



A Glimmer of Hope llc
Seeing Life Through The Lenses of Others

PASA

Policies and Procedure Manual

A Glimmer of Hope PASA

Policies and Procedures Manual

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Mission Statement:

"At A Glimmer of Hope, LLC., our mission is to provide exceptional care and support to individuals with developmental disabilities, empowering them to lead fulfilling lives and reach their highest potential. We strive to create a nurturing and inclusive environment where each person is valued, respected, and celebrated for their unique abilities.

We are committed to offering comprehensive, person-centered services that address the diverse needs of individuals with developmental disabilities. Through a holistic approach, we aim to enhance their quality of life, promote their independence, and foster meaningful connections within their communities.

Our dedicated team of compassionate professionals is driven by a deep sense of empathy and a genuine desire to make a positive difference in the lives of those we serve. We embrace a collaborative and family-centered approach, working closely with individuals, their families, and other stakeholders to develop personalized care plans that promote growth, well-being, and self-advocacy.

A Glimmer of Hope, LLC., is dedicated to continuous improvement and innovation in the field of developmental disabilities. We actively seek out new research, evidence-based practices, and emerging technologies to enhance our services and ensure the best possible outcomes for those in our care.

Ultimately, our goal is to be a beacon of hope, providing a safe and nurturing haven where individuals with developmental disabilities can flourish, achieve their dreams, and experience a life filled with dignity, joy, and purpose."

Policy Title: Member Rights (8.7001.B.2 and 8.7001.C.1)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To affirm and protect the fundamental rights of individuals receiving Home and Community-Based Services (HCBS) from A Glimmer of Hope. This policy ensures that all Members are treated with dignity, respect, and as active participants in their services and daily lives.

II. Policy Statement

A Glimmer of Hope is committed to upholding, respecting, and promoting the rights of Members receiving HCBS services. All Members must be afforded the basic individual rights guaranteed under federal and Colorado law, integrated into all aspects of service delivery.

III. Scope

This policy applies to all Members receiving HCBS services, including services delivered in residential, non-residential, community, and in-home settings, and to all associated staff and contractors.

IV. Definitions

HCBS Setting: Any physical location where covered HCBS are provided, including provider-owned or provider-controlled settings and other residential or non-residential settings.

Rights Modification: A documented change to an individual's rights based on assessed needs and in accordance with the regulatory Rights Modification process.

V. Member Rights

Members receiving HCBS services through A Glimmer of Hope have the following rights:

A. Basic Individual Rights

1. **Community Integration:** Access full participation in the greater community, including employment, education, social, and civic activities, consistent with the Member's Person-Centered Support Plan.
2. **Freedom of Movement and Association:** Communicate privately and interact with persons of their choosing.
3. **Control of Personal Resources:** Manage personal finances and resources unless legally restricted.
4. **Person-Centered Planning:** Lead development of, and consent to, their service and support plans.
5. **Freedom of Choice:** Accept or decline services and supports voluntarily and choose service providers.
6. **Freedom from Abuse:** Be free from physical, sexual, and emotional abuse, exploitation, and inhumane treatment.
7. **Access to Healthcare:** Receive medically necessary and appropriate healthcare services.
8. **Religious Freedom:** Practice religion or spiritual activities of their choice.
9. **Clean, Safe Environment:** Live and receive services in settings that are safe, clean, and respectful.

B. Additional Member Rights

1. **Equal Legal Rights:** Members retain all legal rights guaranteed under applicable law, unless specifically modified by law.
2. **Non-Discrimination:** Members shall be treated without discrimination on the basis of race, age, gender identity, religion, disability, or other protected characteristics.
3. **Program Choice:** Members have the right to choose among all eligible Long-Term Services and Supports programs and services.
4. **Advance Notice of Service Changes:** Members shall be informed in advance if services are to be reduced or stopped.
5. **Conflict of Interest Protection:** Members shall be provided services that are free from actual or perceived conflict of interest with Case Management or service planning.

VI. Rights Preservation

A Glimmer of Hope staff and contractors must:

- Integrate these rights into all training, documentation, and service delivery.
- Ensure that Members understand their rights in plain language and are supported to exercise them.
- Coordinate with Case Managers to support Member rights through the Person-Centered Support Plan.

VII. Rights Modification Process

Any proposed modification to a Member's rights must:

1. Be individually assessed and justified in the Member's Person-Centered Support Plan.
2. Follow the regulatory Rights Modification process, including identifying the reason for modification, actions taken prior, and strategies to reduce or eliminate the need for modification.
3. Ensure Informed Consent is obtained unless overridden by applicable law.
4. Be reviewed by the Human Rights Committee when applicable.

VIII. Complaint and Grievance

Members who believe their rights have been violated may:

- File a complaint with A Glimmer of Hope's internal grievance process.
- Escalate complaints to their Case Manager and, if unresolved, to the appropriate state grievance process.

IX. Documentation and Training

A Glimmer of Hope shall:

- Provide documented acknowledgment of rights to all Members upon intake and annually.
- Train all staff and contractors on Member Rights, non-discrimination, and the Rights Modification procedure.

X. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Rights Modifications (8.7001B.4)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To establish a process for requesting, reviewing, implementing, and monitoring modifications to Member rights when necessary to ensure the health, safety, and well-being of Members receiving Home and Community-Based Services (HCBS) while remaining compliant with Colorado HCBS regulations.

II. Policy Statement

A Glimmer of Hope recognizes that Members have fundamental rights that must be respected at all times. Modifications to these rights may only occur when there is a clear, documented need to ensure safety or meet specific health or behavioral requirements. All rights modifications must be the **least restrictive possible** and applied in a manner consistent with person-centered practices.

III. Scope

This policy applies to all Members receiving HCBS services and all staff, contractors, or volunteers responsible for implementing, monitoring, or reviewing services.

IV. Definitions

- **Rights Modification:** A temporary or ongoing adjustment to a Member's rights to address documented risks or health/safety concerns, implemented only when less restrictive options have been considered and documented.
- **Person-Centered Support Plan:** The plan developed in collaboration with the Member, outlining goals, services, and supports, and used as the primary reference for evaluating the need for a rights modification.

- **Human Rights Committee (HRC):** The body responsible for reviewing and approving rights modifications when required.
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V. Rights Modification Criteria (per 8.7001.B.4)

A rights modification may be considered only if all of the following conditions are met:

1. **Health and Safety Risk:** The Member or others would be at significant risk of harm without the modification.
 2. **Least Restrictive Intervention:** All less restrictive alternatives have been explored and documented.
 3. **Time-Limited:** Modifications must be limited in scope and duration and regularly reviewed for necessity.
 4. **Informed Consent:** The Member (and/or legal representative) is informed of the modification, its purpose, and expected outcomes.
 5. **Documentation:** All aspects of the modification, including rationale, duration, and monitoring, are recorded in the Member's record.
-

VI. Rights Modification Process

1. **Assessment:** Identify the specific rights that may need modification and evaluate risks, alternatives, and the Member's preferences.
 2. **Plan Development:** Develop a plan that clearly describes:
 - The specific right being modified
 - The reason for the modification
 - The least restrictive alternatives considered
 - The duration and conditions for review
 3. **Approval:**
 - For routine or minor modifications, the Case Manager may approve after ensuring criteria are met.
 - For significant or ongoing modifications, review and approval must be obtained from the Human Rights Committee.
 4. **Implementation:** Staff implement the modification according to the plan while respecting the Member's dignity and autonomy to the greatest extent possible.
 5. **Monitoring and Review:**
 - Rights modifications must be monitored regularly.
 - Review must occur at least monthly or more frequently if indicated.
 - Modifications must be discontinued as soon as they are no longer necessary.
-

VII. Documentation

All rights modifications must be documented in the Member's record and include:

- Description of the right modified
 - Rationale for the modification
 - Date of initiation and expected duration
 - Alternatives considered
 - Signatures of approving staff and Human Rights Committee (if applicable)
 - Review dates and outcomes
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VIII. Member Involvement

Members must be:

- Fully informed of proposed modifications in language they understand
 - Involved in the decision-making process whenever possible
 - Provided a clear explanation of how the modification supports their safety or well-being
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IX. Staff Responsibilities

- Follow the approved rights modification plan precisely
 - Report any concerns or incidents related to the modification immediately
 - Participate in training on rights, risk management, and least-restrictive practices
-

X. Complaint and Grievance

Members have the right to challenge or appeal any rights modification through:

- A Glimmer of Hope's internal grievance process
 - External review by their Case Manager or the state HCBS oversight body
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XI. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Protection of Individual Rights (8.7408.A.5)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To ensure that all Members receiving Home and Community-Based Services (HCBS) through A Glimmer of Hope have their individual rights fully respected, protected, and promoted. This policy outlines the responsibilities of personnel to uphold dignity, autonomy, and choice in all service interactions.

II. Policy Statement

A Glimmer of Hope is committed to protecting the civil, personal, and human rights of Members. Personnel must act in ways that respect Members' autonomy, privacy, and decision-making abilities while ensuring safety and compliance with Colorado HCBS regulations.

III. Scope

This policy applies to:

- All Members receiving residential, non-residential, or community-based HCBS services
 - All staff, contractors, and volunteers involved in providing services
-

IV. Definitions

- **Individual Rights:** Legal, civil, and personal rights of Members, including but not limited to privacy, dignity, informed consent, and freedom from discrimination, abuse, neglect, or exploitation.
- **Autonomy:** Respecting a Member's ability to make choices regarding their daily life, services, and personal goals.

- **Informed Consent:** Ensuring that Members receive clear, accurate information about services or interventions and voluntarily agree to them.
-

V. Procedures

1. **Respect and Dignity:**
 - Treat all Members with respect, fairness, and sensitivity.
 - Protect personal privacy during care, documentation, and communication.
 2. **Informed Choice and Consent:**
 - Provide Members with clear information about services, risks, benefits, and alternatives.
 - Obtain informed consent for treatments, interventions, and service plans whenever required.
 3. **Confidentiality and Privacy:**
 - Protect Members' personal and health information in accordance with PHI policies and HIPAA regulations.
 4. **Participation and Advocacy:**
 - Encourage Members to participate in planning, decision-making, and goal setting.
 - Support Members in self-advocacy or accessing external advocacy resources if needed.
 5. **Freedom from Harm:**
 - Ensure Members are free from mistreatment, abuse, neglect, exploitation, and coercion.
 - Monitor for any violations of rights and respond immediately according to agency MANE policies.
 6. **Non-Discrimination:**
 - Provide services equitably, without regard to race, ethnicity, gender, sexual orientation, religion, disability, or other protected status.
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VI. Staff Responsibilities

- Respect and protect the rights of all Members in every interaction.
 - Facilitate informed decision-making and support autonomy.
 - Report any suspected violations of Member rights immediately.
 - Participate in ongoing training on Member rights, advocacy, and cultural competence.
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VII. Monitoring and Compliance

- Leadership monitors compliance with individual rights protections through audits, Member feedback, and incident reviews.

- Corrective actions and additional staff training are implemented for violations or gaps.
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VIII. Member Rights Education

- Members are informed of their rights during admission, annually, and upon any changes in services.
 - Information is provided in accessible formats to ensure understanding.
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IX. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Non-Discrimination Policy (8.7408.A.6)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To ensure that all Members, staff, and stakeholders are treated fairly, equitably, and without discrimination in all aspects of Home and Community-Based Services (HCBS). This policy protects civil rights and fosters an inclusive, respectful environment in compliance with Colorado law.

II. Policy Statement

A Glimmer of Hope is committed to providing services and employment opportunities without discrimination based on race, color, national origin, religion, sex, gender identity or expression, sexual orientation, age, disability, or any other protected status under federal or Colorado law. Discriminatory behavior, harassment, or retaliation is strictly prohibited.

III. Scope

This policy applies to:

- All Members receiving residential, non-residential, or community-based HCBS services
 - All employees, contractors, volunteers, and affiliated personnel
 - All activities, including service delivery, employment, training, and community engagement
-

IV. Definitions

- **Discrimination:** Any unequal or unfair treatment based on a protected characteristic.
- **Harassment:** Unwelcome conduct, verbal or physical, that creates an intimidating, hostile, or offensive environment.

- **Protected Status:** Attributes safeguarded under law, including but not limited to race, color, national origin, religion, sex, gender identity, sexual orientation, age, and disability.
 - **Retaliation:** Adverse action against a person for reporting discrimination or participating in investigations.
-

V. Procedures

1. **Service Delivery:**
 - Provide services equitably to all Members without regard to protected characteristics.
 - Ensure Members have equal access to programs, activities, and resources.
 2. **Employment Practices:**
 - Recruit, hire, train, and promote personnel without discrimination.
 - Maintain fair compensation, benefits, and working conditions.
 3. **Complaint Reporting:**
 - Members and staff may report discrimination or harassment without fear of retaliation.
 - Complaints can be submitted to supervisors, human resources, or a designated compliance officer.
 - Investigations are conducted promptly, confidentially, and fairly.
 4. **Corrective Actions:**
 - Substantiated cases of discrimination or harassment result in corrective action, up to and including termination.
 - Training or policy adjustments may be implemented to prevent recurrence.
 5. **Education and Training:**
 - Provide all personnel with annual non-discrimination and cultural competency training.
 - Inform Members of their rights and complaint procedures upon admission and periodically thereafter.
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VI. Staff Responsibilities

- Treat all Members, peers, and stakeholders with respect and fairness.
 - Participate in training on non-discrimination and cultural competency.
 - Immediately report observed or suspected discriminatory actions.
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VII. Monitoring and Compliance

- Leadership monitors compliance through audits, feedback, and incident tracking.

- Policies and practices are updated as necessary to reflect legal requirements and best practices.
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VIII. Member Rights

- Members have the right to services free from discrimination, harassment, or retaliation.
 - Members will be informed of complaint procedures and supported in exercising their rights.
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IX. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Staffing and Employment (8.7408.A.1)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To ensure that A Glimmer of Hope employs and maintains qualified personnel to deliver Home and Community-Based Services (HCBS) safely, effectively, and in compliance with Colorado regulations. This policy supports Member safety, service quality, and workforce stability.

II. Policy Statement

A Glimmer of Hope commits to hiring, training, supervising, and retaining personnel who meet all qualifications, certifications, and regulatory requirements. Staffing levels and skills are maintained to meet Member needs and ensure continuity of care.

III. Scope

This policy applies to:

- Direct care staff, supervisors, and administrators
 - Contractors and independent providers
 - Volunteers providing services in residential, non-residential, or community-based HCBS settings
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IV. Definitions

- **Staffing:** The process of recruiting, hiring, and maintaining personnel to meet service needs.
- **Qualified Personnel:** Staff or contractors who meet licensure, certification, and competency requirements for their roles.
- **Supervision:** Oversight provided by qualified personnel to ensure safe, effective service delivery.

Policy Title: Independent Contractors (8.7408.A.9)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To establish clear standards for the use, oversight, and responsibilities of independent contractors providing Home and Community-Based Services (HCBS) for A Glimmer of Hope. This policy ensures that contractors meet qualifications, maintain compliance, and deliver services safely and effectively while protecting Member rights.

II. Policy Statement

A Glimmer of Hope may engage independent contractors to provide services that complement or supplement agency staff. All independent contractors must meet regulatory requirements, adhere to agency policies, and deliver services that uphold Member health, safety, and rights.

III. Scope

This policy applies to:

- Independent contractors providing HCBS directly to Members
 - Supervisory or support contractors who have indirect contact with Members
 - Agency staff responsible for contracting, supervision, or oversight
-

IV. Definitions

- **Independent Contractor:** A person or entity contracted to provide services to Members without being an agency employee.
- **Qualified Contractor:** An independent contractor who meets all licensure, certification, training, and background requirements as specified by Colorado HCBS regulations.
- **Oversight:** Agency responsibility to monitor contractor performance, compliance, and adherence to policies.

V. Contractor Requirements

1. **Qualifications and Credentials:**
 - Verify that contractors hold all necessary licenses, certifications, and training required for their service scope.
 - Maintain documentation of credentials, background checks, and references.
2. **Contractual Agreement:**
 - Establish a written agreement detailing services, responsibilities, compliance expectations, and adherence to agency policies.
 - Include requirements for reporting incidents, errors, and potential MANE (Mistreatment, Abuse, Neglect, Exploitation) situations.
3. **Orientation and Training:**
 - Provide orientation on agency policies, Member rights, emergency procedures, and reporting requirements.
 - Ensure contractors complete required HCBS, PHI, and MANE trainings before service delivery.
4. **Service Delivery Standards:**
 - Contractors must deliver services consistent with Member care plans, agency policies, and professional standards.
 - Ensure communication with agency staff regarding Member status, changes, or concerns.

VI. Oversight and Monitoring

- Agency staff will monitor contractor performance through periodic reviews, observation, and Member feedback.
- Document contractor compliance with service standards, training, and reporting requirements.
- Corrective action or termination of the contract will occur for non-compliance, safety concerns, or violations of Member rights.

VII. Reporting Requirements

- Contractors must report incidents, MANE concerns, medication errors, or service deviations immediately to agency supervisors.
 - Contractors are subject to the same reporting standards as agency staff under HCBS regulations.
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VIII. Staff Responsibilities

- Ensure independent contractors are properly vetted, trained, and supervised.
 - Maintain documentation of credentials, contracts, and compliance activities.
 - Support contractors in understanding agency policies, Member rights, and emergency procedures.
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IX. Member Rights

- Members receiving services from contractors are entitled to the same protections as those receiving services from agency staff, including safety, dignity, privacy, and grievance procedures.
 - Contractors must respect Member autonomy, confidentiality, and care preferences.
-

X. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

V. Hiring and Employment Requirements

1. Recruitment and Selection:

- Conduct thorough background checks, reference checks, and credential verification for all potential employees and contractors.
- Ensure compliance with state and federal employment laws.

2. Qualifications and Competency:

- Verify licenses, certifications, and required training before staff provide direct services.
- Assign personnel according to their education, skills, and competencies.

3. Orientation and Training:

- Provide orientation on agency policies, Member rights, safety protocols, and role-specific responsibilities.
 - Complete mandatory training on HCBS regulations, MANE prevention, and emergency procedures prior to service delivery.
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VI. Staffing Levels and Assignments

- Maintain adequate staffing to meet Member needs, ensure safety, and provide continuity of care.
 - Monitor schedules to prevent fatigue or understaffing that could compromise service quality.
 - Adjust staffing based on Member acuity, service intensity, and regulatory requirements.
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VII. Supervision and Evaluation

- Supervisors provide regular oversight, guidance, and performance evaluation.
 - Conduct periodic competency assessments and performance reviews for all personnel.
 - Address performance gaps through coaching, retraining, or corrective action.
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VIII. Staff Responsibilities

- Provide services according to Member care plans and agency policies.
 - Maintain required certifications, training, and competencies.
 - Report concerns, hazards, or incidents promptly.
 - Adhere to professional, ethical, and regulatory standards.
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IX. Monitoring and Compliance

- Leadership monitors staffing levels, qualifications, and compliance with employment and HCBS regulations.
 - Staffing and employment practices are reviewed periodically to ensure adequacy and regulatory adherence.
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X. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Personnel Trainings (8.7409.D.1)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To establish standards for initial and ongoing training of all personnel providing Home and Community-Based Services (HCBS). Training ensures that staff possess the knowledge, skills, and competencies necessary to deliver safe, effective, and compliant care while protecting Members' health, rights, and dignity.

II. Policy Statement

A Glimmer of Hope is committed to comprehensive personnel training in accordance with Colorado HCBS regulations. All personnel must complete orientation, role-specific training, and ongoing refresher courses to maintain competency and compliance.

III. Scope

This policy applies to:

- Direct care staff, supervisors, and administrators
 - Contractors, independent providers, and volunteers
 - Personnel providing services in residential, non-residential, and community-based HCBS settings
-

IV. Definitions

- **Personnel Training:** Structured learning activities designed to ensure staff understand their responsibilities, regulatory requirements, and best practices for service delivery.
- **Competency:** Demonstrated ability to apply knowledge and skills to perform assigned duties safely and effectively.

- **Ongoing Training:** Refresher courses, skill updates, or regulatory updates conducted at least annually or as needed.
-

V. Training Requirements

1. **Orientation Training (Initial):**

All new personnel must complete training prior to providing services, including:

- Agency mission, values, and policies
- Member rights and protections
- Health, safety, and infection control procedures
- Reporting requirements (e.g., MANE, PHI breaches, grievances)
- Role-specific tasks, including medication administration, personal care, or therapy supports

2. **Ongoing/Annual Training:**

- Refresher courses to maintain competencies
- Updates on regulatory changes, best practices, and technology use
- Specialized training as required by individual Member needs or service plans

3. **Documentation:**

- All training completion records must be maintained in personnel files, including dates, content, and competencies achieved
 - Records must be available for audits and regulatory review
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VI. Staff Responsibilities

- Attend and actively participate in all required training sessions
 - Demonstrate competency through assessments, skills demonstrations, or observations
 - Apply training knowledge in daily service delivery
 - Report gaps in knowledge or training needs to supervisors
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VII. Supervision and Monitoring

- Supervisors will verify completion of required training before personnel provide direct services
 - Periodic observations and evaluations will assess application of training in practice
 - Training programs will be reviewed and updated regularly to ensure compliance with Colorado HCBS regulations and best practices
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VIII. Compliance and Corrective Action

- Personnel who fail to complete required training may be restricted from providing services until training is completed
 - Repeated non-compliance may result in corrective action, up to termination of employment or contract
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IX. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Medication Administration (8.7408.A.2)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To ensure safe, accurate, and compliant administration of medications for Members receiving Home and Community-Based Services (HCBS). This policy protects Members' health, rights, and well-being in accordance with Colorado regulations.

II. Policy Statement

A Glimmer of Hope requires that all medications are administered safely by trained and qualified personnel. Medication administration follows Member care plans, professional standards, and applicable laws, with a focus on minimizing risk and promoting Member autonomy when appropriate.

III. Scope

This policy applies to:

- All staff, contractors, and volunteers administering medications to Members
 - Residential, non-residential, and community-based HCBS settings
 - All types of medications, including prescription, over-the-counter, and as-needed (PRN) medications
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IV. Definitions

- **Medication Administration:** The process of giving or assisting a Member to take prescribed or authorized medications.
- **Qualified Personnel:** Staff trained, certified, and authorized to administer medications in compliance with state regulations.

- **PRN (as needed) Medications:** Medications taken only as required, according to medical orders and Member needs.
-

V. Procedures for Medication Administration

1. **Training and Competency:**
 - Staff must complete initial and ongoing training in safe medication administration, documentation, and error prevention.
 - Personnel must demonstrate competency before administering medications independently.
 2. **Medication Orders and Verification:**
 - Only administer medications with a valid, current order from a licensed prescriber.
 - Verify the correct Member, medication, dose, route, and time before administration.
 3. **Documentation:**
 - Record all medications administered, missed, refused, or discontinued in the Member's health record.
 - Include date, time, dose, route, and signature of the administering staff.
 4. **Storage and Security:**
 - Store medications according to manufacturer instructions and regulatory requirements.
 - Maintain secure access to medications to prevent unauthorized use or diversion.
 5. **Monitoring and Reporting:**
 - Observe Members for therapeutic effects and adverse reactions.
 - Report medication errors, adverse reactions, or incidents immediately to a supervisor and document according to agency policy.
 6. **Member Rights:**
 - Respect Members' right to self-administer medications when assessed as safe and appropriate.
 - Provide support and education to Members regarding their medications.
-

VI. Staff Responsibilities

- Administer medications according to policy, care plans, and medical orders.
 - Maintain current training, certification, and competency in medication administration.
 - Report all errors, incidents, or concerns promptly.
 - Ensure confidentiality and privacy in medication-related activities.
-

VII. Monitoring and Compliance

- Supervisors periodically review medication administration records and observe staff practices for compliance and quality assurance.
 - Corrective actions, retraining, or additional supervision are implemented as needed for non-compliance or errors.
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VIII. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Protected Health Information (PHI) - (8.7408.A.3)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To ensure that all Protected Health Information (PHI) of Members receiving Home and Community-Based Services (HCBS) is collected, stored, transmitted, and disclosed in a secure, confidential, and compliant manner. This policy protects Members' privacy and ensures compliance with Colorado regulations and federal HIPAA requirements.

II. Policy Statement

A Glimmer of Hope is committed to maintaining the confidentiality and security of all PHI. Staff, contractors, and volunteers are responsible for safeguarding PHI and may only access or share it as necessary for authorized purposes related to Member care, legal requirements, or regulatory compliance.

III. Scope

This policy applies to:

- All forms of PHI including electronic, paper, and verbal communications
 - Residential, non-residential, and community-based HCBS settings
 - All personnel and contractors who handle PHI in the course of their duties
-

IV. Definitions

- **Protected Health Information (PHI):** Any information that identifies a Member and relates to their health, medical history, treatment, or payment for care.
- **Confidentiality:** Ensuring PHI is accessed only by authorized personnel for legitimate purposes.

- **Breach:** Unauthorized access, use, or disclosure of PHI that compromises its confidentiality.
-

V. Procedures

1. **Access Control:**
 - Limit access to PHI to personnel who require it to perform their job duties.
 - Use secure passwords, encryption, and locked storage for electronic and paper records.
 2. **Use and Disclosure:**
 - PHI may only be used or disclosed for authorized purposes, including treatment, payment, and healthcare operations.
 - Any other disclosure requires Member authorization or legal mandate.
 3. **Transmission of PHI:**
 - Use secure methods for transmitting PHI, including encrypted email, secure portals, or approved telecommunication systems.
 - Avoid transmitting PHI through unsecured channels whenever possible.
 4. **Retention and Disposal:**
 - Maintain PHI in accordance with legal and regulatory retention requirements.
 - Dispose of PHI securely, including shredding paper records and permanently deleting electronic records.
 5. **Reporting Breaches:**
 - Immediately report any suspected or confirmed breach of PHI to a supervisor or Privacy Officer.
 - Follow agency procedures for investigation, mitigation, and notification as required by law.
 6. **Training:**
 - All personnel must complete PHI and HIPAA compliance training at hire and annually thereafter.
 - Refresher training and updates will be provided when regulations or internal procedures change.
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VI. Staff Responsibilities

- Access, use, and disclose PHI only for authorized purposes.
 - Maintain security and confidentiality at all times.
 - Immediately report any breach, suspected breach, or unauthorized access.
 - Participate in ongoing training and competency assessments related to PHI protection.
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VII. Monitoring and Compliance

- Supervisors and leadership will regularly audit PHI access and use.
 - Corrective actions, retraining, or disciplinary measures will be applied for violations of this policy.
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VIII. Member Rights

- Members have the right to access their PHI, request amendments, and receive an accounting of disclosures.
 - Members will be informed of their privacy rights upon admission and as updates occur.
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IX. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Mistreatment, Abuse, Neglect, and Exploitation (MANE) - (8.7408.A.4)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To prevent, identify, report, and respond to all forms of mistreatment, abuse, neglect, and exploitation (MANE) within Home and Community-Based Services (HCBS). This policy ensures Members' safety, dignity, and rights while maintaining compliance with Colorado HCBS regulations.

II. Policy Statement

A Glimmer of Hope has zero tolerance for MANE. All personnel are required to protect Members from harm, report suspected incidents immediately, and participate in investigations and corrective actions. Members must be able to safely raise concerns without fear of retaliation.

III. Scope

This policy applies to all:

- Residential, non-residential, and community-based HCBS settings
 - Staff, contractors, volunteers, and independent providers
 - Interactions between Members, personnel, and others in service environments
-

IV. Definitions

- **Mistreatment:** Any action or inaction that negatively affects the physical, emotional, or social well-being of a Member.
- **Abuse:** Intentional harm or threat of harm to a Member, including physical, emotional, sexual, or verbal abuse.

- **Neglect:** Failure to provide necessary care, services, or supervision that results in or could result in harm to a Member.
 - **Exploitation:** Unauthorized or improper use of a Member's resources, finances, or property for personal gain.
 - **Retaliation:** Any adverse action taken against a person for reporting suspected MANE in good faith.
-

V. Prevention

- Conduct thorough background checks on all staff, contractors, and volunteers.
 - Provide initial and ongoing MANE awareness and prevention training.
 - Promote a culture of respect, safety, and Member empowerment.
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VI. Reporting Requirements

1. **Immediate Reporting:**
 - Any staff member or contractor who suspects MANE must notify a supervisor, designated MANE coordinator, or leadership immediately.
 2. **External Reporting:**
 - If required, reports must also be made to Colorado Adult Protective Services, law enforcement, or licensing agencies in accordance with regulations.
 3. **Member Assistance:**
 - Members may report suspected MANE safely, with staff support if needed, without fear of retaliation.
-

VII. Investigation Procedures

- Supervisors or designated personnel will investigate all reported incidents promptly.
 - Investigations include interviewing relevant parties, reviewing documentation, and assessing risks.
 - Confidentiality is maintained to protect all involved.
-

VIII. Corrective Actions

- Implement immediate measures to protect Members during investigations.
- Apply appropriate corrective actions for substantiated incidents, including retraining, disciplinary action, suspension, or termination.
- Document all findings, actions, and follow-up measures.

IX. Staff Responsibilities

- Complete mandatory MANE prevention and reporting training.
 - Recognize and report all suspected incidents promptly.
 - Cooperate with investigations and corrective measures.
 - Maintain confidentiality and refrain from retaliatory actions.
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X. Monitoring and Review

- Leadership reviews MANE reports and trends to identify areas for improvement.
 - Policies, procedures, and trainings are updated regularly to ensure compliance with Colorado HCBS regulations and best practices.
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XI. Member Rights

- Members have the right to a safe, respectful, and abuse-free environment.
 - Members will be informed of reporting options and supported throughout the process.
 - Members will not face retaliation for reporting suspected MANE in good faith.
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XII. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Incident Reporting (8.7411)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To establish a standardized procedure for reporting, documenting, investigating, and resolving incidents that affect the health, safety, or rights of Members receiving Home and Community-Based Services (HCBS). Timely incident reporting ensures regulatory compliance, continuous quality improvement, and Member protection.

II. Policy Statement

A Glimmer of Hope requires all personnel to report incidents promptly and accurately. The organization will investigate incidents thoroughly, take corrective actions as necessary, and use information to prevent recurrence while maintaining compliance with Colorado HCBS regulations.

III. Scope

This policy applies to all incidents occurring in residential, non-residential, and community-based HCBS settings, including but not limited to:

- Accidents or injuries to Members
 - Medication errors or adverse reactions
 - Allegations of Mistreatment, Abuse, Neglect, or Exploitation (MANE)
 - Property damage affecting Member safety
 - Any event that compromises health, safety, or rights
-

IV. Definitions

- **Incident:** Any event that negatively affects or could affect the health, safety, or rights of a Member.

- **Reportable Incident:** Incidents that must be documented and communicated to supervisors, leadership, and, when required, regulatory authorities.
 - **Corrective Action:** Steps taken to address the incident, prevent recurrence, and improve safety and quality of care.
-

V. Reporting Procedures

1. **Immediate Action:**
 - Ensure Member safety and provide necessary medical care.
 - Contain or mitigate the incident to prevent further harm.
 2. **Notification:**
 - Staff must notify a supervisor or designated authority immediately.
 - Reportable incidents may also need to be communicated to Members' families, healthcare providers, or regulatory bodies as required.
 3. **Documentation:**
 - Complete an Incident Report form within [insert timeframe, e.g., 24 hours].
 - Include date, time, location, persons involved, description of the incident, and immediate actions taken.
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VI. Investigation

- Supervisors or designated personnel will investigate the incident promptly.
 - Investigation includes interviews, review of documentation, and assessment of contributing factors.
 - Findings and recommendations for corrective actions are documented and shared with leadership.
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VII. Corrective Action and Follow-Up

- Implement measures to prevent recurrence, including staff coaching, process changes, or policy updates.
 - Monitor outcomes of corrective actions to ensure effectiveness.
 - Communicate outcomes to relevant stakeholders while protecting confidentiality.
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VIII. Staff Responsibilities

- Report all incidents immediately, accurately, and objectively.
- Cooperate fully with investigations.

- Participate in corrective action and follow-up activities as directed.
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IX. Monitoring and Compliance

- Leadership will review incident trends, evaluate risk factors, and recommend system improvements.
 - Incident records will be maintained securely and reviewed for regulatory compliance and quality improvement purposes.
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X. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Grievances and Complaints (8.7408.A.8)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To provide Members with a clear, accessible process for expressing grievances or complaints regarding services, staff conduct, or agency policies. This policy ensures that complaints are addressed promptly, fairly, and in compliance with Colorado HCBS regulations.

II. Policy Statement

A Glimmer of Hope is committed to creating a culture in which Members can raise concerns without fear of retaliation. Grievances and complaints are taken seriously, investigated thoroughly, and resolved in a timely manner to protect Member rights, safety, and well-being.

III. Scope

This policy applies to:

- All Members receiving residential, non-residential, or community-based HCBS services
 - All employees, contractors, and volunteers
 - Any grievance or complaint related to service delivery, staff behavior, care planning, or agency practices
-

IV. Definitions

- **Grievance:** A formal or informal expression of dissatisfaction regarding services, staff, or agency policies.
- **Complaint:** A specific issue raised by a Member or stakeholder that requires investigation or corrective action.
- **Retaliation:** Adverse action taken against a Member or staff for raising a grievance or complaint.

V. Procedures

1. **Submission of Grievances or Complaints:**
 - Members may submit grievances verbally, in writing, or electronically.
 - Assistance is provided to Members who require help communicating their concerns.
 2. **Acknowledgment:**
 - Complaints are acknowledged promptly, with an explanation of the process and expected timeline for resolution.
 3. **Investigation:**
 - Complaints are investigated thoroughly and impartially by qualified staff or a designated coordinator.
 - Gather relevant facts, interviews, and documentation to determine the root cause.
 4. **Resolution:**
 - Develop a corrective action plan when appropriate.
 - Inform the Member of the findings, resolution, and any follow-up actions.
 5. **Documentation:**
 - Maintain written records of all grievances, investigations, findings, and resolutions.
 - Use documentation for quality improvement, monitoring trends, and regulatory compliance.
 6. **Appeals:**
 - Members may appeal a resolution if they believe it is unfair, incomplete, or unsatisfactory.
 - Appeals are reviewed by agency leadership or an impartial committee.
 7. **Non-Retaliation:**
 - Members raising complaints or grievances are protected from retaliation.
 - Staff found retaliating against a Member face disciplinary action.
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VI. Staff Responsibilities

- Encourage Members to report concerns and support them through the grievance process.
 - Participate in investigations honestly and impartially.
 - Maintain confidentiality and professionalism throughout the process.
 - Document all actions taken to resolve complaints.
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VII. Monitoring and Compliance

- Leadership reviews grievance and complaint trends regularly to identify systemic issues or areas for improvement.

- Policies, procedures, and staff training are updated as needed to prevent recurring issues.
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VIII. Member Rights

- Members have the right to file grievances or complaints without fear of retaliation.
 - Members are informed of the grievance process during admission and at regular intervals.
 - Members are supported in understanding the process, submitting complaints, and appealing decisions.
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IX. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Dispute Resolution (8.7408.A.7)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To provide a fair, timely, and effective process for resolving disputes or disagreements between Members, staff, or other stakeholders in the provision of Home and Community-Based Services (HCBS). This policy promotes collaboration, protects Member rights, and ensures compliance with Colorado HCBS regulations.

II. Policy Statement

A Glimmer of Hope is committed to resolving disputes in a manner that respects the dignity and rights of Members, encourages communication, and fosters positive outcomes. All personnel must support Members in resolving disagreements without retaliation or bias.

III. Scope

This policy applies to:

- All Members receiving residential, non-residential, or community-based HCBS services
 - All employees, contractors, and volunteers
 - Disputes related to service delivery, staff interactions, care planning, or agency policies
-

IV. Definitions

- **Dispute:** Any disagreement or conflict regarding services, care, rights, or interactions between Members and staff.
- **Mediation:** A facilitated process in which a neutral party helps the disputing parties reach a mutually acceptable resolution.
- **Resolution:** An agreed-upon outcome that addresses the dispute while respecting Member rights and agency policies.

V. Procedures

1. **Informal Resolution:**

- Encourage open communication between the Member and staff to resolve disputes informally.
- Document the issue, discussion, and steps taken to reach a resolution.

2. **Formal Dispute Resolution:**

- If informal resolution is unsuccessful, submit a formal dispute to a supervisor or designated Dispute Resolution Coordinator.
- The Coordinator will review the dispute, gather relevant information, and facilitate discussions between parties.

3. **Investigation and Mediation:**

- Investigate the dispute thoroughly and impartially.
- Offer mediation or facilitated meetings to reach a mutually agreeable solution when appropriate.

4. **Resolution and Documentation:**

- Record the final resolution, actions taken, and any follow-up requirements in the Member's file.
- Ensure that outcomes respect Member rights, agency policy, and regulatory requirements.

5. **Appeals:**

- Members may appeal the resolution if they believe it was unfair or incomplete.
 - Provide clear instructions on how to submit an appeal and ensure timely review by agency leadership.
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VI. Staff Responsibilities

- Support Members in raising concerns and resolving disputes.
 - Participate in dispute resolution processes in good faith.
 - Maintain confidentiality, fairness, and professionalism throughout the process.
 - Document all steps taken and outcomes achieved.
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VII. Monitoring and Compliance

- Leadership monitors dispute resolution trends, outcomes, and timeliness.
 - Policies and procedures are updated to address recurring issues or improve effectiveness.
 - Corrective actions are implemented for staff or systemic issues contributing to disputes.
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VIII. Member Rights

- Members have the right to raise disputes without fear of retaliation.
 - Members are informed of the dispute resolution process, including informal and formal options, during admission and periodically thereafter.
 - Members are supported in seeking resolution and appeal when necessary.
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IX. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Contingency Planning (8.7408.A.10)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To establish procedures for planning, preparing, and responding to emergencies or unexpected events that may disrupt Home and Community-Based Services (HCBS), ensuring the safety, well-being, and continuity of services for all Members.

II. Policy Statement

A Glimmer of Hope is committed to proactive contingency planning. Contingency plans will anticipate potential risks, provide clear response procedures, and ensure Members continue to receive essential services during emergencies, service interruptions, or other critical situations.

III. Scope

This policy applies to:

- All residential, non-residential, and community-based HCBS services provided by A Glimmer of Hope
 - All staff, contractors, and volunteers
 - Emergencies including natural disasters, utility failures, medical crises, staffing shortages, or other service disruptions
-

IV. Definitions

- **Contingency Plan:** A documented strategy outlining actions, responsibilities, and resources to maintain safety and service continuity during emergencies.
- **Service Disruption:** Any event that interrupts normal service delivery.
- **Emergency Response Team (ERT):** Designated personnel responsible for implementing contingency procedures and coordinating responses.

Policy Title: Written Plan to Address Emergencies (8.7408.A.12)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To establish a formal, written plan for responding to emergencies in Home and Community-Based Services (HCBS) settings. This plan ensures continuity of services, protection of Members, and compliance with Colorado HCBS regulations.

II. Policy Statement

A Glimmer of Hope maintains a written emergency plan to address natural disasters, medical emergencies, utility failures, pandemics, and other events that could disrupt services or compromise Member safety. The plan prioritizes Member well-being, timely response, and clear communication.

III. Scope

This policy applies to all HCBS settings including:

- Residential and non-residential facilities
 - Community-based services
 - Services provided by staff, contractors, and volunteers
-

IV. Definitions

- **Emergency:** Any situation that threatens the health, safety, or rights of Members or disrupts the delivery of HCBS services.
- **Emergency Plan:** A written document outlining procedures, roles, communication protocols, and resources required to respond to emergencies effectively.

- **Critical Services:** Essential supports needed to maintain Member health, safety, and dignity during emergencies.
-

V. Written Plan Requirements

1. **Risk Assessment:**
 - Identify potential hazards including fire, natural disasters, power outages, medical crises, pandemics, and staffing shortages.
 2. **Roles and Responsibilities:**
 - Assign clear responsibilities for staff, supervisors, and leadership during emergencies.
 - Include emergency contacts for Members, families, healthcare providers, and local authorities.
 3. **Response Procedures:**
 - Procedures for evacuations, sheltering in place, medical emergencies, and communication with emergency responders.
 - Steps to maintain continuity of essential services, including medication administration, personal care, and health monitoring.
 4. **Communication Plan:**
 - Notify Members, families, staff, and authorities promptly and accurately.
 - Provide instructions for alternative contact methods in case primary systems fail.
 5. **Resources and Supplies:**
 - Maintain emergency supplies including food, water, medications, medical equipment, and personal protective equipment (PPE).
 6. **Training and Drills:**
 - Staff must be trained on emergency procedures.
 - Conduct periodic drills to evaluate effectiveness and readiness.
 7. **Documentation:**
 - Maintain a written record of emergency plans, drills, incident reports, and follow-up actions.
 - Review and update the plan annually or after any emergency.
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VI. Staff Responsibilities

- Be familiar with and follow the written emergency plan.
 - Participate in drills and training sessions.
 - Report hazards or incidents immediately.
 - Support Members in maintaining safety and continuity of care during emergencies.
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VII. Monitoring and Review

- Leadership will review emergency plans, incidents, and drills to identify improvements.
 - Plans will be updated as necessary to reflect lessons learned, regulatory changes, and evolving risks.
-

VIII. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

V. Procedures

1. **Risk Assessment:**
 - Identify potential emergencies or disruptions and assess their impact on Members, staff, and operations.
 - Document potential hazards and prioritize risks.
 2. **Plan Development:**
 - Create written contingency plans addressing:
 - Alternative staffing and service coverage
 - Emergency communications with Members, staff, and families
 - Continuity of essential services, including medications, meals, and medical care
 - Evacuation procedures and transportation support when needed
 - Coordination with local emergency services
 - Assign roles and responsibilities to staff and contractors.
 3. **Training and Drills:**
 - Train all personnel on contingency procedures and emergency protocols.
 - Conduct periodic drills to test readiness and identify improvements.
 4. **Plan Activation:**
 - Activate contingency plans immediately during emergencies or service disruptions.
 - Ensure clear communication, Member safety, and continuation of essential services.
 5. **Documentation and Review:**
 - Record all incidents, responses, and outcomes.
 - Review and update contingency plans after each event or at least annually.
 - Incorporate lessons learned and regulatory updates into plan revisions.
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VI. Staff Responsibilities

- Participate in contingency training and drills.
 - Implement contingency procedures promptly during emergencies.
 - Maintain Member safety, rights, and dignity during service disruptions.
 - Report incidents or concerns to supervisors immediately.
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VII. Member Rights

- Members' safety, health, and rights must be prioritized during emergencies.
- Members are informed of contingency procedures appropriate to their care setting.

- Members are supported in maintaining autonomy and understanding emergency procedures as feasible.
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VIII. Monitoring and Compliance

- Leadership regularly reviews readiness, drill outcomes, and contingency documentation.
 - Updates to policies or plans are made to address gaps, regulatory changes, or new risks.
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IX. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.

Policy Title: Telehealth Provider Agency Requirements (8.7408.A.11 and 8.7562.C)

Effective Date: March 15, 2024

Review Date: March 14, 2026

Applies To: All Program Participants, Staff, Contractors, and Volunteers of A Glimmer of Hope

I. Purpose

To ensure that telehealth services provided to Members in Home and Community-Based Services (HCBS) settings meet regulatory requirements, maintain Member safety, confidentiality, and quality of care. This policy outlines agency responsibilities for oversight, training, and compliance of telehealth providers.

II. Policy Statement

A Glimmer of Hope will only engage telehealth providers who meet all regulatory requirements, are qualified, and deliver services that protect Member rights, privacy, and safety. Telehealth services are considered part of the overall care plan and must integrate seamlessly with in-person care and agency policies.

III. Scope

This policy applies to:

- Telehealth services provided to Members in residential, non-residential, and community-based HCBS settings
 - All agency staff involved in coordination or supervision of telehealth services
 - Independent telehealth providers contracted by the agency
-

IV. Definitions

- **Telehealth:** The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.

- **Telehealth Provider:** A licensed professional delivering services remotely using video, phone, or other approved technologies.
 - **HIPAA-Compliant Platform:** A technology platform that meets federal privacy and security standards for protected health information (PHI).
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V. Provider Requirements

1. **Licensure and Qualifications:**
 - Telehealth providers must hold valid licenses and credentials in their professional field.
 - Providers must comply with Colorado regulations governing their practice and telehealth delivery.
 2. **Training and Competency:**
 - Providers must receive training in telehealth technology, privacy practices, and agency-specific procedures.
 - Providers must demonstrate competency in delivering services safely and effectively via telehealth.
 3. **Privacy and Security:**
 - Telehealth services must be delivered using HIPAA-compliant platforms.
 - Providers must ensure confidentiality and secure storage of PHI during telehealth interactions.
 4. **Integration with Care Plans:**
 - Telehealth services must align with Members' individualized service plans.
 - Providers must communicate with agency staff regarding care coordination, progress, and any concerns.
-

VI. Agency Responsibilities

- Verify telehealth provider qualifications, licensure, and background checks before service delivery.
 - Provide orientation on agency policies, Member rights, reporting requirements, and emergency procedures.
 - Monitor service quality, compliance, and Member satisfaction with telehealth services.
 - Ensure telehealth documentation is integrated into the Member's records and follows HCBS requirements.
-

VII. Incident and MANE Reporting

- Telehealth providers must immediately report any incidents, safety concerns, or MANE (Mistreatment, Abuse, Neglect, Exploitation) allegations to agency leadership.

- Agency staff will follow standard investigation and reporting procedures for any telehealth-related incidents.
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VIII. Staff Responsibilities

- Coordinate telehealth sessions and ensure Member access to required technology.
 - Monitor the quality of telehealth services and Member engagement.
 - Ensure that telehealth providers adhere to all agency policies, privacy requirements, and care plan objectives.
-

IX. Member Rights

- Members have the right to receive telehealth services in a private, safe, and respectful environment.
 - Members may consent to or decline telehealth services without impacting other services.
 - Members are informed of their rights and the procedures for reporting concerns related to telehealth.
-

X. Monitoring and Compliance

- Leadership reviews telehealth provider performance, compliance with training requirements, and Member satisfaction regularly.
 - Policies and procedures are updated as necessary to reflect regulatory changes, technology updates, or quality improvement needs.
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XI. Review

This policy will be reviewed annually and updated as needed to comply with changes in regulations.
