Defrauding or-attempting to defraud the company, including falsification of records.
26. Un-excused absence of four working days in a twelve-month period.
27. Resident abuse by an employee including physical, sexual, verbal abuse and psychological abuse will be investigated and if confirmed, the employee will be terminated and reported for placement on the Department of health Tennessee Registry
28. Excessive tardiness or absence.
29. Breach of Professional Ethics. (See Policy & Procedures Manual for Respect to Person Supported)
30. Acceptance of tips or items of any other items of value from residents, residents' families, visitors to residents or vendors
31. Smoking within the building of Home Care Preference



POLICY NUMBER: PP111.6

TUBERCULOSIS TESTING

POLICY

Home Care Preference will adhere to a tuberculosis (TB) policy and procedure that meet current Department of Health (DOH) requirements.

PROCEDURE

The DOH requires that Health Care workers (HCW) TB screening program consist of four major components:

1) baseline testing for *M. tuberculosis* infection, 2) serial testing for *M. tuberculosis* infection, 3) serial screening for symptoms or signs of TB disease, and 4) TB training and education. Screening to screen for *M. tuberculosis* infection will be administered, interpreted, and recorded according to current DOH policy and procedures. Protection of privacy and maintenance of confidentiality of Home Care Preference’s employees test results will be ensured. The following procedure shall be followed for TB screening at Home Care Preference:

1. All newly hired Employees shall be required to take the Baseline testing.
2. All TST results will be read within 48–72 hours and recorded in employees’ files
3. Two-step testing shall be recommended for employees whose initial TST results are negative (39,224).
4. If the first-step TST result is negative, the second-step TST will be administered 1–3 weeks after the first TST result was read.
5. If either 1) the baseline first-step TST result is positive or 2) the first-step TST result is negative but the second-step TST result is positive, TB disease will be excluded, and the employee evaluated for treatment of LTBI. If the first and second-step TST results are both negative, the employee shall be classified as not infected with *M. tuberculosis*.
6. Employees who have been tested positive in the past will be required to take a chest X-ray initially, and get screened for symptoms annually.

SUMMARY OF TB TESTING POLICY

Situation	DOH Requirement
No previous TST result TSTs	Two-step baseline TSTs Two-step baseline

Previous negative TST result (documented or not testing);

Single TST needed for baseline

This test will be the second-step

>12 months before new employment

Previous documented negative TST result

Single TST; two-step testing is not necessary

<12 months before new employment

>2 previous documented negative TSTs but most recent TST

Two-step baseline TST(s)

>12 months before new employment

Previous documented positive TST result

No TST (Chest X-ray required)

Previous positive TST with previous BCG vaccination



POLICY NUMBER: PP111.7

DRUG-FREE WORKPLACE

POLICY:

In order to protect the health of service recipients and promote a community, Home Care Preference facilities and private individual homes are designated as Drug-Free work environments.

Procedure

1. A signed consent release for background checks is requested as a voluntary requirement of employment and kept in the Employee's file throughout their employment period.
2. Employees are informed that they can be drug tested at any time and results sent to DIDD if suspected of manifesting signs and symptoms of drug use at workplace.
3. Smoking and tobacco use is prohibited when transporting individuals in the community.
4. A "No smoking" signs or the international "No Smoking" symbol, consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it, shall be clearly and conspicuously posted at every entrance.
5. Any employee violating this policy is subject to disciplinary action.



DRUG-FREE CONSENT FORM

EMPLOYEE CONSENT TO RELEASE DRUG TEST RESULT TO DIDD

I-----Give my consent to Home Care Preference to lease my drug and alcohol test results to DIDD for the purpose of internally investigating allegations of abuse, neglect and or exploitation of service recipients. I understand that Home Care Preference is a drug-free workplace where employees can get randomly tested as needed during employment. I understand that a positive drug result at any time during employment will result in termination and DIDD investigation.

Employee Name	Employee Signature	Date
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Name of Witness	Signature of Witness	Date Signed
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POLICY NUMBER: PP111.8

POLICY:

DEMONSTRATING RESPECT TO SERVICE RECIPIENTS WITHOUT DISCRIMINATION

Home Care Preference's staff members are trained on the importance of consistently treating all service recipients with respect, dignity, privacy and advocacy according to the First Amendment Right.

PROCEDURE:

1. Confidentiality and normal sensibility are exercised at all times when speaking about service recipients.
2. Quality of services offered is tailored towards satisfying individual service recipient's personal situation
3. Home Care Preference assist the individual to fully exercise their rights and make choices.
4. Staff respect individual's rights to privacy in their living and sleeping areas.
5. Indecent exposure, exhibition, undignified displays whether deliberate or unintentional is strictly prohibited.
6. Staff provide privacy and assist in maintaining individual's dignity even if the individual is not conscious of his/her own dignity and or right to privacy.
7. Service recipients are supported to integrate in the community through volunteer services, associate with friends and entertainment of their choice.
8. Staff respect individual's choices and decisions as long as they do not cause harm, affect individual's health and well-being and that of others, do not violate company policies, and DDID regulation and Laws (State and Federal).
9. Home Care Preference provides training and support to help staff and individuals served recognize and understand personal freedom and rights of others.
10. Home Care Preference provides access to materials, resources and supports that assist individuals served in gaining competencies, increasing task efficiency and participating fully in preferred activities.
11. Home Care Preference support and facilitate service recipients' access to natural support systems in the community.
12. Home Care Preference provides language access and interpreter services to service recipients with Limited English Proficiency or who are sensory impaired
13. Home Care Preference staff demonstrate respect to service recipients in residential homes by providing them full access to their home (e.g., the front door key etc.) at all times.
14. Home Care Preference staff respect service recipients' privacy rights by not intruding into private areas without making prior arrangements and/or using a key to enter their living area.
15. Residential homes are physically accessible, adaptable, and free of any form of mobility limitations such as gates, Velcro strips, locked doors or any other barriers that may impose a sense of force imprisonment or restrain on service recipients.
16. Service recipients are supported and facilitated to fully participate in their shopping, scheduling appointments, eating with family and friends and running errands in the community as desire.



POLICY NUMBER: PP111.8b

Home Care Preference is committed to demonstrating respect to service recipients by adhering to individual's right to communicate, associate and assemble with persons of their choice.

PROCEDURE:

The following procedures are followed to ensure the First Amendment rights of individuals receiving services from Home Care Preference.

1. Telephone Use - Individuals served have reasonable access to telephones. All calls will be placed and received by the individual with due regard to privacy.
 - I. Individuals who require staff assistance to use the phone receive it upon request and as needed such as when the person is physically unable to operate the phone, needs assistance in gaining access to outside lines in making long distance calls and looking up phone numbers.
 - II. Individuals may purchase pre-paid calling cards if needed in order to make long distance calls.
 - III. Individuals may request a personal phone line if they have the financial resources to pay the monthly phone bill.
 - IV. Telephones are made accessible for service recipients as required by the Americans with Disabilities Act. Such accessibility features include, but are not limited to amplification devices, TDD or access to the state of Tennessee Relay for persons with hearing impairments.
2. Mail - Individual's incoming and outgoing mail is delivered unopened to the individual and is not to be read by the staff unless specifically requested by the individual. Individuals designate the staff they want to provide this assistance. Assistance is provided only in the presence of the individual making the request or in need of assistance.
3. Visitors - Individuals served may have visitors. Private meeting or visiting areas will be made available to individuals and their visitors as requested. Religious organizations, community organizations, advocates and others shall have a reasonable opportunity to communicate with individuals served.
4. Community inclusion - Individuals are provided the support to attend and participate in community activities as indicated in his/her ISP and/or as otherwise indicated by the participant.
5. Expression - Individuals served have the right to express their feelings, beliefs and opinions regarding matters of concern to them.
6. Worship - Individuals served have the right to worship as they please.
7. Choice – Service recipients shall have the right to communicate, associate, live and assemble with persons of their choice. Decisions regarding an individual's choice will be discussed by the person's circle of support and interdisciplinary team (IDT), and must take into consideration information from the individual's Plan of Care including lifestyles, preferences, communication and decision making. Home Care Preference shall provide individuals with a variety of suitable living location options in the community for individual's choices.
8. Limitations on the Exercise of First Amendment Rights - There are some circumstances in which an individual's First Amendment Rights might be limited.
 1. Consistent with the law and the Constitution, parents have the right to determine how a minor child exercises First Amendment rights.
 2. A Court may specifically limit or restrict an individual's ability to exercise First Amendment rights.
 3. First Amendment rights may be limited by a provider agency if the exercise of such rights would result in interference with the treatment of the individual or other individuals, or with the immediate health and safety of the individual or other individuals.
 - a. Decisions to limit the rights of an individual must be recommended by the interdisciplinary team.
 - b. All limitations shall be presented to a Human Rights Committee for review, approval, and recommendation to the Regional Director. Based on the recommendations of the person's circle of support and the Human Rights Committee, the Regional Director will make the final determination.

POLICY: PP111.8C

It is the policy of Home Care Preference to demonstrate respect and protection of service recipient by adhering to all professional ethics, legal and human rights.

PROCEDURE:

Home Care Preference assures the absence of barriers in accessing services, care, and treatment offered by the company by hiring and training staff from diverse backgrounds to meet cultural, spiritual, linguistic, and ethnic differences of supported individuals without discrimination.

1. Voluntary Participation



- a. Home Care Preference assures that supported individual's health, safety, and welfare needs are met. Supported individuals have the right to refuse services, to be informed of the alternative services available to them, and to know the consequences of their decisions. Therefore, supported individuals are not required to receive services that they may be eligible for but does not voluntarily want to participate.

2. Freedom of Choice

- a. Supported individuals who qualify for supported living (SCL) services have the freedom to select and change service providers at any time.

3. Respect for Diversity of Participant

- a. Home Care Preference assures that access to appropriate services, natural supports, care, and treatment is available to individuals supported by the company regardless of:
 - i. Age
 - ii. Ethnicity
 - iii. Gender
 - iv. Religion
 - v. Cultural differences
 - vi. Social status
 - vii. Physical disability
 - viii. Intellectual disability
 - ix. Payer source

4. Integration into the Larger Natural Community

- a. The intent of a person centered system is to assist supported individuals become integrated into their community. Home Care Preference facilitate supported individual's integration into the larger community by seeking opportunities for and access to employment, volunteer activities, church and civic membership, clubs, groups, educational opportunities, and individual's participation in diverse associations.

5. Participation in Care

- a. Person-centered planning strategies are utilized in the development of all services with inclusion of natural supports to meet the participant's needs.
- b. In order for Home Care Preference to offer the level of services necessary to ensure that supported individual's health care needs, safety, welfare, and support are met, the team utilizes the ISP as a guide to develop all service plans that meet desired goals and outcomes.

6. Quality of Care

- a. Home Care Preference ensures that employees and volunteers are competent, trained, and qualified to deliver services to supported individuals as outlined in the person-centered POC.

POLICY NUMBER: PP111.9

ASSURING AND ADVANCING THE RIGHTS OF SERVICE RECIPIENTS

POLICY

Home Care Preference's service recipients have full information of their rights under Federal and state Laws, when admitted to the agency and annually thereafter.

PROCEDURE:

1. Upon admission each individual is provided with a written list of his or her rights while HCP is their residential provider. A description of how these rights may be fully exercised is provided upon admission. Individuals who are legally adjudicated incompetent adults or minors have their rights described to their parents or guardians. Explanation of Individual Rights require a signature by the individual, parent or guardian. The signed document is filed at the company main office in the individual's records.
2. When a suggestion is made that a Right becomes Limited, the Individual, Parent or Guardian and Staff of HCP meet and make a decision on the rejection or approval of the Limitation to the Right.

1. The individual, parent or guardian must give written consent to the limitation.
2. If a suggestion to limit a right is approved a Behavior Support Plan detailing the limitation request (or a Rights-Limitation request) will be submitted to the HCP Human Rights Committee. When the Human Rights Committee Approves the Rights-Limitation will be implemented.
3. Limitation of rights should not be granted for more than six months at a time, therefore any Rights-Limitation request should contain conditions or parameters for restoration of the right.
3. Each Individual or parent/guardian shall be provided with a copy of the statement of rights. Each Individual or parent/guardian shall be provided a list of available advocacy services to retain should they require assistance. Each Individual or parent/guardian shall be provided with a copy of description of grievance procedures available to them. Opportunities will be given to allow questions to be asked about the information provided.
4. There will be an annual review of each Individual's Rights in the presence of the individual, parent or guardian as part of the annual development of the Individuals Care Plan, and will be maintained with that Individuals Record.
5. The review of the Individual's Rights shall be done in a manner in which the individual and or guardian can understand and to the fullest extent possible. The Individual, parent/guardian, internal and external advocacy and Home Care Preference's Human Rights Committee (all responsible for advocating and protecting the rights of the individual), will be provided the same information to assure that advocates understand them if the Individual is unable to understand.
6. At initiation of employment and periodically thereafter staff employed at Home Care Preference to give direct care to Individuals will be informed of the rights that each Individual, service recipient exercise. As part of the Individuals Care Plan Training, staff will be informed of any Rights-Limitations that have been approved by the Human Rights Committee.
7. Staff members not adhering to the policy regarding the Rights of service recipients by due date will be subject to agency disciplinary action and report to DIDD for internal investigation for addition to the abuse and neglect registry.



POLICY NUMBER: 111. 9b

FEDERAL AND STATE LAWS

HCP service recipients are made aware of their rights and copies made available in their residential areas at all times. Treatment of service recipients by staff shall be based on the Human and Legal Rights guaranteed by Federal and State Laws as stated below:

1. The right to understand and be informed of one's rights and rules which apply to Home Care Preference as their service provider.
2. The right to be free from physical, verbal, psychological and sexual abuse or neglect
3. The right to be free from discrimination based on one's gender, age, race, religion, cultural beliefs or disability.
4. The right to know one's medical, developmental and behavioral health status, and the risks associated with any treatment (e.g. medications).
5. The right to appropriate treatment.
6. The right to refuse treatment.
7. The right to be free of treatment.
8. The right to be free of physical, verbal, sexual or psychological abuse and or punishment.
9. The right to be free from unnecessary drugs and physical restraints, and the right to treatment designed to reduce dependency on drugs and physical restraints
10. The right to the opportunity for personal privacy.
11. The right to privacy while taking care of personal needs (bathing/toileting).
12. The right to refuse to perform services for HCP.
13. The right to refuse uncompensated labor that is not part of the Individuals Care Plan
14. The right to compensation for work at prevailing wages commensurate with one's ability.
15. The right to the opportunity to communicate associate and meet privately with others of one's choice.
16. The right to engage in intimate relations with persons of one's choice
17. The right to send and receive unopened mail
18. The right to privacy for phone calls.
19. The right to the opportunity to participate in social, religious and community group activities.
20. The right to retain and use appropriate personal possessions.
21. The right to wear one's clothing each day.
22. The right to marry.
23. The right to share the same bedroom as one's spouse.
24. The right to a full accounting of one's personal funds managed by Home care Preference.
25. The right to have one's funds maintained separately from any others.
26. The right to have one's financial records available upon request.
27. The right to have legal guardians or conservators involved in the Individuals Service Planning process
28. The right to visits from people with whom one shares a relationship (at any reasonable hour), without prior notice.
29. The right to have one's guardians/parents/conservators notified promptly of any significant incidents or changes in one's condition, according to the Incident Management Policy.
30. The right to have a record maintained of services and treatment delivery.
31. The right to be free from abuse, neglect, mistreatment or punishment.
32. The right to a written statement regarding HCP's policies and procedures that prohibit mistreatment, neglect or abuse.
33. The right to be supported by staff who do not have a history of conviction for abuse, neglect or mistreatment of people.
34. The right to prompt reporting of any allegations of mistreatment, neglect or abuse or injuries of unknown origin.
35. The right to a thorough and timely investigation of all alleged violations.
36. The right to freedom from further abuse while an investigation is being conducted.
37. The right to appropriate action if abuse is verified.
38. The right to have information concerning one's personal life kept confidential.
39. The right to require informed consent prior to releasing information from one's record.
40. The right to file complaints and have due process and to be assisted by HCP in the exercise of their civil rights.
41. The right to have parents/guardians visit at any time or area of HCP operation providing direct care and services to Individuals and consistent with the rights of one's and others Individuals privacy.

- 42. The right to frequent and informed leaves from HCP for trips and vacations.
- 43. The right to freedom from punishment by withholding food or water that contributes to a nutritionally adequate diet.
- 44. The right to participate fully or the right to refuse to participate in community activities, including cultural, educational, religious, community service, vocational and recreational activities.
- 45. The right to make legally binding enforceable agreements with their residential landlord to the fullness of their capabilities.

The rights above have been derived from the rights guaranteed to all citizens in the Constitution of the United States and Bill of Rights to all Citizens. These include but are not limited to:

- 1. The right to equal protection under the law
- 2. The right to due process.
- 3. The right to freedom of speech and expression.
- 4. The right to freedom of religion.
- 5. The right to freedom of association.
- 6. The right to vote.
- 7. The right to meaningful and fair access to courts including legal representation.
- 8. The right to enter into contracts.
- 9. The right to own and dispose of property.
- 10. The right to privacy.
- 11. The right to be free from cruel and unusual punishment.
- 12. The right to fair and equal treatment by public policy.
- 13. The right to an equal educational and employment opportunity
- 14. The right to have services provided humanely in an environment that is the least restrictive possible to one's personal liberties.

I have received a description of my rights.

Individual/Parent/Guardian (Print)

Signature

Date Signed

Witnessed for the Individual

Date Signed

POLICY: PP111.9C

MODIFICATION OF INDIVIDUAL’S RIGHTS

The rights of supported individuals at Home Care Preference may be restricted only through judicial assignment of the exercise on an individual's rights in whole or in part to a guardian or conservator or through an established procedure at Home Care Preference that would modify the individual's exercise of a right. All individuals are afforded due process whenever a modification of rights is considered.

PROCEDURE:

- 1. If the individual's exercise of the right threatens the individuals wellbeing, then only would that right be suggested to be modified for their safety. It must be documented and demonstrated that such modification or limitation is necessary because of the individual's physical or mental health, that such modifications or limitations is necessary to achieve a legitimate goal in the ISP and POC.
- 2. Considerations of modification of an individual's rights may be initiated by the individual or any member of the Person Centered Planning
- 3. Team (PCP team).
- 4. The specific right and the proposed change will be reviewed with the individual, the parent/guardian (if applicable), and the administrator. The individual and parent/guardian (if applicable) ,must be fully informed of the proposed limitation or modification and will be given an opportunity to object, to

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purpose alternatively and to consult with family, friends and advocacy groups prior to the implementation of such a modification or limitation.

5. The PCP team will meet to discuss any proposed change of an individual's rights. The individual and parent/guardian (if applicable) will be present as members of the PCP Team and may voice opposition and ask questions. The Incident Management Coordinator will assure that the PCP Team considers all opposition and the documentation in the Individual's Care Plan reflects the modification and the limitation.



EMPLOYEE CONSENT TO UNDERSTANDING SERVICE RECIPIENTS' RIGHT

I have received a written and verbal notification of individual rights of this individual supported by HCP. I understand that it is my responsibility to protect those rights that have not been modified or limited. I further acknowledge that I understand that my failure to comply with HCP policies concerning the protection of individual rights will be subject to the following' disciplinary actions in order:

1. Subject to disciplinary action
 2. Subject to suspension pending the action of an investigation
 3. Subject to termination for substantiated allegations or rights violations.
 4. Subject to have my name recorded and reported to the Abuse Registry.
- Subject to potential civil liability and/or criminal prosecution

Employee Name	Employee Signature	Date
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Name of Witness	Signature of Witness	Date Signed
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POLICY NUMBER: PP111.10

BEHAVIOR SUPPORT PLAN: EMERGENCY BEHAVIORAL INTERVENTIONS

POLICY:

Situations may occur in which service recipients behaves in a way that is dangerous to himself or others. Employees must take **unrestricted interventions** to protect the service recipient from injury. All emergency interventions must abide follow guidelines provided in the most current DIDD provider manual.

PROCEDURE:

DIDD adheres to person-centered principles and a model of positive behavior supports, with an understanding that individual needs may require interventions designed to set appropriate limits for persons supported to sustain their regard as valued members of the community. BSPs shall be developed using procedures that most effectively produce a desired behavior change. DIDD has designated three (3) classifications of behavioral treatment interventions: unrestricted interventions, restricted interventions, special individualized interventions.

Unrestricted Interventions: Unrestricted interventions are used to teach, train, increase desired behavior, or maintain desired behaviors and design environments to support the person. In some cases, the procedures involve mild forms of negative feedback, such as social disapproval.

- a. The DIDD encourages COSs to engage in informal problem solving and the use of supportive intervention strategies when appropriate. Referrals for behavior services shall only be made when such informal processes have been tried and were not adequate to address the behavior and the services of a behavior analyst are needed to help resolve the inappropriate behaviors.
- b. A behavior support plan (BSP) that incorporates only unrestricted behavior interventions requires informed consent from the person or his legal representative, but does not require approval by a Behavior Support Committee (BSC) or HRC. Behavior analysts may request review by BSCs or HRCs for technical assistance regarding the interventions or potential human rights concerns.

General Precautions in the Use of Behavioral Safety Interventions

Restraints and protective equipment may be used only when necessary to protect the person supported or others from harm and when less intrusive methods have been utilized and found to be ineffective in maintaining the safety of the person and others. The application of restraint or protective equipment must be implemented carefully to ensure protection from harm and to protect the person's rights. Use of restraints and protective equipment carry the risk of psychological trauma, positional asphyxiation, restriction of circulation, and pressure on the muscular and skeletal system. Because of these risks the following person-centered practices and precautions shall be followed:

- a. Person-centered planning and use of restraints.
 - I. The potential for use of restraints must be identified in the ISP and BSP and implemented only if the person supported consents.
 - II. Restraints are only used to ensure the safety of the person and others.
 - III. Restraints are only used as specified in the plan for emergency circumstances and not as an ongoing intervention or treatment.
 - IV. All staff supporting the person must be trained in the use of restraints.
 - V. The ISP must indicate what positive interventions have been used prior to the use of restraint.
 - VI. The ISP must indicate what has been tried before but did not work.
 - VII. The ISP must indicate timelines for periodic reviews to determine if restraints are still necessary and plans must be reviewed on an individual basis.
- b. Restraints and protective equipment may not be used excessively, for a time period beyond that which is necessary to ensure safety, as treatment or punishment, for staff convenience, or as a substitute for other services.
- c. The physical condition of the person being restrained or protected shall be evaluated continuously throughout the restraint. Persons showing abnormalities of breathing, skin color, or other abnormalities shall be immediately released from restraint.
- d. Restraint or Protective Equipment shall not be used when its use is contraindicated. Medical conditions which

may contraindicate physical restraints are head or spinal injury, fracture and pregnancy. Relative contraindications include: osteoporosis or history of fracture; asthma; seizures; heart disease, including hypertension; recent history of surgery; and a history of abuse.

e. The risks and benefits of restraint in response to these relative contraindications must be evaluated by the person's COS in consultation with the primary care physician to determine an appropriate course of action. The results of the individualized risk benefits analysis shall be reported in the document that outlines the use of the restraint or protective equipment.

1. **Prohibited Procedures.** The Department prohibits procedures that cause harm to the person or violate the person's human rights. The following procedures are prohibited.
 - a. **Chemical restraint.** Chemical restraint is defined as the inappropriate use of a medication prescribed to control behavior or to restrict the movement of the person supported for convenience or as a punishment.
 - b. **Prone and supine restraints.** Horizontal restraint of an individual in a face up or face down position. Side immobilizations are not prohibited if they are part of a DIDD approved procedure.
 - c. **Take downs.** Forcibly moving a person from a vertical (standing or seated) position to a horizontal position. Side immobilizations may be used only when the individual is already in a horizontal position.
 - d. **Seclusion.** Seclusion shall mean placing a person in a room alone while holding or locking the door or otherwise preventing egress.
 - e. **Noxious or painful stimuli.** Events that persons may describe as unpleasant to the senses or that result in tissue damage or lasting impairment.
 - f. **Use of cameras.** Any use of camera should only be directly related to person-centered plan of care



POLICY NUMBER PP111.11

PROMOTING NATURAL SUPPORT SYSTEMS

POLICY

Home Care Preference facilitates and support service recipients in building and accessing natural support systems such as family members, close friends and/or reliable dependable volunteer persons who may be relatively new to service recipients lives.

PROCEDURE

10. Home Care Preference maintain a general personnel file or files containing documentation of training provided to facilitate and support safe and effective natural support systems on individuals supported in residential homes.
11. Selected training shall be individualized based on specific service recipients' needs and time the natural support and the person supported are spending together.
12. All training documentation forms include names of the natural support, person or venue providing the training, an explanation of the training that is needed, and a brief description of the training provided, along with the date the training was provided.
13. A written and signed informed consent is obtained from service recipients or legal representative prior to sharing any personal information with trainees.
14. Trained natural support staff shall not supplement paid staff nor be assigned responsibility to perform the duties of trained and paid direct support staff.
15. Home Care Preference encourage, facilitate and support every service recipient's desire to obtained a natural support system in the community, at workplaces, etc. as to enhance their inclusion and improvement in job performance.
16. The following requirements are applicable when service recipients utilize natural support systems:
 - a. The type and amounts of assistance provided by natural supports must be described in the ISP and updated as needed during the monthly review process.
 - b. Applicable federal and state confidentiality guidelines for sharing information with natural supports is implemented (i.e., the person supported or legal representative must sign a consent if PHI needs to be shared with co-workers who are not employed at Home Care Preference
 - c. Work-related natural supports are to be utilized only to provide on the-job training and support that would be provided to any person hired in a similar position.
 - d. Natural supports are to be included in the provider's staffing plan; however, Home Care Preference shall retain responsibility for safety and other requirements associated with the service being provided.

POLICY NUMBER: PP111.12

PROCURING EMERGENCY AND/OR URGENT CARE

POLICY

Service Recipients may experience emergency situations such as medication side effects, adverse reactions accidents, or any unexpected urgency situations. In the event that such situations occur emergency protocol below must be followed without delay:

EMERGENCY PROTOCOL

1. Emergency conditions that are life-threatening such as extreme difficulty in breathing or absence of breathing, absence of pulse, a seizure that will not stop, severe injury or profuse bleeding, etc. require immediate activation of the Emergency Medical System **911** without delay!
2. 911 and other emergency numbers including the Poison Control numbers shall be located on or near the telephones in every residential home and main agency office.
3. Urgent conditions which are potentially life-threatening must be evaluated by the treating physician, consulting physician, or emergency room at once. When a condition is considered urgent and the treating physician cannot be contacted, there must be no delay in the evaluation or treatment of the person. Immediately contact or proceed to the emergency room. All assessment data collected for service recipient's health evaluation must be accurately document and reported for continuation of care.
4. Non-emergency conditions that are potentially health-threatening such as mild diarrhea, nausea, occasional vomiting, or any physical or behavioral signs and symptoms which may indicate that the health or safety of the person is at risk. These signs and symptoms must be documented and reported to the agency nurse as soon as possible. Staff must report their findings to the on-duty RN, LPN, House Manager, Shift Supervisor, Day Program coordinator, or Administrator or designee and seek advice and assistance.
4. The staff recognizing an emergency/urgent condition is/are responsible for ensuring that it is properly reported, documented in the person's record, documented in the staff's communication book, and that a DDID Incident Management Report Form is completed.
5. If there is a non-urgent question about a medication, its administration, or side effects and unlicensed staff must contact the agency nurse immediately.
6. Issues regarding the interpretation of Medication safety rules in company policies and procedures should be referred to the Director of nursing. The Director of nursing may consult with the appropriate DDID Regional Nurse if further inquiries are necessary.
7. First aid supplies will be kept in a secure container which includes items recommended by the American Red Cross. Every residential home manager will be provided with a first aid kits to be kept in a secured area for minor injuries and non-emergencies use. The first aid kit shall contain the following items:
 - a) Assorted sizes of gauze pads and rolls of gauze;
 - b) A triangular bandage;
 - c) Assorted sizes of Band-Aids;
 - d) Non-allergic tape;
 - e) Plastic waste bags, preferably red biohazard bags;
 - f) Disposable gloves;
 - g) Hand cleaner such as soap and water, antiseptic pads or wipes, etc.
 - h) A small flashlight with extra batteries;
 - i) Disposable scissors and tweezers; and
 - j) Liquid antibacterial soap.

Home Care Preference

8. All company first aid kits shall be reviewed monthly and restocked as needed. House managers are responsible for monitoring and requesting restocking of utilized items prior to supplies review dates.

POLICY NUMBER: PP111.13

SERVICE RECIPIENTS' HEALTH CARE NEEDS (NURSING SERVICES)

POLICY

Home Care Preference strive to provide and maintain service recipients' optimal health care needs at all time. Health care goals and outcomes are achieved through constant supervision, recognition and assisting supported individuals in need of approved nursing services.

PROCEDURE

1. Home Care Preference shall maintain licensure by the department of health (DOH) to practice in the state of TN at all time. A copy of company license shall be posted in the main office at all times.
2. All LPNs shall work under the supervision of the RN. An **RN** shall visit supported individuals receiving nursing services at least **quarterly** to supervise quality and nursing skills. The RN shall supervise and evaluate LPNs on at least one nursing skill and document as satisfied or needing improvement. The skills checkoff document shall serve as part of their six months and annual evaluations.
3. All nursing staff must complete assigned Relias training on time in order to maintain employment.
4. Home Care Preference shall develop nursing Plan of Care (POC) that are consistent with action steps and outcomes specified in the ISP. The nursing Plan of Care is guided by the specific nursing activities ordered by the physician, including the amount, frequency and anticipated duration of services required. The nursing Plan of Care is consistent with and reflective of the action steps and outcomes in the ISP.
5. A physical Status Review shall be completed at least annually and after hospitalization, significant changes in health status or functional or behavioral deterioration.
6. **Standard Precautions (universal precautions) must be followed at all time by all staff.**
7. A nursing flowsheet and narrative note must be written each time contact is made during each shift. Nursing notes must be eligible, capture all services provider and contain nurse's name, credentials and date services were provided.
8. The Agency nurse completes monthly notes/reviews on supported individuals to evaluate the effectiveness of clinical service being provided.
9. Supported Individuals shall be assisted in making healthy lifestyle decisions, such as food choices, and, lifestyle and involvement in healthy activities.
10. Service recipients and their natural support system shall be included in health care needs related decisions at all times.
11. The Agency RN may delegate a nursing skill to a supported individual's natural support system for the purpose of assisting the individual in times of need or emergencies. The RN remains accountable for ensuring professional standards are maintained while the delegated skill is performed.
12. Service recipients and family shall be provided with their current PCP, and other specialty providers' contact information as listed on the service recipient's file.
1. Home Care Preference shall assist service recipients in receiving preventive health care and services, including recommended annual physical, dental and vision exams.
2. Names and contact information for medical specialist, dentist, therapist, home health Services, medical supplies, transportation, outpatient services, diagnostic/labs, hospitalizations, and emergencies shall be kept in service recipients' files.
3. Home Care Preference nurses shall ensure that service recipients receive timely and accurate assessments, treatment, and follow up for acute and chronic health conditions.
4. A list of current medications shall be maintained in service recipients files
5. Service recipients shall be supported and assisted as needed to follow their prescribed treatment plans (e.g., medications, special diets, mealtime instructions, BSPs etc.).
6. Service recipients shall be supported and assisted in preparing for all health care appointments and/or health care encounters to ensure all healthcare recommendations are timely met.
7. All medication administration shall be supervised by trained personals and prompt action will be taken when variances, omissions or other problems occur.
8. Home Care Preference shall implement all MD's orders including individualized supports such as special diets, adaptive/assistive equipment, durable medical, durable supplies and communicative device to enhance service recipients' quality of life as ordered and/or as referred to in the person's ISP/Plan of Care

9. Direct care personals shall be well trained for health and safety support practices, supervision and management of acute health conditions.
10. Staff shall be trained to accurately document all Health care encounters and/or appointments and all recommendations and kept in service recipients files.
11. Service recipients' legal representatives shall be informed of all outcomes from health care encounters and/or appointments, if applicable, and the ISC.
12. In situations where service recipients and /or legal representatives refuse a medically recommended examination/procedure, staff must accurately document all supports provided to assist the person and or legal representative to obtain the examination or procedure.
13. All deaths must be reported to the on call Regional Office AOD as soon as possible and no later **than 4 hours** after the incident or discovery of the incident. If the death is suspicious (abuse or neglect involved), unexpected or unexplained the DIDD Investigations Hotline must be contacted **no later than 4 hours** after the incident or discovery of the incident. A completed Notice of Death Form must be sent within one business day after the discovery of the death. An Initial Agency Death Review Form shall be completed within 5 business days of the death of a service recipient

POLICY NUMBER: PP111.14

ADVOCATING FOR SERVICE RECIPIENTS

POLICY

Home Care Preference staff and administration shall serve as advocates for service recipients, promote self-advocacy, as well as support and facilitate service recipients access to external advocacy as needed.

PROCEDURE

1. Home Care Preference shall assist service recipients in learning and exercising their rights.
2. Service recipients and/or or their legal representative (conservator, parent, guardian, or legal custodian) shall be invited to attend individual quality improvement/ assurance committee meetings to be scheduled when a service recipient is newly admitted, at least quarterly and on as needed basis.
3. Staff shall assist and support service recipients to be engaged in the community by participating in work groups, attending religious servicing of their choice, attending recreational activities, and participating in individual service planning.



4. Monthly staff meetings shall be organized between members of the administration and staff to provide staff members the opportunity to express concerns, contribute ideas, and/or verbalize any complaints regarding their work with service recipients without fear of retribution.
5. Monthly staff meetings shall be forwarded to the Chief Execution Officer.
6. Minutes of each meeting shall be read in the next meeting for approval before filing at the main office.

POLICY NUMBER: PP111.17

FINANCE AND PERSONAL FUNDS MANAGEMENT

Home Care Preference shall support and facilitate the inclusion of service recipients in the management of their Personal Funds to the extent of their capabilities. The management of service recipients' fund shall be strictly guided by DIDD guidelines in order to avoid fraud, negligence or misused.

PROCEDURE:

Personal funds is cash which:

1. Belongs to the service recipient.
2. Is kept in the home/bank, and
3. Is intended for the service recipient's purchase of personal items such as clothing, grooming supplies, entertainment equipment, leisure activities, and refreshments during community activities,
4. Home Care Preference shall assist service recipients in the management of their personal funds to the fullest extent possible.
5. Service recipients shall have individual locked cabinets where personal funds not kept in a bank account are kept in their residential homes to eliminate any potential fraud from staff and mates.
6. Home Care Preference shall provide appropriate training to service recipients on how to manage their personal funds.
7. Service recipients shall have access to their personal funds at all times, unless access limitations have been specified in the ISP
8. Each service recipient shall be allowed to manage his/her personal financial resources as specified in the ISP

9. Personal funds will not accumulate in the home in excess of one hundred dollars (\$100.00) unless the ISP specifies that the service recipient desires to save money in which case the excess shall be deposited in a bank account in their name at the bank of their choice.
10. Accumulation of personal funds does not result in loss of benefits (i.e. Social Security, Medicaid eligibility).
11. Receipts shall be kept for all expenditures in excess of \$4.99 for purchases made by Home Care preference staff using the service recipient's personal funds and that ledger notations are maintained for all purchases of \$4.99 or less, such as movie refreshments, arcade change, carnival food.)
12. If personal funds are used for group purchases each service recipient is charged a prorated amount consistent with usage or consumption; however, if the group purchase totals \$15.00 or less (e.g. a pizza to be shared by 3 people), the total cost may be divided among the purchasing parties.
13. Home Care Preference shall not co-mingle personal funds records with company funds.
14. Separate records shall be maintained of each service recipient's personal funds management.
15. Personal funds transactions shall be posted to the service recipient's personal funds account in a timely manner (i.e., on the day of the occurrence or, for late evening transactions, the following morning; and all personal funds accounts shall be reconciled monthly.
16. Training programs to help service recipients to manage their finances shall be utilized where applicable and as specified in the ISP and DDID policy.
17. Service recipient's income and financial resources shall be maintained, controlled and protected by an accounting system that will accurately reflect income and disbursements made to, by or on behalf of the service recipient.
18. The controls and procedures shall include signed receipts, verification of current balances and the signature of the person responsible for the transactions.
19. Program Coordinators/House Managers shall compile initial inventories of personal property as of the date that Home Care Preference initiates services to a newly admitted recipient.
20. Timely updated inventories of personal property to indicate personal property removed from or brought into the home including dated signatures of the individuals who purchased or supplied the personal property.
21. Timely update personal fund or personal allowance ledgers to indicate funds provided to the service recipient by others including dated signatures of the individuals who supplied the funds
22. Personal property and personal funds will be efficiently and effectively transferred in a timely manner to the new provider when a change of providers occurs including but not limited to the following:
 - a. The transferring provider shall reconcile records pertaining to personal funds management (e.g. personal allowance ledgers for petty cash, checkbooks, etc)
 - b. Except as otherwise required by social security requirements the transferring provider shall forward any personal allowance cash balances to the receiving provider within 5 working days (If the 5th working day falls on a state or federal holiday, transfers shall be completed on the next business day.);
 - c. The transferring provider shall provide the receiving provider with an inventory of the enrollees personal property, as well as the actual personal property if change in location is necessary;
 - d. The receiving provider shall conduct an initial inventory of all personal property received and shall immediately notify the transferring provider and the Independent Support Coordinator (ISC) if there are any discrepancies between personal property received and personal property noted on the transferring providers inventory.
 - e. Except as otherwise required by social security requirements, the receiving provider shall complete arrangements to transfer benefit payments (e.g. food stamp payments) within 5 working days (If the 5th working day falls on a state or federal holiday, transfers must be completed on the next business day.); and
 - f. f applicable, the receiving provider must complete and submit documents necessary to establish the receiving provider as the representative payee within 30 calendar days (If the 30 day falls on a federal holiday, submission may occur on the next business



POLICY NUMBER: PP111.17b

MANAGEMENT AND PROTECTION OF SERVICE RECIPIENT FINANCIAL RESOURCES

POLICY:

Each service recipient shall be allowed to manage his/her personal financial resources as specified in the POC. Financial resources include earned and unearned income used by or on behalf of a service recipient to pay for personal expenses will be accurately accounted for in a timely manner.

PROCEDURE:

1. Service recipient or guardian may request in writing where applicable for assistance in managing his/her finances.
2. Home Care Preference shall encourage service recipients to participate in their finances following guidelines in the POC.
3. Home Care Preference where appropriate, shall have an individual program plan based on the ISP guidelines for each service recipient for the purposes of teaching money/financial management. Objectives, which will vary according to individual needs, shall help service recipients gain greater control over their finances.
4. Where service recipients are required to make liability payments, they may withdraw funds from their account and pay directly their liability with supervision or assistance from Home Care Preference.
5. Expenditures/transactions of service recipient funds exceeding \$4.99 shall be supported by receipts and separate ledger shall be kept for all transactions.
6. All money held and disbursed on a service recipient's behalf will be for the strict personal benefit of the service recipient.

INDIVIDUAL PERSONAL ALLOWANCE CASH COUNT BETWEEN-SHIFT

POLICY:

Where a Resident requires the assistance of staff to keep personal allowance cash, between shift personal allowance, cash count procedures must be followed to ensure protection of cash. The client's personal allowance cash will be counted by both staff members at the change of shift. The between-shift petty- cash count will be maintained as record of the cash balance at the change of each shift.

PROCEDURE:

1. Record the date.
2. Record the time period on the new shift.
3. Record the petty cash fund balance as counted by the staff of both shifts.
4. Record the signatures of both staff counting the petty cash balance.
5. Retain these sheets until the finance department has completed the next audit of petty cash.



1. Spending money or service recipient petty cash money will be put in a labeled envelope and placed in a lock-box that is secured in a location easily accessible to the consumer as defined in the POC.
2. Staff members shall NOT borrow from or lend money to service recipients. Those who do will be subject to disciplinary action.
3. Service recipient funds will not be mixed or commingled with Home Care Preference's funds.
4. Service recipient funds shall not be commingled with other service recipient funds.
5. Using service recipient funds for staff benefits (e.g. purchasing cable, movie tickets etc) is PROHIBITED
6. Using one service recipient funds for the benefit of another service recipient is PROHIBITED
7. Giving or withholding service recipient funds as punishment or reward is PROHIBITED
8. Using service recipient funds for the benefit of staff or Home Care Preferences PROHIBITED
9. Using service recipient funds for medical supplies / equipment covered by Medicare is prohibited
10. Home Care Preference shall not allow service recipient's bank accounts to be negative. Bank charges/penalties shall be at Home Care Preference expense if this happens and reimbursement must be made within 30 calendar days.
11. Insurance policies bought (where required) by service recipient funds shall be for the benefit of the sale service recipient only
12. Home Care Preference shall not require service recipient to buy home liability insurance policies as a condition of receiving services.
13. Taking service recipients' funds or property for the operation's or staff people's own use or gain is PROHIBITED. All money held and disbursed on a service recipient's benefit will be for the strict personal benefit of the service recipient.
14. Financial reports showing disbursements, income cash receipts and current balances of the service recipient's funds will be prepared and presented monthly or upon request to the service recipient or legal guardians.
15. All funds and personal property received from the service recipient shall be held in trust and in accordance with all state and federal laws.
16. Home Care Preference shall reimburse service recipient for telephone, utility, etc expenses attributable to agency administrative use

HOME CARE PREFERENCE AS REPRESENTATIVE PAYEE

POLICY:

Each resident who requested Home Care Preference to be his or her rep. payee shall have a bank checking account opened in their name under the custody of Home Care Preference. This arrangement will ensure individual participation in financial management with supervision and aguardiente from Home Care Preference.

PROCEDURE:

1. Each service recipient supported by Home Care Preference shall have a checking account 'opened in his/her name.
2. All funds received for each resident shall be deposited in their personal checking account
3. Room and Board Fees will be used to pay for rent and utility bills.
4. Where appropriate and possible, Home Care Preference shall authorize and approve liabilities to be incurred by each resident such as rentals, utilities, etc. depending on resident's funds budget, needs and costs. It follows any disbursements shall be consistent with liabilities on charge.
5. Where resident's liabilities exceed her/his available financial resources Home Care Preference will pay the outstanding balance from a fund raising account where all funds from Home Care Preference fund raising activities will be deposited. Service recipients will not pay back funds drawn from the Fund Raising Account.

Home Care Preference

6. Residents are to sign and mark or finger stamp their checks where applicable and should be encouraged to go to the banks where possible to ensure maximum participation.

This is the initial training that must be completed within thirty (30) days of employment and before working alone with any service recipient. Prior to completion of Pre-service training the newly-hired employee must be accompanied by a trained staff person who assumes the responsibility for providing direct services. A person who has completed CPR (cardiopulmonary resuscitation) training must be readily available and accessible at all times. Below is a list of all the required pre-service training:

- CPR
- First-Aid
- Fire Safety and Evacuation/Natural Disaster Plans
- DDID Crisis Prevention and Intervention Training
- Protection from Harm
- Introduction to MR/DD
- Training Specific to the Needs of the individual
- Universal Precautions.
- Phase I CDS Trainings, including the Competency Checklist
- Medication Administration

Phase 2

CORE-SERVICE TRAINING (to be done within 60days of employment)

This training must be completed within sixty (60) days of employment. Staff may work alone with service recipients while completing Core Training courses; however, staff is not to administer medication until Medication Administration training is completed. Below is a list of Core training courses:

- Phase II CDS Trainings, including the Competency Checklist.
- Quality Behavior Health Supports.
- Sensitivity Training
- Title VI

Phase 3

REFRESHER TRAINING (to be completed annually)

This training must be completed annually, to ensure that staff maintains current knowledge of the content offered in certain required training programs. Refresher courses are listed below:

- CPR
- First Aid
- Abuse Prevention
- Protection from Harm
- Sensitivity Training
- Title VI

Note:

Job Coach Training is only done by staff that support service recipients with receive Supported Employment under the waiver program.

Training Specific to the Needs of service recipients will be provided to staff that directly work with service recipients. This training is required initially during Pre-service, cross-training or orientation training. It is however, expected that staff will on an ongoing basis learn about the changing needs of service recipients served through house meetings, in-service and quality assurance meetings.

The following are the tabulated requirements for managerial and administrative staff of Home Care Preference

12. ADMINISTRATIVE SUPPORT STAFF REQUIRED TRAINING.

TRAINING PHASE	TRAINING COURSES REQUIRED
Pre-service (within 30 days of employment)	•Fire Safety and Evacuation

	<ul style="list-style-type: none"> •Abuse prevention
Core-service (within 60 days of employment)	<ul style="list-style-type: none"> •Individual Rights and the ADA •Sensitivity Training •Title VI
Annual Refresher	<ul style="list-style-type: none"> •Abuse Prevention •Sensitivity Training •Title VI
Other	

3. CLINICAL SERVICE STAFF TRAINING REQUIREMENTS:

TRAINING PHASE	TRAINING COURSES REQUIRED
Pre-service (within 30 days of employment)	<ul style="list-style-type: none"> •Protection From Harm •Abuse prevention
Course-service (within 60 days of employment)	<ul style="list-style-type: none"> •POC Overview •Sensitivity Training •Title VI
Annual Refresher	<ul style="list-style-type: none"> •Abuse Prevention •Sensitivity Training •Title VI •Protection From Harm
Other-Discipline Specific (to be taken as needed)	<ul style="list-style-type: none"> •Challenges in physical management •Mealtime challenges •Enhancing the Mealtime experiences •Enhancing Independence through Physical Management

4. PROGRAM STAFF TRAINING REQUIREMENTS:

TRAINING PHASE	TRAINING COURSES REQUIRED
Pre-service (within 30 days of employment)	<ul style="list-style-type: none"> •Protection from Harm •Abuse prevention •Fire Safety and Evacuation •Universal Precautions
Course-service (within 60 days of employment)	<ul style="list-style-type: none"> •POC Overview •POC Implementation •Individual rights and the ADA •Quality behavior Supports •Sensitivity Training •Title VI
Annual Refresher	<ul style="list-style-type: none"> •Abuse Prevention •Sensitivity Training •Title VI •Protection from Harm
Other	<ul style="list-style-type: none"> •Medication Administration •Orientation guidelines

SERVICE RECIPIENTS' RIGHTS TRAINING

9. Upon admission each service recipient will receive a fully informed verbal and written list of his or her rights while receiving services from Home Care Preference. A description of how these rights may be fully exercised will be provided upon admission. Individuals who are legally adjudicated incompetent adults or minors will have their rights described to their parents or guardians. Explanation of Individual Rights will require a signature by the individual, parent or guardian. The signature must also be signed in the presence of one witness who will themselves sign to acknowledged proof of witnessing the signing. The signed document will then be filed under the admissions records of each individual. When and if the individual later becomes legally independent

- to understand the information shared with a parent or guardian it will be reviewed with them at that time.
10. When a suggestion is made that a Right becomes Limited, the Individual, Parent or Guardian and Staff of Home Care Preference must meet and make a decision on the rejection or approval of the Limitation to the Right.
 - d. The individual, parent or guardian must give written consent to the limitation.
 - e. If a suggestion to limit a right is approved a Behavior Support Plan detailing the limitation request (or a Rights-Limitation request) will be submitted to the Home Care Preference Human Rights Committee. When the Human Rights Committee Approves the Rights-Limitation will be implemented.
 - f. Limitation of rights should not be granted for more than six months at a time, therefore any Rights-Limitation request should contain conditions or parameters for restoration of the right.
 11. Each service recipient or parent/guardian shall be provided a list of available advocacy services to retain should they require assistance. Each Individual or parent/guardian shall be provided with a copy of description of grievance procedures available to them. Opportunities will be given to allow questions to be asked about the information provided.
 12. There will be an annual review of each Individual's Rights in the presence of the individual, parent or guardian as part of the annual development of the Individuals Care Plan, and will be maintained with that Individuals Record.
 13. The review of the Individual's Rights shall be done in a manner in which the individual and or guardian can understand and to the fullest extent possible. The Individual, parent/guardian or Human Rights Committee of Home Care Preference (all responsible for protecting the rights of the individual), will be provided the same information to assure that advocates understand them if the Individual is unable to understand.
 14. At initiation of employment and periodically thereafter a staff is employed by Home Care Preference, to provide direct care to Individuals, they will be informed of all Home Care Preference service recipients rights. As part of the ISP implementation training, staff will be informed of any approved Rights-Limitations.
 15. Staff members not adhering to the policy regarding the Rights of service recipients by will be subject to company disciplinary action.
 16. Staff members who are suspected of neglecting, abusing or mistreating Individuals will be subjected to company disciplinary actions



POLICY NUMBER 111.18b

EVV Policy & Procedure

POLICY:

Home care Preference shall provide Electronic Visit Verification System (EVV) training to all employees upon hiring. The EVV training shall be included in the **phase1** onboarding training to be completed within 30 days of hiring. All direct care personals must complete the EVV training prior to providing care to all CHOICES HCBS service recipients.

PROCEDURE:

1. Home Care Preference shall train and certify EVV Super Users staff who shall be responsible for monitoring, billing, exception handling, scheduling, late and missed visit reporting and providing ongoing education to other employees as needed.
17. All paid caregivers must utilize the EVV System to clock-in, clock-out and document care provided to service recipients based on individualized plan of care.
18. Home Care Preference shall designate two 24/7 on-call EVV staff members who shall continuously monitor system dashboard for efficiency, receive call-outs, call in backup staff and provide technical support to caregivers.
19. Designated on-call staff shall turn-in 24hour monitoring report to administration daily for timely incidents reporting to BlueCare Tennessee.
20. Home care Preference shall verify member's eligibility and schedule all authorized visits in EVV system prior to providing services.
21. The EVV system training shall be provided to caregivers in member's homes in order to ensure understanding of the clock-in, clock-out and documentation of performed services as well as the consequences of improper utilization of the system.
22. Home Care Preference's 24/7 on-call staff shall be responsible for updating direct care personal contact on assigned and completed assignments in the EVV system and Sandata for compliance, and consistency with billing and payroll purposes.
23. Home care Preference's Incident Management Coordinator (IMC) shall notify BlueCare Tennessee of any member's status change such as hospitalization, vacations, or nursing facility stay within 24hours of such occurrence.

POLICY NUMBER: PP111.19

INCIDENT MANAGEMENT

POLICY:

Home Care Preference's staff shall ensure that Administrative staff and when required, regulating authorities, are informed on a timely basis of any incident that involves risk to service recipients, volunteers, and/or our agency staff. An incident of this type is considered a reportable incident.

PROCEDURE:

1. Identification of the incident

- a. An occurrence or event that interrupts normal procedure or precipitates a crisis
 - b. Anything that impacts the health, safety, welfare, or lifestyle choices of an individual
 - c. A person's circumstances will determine what an incident is for him/her.
2. Classification
- a. There shall be two types of incidents: Incident Report and Critical Incident

INCIDENT REPORT

- 7. An incident is any occurrence that impacts the health, safety, and welfare, or lifestyle choices of service recipients and includes but is not limited to:
 - a. Minor injuries
 - b. Medication errors without any serious outcomes; or
 - c. Behaviors or situations that do not meet the definition of a Critical Incident
- 8. An Incident shall be documented on an Incident Report form an immediately assessed for potential abuse, neglect, or exploitation. If the assessment is positive for potential abuse, neglect, or exploitation, the person discovering or witnessing the incident shall take immediate action to ensure the health safety, and welfare of the at-risk participant and the incident shall be immediately redefined as a Critical Incident---AND all procedures followed for Critical Incident
- 9. Such Incidents shall be reported to the immediate supervisor. The supervisor shall contact the service recipients' designated legal representative and DIDD within twenty-four (24) hours of the discovery of the incident.
- 10. An Incident shall be recorded by the witness or discovery agency employee, subcontractor, or volunteer on prescribed Incident Report.
- 11. An Incident shall be retained on file at the Home Care Preference and copies shall be provided to DIDD

CRITICAL INCIDENT

- 1. A Critical Incident is defined as an alleged, suspected, or actual occurrence of an incident that can reasonably be expected to result in harm to the participant and may include, but is not limited to:
 - a. Abuse, neglect, and exploitation as defined in KRS Chapter 209;
 - b. Serious medication errors which are defined as any medication error that requires or has the potential to require medical intervention or treatment
 - c. Death
 - d. Homicidal or suicidal ideation
 - e. A missing person
- 2. The person witnessing or discovering the critical incident shall take immediate action to ensure the health, safety, and welfare of the at-risk participant
- 3. The person witnessing or discovering the critical incident shall immediately report to either adult Protective Services (APS) or Child Protective Services (CPS) as applicable, the participant's case manager, the participant's designated representative and by fax to DBHDID if abuse, neglect, or exploitation is suspected
- 4. If the critical incident does not require reporting of abuse, neglect, or exploitation, the Critical Incident shall be reported within eight (8) hours of discovery to the participant's case manager, the participant's designated representative as applicable and by fax to DBHDID
- 5. The Critical Incident shall
 - a. Be recorded by the witness or discovery agency employee subcontractor, or volunteer on the prescribed Critical Incident Report form.
 - b. Include an immediate investigation by the provider agency with the investigation involving the case manager.
 - c. Include documentation that will be maintained in the participant record at the provider site, and copies shall be provided to the case management agency
- 6. The investigative report shall include, but is not limited to:
 - a. Identifying information of the participant involved in the incident and the person reporting the incident
 - b. Details of the incident
 - c. Relevant participant information including:
 - i. Axis I, II and III diagnoses

- ii. Listing of recent medical concerns
 - iii. Analysis of causal factors and
 - iv. Recommendations for preventing future occurrences
7. Notify DIDD for internal investigation when there is suspected abuse, neglect, or exploitation
 8. All reportable incidents must be submitted to the Department, within required timelines, on the DIDD RIF, which can be found on the DIDD web site under the heading.

Categories of Incidents.

The following categories of incidents shall be reported to the DIDD Investigations Hotline as well as to the Incident Management Unit using a RIF:

1. **Allegations of abuse, neglect and exploitation** in accordance with the definitions below:

a. **Abuse:** [defined in T.C.A. § 33-2-402 (1)] the knowing infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. DIDD recognizes three subcategories of abuse:

- **Physical Abuse:** actions including, but not limited to, any physical motion or action by which physical harm, pain or mental anguish is inflicted or caused. The use of any unauthorized restrictive or intrusive procedure to control behavior or punish. Corporal punishment, takedowns, prone and supine restraints are prohibited and considered abuse.
- **Sexual Abuse:** any type of sexual activity or contact with sexual intent or motivation between a person supported and anyone affiliated with DIDD as a staff person, employee or a contracted provider or volunteer. This includes but is not limited to actions by which a person is coerced into sexual activity (forced, tricked, induced or threatened) or exposed to sexually explicit material or language. Sexual battery by an authority figure as defined in T.C.A. § 39-13-527 is also considered sexual abuse. Sexual abuse occurs whether or not a person is able to give consent to such activities.
- **Emotional/Psychological Abuse:** actions including but not limited to humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) directed to or within eyesight or audible range of the person supported.
- **Neglect:** [T.C.A. § 33-2-402 (9)] failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness, which results in injury or probable risk of serious harm.⁵⁰
- **Exploitation:** [T.C.A. § 33-2-402 (8)] actions including but not limited to the deliberate misplacement, misappropriation or wrongful temporary or permanent use of belongings or money⁵¹ with or without the consent of a person using services. The illegal or improper use of a person's resources or status for another's benefit or advantage is considered exploitation.
- **Serious Injury of Unknown Cause:** an injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person, the cause of which is unknown.
- **Suspicious Injury:** an injury that may have been the result of abuse or neglect or is not consistent with the explanation provided. There must be a reason to suspect the injury was the result of abuse or neglect.
- **Death:** a fatality occurring under circumstances that are unexpected or unexplained

OTHER INCIDENTS AND INTERVENTIONS

The following categories of incidents and interventions must also be reported to the Incident Management Unit using the RIF52:

1. **Death:** a fatality regardless of cause or location.
2. **Serious Injury:** any injury to a person supported that requires assessment and treatment beyond basic first aid that can be administered by a lay person.
3. **Person Missing Longer Than 15 Minutes:** any person receiving services, unless the absence is specified in a plan, whose whereabouts are unknown for longer than 15 minutes.
4. **Criminal Conduct or Probable Criminal Conduct:** acts which lead to or can reasonably be expected to lead to police involvement, arrest or incarceration of a person using services
- 50 Neglect towards a person supported includes being on duty while impaired or under the influence of alcohol or illegal substances. If a staff person has a valid current prescription for a drug and is impaired while on duty from the prescription drug, this may be considered neglect.
- 51 The loss of \$50.00 or more within a sixty (60) calendar day period.
- 52Go to Forms & Tools, Reportable Incident Forms. Click on the link for the RIF for the appropriate region. http://www.tn.gov/didd/provider_agencies/index.shtml
5. **Sexual Aggression:** acts of a sexual nature, associated with potentially violent behavior of a person supported, regardless of the desire for participation on the part of the other person.
6. **Hospitalization:** a medical or psychiatric admission whether planned or unplanned.
7. **Use of Cardiopulmonary resuscitation (CPR) or an automated external defibrillator (AED).**
8. **X-ray to Rule Out a Fracture:** use of any imaging technique to determine whether a person supported has a fracture. This does not include imaging techniques used to diagnose illness.
9. **Use of Abdominal Thrust or Heimlich Maneuver:** techniques used for dislodging food or foreign objects from the windpipe.
10. **Any Use of Crisis Services:** including 911 Call, emergency room visit, mobile crisis services, EMT, fire or police on scene, or the use of an urgent care facility for emergency services.
11. **Serious Injury to Another by a Person Supported:** any injury to another person that requires assessment and treatment beyond basic first aid and was the result of a challenging behavior by a person supported.
12. **Manual Restraint:** as defined in the glossary.
13. **Protective Equipment:** as defined in the glossary. Unless, when appropriate, a reporting variance has been requested and approved.
14. **Mechanical Restraint:** as defined in the glossary.
15. **PRN Administration of Psychotropic Medication:** psychotropic medications administered on an as needed (PRN) basis.
16. **Property Destruction Exceeding \$100 in Value.**
17. **Reportable Staff Misconduct:** actions or inactions by staff of contracted providers, contracted employees, volunteers or others associated with or providing care for persons supported by DIDD, that are contrary to sound judgment and/or training and related to the provision of services and/or the safeguarding of the person's health, safety, general welfare and/or individual rights. Staff misconduct includes incidents that do not rise to the level of abuse, neglect or exploitation, and do not result in injury or adverse effect, and the risk for harm is minimal.

18. Medication Variances and Omissions: the submission of categories E to I on the Medication Variance Form shall require a RIF, with a copy of the DIDD Medication Variance Report.⁵³ In all cases, medication administration by a person who was not trained and certified, or was not licensed by the State of Tennessee to administer medications requires notification to the DIDD Investigations Hotline.

INCIDENTS NOTIFICATION

When any of the above listed types of incidents occur, the provider’s Incident Management Coordinator (IMC) must complete and electronically submit the front page of the RIF⁵⁴ to DIDD and to the ISC within one (1) business day. If the primary provider is not the submitting party, the initial reporter shall also send a copy to the primary provider within one (1) business day. If additional information is needed, then DIDD will inform the agency that submitted the report. The agency is required to submit the information within one (1) business day of receiving the request.

In the event that two or more providers are aware of or involved in an incident, a RIF must be completed and submitted to DIDD by the provider responsible for the person supported at the time of the incident.

If an incident involves suspected abuse, neglect or exploitation, serious injury of unknown cause, suspicious injury, or death that is unexplained, unexpected or the possible result of abuse or neglect, the Home Care Preference shall also report the incident by telephone to the DIDD Investigations Hotline no later than four (4) hours after the incident or discovery of the incident.

Table below summarizes recommended timeframes for reporting incidents per DIDD

TIME FRAMES APPLICABLE TO REPORTING INCIDENTS			
TYPE OF INCIDENT / EVENT	NOTIFY AS SOON AS POSSIBLE AND NO LATER THAN FOUR HOURS	NOTIFY AS SOON AS POSSIBLE AND NO LATER THAN TWENTY-FOUR HOURS	NEXT BUSINESS DAY

Death	Regional Office AOD for all deaths DIDD Investigations Hotline if death is suspicious, abuse or neglect involved, or if unexpected or unexplained	Legal Representative (document all attempts)	Reportable Incident Form (RIF) to DIDD Central Office Notice of Death Form and RIF to Regional Director RIF to ISC Agency
Alleged or suspected abuse, neglect, or exploitation	DIDD Investigations Hotline Department of Human Services (DHS) Adult Protective Services or Department of Children's Services (DCS) Child Protective Services If criminal activity: Law Enforcement	Legal Representative (document all attempts)	RIF to DIDD Central Office RIF to ISC Agency
Serious injury of known or unknown cause	If unknown, DIDD Investigations Hotline DHS Adult Protective Services or DCS Child Protective Services	Legal Representative (document all attempts)	RIF to DIDD Central Office RIF to ISC Agency
Suspicious injury (i.e., suspicious for being caused by abuse or neglect)	DIDD Investigations Hotline DHS Adult Protective Services or DCS Child Protective Services	Legal Representative (document all attempts)	RIF to DIDD Central Office RIF to ISC Agency

TIME FRAMES APPLICABLE TO REPORTING INCIDENTS			
Reportable medical incident Medication variances, omissions or administration by someone untrained and uncertified or unlicensed	Regional AOD if: unplanned Hospitalization	As specified by Legal Representative	RIF to DIDD Central Office RIF to ISC Agency
Reportable Behavioral incident Missing person Sexual aggression Criminal conduct	Regional AOD for: Any hospitalization resulting from a behavior or psychiatric incident, or any behavioral incident with Law Enforcement or Mental Health Mobile Crisis Team involvement at the scene Any incarceration	As specified by Legal Representative	RIF to DIDD Central Office RIF to ISC Agency
Reportable staff misconduct incident		As specified by Legal Representative	RIF to DIDD Central Office RIF to ISC Agency
Request for emergency service approval outside of regular DIDD business hours	Regional AOD		

POLICY NUMBER: PP111.20

EQUAL OPPORTUNITY & TITLE VI STATEMENT

POLICY

Home Care preference is committed to a policy of equal opportunity for all service recipients, employees, and volunteers. HCP will not discriminate against anyone based on reason of race, color, religion, sex, age, national origin, or handicap. HCP shall recruit and provide services in compliance with Title VI Act of 1964.

PROCEDURE

1. It is HCP's top priority to ensure equal treatment, equal access, and equal rights, and equal opportunities to all individuals regardless of race, color, national origin, or Limited English Proficiency
2. HCP's administrator shall maintain a designated Title VI local coordinator. The Title VI local coordinator's contact shall be listed in all immediate contacts at the company's main office and posted in all residential homes.
3. HCP shall include a copy of Title VI compliant form in company policies and procedure for all employees and service recipients
4. The Title VI policy at HCP shall apply to, but not limited to, admitting and treating service recipients, placement, job classification, hiring, promotion, recruitment, advertising or solicitation for employment, pay rates or other forms of compensation, training and lay-off or termination.
5. Recruitment: Home Care Preference, shall continue to seek qualified applicants for all job categories and shall make particular efforts to utilize women and minorities in occupations at all levels of skill and responsibility
6. Interviewing: All applicants shall be interviewed under equal or similar conditions regardless of race, color, religion, sex, age, national origin, handicap, veteran status, or any non-merit factor.
7. Compliance: All employees training shall include Title VI compliance during service provision, recognition and response to violation and the appropriate procedure to filling a compliant related to violation.
8. Training and Education: In-service education and training programs, as well as all other training and educational programs to which HCP provides, shall be open equally to all employees. Title VI compliance training shall be completed by all employees within 60 days of being hired.
9. Service recipients and employees shall be educated on the procedure on filling Title VI violation complaints.
10. Compensation and Employee Benefits: All employees shall receive equal compensation for performing equivalent duties. Opportunities for performing overtime work, or otherwise earning increased compensation, shall be given to all qualified employees on the same basis.
11. Demotions, Lay-offs, Terminations, and Recalls: Demotions, lay-off, terminations, and recalls shall be made without regard to race, color, religion, sex, age, national origin, handicap, veteran status or any non-merit factor.
12. In accordance with the provisions of Title VI no program, activity, or service administered by HCP shall exclude from participation, deny benefits to, or subject to discrimination, any individual solely for reason of his or her handicap.
13. All services provided at HCP are made available on a non-discriminatory basis. Provisions are



made to extend quality services to all recipients including those with Limited English Proficiency (LEP). Service recipients with LEP shall be accommodated as stated in PP111.PP21 below.

POLICY NUMBER: PP111.PP21

SERVICING INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY (LEP)

POLICY

Interpreter and or language appropriate material shall be provided to assist persons with limited English proficiency

PROCEDURE

- A. The Administration at Home Care Preference shall be responsible for ensuring that staff is informed about existing services available to assist persons with limited English proficiency.
- B. Home Care Preference shall make arrangement with DIDD for the provision of identified individuals with LEP to receive interpreters, translators and other communication aids necessary to comply with this policy, without cost to service recipients.
- C. Home Care Preference shall ensure that staff having direct contact with people who have LEP shall be trained in effective communication techniques, including the effective use of an interpreter.
- D. Staff shall take reasonable steps to ensure meaningful communication with people who have LEP and their authorized representative(s).
 - 1. Staff shall promptly identify the language and communication needs of a person's with LEP who needs translator assistance, If necessary, staff shall use a language

- identification card (or “I speak cards”) or posters to determine the person’s language.
2. Staff working with a person with LEP shall inform the person and their authorized representative(s) of the resource available to facilitate communication of information and decision making.
 3. The language used to communicate with the person with LEP or their authorized representative shall be documented in the person’s record.
 4. Family members, especially children, or friends shall not be allowed to interpret for the service recipients with LEP unless specially requested by the individual and after staff has informed the individual with LEP that an alternate interpreter is available at no charge.
 5. Home Care Preference staff shall document the offer of assistance and the person’s response in the person’s file. If the service recipient with LEP chooses to use a family member or friend as an interpret, Home Care Preference’s staff will to the best of their ability consider the following issues: competency of interpretation, confidentiality, privacy, and conflict of interest.
 6. When in doubt that the family member or friend is competent or appropriate to interpret for the person, then, staff shall arrange for competent interpreter services to be provided to the person with LEP.
 7. Staff shall contact the appropriate regional office or facility Title VI Coordinator in order to request interpreter services available through the statewide contract.

POLICY NUMBER: PP111.PP22

RECORDS MAINTANANCE AND PRIVACY COMPLIANCE

POLICY:

Home Care Preference will maintain all documents and recorded information pertaining to the provision of services to DDID service recipients, including human resources personnel, training records, all documents pertaining to HCP's policies and procedures and documents from other providers of service according to DDID Provider Manual requirements. All service recipient's records/personal information shall be kept in confidentiality according to federal laws, rules, regulations, policy and ethical standards.

PROCEDURE:

A Service Recipient's Comprehensive Record will be maintained for each DDID service recipient. Multiple providers may contribute information to the Comprehensive Record. The Comprehensive Record contains all information relevant to planning, implementing and evaluating the provision of services and supports specified in the ISP. Fiscal Records, Service Records, Investigations, Medication Error Logs, and Incidents Reports (as applicable to services) will be kept in accordance with the DDID Provider Manual for a minimum of ten (10) years from the date that a covered service is provided, death or discharged. All records shall be maintained in a form that ensures accessibility with two (2) hours.

HIPPA COMPLIANCE

HIPPA compliance policy shall be followed when keeping, transferring and receiving record between providers by implementing the following steps:

- i. Home Care Preference shall designate a Privacy Officer, responsible for development and implementation of HIPAA-compliant policies and procedures and for responding to HIPAA-related complaints.
- ii. Service recipients' electronic records shall be password protected, and paper copies shall be store in a locked office only accessible to designated employees with password and/or keys as necessary for the purpose of completing designated job rolls.
- iii. Home care Preference shall obtain signed confidentiality statements from all staff.
- iv. Staff suspected of violating HIPPA compliance policy shall be reported to the Privacy Officer for investigation and disciplinary procedures per company policy.
- v. HIPPA compliant training shall be provided to all newly hired and annually thereafter.
- vi. Home Care Preference shall assure that service recipients' health Information (PHI) is not left unattended or visible in public areas

SERVICE RECIPIENT'S FILE.

(1) The governing body at HCP shall ensure that an individual record for each service recipient is maintained which, at a minimum, includes the following information:

- a. The name of the service recipient;
- b. The address of the service recipient;
- c. The telephone number of the service recipient;
- d. The gender of the service recipient;
- e. The date of birth of the service recipient;
- f. The date of admission of the service recipient;
- g. The source of referral to the licensee of the service recipient;

- h. The name, address, and telephone number of an emergency contact person for the service recipient
- i. A written fee agreement dated and signed by the service recipient or his/her legal representative (conservator, parent, guardian or legal custodian) prior to provision of any services other than emergency services. This agreement will include, at least, the following information:
 - 1. The fee or fees to be paid by the service Recipient;
 - 2. The services covered by such fees; and
 - 3. Any additional charges for services not covered by the basic service fee.
- j. Appropriate informed, signed, and dated consent and authorization forms for the release or obtainment of information about the service recipient; and
- k. Written acknowledgement that the service recipient and his/her legal representative (conservator, parent, guardian or legal custodian) has been informed of the rights and responsibilities of the service recipient and HCP's general rules affecting service recipients

Home Care Preference shall respect service recipients' right as stated in HIPPA and in accordance with the following guidelines:

- Service recipients shall have access to their records
- Copies of personal records shall be provided to service recipients upon request. Additionally, service recipients shall be educated about their right to access their record.
- Service recipients shall be educated on how their personal information can be used or shared (e.g., for the purposes of improving their services as needed).
- HCP shall respond to service recipient's request to change information in their personal record.
- HCP shall respect service recipient's request not to share their personal information.
- HCP shall provide appropriate information and service recipients record to the POA/conservator in a timely manner when requested.

HCP PERSONNEL'S RECORD

Home Care Preference shall maintain a current roster off all employees at all times including employees kept on on-call or back-up list. Employees files shall at a minimum, includes the following information

- 1) Name, address, phone number
- 2) Hire date
- 3) Job description
- 4) Credentials- If there are required qualifications such as a high school diploma or CNA license required for the position, these must be included in the file.
- 5) Date of birth
- 6) Current Tennessee driver's license (if providing transportation)
- 7) Current vehicle liability insurance (if employee is driving own car to transport clients)
- 8) Date of most recent job related training - at least one training must be conducted annually and documentation of training must be kept in employee file
- 9) Evidence of criminal background check- must be conducted not later than 60 days of hiring data and every 2 years.
- 10) Evidence of abuse registry check- no one on abuse registry may be employed
- 11) Evidence of sexual offender check- no one on sexual offender registry may be employed
- 12) Five year work history- must cover previous 5 years of activity whether employed or not with explanation of no employment
- 13) Three personal references- one must have known applicant for a minimum of 5 years
- 14) Evidence that employee has completed all mandatory training.

- 15) Documented training specific to meeting individual service recipient needs in the areas of self-care, household management and community living, and methodologies for service delivery
- 16) Documented training for the use of hoist lifts and gait belts if used
- 17) A signed confidentiality agreement;
- 18) Current licensure and/or certification as applicable, including renewal number;
- 19) Copies of tests for DDID required training;
- 20) Documentation of any required ongoing continuing education credits received;
- 21) Performance evaluations;
- 22) Documentation of any disciplinary actions taken; and
- 23) Perpetrator history (i.e. criminal history and history pertaining to substantiation as the perpetrator of abuse, neglect, or exploitation; and
- 24) Consent forms signed by the employee to allow HCP to perform background checks or access other employment related information.

Requirements Pertaining to Subcontracted Staff Records:

The following documentation, in addition to meeting the same guidelines as regular employees, must be available for contracted staff:

1. A copy of resume(s) with transcript/diplomas to verify educational information provided for staff providing or supervising direct care services to service recipients under the terms of the contract.
2. A copy of the contract specifying performance terms and conditions;
3. The provider's evaluation performed for the purpose of determining whether the contract staff meets performance expectations specified in the contract; and
4. A copy of applicable professional licenses or certifications for licensed/certified staff.

ANCILLARY PROVIDERS RECORD MAINTENANCE

Home Care Preference is responsible for maintaining the Comprehensive Record for all Residential Service recipients and Personal Assistance services. Responsibility for maintaining the Service Recipient report, clinical service plans of care and/or written staff instructions, etc. will be reflective of thorough records review and information gathering

Home Care Preference shall maintain ancillary records accompanying service recipients personal files from ancillary departments such as dental, vision, or mental health providers when services are funded by DDID programs. Ancillary records also refer to providers of intermittent services such as equipment providers, home modification contractors or stand-alone transportation providers.

Provider Administrative Records

HCP is required to maintain administrative records for a period of ten (10) years. Administrative records include financial records, written policies and procedures, board or advisory group appointments, committee members and/or documentation of other administrative functions specified in applicable state or federal law, rule or regulation.

Distribution and Transfer of Records between Providers

To ensure integration of services, communication must occur between HCP and other providers. Sharing documents and service recipient records is one of the ways that communication occurs between multiple providers who may be involved with providing services and supports to the same service recipient.

Transfer of Records When a Change in Providers Occurs:

When a service recipient changes providers for any reason, it is essential that sufficient records be transferred to allow service provision to continue uninterrupted and to allow the overall health, safety and welfare of the service recipient to be assured. Records may be transferred in the following manner:

Home Care Preference

1. Records may be provided to the service recipient or the service recipient's legal representative to be delivered to the receiving provider;
or
2. Consent may be obtained from the service recipient or legal representative to release record directly to the receiving provider.
3. It is acceptable to transfer copies of original records rather than transfer the original.
4. Records need to be transferred on or before the date the new provider
5. Maintain a copy of all records for service recipients who transfer or are otherwise no longer receiving services for a period often (10) years;
6. Obtain permission to transfer the Service Recipient Comprehensive Record to the new provider from the service recipient or the service recipient's legal representative.
7. Ensure that the transfer of the Service Recipient Comprehensive Record occurs on or prior to the effective date of transfer when the receiving provider becomes responsible for the provision of services; and
8. Document the transfer of records along with other pertinent information into the transfer summary

POLICY NUMBER: PP111.23

ASURING QUALITY ASSESSEMENT, AND IMPROVEMENT

POLICY

It is the policy of Home Care Preference to continuously improve the quality of our programs and administration processes assuring our ability to provide effective and efficient service to our service recipients. Home Care Preference will perform ongoing self-assessments of its success in assisting service recipients to attain their desired outcomes. These reviews will evaluate HCP's success in five different Quality domains which include:

- Individual Outcomes
- Health, Welfare, and Rights
- System Performance
- Staff Stability
- Family Indicators

Results of these reviews will be analyzed to determine causes of trends identified during the reviews. A performance improvement plan will then be made and used to improve areas that are found to be deficient.

PROCEDURE:

The self-assessment process will involve the following:

1. Monthly reviews to determine staff performance in assisting service recipients to complete-action steps and / or progress toward outcomes;
2. Review of processes for updating service recipient records in a timely manner provided;
3. Review of incident trends, including those related to medication variances and other health and safety factors;
4. Review of external monitoring reports for the previous twelve (12) month period
5. Review of any sanctions imposed during the previous twelve (12) month period
6. Review of personnel practices, including staff recruitment and hiring, staff training and staff retention / turnover;
7. Review of processes intended to ensure timely access to health-related intervention, such as health care appointments and follow-up activities;
8. Review of trends related to risk reviews;
9. Review of current policies and management planes) (if required), including' success in implementing policies / plans and the degree to which policies / plans ensured compliance with program requirements;
10. Application of the current DDID Quality Assurance Survey Tool to a sample of service recipients; and
11. As applicable, evaluation of the effectiveness of the management plan and modification as needed to achieve quality assurance and compliance outcomes.

The Quality Improvement Plan is a mechanism for addressing the issues identified during the self-assessment process. The Quality Improvement Plan will be focused on resolution of the systematic issues that affect or have potential to affect service recipients. The Quality Improvement Plan will specify how any necessary systematic improvements will be made through a process which includes:

1. Analysis of the cause of any serious issues/problems, identified (serious issues/problems are those that impact multiple service recipients or those that have health and safety consequences requiring medical treatment of one or more service recipients).
2. Development of observable/measurable quality outcomes related to resolving the causal factors;
3. Establishment of reasonable timeframes for implementation of quality initiatives;
4. Assignment of staff responsible for completion of actions and achievement of quality outcomes; and
5. Modification of policies, procedures and or the management plan, if required, (potentially including the quality improvement plan) to prevent recurrence of issues/problems that were resolved.
6. When problems are identified, the Quality Improvement Plan is reviewed and revise to ensure for timely correction I resolution of the problem I issues.



Home Care Preference's staff at all levels of the organization shall have access to the Quality Improvement Plan and be made aware of its basic components.

POLICY NUMBER: PP111.24

PROTECTION AND PREVENTION OF HARM

POLICY

Home Care Preference shall maintain a Protection from Harm Policy that protects the safety and welfare of service recipients. The policy shall include procedures for incidents management as required by DIDD.

TIME FRAMES APPLICABLE TO REPORTING INCIDENTS			
TYPE OF INCIDENT / EVENT	NOTIFY AS SOON AS POSSIBLE AND NO LATER THAN FOUR HOURS	NOTIFY AS SOON AS POSSIBLE AND NO LATER THAN TWENTY-FOUR HOURS	NEXT BUSINESS DAY
Death	Regional Office AOD for all deaths DIDD Investigations Hotline if death is suspicious, abuse or neglect involved, or if unexpected or unexplained	Legal Representative (document all attempts)	Reportable Incident Form (RIF) to DIDD Central Office Notice of Death Form and RIF to Regional Director RIF to ISC Agency
Alleged or suspected abuse, neglect, or exploitation	DIDD Investigations Hotline Department of Human Services (DHS) Adult Protective Services or Department of Children's Services (DCS) Child Protective Services If criminal activity: Law Enforcement	Legal Representative (document all attempts)	RIF to DIDD Central Office RIF to ISC Agency
Serious injury of known or unknown cause	If unknown, DIDD Investigations Hotline DHS Adult Protective Services or DCS Child Protective Services	Legal Representative (document all attempts)	RIF to DIDD Central Office RIF to ISC Agency
Suspicious injury (i.e., suspicious for being caused by abuse or neglect)	DIDD Investigations Hotline DHS Adult Protective Services or DCS Child Protective Services	Legal Representative (document all attempts)	RIF to DIDD Central Office RIF to ISC Agency

TIME FRAMES APPLICABLE TO REPORTING INCIDENTS			
Reportable medical	Regional AOD if:	As specified by Legal	RIF to DIDD Central

incident Medication variances, omissions or administration by someone untrained and uncertified or unlicensed	unplanned Hospitalization	Representative	Office RIF to ISC Agency
Reportable Behavioral incident Missing person Sexual aggression Criminal conduct	Regional AOD for: Any hospitalization resulting from a behavior or psychiatric incident, or any behavioral incident with Law Enforcement or Mental Health Mobile Crisis Team involvement at the scene Any incarceration	As specified by Legal Representative	RIF to DIDD Central Office RIF to ISC Agency
Reportable staff misconduct incident		As specified by Legal Representative	RIF to DIDD Central Office RIF to ISC Agency
Request for emergency service approval outside of regular DIDD business hours	Regional AOD		

All reportable incidents shall be submitted to the Department, within required timelines, on the DIDD RIF, which can be found on the DIDD web site under the heading.

Forms & Tools, Reportable Incident Forms.⁴⁸ Instructions for completing the RIF can be found on the DIDD web site under the same heading.⁴⁹ Click on the link for the RIF for the appropriate region

http://www.tn.gov/didd/provider_agencies/index.shtml ⁴⁹

http://www.tn.gov/didd/provider_agencies/index.shtml

Categories of Incidents. The following categories of incidents shall be reported to the DIDD Investigations Hotline as well as to the Incident Management Unit using a RIF:

Allegations of abuse, neglect and exploitation in accordance with the definitions below:

a. **Abuse:** [defined in T.C.A. § 33-2-402 (1)] the knowing infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. DIDD recognizes three subcategories of abuse:

i. **Physical Abuse:** actions including, but not limited to, any physical motion or action by which physical harm, pain or mental anguish is inflicted or caused. The use of any unauthorized restrictive or intrusive procedure to control behavior or punish. Corporal punishment, takedowns, prone and supine restraints are prohibited and considered abuse.

ii. **Sexual Abuse:** any type of sexual activity or contact with sexual intent or motivation between a person supported and anyone affiliated with DIDD as a staff person, employee or a contracted provider or volunteer. This includes but is not limited to actions by which a person is coerced into sexual activity (forced, tricked, induced or threatened) or exposed to sexually explicit material or language. Sexual battery by an authority figure as defined in T.C.A. § 39-13-527 is also considered sexual abuse. Sexual abuse occurs whether or not a person is able to give consent to such activities.

iii. **Emotional/Psychological Abuse:** actions including but not limited to humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) directed to or within eyesight or audible range of the person supported.

b. **Neglect:** [T.C.A. § 33-2-402 (9)] failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness, which results in injury or probable risk of serious harm.⁵⁰

c. **Exploitation:** [T.C.A. § 33-2-402 (8)] actions including but not limited to the deliberate misplacement, misappropriation or wrongful temporary or permanent use of belongings or money⁵¹ with or without the consent of a person using services. The illegal or improper use of a person's resources or status for another's benefit or advantage is considered exploitation.

2. **Serious Injury of Unknown Cause:** an injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person, the cause of which is unknown.

3. **Suspicious Injury:** an injury that may have been the result of abuse or neglect or is not consistent with the explanation provided. There must be a reason to suspect the injury was the result of abuse or neglect.

4. **Death:** a fatality occurring under circumstances that are unexpected or unexplained

7.1.c. Other Incidents and Interventions. The following categories of incidents and interventions must also be reported to the Incident Management Unit using the RIF⁵²:

1. **Death:** a fatality regardless of cause or location.

2. **Serious Injury:** any injury to a person supported that requires assessment and treatment beyond basic first aid that can be administered by a lay person.

3. **Person Missing Longer Than 15 Minutes:** any person receiving services, unless the absence is specified in a plan, whose whereabouts are unknown for longer than 15 minutes.

4. **Criminal Conduct or Probable Criminal Conduct:** acts which lead to or can reasonably be expected to lead to police involvement, arrest or incarceration of a person using services

50 Neglect towards a person supported includes being on duty while impaired or under the influence of alcohol or illegal substances. If a staff person has a valid current prescription for a drug and is impaired while on duty from the prescription drug, this may be considered neglect.

51 The loss of \$50.00 or more within a sixty (60) calendar day period.

52Go to Forms & Tools, Reportable Incident Forms. Click on the link for the RIF for the appropriate region.

http://www.tn.gov/didd/provider_agencies/index.shtml

Sexual Aggression: acts of a sexual nature, associated with potentially violent behavior of a person supported, regardless of the desire for participation on the part of the other person.

6. **Hospitalization:** a medical or psychiatric admission whether planned or unplanned.

7. **Use of Cardiopulmonary resuscitation (CPR) or an automated external defibrillator (AED).**

8. **X-ray to Rule Out a Fracture:** use of any imaging technique to determine whether a person supported has a fracture. This does not include imaging techniques used to diagnose illness.

9. **Use of Abdominal Thrust or Heimlich Maneuver:** techniques used for dislodging food or foreign objects from the windpipe.

10. **Any Use of Crisis Services:** including 911 Call, emergency room visit, mobile crisis services, EMT, fire or police on scene, or the use of an urgent care facility for emergency services.

11. **Serious Injury to Another by a Person Supported:** any injury to another person that requires assessment and treatment beyond basic first aid and was the result of a challenging behavior by a person supported.

12. **Manual Restraint:** as defined in the glossary.

13. **Protective Equipment:** as defined in the glossary. Unless, when appropriate, a reporting variance has been requested and approved.

14. **Mechanical Restraint:** as defined in the glossary.

15. **PRN Administration of Psychotropic Medication:** psychotropic medications administered on an as needed (PRN) basis.

16. **Property Destruction Exceeding \$100 in Value.**

17. **Reportable Staff Misconduct:** actions or inactions by staff of contracted providers, contracted employees, volunteers or others associated with or providing care for persons supported by DIDD, that are contrary to sound judgment and/or training and related to the provision of services and/or the safeguarding of the person's health, safety, general welfare and/or individual rights. Staff misconduct includes incidents that do not rise to the level of abuse, neglect or exploitation, and do not result in injury or adverse effect, and the risk for harm is minimal.

18. **Medication Variances and Omissions:** the submission of categories E to I on the Medication Variance Form shall require a RIF, with a copy of the DIDD Medication Variance Report.⁵³ In all cases, medication administration by a person who was not trained and certified, or was not licensed by the State of Tennessee to administer medications requires notification to the DIDD Investigations Hotline.

⁵³ DIDD Medication Variance Report:

http://www.tn.gov/didd/provider_agencies/resources/Medication%20Variance%20Report_Form%20Field_Revision%202013.doc

54 Go to Forms & Tools, Reportable Incident Forms. Click on the link for the RIF for the appropriate region.
http://www.tn.gov/didd/provider_agencies/index.shtml

55 East

Notification.

When any of the above listed types of incidents occur, the provider’s Incident Management Coordinator (IMC) must complete and electronically submit the front page of the RIF54 to DIDD and to the ISC within one (1) business day. If the primary provider is not the submitting party, the initial reporter shall also send a copy to the primary provider within one (1) business day. If additional information is needed then DIDD will inform the agency that submitted the report. The agency is required to submit the information within one (1) business day of receiving the request.

In the event that two or more providers are aware of or involved in an incident, a RIF must be completed and submitted to DIDD by the provider responsible for the person supported at the time of the incident.

If an incident involves suspected abuse, neglect or exploitation, serious injury of unknown cause, suspicious injury, or death that is unexplained, unexpected or the possible result of abuse or neglect, the provider shall also report the incident by telephone to the DIDD Investigations Hotline in the region where the incident occurred⁵⁵ as soon as possible and no later than four (4) hours after the incident or discovery of the incident. If provider staff is

uncertain whether an incident qualifies for telephoned notification or other reporting requirement, it is recommended that the reporter consult with the on-call investigator

53 DIDD Medication Variance Report:

http://www.tn.gov/didd/provider_agencies/resources/Medication%20Variance%20Report_Form%20Field_Revision%205%202013.doc

54 Go to Forms & Tools, Reportable Incident Forms. Click on the link for the RIF for the appropriate region.

http://www.tn.gov/didd/provider_agencies/index.shtml

55 East Tennessee Hotline poster: http://www.tn.gov/didd/protection/ProtectionFromHarmPosters_East.pdf

Middle Tennessee Hotline poster: http://www.tn.gov/didd/protection/ProtectionFromHarmPosters_Middle.pdf

West Tennessee Hotline poster: http://www.tn.gov/didd/protection/ProtectionFromHarmPosters_West.pdf

Providers are held accountable for any delay beyond the specified time frame. Providers must also be aware that state law requires reporting of certain injuries to, or abuse of, children to the DCS Child Abuse Hotline, and if an adult is the victim, to DHS Adult Protective Services Division. For specific reporting requirements, see T.C.A. §§37-1-403, T.C.A.37-1-605, T.C.A. 71-6-103 (b)(1) and T.C.A. 71-6-103 (b)(2)(c).

Incident Management Requirements.

Home Care Preference shall designate an Incidents Management Coordinator (IMC), and an Incident Review Committee (IRC). The IMC shall be a management level staff person within the company. The IMC shall have primary responsibility for ensuring compliance with and fulfilling all of the incident management responsibilities discussed herein. Specific responsibilities of the IMC include:

1. Review of all incidents for timely and appropriate action.
2. Ensure that all reportable incidents have been reported as required, including reports to the DIDD Investigations Hotline.
3. Ensure that the RIFs are typed, complete and electronically submitted to DIDD, the ISC and primary provider of the person supported.
4. Ensure that DIDD recommendations associated with reportable incidents and/or resulting from DIDD investigations are addressed and implemented.
5. Serve as the chair of the IRC.
6. Conduct trend studies of reportable incidents and submit reports, analyses and recommendations to agency management.
7. Ensure that all incidents of reportable staff misconduct that are not investigated by DIDD are reviewed and addressed by agency management.
8. Home Care Preference shall establish an Incident review committee (IRC) with a defined membership and meeting schedule. The IRC is responsible for review of all incidents and investigations and the development of corrective/preventive action plans. The IRC will **meet at least every two weeks**.
9. Membership of the IRC will include at least two provider management personnel. The membership shall also



include at least one of each of the following: supervisory staff, direct support supervisory staff and direct support staff. Home Care Preference shall include service recipients and /or their legal representatives. Functions of the IRC include:

- i. Monitoring of reporting of incidents, including timely notification to entities other than DIDD.
- ii. Addressing recommendations relating to incidents in Final Investigation Reports and provider incident reviews, including reviews of Reportable Staff Misconduct incidents.
- iii. Identifying individual risk issues for prevention of harm and increasing safety of person supported.
- iv. Identifying incident trends and making recommendations as necessary.
- v. Conducting reviews and/or assessments of particular homes, persons, programs, conditions or other factors which can be reasonably identified as presenting risks to persons served.

The IRC shall also be responsible for completion of an annual written analysis of trends and patterns related to reported incidents. The annual written analysis must be completed each year and shall be made available to DIDD upon request within two business days.

The report must include, at a minimum, the following information:

1. An assessment of increasing or decreasing rates of specific types of reported incidents including abuse, neglect, exploitation and serious injuries.
2. An assessment of persons served who have a higher than average number of reported incidents.
3. An assessment of programs and/or homes with a higher than average number of reported incidents or substantiated investigations.
5. Recommendations from these analyses.

Minutes of IRC meetings must be kept on file by Home Care Preference. The minutes must reflect the date and time of the meeting, an agenda and identify the members present. The minutes must also reflect discussion and actions concerning reported incidents and investigations, their causes, corrective actions taken and recommendations made by the committee.

INVESTIGATION REQUIREMENTS

1. When there is a suspicion that abuse, neglect and/or exploitation has occurred, a suspicious injury or serious injury of unknown cause is discovered or an unexpected or unexplained death has occurred, a DIDD investigation shall be conducted. DIDD reserves the right to conduct an investigation into any incident.
2. When notified that an investigation will be initiated, providers are expected to cooperate fully with the investigator and respect the investigative process.
3. DIDD may conduct investigations of allegations involving DIDD employees, management or staff of contracted providers, volunteers or other persons' subject to DIDD oversight.
4. In cases where DIDD investigates the provider's director or chief executive officer, the provider's director or chief executive officer, the Final Investigation Report will be sent to the chief corporate executive of Home Care Preference. The recipient of the Final Investigation Report will be required to respond if allegations are substantiated.
5. In cases where DIDD investigates an independent clinical provider, the Final Investigation Report will be sent to the Regional Director and appropriate Central Office clinical director for follow up as indicated.
6. When an employee of a provider or its agent or volunteer is implicated in allegations of physical or sexual abuse, the provider is required to place that person on administrative leave or in a position that does not involve direct contact with or supervision of any person served or supervision of other staff who provide direct care, pending the completion of the investigation.
7. If the provider contends that the staff involved in physical or sexual abuse investigations should not be placed on administrative leave or reassigned, the provider may file a written request for an exception to this requirement with the DIDD Director of Investigations or designee.
8. In such circumstances, the subject must be placed on administrative leave or reassigned pending approval or denial of the request.

9. Providers shall develop and implement a policy concerning appropriate actions in connection with DIDD investigation.
10. The provider is expected to ensure that adequate steps are taken for the protection and safety of the victim and other persons supported.
11. The provider shall instruct all staff that the facts and circumstances being investigated are not to be discussed with anyone except the DIDD investigator or law enforcement officers.
12. The provider's policy and administrative staffing actions will be reviewed during the investigation
13. DIDD will be responsible for the distribution of the Final Investigation Report to the provider and the notification of the ISC of the investigative conclusions. Upon receipt of the report, the provider shall take the following actions:
 - a. Within fifteen (15) days of receipt of the Final Investigation Report, the provider shall notify the person investigated, in writing, of the outcome of the investigation.
 - b. Within fifteen (15) days of receipt of the Final Investigation Report, the provider shall discuss the outcome of the investigation with the person(s) supported, and invite the person's legal representative if any, to participate in this discussion. This meeting shall be documented by the provider.
 - c. Address late reporting (if applicable).
 - d. Respond to any incidental findings contained in the Final Investigation Report.
14. In instances where allegations are substantiated, the provider is required to submit a written Plan of Correction (POC) within fourteen (14) days of receipt of the Final Investigation Report. The response shall include the following information:
 - a. What procedures have been implemented for protecting person(s) supported from risk of further abuse, neglect or exploitation?
 - b. What has or will be done to address late reporting (if applicable)?
 - c. Verification that the substantiated perpetrator(s) was notified of the outcome of the investigation.
 - d. A statement of what, if any, disciplinary action occurred as a result of the findings of the investigation.
 - e. A response to any incidental findings contained in the investigation report.
15. DIDD will notify the provider when the POC is accepted.
16. If allegations were not substantiated, a POC is not required.
17. For both substantiated and unsubstantiated investigations, providers must ensure that recommendations made by DIDD are acted upon in a timely manner. Documentation must be maintained that describes recommendations for corrective and preventative actions made by provider staff or committees, and actions taken to address such recommendations and those made by DIDD. Providers shall make available for DIDD review documentation of compliance with these obligations. DIDD staff may conduct reviews to ensure that all appropriate actions have been taken.

7. Requesting a Review of a DIDD Final Investigation Report.

Providers, ISCs/CMs, persons supported, and/or their legal representatives may request review of a DIDD Final Investigation Report within fifteen (15) days of receipt by submitting via mail or email, a written request, using the DIDD Request for Investigation Review Form,⁵⁶ to the Office of the Director of Protection from Harm.

Such requests must be based on new or additional information or evidence not considered during the investigation or a matter which raises a question as to the integrity of the investigative process. DIDD will respond to such requests within thirty (30) days of receipt of the request. If further investigation is warranted, or additional information needed, an interim response will be issued to the requesting party.

POPICY NUMBER: PP111.25

EMPLOYMENT SCREENING

POLICY:

In order to ensure that Home Care Preference recruits the best qualified individuals who can provide quality and safe services to recipients, criminal background checks will be performed on all applicants, employees, subcontractors or any person to be in contact with DIDD service recipients

PROCEDURE:

BACKGROUND CHECKS

- i. As an approved qualified VECH program entity, HCP provides a of all potential employees a copy of the noncriminal justice applicant's privacy rights to notify them that their finger prints will be required to check criminal records of the FBI prior to confirming or declining employment.
- ii. Applicants are provided with the opportunity to read and sign an acknowledgement of recipe of an adequate privacy Act Statement before submitting finger prints and other personal information.
- iii. Applicants are made aware that in case where the finger prints result reveal a criminal history, there'll be given the opportunity to complete or challenge the accuracy of the information in record as required by law.
- iv. Additionally, HCP utilizes all approved government web links to check Abuse registry, Sex offenders' registry, felony records and monthly OIG records as below:

ANNUALLY:

- National Sexual Offender Registry - <https://www.nsopw.gov/en-US>
- TN Sexual Offender Registry - <http://sor.tbi.tn.gov/SOMainpg.aspx>
- TN Abuse Registry - <https://apps.health.tn.gov/AbuseRegistry/default.aspx>
- Interstate Compact Offender Tracking System (ICOTS), formerly TN Out of State Probation & Parole Registry - <https://pwp.interstatecompact.org/PWP/searches>
- Licensure Verification (if applicable)

▪ All employees must have the following checks run **MONTHLY:**

- OIG Fraud & Prevention List of Excluded Individuals/Entities - <https://exclusions.oig.hhs.gov/>
- v. Home Care preference's job application form make provision for applicants to list any and all prior convictions and if they have been required to registered as sexual offenders.
 - vi. Home Care Preference maintains all criminal background checks in all employee's files stating whether they meet criterial for employment or not.

DRUG SCREENING

Home Care Preference reserves the right to conduct drug screening tests on all its potential employees or current employees if necessary. Before this procedure is done, the job applicant will sign a consent form authorizing Home Care Preference to perform the above screening.

SOCIAL SECURITY CHECK/IDENTITY

The social security checks provide names and addresses associated with the applicant's social security number. All employees are required to complete an i-9 and W-4 forms for employment eligibility verification.

POLICY NUMBER: 111.26

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT STRATEGIES

POLICY

The agency's Advisory Board and other Administrative leaders shall set expectations, develop plans, and Implement ongoing systematic and objective procedures to evaluate measure, assess, and improve the performance of the organization's governance, management, clinical and support processes.

The agency's leaders shall set priorities to guide the agency in its performance improvement activities that are designed to improve the quality of client care, resolve identified problems, assess and improve new or existing processes. A necessary precursor-to the company's performance improvement activities requires that its leaders undertake education concerning the approaches and methods of performance improvement. The Agency's Board of Directors and leaders shall individually and jointly develop and participate in mechanisms to foster communication among individuals and among components of the organization, and to coordinate all internal activities. The leaders shall also assure that staff is trained in assessing and improving the processes that contribute to improved patient/client outcomes.

In efforts to meet the expectations of Performance Improvement, the agency's leaders shall: Allocate adequate resources for monitoring, assessment and improvement of the agency's governance, managerial, clerical and support processes. Encourage personnel to participate in quality improvement activities, and Provide adequate time for personnel to participate in performance improvement activities.

PROGRAM OBJECTIVES:

The objectives of the quality improvement and performance improvement activities' focus on efforts including but not limited to the following:

- i. Ensure that high quality care is provided by services offered by the agency.
- ii. Measure, collect and assess information to identify and pursue opportunities to improve organizational and patient care functions
- iii. Achieve a high level of service recipients' satisfaction
- iv. Identify, track and Improve processes in client care, services and satisfaction; to ensure improvement
- v. Design, measure and assess new processes
- vi. Measure the level of performance and stability of important existing: processes and identify areas of improvement
- vii. Determine whether changes improved processes
- viii. Assess the dimension of performance relevant to functions, processes and outcomes
- ix. Meet regulatory and accreditation standards

Responsibility:

The company's Advisory board is ultimately responsible for the quality of services delivered. The Administrator is responsible for overall supervision of corporate performance improvement program. The Administrator delineates responsibility for performance improvement activities to the Performance Improvement Team. The Performance Improvement Team members are responsible for assigning the overall day-to-day implementation of the performance improvement activities, including development of measures or indicators data collection and assessment, implementing appropriate opportunities to improve services and evaluating such actions. The Performance Improvement Team report's findings to agency personnel, contracted services and the Advisory Board.

The Administrator assures that the Performance Improvement Committee meets quarterly. That measuring and assessing is proceeding on schedule, and that committee action is documented.

The Administrator is responsible for assuring that appropriate action is taken based on Performance Improvement Committee findings. The Administrator and the Performance Improvement Coordinator are responsible for educating committee members and agency staff on the Performance Improvement program and how their roles and activities relate to the program. All committee members implement and report on the performance improvement activities.

Committee Composition:

The committee consist of, but not limited to the following:

- Representatives of the Advisory Board
- Administrator(s)
- Director(s) of Service Recipient Care
- Audit Department Personnel
- Service Recipient Care Supervisor(s)
- Staff members (professional and non-professional)
- Contracted Services Representative(s)

Service Recipients

Program activities for measurement and data collection are based upon priority issues relating to: important functions in relationship to dimensions of performance. Priority issues are recognized by identifying high risk, high volume, and problem prone, high cost areas and by Service Recipient expectations. Quality improvement tools such as brainstorming, multi-voting and section grid may be used to assist in priority identification.

The program may also include quality control activities involving Service Recipient satisfaction, equipment used In Service Recipient care and infection control activities. Identified trends in these quality control activities will identify the need for further measurement and assessment.

The program may also include evaluation of unanticipated adverse events (sentinel event), related to Service Recipient Care (i.e., sepsis in a TPN Service Recipient, anaphylaxis reactions, Service Recipient injury in the presence of staff) or unanticipated adverse events related to the staff (Le., needle sticks or back injuries).

The method chosen by the company for quality/performance improvement process is the PDCA cycle.

PLAN: Plan change by studying a process, deciding what could improve it and identifying data to help.

DO: Carry out the plan on a. small scale or by simulation.

CHECK: Observe the results of the change; modify the change if necessary

ACT: Implement the change or abandon the plan and repeat cycle

Performance Measurement and Data Collection:

The Performance Improvement Committee will collect or designate staff and/or team members to undertake on-going data collection. Data collection is on-going and data sources may include but shall not be limited to chart reviews (retrospective and concurrent), home visits, written and/or oral satisfaction surveys to the Service Recipient/family caregiver, peer review, drug usage evaluations, infection control reports, supervisory reviews or observations, equipment maintenance records or logs, drug profiles, on-call telephone logs, etc. When other quality/performance activity by contracted staff is indicated, the Performance Improvement Committee will specify how data collection will be performed and, evaluated. For all QI/PI activities, additional specifics regarding data collection, sampling size and method, frequency of data collection and evaluation, thresholds for evaluation, methods of evaluating cumulative data, follow-up actions and results will be determined by the Performance Improvement Committee and specified in writing for that particular indicator.

Assessment:

The data collected will be interpreted and assessed by using methods such as but not limited to internal comparisons over time, comparison among the different regions, comparison with other agencies or comparison to literature resources, standards and practice guidelines. Performance improvement assessment tools such as run charts, histograms, Pareto charts or threshold comparisons may be used to assist with the assessment. Assessment results and possibly proposed action for change is reported to the Performance Improvement Committee.

Reporting:

Relevant results from quality improvement activities are used primarily to study and improve processes and outcomes. When the results are relevant to the performance of an individual, they are used as a component of the evaluation of an individual's capabilities.

Findings and recommended actions will be documented and reported quarterly or more often as outlined by the Performance Improvement Committee members and communicated [e.g. written reports, staff meetings, committee meetings, and/or management meetings] to the appropriate team members, contracted staff, supervisors and/or department head(s). Relevant findings from the performance improvement activities and actions taken shall become part of the personnel file and incorporate in the employee's annual performance evaluation as indicated. All recommendations and/or corrective action shall be documented by the employee's supervisor via memorandum and made a permanent part of the personnel file. The company's Administrator and the Board of Directors will be advised of quality improvement findings and recommendations for actions through Performance Improvement Committee reports and activities.

Action Taken:

Based on performance improvement findings and actions proposed by the data collectors, the Performance Improvement Committee will recommend corrective actions to be taken. The Administrator will be responsible for initiating or for delegating responsibility for initiating of corrective action(s).

Effectiveness of Actions Taken:

The effectiveness of corrective action(s) taken will be evaluated through repeating of the PDCA cycle. Annually, the Performance Improvement Committee will examine whether the program is meeting its objectives and goals. The difference the performance improvement program made relating to the provision of high quality and efficient Service Recipient care will be assessed. When appropriate, recommendations for changes in the performance improvement program will be made by the Performance Improvement Committee to the Board of Directors. The Board of Directors will receive, at least annually, a report of the performance improvement findings, the actions taken, and the results of the actions taken. The annual report shall also include report(s) on the performance of Service Recipient care, the allocation of resources, an assessment of the effectiveness of performance improvement activities in identifying opportunities to improve Service Recipient care and resolving problems in Service Recipient care. This report will also include an evaluation of the performance improvement program, the effectiveness of the monitoring and evaluation processes, and recommendations for changes in the program (see Annual Program Evaluation). The Professional Advisory Committee and the Board of Directors shall act upon each evaluation report all corrective actions shall be documented.

Confidentiality:

Performance improvement reports will be kept in a locked file. Performance Improvement Committee minutes will not contain any identifiable Service Recipient or employee information. Service Recipient or employee data contained on Performance Improvement Committee minutes will be coded and the key to these codes will be kept in the locked performance improvement file(s). Reports distributed at Performance Improvement Committee meetings will be collected at the conclusion of these meetings.

LEADERS:

Leader- an individual, who sets expectations, develops plans, and implements procedures to access and improve the quality of the organization's governance, management, clinical and support functions and processes. Leaders include, when applicable to the organizations' structure, the owners, members of the governing body, and the; chief executive officer and other senior managers, nursing executives and other senior nurses, and the leaders of the licensed independent practitioners. The leaders of the organization shall establish a planned, systematic and organization-wide approach to process design and performance measurement, analysis, and improvement. Whichever approach the leaders choose; it should include at least the following activities:

- I. Planning the improvement process
- II. Setting measurement priorities
- III. Systematically assessing performance and ensuring that important processes and activities are continuously assessed and improved
- IV. Identifying and setting improvement priorities for those processes and activities most important to Service Recipient outcomes
- V. Implementing improvement activities based on the assessment; and Maintaining achieved improvements

Leaders shall provide the following resources for assessing and improving the organizations governance, managerial, and clinical processes:

- i. Sufficient, appropriate staff to participate in performance improvement activities
- ii. Adequate time for staff to participate
- iii. Sufficient information systems and processes to support data collection, management and analysis
- iv. Staff training in performance improvement approaches and methods
- v. The dimensions of performance may be used in the measurement and assessment of the
- vi. Service Recipient-focused functions and organization functions. The dimensions of performance are as follows:

- Efficacy
- Appropriateness
- Availability
- Timeliness
- Effectiveness
- Continuity
- Safety
- Efficiency
- Respect and Caring

The organization shall establish a Performance Improvement Committee, whose functions may include, but are not limited to the following:

- Data Collection
- Data Aggregation
- Data Analysis
- Development and implementation of action plans
- Communication of findings to leaders and staff
- Educations of leaders and staff in performance improvement principles

The Performance Improvement Committee may include, but is not limited to the following members:

- Performance Improvement Coordinator
- Therapy representative (PT, ST, or OT)
- Staff members, including professional and paraprofessional staff
- Social Worker

- Administrator with input from the Performance Improvement Committee, the leaders shall decide which processes to monitor and the data to be collected.

Data collection shall focus on the following:

- Processes particularly those that are high risk, high volume, or problem prone
- Outcomes
- Targeted areas of study
- Comprehensive performance measure (indicators)
- Other gauges of performance
- Service recipients and other needs, expectations and feedback of ongoing infection control activities
- Safety of the environment
- Quality Control and risk management finding
- The dimensions of performance that is important to a process or an outcome

DATA COLLECTION

The Performance Improvement Committee or designated staff shall be responsible for data collection. Data collection is ongoing and data sources may include, but shall not be limited to the following:

- Chart review (retrospective and concurrent)
- Home visits
- Service Recipient Satisfaction surveys, Program Surveys, ISCs, Families Satisfaction Survey
- Infection control logs
- Incident reports
- Complaint log
- Equipment maintenance records, etc.

For data collection purposes, the criteria elements for each performance measure indicator shall be defined in writing. The criteria elements may include sample size frequency for data collection, trigger for investigation, data source etc.

DATA AGGREGATION AND ANALYSIS

Aggregating and analyzing data means transforming that data into information. Aggregated data shall be analyzed in order to make judgments about:

- Whether design specifications for processes were met
- The level of performance and stability of important existing processes
- Opportunities for improvement
- Actions to improve the performance of processes
- Whether changes in the processes resulted in improvement
- Appropriate statistical tools will be used to display data. Some of those tools may include run charts, Pareto charts, bar graphs, pie charts, etc.

The organization uses the information from the data analysis to identify changes that will improve performance or reduce the risk of sentinel events. Changes are identified based on the analysis of data from targeted study or from analysis of data from ongoing monitoring.

To determine if there is excessive variability or unacceptable levels of performance of processes and outcomes, performance may be evaluated from the following perspectives:

Performance compared internally over time (Internal Self-Assessment, etc.)

Performance compared to performance of similar processes in other organizations

Performance compared to external sources of information {Surveyor Agency Team, etc.}

Relevant information regarding performance improvement shall be forwarded to the leaders.

Once performance improvement priorities are identified, the organization will use appropriate resources and will involve those individuals, disciplines, and departments closest to the process, function, or service identified for improvement. Changes to improve performance will be identified, planned, and tested. Performance measures will be used to determine if the improvement is sustained.

CONFIDENTIALITY

The minutes from the Performance Improvement Committee shall not contain any Service Recipient or employee identifiable information. The information gathered during data collection shall be stored in a secure area.

ORGANIZATIONAL IMPROVEMENT

Home Care Preference strives to maintain well-planned and efficient processes. In order to ensure a consistent method for monitoring these processes, we will maintain an organization-wide Performance Improvement Program designed to assess the status of the organization and its operational programs in order to detect any possible problem areas any areas in need of improvement and to acknowledge accomplishment of processes and programs that are operating effectively.

All new and on-going processes will be based upon the company mission, vision and long and short-range goals and plans, as well as Service Recipient and employee needs and expectations of the organization and the industry standards and outcomes of processes in use at organizations with a similar scope of service. Important processes within the major functions of the organization will be monitored. Major organizational functions are as follows;

- I. Rights, responsibilities and ethics
- II. Assessment
- III. Care, treatment and service
- IV. Education
- V. Continuum of care
- VI. Leadership
- VII. Environmental safety and equipment management
- VIII. Management of human resources
- IX. Management of information
- X. Surveillance, prevention and control of infection

The effectiveness of the Performance Improvement Plan will also be monitored.

Data will be collected, assessed, monitored over time, trended, analyzed and then used to correct any process with deficiencies or to improve upon processes.

HCP leadership will set priorities for improvement and will be involved in the monitoring and evaluation process. All employees are encouraged to participate in activities relating to performance improvement

ANNUAL PROGRAM EVALUATION

The Advisory Board annually evaluates the organization's performance in relation to its written statement of purpose and goals with assistance of the Professional Advisory Committee and other committees. The overall operations shall be evaluated to determine the extent to which the Company's program is appropriate, adequate, effective and efficient and also to insure the deliverance of quality care on a continuing basis.

The Chairperson of the Professional Advisory Committee shall be ultimately responsible for the timely completion of the annual program evaluation.

The objectives shall be:

- I. To assist the company in using its personnel and facilities to meet individual and community needs.
- II. To identify and correct deficiencies that undermines quality care so as to lead to less waste facility and personnel resources
- III. To help the agency make critical judgments regarding the quality and quantity of its services through self-examination
- IV. To provide opportunities to evaluate the effectiveness of agency policies and when necessary make recommendations to the Advisory Board as to controls or changes needed to assure high standards of Service Recipient care
- V. To argue In-service staff education
- VI. To provide data needed in satisfying state licensure and certification

- VII. To compile criteria to measure the effectiveness and efficiency of the services provided to Service Recipients, also DIDS requirements
- VIII. To develop a record review system for the agency to evaluate the necessity or appropriateness of the services provided and their effectiveness and efficiency

The scope of the review may encompass, but not limited to the following:

- Purpose, goals, and objectives of the agency
- Scope of services offered and their appropriateness
- Service Recipient care policies and procedures
- Admission and discharge policies
- Medical supervision
- Plans of treatment and plans of care Emergency care
- Complaint handling policies
- Mechanisms for collecting data
- Statistical reports for the period under review, including:
 - i. Number of Service Recipients receiving each service offered
 - ii. Number of Service Recipient visits by each discipline ‘
 - iii. Number and reasons for discharge
 - iv. Breakdown by diagnosis
 - v. Sources of referral
 - vi. Number of Service Recipients not accepted, with reasons
 - vii. Total staff days for each service offered
 - viii. Active number of Service Recipients
 - ix. Average number of visits per discharged Service Recipient
 - x. Arrangement of services with other agencies or individuals coordination of community services
 - xi. Services records
 - xii. Personnel qualifications
 - xiii. Service Recipient outcomes
 - xiv. Adequacy of staff to meet Service Recipient needs
 - xv. Number and type of Direct Support Professionals/Clinical staff
 - xvi. Amount of revenue received from payment sources
- xvii. Review of utilization review committee findings, recommendations and corrective action(s)
- xviii. Review of infection control/safety management committee findings, commendations and corrective action(s)

The Annual Program Evaluation shall also include review of the administrative and financial activities of the Company, including:

1. The effectiveness of the organizational administrative policies, procedures, and practices
2. Financial status as evidenced by reports from the Budget Committee

The review committee shall use whatever evaluation instruments and criteria as may be available to evaluate the performance of the Company in meeting its goals and objectives. The written evaluation will be prepared by the Quality Improvement Committee and presented to the Professional Advisory Committee.

The Professional Advisory Committee will review all findings, recommendations and corrective actions taken. The written Annual Program Evaluation will be submitted to the Advisory Board. Statistics gathered as a result of the annual review may serve as planning tools for the Company to determine growth patterns, staffing needs and Service Recipient care needs within the Company. Annual Program Evaluation reports are retained for five (5) years following filing of the cost report.

The Advisory Board shall take action on all recommendations submitted by the Professional Advisory Committee. The Administrator shall be responsible for implementing all recommendations made by the Advisory Board as a result of the Annual Program Evaluation.

HEALTH, SAFETY, AND WELFARE-INFECTION CONTROL PLAN

POLICY:

Universal precautions for blood borne pathogens shall be observed by Home Care Preference employees and volunteers on all Home Care Preference premises in an effort to limit exposure to blood and other potentially infectious materials since exposure could result in the transmission of blood borne pathogens.

Home Care Preference strives to maintain a healthy environment in its offices and programs. To the extent an outbreak of flu or another highly infectious disease occurs in our communities and work settings, a plan of action shall be implemented in order to prevent and/or minimize the occurrence and spread of the disease as much as possible.

PROCEDURE:

UNIVERSAL PRECAUTIONS

1. All vehicles, properties, and offices of Volunteers of America shall be equipped with First Aid kits, disposable gloves, and appropriate shields for mouth-to-mouth resuscitation.
2. Appropriate shields shall be used by any person rendering mouth-to-mouth resuscitation.
3. Disposable gloves shall be used by any staff or volunteer whenever contact with any person's bodily fluids is possible. This includes other staff and volunteers as well as consumers.
4. Immediately after the event which precipitated the use of gloves or a shield is over, appropriate cleaning measures shall be taken.
5. Staff or volunteers shall wash with soap and water any part of their bodies which was or may have been in contact with another person's bodily fluids.
6. All items which were or may have been in contact with bodily fluids shall be properly disposed of and/or cleaned. Persons cleaning non-disposable items such as tables, chairs, walls, floors, etc. shall wear gloves.
7. Managers and Directors are responsible for ensuring steps one through seven above are followed, supplies are on-hand and replenished when needed, and written procedures are developed and reviewed annually to ensure universal precautions are being followed.
8. Human Resources shall ensure mandatory training is provided upon employment. Volunteers who could potentially be exposed to blood borne pathogens shall also receive this training. The training shall include a general discussion on blood borne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, Hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, signs/labels/color-coding. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter.

IMMINENT HIGHLY INFECTIOUS DISEASES

9. Whenever public communications from the Centers for Disease Control indicate the possible imminence of an outbreak of flu or other highly infectious disease, a communication process will be developed as the need arises. Time is of the essence with respect to this policy's implementation and it shall be the priority activity of management and staff to implement this policy's procedures immediately upon receiving notice that the agency is operating under this policy.
10. Educational materials, if deemed necessary, will be prepared and distributed agency-wide be posted in a consistent and highly visible manner throughout program and office locations, to include the following:
 - a) Inside all bathrooms
 - b) Inside all kitchens
 - c) Inside all administrative offices spaces
 - d) On the walls of all lobbies and common/community spaces
11. Directors/managers/supervisors will ensure that employees, vendors and clients who clean facilities are provided with additional guidance and oversight so that surfaces likely to increase disease exposure (such as door handles, light switches, etc.) are disinfected regularly.
12. Home Care Preference may develop special staff instructions, consistent with the guidance of the Center for Disease Control. These instructions may encourage staff to stay home if sick, or in doubt. Directors/Managers shall develop contingency plans for staffing their programs

13. Vaccines, whenever possible, shall be made available on a voluntary basis to clients through various clinics and community based health partnerships used by each program location. It shall be the responsibility of the Administrators to be informed of the locations where vaccines are offered in each community and to provide that information to staff and clients.

POLICY NUMBER: PP111.27

CRISIS INTERVENTION PROCEDURES

POLICY:

Situations may occur in which service recipients act in a way that is dangerous to themselves or others. Staff members must take steps to protect service recipients from injury and if possible, property from serious damage. These situations are either ones that are not covered in a current behavior intervention plan or ones where there is escalation of a behavior seen previously on mild form and at that time easily controlled.

PROCEDURE:

When a service recipient behaves in a way that is dangerous to his/her self or others, and still has not been anticipated by the team, the staff must follow the following crisis intervention guidelines.

1. Remove all other service recipients from the area.
2. Call one or more on duty staff member to assist.
3. If physical danger to yourself is not immediate, try verbally calming individual where they are in a more neutral area if you can move the individual there. Avoid areas that offer possible weapons should the individual decide to use these ill anger or frustration.
4. Physically guiding the individual to sit or lie down, in order to reinstate calm, can be used if the person can be approached.
5. When the individual is not able to be calmed verbally, or by gentle physical guidance, the use of physical restraint is allowed by persons trained approved physical restraint techniques. These techniques should only be used where there is imminent danger to the person or someone else and used only after all other possible approaches. This includes giving the person as much space as necessary while maintain safety.
6. An Incident Report, with proper notifications, should be filed immediately when a restraint is used.
7. Police or other outside officials should be used for invention only if absolutely necessary to protect others.
8. An individual who is extremely agitated may be considered for a chemical restraint, but a strict physician's protocol must be in place for use.

9. Mechanical restraint and aversive behavioral interventions cannot be used for emergency interventions.
10. The Person's Support Team will convene after any Critical Incident. They will develop a behavior intervention for review by the appropriate committees. The Person's Support Team will meet within five working days of the incident.
11. The Person's Support Team will convene within five days of a single situation in which an incident occurs where a restrictive intervention occurred due to severity of the incident, i.e. created harm to self or others.
12. All uses of emergency behavior interventions will be documented on an incident report with details as to antecedents, consequences, severity, duration and actions by staff

BEHAVIOR SUPPORTS

POLICY:

Behavior invention practices must be directed at teaching appropriate behavior, rather than just restricting the display of inappropriate behavior. Interventions must be based on using the most positive, least restrictive methods and efforts must be made to reduce the restrictiveness as soon as possible. Individuals should have the benefit of a thorough analysis of their case and the opportunity to respond to the least restrictive intervention, unless there will be serious consequences in allowing the behavior to continue.

PROCEDURE:

1. This general intervention policy has been developed to provide a summary of the philosophy and principles that are to be used in all activities. All related practices must comply with the general policy.
2. The techniques used will be the least restrictive interventions will be directed toward the goal of maximizing the growth and development of the individual.
3. Programs will emphasize the development of positive skill development, rather than the reduction and control of maladaptive behaviors.
4. Behavior management policies and procedures will be directly available to individuals, families, and guardians.
5. Except in cases of emergency behavioral interventions, only approved behavior management techniques will be permitted.
6. SHC prohibits verbal abuse, which is shouting, screaming, swearing, name-calling, humiliation or any other activity damaging an individual's self-esteem.
7. SHC prohibits verbal punishment, corporal punishment, physical abuse, the withdrawal of food and other essentials of human existence as punishment, and seclusion, defined as the placement of the individual alone in a locked room.
8. SHC prohibits individuals from disciplining other individuals except as part of self-government.

General Precautions in the Use of Behavioral Safety Interventions.

Use of restraints and protective equipment carry the risk of positional asphyxiation, restriction of circulation, and pressure on the muscular and skeletal system. Because of these risks the following precautions shall be followed.

- a. Restraints and protective equipment may not be used excessively, for a time period beyond that which is necessary to ensure safety, as treatment or punishment, for staff convenience, or as a substitute for other services.
- b. The physical condition of the person being restrained or protected shall be evaluated continuously throughout the restraint. Persons showing abnormalities of breathing, skin color, or other abnormalities shall be immediately released from restraint.
- c. Restraint or Protective Equipment shall not be used when its use is contraindicated. Medical conditions which may contraindicate physical restraints are head or spinal injury, fracture and pregnancy. Relative contraindications include: osteoporosis or

history of fracture; asthma; seizures; heart disease, including hypertension; recent history of surgery; and a history of abuse.

- d. The risks and benefits of restraint in response to these relative contraindications must be evaluated by the person's COS in consultation with the primary care physician to determine an appropriate course of action. The results of the individualized risk-benefits analysis shall be reported in the document that outlines the use of the restraint or protective equipment.

POLICY NUMBER: PP111.28

MEDICATION SAFETY

POLICY

Provider Manual section 8.5.a. Medication Administration by Unlicensed Personnel.

A statutory exemption allows unlicensed staff to administer certain medications to persons supported in DIDD's waiver programs. Providers who employ staff to administer medication are responsible for compliance under DIDD (presently DOH) rules.⁵⁸ Providers shall ensure that all unlicensed staff who administers medication has successfully completed the DIDD Medication Administration for Unlicensed Personnel competency based training and that current certification is maintained.

1. Providers shall have a medication safety policy (formerly known as medication administration policy) that is accepted by DIDD. Required elements of a medication safety policy are specified in the DIDD (presently DOH) rules.⁵⁹
2. The medication safety policy shall also contain elements which address self-administration of medications.
3. The medication safety policy shall also contain elements which address the safe administration of psychotropic medications, including appropriate screening for medication-induced movement disorders every six months.
4. A separate Medication Administration Record (MAR) must be maintained for each individual receiving medications. MAR required elements are specified in the DIDD (presently DOH) rules.⁶⁰
5. PRN psychotropic medications may only be administered by a licensed nurse after an RN or prescribing practitioner has determined less restrictive measures have been taken and failed to stabilize the situation. Informed consent is required before the doctor's order is implemented. The provider shall notify the prescribing physician of each administration of the PRN psychotropic medication within one (1) business day. HRC review is required within 30 days. A summary of all PRN psychotropic medication administrations since the previous appointment shall be provided to the prescribing physician at the time of the person's next quarterly appointment.
6. Medication variances and omissions can occur during transcribing, preparing, administering or in the documentation of a medication. A medication variance occurs at any times that a medication is given in a way that is inconsistent with how it was ordered by the prescribing practitioner and in accordance with the "Eight Rights" (i.e., right dose, right drug, right route, right time, right position, right texture, right person, and right documentation).

Provider Manual section 8.5.b. Administration and Supervision of Psychotropic Medications.

Psychotropic medications are appropriate as part of the treatment plan for people who have been diagnosed with a psychiatric illness. Provider agencies must ensure individuals receiving psychotropic medications have a minimum of quarterly appointments with their treating practitioner and obtain informed consent. Therefore, providers must ensure training is provided on administration of any prescribed psychotropic medications and recognition of side effects, including potentially life threatening side effects; e.g., neuroleptic malignant syndrome, serotonin syndrome. Involuntary administration of psychotropic medications by provider agency staff is strictly prohibited.



POLICY NUMBER: PP111.29

RESOLVING SERVICE RECIPIENTS' COMPLAINTS

POLICY

Home Care Preference shall resolve all complaint reported by service recipients, family members and legal representatives in a systematic procedure established within the company. All complaints shall be resolved and accurately documented.

PROCEDURE

All service recipients' complaints shall be recorded and forwarded to the Incidents management coordinator whose contact information will be made available to all service recipients, families and legal representative. All complaints received shall be resolved within 30 days of complaint filling date. Home Care Preference's complaints resolution system shall include but not limited to:

- a. HCP shall designate a staff member as the complaint contact person.
- b. HCP shall preserve a complaint contact log.
- c. HCP shall maintain current records of complaint activity.

Additionally, the following elements shall be included in the complaint contact logs:

- a. Date complaint received.
- b. Contact information.
- c. Name of complainant.
- d. Name of person supported.
- e. Agency and ISC involved.
- f. Description of Complaint.
- g. Description of Resolution (complainant)

Home Care Preference shall notify every service recipient, family and legal representative of company and DIDD's complaints resolution system upon admission. The process and complaints resolution contact person's information shall be provided as well. Home Care Preference shall clarify to service recipients that filing a complaint does not void their right to request a fair hearing. Service recipients, family members and their representative shall be informed that they do not need to go through the complaints process before requesting a fair hearing if they so desire.

Service recipients who do not feel satisfy with the result of a resolved complaint shall be advised to file a formal complaint with the DIDD (CFS) Unit or other DIDD representatives. Home Care Preference shall provide the complainant with DIDD CFS Unit contact information for futher assistant with the unresolved complaint. Home Care Preference shall implement this policy without discrimination based on color, gender, race, religion etc.

POLICY NUMBER: 111PP.30

TRANSPORTING SERVICE RECIPIENTS

POLICY

Home Care Preference shall ensure that safety measures are implemented to safeguard the lives of service recipients while providing transportation services.

PROCEDURE

1. Service recipients shall only be transported in vehicles that have operable seat belts.



2. Home Care Preference shall verify and if needed train staff on the proper application of Car seat belts prior to assigning transportation services.
3. Service recipients who need special transportation accommodation as specified in the ISP such as wheelchairs shall only be transported by staff who have been trained on how to safely transfer and secure wheelchairs in transportation vehicles.
4. All vehicles utilized for transporting Home Care Preference service recipients shall provide regular car inspection and maintenance records that support the safety and reliable conditions of the vehicle for transportation. All vehicle documentations shall be kept in the responsible transportation staff's file a verification of compliance.
5. A copy of liability insurance shall be kept in the personnel's file and another in the vehicle at all time.
6. A first Aid kit shall be kept in all vehicles used for transporting service recipients for emergencies use.
7. Home Care Preference shall not demand any transportation, cleaning or car maintain fees from service recipients, family members or legal representatives.
8. Service recipients, families and or legal representatives shall never be required to pay cell phone bills, or compensate transportation staff in any form for cell phones usage.

HCBS SETTING RULE

The HCBS settings rule is a federal rule issued in January 2014 by the Centers for Medicare and Medicaid Services (CMS). The rule requires that all of the settings in which Medicaid-reimbursed HCBS are provided, including residential and day services, are integrated in and support full access to the greater community.

HOME CARE PREFERENCE (HCP) COMPLIANCE PLAN

1. HCP will provide support services that assist service recipients seek and maintain employment opportunities of interest and skills with competitive wages.
2. HCP will provide services that support service recipients integrate into the community by spending time with people without disability through volunteer activities, church and civic membership, clubs, groups, educational opportunities, and associations.
3. HCP will provide service recipients the opportunity to manage their funds, shopping, banking, transportation, and personal environment to the fullness of their capabilities.
4. HCP shall encourage and support service recipient to be actively engaged in recreational activities such as sports, fitness, dining with friends, families, natural support systems, etc.
5. HCP shall maintain an internship program that provides service recipients the opportunity to meet students, develop natural support systems, learn and/or develop new skill, pursue an education in an interested field, and develop carrier goals.

6. HCP shall provide services that assist service recipients in exploring jobs that would match interests and abilities with opportunities to be productive and earn a competitive wage or develop customized employment opportunities.
7. HCP shall provide services that assist retired or service recipient who are unable to work spend time with others in the community by volunteering, worshipping, or any recreational activity of choice.
8. HCP will ensure that service recipients' homes are NOT located on the same street in the same neighborhood. Residential homes shall be located in the greater community where service recipients can spend time, shop and mingle with other people living in the area without disabilities. Thus, avoiding segregation and institutionalization of service recipients.
9. HCP will comply with all federal laws protecting service recipients, including the Americans with Disability Act (ADA) that protects persons with disabilities to be served in integrated communities.
10. Staff shall only use a key to enter a living area of privacy space under limited circumstances agreed upon with the individual?
11. Sleeping, bathrooms and living areas shall be key accessible to protect service recipient's safety, security and privacy.
12. Staff will provide privacy and assist in maintaining individual's dignity even if the individual is not conscious of his/her own dignity and or right to privacy.
13. Service recipients shall be supported to integrate in the community through volunteer services, associate with friends and entertainment of their choice.
14. Home Care Preference will provide training and support to help service recipients select and change residential settings as desire.
15. Home Care Preference will provide access to materials, resources and supports that will assist individuals served in gaining competencies, increasing task efficiency and participating fully in preferred activities in and out of their living areas.
16. Home Care Preference shall support and facilitate service recipients' access to natural support systems in the community.
17. Home Care Preference shall provide language access and interpreter services to service recipients with Limited English Proficiency or who are sensory impaired
18. Home Care Preference staff shall provide privacy and space for service recipients to communicate with phones, computers or other technological devices in residential settings in private as desire.
19. Staff shall demonstrate respect to service recipients in residential homes by providing them full access to their home (e.g., the front door key etc.) at all times.
20. Home Care Preference staff shall respect service recipients' privacy rights by not intruding into private areas without making prior arrangements and/or using a key to enter their living area.
21. Residential homes shall be physical accessible, adaptable, and free of any form of mobility limitations such as gates, Velcro strips, locked doors or any other barriers that may impose a sense of force imprisonment or restrain on service recipients.
22. Do Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

23. HCP service recipients shall have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
24. HCP residential homes shall provide service recipients full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas, well arranged to support group conversations and interactions.
25. Service recipients shall have access to food anytime, as appropriate.
26. HCP residential settings shall be free of curfew or other non-respectful requirements imposed on service recipients such as scheduled return to the settings.
27. HCP shall facilitate service recipients' interest in accessing amenities such as a pool or gym use by others in their residential sites.
28. HCP shall assess, apply and support service recipients who need supportive medical equipment's such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?
29. HCP residential homes shall be located where service recipients could easily access public transportation as desire.
30. Residential homes shall NOT be located in the same building as an educational program