



Pikes Peak Respite Services Orientation

Welcome!

Thank you for coming to learn about PPRS and our contracting opportunities. Please feel free to ask any questions. Attendance to orientation is not a guarantee of a contracting relationship. As a courtesy, please turn off your cell phone.

Mission:

Pikes Peak Respite Services is a human service agency providing respite services, family advocacy, and community accessibility, personal care, homemaker services and mentorship for individuals with special needs. We are an experienced service driven team dedicated to providing safe, quality, and worry-free care for a families' loved one with special needs.

PPRS History:

PPRS was founded by Beverly Seemann who started with one individual with severe special needs in 2005 and has since served hundreds with special needs and their typical siblings. Beverly has extensive experience as a professional caregiver having cared for elderly, foster children, hospice patients, daycare recipients, individuals with special needs and their typical siblings. Beverly's education in psychology and her personal experience of raising four children, one with Asperger's syndrome, XYY syndrome and all three with genetic sensory-neural hearing loss has given her a unique perspective of meeting the needs of the entire family. She is renowned for her work with children who exhibit behavior difficulties and she attends seminars and educational opportunities for professionals regularly.

Joshua Shipman joined PPRS as the Chief Financial Officer in 2016. Joshua is a father of three children. He is a 21 year veteran of the US Army where he served as an Equal Opportunity Employment Advocate, and a Communications Engineer specializing in contract procurement and financial planning for the Department of Defense. He also served as an Educator and Contracting Financial Liaison for the Army School of Telecommunications for 4 years.

Jessica Gervasi joined our administrative team in 2017. Jessica is a single mother of two teenage sons. She is a certified brain injury specialist and has managed two residential group homes and supervised brain injury technicians. Jessica has been a hands on caregiver here at Pikes Peak Respite Services and is now conducting client/staff monitoring and client intakes.

Tiffany Hutson has been with PPRS in some form or another since inception. Her roles have and are constantly changing. Tiffany has a son diagnosed with Landau Kleffner Syndrome and Autism. She is knowledgeable and constantly keeps up with new medical advances for Autism and seizure disorder treatments and behaviors. She also advocates for children in the public school setting. She also has adopted a child with drug related issues act was addicted in utero. If you are having problems with the staff portal, Tiffany is the staff member to contact.

Aimee Mathias has over 20 years of experience working with individuals with special needs. She has extensive training and knowledge, working with both children and adults with autism. Aimee has held positions in direct care and case management and has strong working knowledge of IEP, Transition, Guardianship, and SSI processes.

She is the mother of a 22-year-old son with multiple diagnoses; including severe autism, seizures and mood disorder. Through the journey of raising her son, she gained valuable skills and became a tenacious advocate. Aimee is very dedicated and passionate about advocating for others and increasing community awareness and integration. Additionally, Aimee has a background in the health field. She has worked as a home health and rehabilitation CNA and is certified in medical billing. Aimee has her associates in Health Sciences and is studying to receive her BS in Health and Wellness.

PPRS Accomplishments and Community Involvement:

PPRS is a grass-roots agency, we are proud of our growth through out the years. We are growing rapidly and appreciate any caregiver referrals. Most of our staff comes as referrals, we experience a very low turn-over in staff!

Pikes Peak Respite Services provides many different services. You are able to pick and choose what services you want to provide. You can provide all services or choose one service to provide- the choice is yours!

Service Guidelines

A. Homemaker Basic Guidelines: \$11.50 per hour to start

Includes:

- >routine light housecleaning, such as dusting, vacuuming, mopping and cleaning the bathroom and kitchen areas
- > meal preparation
- > bed making for the client only
- > laundry for the client only
- > shopping

Providers: Upon arrival, establish a routine for each visit so it is clear what is needed and expected. Before leaving each homemaker basic shift, have the parent/guardian walk through so you can explain what you accomplished while there before they sign your timesheet.

Does not include:

- >animal care, homemakers are not responsible for aquariums, terrariums, cages, litter boxes, kennels, outside yard area, etc. Service animals are no exception.
- >toy/book organization- toys and books can be gathered to one area for floor care, such as vacuuming and sweeping
- >personal care services
- >moving furniture or appliances, or climbing to clean
- >yard work, putting up holiday decorations, pool area

All cleaning supplies and equipment are to be supplied by the household receiving services.

B. Homemaker Enhanced Guidelines: \$13 per hour

Includes:

- >Same house hold tasks as described under homemaker basic with addition of teaching the tasks or extraordinary cleaning
- >Goal based service- must fill out proper paper work and have an understanding of the service plan
- >Primary goal is to increase independence were applicable
- >Extraordinary cleaning is a result of behavioral or medical needs, such as need for dust-free environment due to allergies or cleaning of fecal smearing due to behaviors

Does not include:

- >See list above

All cleaning supplies and equipment are to be supplied by the client.

C. Respite Care Guidelines: \$13.00 per hour/ Day respite \$150 per day

Includes:

- >Short term break for primary caregiver
- >Respite services can be in the individual's home or in the community
- >Sibling care when the client is receiving services as allowed by the service plan

Does not include:

- >Pet care
- >Care of non-siblings in the the home
- >Personal Care
- >Homemaker services beyond cleaning up after the individual receiving services during the shift

D. Mentorship Guidelines: \$25.00 per hour

Includes:

- >Promoting self-advocacy through many different methods such as in structuring, providing experiences, modeling and advising
- >Goal based service- must fill out proper paper work and have an understanding of the service plan
- >Training in infant and child care when the individual is a parent
- >Participation in community boards
- >Assistance in understanding complex medical conditions
- >Service can be performed in or out of the community

Does not include:

- >Services included in day habilitation

E. Community Connector Guidelines: \$21.00 per hour

Includes:

- >One on one support to support in the community
- >Variety of activities in the community
- >Opportunity to build natural relationships and supports
- >Interaction with individuals other than the service provider
- >Goal-based service- must fill out proper paper work and have an understanding of service plan

Does not include:

>Paying admission for the for movies, events, concerts etc.

F. Supportive Community Connector Guidelines: \$12.00 -\$16.00

Includes:

>Access to typical functions in community life experienced by the general population

>Access to community education or training

>Wide variety of options for building relationships with in the community

>Opportunity to build natural supports

>SCC can be delivered on one to one or in a group setting

>Goal-based service- must fill out proper paper work and have an understanding of the service plan and goals

Does not include:

>Paying admission for the client for movies, events, concerts etc.

G. Non-Medical Transportation

Includes:

>Transportation as specified in the service plan to gain access to waiver and other community services

Does not Include:

>Transportation that family, neighbors, friends, or community agencies that can provide transportation without charge- natural supports must be utilized first

Please contact management for any questions regarding services, thanks!

Pikes Peak Respite Services started with providing respite care services and has evolved into what we are today. We encourage you to try each of the different services.

H. Incident Reporting:

All written documentation becomes part of a legal record and thus can be subpoenaed in court should a situation arise. Consequently, when documenting ANYTHING, employees and contractual providers must keep in mind that this documentation could be reviewed in a court of law.

If an individual is injured the burden of proof lies with Pikes Peak Respite Services to demonstrate that employees and contractual providers acted reasonably and responsibly to protect the individual and prevent injury.

Pikes Peak Respite Services' employees and contractual providers will complete written reports according to the process outlined below.

Employees and contractual providers should follow these important guidelines when writing Incident Reports:

1. The name of the individual must be on every page as proof that it really is the individual's record and not a page from another record.

- Employees and contractual providers may use a name that the individual prefers to be called as long as it is recorded in the file; otherwise use their legal name.
- Initials of the individual may be used if their full name is identified at the top of each page.

2. All

- Use Pikes Peak Respite Services forms.
- Using blue or black ink, write neat and legible notes.
- Don't write between the lines or in margins. Don't make arrows.

3. When correcting errors:

- Do not use white-out.
- Do not scratch over a word with a pen.
- Do not use erasable pens and then erase.
- Draw a single line through the word(s).

documentation must have a PROFESSIONAL appearance.

- Write the word above the error, initial and date.
 - State the reason for the error if it is not obvious (i.e.; wrote in the wrong individual's file).
4. When recopying:
- Try not to recopy
 - If recopying (i.e. coffee spilled on entry and it can't be read well), do it word for word.
 - Do not rewrite entries, instead, add addendum
5. Be accurate and factual:
- Describe behaviors exactly.
 - Don't label behaviors. Avoid expressions like "uncooperative/resistive individual", "angry individual", instead describe actions, which demonstrated angry or resistive behavior.
 - Don't interpret behavior (i.e.; don't use the word "apparently"). Describe the behavior and then write, "In my opinion..." (This individual is having a seizure).
 - Use the individual's exact words, even if foul language is used.
 - Employees and contractual providers may paraphrase but do not use your own words.
6. Use complete dates: DD/MM/YYYY
7. Make sure the time is accurate.

8. When adding late entries, identify by putting the date and time of the new entry, the reason for lateness and refer to the date and time of when the incident actually took place.
9. Leaving any spaces between any entry and employees or contractual provider name makes an employee or contractual provider liable for anything that is filled in. Draw lines across empty lines and spaces.
10. Always list full names and titles when writing notes. Any name might be unfamiliar five years from now.
11. Separate documentation is required for each and every individual involved in an incident.
12. Never write out another individual's name in a report.
13. Pikes Peak Respite Services must always follow up all incidents to resolution (at least 72 hours after the event). It does not have to be the same employee or contractual provider who wrote the original incident report. :

Please be clear on the following:

- How to identify an incident;
- When an incident report is required;
- How and when an incident is to be reported to case management;
- How to complete an incident report (including the use of the database if applicable);
- How the report is to be routed.

Recording Incident Reports

Pikes Peak Respite Services is required to record incident reports for all required incident types as identified by Division for Intellectual and Developmental Disabilities. Types of incidents requiring reporting include:

- Injury to person receiving services;
- Lost or missing person receiving services;
- Medical Emergencies;
- Hospitalizations;
- Death of person receiving services;
- Errors in medication administration;
- Unusual reports or actions;
- Allegations of M/A/N/E;
- Use of Safety Control Procedures;
- Use of Emergency Control Procedures;
- Stolen property.

Incident reports are to be recorded within twenty-four (24) hours of the witnessed or reported incident. Reports of incidents shall include, but not be limited to:

1. Name of the person reporting;
2. Name of the person receiving services who was involved in the incident;
3. Name of persons involved or witnessing the incident;

4. Type of incident;
5. Description of the incident;
6. Date and place of incident;
7. Duration of the incident;
8. Description of the action taken;
9. Whether the incident was observed directly or reported to the agency;
10. Names of persons notified;
11. Follow-up action taken or where to find documentation of further follow-up;
and,
12. Name of the person responsible for follow-up.

Routing of Incident Reports

Incident reports that are not considered critical in nature are to be routed to the appropriate case management department (i.e., CCB) within seventy-two (72) hours. If applicable, copies should also be forwarded to guardians within 24 hours. When an incident involves a medical emergency, allegation of mistreatment, abuse, neglect or exploitation, death, missing persons, serious criminal offense and victim of serious crime, Pikes Peak Respite Services shall ensure that the appropriate case management department is notified within 24 hours by or e-mail. Notification in these instances is considered “critical” and to be followed by a full recorded incident report and routed to the case manager and case management agency within twenty-four (24) hours.

Pikes Peak Respite Services’ employees and contractual providers will complete a written summary. The report will include information on the initial/preliminary action taken by Pikes

Peak Respite Services in response to the allegation, injury, medical crises or other occurrence and indicate what additional follow-up is planned.

Mandatory Reporting of MANE

Pikes Peak Respite Services' employees and contractual providers are considered mandatory reporters under **Title 26, Article 3.1 of the Colorado statute (Protective Services for At-Risk Adults)**. Pikes Peak Respite Services' employees and contractual providers who witness, become aware of, or suspect that an individual has been or is at immediate risk for mistreatment (abuse, neglect or exploitation) must make a report to law enforcement within 24 hours. **The report should be made directly to the local law enforcement agency where the individual lives (NOT 911, unless it is an emergency)**. The employee, volunteer and contractual provider must make this report directly to law enforcement – it is NOT enough to simply report mistreatment to a supervisor, Case Manager or another person.

Pikes Peak Respite Services expects employees and contractual providers will 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.

Pikes Peak Respite Services absolutely prohibits mistreatment 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 abuse (physical or sexual), caretaker neglect or exploitation to law enforcement.

Prevention and Monitoring of Mistreatment

All Pikes Peak Respite Services' employees and contractual providers are responsible for implementing efforts to prevent and detect instances of mistreatment and the promotion of safe and humane environments for the people served. Pikes Peak Respite Services will provide training on mistreatment reporting requirements and will provide support to employees as needed in the prevention of mistreatment of individuals receiving services and being aware of signs or symptoms of potentially abusive situations.

Persons served need to be supported to discuss concerns they may have with how they are treated. Persons should be interviewed regarding their satisfaction with employees.

Review of records, log notes, incident reports, etc. may point to unusual behaviors or changes that may lead to suspicion of mistreatment. Concerns or reports from persons, family members, guardians, advocates and others regarding the treatment of individuals receiving services must always be given close attention. Pikes Peak Respite Services will provide information regarding concerns and patterns to the CCB so safeguards may be implemented.

Definitions of Mistreatment

Mistreatment means: Abuse; Caretaker neglect; or Exploitation; 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:

- (a) The non-accidental infliction of bodily injury, serious bodily injury, or death;
- (b) Confinement or restraint that is unreasonable under generally accepted care taking standards; or
- (c) 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 hematoma, 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 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 a person with an intellectual and developmental disability; or is paid to provide care, services, or oversight of services to a person with an intellectual and developmental disability.

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

- (a) Uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive a person with an intellectual and developmental disability of the use, benefit, or possession of anything of value;
- (b) Employs the services of a third party for the profit or advantage of the person or another person to the detriment of the person with an intellectual and developmental disability;
- (c) 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,

(d) Misuses the property of a person with an intellectual and developmental disability in a manner that adversely affects the person with an intellectual and developmental disability's ability to receive health care or health care benefits or to pay bills for basic needs or obligations.

It is the misrepresentation, manipulating or taking advantage of an individual's trust for another person's benefit, such as promoting activities for another person's amusement or pleasure, or taking, destroying or misusing another's funds or property.

Reporting

Pikes Peak Respite Services' employees and contractual providers have dual reporting standards regarding allegations of mistreatment. **All persons working or contracting with Pikes Peak Respite Services are required to immediately report any observed or suspected incidents of abuse (physical or sexual), caretaker neglect or exploitation to law enforcement.** In addition, employees and contractual providers are required to record an incident report and follow the Critical Incident reporting standards of Pikes Peak Respite Services.

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

Pikes Peak Respite Services' employees and contractual providers are considered mandatory reporters under **Title 26, Article 3.1 of the Colorado statute (Protective Services for At-Risk Adults)**. Pikes Peak Respite Services' employees and contractual providers 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 make a report to law enforcement within 24 hours. **The report should be made directly to the local law enforcement agency where the individual lives (NOT 911, unless it is an emergency).** The employee or contractual provider 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 contractual providers will also follow critical incident reporting pro-

cesses and procedures. The protection, safety, medical attention and support of the alleged victim will be of primary concern.

Pikes Peak Respite Services' employees and contractual providers must be able to define what constitutes mistreatment and shall receive training regarding applicable laws, regulations, policies and procedures. Pikes Peak Respite Services is responsible for the monitoring of appropriate interactions and timely reporting.

All Pikes Peak Respite Services' employees and contractual providers are responsible for immediately reporting any allegations of mistreatment as defined in this procedure. 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 school or day service setting and removing or replacing employees or independent contractors. Provide victim support as appropriate.

At no time should the individual be coerced, intimidated, 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.

SERIOUS INCIDENT INVESTIGATION PROCESS

After an act of alleged mistreatment is reported, a thorough investigation may be conducted by a trained/certified investigator of serious incidents who has no direct involvement with the program area under investigation. (When facts are known and clear follow up is indicated, employees of Pikes Peak Respite Services may be assigned to address personnel issues or to convene the team to ensure safeguards are implemented.) This investigation needs to not only determine what happened, but also what may have contributed to the incident. A priority of the investigator will be to determine if the involved individual or others are at ongoing risk and to secure protection or victim support if indicated.

The serious incidents 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 will be reinstated.

Investigations will be conducted in a timely, objective, thorough and 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, family members, etc.);
- Others pertinent to the incident.

Investigators should be careful not to form opinions regarding whether mistreatment occurred until the conclusion of their review. Preliminary investigation results will be shared with Pikes Peak Respite Services and the CCB. 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. The standard of proof shall be by preponderance of the evidence. Evidence considered should include, but not be limited to statements of the alleged perpetrator, testimony of witnesses, physical evidence correlating to the

allegation, circumstantial evidence and other information gathered in the course of the investigation. Appropriate legal recourse and disciplinary actions shall be taken in cases where an allegation is sustained. If the alleged perpetrator is an employee of with Pikes Peak Respite Services this may include termination. When abuse is founded, the results of the investigation will be recorded in the employee's personnel record with the employee's knowledge. The investigator shall ensure that the following entities are notified as indicated:

Parent/Guardian Notification

The parent of a minor, guardian or authorized representative will be notified as soon as possible but at least within 24 hours of a report of mistreatment. In most situations, parents or family members of adults who are not adjudicated will also be contacted. Exceptions should only be made when family has not been involved or the person specifically requests that the family not be contacted.

Notification to Criminal or Civil Authorities

Contact the CCB to determine what, if any, further contact with Criminal or Civil authorities (beyond the initial report) is appropriate for the incident. Entities that may become involved are:

- Police

- Child Protection, County Department of Human Services;

- Adult Protection, County Department of Human Services;

- Notification of Human Rights Committee.

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

INVESTIGATIVE REPORT/RECORD/FOLLOW UP

Pikes Peak Respite Services and the CCB 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.

Human Rights Committee The CCB case management representative is responsible for ensuring that the HRC reviews appropriate reports involving critical incidents (including Mistreatment, Abuse, Neglect and Exploitation) as well as the use of Emergency or Safety Control Procedures.

I. Time sheets/Visit Notes:

Please go to staff portal and download and print your timesheet for each week. This timesheet is to be taken with you to each shift and initialed by the responsible party at the end of your shift- **no exceptions**- this is your proof that you were there and completed the shift. Indicate your arrival and departure times including a.m. and p.m. No military time. This is your timesheet to KEEP for proof of service. Time sheets can be submitted via email or text to Beverly at cmbev@hotmail.com or 719-659-6344. Enter your shifts for the week- time sheets are due **every** Wednesday. Checks are direct deposited on the 1st and 15th. Visit notes must be completed for EVERY shift worked at the end of the shift. All visit notes must be turned in prior to turning in your timesheet. Visit notes are found on the website in the staff portal.

Effective January 1, 2018, all staff is required to fill out visit notes for EVERY shift worked. It is a new requirement from the State of Colorado that visit notes MUST be submitted prior to billing and paying worked hours for providers. As a PPRS provider you MUST turn in visit notes along with time sheets every Wednesday to be paid on time for the hours you have worked. PPRS is required to be in compliance with this for licensing. **Please do not turn in a timesheet without simultaneously completing visit notes or you will not be paid on time for those hours worked.**

Staff members are sub-contractors. You will be provided with a 1099 prior to Jan 31st of following year for contractors that qualify. It is recommended that you talk with a tax professional to help you with your taxes and write-offs immediately.

J. What is Respite Care?:

Respite care is individualized care for individuals who require intense daily medical care or supervision because of a disability. It is time off for their primary care giver to attend meetings, appointments, spend time with family or friends, run errands or just take a nap. PPRS provides respite care for individuals with special needs as well as their typical siblings.

K. WELCOME TO HOLLAND

By Emily Perl Kingsley

I am often asked to describe the experience of raising a child with a disability – to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this...

When you're going to have a baby, it's like planning a fabulous vacation trip – to Italy. You buy a bunch of guide books and make your wonderful plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland."

"Holland?!?" you say. "What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around... and you begin to notice that Holland has windmills...and Holland has tulips. Holland even has Rembrandt's.

But everyone you know is busy coming and going from Italy...and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say "Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever, ever go away...because the loss of that dream is a very, very significant loss.

But...if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things...about Holland.

<http://www.our-kids.org/Archives/Holland.html>

L. Your Role as a Professional Caregiver :

A caregiver is committed to meeting the respite needs of a family, by providing a consistent, safe, secure & fun environment.

A caregiver provides a service that gives parents the opportunity to renew their energy and commitment for the challenges of parenting their child with special needs and typical siblings.

A caregiver sets boundaries with whom they work and with the family while adhering to PPRS policies and procedures.

A caregiver duplicates, as much as possible, the family routines, rules, etc., according to the parents instructions and provides continuity of care while following through with PPRS rules and regulations.

A caregiver knows to have both fun and boundaries set by his/her parents while providing care. Remember parents are the experts.

A caregiver needs to avoid triangulation and splitting, including splitting both within the family and between the family and professionals.

A caregiver respects confidentiality and privacy according to HIPPA laws.

A caregiver fills out PPRS paperwork daily including: Shift Checklist, Diaper Changing Log, Communication Log, Potty Schedules and Respite Room Cleaning documents. These documents prove PPRS's continuity of care and act as legal documents in a court of law.

A caregiver is to leave an environment better than it was found, if you see something that needs to be done please help.

A caregiver will act as a professional while at PPRS adhering to the rules and regulations set forth by PPRS policies and procedures while respecting everyone at all times.

It is the caregiver's responsibility to know the services allowed in the service plan. Please confirm any service plan changes with management, prior to working amended hours. Gastrostomy services are not allowed until prior client specific training and written authorization from PPRS.

M. Person First Language :

This description was taken from disabilityisnatural.com's description of Person First Language.

Disability is not the "problem."

We need to rid our vocabulary of the word "problem" when talking about people's needs! A person with glasses doesn't say, "I have a problem seeing." She says, "I wear (or need) glasses." Recognize that what we call a "problem" is actually a need.

The real problems are attitudinal and environmental barriers.

If educators—and our society at large—perceived children with disabilities as individuals who have the potential to learn, who have the need for the same education as their brothers and sister, and who have a future in the adult world of work, we wouldn't have to fight for inclusive education.

Some general rules that work in most situations:

Use possessive language to refer to disabilities. Use the word has instead of the word is. Jenny has autism, rather than Jenny is autistic. Phrasing the sentence using "has" makes autism just one thing - among many -that Jenny has. Jenny also has brown eyes and curly hair. She also has a Powerpuff girls backpack. Oh - and, she has autism.

Use possessive language to refer to assistive technology. Use the word has or uses rather than is confined to. Matt uses a wheelchair to get around, rather than Matt is confined to a wheelchair.

Special education is a service, or set of services' it is not a place. Sally receives special education supports and services. She may do so in a classroom that serves students with disabilities, but she is not "in" special education.

Appropriate ways to ask for needed information on clients? Examples:

The "R Word" is Strictly Prohibited!! It is our goal to set the standard with person-first language. Remember in this position you are a natural candidate to share with others and advocate for the unique individuals we serve.

N. Confidentiality:

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.

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

Employees and contractual providers 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.

Employee and contractual provider access to records will be limited to those who have received training regarding confidentiality and privacy. Employees and contractual providers 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 employees of the Department of Health Care Policy and Finance;
- Pikes Peak Respite Services' employees or contractual providers whose duties require access;
- Employees 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.

O. Grievance Process

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 Individual Plan meeting or other meeting. The person making the grievance may do so in writing or verbally to a representative of Pikes Peak Respite Services. Making a complaint or grievance 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 grievance or has participated in the grievance process. Every effort will be made to resolve the concern at the earliest stage and in a fair manner.

Pikes Peak Respite Services will provide this grievance process to the person receiving services and/or the individual's guardian or authorized representative in a manner understandable to all at the time that service begins, when there is a change to the procedure, or upon request.

Complaints and grievances may be about services, supports, employees or other areas that are not covered by the Dispute Resolution Procedure.

- When someone wishes to make a grievance or complaint, they may do so in writing or verbally to a Pikes Peak Respite Services employee. If a verbal complaint is made to Pikes Peak Respite Services, the complaint will be put in writing by a Pikes Peak Respite Services employee for follow-up.
- If you need assistance to file a complaint with Pikes Peak Respite Services, you may contact the following organizations for help:
 - o The Legal Center for People with Disabilities and Older People (303) 722-0300
 - o TRE – The Resource Exchange (Community Centered Board) (719) 380-1100
- Pikes Peak Respite Services will ensure that a log is kept which tracks the complaint and its resolution.
- The Pikes Peak Respite Services representative will try to resolve the complaint to the satisfaction of all parties as soon as possible. If an immediate resolution is not possible, Pikes Peak Respite Services will offer an opportunity for all parties to come together to try to find a mutually acceptable solution. All parties will be informed about a meeting time and place at least 10 days before the meeting unless everyone involved wants to meet sooner.
- 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.

Complainants that feel their complaints cannot be resolved with Pikes Peak Respite Services can submit them to the Health Facilities and Emergency Medical Services Division (HFEMSD) Home and Community Services complaint line, in person, mail or email. The division encourages complainants to try to resolve concerns first through the internal grievance process because very often this is the quickest way to address the problem. If concerns cannot be addressed satisfactorily through these more informal processes or the complainant chooses not to utilize Pikes Peak Respite Services' processes, the complainant may 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: # 303.692.2910/ # 800.842.8826 Email: healthfacilities@state.co.us

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 acting on the information in these reports is essential. Pikes Peak Respite Services will complete Incident Reports for all individuals receiving services. Incident Reports will be kept in the individual's record and will be available to the CCB and the Department of Health Care Policy and Finance and the Colorado Department of Public Health and Environment upon request.

P. Scheduling

Providers are responsible for scheduling directly with care receivers or their families. Upon receiving and accepting a referral, contact the family within a few hours. Many of our families are anxious to begin care and once we let them know

that you will be contacting them, they expect to hear from you within a short period of time.

Please be clear on how many hour are allowed each month- if ever in question please contact Beverly.

Personal Care Service Guidelines (hands-on care)

Pikes Peak Respite Services Professional Respite Care Providers and/or Personal Care Workers (PCW) may perform specific types of services based on Individualized Plans. PPRS will provide trainings specific to the needs with whom the staff have the responsibility of caring for, prior to having unsupervised contact with clients as per 6 CCR 1011-1 ch 26

Remember: Service plans are living documents. If there are ideas or notes that should be passed along to other PCWs on the team please write them on the service plan and let PPRS admin team know so that information is not lost.

- a. **Skin Care:** PCW may assist with preventative skin care which includes the application of non-medicated lotions and solutions, or of lotions and solutions not requiring a physician's prescription. All PPRS staff are trained in First Aid and PCW are not allowed to do wound care other than basic first aid, dressing changes, application of prescription medications. Always notify Pikes Peak Respite Services admin team if there is a need for any First Aid and complete an incident report.
- b. **Ambulation assistance:** PCW's are able to assist those with walking that are able to bare weight. Instructions on how to best assist are found in the binder with the service plan.
- c. **Bathing:** PCW may assist with bathing after successful completion of the PPRS Training on Bathing and individualized training for specific needs.
- d. **Dressing:** PCW may assist with dressing after successful completion of PPRS Training on assisting with dressing. This may include assistance with ordinary clothing, diapers, socks, shoes, etc and application of support stockings of the type that can be purchased without a physician's prescription. A personal care worker shall not assist with application of an ace bandage and anti-embolic or pressure stockings that can be purchased only with a physician's prescription.
- e. **Exercise:** PCW may assist with exercise, including: going on a walk, playing adapted sports, playing at the playground. However, this does not include assistance with a plan of exercise prescribed by a licensed health care professional. A PCW may provide reminders for perform-

ing physician ordered exercise program. 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 pain and encouragement with a prescribed exercise program. A PCW shall not perform passive range of motion.

- f. **Eating & Gastronomy:** PCW can assist with helping someone to eat when they can independently chew and swallow without difficulty and sit upright. PCW's that have successfully completed the PPRS Gastrostomy Training for each individual will be allowed to g-tube feed those approved. Remember: authorization for one individual does not transfer to another individual; having training for "Joe" doesn't transfer to training for "Sally".
- g. **Hair care:** PCW may assist with the maintenance and appearance of hair care, including: shampooing with non-medicated shampoo or shampoo that does not require a physician's prescription, drying, combing and styling of hair. PCW's are only allowed to use one brush/comb per individual and never share supplies between people.
- h. **Mouth care:** PCW may assist and perform mouth care. This may require hand-over-hand assistance or just verbally providing guidance as to what to do next. Mouth care for those who are unconscious, have difficulty swallowing or are at risk for choking and aspiration should be performed only after specific training.
- i. **Nail care:** PCW may assist with nail care, including: soaking of nails, pushing back cuticles without utensils, and filing of nails. PCW will not cut nails. If someone we are supporting, needs their nails cut or trimmed, the PCWs will inform admin staff.
- j. **Positioning:** PCW may assist with positioning when the person being supported is able to identify to the personal care staff, verbally, non-verbally or through others, when the positions needs to be changed and only when skilled skin care, as previously described, is not required in conjunction with the positions. Positioning may include simple alignment in a bed, wheelchair, or other furniture.
- k. **Shaving:** PCW may assist with shaving only with an electric or a safety razor as needed per the Individualized Plan.
- l. **Toileting:** PCW may assist individuals to and from the bathroom, provide assistance with bedpans, urinals and commodes: peri-care, or changing of clothing and pads of any kind used for the care of incontinence. PCWs are also allowed to empty urinary collection devices, and ostomy bags. PPRS supports individuals that require a Potty Schedule

based on their individual care plan. Each individuals supported will have a checklist that the PCW will fill out each time assistance is provided per PPRS training program.

- m. **Transfers and exercise:** PCW may assist with transfers upon successful completion of PPRS Training on Safe Transfers. When the individual has sufficient balance and strength to reliably stand and pivot and assist with the transfers to some extent is when PCW are best able to assist, however, some individuals will require full transfer as per their Individualized Plan.

- n. **Medication Assistance:** PCWs will need to successfully complete a State approved QMAP course in order to provide or assist with medications that have been pre-selected and provided by the individual, a family member, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles or medication reminder box.

- o. **Respiratory care:** not to be done by PCWs

- p. **Accompaniment:** PCWs may accompany 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. Support may be provided by the PCW when all the care that is performed by the personal care staff in relation to the trip is unskilled personal care, as described in these regulations.

- q. **Protective oversight:** PCW may provide protective oversight including stand-by assistance with any personal care task described in these regulations. When individuals require protective oversight to prevent wandering, the personal care worker shall have been trained in appropriate interventions and redirection techniques through PPRS Training Series on Crisis Prevention Intervention and PPRS Training on Challenging Behaviors.

- r. **Respite care and companionship:** PCW may provide respite and companionship in the individual's home according to the service plan as long as the necessary provision of services during this time does not include skilled personal care services as described by this regulation.

- s. **Housekeeping services:** PCW may provide housekeeping services, such as dusting, vacuuming, mopping, cleaning bathroom and kitchen areas, meal preparation, dishwashing, linen changes, laundry and shopping in accordance with the service contract. Where meal preparation is provided, the personal care worker should receive instructions regarding any special diets required to be prepared.

Q. PPRS Work Environment:

Attitude

Be Positive!!

Those you care for will feed off of your energy and your positive attitude.

Attitude is everything!

Team Player

Work together family style...see something that needs to be done..help

Our goal is to provide consistency of care in our home-like environment.

Communication

Communication is key to a successful work environment.

Beverly is available via text, phone, email, facebook... Please remember what constitutes an emergency and needs immediate text sent to Beverly, otherwise, please contact management during normal business hours Monday through Friday 8am-6pm.

If you have concerns discuss it with Management immediately.

You must respond immediately to all scheduling texts from management.

Keep communication factual- gossiping is not tolerated.

Co-ed Work Atmosphere

Female & Male staff responsibilities at Pikes Peak Respite Services may be different from other companies but it based on client needs, parents desires and PPRS policies.

If you have questions or concerns, please contact Beverly Seemann.

Dress Code:

Closed toed shoes are required on every shift.

No mid-drift exposure and no exposed undergarments. Sweat pants and pajamas are prohibited.

Scrubs are also permissible on shift at PPRS and on shifts in the community.

R. Redirecting Behaviors:

Redirection:

Redirecting behavior helps staff limit the use of the word “no” by replacing an undesired behavior with one that is acceptable.

Give them a choice of two positive or acceptable things to do

Give them the opportunity to make the right choice themselves

Praise the client for making a good choice.

Try-Again:

Offer the opportunity to make a good choice.

If they makes the wrong choice, encourage them to “try again”.

Re-focus:

Re-focus is to be used when redirecting and try-again are not successful.

The individual is separated from the other and given a few moments to think about their behaviors and are encouraged to make better choices.

Our Goal:

Many of those we care for have behavior goals. There is a difference in disciplining the behavior and disciplining the disability. We take the approach of guiding desired behaviors and set up for success. Behaviors can often be deterred by keeping those engaged in activities. It is our responsibility to try and turn the behavior around and avoid behaviors rather than allowing them to happen and then enforcing discipline. “Catch” them having good behaviors and remember to reward and praise them for good choices. Our goal is to have a positive environment for

Basic Self Defense:

If someone becomes escalated safety is first. Remove escalated individual from the area of others or remove all others from room of escalated client.

A. How to position yourself with someone who has escalated:

- 1) Remember the vulnerable parts of your body—all on your front-side, and stand sideways to a client that is escalating and may become aggressive.
- 2) If you have long hair and it isn't up already- tuck it into the neck of your shirt.
- 3) Be aware of body mechanics- most joints only move two ways.
- 4) Ask self: Where is your body positioned?

B. Crisis with Scenarios:

IF staff is being kicked:

IF staff is being hit :

IF staff is being bit or hair pulled.

IF anyone pulls or grabs your arm:

With Seizures and muscle spasms—how to protect self:

When someone is escalated and they may become aggressive, it is important to:

Remain calm - talk calmly and remember to breathe calmly.

Use short simple cues— “put hands down” etc.

Don't turn your back - an individual who has escalated must be in eye sight at all times! You won't see projectiles if your back is turned.

Call in reinforcements if needed - it is never okay to lose composure- if you need a break..take it!

S. Taking Care of the Caregiver:

Taking Care of Yourself and Learning to Say No

What do you do for fun?

You need to set time aside for yourself.

If stressed, talk with management.

It is okay to say no to scheduling, only sign up for the times that work for you.

You are creating your own schedule, once you say yes to a shift it is considered yours, you have the option of contacting other providers and try to switch shifts. All switching must be approved through management.

No Show Policy

If you are on the schedule and don't show up...immediate termination.