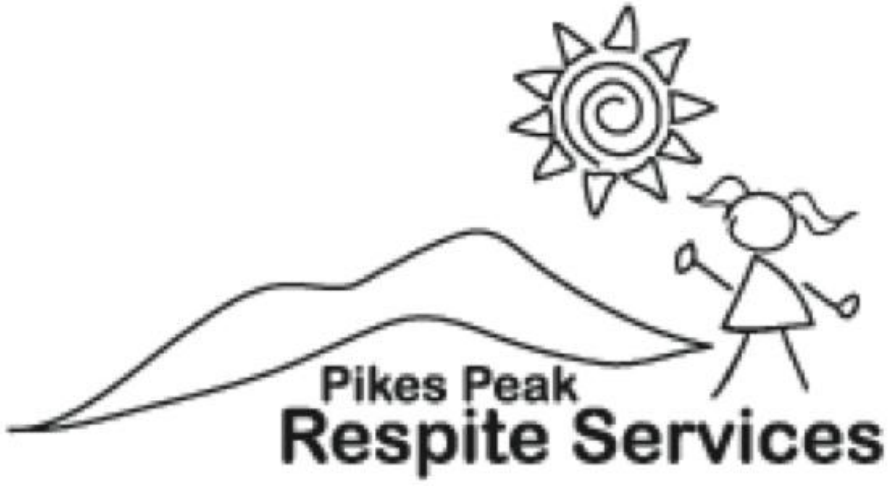

HCA CLASS B POLICIES AND PROCEDURES MANUAL

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ADMISSIONS AND DISCHARGE PLANNING – HCA

(Ref. 6 CCR 1011-1 26 5.4, 5.5)

POLICY

Pikes Peak Respite Services provides non-skilled services, such as assistance with activities of daily living, to persons recovering from an illness or injury, persons living with a disability, or persons with intellectual and developmental disabilities. Pikes Peak Respite Services will only accept consumers for Class B Non-Medical Home Care Agency (HCA) services on the basis of whether the services to be rendered are within the scope of care acceptable under Class B Non-Medical HCA standards. Pikes Peak Respite Services will initiate, complete, and maintain admission and discharge documentation on each person receiving HCA services.

PROCEDURE

Admission

Pikes Peak Respite Services will only accept consumers for care or services on the basis of a reasonable assurance that the needs of the consumer can be met adequately by the agency in the individual's temporary or permanent home or place of residence.

- Pikes Peak Respite Services will ensure that intake documentation is maintained noting the agreed upon days and times of services to be provided based upon the consumer's needs that this information is updated at least annually.

If Pikes Peak Respite Services receives a referral of a consumer who requires care or services that are not available at the time of referral, Pikes Peak Respite Services will advise the consumer's case manager or primary care provider, if applicable, and the consumer or authorized representative of that fact.

- Pikes Peak Respite Services will only admit the consumer if the case manager or primary care provider and the consumer or consumer's representative agree the ordered services can be delayed or discontinued.

Discharge Planning

Pikes Peak Respite Services will ensure that discharge documentation is maintained for each person leaving services. Once admitted, Pikes Peak Respite Services will not discontinue or refuse services to a consumer unless documented efforts have been made to resolve the situation that triggered such discontinuation or refusal to provide services. Pikes Peak Respite Services will ensure that there is a specific plan for discharge in the consumer record and that ongoing discharge planning with the consumer is taking place.

- If no improvement or no discharge is expected, Pikes Peak Respite Services will document in the consumer record this assessment.
- Pikes Peak Respite Services will assist each consumer or authorized representative to find an appropriate placement with another agency if the consumer continues to require care and/or services upon discharge.

- Pikes Peak Respite Services will document due diligence in ensuring continuity of care upon discharge as necessary to protect the consumer's safety and welfare.
- The consumer or authorized representative shall be notified verbally and in writing of the agency's intent to discharge and the reasons for the discharge. There shall be a specific plan for discharge in the consumer record and there shall be ongoing discharge planning with the consumer.
- The consumer or authorized representative will be notified verbally and in writing of the agency's intent to discharge and the reasons for the discharge.

ADVANCE DIRECTIVES – HCA

(Ref. 6 CCR 1011-1 26 5.3)

POLICY

Pikes Peak Respite Services provides Class B Non-Medical Home Care Agency (HCA) services and does not provide support with medical care and treatment, such as end-of-life care. However, Pikes Peak Respite Services recognizes that persons receiving services have the right and choice to establish and maintain advance directives that guide end-of-life care. Advance directives are written instructions for a person's end-of-life treatment and support. Pikes Peak Respite Services will educate persons receiving HCA services regarding their right to establish and maintain advance directives as established by Colorado Revised Statutes, Title 15, Article 18.

PROCEDURE

Pikes Peak Respite Services DOES NOT PROVIDE end-of-life medical care and treatment but will educate persons receiving HCA services regarding their right to establish advance directives. Within one (1) business day of the start of services, Pikes Peak Respite Services will inform the consumer concerning its' Advance Directives policy, including a description of applicable state law. Pikes Peak Respite Services will furnish advance directives information to a consumer before care is provided. Pikes Peak Respite Services will train staff regarding its Advance Directives policy and its implementation.

Advance Directives 101

(https://www.coloradohealthinstitute.org/research/last-word-advance-directives-colorado)

Advance directives are written instructions for a person's end-of-life health care preferences. For example, people may reject life-extending treatment in favor of care that reduces pain and emphasizes comfort.

The advance directive also may name a health care agent — the person trusted to make life-and-death medical decisions. If the patient has not designated an agent in advance, Colorado law tells doctors to locate all "interested persons" and select one to serve as the patient's health care agent.

Advance directives are part of a broader advance care planning process that also involves discussions about medical preferences with loved ones and providers.
In Colorado, there are four main types of advance directives, each with a different purpose.

Medical Durable Power of Attorney

A medical durable power of attorney, or MDPA, allows people to appoint a health care agent to make decisions on their behalf. The agent is obligated to act according to the wishes and values of the patient. This directive also grants access to medical records. It is not necessary to use a

lawyer or financial planner – MDPA forms are available online – and a witness's signature and notarization is optional but recommended.

Living Will

A living will, formally referred to as "Declarations as to Medical Treatment," instructs physicians regarding artificial life-support when patients cannot speak for themselves or are in a persistent vegetative state. However, living wills do not allow someone to make medical decisions on behalf of another person. Like MDPAs, living wills do not require an attorney or a doctor, but signatures of two witnesses are mandatory. Living wills should not be confused with traditional wills or living trusts, which pertain to property.

Medical Orders for Scope of Treatment

A Medical Orders for Scope of Treatment form, or MOST, is for those who are seriously or chronically ill and in frequent contact with providers. MOSTs provide specific instructions to providers about which medical interventions to perform or to avoid and must be signed by both the patient and the provider.

CPR Directive

The cardiopulmonary resuscitation (CPR) directive is also a medical order, and it instructs providers not to resuscitate if a person's heart or breathing stops. This type of advance directive is typically for people who are frail or seriously ill and for whom CPR may do more harm than good. The doctor and patient must sign this form.

The National Institute on Aging recommends that all adults have at least a medical durable power of attorney in place.

AGENCY REPORTING – HCA

(Ref. 6 CCR 1011-1 26 5.8)

POLICY

Pikes Peak Respite Services provides a humane and caring environment, which includes diligence to ensure the safety of the persons served. Reporting serious incidents and occurrences and acting on the information in these reports is essential. Pikes Peak Respite Services will complete Incident Reports for all individuals receiving CES/SLS services. In addition, Pikes Peak Respite Services will complete an Occurrence Report for all individuals receiving Class B Non-Medical Home Care Agency (HCA) services. Incident Reports will be kept in the individual's record and will be available to the Department of Health Care Policy and Finance (HCPF) and the Colorado Department of Public Health and Environment (CDPHE) upon request. Occurrence Reports will be kept in the individual's record and will be available to HCPF and CDPHE upon request.

PROCEDURE

Pikes Peak Respite Services will:

- Follow and implement its policy (SEE OCCURRENCE REPORTING) for all allegations involving individuals receiving HCA services.
- Follow and implement its policy (SEE INCIDENT REPORTING) for all incidents involving individuals receiving CES/SLS services.
- File separate occurrence reports and incident reports for all allegations/incidents involving individuals receiving both CES/SLS and HCA services simultaneously.
- Investigate each reportable occurrence and institute appropriate measures to prevent similar future occurrences.
- Document all investigations, including the appropriate measures to be instituted, and make this information available to CDPHE, upon request.
- Ensure that the occurrence report and investigation findings are available for review by CDPHE within five (5) working days of the occurrence.
- Notify CDPHE before it initiates discharge of any person who requires and desires continuing HCA paid care or HCA services where there are no known transfer arrangements to protect the person's health, safety, or welfare.
- Notify CDPHE within 48 hours of the occurrence when emergency discharge is necessary to protect the safety and welfare of staff.
- Educate and train direct care staff regarding mandatory reporting requirements for at-risk persons.
- Educate and train direct care staff regarding mandatory reporting requirements and standards for children.

ANTI-DISCRIMINATION

(Ref. 10 CCR 2505-10 8.7408.A.6)

POLICY

Pikes Peak Respite Services believes that equal opportunity is important for the continuing success of our organization. In accordance with state, federal, and municipal laws, this agency intends to comply with these laws which preclude negative discrimination because of race, disability, color, creed, religion, gender, age, sexual orientation, national origin, ancestry, citizenship, military status or any other protected classification. Pikes Peak Respite Services defines "negative discrimination" to include (but not limited to) denial of services, employment, participation in programs, or contractor opportunities to any class of individuals in a manner that negatively restricts opportunities to that class of individuals. Pikes Peak Respite Services will investigate all reported discriminatory acts.

PROCEDURE

Persons

- Referrals will be considered on a first-come / first-serve basis.
- Pikes Peak Respite Services does not maintain a waiting list, but persons are free to request services and supports at any time.
- A Person-Centered Support Plan accompany each referral or request for services.
- Persons will be evaluated and welcomed according to the ability of Pikes Peak Respite Services to support IP goals.
- Pikes Peak Respite Services will investigate all reported allegations of discriminatory acts

Employment

- Employment will be open to all individuals regardless of race, disability, color, creed, religion, gender, age, sexual orientation, national origin, ancestry, citizenship, military status or any other protected classification.
- Employment will be considered after Pikes Peak Respite Services receives a completed application with references.
- Pikes Peak Respite Services will conduct reference and background checks prior to employment.
- Pikes Peak Respite Services will evaluate hiring based on completed application, references, face to face/phone interviews and overall qualifications.
- Discriminatory acts by any employee/contractor will be investigated and documented following the Grievance Resolution procedure.
- Pikes Peak Respite Services reserves the right to deny employment/contracting for any person determined to be a health and safety risk or discriminatory to a person in services.

BACKGROUND AND CRIMINAL HISTORY CHECK

(Ref. 10 CCR 2505-10 8.7409.A & 6 CCR 1011-1 26 5.9)

POLICY

Pikes Peak Respite Services will require any individual seeking employment or contractual agreement with Pikes Peak Respite Services to submit to a criminal history record check to determine whether the individual seeking employment or contract has been convicted of a felony or misdemeanor and to ensure that the individual does not pose a risk to the health, safety and welfare of the person in services.

PROCEDURE

Pikes Peak Respite Services will conduct criminal history record checks, background screening and reference checks and compare the employee's/independent Contractor's name against the list of all currently excluded individuals maintained by the Office of Inspector General prior to employing staff or independent Contractors to provide services and supports to Members.

Pikes Peak Respite Services will conduct criminal history record checks on all potential staff, independent contractors and substitute (Respite) providers before they offer direct care and assistance to individuals in services. The checks will also include any non-participating individuals over 18 residing in the household. Pikes Peak Respite Services will cover the expenses associated with these checks. The background screening for all direct care staff will encompass, at the very least:

- A search of criminal history in the State of Colorado and be conducted not more than 90 days prior to employment/contracting of the individual.
- A search of the Office of Inspector General's currently excluded individuals.
- CAPS check.
- DORA search and review, if applicable, given the applicant's prior profession.
- Review of the applicant's prior work history.
- Review of the applicant's references.
- **As needed/determined**: Complete a full background check using the applicant/employee's fingerprints.

Pikes Peak Respite Services will complete ongoing criminal history reviews and DORA checks, if applicable, on all current employees/contractual providers who provide direct care minimally every five (5) years. Pikes Peak Respite Services reserves the right to complete a background check more frequently or a full background check (i.e., fingerprints) on any applicant or current employee/contractor.

DORA

Before employing any individual to provide direct support services and who has a background in a healthcare profession (e.g., CNA, RN, LPN), Pikes Peak Respite Services will contact the

Colorado Department of Regulatory Agencies (DORA) to verify whether a license, registration or certification exists and is in good standing. A copy of the inquiry will be placed in the individual's personnel file.

CAPS CHECK

The Colorado General Assembly created a law (§26-3.1-111 C.R.S.) requiring certain employers to conduct a check of the Colorado Adult Protective Services data system (CAPS) to determine whether a potential employee has been substantiated of mistreatment, neglect, or exploitation of an at-risk adult. Pikes Peak Respite Services will request a CAPS Check prior to hiring new direct-care staff.

Pikes Peak Respite Services will consider the applicant's employment background and criminal history when assessing the individual's qualifications for employment or contract. Pikes Peak Respite Services will evaluate hiring based on completed application, references, background screening results, face to face/phone interviews and overall qualifications. Pikes Peak Respite Services reserves the right to deny employment for any individual determined to be a health and safety risk to persons in services. Background screening results, DORA checks, CAPS checks, references and face-to-face/phone interviews will be utilized to determine employment.

When assessing whether to employ or contract with an applicant with a felony or misdemeanor conviction, Pikes Peak Respite Services will consider the following factors:

- The history of convictions, pleas of guilty or no contest.
- The nature and seriousness of the crimes.
- The time that has elapsed since the conviction(s).
- Whether there are any mitigating circumstances.
- The nature of the position for which the applicant would be employed.

When assessing whether to employ or contract with an applicant with a prior allegation of MANE, Pikes Peak Respite Services will consider the following factors:

- The history of MANE allegations/investigations.
- Substantiated allegations.
- The nature and seriousness of the allegations.
- The time that has elapsed since the allegations.
- Whether there are any mitigating circumstances.
- The nature of the position for which the applicant would be employed.

Staff or independent Contractors with any of the following are prohibited from providing direct care to any person in services:

- **An allegation of MANE** or harmful act, as defined in Section 26-3.1-101, C.R.S., **substantiated by Adult Protection Services (APS) within the last 10 years**, at a severity **level of "Moderate" or "Severe**" as defined in 12 CCR 2518-1.

- **Three or more allegations of MANE or harmful act**, as defined in Section 26-3.1-101, C.R.S., **substantiated by APS within the last five years**, at the **minor severity level** as defined in 12 CCR 2518; Section 30.100.
- A criminal conviction of MANE against an at-risk adult defined at 26-3.1-101, C.R.S.

Only substantiated allegations for which the state level appeal process as defined as 12 CCR 2518-1; Section 30.920 has concluded will be included in the above list.

If Pikes Peak Respite Services chooses to hire or contract with an applicant with a prior allegation of MANE, including applicants with two (2) or less MANE allegations, substantiated by APS as minor, or the applicant has a criminal history, the agency will put a safety plan in place to monitor the employee or contractor. This safety plan will be on a case-by-case circumstance. Pikes Peak Respite Services may choose to increase monitoring on a monthly basis or limit the person's job description based on the circumstances. For example, Pikes Peak Respite Services may choose not to allow the person to administer medication or not allow the person to manage money.

BILLING PRACTICES

(Ref. 10 CCR 2505-10 8.7405. 8.7407, & 8.7528.C)

POLICY

Pikes Peak Respite Services will ensure that billing practices are professional, meet the regulations, and include documentation necessary to be maintained for billing Home and Community Based Services (HCBS) Medicaid services.

PROCEDURE

Pikes Peak Respite Services will ensure that billing claims for HCBS services are payable only if submitted in accordance with the following procedures:

- Pikes Peak Respite Services will verify Member eligibility prior to delivering services.
    - Member eligibility will be verified using the Medicaid Provider Portal.
- Pikes Peak Respite Services will verify a Prior Authorization Request (PAR) has been approved for the services in question, prior to service provision and claim submission.
- Claims will be submitted to the Medicaid Billing Fiscal Agent in accordance with Department billing manuals and policies outlined in Section 8.043.
- Claims will only be submitted for services Pikes Peak Respite Services is enrolled to provide, including correct HCBS specialties.
- Claims will only be submitted for services provided in accordance with all applicable federal and state statutes, regulations, and other authorities;
- Submitted claims will include all data elements required to complete the National Uniform Claim Committee Form 1500 (CMS 1500).
- Payment will not exceed rate shown in the Health First Colorado Fee Schedule in effect on the date services are provided.
- Pikes Peak Respite Services will not collect copayments or seek reimbursement from eligible Members for covered services.

Documentation

Pikes Peak Respite Services will maintain documentation to include:

- Incremental units of service
    - Location of service provided
    - Time and date service was provided, including beginning and end time
    - Name of individual rendering service
    - Service(s) rendered, and the exact nature of the specific tasks performed align with the service definition(s) in 8.7500
    - Documentation of any changes in the Member's condition or needs and action taken because of the changes
    - Units of service provided

In-Home Support Services Member Eligibility

Pikes Peak Respite Services will ensure that all Members eligible for In-Home Support Services (IHSS) will meet the following eligibility criteria:

- Be enrolled in CFC.
- Provide a signed Physician Attestation of Consumer Capacity form at enrollment and following any change in condition stating that the Member has sound judgment and the ability to self-direct care. If the Member is in unstable health with an unpredictable progression or variation of disability or illness, the Physician Attestation of Consumer Capacity form shall also include a recommendation regarding whether additional supervision is necessary and if so, the amount and scope of supervision requested.
- Members who elect or are required to have an Authorized Representative must appoint an Authorized Representative who has the judgment and ability to assist the Member in acquiring and using services.
- Demonstrate a current need for covered Attendant support services.

IHSS eligibility for a Member will end if:

- The Member is no longer enrolled in CFC
- The Member's medical condition deteriorates causing an unsafe situation for the Member or the Attendant as determined by the Member's Licensed Medical Professional.
- The Member refuses to designate an Authorized Representative when the Member is unable to direct their own care as documented by the Member's Licensed Medical Professional on the Physician Attestation of Consumer Capacity form.
- The Member provides false information or false records.
- The Member no longer demonstrates a current need for Attendant support services.

CHALLENGING BEHAVIORS

(Ref. 10 CCR 2505-10 8.7202.B8)

POLICY

It is the policy of Pikes Peak Respite Services to provide humane services and supports in humane physical environments, and to utilize the least restrictive intervention possible to protect an individual receiving service, or others, from physical injury, or to prevent severe property damage.

Individuals may express challenging behaviors in response to a variety of factors including environment, medical reasons, interpersonal relationships or life changes. To ensure maintenance of rights, dignity, and safety of the individual receiving services, the Member Identified Team, working with the individual, will address the needs of the individual in a holistic manner, not merely addressing the challenging behavior.

Pikes Peak Respite Services may provide services to a variety of individuals, including individuals with challenging behaviors. When challenging behaviors are addressed using restrictive procedures, Pikes Peak Respite Services will ensure that the employee or contractor is trained and responsible for implementing restrictive procedures.

PROCEDURE

When a person needs assistance with challenging behavior, including a person whose behavior is dangerous to himself, or others, or engages in behavior which results in significant property destruction, Pikes Peak Respite Services in conjunction with the individual, their Guardian or other Legally Authorized Representative, and other Member of Member Identified Team including the Member's appointed Case Manager will complete a Comprehensive Review of the Person's Life Situation including:

- The status of friendships, the degree to which the person has access to the community, and the person's satisfaction with his or her current job or housing situation.
- The status of the Family ties and involvement, the person's satisfaction with roommates or staff and other providers, and the person's level of freedom and opportunity to make and carry out decisions.
- A review of the person's sense of belonging to any groups, organizations or programs for which they may have an interest, a review of the person's sense of personal security, and a review of the person's feeling of self-respect.
- A review of other issues in the person's current life situation such as staff turnover, long travel times, relationship difficulties and immediate life Crises, which may be negatively affecting the person.
- A review of the person's medical situation which may be contributing to the challenging behavior.

- A review of the person's Individualized Plan and any Individual Service and Person-Centered Support Plans to see if the services being provided are meeting the individual's needs and are addressing the challenging behavior using positive approaches.
- The Case Manager shall make Referrals to the Regional Centers and shall comply with the Regional Centers admission policy.
- If any aspects of this review suggests that the person's life situation could be or is adversely affecting his or her behavior, these circumstances shall be evaluated by the Member Identified Team, and specific actions necessary to address those issues shall be included in the Individualized Plan and/or Individual Service and Person-Centered Support Plan, prior to the use of any Rights Modifications to manage the person's behavior.
- Issues identified in this comprehensive review that cannot be addressed by the Member Identified Team as led by the individual or their Guardian or other Legally Authorized Representative should be documented in the Person-Centered Support Plan, and the Case Management Agency, or regional center administration should be notified of these issues and the present or potential effect they will have on the person involved.
- The Case Management Agency shall make a Referral to the regional center if, in this review, these issues cannot be maintained safely in a community setting.

COMPLAINTS - HCA

(Ref. 6 CCR 1011-1 26 5.7)

POLICY

Each person has the right to raise complaints. Pikes Peak Respite Services will assist persons in understanding this right and the process for making a complaint known upon entering services and at a minimum on an annual basis at the individual's Person-Centered Support Plan meeting. The person making the complaint may do so in writing or verbally to a representative of Pikes Peak Respite Services. Making a complaint will not prejudice any future services or supports and the affected individual will not suffer any negative effects due to filing a complaint. Pikes Peak Respite Services will ensure that no individual shall be coerced, intimidated, threatened, or retaliated against because the individual has exercised his or her right to file a complaint or has participated in the complaint process. Every effort will be made to resolve the concern at the earliest stage and in a fair manner.

PROCEDURES

Pikes Peak Respite Services will ensure the following standards are implemented as part of its Complaint process:

- Investigation of complaints made by a consumer or others about services or care that is or is not furnished, or about the lack of respect for the consumer's person or property by anyone furnishing services on behalf of Pikes Peak Respite Services.
- Documentation of the existence, the investigation, and the resolution of the complaint. Pikes Peak Respite Services will notify the complainant of the results of the investigation and the agency's plan to resolve any issue identified.
- Incorporation of the substantiated findings into Pikes Peak Respite Services' quality assurance program in order to evaluate and implement systemic changes where needed.
- Maintenance of a separate record/log/file detailing all activity regarding complaints received, and their investigation and resolution thereof. The record will be maintained for at least a two (2) year period of time and will be available for audit and inspection purposes.

Pikes Peak Respite Services does not discriminate or retaliate against a consumer for expressing a complaint or multiple complaints.

CONFIDENTIALITY

(Ref. 10 CCR 2505-10 8.7408.A)

POLICY

Pikes Peak Respite Services will protect the privacy of individuals regarding personal information collected, maintained, used and/or disclosed. The following procedure mostly refers to written or hard copied material.

PROCEDURE

Pikes Peak Respite Services will ensure that access to records and confidentiality of information is maintained according to federal and state laws.

Direct care staff will be made aware of their responsibilities regarding confidentiality and privacy of written and verbal information about persons seeking or receiving services.

CONFIDENTIALITY AND ACCESS TO PERSONAL RECORDS

All identifying information gathered while providing services to a person will be confidential and will be protected from unauthorized access. Legal authorities may require access during their work. Individual records and other identifying information will not be released without the knowledge and informed consent of the person, parent/legal guardian, or authorized representative as appropriate. This includes written records and digital data (e.g., Word documents and Excel spreadsheets) and verbal communication.

Direct care staff access to records will be limited to those who have received training regarding confidentiality and privacy. Direct care staff are authorized to access individual records using personal computers or phones, but due diligence should be taken so that HIPAA procedures are followed to ensure that the person's confidentiality is maintained.

Records containing information shall be retained in accordance with regulation and policy that may apply to the type of record.

CONFIDENTIAL INFORMATION

Identifying information that will be kept confidential includes but is not limited to Name, Social Security number, Medicaid number or any other identifying number or code, street address, name and address of parents or contact person, photo, or any distinguishing mark, which could reasonably be expected to identify a specific individual.

Other information considered to be confidential includes but is not limited to:

- Information contained in medical, psychological, or social summary reports including diagnosis and treatment.

- Program reports including contact notes, assessments, evaluations, Individualized Plans, Individual Service and Support Plans and Individual Education Plans.

- Information with respect to financial resources.
- Information contained in applications, reports of investigations and case record forms.
- Photographs of persons.

Access to a person's records can be considered any of the following:

- Viewing the information in the record.
- Duplicating the information in the record.
- Responding to telephone inquiries about the person and/or about information in the record.
- Participating in meetings where the person's information is discussed.
- Discussing the person in public places.

Unrestricted access to information on the person receiving services will be limited to:

- The person receiving services.
- The parent of the person (if the person is under the age of 18) or a court-appointed guardian.
- The person's authorized representative, if so authorized.
- Designated direct care staff of the Department of Health Care Policy and Finance.
- Pikes Peak Respite Services' direct care staff or contractual providers whose duties require access.
- Direct care staff of authorized external organizations, whose responsibility it is to license, accredit, monitor, approve or conduct other functions related to administration.
- Physicians, psychologists, and other professionals treating a person in an emergency, which precludes obtaining consent. In such an instance, documentation to this access shall be entered into the person's record. This should include the date and time of the disclosure, the information disclosed, the names of the individuals by whom and to whom the information was disclosed and the nature of the emergency.
- Individuals or agencies authorized by law.

- Persons or agencies for which the person, parent of a minor or guardian has given written consent.

- The agency designated as the protection and advocacy system when: a) a complaint has been received by the advocacy system from or on behalf of a person receiving services; and b) such person does not have a legal guardian or the state is the legal guardian, when the individual receiving services has given written consent.

In any case, disclosure of confidential information must be limited to those aspects of information that are necessary to perform the duties of the person desiring access.

Individuals Who May Authorize the Release of Information

- The person, if 18 years or older, who does not have a court-appointed guardian.
- An individual designated in writing by the person as an authorized representative.
- The person's legal guardian.
- The person's legal custodian.
- The person's parents if less than 18 years old.

Pikes Peak Respite Services will ensure the proper release of information or viewing of the person's record to any of the above within 24 hours, excluding weekends or holidays for persons currently receiving services and within 10 days for persons formerly receiving services.

Release of Information to Individuals Who Do Not Have Unrestricted Access

Identifying information may be released upon presentation of one of the following:

- A written authorization/release of information form signed by one of the individuals authorized to release information. The release form a) must be dated, b) be in effect no longer than one year, c) must specify the type of information to be released and to whom it will be released and, d) must state the reason the information is being requested.
- A verbal authorization by one of the authorized individuals with a witness to the conversation and documentation in the person's record access log. This will be allowed in an emergency only and must be followed by a written release.
- A court order specifying releases.

This authorization may be revoked in writing at any time by the person who made the original authorization.

CONFIDENTIAL RECORDS ACCESS LOG

At each location where records are maintained, there shall be a Records Access Log. The log shall contain the name and individual/organization who gained access to the records, the date the record was reviewed and/or released and the purpose of accessing the record. ANY ACCESS TO CONFIDENTIAL INFORMATION MUST BE NOTED IN THIS LOG.

Duplication of Information

Identifying information to be released from records may be photocopied or otherwise duplicated only if the authorization for the release of information specifically allows for duplication.

Confidential information will be transferred to a third party on the condition that they will not permit any other party to have access to such information without the written consent of the person authorized to release the information. Information transmitted by fax machine should be monitored at both sending and receiving points to ensure no unauthorized person can see this information. Personally, identifying information shall not be revealed to third parties not involved in the provision of services to the individual or appropriate referrals. If there is a signed Release of Information form, the following procedures will be observed:

- The release form shall specifically state that information may be duplicated.
- Enter the request and pertinent information into the person's Record of Access log.
- Maintain the Release of Information form in the person's file.
- Stamp material going out as CONFIDENTIAL.
- Release the requested information.

Court Requests for Information

When a record is taken to court, it shall be by court order specifying that the record be brought. The record is not to be shown to anyone until the judge requests that the record be presented as evidence. The person accompanying the record must remain with the records at all times, including during any photocopying. The record is never to be left in the custody of the court.

COORDINATION WITH EXTERNAL AGENCIES – HCA

(Ref. 6 CCR 1011-1 26 5.11)

POLICY

Pikes Peak Respite Services will support persons receiving HCA services from Pikes Peak Respite Services with care coordination support with other external HCA providers/agencies working with the person. Pikes Peak Respite Services will communicate and interact with external HCA providers/agencies to ensure coordinated care and support is provided according to the person's needs.

PROCEDURE

Pikes Peak Respite Services will not refuse to share consumer care information unless the person has chosen to refuse coordination with external HCAs.

- The consumer's refusal of such coordination shall be documented in the consumer's record.

CONSUMER RECORD – HCA

(Ref. 6 CCR 1011-1 26 5.15)

POLICY

Pikes Peak Respite Services will protect the privacy of individuals regarding personal information collected, maintained, used and/or disclosed. Pikes Peak Respite Services will maintain a file for each person receiving supports and services. Each person's file will include a complete and accurate record for each person assessed, cared for, treated, or served. Each person's file will contain sufficient information to identify the person; support her/his diagnosis or condition; justify the care, treatment, and/or services delivered; and promote continuity of care internally and externally, where applicable.

PROCEDURE

Pikes Peak Respite Services will ensure that each person's file contain, at a minimum, the following person-specific information necessary to support the person's health and safety and service delivery needs:

- Demographic Data
- Personalized information, including copies of ID cards, birth certificate, guardianship paperwork (if applicable), etc.
- Medical specific information and history (e.g., current medications, medical professional names and contact info, allergies, etc.)
- Emergency contacts
- Safety Control Procedure(s)
- Informed Consent(s)
- Person-Centered Support Plan
- Assessments and Summaries
- Program/service notes
- Satisfaction surveys
- Communications with the person, guardian or authorized representative regarding care, treatment, and services, including documentation of phone calls and e-mails.
- Names and contact information of case manager(s), other providers, other home care agencies, individuals and organizations involved in the person's care.
- Incident Reports and Occurrence Reports
- Medical protocols and special diets (if applicable)
- Safety measures to support the person and protect the person from harm including fall risk assessments, and documentation why any identified or planned safety measures were not implemented or continued (if applicable)
- Referrals to and names of known home care agencies, individuals, and organizations involved in the consumer's care.
- Diagnostic and therapeutic procedures, treatments, tests, and their results (if applicable)

- Records of ER, Urgent Care, and medical/dental appointments/visits (if applicable)

Clinical records for HCAs providing skilled home health services shall contain, where applicable:

- Hospital and emergency room records for known episodes or documentation of efforts to obtain the information.
- Medical equipment provided by the HCA or related to the care, treatment, and services provided, including assessment of consumer and family comprehension of appropriate use and maintenance.
- Consumer and family education and training on services or treatments, and the use of equipment at the time of delivery to the home.
- Safety measures taken to protect the consumer from harm, including fall risk assessments, and documentation why any identified or planned safety measures were not implemented or continued.
- Diagnostic and therapeutic procedures, treatments, tests, and their results.

Consumer records must be retained for five (5) years after the discharge of the consumer unless state law requires a longer period of time.

- Pikes Peak Respite Services will provide for retention of consumer records even if it discontinues operation.
    - If Pikes Peak Respite Services permanently discontinues operation, it will comply with the requirements of 6 CCR 1011-1, Chapter 2, Part 2.14.4.
        - Within ten (10) calendar days prior to closure, inform the Department in writing of the specific plan for storage and retrieval of individual client records.
        - Within ten (10) calendar days of closure, inform all clients or designated representatives thereof, in writing, how and where to obtain their individual records.
        - Provide secure storage for any remaining client records.
    - If Pikes Peak Respite Services discontinues operation, it will inform the Department of where clinical records will be maintained.
- A change of ownership does not constitute discontinuing operation.
- If Pikes Peak Respite Services has a change of ownership, Pikes Peak Respite Services will provide the new owner with all consumer records.

CONSUMER RIGHTS – HCA

(Ref. 6 CCR 1011-1 26 5.3)

POLICY

Pikes Peak Respite Services will protect and promote the rights of each person receiving services and educate persons regarding their rights. A complete statement (SEE Written Notice of Home Care Consumer's Rights) of these rights, including the right to file a complaint with the Colorado Department of Public Health and Environment (CDPHE), will be distributed to all direct care staff and contracted personnel upon hire.

Persons receiving services or their authorized representative have the right to be informed of the consumer's rights through an effective means of communication. Pikes Peak Respite Services will protect and promote the exercise of these rights and will not condition the provision of care or otherwise discriminate against a consumer based upon personal, cultural, or ethnic preference, disabilities or whether the consumer has an advance directive.

Pikes Peak Respite Services will ensure policies and procedures regarding client rights will be developed, updated and implemented. Policies and procedures will ensure that each client or, where appropriate, the client's designated representative, has the right to:

- Participate in all decisions involving the client's care or treatment.
- Be informed about whether the facility or agency is participating in teaching programs, and to provide informed consent prior to being included in any clinical trials relating to the client's care.
- Refuse any drug, test, procedure, or treatment and to be informed of risks and benefits of this action.
- Receive care and treatment, in compliance with state statute, that is respectful; recognizes a person's dignity, cultural values and religious beliefs; and provides for personal privacy to the extent possible during the course of treatment.
- Be informed of, at a minimum, the first names and credentials of the individuals that are providing services to the client. Full names and experience of the service providers shall be provided upon request to the client or the client's designated representative.
- Receive, upon request:
    - Prior to initiation of non-emergent care or treatment, the estimated average charge to the client. This information will be presented to the client in a manner that is consistent with all state and federal laws and regulations.
- Pikes Peak Respite Services' general billing procedures.
- An itemized bill that identifies treatment and services by date. The itemized bill will enable clients to validate the charges for items and services provided and will include contact information, including a telephone number for billing inquiries. The itemized bill will be made available either within 10 business days of the request, or 30 days after discharge, or 30 days after the service is rendered – whichever is later.

- Give informed consent for all treatment and procedures. It is the responsibility of the licensed independent practitioner and other service providers to obtain informed consent for procedures that they provide to the client.
- Register complaints with the facility or agency and the Department and to be informed of the procedures for registering complaints including contact information.
- Be free of abuse and neglect.
    - Pikes Peak Respite Services will develop and implement policies and procedures that prevent, detect, investigate, and respond to incidents of abuse or neglect.
        - Prevention includes, but is not limited to, adequate staffing to meet the needs of the clients, screening employees for records of abuse and neglect, and protecting clients from abuse during investigation of allegations.
        - Detection includes, but is not limited to, establishing a reporting system and training employees regarding identifying, reporting, and intervening in incidences of abuse and neglect.
        - Pikes Peak Respite Services will investigate, in a timely manner, all allegations of abuse or neglect and implement corrective actions in accordance with such investigations.
- Be free from the improper application of restraints or seclusion.
- Expect that Pikes Peak Respite Services can meet the identified and reasonably anticipated care, treatment, and service needs of the client.
- Care delivered by Pikes Peak Respite Services in accordance with the needs of the client.
- Confidentiality of all client records.
- Receive care in a safe setting.
- Disclosure as to whether referrals to other providers are to entities in which the facility or agency has a financial interest.
- Formulate advance directives and have the facility or agency comply with such directives, as applicable, and in compliance with applicable state statute.
- Request that an in-network healthcare provider provide services at an in-network facility or agency if available.
- Request private pay information if applicable.

Pikes Peak Respite Services will disclose the policy regarding client rights to the client or the client's designated representative prior to treatment or upon admission, where possible. For any services requiring multiple client encounters, disclosure provided at the beginning of such care or treatment course shall meet the intent of the regulations.

Pikes Peak Respite Services will provide the Surprise Billing Disclosure, at a minimum, to all clients whose comprehensive major medical health plans are regulated by the Colorado Division of Insurance, about the potential effects of receiving emergency or nonemergency services from an out-of-network facility or agency or an out-of-network provider who provides services at an in-network facility or agency.

Required disclosures by carriers and healthcare providers may be found in rules promulgated by the Department of Regulatory Agencies, Division of Insurance and Division of Occupations and Professions.

- Pikes Peak Respite Services will provide the Surprise Billing on the following occasions:
    - For emergency services: After performing an appropriate medical screening examination and determining that a client does not have an emergency medical condition or after treatment has been provided to stabilize an emergency medical condition. The disclosure shall be provided to the client or their designated representative for signature prior to discharge or at the time of admission for continuing nonemergency services.
    - For nonemergency services: prior to the provision of any services, the disclosure shall be provided to the client or their designated representative for signature.
- The facility or agency shall provide the disclosure contained in Appendix A minus the signature block on the following occasions:
    - With billing statements and billing notices issued by the facility or agency.
    - With other forms or communications related to the services being provided pursuant to insurance coverage.

Pikes Peak Respite Services will post a clear and unambiguous notice in a public location in the facility or agency specifying that complaints may be registered with the facility or agency, the Department, and with the appropriate oversight board at the Department of Regulatory Agencies (DORA). Upon request, the Pikes Peak Respite Services will provide the client and any interested person with contact information for registering complaints.

PROCEDURE

Within one (1) business day of the start of services, Pikes Peak Respite Services will provide the person or authorized representative with a notice of the consumer's rights in a manner that the consumer understands (SEE Written Notice of Home Care Consumer's Rights). The notice will include information about the consumer's options if rights are violated, including how to contact the Pikes Peak Respite Services member responsible for the complaint intake and problem resolution process.

Pikes Peak Respite Services will promote the rights of each person receiving services:

- Advocate for consumer choice and rights at service plan / Support Plan meetings.
- Implement person centered practices in service planning and delivery.
- Regularly train and educate staff regarding the rights of consumers.
- Regularly educate consumers regarding their rights.
- Inform and educate guardians / authorized representatives about consumer rights.

Exercise of rights and respect for property and person:

- The rights of the consumer may be exercised by the consumer or authorized representative without fear of retribution or retaliation.

- The consumer has the right to have his or her person and property treated with respect.
- The consumer has the right to be free from neglect, financial exploitation, verbal, physical and psychological abuse including humiliation, intimidation, or punishment.
- The consumer or authorized representative, upon request to Pikes Peak Respite Services, has the right to be informed of the full name, licensure status, staff position and employer of all persons with whom the consumer has contact and who is supplying, staffing, or supervising care or services.
- The consumer has the right to be served by agency staff that is properly trained and competent to perform their duties.
- The consumer has the right to live free from involuntary confinement, and to be free from physical or chemical restraints as defined in 6 CCR 1011-1, Chapter II, Part 8.
- The consumer or authorized representative has the right to express complaints verbally or in writing about services or care that is or is not furnished, or about the lack of respect for the consumer's person or property by anyone who is furnishing services on behalf of Pikes Peak Respite Services.
- The consumer will have the right to confidentiality of all records, communications, and personal information.
- Pikes Peak Respite Services will advise the consumer of the agency's policies and procedures regarding disclosure of clinical information and records.

Right to be informed and to participate in planning care and services:

- Pikes Peak Respite Services will inform the consumer or authorized representative in advance about the care and services to be furnished, and of any changes in the care and services to be furnished to enable the consumer to give informed consent.
    - The consumer has the right to refuse treatment within the confines of the law, to be informed of the consequences of such action and to be involved in experimental research only upon the consumer's voluntary written consent.
    - The consumer has the right to be told in advance of receiving care about the services that will be provided, the disciplines that will be utilized to furnish care, the frequency of visits proposed to be furnished and the consequences of refusing care or services.
    - The consumer has the right to refuse to change from an in-person method of delivery of services to a telehealth method of delivery. If the consumer refuses telehealth, their services shall continue in person.
- Pikes Peak Respite Services will offer the consumer or authorized representative the right to participate in developing the plan of care and receive instruction and education regarding the plan.
    - Pikes Peak Respite Services advise the consumer in advance of the right to participate in planning the care or treatment, and in planning changes in the care or treatment.

- The consumer or authorized representative has the right to be advised of any changes in billing or payment procedures before implementation.

Billing:

- The consumer or authorized representative has the right to be advised of any changes in billing or payment procedures before implementation. The consumer or authorized representative has the right to be advised of any changes in billing or payment procedures before implementation.
- If an agency is implementing a scheduled rate increase to all clients, Pikes Peak Respite Services will provide a written notice to each affected consumer at least 30 days before implementation.

Other consumer HCA rights:

- Pikes Peak Respite Services will advise the consumer of any individual changes orally and in writing as soon as possible, but no later than five (5) business days from the date that the HCA becomes aware of a change.
- Pikes Peak Respite Services will not assume power of attorney or guardianship over a consumer utilizing HCA services, require a consumer to endorse checks over to Pikes Peak Respite Services or require a consumer to execute or assign a loan, advance, financial interest, mortgage, or other property in exchange for future services.
- The consumer or authorized representative has the right to be advised of the availability of the state's toll-free HCA hotline. When Pikes Peak Respite Services accepts the consumer for treatment or care, Pikes Peak Respite Services will advise the consumer in writing of the telephone number of the home health hotline established by the state, the hours of its operation and that the purpose of the hotline is to receive complaints or questions about local HCAs.
    - The consumer also has the right to use this hotline to lodge complaints regarding care received or not received including implementation of the advance directives' requirements.
- Pikes Peak Respite Services will make available to the consumer or authorized representative, upon request, a written notice listing all individuals or other legal entities having ownership or controlling interest in the agency.
    - When a change of ownership occurs, the new owner shall send a written notice to all of the HCA's consumers listing all of the new owners and give the consumer the opportunity to continue services with the HCA or receive assistance in transferring care and services to a different HCA.
- Pikes Peak Respite Services will maintain documentation showing that it has complied with the requirements of this section.

CONTRACTS – HCA

(Ref. 6 CCR 1011-1 26 5.9)

POLICY

Pikes Peak Respite Services will ensure that persons receiving Class B Non-Medical Home Care Agency (HCA) services are supported by caring, competent, professional, and trained staff. All contractual providers of Pikes Peak Respite Services will be fully trained and ready to implement all policies and procedures of Pikes Peak Respite Services prior to providing care and support to any person receiving services.

PROCEDURE

Pikes Peak Respite Services will ensure a written employment contract is in place for any contractual provider assisting persons on an hourly or per visit basis in an HCA setting. The employment contract will specify, at a minimum, the following:

- Statement that persons receiving HCA support are accepted for care only by Pikes Peak Respite Services.
- Content identifying the specific services to be furnished.
- The necessity to conform to all applicable policies and personnel qualifications of Pikes Peak Respite Services.
- The contractual providers responsibility for participating in developing plans of care or service.
- The manner in which services will be controlled, coordinated, and evaluated by Pikes Peak Respite Services.
- The procedures for documenting/collecting service notes, scheduling visits, evaluating care and monitoring service delivery.
- The procedures for payment for services furnished under the contract

DISCLOSURE RIGHTS – HCA

(Ref. 6 CCR 1011-1 26 5.6)

POLICY

Pikes Peak Respite Services will inform persons and their guardian/authorized representative regarding the Non-Medical Home Care Agency (HCA) services the person receives, and the obligations/expectations of all parties involved – the person, the HCA worker and Pikes Peak Respite Services. Pikes Peak Respite Services will provide a written disclosure notice to the person or guardian/authorized representative within one (1) business day of the start of services that specifies the service provided by Pikes Peak Respite Services and the person's obligation regarding the HCA worker.

PROCEDURE

Pikes Peak Respite Services will provide the person or guardian/authorized representative the disclosure notice, in the form and manner prescribed by the Colorado Department of Public Health and Environment (CDPHE). Pikes Peak Respite Services will ensure that the person or guardian/authorized representative acknowledges the disclosure notice is within one (1) business day of the start of services.

The disclosure notice will be signed by the person or guardian/authorized representative and will include information as to who is responsible for the following items:

- Employment of the HCA worker
- Liability for the HCA worker while in the person's home
- Payment of wages to the HCA worker
- Payment of employment and social security taxes
- Payment of unemployment, worker's compensation, general liability insurance, and, if provided, bond insurance
- Supervision of the HCA worker
- Scheduling of the HCA worker
- Assignment of duties to the HCA worker
- Hiring, firing and discipline of the HCA worker
- Provision of materials or supplies for the HCA worker's use in providing services to the person.
- Training and ensuring qualifications that meet the needs of the person.

DISPUTE RESOLUTION – PERSON CENTERED

(Ref. 10 CCR 2505-10 8.7408.A7)

1. You have the right to dispute if you find out:
    - You are not eligible for services.
    - You are no longer eligible for services.
    - Your services have changed, reduced, or denied.
    - Your services are to be stopped or terminated.
2. If your services change, we (Pikes Peak Respite Services) will let you know.
3. You have the right to dispute about any decision.
4. You can talk to us about your dispute or write it down.
5. To file a dispute, you can contact: Beverly Seemann**, Administrator;** cmbev@hotmail.com; 719-659-6344.
6. You can get help to dispute a decision from any of the following organizations:
    - Disability Law Colorado (303) 722-0300
    - ARC of Colorado (303) 864-9334
    - ARC of Aurora (720) 213-1420
    - ARC of Arapahoe and Douglas Counties (303) 220-9228
    - ARC of Jefferson, Clear Creek & Gilpin Counties (303) 232-1338
    - Advocacy Denver (303) 831-7733
    - ARC of Adams County (303) 428-0310
    - ACL of Boulder and Broomfield Counties (303) 527-0888
    - The ARC Pikes Peak Region (719) 471-4800
7. You can decide to meet with us and talk about your dispute.
8. You can ask someone to help you talk about your dispute.
9. You can present information and evidence in support of your dispute.
10. If you do not like the decision, you can ask an impartial decision maker to review your dispute:
    - We will ask someone to look over your dispute.
11. We will keep a written record of all meetings and decisions.
12. You also have the right to file a dispute in person, mail or email to the following:

Complaint Intake Coordinator
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246
Home and Community Services Complaint Line: # 303.692.2926
Email: healthfacilities@state.co.us

You will not be terminated for making a dispute.

DISPUTE RESOLUTION – AGENCY SPECIFIC

(Ref. 10 CCR 2505-10 8.7408.A7)

POLICY

Individuals receiving services, parents of minors, legal Guardians, or Legally Authorized Representatives (within the scope of, and in the manner authorized by, the court order or voluntary appointment or designation) shall be offered a means for resolving disputes when one or more of the criteria listed below is met.

You have the right to contest or dispute the following types of decisions made by Pikes Peak Respite Services:

- A decision that you are not eligible for services and supports.
- A decision that you are no longer eligible for services and supports.
- A decision to modify, reduce or deny services and supports set forth in your Person-Centered Support Plan.
- A decision to terminate, or end, your services and supports.

PROCEDURE

Pikes Peak Respite Services will provide information, in Plain Language, of the Dispute Resolution Procedure to Members, prospective Members, or Legally Authorized Representatives (within the scope of, and in the manner authorized by, the court order or voluntary appointment or designation) at the time services and supports begin with Pikes Peak Respite Services and each time there is a change in services being considered.

If Pikes Peak Respite Services makes a decision affecting services and supports, as defined above, Pikes Peak Respite Services will ensure that a written notice of action is provided to you, accompanied by this procedure, to inform you of decisions proposed and to help you determine whether you want to contest or appeal the decision. The notice will be provided to you, in writing, at least fifteen (15) days before the action is to be effective except in emergency situations determined by the Department.

If you have been notified by Pikes Peak Respite Services that it intends to take action that can be disputed, and you disagree with that action, you have the right to dispute.

You can file a dispute by contacting: Beverly Seemann**, Administrator;** cmbev@hotmail.com; 719-659-6344.

You will have the opportunity to present information and evidence in support of your positions to an impartial decision maker. The impartial decision maker may be the Administrator of Pikes Peak Respite Services taking the action or their designee. The impartial decision maker will not have been directly involved in the specific decision at issue.

If you do not begin the dispute resolution process by requesting an appeal, Pikes Peak Respite Services may implement the original decision.

If you need assistance to file an appeal with Pikes Peak Respite Services, you may contact one of the following organizations for help:

- Disability Law Colorado (303) 722-0300
- ARC of Colorado (303) 864-9334
- ARC of Aurora (720) 213-1420
- ARC of Arapahoe and Douglas Counties (303) 220-9228
- ARC of Jefferson, Clear Creek & Gilpin Counties (303) 232-1338
- Advocacy Denver (303) 831-7733
- ARC of Adams County (303) 428-0310
- ACL of Boulder and Broomfield Counties (303) 527-0888
- The ARC Pikes Peak Region (719) 471-4800

You also have the right to file a dispute in person, mail or email to the following:

Complaint Intake Coordinator
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246
Home and Community Services Complaint Line: # 303.692.2926
Email: healthfacilities@state.co.us

DOCUMENT RETENTION AND DESTRUCTION

POLICY

I. Purpose

In accordance with the Sarbanes-Oxley Act, which makes it a crime to alter, cover up, falsify, or destroy any document with the intent of impeding or obstructing any official proceeding. This policy provides for the systematic review, retention and destruction of documents received or created by Pikes Peak Respite Services regarding the transaction of organization business. This policy covers all records and documents, regardless of physical form (including electronic documents), contains guidelines for how long certain documents should be kept and how records should be destroyed. The policy is designed to ensure compliance with federal and state laws and regulations, to eliminate accidental or innocent destruction of records and to facilitate Pikes Peak Respite Services' operations by promoting efficiency and freeing up valuable storage space. Pikes Peak Respite Services will retain records, according to this policy, even in the event of closure.

II. Document Retention

Pikes Peak Respite Services follows the document retention procedures outlined below. Documents that are not listed but are substantially similar to those listed in the schedule will be retained for the appropriate length of time.

III. Corporate Records

Articles of Incorporation	Permanent
Contracts (after expiration)	7 years
Correspondence (general)	3 years
Client Records	7 years
Annual Audits and Financial Statements	Permanent
Tax Returns	Permanent
IRS 1099s	7 years
Journal Entries	7 years
Invoices	7 years
Petty Cash Vouchers	3 years
Cash Receipts	3 years
Credit Card Receipts	3 years
Bank Records	Permanent
Check Registers	Permanent
Bank Statements and Reconciliation	7 years
Electronic Fund Transfer Documents	7 years
Federal Unemployment Tax Records	Permanent
State Unemployment Tax Records	Permanent
Payroll Tax returns	7 years
W-2 Statements	7 years
Employment and Termination Agreements	Permanent
Retirement and Pension Plan Documents	Permanent
Records Relating to Promotion, Demotion or Discharge	7 years after termination.

Accident Reports and Worker's Compensation Records	5 years
Employment Applications	3 years
I-9 Forms	3 years after termination.
Insurance Policies	Permanent
Leases	6 years after expiration
OSHA Documents	5 years
General Contracts	3 years after termination

IV. Electronic Documents and Records

Electronic documents will be retained as if they were paper documents. Therefore, any electronic files that fall into one of the document types on the above schedule will be maintained for the appropriate amount of time. If a user has sufficient reason to keep an email message, the message should be printed in hard copy and kept in the appropriate file or moved to an appropriate computer file folder.

V. Emergency Planning

Pikes Peak Respite Services' records will be stored in a safe, secure, and accessible manner. Documents and financial files that are essential to keeping Pikes Peak Respite Services operating in an emergency will be duplicated or backed up on a regular basis.

VI. Document Destruction

Pikes Peak Respite Services' Administrator is responsible for the ongoing process of identifying its records, which have met the required retention period and overseeing their destruction. Destruction of financial and personnel and client related documents will be accomplished by shredding.

Document destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent. Destruction will be reinstated upon conclusion of the investigation.

VII. Compliance

Failure on the part of direct care staff or contract staff to follow this policy can result in disciplinary action against responsible individuals.

EMERGENCY PREPAREDNESS – HCA

(Ref. 6 CCR 1011-1 26 5.10)

POLICY

Pikes Peak Respite Services is committed to supporting persons to live as independently as possible and assisting individuals to integrate within the community they live, work, and socialize and this includes advocating for their health and safety needs. Pikes Peak Respite Services will provide persons receiving Non-medical (Personal Care and Respite) Home Care Agency (HCA) services the opportunity and choice to prepare, practice and implement emergency preparedness procedures important to ensure health and safety in the home. Pikes Peak Respite Services will utilize the following plan to educate persons about common emergency situations and assist persons, who choose, to develop their own emergency plan.

PROCEDURE

Pikes Peak Respite Services will follow both its Operations Emergency Action Plan and Emergency Action Guide – Personal Care Services (SEE APPENDIX) designed to manage persons' care and services in response to the consequences of natural disasters or other emergencies that disrupt services provided while in the community.

Pikes Peak Respite Services will conduct a risk assessment of the hazards or potential emergency situations the HCA could encounter. This assessment shall address, but not be limited to, the following considerations:

- Geographical location of Pikes Peak Respite Services, any branch offices and workstations, and its consumers.
- Needs of Pikes Peak Respite Services' consumer population.
- Potential natural and human-made crises that impact the Pikes Peak Respite Services' ability to operate, including but not limited to: extreme weather, fire, power or internet/communication outages, threatened or actual acts of violence, and pandemic or disease outbreak events.

The **Operations Emergency Action Plan** will serve as the overall risk assessment and action plan to guide situations that impact the office location and home of the person in services.

The **Emergency Action Guide – Personal Care Services** will serve as specific guidelines to be utilized by staff when assisting persons in services at home and in the community. Both the action plan and guide will be reviewed at least annually and updated as necessary.

Pikes Peak Respite Services will develop a written emergency preparedness plan (**Operations Emergency Action Plan and Emergency Action Guide – Personal Care Services**), based on the results of the assessment, that is designed to manage consumers' care and services. Pikes Peak Respite Services will implement both plans in response to the consequences of natural disasters or other emergencies that disrupt Pikes Peak Respite Services' ability to provide care and services or threaten the lives or safety of its consumers.

The **Operations Emergency Action Plan** and **Emergency Action Guide – Personal Care Services** will be reviewed at least annually or after any emergency response and will be updated as necessary.

Personnel will be trained on the emergency preparedness plan upon hire and at least annually or when any changes in the emergency preparedness process, procedures, or responsibilities are made. At a minimum, the emergency preparedness plan will include the following:

- Strategies for addressing emergency situations identified by the risk assessment.
- Identification of personnel responsible for responding to emergency situations and implementing the plan.
- Procedures to contact personnel and consumers impacted by an emergency.
    - The Agency Manager will contact all personnel and consumers in all the impacted areas by phone, text and email.
- A mechanism for assessing and triaging the needs of its consumers to ensure continuation of necessary care for all consumers during an emergency. Pikes Peak Respite Services will continually assess the status of its consumers to ensure they are triaged appropriately based on needs.
    - Pikes Peak Respite Services will maintain an updated list of all physical and mental status of consumers in order to triage any needs during any emergencies.
- Strategies for continuing to provide consumer services when there are interruptions in the supply of essentials, including but not limited to: water, pharmaceuticals, and personal protective equipment (PPE).
    - Pikes Peak Respite Services will provide information to all consumers necessary for them to live safely in the community.
- Education for consumers, caregivers, and families on how to handle care and treatment, safety, and/or well-being during and following instances of natural and other disasters, including strategies and resources for ensuring access to life sustaining supplies, appropriate to the needs of the consumer.
    - Pikes Peak Respite Services will provide resources and information to individuals, caregivers, and families on how to respond to emergencies in Colorado, during the intake process and ongoing, as needed.
- Strategies to protect and transfer consumer records, if necessary.
    - Pikes Peak Respite Services will keep all consumer physical records under lock and all digital records password protected.
- Strategies for continuing consumer care in the event the HCA is unable to access consumer records.
    - Consumer records are stored both physically and digitally and will always be accessible. Pikes Peak Respite Services utilizes a cloud based health care management system – Frisco Inc. – which is available 24/7 with no interruptions in support. Records will always be available using Frisco Inc., and records stored on hard copy, and OneDrive.

EMERGENCY SUPPORT SERVICES

(Ref. 10 CCR 2505-10 8.7408.A

POLICY

Pikes Peak Respite Services requires all direct care staff to provide support and supervision to meet the needs of each person in services, including providing immediate support with physical, mental, and behavioral health emergencies. Pikes Peak Respite Services staff are required to transport and accompany each person in services to locations such as acute care centers, emergency rooms, behavioral health centers, and hospitals when needed for emergency support. If emergency transportation services are utilized, staff will travel and meet the person at the specific emergency services location. Staff will coordinate support for the person in services and communicate with health care professionals to assist with care coordination. Staff will be in communication with the Administrator or designee of Pikes Peak Respite Services at all times.

PROCEDURE

When assisting persons in services with emergency support, Pikes Peak Respite Services staff will implement the following procedures:

- Obtain/Access the person's file, including insurance cards and current health records (e.g., medication list, emergency contacts, allergies, etc.).
- Transport and accompany person to emergency services location.
    - If emergency transportation services (e.g., ambulance) are provided, meet person in services at the specific emergency services location.
- Communicate with emergency personnel on site and provide access to health records.
- Contact Pikes Peak Respite Services' Administrator or designee to report situation and provide updates.
- Maintain physical presence at emergency services location until the person in services is discharged or, if hospitalized, admitted and settled into their room.
    - If the person is hospitalized, remain with the person in services until instructed by Pikes Peak Respite Services' Administrator or designee.
- Obtain discharge summaries.
- Complete an incident report and submit to Pikes Peak Respite Services' Administrator or designee within 24 hours.
- Complete Consultation form following each emergency service and forward to Pikes Peak Respite Services' Administrator or designee within 24 hours.
    - Ensure completion of Consultation forms, labs, orders, etc.
- When a medication, diet, therapy, or allergy changes, contact the Administrator or designee as soon as possible and prior to administration of medication or change in protocol.
- Ensure Physician's Orders are completed and filed.
- Change the Medication Administration Record (MAR), if needed.

- Update the person's file/record.

Pikes Peak Respite Services will create an individualized written emergency plan for each person, detailing how to handle various emergencies. The emergency plan will include:

- Specific duties and steps to be followed by the individual, approved caregivers, or other support providers during an emergency.
- Evacuation procedures in case of a fire, including identifying at least two exit routes from sleeping areas and specifying the level of assistance required.
- Access to essential services like poison control, police, fire and medical services via telephone, either independently by the individual or with assistance.
- Regular review and practice of safety plans and evacuation procedures, at least quarterly and at different times of the day, to ensure all involved parties understand and can execute the plan effectively.
- The emergency plan will be kept on-site and reviewed by Pikes Peak Respite Services during each monitoring visit.

Contingency Plan/Coverage

The Administrator or designee of Pikes Peak Respite Services is responsible for providing services if a person's caregiver or direct service provider are unavailable due to an emergency or unforeseen circumstances. The Administrator of designee will ensure adequate staff coverage is in place to manage emergency or unforeseen circumstances, including planning for coverage of personal illness, vacation, holidays, and unexpected voluntary or involuntary termination of employment/contracting.

EMPLOYMENT AND STAFFING

(Ref. 10 CCR 2505-10 8.7408.A)

POLICY

Pikes Peak Respite Services will consider each applicant's employment background and criminal history when assessing the individual's qualifications for employment or contract. Pikes Peak Respite Services will evaluate hiring based on completed application, reference checks, background screening results, face to face/phone interviews and overall qualifications. Pikes Peak Respite Services may utilize the services of independent contractors, including conducting the vetting, training and monitoring of them, and take corrective action against employees and independent contractors. Pikes Peak Respite Services reserves the right to deny employment or contracting for any individual determined to be a health and safety risk to persons in services. Nothing in this policy creates a contractual relationship between any independent contractor of Pikes Peak Respite Services and the Department of Health Care Policy and Financing (HCPF).

PROCEDURE

Pikes Peak Respite Services ensures that direct care staff are qualified, receive training, understand their roles, and are supervised. Personnel records include applications, training, certifications, job descriptions, performance evaluations and other relevant documents. Criminal history checks, background screenings, CAPS checks and reference checks are conducted on all employees and contractors before providing care services.

Recruiting and Selection

Pikes Peak Respite Services will recruit prospective employees and Contractors through its website (if applicable), social media platforms, public job listings (e.g., Indeed) and word of mouth. All prospective employees and Contractors will fill out an application for the position and provide at least two references that can verify the individual's qualifications and employment history.

Orientation and Training

Pikes Peak Respite Services will follow its Training policies and procedures and ensure each employee and Contractor providing direct care services is oriented to their position and receives adequate training to competently complete their responsibilities.

Qualifications and Responsibilities

Pikes Peak Respite Services will ensure each person is qualified for the position they are employed or contracted to provide and understand their role and responsibilities. Pikes Peak Respite Services will provide each employee or Contractor providing direct care services a copy of their job/role description.

Licensing/Certification

Pikes Peak Respite Services will meet the enrollment requirements for each service it provides prior to providing services. Pikes Peak Respite Services will ensure each employee or contractor maintains the necessary and appropriate license and/or Certification to render services. Pikes Peak Respite Services will maintain documentation of current and valid individual license(s) and Certification(s) in the personnel record

Supervision and Management of Staff

Pikes Peak Respite Services will supervise all direct care staff on a regular basis to ensure each person in services is supported with their health and safety needs. Supervision will be completed by the Administrator or designee of Pikes Peak Respite Services. The designated supervisor will be available to direct care staff, for questions and troubleshooting, at all times. Pikes Peak Respite Services will ensure adequate staff are available to support the needs of persons in services. On-site supervision of direct care staff will be completed during regular on-site monitoring. Monitoring will be documented using quality assurance checklists. Supervisory visits will include:

- The date, time, location and staff present during the visit.
- Any instruction, re-training, or other support provided during the monitoring visit.

Conduct

Pikes Peak Respite Services will take corrective action, up to and including termination, when any direct care staff and contractor puts the health, safety, and well-being of persons receiving services, and/or other employees/contractors, at risk. Issues that may require corrective action include, but are not limited to, allegations of MANE, medication administration errors, financial misconduct, waste, fraud, and abuse of Medicaid funds, drug and alcohol abuse, impaired driving, and overall poor performance. Pikes Peak Respite Services reserves the right to determine what situation requires corrective action, up to and including immediate termination.

The Administrator will immediately investigate and document each incident requiring corrective action using an internal incident reporting system. The internal incident report will document what occurred and identify an outcome or response plan, including additional direct care staff or contractor training and implementing safety plans when necessary. Documentation will be maintained in the administrative record and a copy of the report and follow up included in the direct care staff and contractor personnel file.

Direct care staff employees and contractors may not be in possession of or under the influence of alcohol, marijuana and/or illegal drugs during their working/service hours. Employees and contractors who do not comply will be subject to immediate disciplinary action, up to and including termination. Pikes Peak Respite Services reserves the right to require drug or alcohol testing when there is evidence or reasonable suspicion that substance use is affecting job or contractor performance and/or the safety of individuals receiving services and/or other employees/contractors.

When a direct care staff employee or contractor is prescribed a medication that may impair the employee's/contractor's ability to safely perform his or her job/contract responsibilities, a statement shall be obtained from the prescribing medical professional indicating any work/service restrictions and the duration for the restriction. The employee or contractor shall present that statement to the Administrator or designee prior to scheduled activities.

Staff or independent Contractors with any of the following are prohibited from providing direct care to any person in services:

- **An allegation of MANE** or harmful act, as defined in Section 26-3.1-101, C.R.S., **substantiated by Adult Protection Services (APS) within the last 10 years**, at a severity **level of "Moderate" or "Severe**" as defined in 12 CCR 2518-1.
- **Three or more allegations of MANE or harmful act**, as defined in Section 26-3.1-101, C.R.S., **substantiated by APS within the last five years**, at the **minor severity level** as defined in 12 CCR 2518; Section 30.100.
- A criminal conviction of MANE against an at-risk adult defined at 26-3.1-101, C.R.S.

Only substantiated allegations for which the state level appeal process as defined as 12 CCR 2518-1; Section 30.920 has concluded will be included in the above list.

If Pikes Peak Respite Services chooses to hire or contract with an applicant with a prior allegation of MANE, including applicants with two (2) or less MANE allegations, substantiated by APS as minor, or the applicant has a criminal history, the agency will put a safety plan in place to monitor the employee or contractor. This safety plan will be on a case-by-case circumstance. Pikes Peak Respite Services may choose to increase monitoring on a monthly basis or limit the person's job description based on the circumstances. For example, Pikes Peak Respite Services may choose not to allow the person to administer medication or not allow the person to deal with money.

Safety plans may be developed and implemented for allegations of MANE that are pending review by APS. Safety plans may also be developed and implemented for issues noted above that may require corrective action including, but not limited to, medication administration errors, financial misconduct, waste, fraud, and abuse of Medicaid funds, drug and alcohol abuse, impaired driving, and overall poor performance. Pikes Peak Respite Services reserves the right to determine what situation requires safety plans. Safety plans may include increased monitoring, limiting direct care staff or independent contractor responsibilities, and staff suspensions. Documentation of safety plans will be maintained in the administrative records and a copy of the plan included in the direct care staff or contractor's personnel file.

EMPLOYEE HEALTH – HCA

(Ref. 6 CCR 1011-1 26 5.13)

POLICY

Pikes Peak Respite Services is committed to ensuring the health and safety of all persons receiving services and supports and to the prevention and spread of communicable disease. A communicable disease is defined as any condition which is transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate host or vector or through the inanimate environment. Communicable diseases are spread via airborne viruses or bacteria or contact with human blood or other bodily fluids. In addition to viruses and bacteria, communicable disease pathogens include fungi and parasites. Often the terms *infectious* and *contagious* are used to describe a communicable disease (Centers for Disease Control and Prevention). Communicable diseases may include but are not limited to tuberculosis (TB), chicken pox, pneumonia, measles, or German measles (rubella), certain strains of hepatitis and meningitis, SARS, COVID-19, and influenza.

PROCEDURE

Pikes Peak Respite Services does not require pre-employment physical evaluations for individuals applying for direct care staff positions. However, all direct care staff are required to inform Pikes Peak Respite Services when known to be affected with any illness in a communicable stage or to be a carrier of a communicable illness or disease; afflicted with boils, jaundice, infected wounds, vomiting, diarrhea, or acute respiratory infections. Direct care staff who are known to be affected with any illness in a communicable stage or to be a carrier of a communicable illness or disease; afflicted with boils, jaundice, infected wounds, vomiting, diarrhea, or acute respiratory infections will:

- Not be allowed to provide direct care services until medically cleared by a medical professional.
- Provide written documentation from a medical professional documenting that the direct care staff person is no longer infectious to others and is able to return to work as of a specified date.

Pikes Peak Respite Services Administrator or designees have the authority to:

- Remove direct care staff, who are known to be affected with any illness in a communicable stage or to be a carrier of a communicable illness or disease; afflicted with boils, jaundice, infected wounds, vomiting, diarrhea, or acute respiratory infections, from the direct care setting.
- Require direct care staff, who are known to be affected with any illness in a communicable stage or to be a carrier of a communicable illness or disease; afflicted with boils, jaundice, infected wounds, vomiting, diarrhea, or acute respiratory infections, to seek medical care and attention before returning to work.

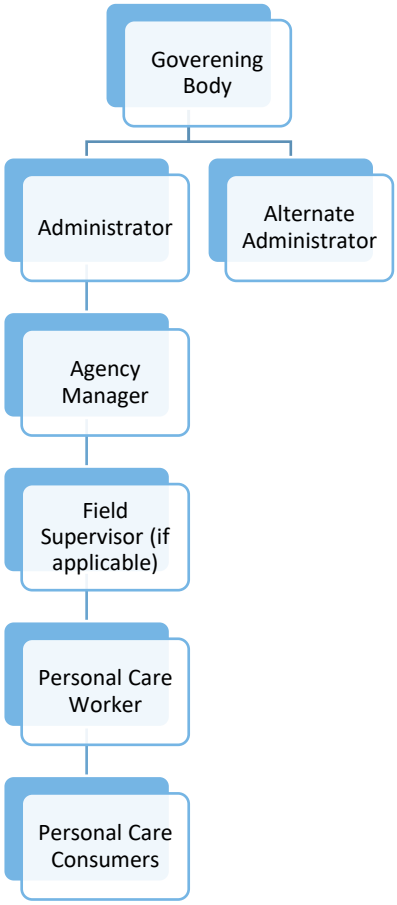
GOVERNING BODY – HCA

(Ref. 6 CCR 1011-1 26 6.1-6.4, 7.1)

POLICY

Pikes Peak Respite Services is committed to providing caring, competent, and professional services and supports. Pikes Peak Respite Services will establish and maintain a governing body of members with the legal authority and responsibility to manage the conduct and operations of the agency and ensure quality care and support is provided to persons receiving services. This policy will serve as the agency's bylaws equivalent. Pikes Peak Respite Services' Governing Body is comprised of the following persons:

NAME	TITLE	ADDRESS	PHONE NUMBER
Beverly Seemann	Administrator/Agency Manager/Field Supervisor	411 S Cascade Avenue, Colorado Springs, CO 80903	719-659-6344
Aimee Mathias	Alternate Agency Manager	411 S Cascade Avenue, Colorado Springs, CO 80903	719-494-6155
Jessica Gervasi	Agency Manager Alternate/Field Supervisor	411 S Cascade Avenue, Colorado Springs, CO 80903	719-800-3190
Tiffany Hutson	Program Development Manager/Field Supervisor	411 S Cascade Avenue, Colorado Springs, CO 80903	719-502-1444
Joshua Shipman	CFO/Agency Manager Alternate	411 S Cascade Avenue, Colorado Springs, CO 80903	719-761-8472



PROCEDURE

The Governing Body will:

- Have bylaws or the equivalent, which will be reviewed and revised as needed.
- The bylaws or the equivalent will specify the objectives of the agency.
- Designate and employ an Agency Manager.
- Adopt, review annually, and revise as needed, policies and procedures for the operation and administration of Pikes Peak Respite Services.
- Meet, at least annually, and review the operation of the agency.
- Keep minutes of all meetings.
- Provide and maintain a fixed office location, that provides for confidentiality of person's information and a safe working environment.
- Organize operations and service delivery.
- Provide administrative control and lines of authority for the delegation of responsibility down to the care level of the person receiving services that are clearly set forth in writing and are readily identifiable.

GRIEVANCE RESOLUTION – PERSON CENTERED

You have the right to complain and ask that your services be better.

We (Pikes Peak Respite Services) will help you understand this right. We will talk to you about your right to complain when you start services and every year at your Support Plan meeting.

You can talk to us about your complaint or write it down or make your complaint anonymously.

You can contact: Beverly Seemann**, Administrator;** cmbev@hotmail.com; 719-659-6344.

Nothing will happen to you if you make a complaint.

We will make sure that no one intimidates you or threatens you, because you made a complaint.

We will try to resolve your concern quickly and fairly.

You can complain about our services, how we support you, the people that assist you, or anything else not covered by the Dispute Resolution Procedure.

We will write down your complaint.

- If you want help to make a complaint, you may ask the Administrator for assistance or you can ask friends, family members, your case manager or anyone you wish for assistance. Also, these organizations can help too:
    - ARC of Colorado (303) 864-9334
    - ARC of Aurora (720) 213-1420
    - ARC of Arapahoe and Douglas Counties (303) 220-9228
    - ARC of Jefferson, Clear Creek & Gilpin Counties (303) 232-1338
    - Advocacy Denver (303) 831-7733
    - ARC of Adams County (303) 428-0310
    - ACL of Boulder and Broomfield Counties (303) 527-0888
    - The ARC Pikes Peak Region (719) 471-4800

We will try to resolve your complaint quickly and fairly.

If we cannot resolve your complaint quickly, we will schedule a meeting at a time convenient to you.

If you want, we can ask a person outside of Pikes Peak Respite Services to help with the meeting.

We will try to solve your complaint within fifteen (15) days after the meeting.

We will keep a record of all complaints and a record of all meetings and outcomes.

You also have the right to complain in person, mail or email to the following:

Complaint Intake Coordinator
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246
Home and Community Services Complaint Line: # 303.692.2926
Email: healthfacilities@state.co.us

GRIEVANCE RESOLUTION – AGENCY SPECIFIC

(Ref. 10 CCR 2505-10 8.7408.A8)

POLICY

Each person has the right to raise complaints or grievances. Pikes Peak Respite Services will assist persons in understanding this right and the process for making a grievance known upon entering services and at a minimum on an annual basis at the individual's Person-Centered Support Plan meeting or other meeting. The person making the grievance may do so in writing, verbally or anonymously to the Administrator of Pikes Peak Respite Services.

Beverly Seemann
Pikes Peak Respite Services
411 S Cascade Avenue
Colorado Springs, CO 80903
cmbev@hotmail.com
719-659-6344

Individuals will not face negative consequences for raising concerns or filing a complaint, and Pikes Peak Respite Services guarantees protection against coercion, intimidation, threats, or retaliation during the grievance process. All efforts will be made to address issues promptly and fairly without repercussions for the individual.

PROCEDURE

Pikes Peak Respite Services will communicate the grievance process verbally and in writing to the individual receiving services, their Guardian, parent of a minor, or Legally Authorized Representative.

Pikes Peak Respite Services will thoroughly investigate complaints and grievances related to services, care, respect towards individuals or their property by service providers affiliated with the organization, covering aspects not addressed in the Dispute Resolution Procedure.

- Individuals can raise grievances or complaints by submitting them in writing, verbally or anonymously to the Administrator or a designated representative at Pikes Peak Respite Services. In the case of a verbal complaint, the Administrator or their designee will document it in writing for further action.
- If you need assistance with filing a complaint with Pikes Peak Respite Services, you may ask for assistance from the Administrator, or from friends, family members, your Case Manager or anyone you wish. Also, these organizations can help too:
    - ARC of Colorado (303) 864-9334
    - ARC of Aurora (720) 213-1420
    - ARC of Arapahoe and Douglas Counties (303) 220-9228
    - ARC of Jefferson, Clear Creek & Gilpin Counties (303) 232-1338
    - Advocacy Denver (303) 831-7733

    - ARC of Adams County (303) 428-0310
    - ACL of Boulder and Broomfield Counties (303) 527-0888
    - The ARC Pikes Peak Region (719) 471-4800
- Pikes Peak Respite Services will ensure that a log is kept which tracks the complaint and it's resolution.
- The Pikes Peak Respite Services representative will work to address the complaint promptly and to the satisfaction of both parties involved. If an immediate resolution is not possible, a meeting will be arranged with the goal of finding a mutually agreeable solution. The meeting agenda will be communicated to all participants at least 10 days in advance, unless an earlier meeting is preferred by all parties.
- Mediation may be used if both parties voluntarily agree to this process. Pikes Peak Respite Services will make all attempts to resolve the complaint within fifteen (15) days following any meeting.
- Pikes Peak Respite Services will ensure that agreements are documented, and all involved parties receive copies of the decisions made during discussions, meetings or mediation.
- If a complaint cannot be resolved at a lower level and Pikes Peak Respite Services' Administrator has not been involved to date, the complaint will be reviewed by Pikes Peak Respite Services' Administrator or designee.

Individuals who are unable to resolve their complaints with Pikes Peak Respite Services can escalate them to the Health Facilities and Emergency Medical Services Division (HFEMSD) Home and Community Services complaint line through various means such as in person, mail, or email. The division recommends attempting to address concerns internally first through the grievance process, which is often the most efficient way to find a resolution. If internal processes do not lead to a satisfactory outcome or if the individual decides not to use Pikes Peak Respite Services' procedures, they have the right to file a formal complaint with the division.

Complaint Intake Coordinator
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246
Home and Community Services Complaint Line: # 303.692.2926
Email: healthfacilities@state.co.us

INFECTION CONTROL – HCA

(Ref. 6 CCR 1011-1 26 5.13)

POLICY

Pikes Peak Respite Services will protect the health and safety of persons, direct care staff through education and effective implementation of infection control procedures. Direct care staff will receive training in Infection Control and Universal Precautions, at the time of hire and annually, and learn methods and strategies to protect themselves and persons served. Pikes Peak Respite Services will evaluate the adequacy of its infection control policies and procedures at least annually, make any necessary substantive changes, and document in writing.

PROCEDURE

Pikes Peak Respite Services provides Non-Medical (Personal Care) Home Care Agency services to persons living in their home. Direct care staff will limit the spread of infectious diseases, while understanding and following Non-Medical Personal Care service limitations. Pikes Peak Respite Services will ensure that each direct care staff, assisting persons in their home, will receive training in infection control and universal precautions, at the time of hire and annually, and have read, understood, and will implement the following information/guidelines:

What is Infection Control?

Infection Control is the prevention of the spread of microorganisms from:

- Person to person
- Person to Staff participant
- Staff participant to person

Who is responsible for Infection Control?

All direct care staff who have contact with persons or items used in the care of individuals in services must adhere to Pikes Peak Respite Services LLC's Infection Control Policies and Procedures, which means **YOU** are responsible for Infection Control.

Why is Infection Control important?

Persons, direct care staff will come into contact with many participants of the community who can potentially spread the microorganisms and infections between individuals.

What is the risk of direct care staff getting infections from persons?

The risk is very low if all staff participants follow good hygiene principles and other Standard Precautions.

What are Standard Precautions?

Standard Precautions (or Universal Precautions) are work practices that are required for the basic level of Infection Control. They include:

- Good hygiene practices
- Frequent hand washing
- The appropriate use of gloves

- The use of disposable equipment where applicable and available
- Correct cleaning, disinfection, and sterilization of non-disposable equipment
- The appropriate use of cleaning agents
- Protocols for preventing and managing occupational exposures to blood or body substances.

Why do we need Standard Precautions?
Standard Precautions will help stop the spread of infections. Often you cannot tell who is infected with a disease, or the person may be infected but have not yet developed any signs or symptoms. Some diseases can take several months before people become sick, but they can still be infectious. Therefore, **ALL** body substances (except sweat and tears) of **ALL** people are considered to be potential sources of infection.

When should we use Standard Precautions?
For the treatment and care of ALL persons regardless of their infectious status.

Why is frequent hand washing important?
Hand washing is the most important procedure in the prevention and minimization of the spread of infection within health care settings. Always wash your hands thoroughly using soap and running water:

- At the start and finish of your work shift
- Before and after physical contact with a person
- After handling contaminated items, such as bedpans, urine bottles and dressings
- After removing gloves
- Before and after eating, drinking, and smoking.
- Before and after toileting
- After blowing your nose or covering a sneeze
- Whenever hands become obviously soiled

The two methods for hand hygiene: Alcohol-Based Hand Sanitizer vs. Washing with Soap and Water
Alcohol-based hand sanitizers are effective products for reducing the number of germs on the hands. Antiseptic soaps and detergents are the next most effective and non-antimicrobial soaps are the least effective. When hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for cleaning your hands in the setting. Soap and water are recommended for cleaning visibly dirty hands.

During routine care with persons use soap and water:

- Always wash your hands with soap and water if your hands are visibly dirty.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains *at least* 60% alcohol.

- After known or suspected exposure to Clostridium difficile if your facility is experiencing an outbreak or higher endemic rates.
- After known or suspected exposure to persons with infectious diarrhea during norovirus outbreaks.
- If exposure to Bacillus anthracis is suspected or proven

Use an alcohol-based hand sanitizer:

- For everything else

When should I wear gloves?
Gloves are worn as a barrier to protect the wearer's hands from contamination or to prevent the transfer of organisms already on the hands. Gloves ideally must be worn in situations where the worker can be potentially exposed to blood or body substances:

- When handling blood and body substances
- When handling non-intact skin
- When handling mucous membranes
- While handling items or surfaces that have come into contact with blood or body substances

What other precautions should I take?
Cover cuts with a waterproof occlusive dressing. If you have any concerns about old cuts, sores, rashes, or other lesions seek the advice of your Supervisor.

Get yourself vaccinated against hepatitis B, tetanus, influenza, and COVID-19. Vaccination is the most effective protection against these diseases. Always make sure your vaccinations are up to date.

What should I do if I get a person's blood or body substance on my skin?
If the blood or body substance is on intact skin, wash the blood or body substance off thoroughly with soap and water. The skin acts as a very effective barrier and most infections cannot get through intact skin. All skin cuts, skin breaks, or other lesions should be covered with a water-resistant occlusive dressing at the start of your shift.

If you accidentally get blood or body substance in an open cut, non-intact skin, rash, or other lesion:

- Immediately wash the wound with soap and water
- Cover all skin cuts or breaks with a water-resistant occlusive dressing

If you accidentally get blood or body substance in the eye:

- Irrigate it gently and thoroughly with water.
- DO NOT USE SOAP
- Gently pour water over the eye while pulling the eye lids up and down
- If you wear contact lenses, keep them in while you wash the eye.

- Then take the contact lenses out, clean them in the normal manner and put them back in again.

After any exposure:
Report the injury or exposure to the Agency Manager or Administrator. The Agency Manager or Administrator will determine the risk of infections and refer you for treatment if appropriate. Most injuries are low risk for getting infections, but they ***MUST*** be reported, documented, and assessed by a medical professional.

Cleaning and Disinfection
Personal care areas, common areas, kitchens, bathrooms, and other areas where persons may have potentially contaminated surfaces or objects that are frequently touched by direct care staff, contractual providers, and persons (doorknobs, sinks, toilets, other surfaces, and items in close proximity to persons) should be cleaned routinely with disinfectants, following the manufacturers' instructions for amount, dilution, and contact time.

Residential surfaces such as floors and walls do not need to be disinfected unless visibly soiled with blood or body fluids. They may be routinely cleaned with a detergent only or a detergent/disinfectant product.

Most disinfectants are not effective in the presence of dirt and organic matter; therefore, cleaning must occur first before disinfection. Wet a cloth with the disinfectant, wipe away dirt and organic material, then with a clean cloth apply the disinfectant to the item and allow to air dry for the time specified by the product manufacturer.

Some pathogens such as norovirus and Clostridium difficile are not inactivated by commercial disinfectants routinely used in local public health settings. In situations where contamination with these pathogens is suspected, a bleach solution (1:10) is recommended for disinfecting contaminated surfaces and items.

Some personal care items may be damaged or destroyed by certain disinfectants. Consult with the manufacturer of the items before applying disinfectants.

Cough Etiquette
Measures to avoid spread of respiratory secretions should be promoted to help prevent respiratory disease transmission. Elements of respiratory hygiene and cough etiquette include:

- Covering the nose/mouth with a tissue when coughing or sneezing or using the crook of the elbow to contain respiratory droplets.
- Using tissues to contain respiratory secretions and discarding in the nearest waste receptacle after use.

- Performing hand hygiene (hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) immediately after contact with respiratory secretions and contaminated objects/materials.

Guidelines for Prevention & Control of COVID-19

Background: COVID-19 is the abbreviated name for novel Coronavirus Disease 2019 that first emerged in Wuhan, Hubei Province, China. COVID-19 is a respiratory illness that can spread from person to person through respiratory droplets.

How it Spreads: The coronavirus is thought to spread mainly from person to person, between people who are in close contact with each other (defined as within about six feet), and through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn more about how COVID-19 spreads.

Symptoms: The main symptoms are fever, coughing, and shortness of breath, just like the flu. Currently, CDC believes that symptoms may appear in as few as two days or as long as 14 days after exposure. There is no reliable way to distinguish coronavirus symptoms from symptoms caused by the common flu, as both diseases can cause fever, coughs, and pneumonia in severe cases. Your participant's doctor may consider a flu test first, unless the individual has been in close contact with someone who tested positive for COVID-I9. Close contact is within six feet of someone for a prolonged period, such as through caring for, visiting, or sharing a room with someone who has the virus and being coughed on. Here is more information on symptoms.

Treatment: Currently, there are vaccines that are effective in preventing the spread of COVID-19. There are also antiviral treatments available to treat or lessen the impact for persons infected with COVID-19. Comfort measures should be provided to help relieve symptoms.

Face Coverings

Risk of SARS-CoV-2 infection is minimal for fully vaccinated people. The risk of SARS-CoV-2 transmission from fully vaccinated people to unvaccinated people is also reduced. Therefore, fully vaccinated direct care staff, contractual providers, and persons in services can resume activities without wearing a mask or physically distancing, except where required by local county requirements. A person is considered fully vaccinated for COVID-19 if more than 2 weeks has passed since the person received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna) or if more than 2 weeks has passed since the person received the single-dose vaccine (Johnson & Johnson). The CDC recommends that direct care staff, contractual providers, and persons in service, that have not been fully vaccinated, continue wearing face coverings in public settings as a preventive measure.

CDPHE Guidance: Residential settings shall continue to follow all issued guidance by the Colorado Department of Public Health & Environment (CDPHE) and comply with all local and state health orders.

Steps to Prevent COVID-19 Include:

- **Handwashing**: Reinforce current best practices for handwashing:
    - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
    - If soap and water are not readily available, use a hand sanitizer that contains *at least* 60% alcohol.
    - Always wash your hands with soap and water if your hands are visibly dirty.
    - Remind persons and family members to be extra vigilant when cleaning, performing housekeeping, and preparing food.
- **Follow cough, sneeze, and distance etiquette:** Avoid touching your eyes, nose, and mouth. This makes it more difficult for the virus to get from a surface to you. Cover coughs and sneezes with a tissue, then dispose of it immediately in a trash can, preferably one with a touchless lid opener.
- **Cleaning**: Frequently clean commonly touched surfaces and objects daily, like tables, countertops, light switches, doorknobs, elevator buttons, phones, handrails, cabinet handles and other surfaces using cleaning products according to the manufacturer's instructions. The EPA has posted a list of antimicrobial products registered for use against the virus.
- **Add more cleaning stations**. Station hand wipes or alcohol-based hand sanitizer in common assembly areas, such as living areas, exercise areas, game rooms, lobby, and living areas. Consider putting a bottle on all the dining room tables. Provide visual alerts providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. Provide a cleaning station with alcohol-based hand sanitizer, tissues, and a trash can for persons entering the home. Step up your infection control. These preventive measures may help avert an outbreak or spread of COVID-19 as well as other illnesses. Review these important steps.
- **Implement strategies to limit visitors**. Because of the ease of spread in a Residential setting and the severity of illness that occurs in persons with IDD with COVID-19, consider discouraging visitation and begin screening visitors even before COVID-19 is identified in your community. Send letters or emails to families advising them to consider postponing or using alternative methods for visitation and assist with communication.
- **Monitor your staff and manage health care workers with symptoms of respiratory illness.** Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill direct care staff to stay home. As part of routine

practice, ask your staff (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection. Remind direct care staff to stay home when they are ill.

Isolation Plan

If a person exhibits symptoms associated with the coronavirus, direct care staff should implement the following procedures:

1. **Place the person in a private room with a closed door.** Minimize the number of people who enter the room; ideally ONE person should be assigned or dedicated to working with the person showing symptoms. This minimizes the risk of transmission to other persons and family members.
2. **Immediately contact the person's primary care physician** and, if applicable, notify the person's guardian as soon as practicable.
3. **Wear a face covering and, if available, Personal Protective Equipment** during close contact with someone in the home that may have COVID-19.
4. **If a physician recommends transport to a hospital** or treatment center, notify the hospital in advance that the person arriving may be suspect of having COVID-19 so they can get their infection prevention plan into action. Similarly, notify EMS or an ambulance service in advance that the person they are transporting may be suspect of having COVID-19 so EMS personnel can be prepared.
5. **Clean the room, disinfect surfaces and any equipment** used on the suspected person before using it again.

If a person served in a home setting is suspected of having or has been confirmed as having a case of the COVID-19 illness, Pikes Peak Respite Services will follow all published CDC guidance. This includes:

- Contacting the individual's healthcare provider and informing them that the individual has symptoms consistent with, or a diagnosis of, COVID-19; coordinate a telehealth visit with their provider, as necessary.
- Implementing their healthcare provider's instructions for medication(s) and care.
- Ensuring the person has support with basic needs in the residence and provide support for getting groceries or meals, prescriptions, and other personal needs, while ensuring that appropriate precautions are taken to isolate the person and prevent spread to other persons or family members.
- Monitoring the person's symptoms, including their respiratory rate and oxygen saturation. If the person's symptoms appear to be getting significantly worse, or the oxygen saturation falls below 90%, or as otherwise instructed by the healthcare provider, call his or her healthcare provider and ask for further instructions. If the person has a medical emergency and you need to call 911, notify the dispatch personnel that the person has, or is being evaluated for COVID-19.

- Protect other individuals by having them stay in another room and be separated from the person. Persons should use a separate bedroom and bathroom, if available. If a separate bathroom is not available, it should be sanitized after each use.
- Prohibiting visitors who do not have an essential need to be in the home.
- Caring for any pets in the home. Do not handle pets or other animals while sick. For more information, see COVID-19 and Animals.
- Making sure shared spaces in the residence have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Performing hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Avoiding touching your eyes, nose, and mouth.
- Ensuring the person wears a facemask when around other people if possible. All caregivers should wear a facemask around the person at all times. Requests for personal protective equipment (PPE) can be submitted to the local health department here.
- Wearing a disposable facemask and gloves when you touch or have contact with the person's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
    - Throw out gloves after using them and masks if soiled. If masks are not soiled, and supplies are short, they can be reused.
    - When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer. If re-using mask, store in a bag between uses.
- Not sharing household items with the person. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the person uses these items, you should wash them thoroughly (see below "Wash laundry thoroughly").
- Frequently cleaning all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them. Options for cleaning surfaces include:
    - Household cleaning spray or wipes used according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
    - **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.
    - **Follow manufacturer's instructions** for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

- **Leave solution** on the surface for **at least 1 minute.**
- **To make a bleach solution**, mix:
  - 5 tablespoons (1/3rd cup) bleach per gallon of water OR
  - 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol.**

How to Clean and Disinfect Clothing, Towels, and Linens

Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Wash hands immediately after gloves are removed.

- If no gloves are used when handling dirty laundry, wash hands afterward.
- If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

If laundry equipment is not available, wrap dirty laundry from an ill person in a plastic bag or trash bag.

INFLUENZA IMMUNIZATION

(Ref. 6 CCR 1011-1 2 11.1-11.4.2)

PURPOSE

The purpose of this policy is to minimize transmission of the influenza virus in the workplace by providing occupational protection to direct care staff and thus preventing transmission to consumers. This policy was developed based on an assessment of Pikes Peak Respite Services' ability to maintain a ninety percent (90%) influenza vaccination rate among employees and direct care staff. The assessment considered the following criteria:

- The number of employees and direct care staff at Pikes Peak Respite Services.
- The number of clients served by Pikes Peak Respite Services.
- Whether the Pikes Peak Respite Services has an ongoing wellness program that offers annual influenza vaccinations.
- Whether influenza transmission from employees or direct care staff is addressed in Pikes Peak Respite Services' infection control policy.
- What precautions are taken to prevent the transmission of influenza from unvaccinated employees or direct care staff.
- What type of educational material is utilized by the Pikes Peak Respite Services to promote influenza immunization.

POLICY

Pikes Peak Respite Services' employees and direct care staff have a shared responsibility to prevent the spread of infection and avoid causing harm to clients by taking reasonable precautions to prevent the transmission of vaccine-preventable diseases. Vaccine programs are, therefore, an essential part of infection prevention and control for slowing or stopping the transmission of seasonal influenza viruses from adversely affecting those individuals who are most susceptible. All employees and direct care staff of Pikes Peak Respite Services will be provided annual influenza prevention education, as well as the opportunity to receive an influenza vaccine during flu season.

PROCEDURES

All employees and direct care staff will be required to obtain the influenza vaccine or sign the declination on the *Influenza Vaccination Statement* each year. Pikes Peak Respite Services will coordinate influenza vaccination opportunities annually at no cost to all employees and direct care staff.

Pikes Peak Respite Services will ensure that ninety percent (90%) of employees and direct care staff have received the influenza vaccine during a given influenza season. In order to demonstrate that the ninety percent (90%) rate has been met, Pikes Peak Respite Services will:

- By May 15th of every year, report to the Department, in the form and manner specified by the Department, the vaccination rate for employees and direct care staff for the most recent influenza season.
- Have defined procedures to prevent the spread of influenza from unvaccinated healthcare workers.
- Maintain for three (3) years the following documentation that may be examined by the Department in a random audit process:
    - Proof of immunization. Proof of immunization means an electronic entry in the Colorado Immunization Information System (CIIS) or an immunization record from a licensed healthcare provider who has administered an influenza vaccine to an individual who provides services for the facility or agency, specifying the vaccine administered, name and title of the person who administered the vaccine, address of the location where the vaccine was administered, and the date it was administered.
    - Or a medical exemption signed by a physician, physician assistant, advanced practice nurse, or certified nurse midwife licensed in the State of Colorado stating that the influenza vaccination for the employee or direct contractor is medically contraindicated as described in the product labeling approved by the FDA.

If Pikes Peak Respite Services fails to meet the ninety percent (90%) vaccination rate, it will review its current written policy regarding the annual influenza immunization of employees and direct care staff and develop strategies including revisions to this policy to enhance and improve influenza vaccination rates. Pikes Peak Respite Services will evaluate and complete an assessment on why the agency is not getting to the 90% vaccination rate and develop a plan to adjust. Based on the assessment, Pikes Peak Respite Services will create a plan of action. The plan may include, but no limited to, additional training, additional funding or assisting with transportation.

Employees and Direct care staff will be responsible for:

- Familiarizing themselves with this policy and procedure and signing and returning the *Influenza Immunization Policy Acknowledgement* form to Pikes Peak Respite Services.
- Completing annual influenza prevention training.
- Annually, providing proof of immunization or medical exemption.
- Annually, completing and signing the *Influenza Vaccination Employee Statement,* whether consenting to or declining vaccination by the established deadline.

Pikes Peak Respite Services will be responsible for:

- Allowing employees and direct care staff time to attend a vaccination clinic.
- Assuring that employees and direct care staff comply with this policy and procedure.

- Ensuring that all employees and direct care staff are provided information regarding:
    - The benefits and risks of influenza immunization.
    - The availability of influenza immunization.
    - The importance of adhering to standard precautions.
- Providing copies of this policy and procedure to employees and direct care staff and maintaining copies of the *Acknowledgement of Receipt* form in employees' and direct care staff' personnel files.
- Providing each employee annually with a reminder of this policy and a copy of the *Influenza Vaccination Statement*.
- Providing new employees and direct care staff with information about the annual influenza vaccine policy during orientation and where to obtain the vaccine if employment begins during the influenza season.
- Providing annual influenza prevention training.
- Notifying supervisors regarding those employees and direct care staff who are not in compliance with this policy.
- Offering direct care staff influenza vaccination or educating them as to where they can receive a vaccination.
- Paying for influenza vaccine or reimbursing direct care staff who provide written documentation from the facility where they were vaccinated.
- Receiving a signed *Influenza Vaccination Statement* from all direct care staff.
- Maintaining electronic records of direct care staff who have received or declined influenza vaccination.
- Reviewing annual employee and direct care staff influenza vaccination rates.
- Developing and recommending strategies including revisions to this policy to enhance and improve influenza vaccination rates.

All unvaccinated employees and direct care staff must wear surgical masks, throughout the entire flu season (November 1 through March 31 of the following year or as otherwise defined by the Division of Disease Control and Public Health Response), when providing HCA services in the person's home. Additional procedures for unvaccinated employees and direct care staff to prevent the spread of influenza include the following:

- Cover your nose and mouth with a tissue when you cough or sneeze.
- Throw the tissue in the trash after you use it.
- Use an alcohol-based hand sanitizer or wash your hands often with soap and water.
- Avoid touching your eyes, nose, and mouth.
- Avoid close contact with sick people.
- If you are sick with flu-like illness (i.e., symptoms that could include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, and in some instances,

even vomiting and diarrhea) you should stay away from the work environment for at least 24 hours after your fever is gone.

INFORMATION MANAGEMENT

(Ref. 6 CCR 1011-1 26 5.15)

POLICY

Pikes Peak Respite Services will maintain hard files and an electronic health record (EHR) for each individual receiving services. Personal health information (PHI) will be maintained in a secure and HIPAA compliant manner.

PROCEDURE

Pikes Peak Respite Services will ensure effective management systems are in place for capturing, reporting, processing, storing, and retrieving clinical/service data and information in accordance with standards of practice. The system will provide for:

- Privacy and confidentiality of protected health information from unauthorized use or manipulation.
- Organization of the consumer record utilizing standardized formats for documenting all care, treatment and services provided to consumers. Standardization will not include pre-filled documentation of future care and services.

Pikes Peak Respite Services uses hard copy and computer-based word processing documents for documentation and file management. Individual records are maintained in hard copy files and on a hard drive computer. The computer is password protected and all hard copy files will be stored in a locked office or file cabinet.

For electronic consumer healthcare records, Pikes Peak Respite Services will utilize standard IT tools and resources available through Microsoft Office and Office 365.

- Pikes Peak Respite Services will back-up computer electronic data stored on the hard drive using Office 365 Cloud storage.
- Office 365 Cloud storage and back-up systems will be utilized to recover records and to ensure continuity of operations.
- Version history will be used to validate data entry access and previously entered data.
- In the event of operational interruptions (hardware, software, or other systems failures), Pikes Peak Respite Services will keep records manually using hard copy documents.

Training

Pikes Peak Respite Services provides direct care staff training in the methods and requirements for locking and securing hard files and managing computer records, including passwords, login, documentation, and accessing individual records.

Pikes Peak Respite Services' direct care staff will receive training in the following procedures:

- Direct care staff will be instructed on handling, locking, and securing hard files maintained for each person.
- Direct care staff will be instructed in the authorized use of PHI for persons in their care, and to not discuss confidential information outside of their place of employment or work.

- Direct care staff will be instructed on how to transmit PHI securely using Pikes Peak Respite Services' encrypted and secure email service.
- Direct care staff should not share their personal login information or passwords with others; write down their login information on paper or save them in electronic files that can be accessed by others.

Pikes Peak Respite Services' direct care staff are advised not to store PHI on any removable data devices (e.g., SanDisk, USB flash drive, etc.).

IN-HOME SUPPORT SERVICES (IHSS)

(Ref. 10 CCR 2505-10 8.7527)

POLICY

Pikes Peak Respite Services will provide In-Home Support Services (IHSS) as part of its Home Care Agency services. IHSS are services that are provided in the home and in the community by an Attendant under the direction of the member or member's Authorized Representative, including Health Maintenance Activities and support for activities of daily living or instrumental activities of daily living, Personal Care services and Homemaker services.

PROCEDURE

To be eligible for IHSS, Pikes Peak Respite Services will ensure that the member meet the following eligibility criteria:

1. **Enrollment in Medicaid Program:**
    - Members must be enrolled in a Medicaid program that is approved to offer IHSS.
2. **Physician Attestation:**
    - Members must provide a signed Physician Attestation of Consumer Capacity form at enrollment and after any change in condition. This form must state that the member has sound judgment and the ability to self-direct care. If the member's health is unstable, the form should include recommendations for additional supervision if necessary.
3. **Authorized Representative:**
    - Members who elect or are required to have an Authorized Representative must appoint someone who has the judgment and ability to assist them in acquiring and using services.
4. **Need for Attendant Support:**
    - Members must demonstrate a current need for covered Attendant support services.

Termination of Eligibility:

1. **Medicaid Enrollment:**
    - Eligibility ends if the member is no longer enrolled in a Medicaid program approved to offer IHSS.
2. **Medical Condition:**
    - If the member's medical condition deteriorates, causing an unsafe situation for the member or the Attendant, as determined by the member's Licensed Medical Professional.

3. **Authorized Representative:**
    - If the member refuses to designate an Authorized Representative when they are unable to direct their own care, as documented by the Licensed Medical Professional.
4. **False Information:**
    - If the member provides false information or false records.
5. **Need for Services:**
    - If the member no longer demonstrates a current need for Attendant support services.

IHSS COVERED SERVICES

Homemaker:

- Routine housekeeping such as: dusting, vacuuming, mopping, and cleaning bathroom and kitchen areas.
- Meal preparation.
- Dishwashing.
- Bed making.
- Laundry.
- Shopping for necessary items to meet basic household needs.
- Teaching the skills listed above to members who are capable of learning such tasks for themselves. Teaching will result in a required reevaluation of the teaching task every ninety days. If the member has increased independence, the weekly units should decrease accordingly.

Personal Care:

- Eating/feeding which includes assistance with eating by mouth using common eating utensils such as spoons, forks, knives, and straws.
- Respiratory assistance with cleaning or changing oxygen equipment tubes, filling distilled water reservoirs, and moving a cannula or mask to or from the member's face.
- Preventative skin care when skin is unbroken, including the application of non-medicated/non-prescription lotions, sprays and/or solutions, and monitoring for skin changes.
- Bladder/Bowel Care:
    - Assisting member to and from the bathroom.
    - Assistance with bed pans, urinals, and commodes.
    - Changing incontinence clothing or pads.
    - Emptying Foley or suprapubic catheter bags, but only if there is no disruption of the closed system.

    - Emptying ostomy bags.
    - Perineal care.
- Personal hygiene:
    - Bathing including washing, shampooing.
    - Grooming.
    - Shaving with an electric or safety razor.
    - Combing and styling hair.
    - Filing and soaking nails.
    - Basic oral hygiene and denture care.
- Dressing assistance with ordinary clothing and the application of non-prescription support stockings, braces and splints, and the application of artificial limbs when the member is able to assist or direct.
- Transferring a member when the member has sufficient balance and strength to reliably stand and pivot and assist with the transfer. Adaptive and safety equipment may be used in transfers, provided that the member and Attendant are fully trained in the use of the equipment and the member can direct and assist with the transfer.
- Mobility assistance when the member has the ability to reliably balance and bear weight or when the member is independent with an assistive device.
- Positioning when the member is able to verbally or non-verbally identify when their position needs to be changed including simple alignment in a bed, wheelchair, or other furniture.
- Medication Reminders when medications have been preselected by the member, a Family Member, a nurse or a pharmacist, and the medications are stored in containers other than the prescription bottles, such as medication minders, and:
    - Medication minders are clearly marked with the day, time, and dosage and kept in a way as to prevent tampering.
    - Medication reminding includes only inquiries as to whether medications were taken, verbal prompting to take medications, handing the appropriately marked medication minder container to the member and opening the appropriately marked medication minder if the member is unable to do so independently.
- Cleaning and basic maintenance of durable medical equipment.
- Protective oversight when the member requires supervision to prevent or mitigate disability related behaviors that may result in imminent harm to people or property.
- Accompanying includes going with the member, as indicated on the care plan, to medical appointments and errands such as banking and household shopping. Accompanying the member may include providing one or more personal care services as needed during the trip. Attendant may assist with communication, documentation, verbal prompting, and/or hands-on assistance when the task cannot be completed without the support of the attendant.

Health Maintenance Activities:

- Skin care, when the skin is broken, or a chronic skin condition is active and could potentially cause infection, and the member is unable to apply prescription creams, lotions, or sprays independently due to illness, injury or disability. Skin care may include wound care, dressing changes, application of prescription medicine, and foot care for people with diabetes when directed by a Licensed Medical Professional.
- Hair care including shampooing, conditioning, drying, and combing when performed in conjunction with health maintenance level bathing, dressing, or skin care. Hair care may be performed when:
    - Member is unable to complete task independently.
    - Application of a prescribed shampoo/conditioner which has been dispensed by a pharmacy; or
    - Member has open wound(s) or neck stoma(s).
- Nail care in the presence of medical conditions that may involve peripheral circulatory problems or loss of sensation; includes soaking, filing and trimming.
- Mouth care performed when health maintenance level skin care is required in conjunction with the task, or:
    - There is injury or disease of the face, mouth, head or neck.
    - In the presence of communicable disease.
    - When the member is unable to participate in the task.
    - Oral suctioning is required.
    - There is decreased oral sensitivity or hypersensitivity.
    - Member is at risk for choking and aspiration.
- Shaving performed when health maintenance level skin care is required in conjunction with the shaving, or:
    - The member has a medical condition involving peripheral circulatory problems.
    - The member has a medical condition involving loss of sensation.
    - The member has an illness or takes medications that are associated with a high risk for bleeding.
    - The member has broken skin at/near shaving site or a chronic active skin condition.
- Dressing performed when health maintenance level skin care or transfers are required in conjunction with the dressing, or:
    - Assistance with the application of prescribed anti-embolic or pressure stockings is required.
    - Assistance with the application of prescribed orthopedic devices such as splints, braces, or artificial limbs is required.
- Feeding is considered a health maintenance task when the member requires health maintenance level skin care or dressing in conjunction with the task, or:
    - Oral suctioning is needed on a stand-by or intermittent basis.
    - The member is on a prescribed modified texture diet.
    - The member has a physiological or neurogenic chewing or swallowing problem.

    - Syringe feeding or feeding using adaptive utensils is required.
    - Oral feeding when the member is unable to communicate verbally, non-verbally or through other means.
- Exercise including passive range of motion. Exercises must be specific to the member's documented medical condition and require hands on assistance to complete.
- Transferring a member when they are not able to perform transfers due to illness, injury or disability, or:
    - The member lacks the strength and stability to stand, maintain balance or bear weight reliably.
    - The member has not been deemed independent with adaptive equipment or assistive devices by a Licensed Medical Professional.
    - The use of a mechanical lift is needed.
- Bowel care performed when health maintenance level skin care or transfers are required in conjunction with the bowel care, or:
    - The member is unable to assist or direct care.
    - Administration of a bowel program including but not limited to digital stimulation, enemas, or suppositories.
    - Care of a colostomy or ileostomy that includes emptying and changing the ostomy bag and application of prescribed skin care products at the site of the ostomy.
- Bladder care performed when health maintenance level skin care or transfers are required in conjunction with bladder care, or:
    - The member is unable to assist or direct care.
    - Care of external, indwelling and suprapubic catheters.
    - Changing from a leg to a bed bag and cleaning of tubing and bags as well as perineal care.
- Medical management as directed by a Licensed Medical Professional to routinely monitor a documented health condition, including but not limited to: blood pressures, pulses, respiratory rate, blood sugars, oxygen saturations, intravenous or intramuscular injections
- Respiratory care:
    - Postural drainage
    - Cupping
    - Adjusting oxygen flow within established parameters
    - Suctioning of mouth and nose
    - Nebulizers
    - Ventilator and tracheostomy care
    - Assistance with set-up and use of respiratory equipment
- Bathing is considered a health maintenance task when the member requires health maintenance level skin care, transfers or dressing in conjunction with bathing.
- Medication Assistance, which may include setup, handling and assisting the member with the administration of medications. The Pikes Peak Respite Services' Licensed Health

Care Professional must validate Attendant skills for medication administration and ensure that the completion of task does not require clinical judgement or assessment skills.
    - Pikes Peak Respite Services' Licensed Health Care Professional will validate Attendant skills for medication administration and ensure that the completion of task does not require clinical judgment or Assessment skills.
- Accompanying includes going with the member, as necessary on the care plan, to medical appointments and errands such as banking and household shopping. Accompanying the member also may include providing one or more health maintenance tasks as needed during the trip. Attendant may assist with communication, documentation, verbal prompting and/or hands on assistance when the task cannot be completed without the support of the Attendant.
- Mobility assistance is considered a health maintenance task when health maintenance level transfers are required in conjunction with the mobility assistance, or:
    - The member is unable to assist or direct care.
    - When hands-on assistance is required for safe ambulation and the member is unable to maintain balance or to bear weight reliably due to illness, injury, or disability; and/or
    - The member has not been deemed independent with adaptive equipment or assistive devices ordered by a Licensed Medical Professional.
- Positioning includes moving the member from the starting position to a new position while maintaining proper body alignment, support to a member's extremities and avoiding skin breakdown. May be performed when health maintenance level skin care is required in conjunction with positioning, or:
    - The member is unable to assist or direct care.
    - The member is unable to complete task independently.

MEMBER AND AUTHORIZED REPRESENTATIVE PARTICIPATION AND SELF-DIRECTION

A member or their Authorized Representative may self-direct the following aspects of service delivery:

- Present a person(s) of their own choosing to Pikes Peak Respite Services as a potential Attendant. The member must have adequate Attendants to assure compliance with all tasks in the Care Plan.
- Train Attendant(s) to meet their needs.
- Dismiss Attendants who are not meeting their needs.
- Schedule, manage, and supervise Attendants with the support of Pikes Peak Respite Services.
- Determine, in conjunction with Pikes Peak Respite Services, the level of in-home supervision as recommended by the member's Licensed Medical Professional.

- Transition to alternative service delivery options at any time. The Case Manager will coordinate the transition and referral process.
- Communicate with Pikes Peak Respite Services and the Case Manager to ensure safe, accurate and effective delivery of services.
- Request a reassessment, if level of care or service needs have changed.

An Authorized Representative is not allowed to be reimbursed for IHSS Attendant services for the member they represent.

If the member is required to or elects to have an Authorized Representative, the Authorized Representative will meet the requirements:

- Must be at least 18 years of age.
- Has not been convicted of any crime involving exploitation, abuse, neglect, or assault on another person.

The Authorized Representative must attest to the above requirement on the Shared Responsibilities Form.

IHSS members who personally require an Authorized Representative may not serve as an Authorized Representative for another IHSS member.

The member and their Authorized Representative must adhere to Pikes Peak Respite Services policies and procedures.

PIKES PEAK RESPITE SERVICES RESPONSIBILITIES

Pikes Peak Respite Services will assure and document that all members are provided the following:

- Independent Living Core Services
- Pikes Peak Respite Services must provide a list of the full scope of Independent Living Core Services provided by the agency to each member on an annual basis. Pikes Peak Respite Services must keep a record of each member's choice to utilize or refuse these services, and document services provided
- Attendant training, oversight and supervision by a licensed health care professional.
- Pikes Peak Respite Services will provide 24-hour back-up service for scheduled visits to members at any time an Attendant is not available. At the time the Care Plan is developed Pikes Peak Respite Services will ensure that adequate staffing is available. Staffing will include backup Attendants to ensure necessary services will be provided in accordance with the Care Plan.

Pikes Peak Respite Services will adhere to the following:

- If Pikes Peak Respite Services admits members with needs that require care or services to be delivered at specific times or parts of day, Pikes Peak Respite Services will ensure qualified staff in sufficient quantity are employed by the agency or have other effective back-up plans to ensure the needs of the member are met.

- Pikes Peak Respite Services will only accept members for care or services based on a reasonable assurance that the needs of the member can be met adequately by Pikes Peak Respite Services in the individual's temporary or permanent home or place of residence.
    - There will be documentation in the Care Plan or member record of the agreed upon days and times of services to be provided based upon the member's needs that is updated at least annually.
- If Pikes Peak Respite Services receives a referral of a member who requires care or services that are not available at the time of referral, Pikes Peak Respite Services will advise the member or their Authorized Representative and the Case Manager of that fact.
    - Pikes Peak Respite Services will only admit the member if the member or their Authorized Representative and Case Manager agree the recommended services can be delayed or discontinued.
- Pikes Peak Respite Services will ensure orientation is provided to members or Authorized Representatives who are new to IHSS or request re-orientation through The Department's prescribed process. Orientation will include instruction in the philosophy, policies and procedures of IHSS and information concerning member rights and responsibilities.
- Pikes Peak Respite Services will keep written service notes documenting the services provided at each visit.

Pikes Peak Respite Services is the legal employer of a member's Attendants and must adhere to all requirements of federal and state law, and to the rules, regulations, and practices as prescribed by The Department.

Pikes Peak Respite Services will assist all members in interviewing and selecting an Attendant when requested and maintain documentation of Pikes Peak Respite Services' assistance and/or the member's refusal of such assistance.

Pikes Peak Respite Services will complete an intake assessment following referral from the Case Manager. Pikes Peak Respite Services will develop a Care Plan in coordination with the Case Manager and member. Any proposed services outlined in the Care Plan that differ from the authorized services and units must be submitted to the Case Manager for review. The Care Plan must be approved prior to start of services.

Pikes Peak Respite Services will ensure that a current Care Plan is in the member's record, and that Care Plans are updated with the member at least annually or more frequently in the event of a member's change in condition. Pikes Peak Respite Services will send the Care Plan to the Case Manager for review and approval.

- The Care Plan will include a statement of allowable Attendant hours and a detailed listing of frequency, scope and duration of each service to be provided to the member for each day and visit. The Care Plan will be signed by the member or the member's Authorized Representative and Pikes Peak Respite Services.
    - Secondary or contiguous tasks must be outlined on the care plan.

- In the event of the observation of new symptoms or worsening condition that may impair the member's ability to direct their care, Pikes Peak Respite Services, in consultation with the member or their Authorized Representative and Case Manager, will contact the member's Licensed Medical Professional to receive direction as to the appropriateness of continued care. The outcome of that consultation will be documented in the member's revised Care Plan, with the member and/or Authorized Representative's input and approval. Pikes Peak Respite Services will submit the revised Care Plan to the Case Manager for review and approval.

LICENSED HEALTH CARE PROFESSIONAL

Pikes Peak Respite Services' Licensed Health Care Professional is responsible for the following activities:

- Administer a skills validation test for Attendants who will perform Health Maintenance Activities. Skills validation for all assigned tasks must be completed prior to service delivery unless postponed by the member or Authorized Representative to prevent interruption in services. The reason for postponement will be documented by Pikes Peak Respite Services in the member's file. In no event will the skills validation be postponed for more than thirty (30) days after services begin to prevent interruption in services.
- Verify and document Attendant skills and competency to perform IHSS and basic member safety procedures.
- Counsel Attendants and staff on difficult cases and potentially dangerous situations.
- Consult with the member, Authorized Representative or Attendant in the event a medical issue arises.
- Investigate complaints and critical incidents within ten (10) calendar days.
- Verify the Attendant follows all tasks set forth in the Care Plan.
- Review the Care Plan and Physician Attestation for Consumer Capacity form upon initial enrollment, following any change of condition, and upon the request of the member, their Authorized Representative, or the Case Manager.
- Provide in-home supervision for the member as recommended by their Licensed Medical Professional and as agreed upon by the member or their Authorized Representative. At the time of enrollment and following any change of condition, Pikes Peak Respite Services will review recommendations for supervision listed on the Physician Attestation of Consumer Capacity form. This review of recommendations will be documented by Pikes Peak Respite Services in the member record.
- Pikes Peak Respite Services will collaborate with the member or member's Authorized Representative to determine the level of supervision provided by Pikes Peak Respite Services' Licensed Health Care Professional.
- The member may decline recommendations by the Licensed Medical Professional for in-home supervision. Pikes Peak Respite Services must document this choice in the member record and notify the Case Manager. Pikes Peak Respite Services and their Licensed

Health Care Professional, Case Manager, and member or their Authorized Representative will discuss alternative service delivery options and the appropriateness of continued participation in IHSS.

Pikes Peak Respite Services will assure and document that all Attendants have received training in the delivery of IHSS prior to the start of services. Attendant training will include:

- Development of interpersonal skills focused on addressing the needs of persons with disabilities.
- Overview of IHSS as a service-delivery option of consumer direction.
- Instruction on basic first aid administration.
- Instruction on safety and emergency procedures.
- Instruction on infection control techniques, including universal precautions.
- Mandatory reporting and critical incident reporting procedures.
- Skills validation test for unskilled tasks assigned on the care plan.

Pikes Peak Respite Services will allow the member or Authorized Representative to provide individualized Attendant training that is specific to their own needs and preferences.

With the support of Pikes Peak Respite Services, Attendants must adhere to the following:

- Must be at least 18 years of age and demonstrate competency in caring for the member to the satisfaction of the member or Authorized Representative.
- May be a Family Member subject to the reimbursement and service limitations.
- Must be able to perform the assigned tasks on the Care Plan.
- Will not, in exercising their duties as an IHSS Attendant, represent themselves to the public as a licensed nurse, a certified nurse's aide, a licensed practical or professional nurse, a registered nurse or a registered professional nurse as defined in Section 25.5-6-1203, C.R.S.
- Will not have had their license as a nurse or certified nurse aide suspended or revoked or their application for such license or certification denied.

Pikes Peak Respite Services will provide functional skills training to assist members and their Authorized Representatives in developing skills and resources to maximize their independent living and personal management of health care.

In-Home Support Services (IHSS) Discontinuation and Termination

A Member may elect to discontinue In-Home Support Services (IHSS) or use an alternate service-delivery option at any time.

A Member may be discontinued from In-Home Support Services (IHSS) when equivalent care in the community has been secured.

The Case Manager may terminate a Member's participation in In-Home Support Services (IHSS) for the following reasons:

- The Member or their Authorized Representative fails to comply with IHSS program requirements as defined in Section 8.7528.F, or
- A Member no longer meets program criteria, or
- The Member provides false information, false records, or is convicted of fraud, or
- The Member or their Authorized Representative exhibits Inappropriate Behavior, and The Department has determined that the IHSS Agency has made adequate attempts at dispute resolution and dispute resolution has failed.
    - The IHSS Agency and Case Manager are required to assist the Member or their Authorized Representative to resolve the Inappropriate Behavior, which may include the addition of or a change of Authorized Representative. All attempts to resolve the Inappropriate Behavior must be documented prior to notice of termination.

When an In-Home Support Services (IHSS) Agency discontinues services, the Agency shall give the Member and the Member's Authorized Representative written notice of at least thirty days. Notice shall be provided in person, by certified mail or another verifiable-receipt service. Notice shall be considered given when it is documented that the Member or Authorized Representative has received the notice. The notice shall provide the reason for discontinuation. A copy of the 30-day notice shall be given to the Case Management Agency.

- Exceptions will be made to the requirement for advanced notice when the In-Home Support Services (IHSS) Agency has documented that there is an immediate threat to the Member, IHSS Agency, or Attendants.
- Upon In-Home Support Services (IHSS) Agency discretion, the Agency may allow the Member or their Authorized Representative to use the 30-day notice period to address conflicts that have resulted in discontinuation.

If continued services are needed with another Agency, the current In-Home Support Services (IHSS) Agency shall collaborate with the Case Manager and Member or their Authorized Representative to facilitate a smooth transition between agencies. The IHSS Agency shall document due diligence in ensuring continuity of care upon discharge as necessary to protect the Member’s safety and welfare.

In the event of discontinuation or termination from In-Home Support Services (IHSS), the Case Manager shall:

- Complete the Long-Term Care Program Notice of (LTC-803) and provide the Member or the Authorized Representative with the reasons for termination, information about the Member’s rights to fair hearing, and appeal procedures. Once notice has been given, the Member or Authorized Representative may contact the Case Manager for assistance in obtaining other home care services or additional benefits if needed.

MEDICATION SUPPORT

(Ref. 6 CCR 1101-1 26 7.4 & 6 CCR 1011-1 24 &10 CCR 2505-10 8.7414)

POLICY

Pikes Peak Respite Services provides Class B Non-Medical Home Care Agency (HCA) supports to individuals receiving services through the Home and Community Based Services Supported Living Services (HCBS-SLS) waiver and Children's Extensive Services (HCBS-CES) waiver. Respite services are provided to individuals as a Program Approved Service Agency (PASA). When supporting persons receiving PASA services, Pikes Peak Respite Services may assist individuals in the use of prescription and non-prescription medications which simultaneously protect the health and safety of individuals receiving services. If this assistance includes medication administration to a person receiving PASA services, Pikes Peak Respite Services will follow PASA standards (10 CCR 2505-10 8.7414) as detailed in Pikes Peak Respite Services' PASA Policies and Procedures Manual.

PROCEDURE

When providing Class B HCA services Pikes Peak Respite Services will ensure, unless otherwise allowed by statute (as noted above with a PASA client), that the personal care worker assisting a person in services with medication is only doing so when the medications have been pre-selected by the person in services, a family member, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles, such as medication minders.

Medication minder containers shall be clearly marked as to the day and time of dosage and reminding includes:

- Inquiries as to whether medications were taken.
- Verbal prompting to take medications.
- Handing the appropriately marked medication minder container to the consumer.
- Opening the appropriately marked medication minder container for the consumer if the consumer is physically unable to open the container.

These limitations apply to all prescription and all over-the-counter medications. Any irregularities noted in the pre-selected medications such as medications taken too often, not often enough or not at the correct time as marked in the medication minder container, will be reported immediately by the personal care worker to the supervisor.

For In-Home Support Services (IHSS) only, The IHSS Agencies Licensed Health Care Professional must validate Attendant skills for medication administration and ensure that the completion of task does not require clinical judgment or Assessment skills (see IHSS policy).

MANE – MISTREATMENT, ABUSE, NEGLECT AND EXPLOITATION

(Ref. 10 CCR 2505-10 8.7408.A.4; 6 CCR 1101-1 2 7.1)

POLICY

Pikes Peak Respite Services expects employees and contractors to provide services in a humane and caring environment. It is expected that persons served will always be treated with dignity and respect. This means that, at the very least, the person will be free from mistreatment, abuse, neglect, and exploitation. Persons with Intellectual and Developmental Disabilities age 18 and older are considered at-risk adults. At-risk adults are persons aged 18 or older who are unable to provide or obtain services necessary for their health, safety, and welfare OR who lack the capacity to make or understand responsible decisions.

PROCEDURE

Pikes Peak Respite Services absolutely prohibits mistreatment, abuse, neglect, and exploitation (MANE) of any person receiving services. All persons working or contracting with Pikes Peak Respite Services are required to immediately report any observed or suspected incidents of mistreatment, abuse (physical or sexual), caretaker neglect or exploitation to law enforcement, Adult Protective Services (APS), and the individual's case manager. Pikes Peak Respite Services will ensure that appropriate disciplinary actions up to and including termination, and appropriate legal recourse are taken against any employee or independent contractor who has engaged in MANE.

Prevention and Monitoring of Mistreatment

All Pikes Peak Respite Services' employees and contractors are responsible for implementing efforts to prevent and detect instances of MANE and the promotion of safe and humane environments for the people served.

Pikes Peak Respite Services will prevent MANE by strategies that may include but is not limited to:

- Providing adequate staffing to meet the needs of persons in services.
- Screening employees and contractors for records of MANE.
- Protecting persons in services from MANE during investigation of allegations.

Pikes Peak Respite Services will make efforts to detect instances of MANE through frequent monitoring of:

- Incident reports.
- Complaints/Grievances.
- Satisfaction surveys and feedback from persons receiving services.
- Verbal and written reports of changes in the person's behavior.
- Verbal and written reports from the person, advocates, families, Guardians, and friends of person.

Pikes Peak Respite Services will provide training on the reporting and prevention of MANE, including being aware of the signs and symptoms of potentially abusive situations. Persons need to be supported to discuss concerns they may have with how they are treated. Persons should be interviewed regarding their satisfaction with employees and contractors.

Review of records, log notes, incident reports, etc. may point to unusual behaviors or changes that may lead to suspicion of MANE. Concerns or reports from persons, family members, Guardians, advocates, and others regarding the treatment of individuals receiving services must always be given close attention.

Definitions of Mistreatment

Mistreatment means: Physical Abuse; Sexual Abuse; Caretaker neglect; Exploitation and other harmful acts; and Self-Neglect. An act or omission that threatens the health, safety, or welfare of an at-risk adult; or an act or omission that exposes an at-risk adult to a situation or condition that poses an imminent risk of bodily injury to the at-risk adult.

Abuse (Physical or Sexual) means any of the following acts or omissions committed against an at-risk person:

- The nonaccidental infliction of bodily injury, serious bodily injury or death.
- Confinement or restraint that is unreasonable under generally accepted caretaking standards.
- Subjection to sexual conduct or contact.

Physical Abuse means any infliction of physical pain or injury such as substantial or multiple skin bruising, malnutrition, dehydration, burns, bone fractures, poisoning, subdural hematomas, soft tissue swelling, suffocation, striking, twisting body parts or unreasonable use of force with or without apparent injury or imposition of unreasonable confinement or restraint. This includes directing a person to physically abuse another person receiving services.

Sexual Abuse means subjecting a person to any nonconsensual sexual conduct or contact classified as a crime under the "Colorado Criminal Code", including sexual assault, rape, fondling, sexual exploitation or sexual interaction between an adult and a minor. In addition, any sexual interaction of any employee or contractor with individuals receiving services shall constitute sexual abuse.

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

This includes acts or omissions of acts that contribute to injuries, or placement of an individual in an at-risk situation or denial of a safe and humane environment. This may include, but is not

limited to, failure to provide adequate food and/or denial of meals, clothing, shelter, psychological care, physical care, medical care, medication, habilitation, supervision or other treatment necessities.

Caretaker means a person who is responsible for the care of a person with an intellectual and developmental disability as a result of a family or legal relationship; or has assumed responsibility for the care of an at-risk adult; or is paid to provide care, services, or oversight of services to an at-risk adult.

Exploitation means an act or omission committed by a person who:

- Uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive at-risk adult of the use, benefit, or possession of anything of value**.**
- Employs the services of a third party for the profit or advantage of the person or another person to the detriment of an at-risk adult.
- Forces, compels, coerces or entices an at-risk adult to perform services for the profit or advantage of the person or another person against the will of the person with an intellectual and developmental disability.
- Or misuses the property of an at-risk adult in a manner that adversely affects the at-risk adult's ability to receive health care or health care benefits or to pay bills for basic needs or obligations.

"Harmful act" means an act committed against an at-risk adult by a person with a relationship to the at-risk adult when such act is not defined as abuse, caretaker neglect, or exploitation but causes harm to the health, safety or welfare of an at-risk adult.

Self-neglect means an act or failure to act whereby an at-risk adult substantially endangers his or her health, safety, welfare or life by not seeking or obtaining services necessary to meet the adult's essential human needs. Choice of lifestyle or living arrangements is not, by itself, evidence of self-neglect. Refusal of medical treatment, medications, devices or procedures by an adult or on behalf of an adult by a duly authorized surrogate medical decision maker or in accordance with a valid medical directive or order, or as described in a palliative plan of care, shall not be deemed self-neglect. Refusal of food and water in the context of a life-limiting illness is not, by itself, evidence of self-neglect.

Reporting

Pikes Peak Respite Services' employees and contractors have dual reporting standards regarding allegations of MANE. **All persons working or contracting with Pikes Peak Respite Services are required to immediately report any observed or suspected incidents of MANE to Pikes Peak Respite Services' Administrator or designee, and within 24 hours to the person's Legally Authorized Representative, and the Case Management Agency.** In addition, employees and contractors are required to make a report to law enforcement and record an incident report and follow the Critical Incident reporting standards of Pikes Peak Respite Services. Employees and contractors who suspect an at-risk adult may be self-neglecting their

basic needs should notify Pikes Peak Respite Services' Administrator or designee and call the Adult Protective Services county department where the at-risk adult lives to make a report. Remove/protect the individual involved.

The report to law enforcement should be made directly to the local law enforcement agency where the individual lives (NOT 911, unless it is an emergency). The employee or contractor must make this report directly to law enforcement – it is NOT enough to simply report mistreatment to a supervisor, case manager or another person.

Allegations of mistreatment, in addition to being reported directly to local law enforcement, are considered critical incidents. Pikes Peak Respite Services' employees and contractors will also follow critical incident reporting processes and procedures. The protection, safety, medical attention and support of the alleged victim will be of primary concern.

Orientation and Training

Pikes Peak Respite Services' employees and contractors must be able to define what constitutes MANE and receive training regarding applicable state laws, regulations and its own policies and procedures. Each employee and contractor will receive training in MANE during orientation and prior to service delivery or unsupervised contact with persons receiving services. Pikes Peak Respite Services will utilize appropriate resources, such as the online training module for mandatory reporters developed by Adult Protective Services, for training and orientation of employees and contractors. All Pikes Peak Respite Services' employees and contractors are responsible for immediately reporting any allegations of MANE as defined in this policy and procedure to the Administrator or designee. Failure to do so can result in disciplinary action up to and including termination.

Victim Support

The alleged victim of MANE must be protected and made to feel comfortable in reporting. Actions should be initiated and implemented quickly to protect the health and safety of the alleged victim and identify others who could be at risk. These actions may include, but are not limited to, removing the person from a residential setting, a school, or day service setting and removing or replacing employees, contractors or independent contractors. Direct care staff employees and Contractors should provide victim support as appropriate. Support may include:

- Monitoring the person's behaviors (lack of sleep, not eating, crying) and moods.
- Talking to the person to reassure them that they are heard and understood.
- Asking the person how you can help to make them feel safe.
- Educating the person about available Adult Protective Services resources and crisis counseling.
- Offering to contact, with the permission of the person, a trusted person (physician, minister/priest/rabbi, family member).

At no time should the individual be coerced, intimated, threatened or retaliated against because they, in good faith, make a report of suspected mistreatment. Anyone individual who assists or participates in the investigation of allegations will be afforded these same protections.

SERIOUS INCIDENT INVESTIGATION PROCESS

After an act of alleged MANE is reported, a thorough investigation will be conducted by Pikes Peak Respite Services' Administrator or a designee who has no direct involvement with the area under investigation. Pikes Peak Respite Services will address issues noted during the investigation and ensure clear follow-up and safeguards are implemented. Follow-up may include addressing employee or contractor personnel issues (suspension or termination), convening the team to ensure safeguards are implemented, and retraining staff. The investigation needs to not only determine what happened, but also what may have contributed to the incident. A priority of the investigation will be to determine if the involved individual or others are at ongoing risk and to secure protection or victim support if indicated. The investigator is not responsible for conducting a criminal investigation and will defer this process to law enforcement.

When the alleged perpetrator is an employee or contractual provider of Pikes Peak Respite Services and separation is indicated, the alleged perpetrator may be suspended if deemed appropriate. If the allegations are unsubstantiated or proven to be false, the employee or contractual provider may be reinstated; however, separation between the alleged perpetrator and the person in services may continue, as needed, pending any further findings from internal and criminal investigations.

Investigations will be conducted in a timely, objective, thorough and in a confidential manner and will not interfere with any criminal investigation already underway. Individuals who have information relevant to the investigation may be interviewed. These individuals may include:

- Victim(s) of alleged mistreatment.
- Person(s) making the allegations.
- The alleged perpetrator(s).
- Witnesses to the alleged incident (may include other persons, employees, contractors, family members, etc,).
- Others pertinent to the incident.

Pikes Peak Respite Services' investigator should be careful not to form opinions regarding whether mistreatment occurred until the conclusion of their review. Preliminary investigation results will inform the Administrator's response and actions. The final report of the investigation should contain written documentation of the following items:

- Interviews with alleged victims and others as specified above.
- Documentation of any physical evidence pertinent to the investigation.

- Results of investigations by law enforcement or any external agencies that may be available.
- A Summary of findings and actions taken by Pikes Peak Respite Services.

Pikes Peak Respite Services will ensure that appropriate disciplinary actions up to and including termination, and appropriate legal recourse are taken against employees and contractors who have engaged in mistreatment, abuse, neglect, or exploitation. If the alleged perpetrator is an employee or contractor with Pikes Peak Respite Services this may include termination. When abuse is found, the results of the investigation will be recorded in the employee or contractor's personnel record with the employee or contractor's knowledge. Pikes Peak Respite Services' Administrator will ensure that the following entities are notified as indicated:

Legally Authorized Representative and Case Management Agency Notification
Legally Authorized Representatives and the Case Management Agency will be notified as soon as possible but at least within 24 hours of a report of MANE, including summary information pertaining to the outcome of the investigation, victim supports accessed, and recommendations to prevent recurrence.

Notification to Criminal or Civil Authorities
Entities that may become involved are:

- Law Enforcement
- Child Protection, County Department of Human Services.
- Adult Protection, County Department of Human Services.
    - Adams County (720) 523-2037
    - Boulder County (303) 441-1309
    - Broomfield County (720) 887-2200
    - Jefferson County (303) 271-4673
    - Arapahoe County (303) 636-1750
    - Douglas County (303) 663-6270
    - Denver County (720) 944-4347
- Case Management Agency.
- Notification of Human Rights Committee.

All completed investigations will be reported to the Human Rights Committee (HRC) via the Case Management Agency. The HRC may request further information, provide advice on further recommendations or actions or choose to conduct an independent investigation.

INVESTIGATIVE REPORT/RECORD/FOLLOW-UP
Pikes Peak Respite Services will maintain a separate administrative record of all investigations including:

- The incident report detailing the allegation. Include information on any preliminary review conducted to determine immediate actions and the need for the investigation.

- A summary of the steps taken in the investigation (e.g., who was interviewed, in what order, documents reviewed, physical evidence, etc.).
- A summary of the information provided by each witness.
- The findings and conclusions drawn (substantiated, unsubstantiated, or inconclusive) must be thoroughly summarized.
- HRC review of the report.
- Documentation of appropriate actions that should have been taken as a result of the investigation and HRC recommendations. All actions should be implemented, or an explanation given as to why they were not.

All reports will be maintained by Pikes Peak Respite Services in a highly confidential manner in locked office/file cabinet or password protected computer.

CHILD ABUSE AND NEGLECT

Pikes Peak Respite Services' employees and contractual providers also work with children and are responsible for immediately reporting any allegations of child abuse and neglect to law enforcement or Child Protective Services.

SIGNS OF CHILD ABUSE AND NEGLECT

Emotional Abuse

- The child has delayed physical or emotional development
- The child may show extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- The parent overtly rejects the child
- The parent constantly blames, belittles, or berates a child, is unconcerned about the child, and refuses to consider offers of help for the child's problems

Neglect

- The child may wear dirty clothing, shoes too small or large, clothing often in need of repair or inadequate for the weather
- The child seems to be hungry; hoards, steals, begs for food or comes to school with little food
- The child may appear depressed or to lack energy
- The child may have dirty or decaying teeth, may demonstrate poor hygiene
- The child frequently reports caring for other siblings, or states there's no one at home to
- provide care
- The parent seems apathetic, depressed, appears to be indifferent to the child
- The parent abuses alcohol or drugs
- The parent may deny the existence of a problem and blame the child, school, or others for problems at home

Physical Abuse

- The child has unexplained burns, bites, bruises, broken bones
- The child may have fading bruises or marks noticeable after absence from school
- The child seems frightened of parents and protests or cries when it is time to go home
- The child shrinks back at the approach of adults
- The parent offers conflicting, unconvincing, or no explanation for the child's injury, or the explanation is not consistent with the injury

Sexual Abuse

- The child has difficulty walking or sitting; may suddenly refuse to change for gym or other physical activities
- The child may demonstrate unusual sexual knowledge or behavior
- The child may report unusual nightmares or bedwetting
- The parent may be secretive and isolated, jealous or controlling with family members
- The parent acts unduly protective of the child or severely limits contact with others

Child Sex Trafficking

- The child or youth possesses money, cell phone or other material items that cannot be explained
- The child or youth reports participation in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other items of value
- The child or youth is accompanied by an overly controlling "friend," "partner," or "boss"
- The child or youth has signs of physical or sexual abuse; hesitant to explain tattoos or scars
- The child or youth may have low self-esteem, anxiety, guilt or shame, be hostile or uncooperative, and demonstrate suicidal thoughts or actions

Institutional Abuse

- Any form of abuse or neglect may occur while a child is in the care of an institution
- If maltreatment is caused by employees of the institution, it is institutional abuse
- Make a report immediately upon becoming aware maltreatment is occurring while in the care of an institution

REPORTING CHILD ABUSE

Pikes Peak Respite Services' employees and contractual providers are required to immediately report any allegations of child abuse or neglect to law enforcement, the county department or through the child abuse reporting hotline system.

Pikes Peak Respite Services' employees and contractual providers are considered mandatory reporters of child abuse and neglect. Disclosing suspected child abuse or neglect to a supervisor or reporting through Pikes Peak Respite Services' internal process does not fulfill a mandatory reporter's legal obligation to report suspected child abuse and neglect. It is a class 3 misdemeanor in Colorado for a mandatory reporter to fail to report suspected child abuse or neglect. The legal obligation will remain unmet until the mandatory reporter has either reported or received confirmation that a report was immediately made to the county department, local law enforcement agency or through the child abuse reporting hotline system.

When should a mandatory reporter make an official report? If a mandatory reporter has:

- Reasonable cause to know or suspect that a child has been subjected to abuse or neglect or
- Observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect.

Colorado law states the mandatory reporter shall immediately upon receiving such information report or cause a report to be made of such fact to the county department, the local law enforcement agency, or through the child abuse reporting hotline system. Knowingly making a false report is also punishable under law.

To make a report, call: 1-844-CO-4-KIDS (1-844-264-5437)

MISSED VISITS – HCA

(Ref. 6 CCR 1011-1 26 5.14)

POLICY

Pikes Peak Respite Services is committed to providing consistent and uninterrupted services to persons receiving Non-medical Home Care Agency (HCA) care in their home. Pikes Peak Respite Services will work to ensure that all persons receiving HCA services in their home are supported according to the frequency and duration identified in their Care Plan and that all planned service visits are fulfilled. Pikes Peak Respite Services will develop procedures to manage planned and unplanned missed service visits from direct care staff. The Care Plan will be developed by the person and Pikes Peak Respite Services and will identify the areas of support needed and a schedule of planned visits. A copy of the Care Plan will be provided to the person and/or their guardian/legal representative and any changes or alterations in the person's schedule will be documented and communicated to the consumer in advance to the schedule, or as soon as possible.

PROCEDURE

Care Plan

Pikes Peak Respite Services will develop a Care Plan for each person receiving HCA services. A copy of the Care Plan will be provided to the person and/or their guardian/legal representative and any changes in the person's schedule will be communicated as soon as possible and any ongoing alterations provided to the person as soon as practical. The Care Plan will:

- Be developed by the person and Pikes Peak Respite Services.
- Identify areas of support needed.
- Develop a schedule of planned visits.

Coverage

Agency Managers for Pikes Peak Respite Services are responsible for covering for any planned or unplanned missed visits by direct care staff or contractual providers. Agency Managers will ensure adequate staff coverage is in place to manage missed visits or provide services in place of a missing employee or contractual provider, including planning for coverage of personal illness, vacation, holidays, and unexpected voluntary or involuntary termination of employment. If Pikes Peak Respite Services admits consumers with needs that require care or services to be delivered at specific times or parts of the day, Pikes Peak Respite Services will ensure qualified personnel in sufficient quantity are employed by the agency or have other effective back-up plans to ensure the needs of the consumer are met. Pikes Peak Respite Services will document all missed visits and, as soon as possible, provide the agreed upon services identified in the person's Care Plan. Back-up planning for scheduled visits will not include calling emergency services unless emergency services would have been warranted even if the scheduled personnel had been in the home and had delivered services.

Refusal

In the event that Pikes Peak Respite Services staff arrive at a person's home and the person refuses services or does not let staff in the home for a scheduled visit, Pikes Peak Respite Services will document the refusal and all steps taken to ensure the safety of the person is maintained. Steps to ensure the safety of a person who refuses services may include but are not limited to:

- Educating the person about scheduled services and the potential consequences if not provided as identified in the Care Plan.
- Contacting the person's Case Manager/Resource Coordinator
- Contacting the person's guardian/legal representative (if applicable)
- Contacting the person's primary care provider
- Contacting other service providers supporting the person in other capacities

MONITORING SERVICE DELIVERY

(Ref. 10 CCR 2505-10 8.7539.D)

POLICY

Individuals receiving services from Pikes Peak Respite Services have the right to an environment that is safe and meets the individual's needs while promoting health and happiness.

To ensure this environment, regular monitoring of the following occurs through:

- Private conversation with the individual receiving services, or direct support person, and guardian if applicable.
- Observation of employee/contractual provider and individual receiving services.
- Review of employee or contractual provider contact notes.
- Review of EVV records.
- Complete follow-up as needed.
- Satisfaction survey form.

Monitoring will occur on a quarterly basis and will include both announced and unannounced visits to the home. Monitoring will be conducted by the Administrator, Agency Manager or supervisory designee. A report summarizing monitoring is prepared. This report identifies trends and states actions to be taken. Cumulative trends are reviewed throughout the year(s) to evaluate ongoing provision of quality services. Issues or concerns encountered during the monitoring process will be noted in the report and communicated directly to the employee or contractual provider. The employee or contractual provider will be responsible to address and/or correct issues or concerns in the time frame indicated in the report. In addition, when available, an outside professional may be utilized to monitor services and submit a report to Pikes Peak Respite Services for additional monitoring purposes.

Supervision of Personal Care Worker (PCW)

Pikes Peak Respite Services will appropriately supervise its Personal Care Workers on a regular basis to ensure the delivery of quality supports and services. Supervision will be performed by the Agency Manager or a qualified employee (18 years of age or older) of Pikes Peak Respite Services who is in a designated supervisory capacity and available to the Personal Care Worker for questions at all times. On-site supervision will:

- Occur at a minimum of every three (3) months and include an assessment of consumer satisfaction with the services and the Personal Care Worker's adherence to the service plan.
    - Supervision will be conducted either in person or via telehealth.
- Occur, in person, annually for evaluation of each Personal Care Worker providing services in a consumer's home.
    - The evaluation will include observation of tasks performed and relationship with the person receiving services.

Evidence of all supervisory activities must be documented and retained in the consumer's record. Documentation will include:

- The date, time, method of delivery, and location of the supervisory activity along with documentation of person present.
- Specific tasks evaluated and/or observed along with outcome.
- Information on any re-training, instruction, or other support provided during the supervisory activity.

An in-person supervisory visit is required to evaluate consumer complaints related to the delivery of care by staff when such concerns cannot be successfully addressed remotely through an interactive audiovisual connection.

Supervision of Homemaker Services

Pikes Peak Respite Services will ensure all Homemaker staff are supervised by a person who, at a minimum, has received training or passed the skills validation test required of homemakers. Supervision will include, but not be limited to, the following activities:

- Train staff on agency policies and procedures.
- Arrange and document training.
- Oversee scheduling and notify Members of schedule changes.
- Conduct supervisory visits to Member's homes at least every three months or more often as necessary for problem resolution, staff skills validation, observation of the home's condition and Assessment of Member's satisfaction with services.
    - Supervision will be flexible to the needs of the member and may be conducted via phone, video conference, telecommunication, or in-person.
        - If there is a safety concern with the services, Pikes Peak Respite Services will make every effort to conduct an in-person Assessment.
        - Pikes Peak Respite Services will conduct Direct Care Worker (DCW) supervision to ensure that Member care and treatment are delivered in accordance with a plan of care that addresses the Member's needs.

Telehealth Supervisory Visits

- With the exception of the annual supervision requirement, Pikes Peak Respite Services may conduct supervisory visits using telehealth, so long as the HCA continues to ensure consumer care and treatment are delivered in accordance with the service plan that addresses the consumer's status and needs.
    - The designated supervisor may evaluate the delivery of care and services required every three (3) months through an interactive audiovisual connection with the personal care worker and consumer. The results of the supervisory visit must be documented by the qualified supervisor.

All other general requirements for supervisory visits, such as documentation and meeting the same standard of care, must be met.

OCCURRENCE REPORTING – HCA

(Ref. 6 CCR 1011-1 2 4.2)

POLICY

Pikes Peak Respite Services provides a humane and caring environment, which includes diligence to ensure the safety of the persons served. Reporting occurrences and acting on the information in these reports is essential. Pikes Peak Respite Services will complete Occurrence Reports for all individuals receiving Non-Medical (Personal Care) Home Care Agency (HCA) services. Occurrence Reports will be kept in the individual's record and will be available to the Department of Health Care Policy and Financing and the Colorado Department of Public Health and Environment upon request.

No officer or employee of Pikes Peak Respite Services will discharge or in any manner discriminate or retaliate against any person, relative or sponsor thereof, employee or contractual provider of Pikes Peak Respite Services, or any other person because such person, relative, legal representative, sponsor, or employee/contractual provider has made in good faith or is about to make in good faith, an Occurrence Report or has provided in good faith or is about to provide in good faith evidence in any proceeding or investigation relating to any occurrence required to be reported by Pikes Peak Respite Services.

PROCEDURE

All written documentation becomes part of a legal record and thus can be subpoenaed in court should a situation arise. Consequently, when documenting ANYTHING, direct care staff must keep in mind that this documentation could be reviewed in a court of law. Pikes Peak Respite Services' Agency Manager will complete Occurrence Reports according to the process outlined below:

Reporting Occurrences

- All Occurrences must be immediately reported to the Administrator/Agency Manager.
- Occurrences MUST be reported within one (1) business day of the initial incident.
- Occurrences may also qualify as an "incident."
    - If also an "incident", follow the Incident Reporting policy and procedure to file an Incident Report.
- If you are unsure about whether an incident qualifies as an Occurrence, contact your Field Supervisor. Your Field Supervisor will help you determine whether or not the incident qualifies as an Occurrence. It is much better to report something that ends up not being an Occurrence than to not report something that is.

Preventing Occurrences

- Pikes Peak Respite Services will investigate all occurrences and implement any measures that will help prevent the reoccurrence in the future.

Submit an initial Occurrence Report

1. Go to the COHFI portal: Health Facilities Interactive Login - Health Facilities Division (colorado.gov)
2. Type in your Username and Password for the specific site for which you are reporting the Occurrence.
3. On the left side of the page, click "Occurrence Reporting."
4. Click "Report a New Occurrence."
5. Select the type of Occurrence and the requirements that were met. Remember, that at all Occurrences are considered allegations, so you're not saying that those requirements were definitely met, but just that they were alleged to have been met.
6. Answer the questions on the form and submit.
    i. **If Necessary, Contact the Police:** The police must be contacted for any incidents involving **Mistreatment** (SEE MANE policy and procedure). When contacting the police, call the non-emergency number for the city where the site is located:
        1. Denver County Sheriff: (720) 913-3600
            a. Adams County Sheriff: (303) 655-3230
            b. Arapahoe County Sheriff: (303) 795-4711
        2. Typically, you will speak to a dispatcher who will take your basic information and will have an Officer call you back. When you get that call back, let the Officer know that you are reporting based on Mandatory Reporting requirements. Make sure you get the Officer's name and a Case Number to put in your Occurrence Report.

Submit a Final Occurrence Report

Pikes Peak Respite Services' Field Supervisor or Agency Manager will complete the following tasks after submitting the initial Occurrence Report:

1. Investigative Summary Report
    a. The Investigative Summary Report must be completed within 4 calendar days
2. Log back in to the CDPHE portal
3. Submit full Occurrence Report using responses from the Investigative Summary Report
    a. Must be submitted within 5 days from the date of the initial Occurrence Report.
4. Answer whether the allegation was substantiated.
    a. Decide whether or not the allegation was an Occurrence (USE BEST JUDGEMENT)

CDPHE Investigation

Once a final report has been submitted, CDPHE occurrence investigators will perform an off-site investigation and may request further information. Once that investigation is complete, a summary of the occurrence will be prepared and sent to Pikes Peak Respite Services. Pikes Peak Respite Services has 7 calendar days to review the summary and provide comments to CDPHE

prior to the summary becoming public information. After 7 calendar days, the occurrence summary will be made publicly available via CDPHE website, www.healthfacilities.info. After the summary has been made publicly available, it will not be altered.

Types of Occurrences
Please refer to the full Health Facilities and Emergency Medical Services Division (HFEMSD) Occurrence Reporting Manual for further technical guidance and reporting standards.

Abuse (Physical)

- Two (2) Elements Needed:
  - Intent OR knowingly OR recklessly
  - Bodily injury and/or serious bodily injury, and/or Unreasonable confinement or restraint (26-3.1-101 (4)(a)(II) C.R.S.)
    - Note: "Bodily injury means physical pain, illness, or any impairment of physical or mental condition" 18-1-901 (3)(c) C.R.S.
    - Note: Serious bodily injury is defined as "bodily injury, which involves a substantial risk of death, a substantial risk of serious permanent disfigurement, or a substantial risk of protracted loss or impairment of the function of any part or organ of the body." 18-1-901 (3)(p), C.R.S.
- Notes
  - Most Consumer-on-Consumer (person-on-person) violence will need to be reported as an Occurrence.

Abuse (Sexual)

- Three (3) Elements Needed:
  - Knowingly
  - Consent not given.
  - Sexual intrusion or penetration or, touching intimate parts or the clothing covering the intimate parts or, examines or treats resident/patient for other than bona fide medical purposes or, observes or photographs another person's intimate parts or, physical force/threat.

Abuse (Verbal)

- Three (3) Elements Needed:
  - Knowingly
  - Threat OR Physical Action (includes threatening gesture)
  - Fear of imminent, serious bodily injury
    - Note: Serious bodily injury is defined as "bodily injury, which involves a substantial risk of death, a substantial risk of serious permanent disfigurement, or a substantial risk of protracted loss or impairment of the function of any part or organ of the body." 18-1-901 (3)(p), C.R.S.

Brain Injuries

- Two (2) Elements Needed:
  - Result of occurrence AND
  - Change in level of consciousness and/or loss of bodily function OR

- Diagnostic test which shows brain injury

Burns

- Two (2) Elements Needed:
  - Second or third-degree burns
  - 20% or more of body surface in an adult or 15% or more of body surface in a child

Death

- Two (2) Elements Needed:
  - Occurrence resulting in death.
  - Reportable to the coroner as unexplained or suspicious
- Notes
  - Unlike Critical Incidents, not all instances of Death will qualify as Occurrences.

Diverted Drugs

- One (1) Element Needed:
  - Deliberate
- Notes
  - Only diversions of medications need to be reported as Occurrences.

Life-Threatening Complications of Anesthesia

- Two (2) Elements Needed
  - Occurrence as a result of Anesthesia
  - Life-threatening complication/reaction

Life-Threatening Transfusion Errors or Reactions

- Two (2) Elements Needed:
  - Errors or reaction from transfusion of blood or blood products
  - Life-threatening

Malfunction or Misuse of Equipment

- Three (3) Elements Needed:
  - Malfunction or intentional or unintentional misuse
  - Adverse effects or potentially adverse effects
  - Occurring during treatment or diagnosis during service provisions

Misappropriation of Person's Property

- Two (2) Elements Needed:
  - Deliberate misplacing, exploiting, or wrongful use of a person's property OR A pattern of misplacing, exploiting, or wrongful use of a patient's or resident's property AND
  - Consent not given by person.
- Notes
  - Misappropriation can include one consumer (person) taking and/or using another person's belonging(s)

Missing Persons

- One (1) Element Needed:

    - Person is at risk and missing after search conducted OR
    - Missing more than eight (8) hours, regardless of risk
- Notes
    - If police are contacted as part of the search, then it should be considered an Occurrence.

Neglect (Caretaker neglect means neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, or supervision is not secured for the at-risk person is not secured for an at-risk person or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence, or intimidation to create a hostile or fearful environment for an at-risk person (C.R.S Section 26-3.1-101(2.3)(a)).

- One (1) Element Needed:
    - Failure to provide any care or services as provided above resulting in actual harm OR
    - Staff member has a history in the past 12 months of similar neglect and had been counseled and/or re-educated OR
    - Staff member intentionally failed to follow standard of practice and/or facility policy with significant potential for harm.

Spinal Cord Injury

- Three (3) Elements Needed:
    - Result of occurrence (event) AND
    - Functional loss consistent with spinal cord injury AND
    - Permanent or temporary

Mandatory Reporting of Mistreatment (abuse, caretaker neglect, and exploitation)

Pikes Peak Respite Services' direct care staff are considered mandatory reporters. Pikes Peak Respite Services' direct care staff who witness, become aware of, or suspect that an individual has been or is at immediate risk for mistreatment (abuse, caretaker neglect or exploitation) must immediately report the incident to the Administrator/Administrator or designee and also make a report to law enforcement as soon as possible, but not more than twenty-four (24) hours after making the discovery.

The report to law enforcement should be made directly to the local law enforcement agency where the individual lives (NOT 911, unless it is an emergency). The employee or direct care staff must make this report directly to law enforcement – it is NOT enough to simply report mistreatment to a supervisor, case manager or another person.

Allegations of mistreatment, in addition to being reported directly to local law enforcement, are considered critical incidents. Pikes Peak Respite Services' direct care staff will also follow critical incident reporting processes and procedures. The protection, safety, medical attention, and support of the alleged victim will be of primary concern.

Pikes Peak Respite Services' direct care staff must be able to define what constitutes mistreatment and receive training regarding applicable laws, regulations, policies, and

procedures. Each employee and direct care staff will receive training in mistreatment, abuse, neglect, and exploitation (MANE) during orientation and prior to service delivery or unsupervised contact with persons receiving services. Pikes Peak Respite Services will utilize appropriate resources, such as the online training module for mandatory reporters developed by Adult Protective Services, for training and orientation of employees and direct care staff.

All Pikes Peak Respite Services' direct care staff are responsible for immediately reporting any allegations of mistreatment as defined in this policy and procedure and to the Administrator/Administrator or designee. Failure to do so can result in disciplinary action.

The alleged victim must be protected and made to feel comfortable in reporting. It is imperative to initiate the actions that will ensure the safety of the alleged victim and identify others who could be at risk. Such actions may include, but are not limited to, removing the person from a residential setting, a school, or day service setting and removing or replacing direct care staff or independent contractors. Provide victim support as appropriate. Support may include:

- Monitoring the person in services' behaviors (lack of sleep, not eating, crying) and moods.
- Talking to the person in services to reassure them that she/he is heard and that you are sorry this happened.
- Asking the person in services how you can help to make them feel safe.
- Educating the person in services about available Adult Protective Services resources and crisis counseling.
- Offering to contact, with the permission of the person in services, a trusted person (physician, minister/priest/rabbi, family member).

At no time should the individual be coerced, intimated, threatened or retaliated against because he or she, in good faith, makes a report of suspected mistreatment. Anyone who assists or participates in any manner in an investigation of such allegations will be afforded these same protections.

CHILD ABUSE AND NEGLECT

Pikes Peak Respite Services' employees and contractual providers also work with children and are responsible for immediately reporting any allegations of child abuse and neglect to law enforcement or Child Protective Services.

SIGNS OF CHILD ABUSE AND NEGLECT

Emotional Abuse

- The child has delayed physical or emotional development
- The child may show extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- The parent overtly rejects the child
- The parent constantly blames, belittles, or berates a child, is unconcerned about the child, and refuses to consider offers of help for the child's problems

Neglect

- The child may wear dirty clothing, shoes too small or large, clothing often in need of repair or inadequate for the weather
- The child seems to be hungry; hoards, steals, begs for food or comes to school with little food
- The child may appear depressed or to lack energy
- The child may have dirty or decaying teeth, may demonstrate poor hygiene
- The child frequently reports caring for other siblings, or states there's no one at home to
- provide care
- The parent seems apathetic, depressed, appears to be indifferent to the child
- The parent abuses alcohol or drugs
- The parent may deny the existence of a problem and blame the child, school, or others for problems at home

Physical Abuse

- The child has unexplained burns, bites, bruises, broken bones
- The child may have fading bruises or marks noticeable after absence from school
- The child seems frightened of parents and protests or cries when it is time to go home
- The child shrinks back at the approach of adults
- The parent offers conflicting, unconvincing, or no explanation for the child's injury, or the explanation is not consistent with the injury

Sexual Abuse

- The child has difficulty walking or sitting; may suddenly refuse to change for gym or other physical activities
- The child may demonstrate unusual sexual knowledge or behavior
- The child may report unusual nightmares or bedwetting
- The parent may be secretive and isolated, jealous or controlling with family members
- The parent acts unduly protective of the child or severely limits contact with others

Child Sex Trafficking

- The child or youth possesses money, cell phone or other material items that cannot be explained
- The child or youth reports participation in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other items of value
- The child or youth is accompanied by an overly controlling "friend," "partner," or "boss"
- The child or youth has signs of physical or sexual abuse; hesitant to explain tattoos or scars
- The child or youth may have low self-esteem, anxiety, guilt or shame, be hostile or uncooperative, and demonstrate suicidal thoughts or actions

Institutional Abuse

- Any form of abuse or neglect may occur while a child is in the care of an institution

- If maltreatment is caused by employees of the institution, it is institutional abuse
- Make a report immediately upon becoming aware maltreatment is occurring while in the care of an institution

REPORTING CHILD ABUSE

Pikes Peak Respite Services' employees and contractual providers are required to immediately report any allegations of child abuse or neglect to law enforcement, the county department or through the child abuse reporting hotline system.

Pikes Peak Respite Services' employees and contractual providers are considered mandatory reporters of child abuse and neglect. Disclosing suspected child abuse or neglect to a supervisor or reporting through Pikes Peak Respite Services' internal process does not fulfill a mandatory reporter's legal obligation to report suspected child abuse and neglect. It is a class 3 misdemeanor in Colorado for a mandatory reporter to fail to report suspected child abuse or neglect. The legal obligation will remain unmet until the mandatory reporter has either reported or received confirmation that a report was immediately made to the county department, local law enforcement agency or through the child abuse reporting hotline system.

When should a mandatory reporter make an official report? If a mandatory reporter has:

- Reasonable cause to know or suspect that a child has been subjected to abuse or neglect or
- Observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect.

Colorado law states the mandatory reporter shall immediately upon receiving such information report or cause a report to be made of such fact to the county department, the local law enforcement agency, or through the child abuse reporting hotline system. Knowingly making a false report is also punishable under law.

To make a report, call: 1-844-CO-4-KIDS (1-844-264-5437)

ORGANIZATION ROLES – HCA

(Ref. 6 CCR 1011-1 26 7.2-7.4)

POLICY

Pikes Peak Respite Services will identify roles within the organization necessary for the delivery of Non-medical Home Care Agency (HCA) services and supports. These roles will include, at a minimum, an Agency Manager, Field Supervisor and Personal Care Worker. Pikes Peak Respite Services will establish and maintain role expectations, position qualifications, and training requirements for the Agency Manager, Supervisor and Personal Care Worker(s). Depending on the size of Pikes Peak Respite Services' HCA program, these three roles may be held the same person.

PROCEDURE

Agency Manager (Qualifications)

Pikes Peak Respite Services will designate an Agency Manager to supervise the provision of all HCA services. The Agency Manager will meet the following qualifications:

- Be at least 21 years of age, possess a high school diploma or GED, and at least one (1) year documented supervisory experience in the provision of personal care services.
- Be able to communicate, understand and return communication effectively in exchanges between the person, family representatives, and other providers.
- Have successfully completed an eight (8) hour agency manager training course Additional related annual training that equals 12 hours shall be required in the first year and annually thereafter.
- Be familiar with all applicable local, state, and federal laws and regulations concerning the operation and provision of home care services.

Agency Manager (Responsibilities)

The Agency Manager for Pikes Peak Respite Services will be responsible for ensuring:

- Pikes Peak Respite Services is in compliance with all applicable federal, state and local laws.
- Completion, maintenance and submission of all required reports and records
- Ongoing communication with Pikes Peak Respite Services' governing body, its staff members, and the community
- A current organizational chart is developed and maintained to show lines of authority down to the person level.
- Hiring, orientation and training of personnel
    - Developing and implementing ongoing in-service education programs
    - Providing opportunities for continuing education
- Establishing and maintaining effective bookkeeping practices, administrative records and policies and procedures
- Designating in writing a qualified employee to act in the absence of the Agency Manager.

- Availability of the Agency Manager or designee for all hours that direct care staff are providing services.
- All marketing, advertising and promotional information accurately represents Pikes Peak Respite Services' HCA program and addresses the care, treatment, and services that the HCA program can provide directly or through contractual arrangement.

Agency Manager (Training)
Pikes Peak Respite Services will ensure that the Agency Manager is adequately trained to perform the role. Each Agency Manager will successfully complete an eight (8) hour agency manager training course. Additional related annual training that equals twelve (12) hours will be required in the first year and annually thereafter.

Pikes Peak Respite Services will ensure that the initial 8-hour training course is Department approved and provided by an accredited college, university, or vocational school, or an organization, association, corporation, group, or agency with specific expertise in personal care services. Initial Agency Manager instruction will include, at a minimum, discussion of each the following topics:

- Home care overview including other agency types providing services and how to interact and coordinate with each including limitations of personal care versus health care services.
- Regulatory responsibilities and compliance including, but not limited to,
    - Person rights
    - Governing body responsibilities
    - Quality management plans
    - Occurrence reporting
    - Complaint investigation and resolution process
- Personnel qualifications, experience, competency and evaluations, staff training and supervision
- Needs of the fragile, ill, and physically and cognitively disabled in the community setting regarding special training and staffing considerations.
- Behavior management techniques
- IHSS Provider Training: Annual

Agency Manager Role
Pikes Peak Respite Services will designate qualified direct care staff as Agency Managers to coordinate HCA operations and manage designated Personal Care Workers. The Agency Manager will be available to the Personal Care Worker at all times for questions and guidance. The Agency Manager will be responsible for evaluating each Personal Care Worker providing services at least annually. The evaluation will include observation of tasks performed and feedback from the person receiving services. The Field Supervisor will:

- Be at least 18 years of age.

- Have appropriate experience or training in the home care industry or closely related personal care services.
- Have completed training in the provision of personal care services.

Personal Care Worker

Pikes Peak Respite Services will ensure that each Personal Care Worker is qualified and completed training to provide HCA services to persons. Personal Care Worker's will provide HCA services according to the Person-Centered Support Plan (SP). The duties of the Personal Care Worker may include the following:

- Observation and maintenance of the home environment that ensures the safety and security of the person.
- Assistance in completing activities such as shopping, and appointments outside the home.
- Companionship including, but not limited to, social interaction, conversation, emotional reassurance, encouragement of reading, writing and activities that stimulate the mind.
- Assistance with activities of daily living, personal care and any other assignments as included in the service plan.
- Completion of appropriate service notes regarding each service visit. Documentation will contain services provided, date and time in and out, and a confirmation that care was provided.

PERSONAL CARE WORKER

(6 CCR 1011-1 26 7.4)

POLICY

When providing Personal Care services for individuals receiving support from Pikes Peak Respite Services certain conditions must be met. These involve safety, service quality and the record keeping of our Personal Care program. Personal Care services are provided according to the person's needs as identified by the Case Manager/Resource Coordinator in the person's Service/Person-Centered Support Plan. Pikes Peak Respite Services will ensure that personal care workers/direct care staff will have completed training or have verified experience in the provision of home care tasks to consumers and passed a competency evaluation.

PROCEDURE

The duties of a Personal Care worker may include the following:

- Observation and maintenance of the home environment that ensures the safety and security of the consumer.
- Reporting any observed or stated changes in the consumer's physical, cognitive, and/or developmental status.
- Assistance in completing activities such as shopping, and appointments outside the home.
- Companionship including, but not limited to, social interaction, conversation, emotional reassurance, encouragement of reading, writing and activities that stimulate the mind.
- Assistance with non-medical activities of daily living, personal care and any other assignments as included in the service plan.
- Completion of appropriate service notes regarding service provision each visit. Documentation will contain services provided, date and time in and out, and a confirmation that care was provided. Such confirmation will be according to Pikes Peak Respite Services' monitoring policies, documentation standards, and Electronic Visit Verification (EVV) records.

Personal care worker tasks.

The purpose of this part is to delineate the types of services that can be provided by a personal care worker. The following are examples of limitations where skilled home health care would be needed to meet higher needs of the consumer.

(1) Skin care

- A personal care worker may perform general skin care assistance.
- A personal care worker may perform skin care only when skin is unbroken, and when any chronic skin problems are not active.
- The skin care provided by a personal care worker shall be preventative rather than therapeutic in nature and may include the application of non-medicated lotions and solutions or of lotions and solutions not requiring a physician's prescription.

- Skilled skin care includes wound care other than basic first aid, dressing changes, application of prescription medications, skilled observation, and reporting. Skilled skin care should be provided by an HCA licensed to provide skilled home health services.

(2) Ambulation

- A personal care worker may generally assist consumers with ambulation if they have the ability to balance and bear weight.
- If the health professional has determined that the consumer is independent with an assistive device, a personal services worker may be assigned to assist with ambulation.

(3) Bathing

- A personal care worker may assist consumers with bathing only if they have the ability to balance and bear weight, except when a transfer involves a lift device as described in Part 7.4(F)(13)(d).
- When a consumer has skilled skin care needs or skilled dressings that will need attention before, during, or after bathing, the consumer should be in the care of an HCA licensed to provide skilled home health services for those needs.

(4) Dressing

- A personal care worker may assist a consumer with dressing. This may include assistance with ordinary clothing and application of support stockings, including ace bandages and anti-embolic or pressure stockings that can be purchased without a physician's prescription.
- A personal care worker that assists a consumer with application of any support stocking must receive training from a qualified individual in the stocking's proper application. Prior to application and on an annual basis,
- the qualified individual shall conduct a proof of competency evaluation in the correct application of support stockings.

(5) Exercise

- A personal care worker may assist a consumer with exercise. However, this does not include assistance with a plan of exercise prescribed by a licensed health care professional.
- A personal care worker may remind the consumer to perform ordered exercise. Assistance with exercise that can be performed by a personal care worker is limited to the encouragement of normal bodily movement, as tolerated, on the part of the consumer and encouragement with a prescribed exercise program.
- A personal care worker shall not perform passive range of motion.

(6) Feeding

- Assistance with feeding may generally be performed by a personal service worker.

- Personal care workers can assist consumers with feeding when the consumer can independently chew and swallow without difficulty and be positioned upright.
- Unless otherwise allowed by statute, assistance by a personal care worker does not include syringe, tube feedings, and intravenous nutrition. Whenever there is a high risk that the consumer may choke as a result of the feeding, the consumer should be in the care of an HCA licensed to provide skilled home health services.

(7) Hair care

- As a part of the broader set of services provided to consumers who are receiving personal services, personal care workers may assist consumers with the maintenance and appearance of their hair.
- Hair care may include shampooing, drying, combing, and styling of hair. Medicated shampoo or shampoo that requires a physician's prescription may not be used.
- Over-the-counter medicated shampoos may be used as part of the broader set of services provided to the consumer, if the personal care worker has been trained by the agency in the proper use of the product. Prior to application and on an annual basis, a qualified individual shall conduct a proof of competency evaluation in the correct use of these products.

(8) Mouth care

- A personal care worker may assist and perform mouth care. This may include denture care and basic oral hygiene.
- Mouth care for consumers who are unconscious, have difficulty swallowing, or are at risk for choking and aspiration shall be performed by an HCA licensed to provide skilled home health services.

(9) Nail care

- A personal care worker may assist generally with nail care. This assistance may include soaking of nails, pushing back cuticles without utensils, and filing of nails.
- Assistance by a personal care worker shall not include nail trimming.
- Consumers with a medical condition that might involve peripheral circulatory problems or loss of sensation shall be under the care of an HCA licensed to provide skilled home health services.

(10) Positioning

- A personal care worker may assist a consumer with positioning when the consumer is able to identify to the personal care staff, verbally, non-verbally, or through others, when the positions needs to be changed.
- Positioning shall not exceed simple alignment in a bed, wheelchair, or other furniture.
- A personal care worker may assist a skilled home health worker with a consumer's positioning when any position change addresses skilled skin care concerns, as defined at

Part 7.4(F)(1)(d). A personal care worker may not be assigned to or independently perform this function.

(11) Shaving

- A personal care worker may assist a consumer with shaving only with an electric or a safety razor.

(12) Toileting

- A personal care worker may assist a consumer to and from the bathroom; provide assistance with bedpans, urinals, and commodes; provide pericare; or change clothing and pads of any kind used for the care of incontinence.
- A personal care worker may empty urinary collection devices, such as catheter bags. In all cases, the insertion and removal of catheters and care of external catheters is considered skilled care and shall not be performed by a personal care worker.
- A personal care worker may empty ostomy bags and provide assistance with other consumer-directed ostomy care only when there is no need for skilled skin care or for observation or reporting to a nurse. A personal care worker shall not perform digital stimulation, insert suppositories, or give an enema.

(13) Transfers

- A personal care worker may assist with transfers only when the consumer has sufficient balance and strength to reliably stand and pivot and assist with the transfer to some extent.
- (b) Adaptive and safety equipment may be used in transfers, provided that the consumer and personal care worker are fully trained in the use of the equipment, and the consumer, consumer's family member, or guardian can direct the transfer step by step. Adaptive equipment may include, but is not limited to wheel chairs, tub seats, and grab bars.
- (c) Gait belts may be used in a transfer as a safety device for the personal care worker as long as the worker has been properly trained in its use and as long as the consumer is able to assist with the transfer.
- (d) A personal care worker shall not perform assistance with transfers when the consumer is unable to assist with the transfer. Personal care workers, with training and demonstrated competency, may assist a consumer in a transfer involving a lift device.
- (e) A personal care worker may assist the informal caregiver with transferring the consumer provided the consumer is able to direct and assist with the transfer.

(14) Medication Assistance. The following requirements apply to all prescription and all over-the-counter medications:

- Unless otherwise allowed by statute, a personal care worker may assist a consumer with medication only when the medications have been pre-selected by the consumer, a family member, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles, such as medication minders.

- Medication minder containers shall be clearly marked as to day and time of dosage and reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the consumer; and, opening the appropriately marked medication minder container for the consumer if the consumer is physically unable to open the container.
- Any irregularities noted in the pre-selected medications such as medications taken too often, not often enough, or not at the correct time as marked in the medication minder container, shall be reported immediately by the personal care worker to the supervisor.

(15) Respiratory Care

- Respiratory care is considered skilled care and shall not be performed by a personal care worker. Respiratory care includes postural drainage, cupping, adjusting oxygen flow within established parameters, nasal, endotracheal, and tracheal suctioning.
- Personal care workers may temporarily remove and replace a cannula or mask from the consumer's face for the purposes of shaving and/or washing a consumer's face.
- Personal care workers may set a consumer's oxygen flow according to written instruction when changing tanks, provided the personal care worker has been specifically trained and demonstrated competency for this task.

(16) Accompaniment

- Accompanying the consumer to medical appointments, banking errands, basic household errands, clothes shopping, grocery shopping, or other excursions to the extent necessary and as specified on the service plan may be performed by the personal care worker when all the care that is provided by the personal care staff in relation to the trip is unskilled personal care, as described in these regulations.

(17) Protective oversight

- A personal care worker may provide protective oversight including stand-by assistance with any personal care task described in these regulations.
- When the consumer requires protective oversight to prevent wandering, the personal care worker shall have been trained in appropriate intervention and redirection techniques.

(18) Respite care

- A personal care worker may provide respite care in the consumer's home according to the service plan as long as the necessary provision of services during this time does not include skilled home health services as defined in Part 2.29 of this chapter.
- (G) In addition to the exclusions prescribed in the preceding section, the HCA shall not allow personal care workers to:
- Perform skilled home health services as defined in Part 2.29 of this chapter;
- Perform or provide medication set-up for a consumer; or
- Perform other actions specifically prohibited by HCA policy, regulations, or law.

In addition to the exclusions prescribed in the preceding section, Pikes Peak Respite Services will not allow personal care workers to:

- Perform skilled home health services. “Skilled home health services” means health and medical services furnished in the consumer's temporary or permanent place of residence that include wound care services; use of medical supplies including drugs and biologicals prescribed by a physician; in-home infusion services; nursing services; or certified nurse aide services that require the supervision of a licensed or certified health care professional acting within the scope of his or her license or certificate; occupational therapy; physical therapy; respiratory care services; dietetics and nutrition counseling services; medication administration; medical social services; and speech-language pathology services. “Skilled home health services” does not include the delivery of either durable medical equipment or medical supplies.
- Perform or provide medication set-up for a consumer.
- Perform other actions specifically prohibited by agency policy, regulations, or law.

Supervision of Personal Care Workers

Supervision of personal care worker will:

- Be performed by an employee of the HCA qualified as a supervisor under Part 7.7, who is in a designated supervisory capacity and available to the worker at all times care and services are being provided.
- Occur at a minimum of every three (3) months and must include an assessment of consumer satisfaction with services and the worker’s competence and adherence to the service plan.
    - Supervision shall be conducted either in person or via telehealth, in accordance with Telehealth Supervisory Visits.
- Occur, in person, annually for evaluation of each worker providing services in a consumer’s home and shall include observation of tasks performed and relationship with the consumer.

Evidence of all supervisory activities must be documented and retained in the consumer’s record. Documentation will include:

- The date, time, method of delivery, and location of the supervisory activity along with documentation of persons present.
- Specific tasks evaluated and/or observed along with outcome.
- Information on any re-training, instruction, or other support provided during the supervisory activity.

An in-person supervisory visit is required to evaluate consumer complaints related to the delivery of care by staff when such concerns cannot be successfully addressed remotely through an interactive audiovisual connection.

Telehealth Supervisory Visits

With the exception of the annual supervision requirement and responding to consumer complaints, Pikes Peak Respite Services may conduct supervisory visits using telehealth, so long as the HCA continues to ensure consumer care and treatment are delivered in accordance with the service plan that addresses the consumer's status and needs.

- The designated supervisor may evaluate the delivery of care and services required every three (3) months through an interactive audiovisual connection with the personal care worker and consumer. The results of the supervisory visit must be documented by the qualified employee.

All other general requirements for supervisory visits, such as documentation and meeting the same standard of care, must be met.

PERSONNEL RECORD & DORA – HCA

(Ref. 6 CCR 1011-1 26 5.9)

POLICY

Pikes Peak Respite Services will maintain a personnel file for each employee or contractual provider that provides direct services to persons in their home or in the community. Pikes Peak Respite Services will ensure that each direct care staff working directly with persons has a personnel file that includes their qualifications, competency, training and completed criminal history check. In addition, the personnel file will include a Colorado Department of Regulatory Agencies (DORA) check on all direct care staff providing Non-medical (Personal Care) Home Care Agency (HCA) services.

PROCEDURE

Pikes Peak Respite Services will ensure that all HCA program services are provided in accordance with the person's Person-Centered Support Plan. Pikes Peak Respite Services will define the required competence, qualifications, and experience of staff in each program or service it provides. Pikes Peak Respite Services will provide copies of all agency policies to full and part-time direct care staff. Personnel records will include, but not limited to:

- References
- Starting/ending employment dates
    - Including reason for separation
- Qualifications
    - Experience (type and depth)
    - Advanced skills
    - Training and education
    - Competency evaluations and/or written tests
- Licensure or certifications (kept current)
- Orientation
- Training
- Job description
- Performance evaluation (minimum – annual)

DORA

Before employing any individual to provide direct Personal Care or HCA services, Pikes Peak Respite Services will contact the Colorado Department of Regulatory Agencies (DORA) to verify whether a license, registration or certification exists and is in good standing. A copy of the inquiry will be placed in the individual's personnel file.

QUALITY MANAGEMENT PROGRAM – HCA

(Ref. 6 CCR 1011-1 26 5.12 & 6 CCR 1011-1 2 4.1)

POLICY

Pikes Peak Respite Services will have a quality management program (QMP) designed to improve client safety and well-being. The client safety component of the program will implement improvements in response to patterns and trends associated with service delivery errors and potential for error. The client well-being component of the program will implement improvements that are not necessarily tied to errors or potential for error but instead to the continuous quality improvement principle that opportunities always exist to enhance service delivery.

PROCEDURE

Pikes Peak Respite Services' quality management program will be implemented in accordance with a quality management plan that is reviewed and approved annually by the governing body, or by the administrator or the administrator's designee(s). The quality management plan includes the following elements:

Identification of quality management projects

- For the client safety component of the program, the plan will identify:
    - The types of service delivery errors and potential for error that will be monitored, which may be based, at minimum, on a review of negative client outcomes that are unanticipated, client grievances, deficiencies cited by regulatory agencies, occurrences and/or errors, and potential for errors reported by staff.
    - A process for staff to report service delivery error and potential for error within a prescribed period of time and a plan for how staff will be trained regarding such reporting.
    - The methods used to collect and analyze data in order to find patterns and trends. The plan shall also include how the governing body, if applicable, and the administrator will be informed of such patterns and trends.
    - The method(s) used to select quality management projects.
    - The method(s) for selecting the service delivery practice(s) that will be reviewed.

Implementation of improvement strategies

- The plan will include how improvement strategies will be developed. This may include identifying the personnel that will be involved in designing the intervention, opportunities for client input, and the administrative approvals needed to finalize the intervention design.
- There will be documentation for each improvement strategy that includes:
    - A description of the intervention design. For client safety improvements, this will include how information about patterns and trends will be shared with staff and

how the underlying systemic problem(s) that led to the pattern or trend will be addressed.
    - How staff will be allocated and/or trained to implement the strategy.
    - How the strategy will be evaluated for effectiveness.
    - Timelines for implementation and evaluation of the strategy and how the facility or agency is tracking the meeting of these milestones.

If Pikes Peak Respite Services has a quality management program that complies with the quality standards of a Medicare deemed status accrediting organization, Medicare conditions of participation or Medicare conditions for coverage, as applicable, it shall not be required to develop a separate state quality management program as long as the entity can show that its program includes the elements in policy.

The Department may audit Pikes Peak Respite Services' quality management program to determine its compliance with the standards in Chapter 2.

- If the Department determines that an investigation of any incident or client outcome is necessary, it may, unless otherwise prohibited by law, investigate and review relevant documents to determine actions taken by the licensee.

Any records, reports, and other information of a licensee that is part of the quality management program shall not be subject to subpoena or discoverable or admissible in evidence in any civil or administrative proceeding, so long as the quality management program meets the definition and standards as put forth in section 25-3-109, C.R.S.

- The Department or any other appropriate regulatory agency having jurisdiction for disciplinary or licensing sanctions shall have access to any records, reports, and other information of the quality management program.

Quality Management Team

Pikes Peak Respite Services will develop and maintain a Quality Management Team (QMT). The QMT will meet, at a minimum, quarterly to review the QMP and review, identify and correct issues of concern involving its Class B Non-Medical HCA services. The Agency Manager will review and report to the QMT the following concerns, trends, and areas of development:

- Monitoring/Site Visits
- Care Planning
- Occurrence Reporting Trends
- Complaints
- Staffing/Scheduling Issues
- Missed Visits
- Response to Emergencies
- Evaluation of Discharges and Transfers

- Satisfaction Survey/Feedback
- Staff Orientation and Training

The criteria for selecting concerns, trends, or areas of improvement are that they are either:

- A trend of more than one occurrence of a concerning issue.
- A single occurrence of a particularly concerning issue that has significant health and safety implications.
- A single area of improvement identified by staff.
- A single complaint or concern identified by staff.
- A single complaint or concern identified by clients.
- A single area of improvement identified by staff.
- Any area of quality improvement identified above.

The Agency Manager will review and identify concerns, trends, and areas of improvement quarterly. The Agency Manager will gather data collected from monitoring/site visits, occurrence reporting, staffing schedules, client visitation/program notes, etc. The Agency Manager will also collect information and feedback from staff during regular staff meetings. Staff will be trained to report service delivery errors and areas of concern to their supervisor or the Agency Manager within 24 hours. Training will be provided at orientation and annually as part of ongoing staff development.

The Agency Manager will communicate and discuss any new identified issues with the QMT, at a minimum, on quarterly basis. When a new QMP issue is identified, the Agency Manager will notify the QMT/Governing Body, which will consist of the following people:

- Administrator
- Agency Manager
- Field Supervisor(s)

The QMT will discuss the identified issue, and will document and complete the following tasks:

- Review documentation to determine what was the probable cause for the issue.
- Decide what actions will be taken to address the issue.
- Put actions into place to address the issue.
- Create additional documentation to track progress in addressing the issue.
- Measure and collect data to show progress.

At the next quarter, the Agency Manager will review all current QMP items to determine whether they are still issues of concern. If so, they will be discussed at a QMT meeting, and new actions will be put in place to address the issue. If an issue is no longer of concern, then it will be cleared from the Quality Management Plan.

RESTRAINT AND SECLUSION

(Ref. 6 CCR 1011-1 2 8.3)

POLICY

Pikes Peak Respite Services will not implement emergency restrictive procedures (physical/mechanical restraint or seclusion) as part of its Class B Home Care Agency services. Emergency restrictive procedures are the unanticipated use of a restrictive procedures or restraint in order to keep the client receiving services and others safe. Emergency restrictive procedures are those in which the immediate restrictive intervention is necessary to protect a client receiving service or others from physical injury. Behavior requiring emergency control procedures is infrequent and unpredictable.

PROCEDURE

Pikes Peak Respite Services staff will implement the following alternative strategies if a situation occurs that may require restraint or emergency action:

- Attempt to de-escalate the situation by talking to the individual in a calm manner.
- Attempt to redirect individual.
- Attempt to position the staff body between the danger and client.
- Call 911 if unable to de-escalate or redirect the individual.

RIGHTS MODIFICATIONS & INFORMED CONSENT

(10 CCR 2505-10 8.7001.B.4)

POLICY

All HCBS providers must ensure that any Rights Modifications comply with the HCBS Settings Final Rule.

Informed consent means the informed, freely given, written agreement of the individual (or, if authorized, their Guardian or other Legally Authorized Representative) to a Rights Modification. Informed consent for a Rights Modification involves an individual (or their Guardian or Legally Authorized Representative) agreeing in writing after understanding all necessary information. The Case Manager ensures the agreement is informed, voluntary and documented correctly before the individual signs the required form.

Rights Modification means any situation in which an individual is limited in the full exercise of their rights. Rights Modifications include, but are not limited to:

- Use of Intensive Supervision if deemed a Rights Modification. Examples of intensive supervision include:
    - One-on-one (1:1), line of sight, or 24-hour supervision
        - If the person verbally or non-verbally expresses that they do not want this level of supervision.
- Use of Restraints.
- Use of restrictive or controlled egress measures.
- Modifications to other rights.
- Provider actions to implement a court order limiting any individual rights.
- Rights suspensions.
- All situations formerly covered by the Department's processes for rights suspensions or restrictive procedures pursuant to the version of Sections 8.600.4, 8.604.3, and 8.608.1-2 in effect on December 30, 2021.

Modifications to the rights to dignity and respect, the rights in Sections 8.7001.B.2.a.vi-vii covering such matters as Person-Centeredness, civil rights, and freedom from abuse, and the right to physical accessibility are not permitted.

Rights modifications must be based on the specific assessed need of the person and not involve across-the-board rules (e.g., everyone in the house eats at the same time) or interventions used for the convenience of the provider (e.g., no individual in the home has open access to the pantry, because one person has a special diet). Rights modifications must not infringe on the rights of individuals not subject to the modification. The process for implementing a Rights Modification should be person-centered, ensuring that the individual fully understands and agrees to the modifications.

PROCEDURE

Any Rights Modification must be supported by a specific assessed need and justified in the Person-Centered Support Plan. The following requirements must be documented in the Person-Centered Support Plan:

1. The right to be modified.
2. Identify a specific and individualized assessed need.
3. Document positive interventions and supports used before implementing any Rights Modification, along with outlining a plan to help the individual acquire skills that would eliminate the need for the modification in the future.
4. Document less intrusive methods of supporting the person that have been tried but did not work.
5. Include a clear description of the modification that connects to the specific assessed need. Rights of an individual receiving services may be modified only in a manner that will promote the least restriction on the individual's rights.
6. Incorporate data collection and assessment strategies to evaluate the effectiveness of the Rights Modification, outlining the positive behaviors and measurable outcomes that indicate when the Rights Modification is no longer required.
7. Include an established timeline for periodic reviews of the data collected. When a right has been modified, it should be reviewed by the Member Identified Team at least every six months.
    - The review will include the original reason for modification, current circumstances, success or failure and the need for continued modification.
    - Restoration of affected rights should occur as soon as possible.
    - If the review indicates that changes are needed, the Case Manager will obtain a new signature on an updated Informed Consent form. If the review indicates that no changes are needed, then the original signature is still valid for the remaining period (up to six months).
8. The Rights Modification must be updated and a new signature obtained at least every 12 months, or as necessary upon reassessment of functional need, or sooner if the individual's circumstances or needs change significantly, and the individual requests a review/revision, or another authority requires a review/revision.
9. Include the signed and dated informed consent of the individual (or, if authorized, their guardian or other Legally Authorized Representative) agreeing to the Rights Modification. The Rights Modification must be written in simple plain language and only address one (1) Rights Modification.
10. Include an assurance that the Rights Modification will not cause harm to the individual, including documentation of the implications of the modification for the individual's everyday life, and how the modification is paired with additional supports to prevent harm, discomfort or any other undesired effects.
11. Alternatives to consenting to the Rights Modification along with their most significant likely consequences.

12. An assurance that the person will not be subject to retaliation or prejudice in their receipt of appropriate services and supports for declining to consent or withdrawing their consent to the Rights Modification.

Agency Responsibility

- If Pikes Peak Respite Services believes that a Rights Modification is needed for a person in services, it should reach out to the Case Manager and, if possible, schedule a Member Identified Team meeting. Wherever possible, Rights Modifications should be avoided or minimized, consistent with the concept of dignity of risk. If consensus indicates the need for a Rights Modification, the provider should initiate the process by collecting information on a Department-prescribed Informed Consent form and providing the form to the Case Manager. The form should include information addressing the required items above (leaving signature collection to the Case Manager) and include a plan for how to support the individual to learn skills necessary to eliminate the need for a Rights Modification. Pikes Peak Respite Services will have the Rights Modification submitted to the Human Rights Committee for review and recommendations.

Case Manager Responsibility

Prior to obtaining Informed Consent, the Case Manager will ensure:

- A meeting with the individual is scheduled to ensure they understand their rights, the suggested modification and all available options and alternatives to the proposed change.
- The individual is offered the opportunity to have an advocate, who is identified and selected by the individual, present at the time Informed Consent is obtained.
- Any provider agency that desires or expects to be involved in implementing a Rights Modification are able to supply to the Case Manager information required to be documented under Section 8.7001.B.4, except for documentation of Informed Consent and the offers and response relating to an advocate, which may be obtained and documented only by the Case Manager. The individual determines whether any information supplied by the provider is satisfactory before the Case Manager enters it into their Person-Centered Support Plan.
- When a provider proposes a Rights Modification and supplies to the Case Manager all of the information required to be documented, the Case Manager shall arrange for a meeting with the individual to discuss the proposal and facilitate the individual's decision regarding whether to grant or deny their informed consent. The Case Manager will arrange for this meeting to occur by the end of the tenth (10^{th}) business day following the date on which they received from the provider all of the required information.
- When a Rights Modification is proposed, it is reviewed by the individual, their Guardian or other Legally Authorized Representative, and the rest of the individual's Member Identified Team and, if consented to, it is documented in the Person-Centered Support Plan.
- When a right has been modified, it should be reviewed by the Member Identified Team at least every six months.

- The review will include the original reason for modification, current circumstances, success or failure and the need for continued modification.
- Restoration of affected rights should occur as soon as possible.
- If the review indicates that changes are needed, the Case Manager shall obtain a new signature on an updated Informed Consent form. If the review indicates that no changes are needed, then the original signature is still valid for the remaining period (up to six months).

What If…

If the person chooses not to give or revokes consent:

- Use a person-centered approach and honor dignity of risk.
- Educate the person and provide them an opportunity to understand how a Rights Modification can support their health and safety.
- Contact the Case Manager and request a Member Identified Team meeting.

Pikes Peak Respite Services can always implement Rights Modifications in an emergency, if there is a serious risk to anyone's health or safety. In these cases, the modification can be used/continued for a short time, so long as the provider immediately:

1. Implements staffing/other measures to deescalate the situation.
2. Follows its Restraint or Restrictive or Controlled Egress policies and procedures.
3. Reaches out to the Case Manager to set up a meeting as soon as possible, and in no event past the end of the third business day following the date on which the risk arises.

At the meeting, the person can grant or deny their consent. When the person chooses not to give consent the provider can educate the person about any potential significant consequences and explore the possibility of the person changing providers. The emergency Rights Modification may not be continued past the conclusion of this meeting or the end of the third business day, whichever comes first, unless all the requirements of Section 8.7001.B.4 have been met.

A court may impose restrictions on a person without their consent (document these in the Person-Centered Support Plan). But if a provider is taking action(s) to implement a court order, this is a Rights Modification that requires consent.

Informed Consent for Rights Modification

(Italicized text represents instructions/guidance for provider, please delete from the final copy before submitting to the case manager)

Name: _____

Service Provider Agency: _____

Type of Services: _____

0. Before you begin (for providers and case managers)

Think about what is being proposed and why, instead of starting by simply filling out this form. Is a Rights Modification really necessary, and if so, must it look exactly as you initially envisioned it? Be creative in thinking about alternative approaches! What else might work with this individual? What has worked with others in similar situations in the past? Have you discussed with the individual what their preferences and needs are? Have you afforded them the opportunity to work with people of their choosing (including advocates, peers, people who help them with supported decision-making, friends, and family) who can help them evaluate the pros and cons of your proposal and the alternatives? Try to negotiate a solution that works for everyone while avoiding, or at least minimizing, any impact on people's ability to fully exercise and enjoy all of their rights.

If you still feel that you must proceed to a Rights Modification, this form should reflect that you had a robust conversation and thought process leading you to that point. The process is much more than simply filling out this form: the form just summarizes information showing that the overall process was thorough and appropriate.

In this situation, providers may fill in information relating to items 1 through 6, reflecting their conversations and history with the individual, before giving the form to the case manager. The case manager must carefully review the information provided and discuss it with the individual (and their guardian/other legally authorized representative, if applicable), making sure that it fully explains what the individual needs to know to make an informed decision. In the course of this discussion, the individual and the case manager may modify the information on the form or initiate a different approach on a fresh form. After they have finished modifying/completing the form, they should sign at the bottom or sign electronically. Only the case manager may obtain these signatures.

Additional guidance for completing the form:

- *This document should clearly, thoroughly, and respectfully explain all elements for the individual, so they can make an informed decision about signing.*

- *Use plain language, addressed directly to the individual, as this is a document for their review and consideration.*
- *As a part of ensuring plain language, there is generally no need to cite statutes or regulations or to use legal terms of art. This information certainly can be given by the provider or case manager, if the individual or guardian would like these references.*

1. Description of your proposed Rights Modification for the period __/__/__ - __/__/__

Specify what right will be modified and how it will be modified, to be sure the individual understands what to expect. (For example, "your right to come and go will be modified in that staff will always accompany you when leaving your home, except when you are at work or with your family," or "your right to privacy will be modified in that you will not lock your bedroom door, in case staff need to come in to help you during a seizure.") Be sure to address only one Rights Modification per form. This helps you to complete the narrative clearly and in turn, ensure that the individual understands each right that is affected and each modification being proposed.
As part of describing the proposed Rights Modification, state when it will be in effect. The start date is the date on which all required signatures are obtained (below) or later. The end date can be up to one year after the start date and can be earlier. If a similar Rights Modification is used in later periods, complete a fresh form with new dates, and update any other information in the form as appropriate.

2. The reason for your Rights Modification, based on your assessed needs

Explain what data, behavioral concerns, or other information has led to the proposed Rights Modification. The reason must be based on the individual's needs and protecting their or someone else's health, safety, or wellbeing, and not simply a request from someone in the individual's life, including family or a guardian; the convenience of the provider; or historic issues that may no longer be problematic. (For example, "you have sexual behavior issues and have used the internet to interact inappropriately with strangers this past month," or "you have Prader-Willi Syndrome and with free access to food, you have been eating to the point of becoming sick.") The proposed Rights Modification described in Item #1 must be proportionate to the assessed need, meaning that it is no more restrictive than needed to protect the identified health/safety/wellbeing interests of the individual or others.

3. Other ways you have been supported that have not worked on their own

Carefully detail what positive interventions and supports and what less-intrusive approaches have been implemented, without the result needed. (Examples include "you have been attending therapy weekly," and "you have tried to practice self-monitoring techniques for making healthy food choices.") State when these alternative approaches were tried.

4. These are things you can do to have your rights restored, and how your service provider will support you and track how you're doing

Explain what positive behaviors and objective results the individual can work toward to demonstrate that the Rights Modification is no longer needed, with interim steps to have part of their rights restored. Specify who will collect and review this information, the measurable criteria, and on what schedule. Specify how the individual will be supported to achieve these behaviors/results. (For example, "you will attend therapy every week, staff will help you use your safety plan by reminding you about it as needed, and you will be able to use the internet with staff supervision; then, if you demonstrate responsibility for three months (meaning that staff observe that you do not try to hurt/harass others online), you will have five-minute periods on the internet without supervision; then, if you continue to demonstrate responsibility each month, these periods will get longer by 5 minutes per month"; or "you will get to choose some foods to always have available and staff will suggest and help support you to not eat it all at once, and as that improves (meaning that staff observe you are able to stop eating those foods after 1-2 portions in a sitting), more choices will be available.")

5. This is how the Rights Modification will affect your daily life, and how your staff will support you to avoid harm and discomfort because of the modification

Detail how staff will mitigate potential harm or discomfort so that they can assure that the modification will cause no harm to the individual. (For example, "although you are not able to come and go on your own, you will still be able to choose community activities you enjoy and staff will make sure you can do these things"; "although you are not able to safely lock your bedroom door, you will still have privacy by being able to close your door without locking it, by having staff always knock and wait for permission to enter except when they believe you are having a seizure, and by having a separate way to lock up important belongings to keep them safe"; "since you will not be allowed to watch some types of shows or movies on TV, you will get to choose from other appropriate options.")

6. You do not have to consent to this proposed Rights Modification. Here are some other options.

Explain alternatives that are available, along with their most significant likely consequences (pros and cons). (For example, "if you do not agree to this restriction on your access to food, you can eat whatever you want, and you may experience uncontrolled weight gain, which has made you uncomfortable in the past, and which could create the following health risks," or "if you do not agree to this restriction on your access to the internet, you can do whatever you like online, and you risk engaging in misconduct that could hurt other people and get you in trouble with the law.") If relevant, note that the provider might seek to terminate services for the individual, and that the individual may arrange to receive services from a different provider/at a different setting, and/or to receive more or different services and supports. The case manager must help the individual understand these options.

Before making a decision, please know:

- You have the right to get all of your questions and concerns answered. You can talk to advocates, peers, people who help you with supported decision-making, friends, family, and others. Feel free to have these conversations on your own or to ask your staff or your case manager to help set up these conversations.
- Your case manager can assist you, if desired, to connect with an independent advocate who is not involved with the services you receive.
- You should talk to your case manager to be sure you understand the proposed Rights Modification and the other information in this form. You can include anyone you want in these conversations.
- You can write on and alter this form to be sure you agree with it before you sign it. Your case manager can help if you want to propose changes.
- If you agree to this Rights Modification, you will review that decision and the information supporting it with your case manager, and others of your choosing, at least every year. This review can be sooner if you or others would like to consider changes at any time.
- If you agree now but change your mind later, you have the right to withdraw your consent.
- You will not be subject to retaliation or prejudice, with your services and supports, for declining to consent or for withdrawing your consent to this Rights Modification.

If you agree with this Rights Modification, please sign below or sign electronically.

_____ _____
Individual signature Date

_____ _____
Guardian/other authorized legal representative signature (if applicable) Date

_____ _____
Case Manager signature Date

The case manager enters a summary of the finalized information from this form, with any modifications from the individual and/or case manager, into the case management system and keeps a copy of the signed form, along with any discussion notes, on file. The case manager distributes copies of the case management system summary and the signed form to providers involved in implementing the Rights Modification.

Provider agencies do not sign this form. Provider requirements for staff with regard to training, protocols, or other plans for implementation, are handled separately. Upon receiving a copy of the signed form and the summary from the case management system, provider agencies can attach it to their other documentation, including staff signing off to indicate they reviewed and understand what the individual has agreed to.

SAFE CARE OF THE CONSUMER – HCA

POLICY

Pikes Peak Respite Services strives to ensure that consumers (persons in services) are as safe and healthy, as possible. Pikes Peak Respite Services will not deliver any service likely to cause an accident or generate an exposure that may result in injury or damage equipment in the process. Pikes Peak Respite Services' Personal Care Workers (PCW) are expected to protect the person's health and safety by working in compliance with the law, by applying safe work practices and by adhering to Pikes Peak Respite Services' policies and procedures.

PROCEDURE

Pikes Peak Respite Services' PCWs will receive adequate training in work tasks to protect the person's health and safety. In addition, the Pikes Peak Respite Services will provide PCWs with information about workplace safety and health issues through internal communication, memos/emails/texts and other forms of written communication, staff meetings and training sessions. PCWs are expected to:

- Obey safety rules and exercise caution and common sense in all work activities.
- Immediately report any unsafe conditions to the Field Supervisor or Agency Manager.
- Educate consumers and family members regarding safety in the home.
- Continually assess the home environment and maintain safe care and procedures.
- Follow and implement Pikes Peak Respite Services' policies and procedures regarding health and safety, including, but not limited to, the following:
    - Employee Health
    - Infection Control
    - Influenza Prevention
    - Medication Administration

Pikes Peak Respite Services will assess the consumer's care and support needs at intake and work with the consumer and their authorized representative, if within the scope of their duties, to develop, implement, and continually update the consumer care plan. PCWs will be provided person specific training that will support the health and safety of the consumer. PCWs are expected to:

- Understand and implement the consumer's care plan.
- Report any consumer changes to the Field Supervisor or Agency Manager.
- Follow and implement Pikes Peak Respite Services' policies and procedures regarding quality care and support, including, but not limited to, the following:
    - Personal Care Services
    - Occurrence Reporting
    - Consumer Rights

SERVICE ANIMALS – HCA

Section 504 of the Rehabilitation Act of 1973
Section 1557 of the Patient Protection and Affordable Care Act (2010)
Americans with Disabilities Act of 2008

POLICY

Pikes Peak Respite Services is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability. Pikes Peak Respite Services recognizes its legal obligation to accommodate personal care workers with service animals and makes every effort to pro-actively assess the accommodation needs as well as providing the most compassionate care.

Service animals will be permitted, at the discretion of the person/family receiving Home Care Agency services, to accompany a personal care worker with a disability in the home/service environment. Service animals may assist with many different tasks, including, but not limited to:

- Assisting personal care workers who are blind or have low vision with navigation and other tasks.
- Alerting personal care workers who are deaf or hard-of-hearing to the presence of people or sounds.
- Providing non-violent protection or rescue work.
- Pulling a wheelchair.
- Assisting a personal care worker during a seizure.
- Alerting a personal care worker to the presence of an allergen(s).
- Providing assistance with balance and stability to a personal care worker with mobility disabilities.
- Helping personal care workers with behavioral health and neurological disabilities by reminding them to take medications or assisting them when they are symptomatic.

A personal care worker must meet the statutory definition of having a "disability," under federal, state and/or local laws. These statutes recognize the following broad categories of disabilities:

- A sensory, mental, or physical impairment that substantially limits one or more major life activities (such as walking, seeing, hearing, speaking, and breathing, working, learning, caring for one's self, performing manual tasks, etc.).
- A sensory, mental, or physical condition that is medically cognizable or diagnosable.

A service animal is any dog (or miniature horse) individually trained to do work or perform tasks directly related to the disability that the personal care worker has.

Pikes Peak Respite Services does not allow therapy animals or emotional support animals to accompany personal care workers in the home. A therapy animal or emotional support animal has not been trained to assist a person with a disability with work or tasks. The therapy animal does not accompany a person with a disability all the time, unlike a service animal that is always with its personal care worker.

PROCEDURE

Pikes Peak Respite Services must assess the home/service environment and receive consent from the person receiving services prior to a personal care worker being allowed to enter a home/service environment with a service animal. Pikes Peak Respite Services' Agency Manager is responsible for completing the assessment and making the determination whether the personal care worker can enter the home/service environment with a service animal. The assessment will be based on reasonable judgement and include consideration of the following areas:

- The nature, duration, and severity of the risk of having a service animal in the home.
- The probability that a potential injury may occur.
- Consent from the person (and family) receiving services.

Personal Care Worker and Service Animal Responsibilities

The service animal must be on a leash, harness, or tether at all times, unless either the personal care worker is unable because of a disability to use the harness, leash or other tether; or the use of a harness, leash or tether would interfere with the service animal's safe, effective performance of the work or task which the service animal was trained to perform. The service animal must still remain under the control of the personal care worker even if the service animal is not on a harness, leash or tether.

The personal care worker must be in full control of the animal at all times. The care and supervision of a service animal is solely the responsibility of the personal care worker. If a service animal must be separated from the personal care worker to avoid a fundamental alteration or a threat to safety, it is the responsibility of the personal care worker to arrange for the care and supervision of the animal during the period of separation.

The personal care worker must always carry supplies sufficient to clean up the animal's feces.

The personal care worker must provide the service animal with food, water, and other necessary care or make other arrangements for the care of the service animal. **Under no circumstances shall Pikes Peak Respite Services' staff care for the service animal.**

A personal care worker with a disability may only be asked to remove their service animal immediately from the premises if the service animal is out of control and the personal care worker does not take effective action to keep it under control; or the service animal is not house broken.

Pikes Peak Respite Services' Staff Responsibilities

Staff cannot ask about the nature of the personal care worker's disability, require (or request) any 'proof' of the animal's training (or any other certification) as any inquiry violates various nondiscrimination laws, including the ADA.

If it is NOT readily apparent that the dog is a service animal staff must ONLY ask:

- **IF THE ANIMAL IS REQUIRED BECAUSE OF A DISABILITY? and**
- **WHAT WORK OR TASK HAS THE ANIMAL BEEN TRAINED TO PERFORM?**

Staff CANNOT pet, play with, or try to distract the service animal in any way.

Staff CANNOT feed or care for the service animal, including toileting.

Staff should NEVER attempt to separate the service animal from the personal care worker with the qualified disability.

Staff should ALWAYS remember that the service animal is a working animal and should make every effort to minimize activities that may startle the animal.

STERILIZATION RIGHTS

(25.5-10-231-235, C.R.S.)

POLICY

A person receiving services has the right to due process when sterilization is being considered. The procedures set forth in the following subsections will be utilized when sterilization is being considered for the primary purpose of rendering the person incapable of reproduction.

PROCEDURE

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

Prior to the procedure, competency to give informed consent and assurance that such consent is voluntarily and freely given shall be evaluated by the following:

- A psychiatrist, psychologist, or physician who does not provide services or supports to the person and who has consulted with and interviewed the person with an intellectual and developmental disability; and
- An intellectual and developmental disabilities professional who does not provide services or supports in which said person participates, and who has consulted with and interviewed the person with an intellectual and developmental disability.
- The professionals who conducted the evaluation shall consult with the physician who is to perform the operation concerning each professional's opinion in regard to the informed consent of the person requesting the sterilization.

Any person with an intellectual and developmental disability whose capacity to give an informed consent is challenged by the intellectual and developmental disabilities professional or the physician may file a petition with the court to declare competency to give consent pursuant to the procedures set forth in section 25.5-10-232.

No person with an intellectual and developmental disability that is over eighteen years of age and has the capacity to participate in the decision-making process regarding sterilization shall be sterilized in the absence of the person's informed consent. No minor may be sterilized without a court order pursuant to section 25.5-10-233.

COMPENTENCY

If the competency of the person with an intellectual and developmental disability to give consent to sterilization is disputed by the intellectual and developmental disabilities professional, the psychiatrist or psychologist, or physician, the person may file a petition for declaration of competency to give consent to sterilization with the court. Upon the filing of a petition which shows that the person is over eighteen years of age and desires to give consent to sterilization, the court shall immediately set a hearing to determine the person's competency to give such consent. For the purpose of determining competency, the court shall appoint two or more independent professional persons with expertise in the field of intellectual and developmental

disabilities who do not provide services and supports to the person to examine the person and to present their findings as to the person's competency to give consent to sterilization at the competency hearing.

If the court determines that the person has given consent to sterilization and is competent to give such consent, the court may order that the sterilization be performed unless the person withdraws consent to sterilization prior to the sterilization being performed. If the court determines that the person is incompetent to give consent to sterilization, the court shall order that no sterilization be performed without further court proceedings pursuant to section 25.5-10-233.

Determination of competency in these proceedings is specific to the ability to give consent to sterilization and does not determine legal competency for any other purpose.

COURT ORDERED STERILIZATION

A person with an intellectual and developmental disability who has been determined to be incompetent to give consent, the person's legal guardian, or the parents of a minor with an intellectual and developmental disability, may petition the court to hold a hearing to determine whether said person should be ordered to be sterilized. The petition shall set forth the following:

- The name, age, and residence of the person to be sterilized.
- The name, address, and relation to said person of the petitioner.
- The names and addresses of any parents, spouse, legal guardian, or custodian of said person.
- The mental condition of the person to be sterilized.
- A statement that the sterilization is medically necessary to preserve the life or physical or mental health of the person, including a short and plain description of the reasons behind the determination of medical necessity.
- A statement that other less intrusive measures were considered and the reasons behind the determination that less intrusive means would not protect the interests of the person.

Upon petition to the court, the court shall appoint an attorney who will represent the interests of the person with an intellectual and developmental disability and one or more experts in the intellectual and developmental disability field to examine the person and to give testimony at the hearing regarding the person's mental and physical status and other relevant matters.

The hearing on the petition must be held promptly. The person with an intellectual and developmental disability must be represented by an attorney and must have the opportunity to present testimony and to cross-examine witnesses.

Copies of the petition and notices of the time and place of the hearing shall be mailed, not less than ten days prior to the hearing, to the person with an intellectual and developmental disability, that person's attorney, a parent or next of kin, and legal guardian or custodian.

Reasonable fees and costs incurred pursuant to this section shall be paid by the court for a person who is indigent.

Prior to ordering sterilization, the court must find:

- That the person lacks the capacity to effectively participate in the decision-making process regarding sterilization or is a minor with an intellectual and developmental disability.
- That the court has heard from the person regarding that person's desires, if possible, and the court has considered the desires of the person.
- That the person lacks the capacity to make a decision regarding sterilization and that the person's capacity to make such a decision is unlikely to improve in the future.
- That the person is capable of reproduction and is likely to engage in activities at the present or in the near future which could result in pregnancy.
- By clear and convincing evidence, that the sterilization is medically necessary to preserve the life or physical or mental health of the person, including a short and plain description of the reasons behind the determination of medical necessity.
- That other less intrusive measures were considered and the reasons behind the determination that less intrusive means would not protect the interests of the person.

CONFIDENTIALITY OF STERILIZATION PROCEEDINGS

All records, hearings, and proceedings pursuant to sections 25.5-10-231 to 25.5-10-233 are strictly confidential unless requested to be open to the public by the person with an intellectual and developmental disability or the person's legal guardian.

LIMITATIONS ON STERILIZATION

Consent to sterilization shall be made neither a condition for release from any institution nor a condition for the exercise of any right, privilege, or freedom. Nothing in this article requires any hospital or any person to participate in any sterilization, nor shall any hospital or any person be civilly or criminally liable for refusing to participate in any sterilization.

TRAINING AND SUPERVISION - HCA

(Ref. 6 CCR 1011-1 26 7.2-7.4)

POLICY

Providing quality services and supports to individuals with developmental disabilities requires ongoing job-specific training for all direct care staff / personal care worker.

PROCEDURE

Orientation trainings will be provided through inservice and classes offered by Pikes Peak Respite Services. Pikes Peak Respite Services will document and record all orientation trainings completed by employees and contractors. Pikes Peak Respite Services requires each employee and contractor, as well as anyone spending time with a person per agreement with Pikes Peak Respite Services, to complete the following orientation trainings prior to unsupervised contact with persons receiving services. In addition, these trainings will be completed annually based on hire/contracted date:

- Rights, Dignity, Choice, Independence, and Self-Determination
- Confidentiality and Privacy
- Occurrence Reporting
- MANE
- Data Management
- Dispute Resolution
- Grievance Resolution

Pikes Peak Respite Services requires employees and contractors to read the individual's file and understand their person specific needs before providing professional services:

- Person Specific Information (SP, protocols, behavior plans, emergency information, etc.)

Pikes Peak Respite Services requires each employee and contractual provider, as well as anyone spending time with a person per agreement with Pikes Peak Respite Services, to complete the following training before providing services:

- Home Care Rights
- Personal Care
- CPR
- First-Aid
- Infection Control and Standard Precautions
- Behavior Management
- Person Centered Planning and Principles (Developmental Pathways or Relias)

Agency Manager Training

Pikes Peak Respite Services will ensure that the Agency Manager is adequately trained to perform the role and at the same level as hired and contractual providers. The Agency Manager

will complete orientation training and the eight (8) hour basic Administrator/Agency Manager training provided by an approved vendor as determined by the Colorado Department of Public Health and Environment (CDPHE). The training program or its components will be conducted by an accredited college, university, or vocational school or by an organization, association, corporation, group, or agency with specific expertise in that area and the curriculum includes at least eight (8) actual hours of training.. Instruction will include, at a minimum, discussion of each the following topics:

- Home care overview including other agency types providing services and how to interact and coordinate with each including limitations of personal care versus health care services.
- Regulatory responsibilities and compliance including, but not limited to,
    - Person's rights
    - Governing body responsibilities
    - Quality management plans
    - Occurrence reporting
    - Complaint investigation and resolution process
- Personnel qualifications, experience, competency and evaluations, staff training and supervision
- Needs of the fragile, ill, and physically and cognitively disabled in the community setting regarding special training and staffing considerations.
- Behavior management techniques

Administrator/Agency Manager Role

The Agency Manager/Supervisor will be available to the Personal Care Worker at all times for questions and guidance. The Agency Manager/Supervisor will be responsible for evaluating each Care Worker providing services at least annually. The evaluation will include observation of tasks performed and feedback from the person receiving services. The Agency Manager/Supervisor will meet the following qualifications:

- Be at least 21 years of age, possess a high school diploma or GED, and at least one (1) year documented supervisory experience in the provision of personal care services.
- If the Administrator/Agency Manager does not have the required one (1) year of experience supervising the delivery of personal care services, they will demonstrate they have the following:
    - A college degree in healthcare services plus at least one (1) year of work experience in health care during the previous ten (10)-year period; or
    - A college degree in any field plus two (2) years of work experience in health care during the previous ten (10)-year period.
- Be able to communicate, understand and return communication effectively in exchanges between the person, family representatives, and other providers.
- Have successfully completed an eight (8) hour agency manager training course Additional related annual training that equals 12 hours shall be required in the first year and annually thereafter.

- Any person commencing service as an HCA manager shall meet the minimum training requirements approved by the Department pursuant to Part 7.2(D) or provide documented and confirmed previous job related experience or related education equivalent to successful completion of such program. The Department may require additional training to ensure that all the required components of the training curriculum are met.
- A copy of the certificate of completion shall be retained in the HCA manager's personnel file. Be familiar with all applicable local, state, and federal laws and regulations concerning the operation and provision of home care services.

Expectations and Responsibilities

The Agency Manager/Supervisor for Pikes Peak Respite Services will be responsible for ensuring:

- Pikes Peak Respite Services is in compliance with all applicable federal, state and local laws.
- Completion, maintenance and submission of all required reports and records
- Ongoing communication with Pikes Peak Respite Services' governing body, its staff members, and the community
- A current organizational chart is developed and maintained to show lines of authority down to the person level.
- Hiring, orientation and training of personnel
  - Developing and implementing ongoing in-service education programs
  - Providing opportunities for continuing education
- Establishing and maintaining effective bookkeeping practices, administrative records and policies and procedures
- Designating in writing a qualified employee to act in the absence of the Agency Manager/Supervisor.
- Availability of the Agency Manager/Supervisor or designee for all hours that direct care staff are providing services.
- All marketing, advertising and promotional information accurately represents Pikes Peak Respite Services' HCA program and addresses the care, treatment, and services that the HCA program can provide directly or through contractual arrangement.
- Ongoing maintenance of a coordinated HCA-wide program for appropriate infection prevention and control that is an integral part of the HCA's quality management program.
- The implementation and monitoring of Pikes Peak Respite Services' training program for all personal care workers, including managing or delegating employee training and development activities for Pikes Peak Respite Services.

Personal Care Worker Training

Pikes Peak Respite Services will ensure that each Personal Care Worker is qualified and completed initial orientation training to provide services to persons. Personal Care Worker's will

provide services according to the person's simple care plan. All personal care staff will complete agency orientation training and pass a competency evaluation and skills validation, including visual observation, prior to providing care to a consumer. Initial training will be interactive in nature and may be completed through the following modes: in-person, online/virtual, or a hybrid, with demonstration of learned concepts. Initial orientation training will include the areas noted above and also the following topics:

- The differences in personal care, nurse aide care, and health care in the home including limiting factors for the provision of personal care.
- Observation, reporting, and documentation of consumer status and the service(s) furnished.
- Non-medical assistance with activities of daily living, including bathing, skin care, hair care, nail care, mouth care, shaving, dressing, feeding, assistance with ambulation, exercises and transfers, positioning, bladder care, bowel care, and protective oversight.
- Medication reminders.
- Performance of the ability to assist in the use of specific adaptive equipment if the worker will be assisting consumers who use the device.
- Personnel duties and responsibilities, including but not limited to incident reporting and mandatory reporting.
- Rules for non-medical care and services.
- Consumer rights, including freedom from abuse or neglect and confidentiality of personal, financial, and health information.
- Basic health and safety, including but not limited to: home safety, fall prevention, hand washing, and infection control.
- Assignment and supervision of services.
- Communication skills.
- The physical, emotional, and developmental needs of and methods to work with the populations served and assignment of consumers by the HCA, including the need for respect of the consumer, their privacy, and property.
- Training and core competency evaluation of homemaking and housekeeping skills will be conducted before completion of initial training, including the evaluation of maintenance of a clean, safe, and healthy environment and the appropriate and safe techniques for each assigned task.

Competency Evaluation

Pikes Peak Respite Services will ensure that the individuals who furnish personal care services on its behalf are competent to carry out all assigned tasks in the consumer's place of residence. Prior to assignment, Pikes Peak Respite Services' manager or supervisor will conduct a proof of competency evaluation involving the tasks listed below along with any other tasks that require specific hands-on application:

- Non-medical assistance with activities of daily living, including bathing, skin care, hair care, nail care, mouth care, shaving, dressing, feeding, assistance with ambulation, exercises and transfers, positioning, bladder care, bowel care, and protective oversight.
- Medication reminders.
- Performance of the ability to assist in the use of specific adaptive equipment if the worker will be assisting consumers who use the device.

On-Going Training

Pikes Peak Respite Services will ensure that ongoing supervisory and direct care staff training occurs and will consist of at least six (6) topics every twelve (12) months after the starting date of employment or contracting. The training requirement will be prorated in accordance with the number of months the employee was actively working for Pikes Peak Respite Services. Training will include, but is not limited to, the following items:

- Behavior management techniques and the promotion of consumer dignity, independence, self-determination, privacy, choice, and rights, including abuse and neglect prevention and reporting requirements.
- Disaster and emergency procedures.
- Infection control using universal precautions.
- Basic first aid and home safety.

The duties of a personal care worker will include the following:

- Observation and maintenance of the home environment in accordance with the service plan that ensures the safety and security of the consumer.
- Reporting any observed or stated changes in the consumer's physical, cognitive, and/or developmental status.
- Reporting any observed environmental concerns or changes in the consumer's status that may impact the safety and security of the consumer to the HCA.
- Completion of appropriate service notes regarding service provision of each visit, to include confirmation of services provided and the date and time in and out. Such confirmation will also be according to HCA policy.

Training Exemptions

Initial orientation or training will not be required under the following circumstances:

- A returning employee is exempt from initial training if they are returning to the same HCA within one (1) year of leaving, and meet all of the following conditions:
- The employee completed the HCA's required training and competency assessment at the time of initial employment.
- The employee successfully completed the HCA's required competency assessment at the time of rehire or reactivation.
- The employee did not have performance issues directly related to consumer care and services in the prior active period of employment.

- All orientation, training, and personnel action documentation from the prior active period of employment is retained in the personnel files.

An employee moving from one office to another in the same HCA if previous training is documented and the offices have the same orientation and training procedures.

- Evidence of completed initial orientation and training and competency evaluation must be maintained by each separately licensed HCA.

A personal care worker with proof of current healthcare related licensure or certification is exempt from initial training in the provision of personal care tasks if such training is recognized as included in the training for that health discipline. Pikes Peak Respite Services will provide orientation and perform a competency evaluation to ensure the personal care worker is able to differentiate and appropriately perform all personal care worker tasks.

Training documentation

Pikes Peak Respite Services will document all training. All training, competency, and skills validation shall be documented by the HCA. Documented evidence of trainings, competency testing, and skills validation will be documented with:

- The date of training.
- Length of training.
- Entity or instructor(s) that offered or produced the training.
- A short description of the content.
- Staff member's written or electronic signature or proof of attendance.

Pikes Peak Respite Services will maintain evidence of training, competency testing, skills validation, and related certificates along with proof of completion in each individual's personnel file.

Supervision of Personal Care Worker (PCW)

Pikes Peak Respite Services will appropriately supervise its Personal Care Workers on a regular basis to ensure the delivery of quality supports and services. Supervision will be performed by the Agency Manager or a qualified employee (18 years of age or older) of Pikes Peak Respite Services who is in a designated supervisory capacity and available to the Personal Care Worker for questions at all times. On-site supervision will:

- Occur at a minimum of every three (3) months and include an assessment of consumer satisfaction with the services and the Personal Care Worker's adherence to the service plan.
    - Supervision will be conducted either in person or via telehealth.
- Occur, in person, annually for evaluation of each Personal Care Worker providing services in a consumer's home.

    - The evaluation will include observation of tasks performed and relationship with the person receiving services.

Evidence of all supervisory activities must be documented and retained in the consumer's record. Documentation will include:

- The date, time, method of delivery, and location of the supervisory activity along with documentation of person present.
- Specific tasks evaluated and/or observed along with outcome.
- Information on any re-training, instruction, or other support provided during the supervisory activity.

An in-person supervisory visit is required to evaluate consumer complaints related to the delivery of care by staff when such concerns cannot be successfully addressed remotely through an interactive audiovisual connection.

Telehealth Supervisory Visits

- With the exception of the annual supervision requirement, Pikes Peak Respite Services may conduct supervisory visits using telehealth, so long as the HCA continues to ensure consumer care and treatment are delivered in accordance with the service plan that addresses the consumer's status and needs.
    - The designated supervisor may evaluate the delivery of care and services required every three (3) months through an interactive audiovisual connection with the personal care worker and consumer. The results of the supervisory visit must be documented by the qualified supervisor.
- All other general requirements for supervisory visits, such as documentation and meeting the same standard of care, must be met.

APPENDIX A: COMPLAINT FORM

Person Name: _____ Date: _____

Name (if different): _____

Address: _____City: _____ State: ___ Zip: _____

Phone: _____

Specify which program(s) this grievance addresses:

Description of Problem:

What would you like to happen instead?

Please provide any information that would support your request.

To be completed by Pikes Peak Respite Services representative:

Action Taken:

Resolution/Outcome: Date: _____

Notification of Outcome to Complainant: Date: _____

APPENDIX B: COMPLAINT LOG

DATE REPORTED	REPORTER NAME	NAME OF PERSON	BRIEF DESCRIPTION	ACTION TAKEN	NOTIFICATION OF OUTCOME TO COMPLAINANT	CLOSING DATE

Complaint records will be maintained on file for at least two (2) years. Pikes Peak Respite Services will incorporate substantiated complaint findings into its Quality Management Program.

APPENDIX C: AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME OF PERSON: _____ DOB: _____

I authorize Pikes Peak Respite Services to release the following information about the above-named person:

This information is to be released to (name and organization):

The information is to be released for each of the following purposes:

Check here if the information may be duplicated: ☐

I understand that this authorization will be valid only for a period of ONE year from the date of my signature. I understand that I may revoke this authorization at any time upon written request to Pikes Peak Respite Services. I understand that if I revoke this authorization, it will not have any effect on actions taken by Pikes Peak Respite Services in reliance on this Authorization prior to the date of revocation.

_____ _____

Signature (Parent of a Minor/Guardian/Self) Date

_____ _____

Signature of Witness Date

_____

Relationship to Individual

APPENDIX D: RECORDS ACCESS LOG

PIKES PEAK RESPITE SERVICES RECORDS ACCESS LOG

REQUEST DATE	ACCESS DATE	REVIEWER / AGENCY NAME	PERSON'S NAME	PURPOSE OF THIS ACCESS	ACTION TAKEN (DUPLICATION OR SUPERVISED REVIEW)	AUTH. VERIFIED?	SUPERVISED AND/OR DUPLICATED BY:

APPENDIX E: DISCHARGE LETTER

Date

Name of Person
Address
City, State, Zip

Dear Person:

Pikes Peak Respite Services will be discharging you from services for the following:

☐ You have notified Pikes Peak Respite Services verbally or in writing that you no longer wish to receive residential services from Pikes Peak Respite Services.

☐ Your guardian has notified Pikes Peak Respite Services verbally or in writing that you no longer wish to receive residential services from Pikes Peak Respite Services.

☐ You no longer meet the eligibility criteria set forth by the Colorado Department of Health Care Policy and Finance.

☐ Your interdisciplinary team has determined that residential services from Pikes Peak Respite Services are no longer appropriate or necessary to meet your needs. If you would like to contest or appeal this decision, please follow the procedures outlined in the attached Dispute Resolution policy.

Discharge from services will be effective 30 days from the date of this letter. If you choose to file a dispute your services will continue until the dispute is resolved.

Sincerely,

Name
Title

APPENDIX F: DISCLOSURE NOTICE – HCA

DISCLOSURE NOTICE – PIKES PEAK RESPITE SERVICES

Agency Type: ☐ Home Care Placement ☐ Home Health Care ☐ Personal Care or Non-Medical

Each home care agency (HCA) or home care placement agency is required to provide the person information as to the responsibilities of the agency, the home care worker, and the person regarding the employment and duties of each.

☐Pikes Peak Respite Services is the employer of record for all direct care staff or contractual providers providing direct care services and is responsible for all items listed below.

☐Responsibilities are delineated below:

Person	Worker	Pikes Peak Respite Services	
			Employer of the home care worker.
			Supervision of the home care worker.
			Scheduling of the home care worker.
			Assignment of duties to the home care worker.
			Hiring, firing and discipline of the home care worker.
			Provision of supplies or materials for use in providing services to the person.
			Training and ensuring qualifications that meet the needs of the person.
			Liability for the home care worker while in the person's home.
Person	Worker	Pikes Peak Respite Services	Payment of:
			Wages to the home care worker.
			Employment taxes for the home care worker.
			Social Security taxes for the home care worker.
			Unemployment insurance for the home care worker.
			General liability insurance for the home care worker.
			Worker's Compensation for the home care worker.
			Bond Insurance (if provided).

The above information and areas of responsibility have been explained and any questions have been answered in regard to responsibilities held by the person, the home care worker and Pikes Peak Respite Services.

Person or Authorized Representative:_____ Date:_____

Agency Representative: _____ Title: _____ Date:_____

Printed Name of Person: _____ Start of Care Date: _____

APPENDIX G: WRITTEN NOTICE OF HOME CARE CONSUMER RIGHTS

As a consumer of home care and services you are entitled to receive notification of the following rights both orally and in writing. **You have the right to exercise the following rights without retribution or retaliation from Pikes Peak Respite Services staff:**

1. Receive written information concerning the agency's policies on advance directives, including a description of applicable state law.

2. Receive information about the care and services to be furnished, the disciplines that will furnish care, the frequency of proposed visits in advance and receive information about any changes in the care and services to be furnished.

3. Receive care and services from the agency without discrimination based upon personal, cultural, or ethnic preference, disabilities or whether you have formulated an advance directive.

4. Authorize a representative to exercise your rights as a consumer of home care.

5. Be informed of the full name, licensure status, staff position and employer of all persons supplying, staffing, or supervising the care and services you receive.

6. Be informed and participate in planning care and services and receive care and services from staff who are properly trained and competent to perform their duties.

7. Refuse treatment within the confines of the law and be informed of the consequences of such action.

8. Participate in experimental research only upon your voluntary written consent.

9. Have you and your property to be treated with respect and be free from neglect, financial exploitation, verbal, physical and psychological abuse including humiliation, intimidation, or punishment.

10. Be free from involuntary confinement, and from physical or chemical restraints.

11. Be ensured of the confidentiality of all of your records, communications, and personal information and to be informed of the agency's policies and procedures regarding disclosure of clinical information and records.

12. Express complaints verbally or in writing about services or care that is or is not furnished, or about the lack of respect for your person or property by anyone who is furnishing services on behalf of the agency.

If you believe your rights have been violated, you may contact the agency directly:
Pikes Peak Respite Services: 411 S Cascade Avenue, Colorado Springs, CO 80903
Administrator: Beverly Seemann (719-659-6344)

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

4300 Cherry Creek Drive South
Denver, CO 80246
303-692-2910 or 1-800-842-8826

I attest to verbal and written receipt of the aforementioned notice of rights:

_____ _____
Consumer or Authorized Representative Signature Date

_____ _____
Agency Representative Signature Date

APPENDIX H: EMERGENCY ACTION GUIDE – PERSONAL CARE SERVICES

The purpose of this guide is to serve as a resource for direct care staff and staff of Pikes Peak Respite Services to use in case of emergencies.

In all situations, the primary purpose and focus is to protect the persons and staff from injury and harm. To accomplish this goal, all direct care staff are required to review the information and practice the procedures contained in this guide on a regular basis. The Administrator of Pikes Peak Respite Services will coordinate all training with the procedures identified within this guide.

As with any guide, all possible situations and combination of situations cannot be identified and addressed. Common sense and reasonable judgement to apply the appropriate procedures from this guide to the situation with which encountered is each staff member's responsibility. This includes the notification to the Administrator of all incidents.

Working as a team, with open communication, we can manage emergency situations effectively, providing for the safety and security of the persons and staff of Pikes Peak Respite Services.

SEVERE WEATHER

TORNADO
National Weather Service Radio, Community Notification Sirens, Personal Observation

Tornado Watch is issued
- ☐ Notify Administrator
- ☐ Announce that severe weather is in the area and is being monitored.
- ☐ Continue with normal activity.

Tornado Warning is issued
- ☐ Notify Administrator
- ☐ Take cover.
    - In the home
        - All staff and persons should go to a safe location in the home like a basement or area of the home with no windows or get in a crouching position on the floor and cover head with hands.
        - If this is not physically possible for some persons, get them to sit as low as possible.
    - In vehicles
        - Pull over to the side of the road.
        - Proceed to the nearest designated shelter or take cover in a low area. Do not stay within the vehicle.
        - Lay on stomachs with hands covering head on the lowest spot available. Stay away from vehicles, trees, or other structures.

- While in community
- Follow all directions/procedures at facility/building you are in.
- Help the person in services to remain calm and await instructions.

After severe weather has passed:

- Inspect home and evaluate damage, if any.
- Continue normal operations.

INCLEMENT WEATHER PLAN

Pikes Peak Respite Services' personal care services may require transportation and exposure to weather throughout the day. During the winter months, this can become a significant concern for persons and staff safety. Due to these safety concerns, Pikes Peak Respite Services may need to implement an inclement weather plan. Persons and caregivers will be notified by 7:30 a.m. by Pikes Peak Respite Services staff when the Inclement Weather Plan is in effect. Every effort will be made to provide personal care services as scheduled.

Inclement Weather is defined as:

- Unsafe road conditions due to current and/or predicted ice or snow accumulation.
- Extremely cold weather that could pose a safety or health risk to persons and staff.

Pikes Peak Respite Services will utilize the local news weather forecasts and accident alerts at 7am that day. We will make every effort to communicate changes to persons, families, and caregivers.

OTHER HAZARDOUS WEATHER CONDITIONS

In Colorado, the weather can be quite unpredictable, thus, we may be out in the community when severe weather strikes. In these instances, all Pikes Peak Respite Services staff and persons will follow the instructions of the establishment. Pikes Peak Respite Services staff will implement simple guidelines during the following weather-related situations:

1. **SEVERE WEATHER/NATURAL DISASTER:** Take shelter in designated safe place.

2. **SNOW/BLIZZARD/WINTER STORM**: Dress for the cold weather, take shelter in a warm place, keep up to date on weather reports, call emergency personnel if required.

3. **THUNDERSTORMS:** Take shelter, stay inside a safe area if is lightning, hail, or street flooding.

4. **WIND /TORNADO:** Pay attention to community tornado alarms, go to interior rooms, stairways without windows.

5. **FLOOD**: In the event of a flood, go to a higher level of building.

If staff become concerned about the weather conditions in the area they are in, CALL THE ADMINISTRATOR. The Administrator will instruct staff to remain where they are and follow the instructions of the establishment or return to the Pikes Peak Respite Services facility. If hazardous weather conditions present while outdoors, staff and persons will relocate to the nearest indoor public establishment (library, mall, store, police dept., fire station, etc.) and follow the procedures of the public establishment.

CRISIS SITUATIONS

FIRE OR STRUCTURAL COLLAPSE

- ☐ Call 911.
- ☐ Notify Administrator.
- ☐ Implement Fire Evacuation Procedures.
    - On-Site:
        - Proceed to the nearest exit.
        - Take vehicle keys, if possible, in case persons need to be transported.
        - All staff and persons should meet outside the person's home at a safe distance.
        - If persons and staff are unable to reenter the home or it becomes necessary to evacuate for an indefinite period of time, all staff and persons will need to contact Red Cross (1-303-722-7474).
        - Notify Administrator.
    - In the Community:
        - Follow all procedures for that facility/building.
        - Account for all staff and persons.
        - Notify Administrator.

If the Administrator and authorities agree it is safe to return to the home or building, return persons and staff to normal activities. The Administrator will decide if persons should be taken to an alternative location noted in the person's emergency plan.

POWER OUTAGES

During an outage, staff should assist/educate the person in services on how to contact the public utility in the area. Staff and persons in services should open the refrigerator and freezer doors as seldom as possible. If you have to get into the refrigerator or freezer, don't leave the doors open long. Food will stay frozen for about 72 hours in an unopened, non-operating freezer. If there is an emergency heating source, learn how to use it properly to prevent fire and ensure proper ventilation. During an outage turn off lights, heat sources, and any sensitive electronics, such as TVs, DVD/blue ray player, computers, game consoles, and stereos.

- ☐ Facilitate communication with the Administrator.
- ☐ Facilitate communication with public utilities.
- ☐ Be prepared to assist the person in services with sheltering-in-place or evacuation, if necessary.

ARMED OR DANGEROUS INTRUDER / HOSTAGE / CIVIL DISTURBANCE

- ☐ Do not resist the intruder or dangerous person.
- ☐ Follow the intruder or dangerous person's commands.
- ☐ Call 911 as soon as possible.
- ☐ Notify Administrator.
- ☐ Move persons and staff away from the immediate area to safe positions inside/outside of the home.

THEFT

- ☐ If staff observe a theft in progress call 9-1-1.
- ☐ If the person in services is a victim of a theft:
  - Call the police and make a report.
  - Take an inventory of the property within the home and document all losses.
- ☐ Notify Administrator.

BOMB THREAT

- ☐ Be Calm, Be Courteous, Listen and Do Not Interrupt.
- ☐ Record Time Call Received: Click or tap to enter a date.
- ☐ Record Time Call Ended:Click or tap to enter a date.
- ☐ Person Receiving Call Click or tap here to enter text.
- ☐ Write Down Exact Wording of the Threat Click or tap here to enter text.
  - Questions to Ask:
    - When is the bomb going to explode?
    - Where is the bomb right now?
    - What kind of bomb is it?
    - What will cause it to explode?
    - Did you place the bomb?
    - Why was the bomb placed?
    - What is your name?
    - What is your address?
    - Where are you calling from?
    - What is your phone number?

  - Circle all that apply (Caller's Voice/Threat Language Background Noises/Location)
    - Calm, Excited, Angry, Slow, Rapid, Street, Noise, Voices, Music, House, Noise, Soft, Loud, Normal, Distinct, Slurred, Laughter, Crying, Motor, Office, Factory
    - Nasal, Stutter, Lisp, Deep, Breathing, Dishes, Animal, Noise, Static, Cell phone
    - Deep, Ragged, Cracking, Voice, Clearing Throat, Long Distance, Taped Clear
    - Disguised Foul Language, Well Spoken, Irrational, Incoherent Accent

  - Did the caller seem to be reading the message?
  - Was the voice familiar?
  - If so, whom did it sound like?

- Notify Pikes Peak Respite Services' Administrator immediately upon ending the phone call.
- Call 911 to report the threat. FOLLOW ALL INSTRUCTIONS GIVEN BY EMERGENCY PERSONNEL. DO NOT EVACUATE UNTIL INSTRUCTED TO DO SO.
  - If threat is valid, as determined by Administrator/Emergency Personnel, implement Evacuation Procedures.
  - IF it is determined to be safe to return to the building, resume normal daily routines.

SUSPICIOUS PACKAGES

- Evacuate the home if a suspicious package is found (do not handle or touch the object) and cannot be reasonably verified.
- Call 9-1-1 from a safe area preferably using a hard-wired phone.
- Coordinate communication with the police.
- Notify Administrator.

EVACUATION PROCEDURES

In the Home

- Proceed to the nearest exit.
- If able, gather personal items of person in services.
- Contact the Administrator.

In the Community

IF it becomes necessary to evacuate the building/area, staff and persons will:

- Follow the instructions of the building/area or the instructions given by emergency personnel.
- Contact the Administrator.

SHELTER-IN-PLACE

- Monitor emergency communication systems for situation updates.
- Monitor the phone to ensure that emergency updates are received, and non- essential use is minimized.
- Shut and lock all windows and doors (if necessary and time permits).
- Turn off all heating, cooling, and ventilation devices (if necessary and required given the specific emergency).
- Assist persons in services with safely sheltering-in-place.

HAZARDOUS MATERIALS

- Monitor communication resources for current and potential updates.
- Notify Administrator.
- Assist person to shelter-in-place, if necessary.
- Implement Evacuation procedures, if necessary.

- Coordinate communication with police.

MISSING PERSONS

Pikes Peak Respite Services, considers ALL persons to be missing if the person has had no contact with staff for more than 5 minutes and/or staff is not aware of the persons whereabouts.

- Look for the missing person. Check bathrooms, hallways, other rooms. Call the person's name calmly.
  - Check outside and up-and-down the block.
- If the missing person has not been located after 15 minutes, call 911. Provide the following information:
  - Missing person's name
  - Gender
  - Diagnosis (i.e., person with a disability)
  - Physical description
  - Description of clothing person is wearing.
  - Any other information requested by emergency personnel.
  - Notify the Administrator. Administrator will notify parents/caregivers.
- Complete and turn in an Incident Report within 24 hours.

SERIOUS ACCIDENT/SUDDEN ILLNESS/HEART ATTACK

Pikes Peak Respite Services staff should **CALL FOR HELP AS SOON AS POSSIBLE (9-1-1)** when faced with an emergency situation in which a person in services becomes unconscious due to injury, heart attack, stroke, poisoning, unusual seizures, electrocution or other trauma/illness. Pikes Peak Respite Services requires all staff to be trained in Basic First Aid and Adult CPR before being left alone to assist persons in program or out in the community. Staff should follow citizen response techniques learned through their training, while always remembering to call **9-1-1** (Text to 911, if unable to call, and provide location and emergency information in message) as soon as possible. Basic First Aid and CPR should be implemented as soon as possible. Staff who encounter any person with the following conditions, should call **9-1-1** (or Text to 911, if unable to call, and provide location and emergency information in message) immediately:

- Unconscious or becoming unconscious.
- Not breathing or having trouble breathing
- Having chest pain or pressure
- Bleeding severely
- Vomiting or passing blood
- Having seizures, a severe headache or slurred speech
- Shows signs of poisoning.
- Thought to have an injury to the head, neck or back.
- Thought to have broken bones.

When contacting **9-1-1**:

- Give the exact location of the group.
- Provide the cell phone number.
- Describe what happened.
- Detail the condition of the individual(s)
- Explain what help is being given.
- Do not hang up until the dispatcher hangs up.

Checklist

- ☐ Call **9-1-1** (or Text to 911, if unable to call, and provide location and emergency information in message).
- ☐ Monitor the individual's ABC's (airway, breathing, circulation).
- ☐ Provide care for the individual until EMS arrives.
- ☐ Immediately open and maintain the person's airway. Check for breathing.
- ☐ If the person is breathing. Administer emergency oxygen as soon as it becomes available.
- ☐ If the person is not breathing. Immediately begin mouth-to-mouth breathing.
- ☐ Check and recheck the person's carotid pulse in the neck, for five to ten seconds.
- ☐ If the pulse is not present-immediately begin CPR.
- ☐ Stop all bleeding by applying direct pressure or other appropriate pressure methods. If available, use a clean cloth or bandage.
- ☐ Do not move the person unless an actual hazard is present.
- ☐ Keep the person warm and comfortable.
- ☐ Loosen all tight clothing.
- ☐ Do not give anything by mouth.
- ☐ Elevate the persons legs slightly.
- ☐ Comfort and reassure the person.
- ☐ Accompany person to hospital and remain in contact with the Administrator or designee.
- ☐ Contact family member, care giver or provider.
- ☐ Complete an Incident Report within 24 hours.

SEIZURES

Seizures take the form of brief temporary changes in the normal function of the brains' electrical system. There is no pain associated with the seizure and usually no long-term-after-effects. It is important to know what to look for and what we are to do in the event a person experiences a seizure at program, out in the community or during transit. In most cases, persons with a known history of seizures will have an individual seizure protocol. Pikes Peak Respite Services staff should follow the person's individual seizure protocol when supporting or transporting persons with a known history of seizures. For all other situations involving seizures, Pikes Peak Respite Services staff should assess the situation, implement safety support using the guidelines that follow and call **9-1-1** when necessary.

Convulsive seizures (Grand Mal or Tonic-Clonic) usually last from 2-5 minutes. The person has muscle spasms and blacks out. Convulsion results from all of the muscles tensing at once, resulting in jerking, random movements, incoherent sounds, drooling, loss of bowel or bladder control, etc. Here is what to do & what not to do:

- Keep CALM! You cannot stop a seizure once it has started.
- If traveling, pull over to a safe location a wait until the seizure passes.
- DO NOT try to restrain the person, the seizure must run its course once it has begun.
- Ease the person into a comfortable position and loosen clothing around the neck area.
- If traveling, ease the person across a double seat and loosen clothing around the neck area and unfasten seat belts if possible.
- Try to prevent the person from striking his or her body or head against any sharp object by placing something soft (i.e., jacket or coat) under their head or between the object and body; do not interfere otherwise with their movements.
- If possible, tum their face to the side so that saliva can flow out of their mouth.
- DO NOT FORCE ANYTHING BETWEEN THE PERSON'S TEETH!
- Do not be frightened if the person having a seizure seems to stop breathing momentarily.
- Carefully observe seizure for later report.
- After the movements stop and the person is relaxed, they should be allowed to sleep or rest if they wish, sometimes for several minutes.
- The person may continue at program if no injuries have occurred, and no other seizures begin. For injuries or all other situations **call 9-1-1.**
- Document the seizure in an Incident Report. Carefully note when you first observed the passenger in the seizure and when the convulsions ceased.
    - (Note: the sleep or groggy stage after the convulsions is not part of the seizure)

Non-convulsive seizures (Petti Mal or Absence) are less noticeable and usually last less than a minute, often only several seconds. The person may appear to be simply staring or daydreaming. Here is what to do:

- No first aid is necessary.
- Speak calmly and reassuringly to the person.
- Stay with the person until she/he is completely aware of the environment.
- Document the seizure in an Incident Report.

HEART ATTACK SYMPTOMS AND SUPPORT

Pikes Peak Respite Services requires all staff to be trained in Basic First Aid and Adult CPR before being left alone to assist persons in the home or out in the community. CPR training will include guidance on how staff can recognize the symptoms of a heart attack and how to respond. Staff should follow citizen response techniques learned through their training, while always remembering to call **9-1-1** (Text to 911, if unable to call, and provide location and emergency information in message) as soon as possible.

Staff should not wait to get help if a person in services experiences any of these heart attack warning signs. Some heart attacks are sudden and intense. But most start slowly, with mild pain or discomfort. Pay attention to the person's body and call 911 if the person experiences:

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes – or it may go away and then return. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- Shortness of breath. This can occur with or without chest discomfort.
- Other signs. Other possible signs include breaking out in a cold sweat, nausea, or lightheadedness.

Procedure

For a Conscious Person experiencing heart attack symptoms:

- Call 911
- Ease strain on heart. Make the person as comfortable as possible, in a half-sitting position, with the head and shoulders well supported and knees bent to ease strain on heart. Loosen clothing at the neck, chest, and waist.
- Monitor. Regularly check and make a note of consciousness, breathing, and pulse.

For an Unconscious Person experiencing heart attach symptoms:

- Call 911.
- Open airway. Check for breathing.
- Begin CPR.
- Use an AED (if available). Use an AED (automated external defibrillator), if possible and available. If out in the community, many public places now have AEDs. Attach the pads as indicated on the machine; the machine will then talk the operator through the process. An AED will ONLY deliver a shock if the person's condition indicates that it is necessary. If the person recovers, leave the pads attached until emergency medical personnel arrive.
- Comfort and reassure the person.
- Accompany person to hospital and remain in contact with the Administrator or designee.
- Contact family member, care giver or provider.
- Complete an Incident Report within 24 hours.

Reference: American Heart Association

STROKE SYMPTOMS AND SUPPORT

Pikes Peak Respite Services requires all staff to be trained in Basic First Aid and Adult CPR before being left alone to assist persons in program or out in the community. CPR training will include guidance on how staff can recognize the symptoms of a stroke and how to respond. Staff

should follow citizen response techniques learned through their training, while always remembering to call **9-1-1** (Text to 911, if unable to call, and provide location and emergency information in message) as soon as possible.

It's very important to identify a stroke quickly because the longer the brain is without oxygen, the higher the chance of permanent damage. Staff should remember **FAST**, F-A-S-T, to spring into action. **F stands for Face**. Is there anything abnormal about the patient's face? Is their smile drooping? Is their eyelid drooping? **A stands for Arms**. Ask the person to raise their arms and observe if one of the arms is drooping. **S stands for Speech**. Listen to the speech carefully. Are they slurring their words? Ask them to repeat a very simple phrase, the grass is green. If they cannot repeat that phrase, the higher chance of stroke. **And then T, if you see any of these things, Time is of the essence**. Call 911 right away.

Procedure

Use **FAST** to remember and recognize the following signs and symptoms of stroke:

- **F: Face drooping**. Ask the person to smile and see if one side is drooping. One side of the face may also be numb, and the smile may appear uneven.
- **A: Arm weakness**. Ask the person to raise both arms. Is there weakness or numbness on one side? One arm drifting downward is a sign of one-sided arm weakness.
- **S: Speech difficulty**. People having a stroke may slur their speech or have trouble speaking at all. Speech may be incomprehensible. Ask the person to repeat a simple sentence and look for any speech abnormality.
- **T: Time to call 9-1-1!** If a person shows any of the symptoms above, even if the symptoms went away, call 9-1-1 and get the person to a hospital immediately.

Hospitalization Due To Stroke Symptoms:

- Comfort and reassure person.
- Accompany person to hospital and remain in contact with the Administrator or designee.
- Contact family member, care giver or provider.
- Complete an Incident Report within 24 hours.

Reference: SecondsCount.org

POISON CONTROL

Poison accidents may include ingesting a household cleaning product, adverse reaction to medication, medication misuse, or ingesting personal products (i.e., make-up, hair spray, cologne, etc.) that individuals may have in their home. Staff who witness or respond to someone they believe may have ingested a poison should assess the victim, assess the situation and either call or have someone else call Rocky Mountain Poison Control. If the person has collapsed or stopped breathing 9-1-1 should be called immediately.

- Rocky Mountain Poison Control: 1-800-222-1222

CHOKING SYMPTOMS AND SUPPORT

Pikes Peak Respite Services requires all staff to be trained in Basic First Aid and Adult CPR before being left alone to assist persons in the home or out in the community. First-Aid training will include guidance on how staff can recognize the symptoms of choking and how to respond. Staff should follow citizen response techniques learned through their training, while always remembering to call **9-1-1** (Text to 911, if unable to call, and provide location and emergency information in message) as soon as possible.

Choking is when someone is having a hard time breathing because food, a toy, or other object is blocking the throat or windpipe (airway). A choking person's airway may be blocked so that not enough oxygen reaches the lungs. Without oxygen, brain damage can occur within 6 minutes. Rapid first aid for choking can save a person's life.

Choking can be caused by any of the following:

- Food. Eating too fast, not chewing food well, or eating with dentures that do not fit well.
- Being unconscious and breathing in vomit.
- Swallowing an object.
- Swallowing problems.
- Enlarging tonsils or tumors of the neck and throat.
- Problems with the esophagus.

Symptoms:

- Inability to speak.
- Difficulty breathing.
- Noisy breathing or high-pitched sounds while inhaling.
- Weak, ineffective coughing.
- Bluish skin color.
- Loss of consciousness.

Procedure

Staff should ask the person, "Are you choking? Can you speak?" DO NOT perform first-aid if the person is coughing forcefully and is able to speak. A strong cough can dislodge the object. Encourage the person to keep coughing to dislodge the object. If the person cannot speak or is having a hard time breathing you can perform abdominal thrusts, back blows, or both.

Abdominal Thrusts:

- Stand behind the person and wrap your arms around the person's waist.
- Make a fist with one hand. Place the thumb side of your fist just above the person's navel, well below the breastbone.
- Grasp the fist tightly with your other hand.
- Make a quick, upward, and inward thrust with your fist.
- Check if the object is dislodged.
- Continue these thrusts until the object is dislodged or the person loses consciousness.

Back Blows:

- Stand behind the person.
- Wrap one arm around to support the person's upper body. Lean the person forward until the chest is about parallel to the ground.
- Use the heel of your other hand to deliver a firm blow between the person's shoulder blades.
- Check if the object is dislodged.
- Continue back blows until the object is dislodged or the person loses consciousness.

Back Blows and Abdominal Thrusts:

- Give 5 back blows, as described above.
- If the object is not dislodged, give 5 abdominal thrusts.
- Keep performing the 5-and-5 until the object is dislodged or the person loses consciousness.

IF the Person Faints of Loses Consciousness:

- Lower the person to the floor.
- Call 9-1-1.
- Begin CPR. Chest compressions may help dislodge the object.
- If you see something blocking the airway and it is loose, try to remove it. If the object is lodged in the person's throat, DO NOT try to grasp it. This can push the object farther into the airway.

For a Large or Obese Person:

- Wrap your arms around the person's CHEST.
- Place your fist on the MIDDLE of the breastbone between the nipples.
- Make firm, backward thrusts.

After removing the object that caused the choking, keep the person still and get medical help. Anyone who is choking should have a medical examination. Complications can occur not only form the choking, but also from the first-aid measures that were taken.

DO NOT:

- DO NOT interfere if the person is coughing forcefully, is able to speak, or is able to breathe in and out adequately. But be ready to act right away if the person's symptoms get worse.
- DO NOT force open the person's mouth to try to grasp and pull out the object if the person is conscious. Perform abdominal thrusts and/or back blows to try to expel the object.

DO:

- Call 9-1-1 right away if you find someone unconscious.

Hospitalization Due To Choking:

- Comfort and reassure person.
- Accompany person to hospital and remain in contact with the Administrator or designee.
- Contact family member, care giver or provider.

- Complete an Incident Report within 24 hours.

Reference: MedlinePlus.gov

APPENDIX I: INFLUENZA IMMUNIZATION STATEMENT

Pikes Peak Respite Services
Influenza Immunization and Prevention
Direct Care Staff Statement

I am aware of the influenza immunization policy and have had a chance to have my questions answered about influenza vaccination. *I understand the benefits and risks of the vaccine, and:

☐I **agree** to have the influenza vaccine for the influenza season and will provide proof according to the policy directives. *If you have already received the influenza vaccine for this influenza season, please specify the date*_____.

☐I **decline** influenza vaccination for the influenza season. I understand that I may rescind this declination at any time. I understand that I will be required to wear a surgical mask, throughout the influenza season (November 1st thru March 31st of the following year), while providing services in the person's home. *Please specify reason(s) for the declination (optional)*_____.

☐ I request a medical exemption and will provide a statement signed by a physician, physician assistant, advanced practice nurse, or certified nurse midwife licensed in the State of Colorado stating that the influenza vaccination is medically contraindicated as described in the product labeling approved by the FDA.

_____ _____
Signature Date

_____ _____
Printed Name Program

Did you receive the influenza vaccine during last year's influenza season?
☐Yes
☐No

***For questions about influenza vaccination, please call the Agency Manager.**

Administration of Vaccine: LAIV TIV		
Vaccine Type	Date	Health Professional Signature

APPENDIX J: INFLUENZA IMMUNIZATION POLICY ACKNOWLEDGEMENT

Pikes Peak Respite Services
Direct Care Staff
Influenza Immunization Policy
Acknowledgement of Receipt

Please print your name and then sign and date the form to indicate that you have received a copy of Pikes Peak Respite Services' *Influenza Immunization Policy*. You are responsible for reading and adhering to the policy.

_____ _____
Print Name Signature

_____ _____
Date Program

APPENDIX K: QUALITY MANAGEMENT PROGRAM OUTLINE

QUALITY MANAGEMENT PROGRAM OUTLINE

Quality Management Team (QMT)

I. Role
   a. Identify and correct issues of concern involving Home Care Agency services.

II. Composition
   a. Administrator
   b. Agency Manager
   c. Field Supervisor(s) – if applicable

III. Schedule
   a. Quarterly Meetings
      i. January, April, July, and October

IV. Responsibilities
   a. Measure and collect monitoring data.
   b. Review monitoring data and documentation.
   c. Develop strategies and plans to address identified issues.
   d. Document meeting minutes and notify Governing Body.

V. Meeting Minutes
   a. Document meeting discussion, plan, and action items.
      i. QMT Meeting Form

Monitoring

I. Agency Manager
   a. Review and analyze monitoring trends.
   b. Prepare QMT meeting agenda.

II. Methods/Process
   a. Announced/Unannounced monitoring visits.
      i. Direct observation of staff working with persons in services.
   b. Review of contact/program notes.
   c. Review of Client Records.
   d. Staff Meetings and In-services.
   e. Feedback from persons in services.
      i. Direct conversations

ii. Texts, emails, and phone calls
iii. Satisfaction Surveys

f. Data and Document Review.

III. Areas to review and assess:
a. Monitoring/Site Visits
b. Care Planning
c. Occurrence Reporting Trends
d. Complaints
e. Staffing/Scheduling Issues
f. Missed Visits
g. Response to Emergencies
h. Evaluation of Discharges and Transfers
i. Satisfaction Survey/Feedback
j. Staff Orientation and Training
k. Service Delivery Errors
l. Infection Control & Employee Health
m. CDPHE Deficiencies

IV. Staff Reporting
a. Report noted issues, potential issues, or service delivery errors to Agency Manager.
i. As soon as possible, but within 72 hours of discovery.
1. Service Delivery Error/Issue Form

Improvement Process

I. Identify Areas for Improvement
a. Monitor Performance

II. Gather and Assess Data
a. Data Trends
b. Monitoring Forms and Checklists

III. Analyze the Cause
a. Determine Root Cause
i. Lack of Training
ii. Staff Error or Non-Compliance
iii. Policy Issues
iv. Process Issues
v. Other

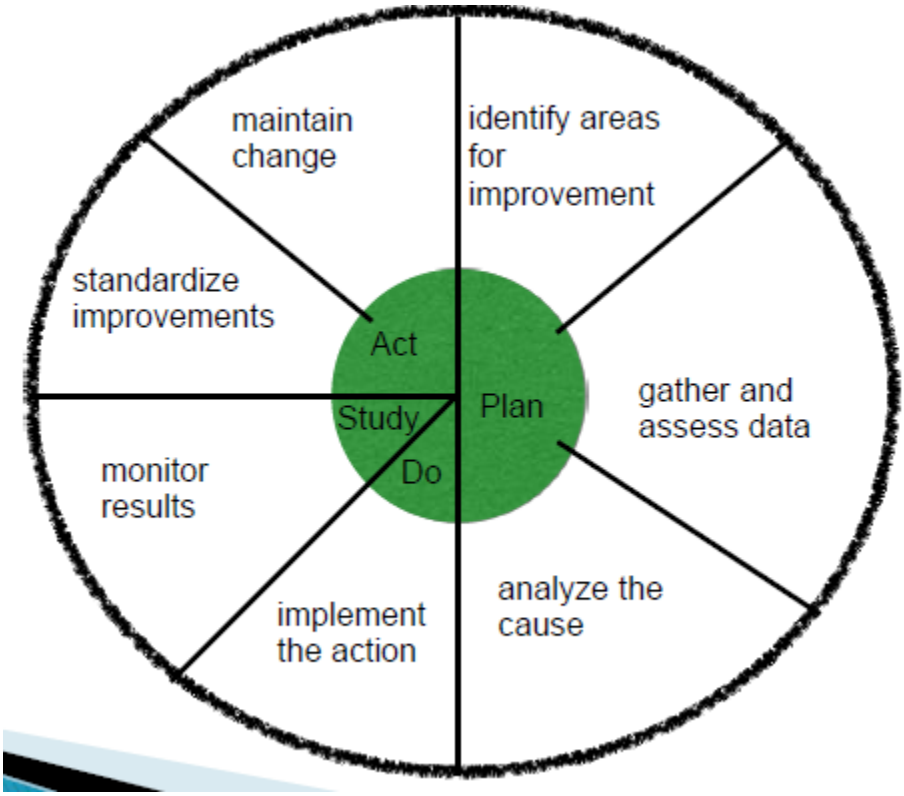
IV. Implement the Action

a. Develop Steps
b. Prioritize Activities
c. Address/Correct Cause

V. Monitor Results
a. Monitor Performance
b. Gather and Assess Data to Determine is Action Steps are Working
c. Re-evaluate Plan (if needed)

VI. Standardize Improvements
a. Train/Educate Staff
b. Notice and Reward Success
c. Incorporate New Processes

VII. Maintain Change



PIKES PEAK RESPITE SERVICES			
Program Visit Monitoring Tool			
Location:		**Announced:**	
Staff:		**Unannounced:**	
Participant:		**Date:**	
Participant		**Yes**	**No**
Any evidence of MANE?			
Is the participant treated with respect?			
Does the participant have privacy?			
Is the participant satisfied with services?			
Is the participant satisfied with staff/provider?			
Participant File		**Yes**	**No**
Demographic sheet up to date?			
Care Plan current and up to date?			
Program Notes current and reflect service delivery?			
Are scheduled services/activities implemented?			
Home		**Yes**	**No**
Fire extinguisher charged and accessible?			
First-aid kit available with current supplies?			
Smoke detectors in working order?			
Carbon monoxide detectors in working order?			
Common areas clean and free from hazards?			
Is the kitchen clean and orderly?			
Are soap and paper towels available?			
Are cleaning supplies stored appropriately?			
Is the bathroom clean and free of hazards?			
Is the participant's room clean and orderly?			
Is the participant's room decorated according to their personal taste?			
Documentation		**Yes**	**No**
Monthly fire drills documented?			
Incident/Occurrence Reports reviewed?			
Emergency/Safety Plan available and up to date?			
Staffing Issues/Missed Visits?			
* Use "N/A" if a question or standard does not apply to the person receiving services.			

Service Delivery Error/Issue Form

Date: _____

Staff Member Reporting Service Delivery Error or Potential Delivery Error: _____

Type of Service Delivery Error:
Client Services_____ Client Schedule____ Staff Training____ Staff Performance_____

Description of Service Delivery Error or Potential Delivery Error: _____

Investigation of Service Delivery Error or Potential Delivery Error: _____

Resolution/Communication of Service Delivery Error or Potential Delivery Error: _____

Signature: _____ Date: _____

Quality Management Team (QMT) Meeting

Date: _____

Quality Management Team Members: _____
_____
_____

Service Delivery Error or Potential Delivery Error/Trend/Project Identified for Review: _____
_____
_____

QMT/Project Discussion: _____
_____
_____
_____
_____
_____
_____
_____

Governing Body Recommendations/Proposed changes to Agency Policies and Procedures:___
_____
_____
_____
_____

Signature: _____ Date: _____

APPENDIX L: JOB DESCRIPTIONS

Pikes Peak Respite Services
Administrator/Agency Manager Job Description

Administrator/Agency Manager Role
The Administrator/Agency Manager will be available to the Personal Care Worker at all times for questions and guidance. The Administrator/Agency will be responsible for evaluating each Care Worker providing services at least annually. The evaluation will include observation of tasks performed and feedback from the person receiving services.
The Administrator/Agency Manager will meet the following qualifications:

- Be at least 21 years of age, possess a high school diploma or GED, and at least one (1) year documented supervisory experience in the provision of personal care services.
    - If the Administrator/Agency Manager does not have the required one (1) year of experience supervising the delivery of personal care services, they will demonstrate they have the following:
        - A college degree in healthcare services plus at least one (1) year of work experience in health care during the previous ten (10)-year period; or
        - A college degree in any field plus two (2) years of work experience in health care during the previous ten (10)-year period.
- Be able to communicate, understand and return communication effectively in exchanges between the person, family representatives, and other providers.
- Have successfully completed an eight (8) hour agency manager training course Additional related annual training that equals 12 hours shall be required in the first year and annually thereafter.
- Be familiar with all applicable local, state, and federal laws and regulations concerning the operation and provision of home care services.

Expectations and Responsibilities
The Administrator/Agency Manager for Pikes Peak Respite Services will be responsible for ensuring:

- The HCA is in compliance with all applicable federal, state, and local laws.
- The completion, maintenance, and submission of reports and records as required by the Department.
- Ongoing liaison with the governing body or designee, staff members, and the community.
- Maintenance of a current organizational chart to show lines of authority down to the consumer level.
- Maintenance of appropriate personnel, bookkeeping, and administrative records and policies and procedures of the HCA.
- Orientation of new personnel, and regularly scheduled in-service education programs and opportunities for continuing education are provided for personnel.
- Designating in writing the qualified staff member to act in the absence of the manager.

- Availability of the manager or designee for all hours that personnel are providing services.
- Marketing, advertising, and promotional information accurately represent the HCA and address the care, treatment, and services that the HCA can provide directly or through contractual arrangement.
- Maintenance of a coordinated HCA-wide program for appropriate infection prevention and control that is an integral part of the HCA's quality management program; and
- The implementation and monitoring of the HCA's training program for all personal care workers, including managing or delegating employee training and development activities for the HCA.

PIKES PEAK RESPITE SERVICES

Program: Home Care Agency
Position: Agency Manager/Supervisor
Reports to: Administrator/Agency Manager

General Description: The overall purpose of the position is to assist participants to achieve their full potential and live as independently as possible. The Agency Manager/Supervisor will achieve this purpose by assisting the Administrator with management of Home Care Agency services.

Administrator/Agency Manager Role

The Agency Manager/Supervisor will be available to the Personal Care Worker at all times for questions and guidance. The Agency Manager/Supervisor will be responsible for evaluating each Care Worker providing services at least annually. The evaluation will include observation of tasks performed and feedback from the person receiving services.

The Agency Manager/Supervisor will meet the following qualifications:

- Be at least 21 years of age, possess a high school diploma or GED, and at least one (1) year documented supervisory experience in the provision of personal care services.
- If the Administrator/Agency Manager does not have the required one (1) year of experience supervising the delivery of personal care services, they will demonstrate they have the following:
    - A college degree in healthcare services plus at least one (1) year of work experience in health care during the previous ten (10)-year period; or
    - A college degree in any field plus two (2) years of work experience in health care during the previous ten (10)-year period.
- Be able to communicate, understand and return communication effectively in exchanges between the person, family representatives, and other providers.
- Have successfully completed an eight (8) hour agency manager training course Additional related annual training that equals 12 hours shall be required in the first year and annually thereafter.
    - Any person commencing service as an HCA manager shall meet the minimum training requirements approved by the Department pursuant to Part 7.2(D) or provide documented and confirmed previous job related experience or related education equivalent to successful completion of such program. The Department may require additional training to ensure that all the required components of the training curriculum are met.
    - A copy of the certificate of completion shall be retained in the HCA manager's personnel file. Be familiar with all applicable local, state, and federal laws and regulations concerning the operation and provision of home care services.
- Be familiar with all applicable local, state, and federal laws and regulations concerning the operation and provision of home care services.

Expectations and Responsibilities

The Agency Manager/Supervisor for Pikes Peak Respite Services will be responsible for ensuring:

- Pikes Peak Respite Services is in compliance with all applicable federal, state and local laws.
- Completion, maintenance and submission of all required reports and records
- Ongoing communication with Pikes Peak Respite Services' governing body, its staff members, and the community
- A current organizational chart is developed and maintained to show lines of authority down to the person level.
- Hiring, orientation and training of personnel
    - Developing and implementing ongoing in-service education programs
    - Providing opportunities for continuing education
- Establishing and maintaining effective bookkeeping practices, administrative records and policies and procedures
- Designating in writing a qualified employee to act in the absence of the Agency Manager/Supervisor.
- Availability of the Agency Manager/Supervisor or designee for all hours that direct care staff are providing services.
- All marketing, advertising and promotional information accurately represents Pikes Peak Respite Services' HCA program and addresses the care, treatment, and services that the HCA program can provide directly or through contractual arrangement.
- Ongoing maintenance of a coordinated HCA-wide program for appropriate infection prevention and control that is an integral part of the HCA's quality management program.
- The implementation and monitoring of Pikes Peak Respite Services' training program for all personal care workers, including managing or delegating employee training and development activities for Pikes Peak Respite Services.

PIKES PEAK RESPITE SERVICES

Program: Home Care Agency
Position: Personal Care Worker
Reports to: Agency Manager/Supervisor

General Description: The overall purpose of the position is to assist participants to achieve their full potential and live as independently as possible. The Personal Care Worker will achieve this purpose by assisting the Agency Manager/Supervisor with deliver of Home Care Agency services.

Qualifications:

- Be at least 18years of age.
- Be qualified by education, knowledge and experience to oversee the services provided.
- Valid Driver's License, good driving record, and reliable personal transportation

Performance Outputs

The duties of a Personal Care worker may include the following:

- Observation and maintenance of the home environment that ensures the safety and security of the consumer.
- Reporting any observed or stated changes in the consumer's physical, cognitive, and/or developmental status.
- Assistance in completing activities such as shopping, and appointments outside the home.
- Companionship including, but not limited to, social interaction, conversation, emotional reassurance, encouragement of reading, writing and activities that stimulate the mind.
- Assistance with non-medical activities of daily living, personal care and any other assignments as included in the service plan.
- Completion of appropriate service notes regarding service provision each visit. Documentation will contain services provided, date and time in and out, and a confirmation that care was provided. Such confirmation will be according to Pikes Peak Respite Services' monitoring policies, documentation standards, and Electronic Visit Verification (EVV) records.

Performance Standards

- Interact with participants in a respectful and dignified manner
- Ensure confidentiality among participants and direct care staff
- Arrive and leave work on time and as scheduled
- Maintain a professional work environment
- Communicate issues and concerns directly
- Promote and maintain a team environment
- Ask for help and support when needed
- Accept the diversity of opinion and skills of other team members

Competencies

- Creative problem-solving skills
- Understand and implement the policies and procedures of Pikes Peak Respite Services
- Knowledge of person centered planning
- Understand participant rights
- Ability to collaborate as a team member
- Ability to work in a flexible and changing work environment
- Effective written and verbal communication skills
- Ability to maintain detailed documentation and create timely reports
- Above average computer skills (Word, Excel, Internet Explorer, etc.)
- Ability to drive large transportation vehicles

Required Training

- CPR/First-Aid
- Complete Orientation
- Must complete all required trainings
- Participate in ongoing training and professional development
- On-the-job training

PIKES PEAK RESPITE SERVICES

Program: Home Care Agency
Position: Homemaker Worker
Reports to: Agency Manager/Supervisor

General Description: Provide homemaker services that allows the person to receive support with household tasks necessary for the person to remain healthy and safe in their home

Qualifications:

- Be at least 18 years of age.
- Be qualified by education, knowledge and experience to oversee the services provided.
- Valid Driver's License, good driving record, and reliable personal transportation.
- Resident of the State of Colorado.
- Computer and smart phone skills.
- Ability to pass criminal/adult protective services' background checks.

Performance Outputs

The responsibilities may include the following:

- Provide basic/enhanced cleaning.
- Assist individuals with training needed to develop home maintenance skills.
- Daily program documentation.
- Compliance with all policies and procedures.

Performance Standards

- Interact with individuals in a respectful and dignified manner.
- Ensure confidentiality of individuals.
- Manage and coordinate daily schedule.
- Maintain a healthy and safe program environment.
- Support individual choice, privacy, and independence.
- Provide person-centered support.
- Honor dignity of risk.

Competencies

- Creative problem-solving skills.
- Understand and implement the policies and procedures of Organization Name.
- Knowledge of person-centered planning.
- Understand participant rights.
- Ability to collaborate as a team member.
- Ability to work in a flexible and changing work environment.
- Effective written and verbal communication skills.
- Ability to maintain detailed documentation and create timely reports.
- Above average computer skills (Word, Excel, Internet Explorer, etc.).

Required Training

- Complete Orientation
- Must complete all required trainings
- Participate in ongoing training and professional development
- On-the-job training

PIKES PEAK RESPITE SERVICES

Program: Home Care Agency
Position: IHSS Attendant
Reports to: Agency Manager/Supervisor

General Description: The overall purpose of the position is to assist participants to achieve their full potential and live as independently as possible. The In-Home Support Services (IHSS) Attendant will achieve this purpose by assisting the agency with support in the home.

Qualifications:

- Be at least 18 years of age (in some cases a person as young as 16 may qualify for this role based on the needs and choice of the member).
- Be qualified by education, knowledge and experience to oversee the services provided.
- Valid Driver's License, good driving record, and reliable personal transportation.

Performance Outputs

The duties of an IHSS Attendant may include the following:

- Observation and maintenance of the home environment that ensures the safety and security of the consumer.
- Reporting any observed or stated changes in the consumer's physical, cognitive, and/or developmental status.
- Assistance in completing activities such as shopping, and appointments outside the home.
- Companionship including, but not limited to, social interaction, conversation, emotional reassurance, encouragement of reading, writing and activities that stimulate the mind.
- Assistance with non-medical activities of daily living, personal care and any other assignments as included in the service plan.
- Completion of appropriate service notes regarding service provision each visit. Documentation will contain services provided, date and time in and out, and a confirmation that care was provided. Such confirmation will be according to Organization Name's monitoring policies, documentation standards, and Electronic Visit Verification (EVV) records.

Performance Standards

- Interact with members in a respectful and dignified manner.
- Ensure confidentiality among members and direct care staff.
- Arrive and leave work on time and as scheduled.
- Maintain a professional work environment.
- Communicate issues and concerns directly.
- Promote and maintain a team environment.
- Ask for help and support when needed.
- Accept the diversity of opinion and skills of other team members.

Competencies

- Creative problem-solving skills.
- Understand and implement the policies and procedures of Pikes Peak Respite Services.
- Knowledge of person-centered planning.
- Understand member rights.
- Ability to collaborate as a team member.
- Ability to work in a flexible and changing work environment.
- Effective written and verbal communication skills.
- Ability to maintain detailed documentation and create timely reports.
- Above average computer skills (Word, Excel, Internet Explorer, etc.).

Required Training

- CPR/First Aid
- QMAP
- Complete Orientation
- Must complete all required trainings
- Participate in ongoing training and professional development
- On-the-job training

APPENDIX M: INITIAL & ANNUAL ADMINISTRATOR TRAINING

Initial Training:

A first-time administrator or alternate administrator shall complete eight (8) clock hours of educational training in the administration of an agency within the first month of employment & put in personnel file.

Date Completed _____

Ongoing Training:

Retained in the personnel file.

Training Topic Completed	# of Hours	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX N: ORIENTATION, INITIAL & ANNUAL PCW TRAINING

PIKES PEAK RESPITE SERVICES
ORIENTATION, INITIAL AND ANNUAL PCW TRAINING

Personal Care Worker Training

Pikes Peak Respite Services will ensure that each Personal Care Worker is qualified and completed initial orientation training to provide services to persons. Personal Care Worker's will provide services according to the person's simple care plan. All personal care staff will complete agency orientation training and pass a competency evaluation and skills validation, including visual observation, prior to providing care to a consumer. Orientation and Initial training will be interactive in nature and may be completed through the following modes: in-person, online/virtual, or a hybrid, with demonstration of learned concepts.

Orientation training will include the areas noted above and also the following topics:

- Orientation to Pikes Peak Respite Services' agency operations and services.
- Pikes Peak Respite Services' Home Care Agency (HCA) policies and procedures.
- Pikes Peak Respite Services' emergency response policies.
- Emergency contact numbers for assigned individual consumers.
- Description of the services provided by Pikes Peak Respite Services.

Initial training will include the areas noted above and also the following topics:

- The differences in personal care, nurse aide care, and health care in the home including limiting factors for the provision of personal care.
- Observation, reporting, and documentation of consumer status and the service(s) furnished.
- Non-medical assistance with activities of daily living, including bathing, skin care, hair care, nail care, mouth care, shaving, dressing, feeding, assistance with ambulation, exercises and transfers, positioning, bladder care, bowel care, and protective oversight.
- Medication reminders.
- Performance of the ability to assist in the use of specific adaptive equipment if the worker will be assisting consumers who use the device.
- Personnel duties and responsibilities, including but not limited to incident reporting and mandatory reporting.
- Rules for non-medical care and services.
- Consumer rights, including freedom from abuse or neglect and confidentiality of personal, financial, and health information.
- Basic health and safety, including but not limited to: home safety, fall prevention, hand washing, and infection control.
- Assignment and supervision of services.
- Communication skills.

- The physical, emotional, and developmental needs of and methods to work with the populations served and assignment of consumers by the HCA, including the need for respect of the consumer, their privacy, and property.

Competency Evaluation

Pikes Peak Respite Services will ensure that the individuals who furnish personal care services on its behalf are competent to carry out all assigned tasks in the consumer's place of residence. Prior to assignment, Pikes Peak Respite Services' manager or supervisor will conduct a proof of competency evaluation involving the tasks listed below along with any other tasks that require specific hands-on application:

- Non-medical assistance with activities of daily living, including bathing, skin care, hair care, nail care, mouth care, shaving, dressing, feeding, assistance with ambulation, exercises and transfers, positioning, bladder care, bowel care, and protective oversight.
- Medication reminders.
- Performance of the ability to assist in the use of specific adaptive equipment if the worker will be assisting consumers who use the device.

On-Going Training

Pikes Peak Respite Services will ensure that ongoing supervisory and direct care staff training occurs and will consist of at least six (6) topics every twelve (12) months after the starting date of employment or calendar year as designated by HCA policy. The training requirement will be prorated in accordance with the number of months the employee was actively working for Pikes Peak Respite Services. Training will include, but is not limited to, the following items:

- Behavior management techniques and the promotion of consumer dignity, independence, self-determination, privacy, choice, and rights, including abuse and neglect prevention and reporting requirements.
- Emergency response plan (Disaster and emergency procedures).
- Infection control policies and universal precautions.
- Basic first aid and home safety.

The duties of a personal care worker will include the following:

- Observation and maintenance of the home environment in accordance with the service plan that ensures the safety and security of the consumer.
- Reporting any observed or stated changes in the consumer's physical, cognitive, and/or developmental status.
- Reporting any observed environmental concerns or changes in the consumer's status that may impact the safety and security of the consumer to the HCA.
- Completion of appropriate service notes regarding service provision of each visit, to include confirmation of services provided and the date and time in and out. Such confirmation will also be according to HCA policy.

Training Exemptions

Initial orientation or training will not be required under the following circumstances:

- A returning employee is exempt from initial training if they are returning to the same HCA within one (1) year of leaving, and meet all of the following conditions:
- The employee completed the HCA's required training and competency assessment at the time of initial employment.
- The employee successfully completed the HCA's required competency assessment at the time of rehire or reactivation.
- The employee did not have performance issues directly related to consumer care and services in the prior active period of employment.
- All orientation, training, and personnel action documentation from the prior active period of employment is retained in the personnel files.

An employee moving from one office to another in the same HCA if previous training is documented and the offices have the same orientation and training procedures.

- Evidence of completed initial orientation and training and competency evaluation must be maintained by each separately licensed HCA.

A personal care worker with proof of current healthcare related licensure or certification is exempt from initial training in the provision of personal care tasks if such training is recognized as included in the training for that health discipline. Pikes Peak Respite Services will provide orientation and perform a competency evaluation to ensure the personal care worker is able to differentiate and appropriately perform all personal care worker tasks.

Training documentation

Pikes Peak Respite Services will document all training. All training, competency, and skills validation shall be documented by the HCA. Documented evidence of trainings, competency testing, and skills validation will be documented with:

- The date of training.
- Length of training.
- Entity or instructor(s) that offered or produced the training.
- A short description of the content.
- Staff member's written or electronic signature or proof of attendance.

Pikes Peak Respite Services will maintain evidence of training, competency testing, skills validation, and related certificates along with proof of completion in each individual's personnel file.

TRAINING COURSE, CURRICULUM & CEUs (INITIAL & ANNUAL)

Course/Training	CEUs	Curriculum	Competency	Renewal
Communication Skills	1 hour	Relias Academy	Certificate	Annual
Infection Control and Prevention	1.5 hours	Relias Academy	Certificate	Annual
MANE	1.5 hours	Adult Protective Services	Certificate	Annual
Rights and Dignity of Person	1.5 hours	Relias Academy, Policies and Procedures	Certificate Signed/dated acknowledgement Performance Evaluation	Annual
Occurrence/Incident Reporting	1.0 hours	Policies and Procedures	Signed/dated acknowledgement Performance Evaluation	Annual
Observation and Reporting	.5 hours		Certificate	Annual
Confidentiality	.5 hours	Policies and Procedures	Signed/dated acknowledgement Performance Evaluation	Annual
Dispute Resolution	.5 hours	Policies and Procedures	Signed/dated acknowledgment Performance Evaluation	Annual
Grievance/ Complaint Resolution	.5 hours	Policies and Procedures	Signed/dated acknowledgement form Performance Evaluation	Annual
Data Management	.5 hours	Policies and Procedures	Signed/dated acknowledgement form Performance Evaluation	Annual
Program Notes and Reporting	.75 hours	Policies and Procedures Agency Forms and Templates	Signed/dated acknowledgement form Observation/Shadowing/Direct Supervision	Ongoing
Non-medical Assistance with ADLs	1.0 hours	Relias Academy	Certificate	Annual
Basic Health and Safety	.5	Care Plan Protocols, Emergency/Demographic information	Signed/dated acknowledgement form Observation/Shadowing/Direct Supervision	Ongoing
Medication Reminders	.5	Policies and Procedures and Assigned Care Tasks	Signed/date acknowledgement form Observation/Shadowing/Direct Supervision	Ongoing
Job Specific Duties, Differences in Services and Limitations of Personal Care	3.0 hours	Job Description, Policies and Procedures, Assigned Care Tasks, Operations & Service descriptions	Signed/dated acknowledgement form Observation/Shadowing/Direct Supervision	Ongoing
Emergency Response	1.0 hours	Policies and Procedures, Contact numbers for individuals	Signed/dated acknowledgement Observation/Shadowing/Direct Supervision	Ongoing

PIKES PEAK RESPITE SERVICES
TRAINING ACKNOWLEDGEMENT FORM

Providing quality services and supports to individuals requires ongoing job-specific training for all employees and independent contractual providers. As a Pikes Peak Respite Services employee or independent contractor, I acknowledge that I have read and understand the following policies and procedures or received training in the following areas:

Training	**Date of Completion**	**Staff Initials**	**Supervisor Initials**
Communication Skills			
Infection Control and Prevention			
MANE			
Rights and Dignity of Person			
Occurrence/Incident Reporting			
Observation and Reporting			
Confidentiality			
Dispute Resolution			
Grievance/Complaints			
Data Management			
Program Notes and Reporting			
Non-Medical Assistance w/ADL			
Basic Health and Safety			
Job Specific Duties			
Medication Reminders			
Emergency Response			

As a Pikes Peak Respite Services employee or independent contractor, I acknowledge that I have read and understand the individual's person specific information: requires employees and independent contractors to read the individual's file and understand their person specific needs (initial below):

_____Person Specific Information (e.g., consumer file, SP, protocols, etc.)

_____

Employee/Independent contractor Name (Print)

_____ _____

Employee/Independent contractor Name (Signature) Date

_____

Administrator/Supervisor Name (Print)

_____

Administrator/Supervisor Name (Signature)

PIKES PEAK RESPITE SERVICES
Staff Ongoing Training Checklist

Staff Name: _____

Staff Hire Date: _____

Prorated # of topics to be completed (if needed): _____

Twelve Topics Completed by Agency Staff:

Topic	Date Completed
Basic Health and Safety	_____
Consumer dignity, independence, self-determination, privacy	_____
Choice and rights: including abuse and neglect prevention	_____
Disaster and emergency procedures	_____
Infection control using universal precautions	_____
Topic:	_____
Topic:	_____
Topic:	_____
Topic:	_____
Topic:	_____
Topic:	_____
Topic:	_____

PIKES PEAK RESPITE SERVICES

Staff Ongoing Training Attendance Sheet

Staff Name: _____

Training Topic: _____ Training Date: _____

Start Time: _____ End Time: _____

Description of Course Content: _____

_____

_____

Instructor Name: _____

Instructor Qualifications: _____

_____ _____

Staff Signature Date

Staff Name: _____

Training Topic: _____ Training Date: _____

Start Time: _____ End Time: _____

Description of Course Content: _____

Instructor Name: _____

Instructor Qualifications: _____

_____ _____

Staff Signature Date

APPENDIX O: CONSUMER RECORD FILE CHECKLIST

Consumer Record File Checklist

Consumer Name: _____

Consumer Record to Include:

- ☐ **Care Services and Rates Agreement**
- ☐ **Agency Disclosure Notice**
- ☐ **Written Notice of Home Care Consumer Rights**
- ☐ **Consumer Confidentiality Policy**
- ☐ **Advance Directives Policy**
- ☐ **Consumer Plan of Care**
- ☐ **Communication log**
- ☐ **Coordination of care with other agency providing services.**

APPENDIX P: PERSONNEL FILE CHECKLIST

PERSONNEL FILE CHECKLIST

Personnel Name: _____

Personnel File to Include:

- ☐ **Agency Application**
- ☐ **References**
- ☐ **Criminal Background Check**
- ☐ **Qualifications**
  - **Type and Depth of Experience**
  - **Advanced Skills, Training and Education**
  - **Competency Evaluation/Written Test**
- ☐ **Agency Orientation**
- ☐ **Job Description(s)**
- ☐ **Professional License Information (DORA license check)**
- ☐ **Agency Policies & Procedures**

Notes:

- ☐ **Personnel Initial & Ongoing Training**
- ☐ **Annual Performance Evaluation**
- ☐ **Dates of Employment with Agency**
- ☐ **Agency Separation Date and Reason for Separation**

APPENDIX Q: AGENCY SIGNAGE

PIKES PEAK RESPITE SERVICES

Main Branch Location & Hours

The main agency office location & phone number is listed below:

411 S Cascade Avenue, Colorado Springs, CO 80903

719-659-6344

Cmbev@hotmail.com

The agency has no branch locations at this time.

The agency office hours are listed below:

Monday 8 am – 5 pm

Tuesday 8 am – 5 pm

Wednesday 8 am – 5 pm

Thursday 8 am – 5 pm

Friday 8 am – 5 pm

Saturday On-Call Available

Sunday On-Call Available

The main office phone number can be reached 24/7. After the listed office hours the phone number will connect with an on-call staff member. The Administrator/Agency Manager can be reached 24/7 at 719-659-6344. The Alternate Administrator/Agency Manager can be reached 24/7 at 719-494-6155.

APPENDIX R: DESIGNATION OF ROLES

PIKES PEAK RESPITE SERVICES

Beverly Seemann is designated as the person responsible for fulfilling all required governing body functions.

Beverly Seemann is designated as the Administrator/Agency Manager.

Aimee Mathias is designated as the Alternat Administrator/Agency Manager.

APPENDIX S: SURPRISE BILLING DISCLOSURE

Surprise Billing -- Know Your Rights

What is surprise billing?

If you are seen by a provider or use services in a facility or agency that is not in your health insurance plan's provider network, referred to as "out-of-network," you may receive a bill for additional costs associated with that care. Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. Under Colorado law this is defined as balanced billing and is commonly called surprise billing.

On Jan. 1, 2020, a new state law went into effect to protect you from surprise billing. These protections apply when:

• You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado.

• You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado.

This law only applies if you have a "CO-DOI" on your health insurance ID card and you are receiving care and services provided at a regulated facility in Colorado.

When you cannot be surprise billed:

Emergency Services If you are receiving emergency services, you can only be billed for your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be billed for anything else. This applies only to services related to and billed as an "emergency service."

Non-Emergency Services at an In-Network Facility by an Out-of-Network Provider Facility or agency staff must tell you if you are at an out-of-network location or if they are using out-of-network providers, when known. Staff must also tell you what types of services you will be using that might be provided by an out-of-network provider.

You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is unavailable. If your insurer covers the service, you can only be billed for your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance.

Additional Protections

• Your insurer will pay out-of-network providers and facilities directly.

• Your insurer must count any amount you pay for emergency services or certain out-of-network services toward your in-network deductible and out-of-pocket limit.

• The provider, facility, hospital, or agency must refund any amount you overpay within 60 days of being notified.

• No one, including a provider, hospital, or insurer, can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency in any other situation, you may still be surprise billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be surprise billed.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the facility's or agency's billing department or the Colorado Division of Insurance at 303-894-7499 or 1-800-930-3745.

_____

My signature acknowledges receiving this notice and does not waive my rights under the law.

_____

Date