

# ORIENTATION TRAINING

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# WELCOME TO ABLED INC.

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WE ARE GLAD YOU'RE HERE!







WHO WE ARE,  
WHAT WE  
BELIEVE.

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# ABLED'S INSPIRATION

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ESTABLISHED IN FEBRUARY 2014

SERVING LINCOLN, OMAHA, SEWARD,  
AND SOUTHEAST NEBRASKA

ANDREW C. TAGART, 3/13/87 TO 10/7/12





# MISSION

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MISSION STATEMENT:

SERVING JESUS CHRIST BY  
ENABLING PEOPLE WITH  
DEVELOPMENTAL DISABILITIES  
TO CREATIVELY EXPLORE AND  
LIVE FULL MEANINGFUL LIVES  
IN THEIR COMMUNITIES



# GOALS

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- EMPOWER AND ENCOURAGE INDIVIDUALS.
- EXPLORE AVENUES OF FREEDOM, EDUCATION, AND SKILLS.
- ENJOY LIFE TO THE FULLEST EXTENT POSSIBLE.
- VALUE INDIVIDUALS AS HUMAN BEINGS CREATED IN THE IMAGE OF GOD.
- VALUE INDIVIDUALS AS MEMBERS OF THE COMMUNITY.





# GOLDEN RULE

“Do unto others as you would have them  
do unto you.” - Jesus (Matthew 7:12)



ABLED is a ministry serving Jesus by serving participants.

You do not have to be a Christian to serve or be served by ABLED, but we do require that everyone abide by Christian principles.

The basic principle is to treat others the way you want to be treated, The Golden Rule.

Never deny your participant's expression of his/her spirituality.

Everyone will make efforts to treat you the best we can!



# SERVICES

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## RESIDENTIAL SERVICES

- Shared Living
- Supported Family Living
- Independent Living
- No Group Homes

## DAY SERVICES

- Community Integration
- Medical & Behavioral In-Home
- Prevocational & Supported Employment
- No Day Centers or Workshops

## RESPITE SERVICES

- Temporary relief care for families (not agency staff)
  - From a few hours to overnight or extended care sessions
  - Regular or irregular schedule
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# C-LEVEL STAFF

David D. Tagart, - President and Chief Executive Officer

Accounting Supervisor Centel/Sprint for 14 years

VP Internal Auditor at Farmers & Merchants Bank in Milford for 4 years.

Chief Financial Officer at Liberty First Credit Union in Lincoln for 11 years.

Bachelor of Arts - English

MBA

CPA Certificate (#5616)

Licensed Attorney Nebraska (#21415).





# C-LEVEL STAFF

Linda Tagart – Chief Administrative Officer

Oversees Office Administration and acts as Therap Administrator

Assists CEO with financial operations & payroll

Acts as Rep Payee, SS & Access NE contact

Oversees rights restriction approval & reporting

Oversees Tellus and service authorizations from DHHS

Manages child support reporting





## C-LEVEL STAFF

Pierre Allen – Chief Operations Officer

Oversees operations, recruiting and referrals

Lifetime experience working with DD individuals

Served as an Intern at OMNI

Bachelor's Degree in Child Youth and Family Science

Was All Big 12 Defensive End at UNL

4 Years with the Seattle Seahawks

Provided day services to ABLED's most challenging clients





# C-LEVEL STAFF

Coralie Lang - Chief Compliance Officer

Bachelor Degree in Business/Accounting, 20+ Yrs experience

Oversees compliance to regulations, policies & procedures

Monitors quality assurance and quality improvement

Monitors GER reporting and resolutions

Addresses training, staff and SC questions as needed

Assists the Chief Operations Officer so ABLED runs smoothly





# C-LEVEL STAFF

## Adam Tagart – Chief of Staff

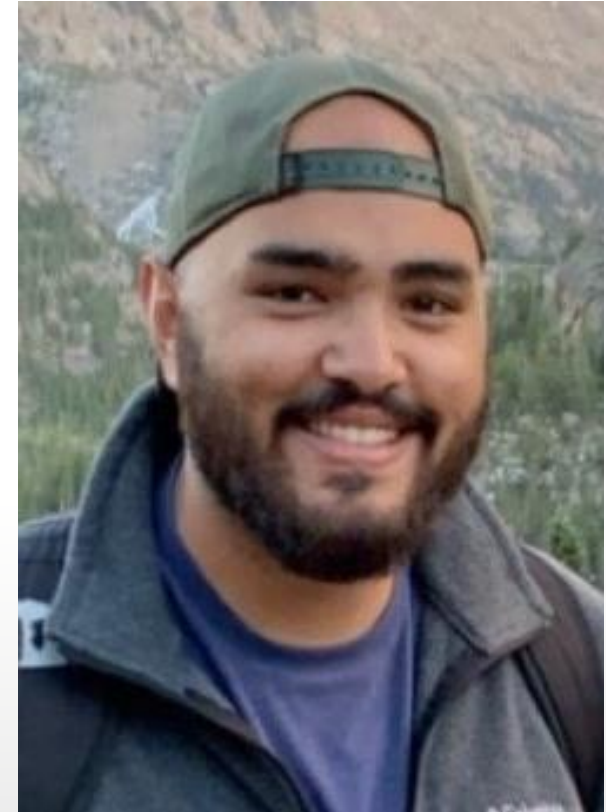
Analyzes regulations and updates written policies and procedures

Attends meetings and contributes to QA/QI

Reviews legal documents

Responds to legal correspondence

Reviews ABLED's website





# ADMINISTRATIVE STAFF

## Cheryl Little – Human Resources Manager

Assists CEO with payroll, accounting and admin duties

Monitors Scheduling (EVV) and Attendance Modules

Maintains employees & subcontractors in Gusto and Therap

Maintains employee benefits

Takes calls on ABLED's business office line

Performs background checks





# ADMINISTRATIVE STAFF

## Makaela Urbanovsky - Program Coordinator

Oversees on-site reviews of residential sites (home visits)

Completes SLP site assessments and home studies

Conducts Orientation, Therap and Mandt Training

Analyzes progress of ISP programs and updates programs

Checks for missing documentation and contacts staff as needed

Completes tasks as assigned by Chief Operations & Compliance Officers





# ADMINISTRATIVE STAFF

## Paige Styskal - Administrative Coordinator

Assists Chief Administration Officer as needed

Assists in updating information in Therap and Maximus

Performs annual payee audits and Medicaid renewals

Oversees rep payee reporting, faxing of paystubs, petty cash ledgers and receipts

Assists in Rights Review and Board Meeting reports





# ADMINISTRATIVE STAFF

Jennifer Styskal – Day Staff Coordinator

Collaborates with Human Resources Manager

Collaborates with Chief Operations Officer

Supervises Direct Support Professionals

Coordinates day staffing schedules

Maintains staff employment documents, certifications and training





# LICENSED STAFF

Kimberly Schroeder – LIMHP

Completes Functional Behavior Assessments (FBAs)

Writes and monitors Behavior Support Plans (BSPs)

Attends AISP/SISP meetings for participants with FBAs/BSPs

Addresses staff concerns related to management of behaviors

Works with the DHHS Clinical Team





# LICENSED STAFF

## Sonya Brous – Registered Nurse

Provides direction & monitoring of Med Aides

Oversees medication administration records

Trains and checks Med Aide's competencies

Monitors appointments & medically related issues

Follows up with staff to ensure compliance





# LICENSED STAFF

Tanya Shaw – Registered Nurse

Provides direction & monitoring of Med Aides

Oversees medication administration records

Trains and checks CPR & First Aid competencies

Monitors appointments & medically related issues

Follows up with staff to ensure compliance





# STAFF ASSISTANT

Baker Aljafari – Staff Assistant

Assists Program Coordinator

Completes assigned home visits





# STAFF ASSISTANT

Dusty Wilson – Staff Assistant

Assists Program Coordinator

Completes assigned home visits





# DEDICATION TO EXCELLENCE – ABLED INC. BOARD OF DIRECTORS

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Oversees ABLED Management

Meets at least quarterly

Oversees Quality Assurance/Quality Improvement

Membership includes persons with a knowledge of rights issues and a commitment to ABLED, Inc. philosophy

Two participants are on the board





# QUALITY ASSURANCE– ABLED INC. COORDINATOR'S COMMITTEE

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Ensures ABLED meets requirements of all regulatory bodies

Membership made up of ABLED, Inc. staff

Members must be persons free from conflict of interest

Members serve for one year and may be re-appointed annually

Quarterly meetings or as deemed appropriate





# REGULATIONS & WAIVERS FOR HOME AND COMMUNITY BASED SERVICES

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# STATE & FEDERAL REGULATION

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Home and Community-Based Services (HCBS) Waiver services must comply with **STATE REGULATIONS**, known as the Nebraska Administrative Code (NAC). The Nebraska Legislature approves funds for services in the community.

Home and Community-Based Services (HCBS) Waiver services must comply with **FEDERAL REGULATIONS**, known as Medicaid Waivers. Medicaid Waivers allow Nebraska to use federal Medicaid funds for services in the community.



# HOME & COMMUNITY BASED SERVICES (HCBS)

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- The Centers for Medicare and Medicaid Services (CMS) published a [Final Settings Rule for Medicaid Home and Community Based Services](#) effective March 17, 2014.
- The Final Settings Rule requires states to ensure people receiving Home and Community Based Services (HCBS) have the benefits of community living.
- The Rule requires a person-centered process for receipt of Home and Community Based Services.
- States and agency providers must have mechanisms in place to establish compliance to the Rule in new and existing settings.
- Staff who do not have a fully compliant letter from completing the CMS Final Settings Assessment, cannot provide services in their home.



# THE CMS FINAL SETTINGS RULE FOR HCBS

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- Requires integration and full access to the greater community.
- Allows the participant to select a setting of their choice.
- Ensures privacy, dignity & respect, and freedom from coercion & restraint.
- Optimizes autonomy and independence in making life choices.
- Facilitates choice regarding services and who provides them.
- Requires a lease or other legally enforceable agreement.
- Requires lockable doors, choice of roommate and freedom to decorate their room.
- Allows control of their own schedule including access to food at any time.
- Allows the participant to have visitors at any time.
- Requires the setting to be physically accessible.

Non-Residential &  
Residential Settings

Residential Settings



# PARTICIPANT'S RIGHTS AND RESPONSIBILITIES

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# PARTICIPANT'S RIGHTS AND RESPONSIBILITIES – AWARENESS AND PROTECTION

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Same rights guaranteed to everyone under the federal and state laws.

Rights cannot be limited, modified, or denied without due process.

MUST NOT be used as a punishment.

Staff must:

1. Protect and respect those rights
2. Assist participants in being aware of their rights
3. Assist participants in exercising their rights

Staff is prohibited from retaliating against participant, family members, or legal representatives advocating on behalf of the participant.

Rights may not be limited, modified, or denied without the consent of the ISP Team, including the participant and/or their legal representative.





# PARTICIPANT'S RIGHTS AND RESPONSIBILITIES – DUE PROCESS

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ISP Team must meet, discuss, and document on the Rights Restriction Form:

- Specific right to be limited, modified, or denied
- Reason for the limitation, modification, or denial of the right
- Other lesser restrictive/intrusive methods discussed/implemented prior to limiting, modifying, or denying the right
- Reason other methods eliminated
- Effect on other participants in the setting
- Goal reducing and eliminating restriction



Rights Review Committee reviews all restrictions prior to implementation and annually.



This Review includes:

- Rights Restriction Form
- Documentation supporting the restriction
- Any associated staff objective, intervention plan and/or support program
- ISP authorizing the restriction



# PARTICIPANT'S CHOICE AND GRIEVANCE PROCEDURE

- Participants, legal representatives, staff, and others may file formal complaints about services or anonymous complaints on our website or by mail, email, phone or in-person.
- Participants retain access to legal system or other avenues of complaint.
- Encourage internal conflict resolution following chain of command.
- If unresolved, write grievance to the Chief Operations Officer at any time.
- Chief Operations Officer responds directly to party within 10 working days.
- If still unresolved, write to Chief Executive Officer.
- CEO or designated staff will respond within 10 working days.
- ABLED reviews Grievance Procedure with participant annually.
- Complaints filed against ABLED shall be considered public record.



# ABUSE, NEGLECT, AND EXPLOITATION INVESTIGATION POLICY





# ABUSE, NEGLECT, AND EXPLOITATION

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All providers of Medicaid HCBS DD services are mandatory reporters of abuse, neglect, and exploitation. State law requires reporting when there is reason to believe abuse, neglect or exploitation as occurred.

A mandated reporter is a person who has regular contact with vulnerable people and is therefore legally required to ensure a report is made when abuse, neglect or exploitation is observed or suspected.

The definitions of abuse, neglect, and exploitation should be carefully reviewed to ensure the incident being reported meets legal definitions of abuse, neglect, or exploitation.





# ABUSE, NEGLECT, AND EXPLOITATION

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A reportable incident in this category is any allegation or suspicion of abuse, neglect, or exploitation committed by a provider, peer of the participant, family member, or anyone else in which a participant is a victim.

- Allegation: A claim made by any person that a participant has been abused, neglected, or exploited, and no evidence the claim may be false.
- Suspicion: Any belief, perception, or indication a participant has been abused, neglected, or exploited.



# ABUSE, NEGLECT, AND EXPLOITATION

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Injury: Harm, pain, illness, impairment of physical function, or damage to body tissue.

- An external force or cause may include sources of trauma in which skin is torn, cut, or punctured (open wound) or where blunt force causes an injury such as a bruise or fracture (closed wound).
- An external source or cause could also include movement causing strains/sprains, exposure to poison/toxins, burns, or frostbite.
- The external force can be accidental, caused by another person, or caused by the participant (such as self-injurious behavior or attempted suicide).





# ABUSE, NEGLECT, AND EXPLOITATION - DEFINITIONS

**Abuse of a Vulnerable Adult:** Any knowing or intentional act on the part of a caregiver or any other person which results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, or sexual exploitation of a vulnerable adult.

**Abuse or Neglect of a Child:** Knowingly, intentionally, or negligently causing or permitting a minor child to be:

- Placed in a situation that endangers his or her life or physical or mental health;
- Cruelly confined or cruelly punished;
- Deprived of necessary food, clothing, shelter, or care;
- Left unattended in a motor vehicle if such minor child is six years of age or younger;
- Sexually abused; or
- Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films, or depictions.



# ABUSE, NEGLECT, AND EXPLOITATION - DEFINITIONS

**Physical Abuse:** Any allegation or suspicion of any knowing or intentional act of physical violence committed by a provider, peer of the participant, family member, or anyone else towards a participant of HCBS waiver services. An injury or otherwise adverse outcome does not need to be present for an incident report to be required.”

**Sexual Abuse:** Sexual assault as described in section §28-319 or §28-320 or incest as described in section §28-703. Sexual exploitation includes, but is not limited to, a violation of section §28- 311.08 and causing, allowing, permitting, inflicting, or encouraging a participant to engage in voyeurism, exhibitionism, prostitution, or in the lewd, obscene, or pornographic photographing, filming, or depiction of the participant.

**Psychological Abuse:** Any allegation or suspicion of abuse, neglect, or exploitation committed by a provider, peer of the participant, family member, or anyone else in which a participant is the victim. Actions include but are not limited to humiliation, harassment, threats of punishment, or derogatory communication (vocal, written, gestures).

**Verbal Abuse:** the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to individuals served. (404 NAC 2)



# ABUSE, NEGLECT, AND EXPLOITATION - DEFINITIONS

**Physical Neglect:** The failure to provide proper care, supervision, or attention to a participant or the participant's health, safety, or well-being; failure to provide necessities such as food, clothing, essential medical treatment, adequate supervision as described in the person-centered plan, shelter, or a safe environment. Failure to exercise one's duty to intercede on behalf of the participant also constitutes neglect.

**Financial Exploitation or Theft of Property or Funds:**

Exploitation means the wrongful or unauthorized taking, withholding, appropriation, conversion, control, or use of money, funds, securities, assets, or any other property of a participant. It may be by any person by means of undue influence, breach of a fiduciary relationship, deception, extortion, intimidation, force or threat of force, isolation; or any unlawful means or by the breach of fiduciary duty by the guardian, conservator, or agent under a power of attorney, trustee, or any other fiduciary of the participant. This includes theft of items considered to have significant sentimental value such as picture albums, keepsakes, and collections.



# PROHIBITED PRACTICES

Use of the following practices are prohibited during Medicaid HCBS DD Waiver services:

- Mechanical Restraint
- Physical Restraint other than ESI
- Chemical Restraint
- Seclusion
- Aversive Stimuli
- Corporal Punishment
- Discipline
- Denial of basic needs
- Intervention by a participant



# PROHIBITED PRACTICES - RESTRAINTS

**Mechanical Restraint:** Any device, material, object, or equipment attached or adjacent to a participant's body restricting freedom of movement or normal access to the body. Mechanical restraint is not:

- The use of acceptable child safety products;
- Use of car safety systems; or
- Safeguarding equipment, when ordered by a physician or health care provider and approved by the participant's team.

**Physical Restraint:** Any physical hold, which restricts, or is meant to restrict movement of a participant **unless an Emergency Safety Situation exists placing the participant or others at serious threat of violence or injury if no intervention occurs.**

**Chemical Restraint:** A drug or medication used for discipline or convenience and not required to treat medical conditions.



# PROHIBITED PRATICES - SECLUSION

**Seclusion:** Involuntary confinement of a participant alone in a room or an area from which the participant is physically prevented from having contact with others or leaving.

- Separation of a participant to a safe room or area as a part of emergency safety intervention is not seclusion.
- Alone in a room or area means the participant is removed from peers and others in the environment, even when a provider is present.
- Prevented from leaving or having contact with others means the participant is physically prevented by a provider or a door, partition, or other physical barriers.



# PROHIBITED PRACTICES - OTHER

**Aversive Stimuli:** Procedures that are punishing, physically painful, emotionally frightening, or deprivational; or having the potential to be a health or safety risk to participants when they are used to modify behavior.

**Corporal Punishment:** Infliction of bodily pain as a penalty for disapproved behavior.

**Discipline:** Use of punishment to correct undesired behavior

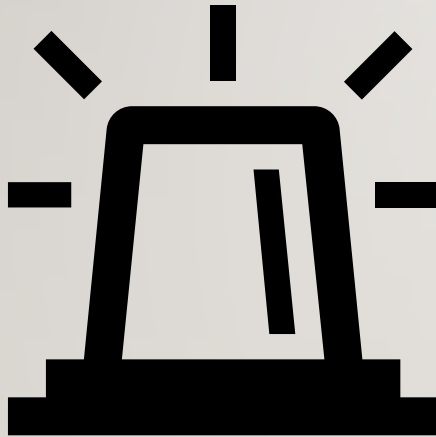
**Denial of Basic Needs:** Withholding access to appropriate food and clothing, comfortable and clean shelter, and treatment for physical needs

**Implementation of an Intervention by a Participant:** When a behavioral or safety intervention is implemented or used by a participant on another participant at the direction of the provider.



# ABUSE, NEGLECT, AND EXPLOITATION - REPORTING GUIDELINES

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Report any *allegations or suspicions* of abuse, neglect or a prohibited practice to an ABLED Administrator IMMEDIATELY.

You must notify the Service Coordinator within 4 hours and the Guardian within 24 hours immediately by phone call or voicemail.

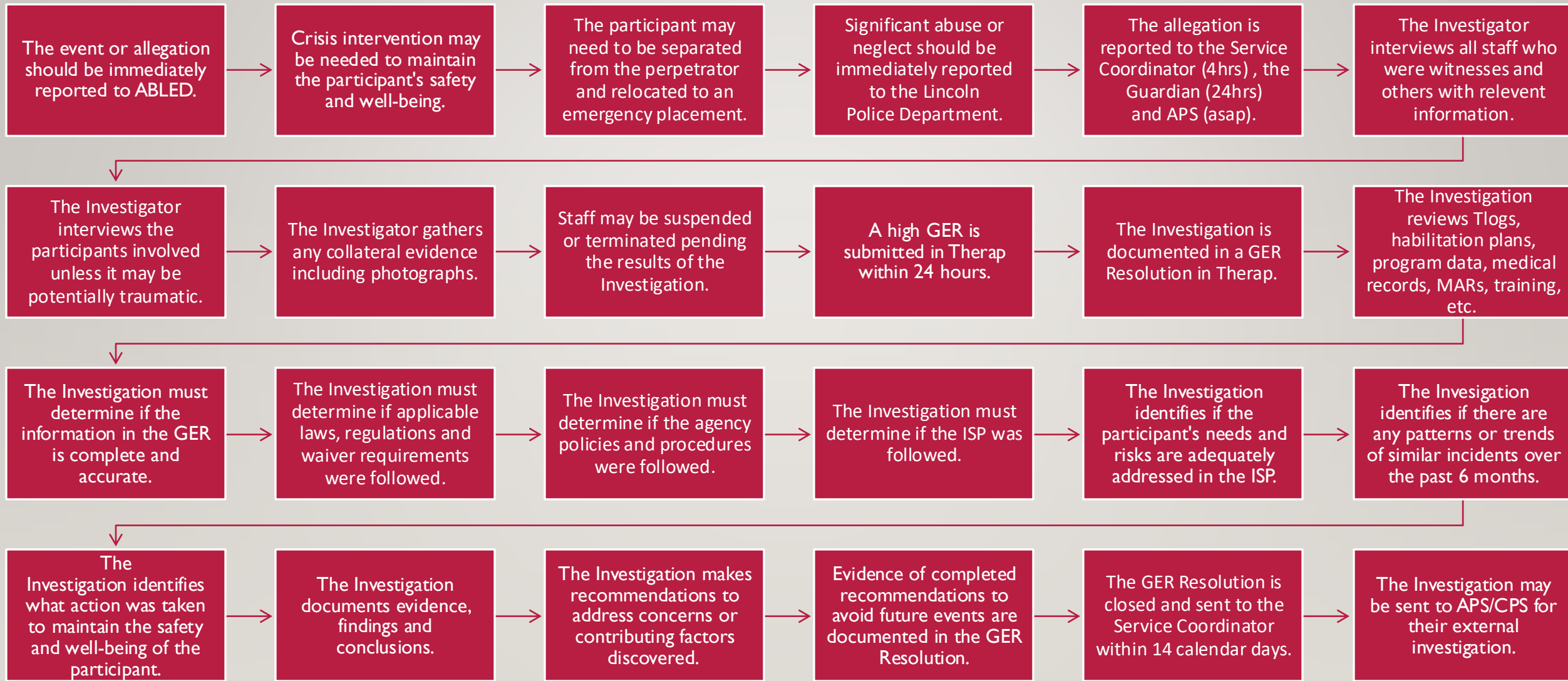
A high-level GER is required within 24 hours.

Pierre will conduct the required Investigation if applicable.

You may be required to call law enforcement or the APS/CPS hotline at 1-800-652-1999 within 24 hours.



# INVESTIGATION PROCESS





# INVESTIGATION PROCESS

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Suspended staff may be reinstated if no actual harm done.

Staff will be terminated upon evidence of abuse.

ABLED has a zero-tolerance policy for the abuse or neglect of participants.

Inappropriate actions determined not to be abuse or neglect will result in disciplinary action.

External agencies may conduct their own investigation.

ABLED, Inc. will cooperate with any ongoing external investigations.





# ABUSE, NEGLECT, AND EXPLOITATION

- You **MUST** prepare a General Event Report (GER) as soon as possible and within 24 hours.
- Include photos as appropriate.
- Rights Review Committee evaluates all allegations and investigations.
- The Rights Review Committee will review the Investigation Report and report to the Board of Directors.
- The Investigation Report is sent to Service Coordination and any other parties as requested.
- Documentation protects the participant. Failing to document may be deemed neglect.
- When you are paid to be with a participant, you must be with your participant.
- Many participants have alone time. Some have none. If you leave a participant alone when they don't have alone time, it is **NEGLECT**.
- Marking yourself present in Attendance when you were not with the participant is **MEDICAID FRAUD**.



# TEST BREAK

ABUSE & NEGLECT





# SAFETY AND EMERGENCY PROCEDURES

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- All the Participant's information is securely maintained on Therap.
- All procedures for emergency and disaster situations must be reviewed with the Participant you are serving.
- ABLED ensures staff are trained on basics of Emergency Procedure Plan.

Staff should know and practice:

- ABLED Inc. Disaster/Emergency Plan
- Site specific Emergency Procedure Plan
- Basic information on fire and tornado safety



# SAFETY AND EMERGENCY PROCEDURES

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Each Residence will have:

- Site specific plans for evacuation routes and safe meeting places during a disaster or emergency situation.

Every residential site must have the following safety equipment and supplies present:

- Smoke Detectors
- Fire Extinguisher
- Basic First Aid Kit
- Tornado Supplies Kit – in/near safe meeting place





# SAFETY AND EMERGENCY PROCEDURES

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1

Residential staff must run fire drills and tornado drills once a month.

2

Fire and tornado drills are documented in a secure Google form.

3

ABLED recommends running both drills monthly on the 1st of the month.



# EMERGENCY SAFETY INTERVENTIONS

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RESTRAINTS ARE NOT ALLOWED - UNLESS



**Emergency Safety Situation:** Unanticipated behavior by a participant, placing the participant or others at serious threat of violence or injury when no intervention occurs, and requiring emergency safety intervention. Examples of emergency safety situations include:

- A participant suddenly begins running toward or into moving traffic on a street;
- A participant is attacking staff and bystanders by hitting them in the face with a closed fist and all supports in the safety plan and BSP have not been successful in stopping the aggressive behavior; or
- A participant has a weapon, such as a knife, and is talking about harming themselves or actively attempting to harm themselves.



# EMERGENCY SAFETY INTERVENTIONS

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**Emergency Safety Intervention:** The use of physical restraint or separation as an immediate response to an emergency safety situation which places the participant or others at significant risk of serious or life-threatening harm. Immediate response means available within moments to assist the participant.

**Physical restraint:** Any physical hold, which restricts, or is meant to restrict movement of a participant.

**Separation:** Use of physical contact to separate a participant from another person, a situation triggering unsafe behavior, or a dangerous situation. DDD permits separation when it does not meet the definition of seclusion in state regulation.



# EMERGENCY SAFETY INTERVENTIONS

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- All employees and subcontractors will be certified in the Mandt System
- Mandt training provides de-escalation techniques and the safest possible restraint techniques
- Safety Plan is developed for Participants with a history of disruptive or challenging behaviors based on principles of positive behavioral supports
- Rights Review Committee reviews all safety interventions
- ESI's will be included in the Safety Plan
- Psychotropic medications are listed as restrictions in the Safety Plan



# EMERGENCY SAFETY RESPONSE

In the event problem behaviors present a danger to the participant, staff or other people. The following steps should be taken:

- **SAFETY PLAN:** Maintain a safe distance, visual contact and initiate de-escalation techniques as outlined in Safety Plan Procedures.
- **MANDT:** Mandt certified staff may employ Mandt System techniques.
- **ASSISTANCE:** Call the Chief Operations Officer, Clinical Director, another trained staff or a member of admin if the participant remains in a behavioral crisis.
- **LPD:** Call 911 for fires or medical emergencies that are life or limb threatening conditions. Avoid calling law enforcement for behavioral crisis unless all other measures have been exhausted to prevent severe injury or valuable property damage.
- **SUICIDE & CRISIS LIFELINE:** Call 988 for emergency mental health support if all other measures have been exhausted and the participant is in a mental health crisis.
- **ANE VICTIM:** Call 911 if a participant is in imminent danger of abuse, neglect, exploitation. Call the Abuse & Neglect Hotline at 800-652-1999 if a participant is a victim of alleged or suspected abuse, neglect, exploitation. This includes abuse, neglect or exploitation by a peer.
- **ANE PERPETRATOR:** Call 911 if a participant is abusing or sexually engaging with a minor. Call the non-emergency line if a participant is suspected of abusing or sexually engaging with a minor or engaging in pornographic images of a minor.
- **REPORTING:** Reportable Incidents require immediate verbal notice to ABLED, Service Coordinator, Guardian and completion of a GER within 24 hours. The GER should contain details to identify the safety plan was followed.



# MEDICAL COMPLAINTS

If the participant complains of pain or illness, staff will assess if emergency treatment is needed.

- If so, seek emergency treatment. Notify ABLED, the Service coordinator and the guardian. Document a GER for a Reportable Incident and mark the TLog as high.
- If the pain or illness does not require emergency services, offer first aid and/or schedule an appointment if needed. Document the medical complaint in a Tlog.
- Notify the guardian and ABLED's nurse of persistent medical complaints. If the medical complaint may be behavior related, also notify the FBA clinician. Document the medical complaint and notification in a Tlog or low GER.



# MEDICAL EMERGENCIES

Response time for medical emergencies is crucial. You may need to call an ambulance before notifying the agency or guardian. Permission is not required for life threatening situations but may be required for treatment options at the hospital. Call 911 if you see;

- The condition is life or limb threatening
- The condition could worsen quickly on the way to the hospital
- Moving the victim will cause further injury
- The person needs skills, medication, or equipment right away that paramedics carry
- Distance or traffic would delay transporting the person to the hospital and could be life-threatening
- Notify paramedics of DNRs (Do-Not-Resuscitate)





# HIPAA TRAINING



# WHAT IS HIPAA?

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- HIPAA is the Health Insurance Portability and Accountability Act of 1996.
- HIPAA is a federal law that specifies the basic requirements “covered entities” must follow to protect the security and privacy of personally identifiable health information (“Protected Health Information”).



# WHY IS HIPAA IMPORTANT?

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Participants expect:

- Privacy and freedom.
- Confidentiality of their records and treatment.
- Participant information will be shared only with those who need to know.
- ABLED will use the utmost care and sensitivity when using participant information.



# KEY HIPAA TERMS

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- “PHI” Protected Health Information.
- “Covered Entities” mean those entities bound to follow HIPAA.
- “BA” or “Business Associate” is a person who performs services for a Covered Entity and is contractually bound to follow HIPAA.



# WHO IS COVERED UNDER HIPAA?

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- All Covered Entities and Business Associates must comply with the HIPAA Privacy and Security Regulations.
- ***ABLED INC is a Covered Entity and our staff are business associates required to follow HIPAA!***



# WHAT IS PROTECTED HEALTH INFORMATION?

PHI includes all individually identifiable health information relating to a:

- Person's past, present and future health or condition;
- Provision of health services to the person;
- Past, present and future payment of health services to the person...and
- Any information that identifies the participant or for which there is a **reasonable basis to believe it can be used to identify the participant.**



# WHEN DOES THE HIPAA PRIVACY RULE APPLY?

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THE HIPAA PRIVACY  
RULE APPLIES TO ALL PHI  
IN WHATEVER FORM OR  
HOWEVER IT MAY  
BE TRANSMITTED:



ELECTRONICALLY



PAPER



VERBALLY





# YOUR RESPONSIBILITIES UNDER HIPAA

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- Respect the participant's right to privacy
- Know ABLED's privacy policies
- Be sensitive
- Only use or disclose PHI for work purposes on a need to know basis
- Curb human nature ...
- Resist curiosity / Don't share!



# PARTICIPANT'S RIGHTS UNDER HIPAA

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## **Right to Access:**

Participants have the right to:

- Access or inspect their records
- Obtain a copy of their records
- Request restrictions on most uses of their PHI

## **Right to Amend:**

Participants may request amendments to their records.



# PARTICIPANT'S RIGHTS UNDER HIPAA

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## Right to Accounting of Disclosures

- Individuals may request details explaining why their confidential information was released.

## Right to Request Restrictions:

- Participants may request ABLED restrict the use and disclosure/release of their PHI.
- **ABLED is not required to accept a request for restriction(s).**



# DE-IDENTIFYING PHI

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De-identified information may be shared freely without restrictions under HIPAA.

To de-identify PHI under HIPAA, you must remove **any and all** of the **18 elements** that could be used to identify the participant.

**Health information is considered “identifiable” if any of the following are present:**

- Names (i.e. participant’s initials)
- Address including street address, city, county, precinct, zipcode.
- Dates (except year) directly related to a participant, including birth date, admission date, discharge date, date of death



# METHODS TO DE-IDENTIFY

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Use a code or another means to identify records ...but make sure that code (or other method) is not:

- derived from or related to the information about the participant; and
- could not be translated to identify the participant.

Communicate only the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.



# DO'S AND DON'TS: TREATMENT & OBSERVATION

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## Can Do:

- Access records of the participants you are caring for
- Observe participant care with approval from the Chief Operations Officer

## Cannot Do:

- Obtain records of participants you are not caring for
- Use data with identifiers such as name, address, birth date
- Observe participant care without appropriate approval or where the participant objects



# ORAL DISCUSSIONS OF PHI

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- You should only discuss PHI as necessary to share required information.
- Protect the privacy of the participant by minimizing risk that others can overhear you.
- The discussion of PHI should never occur in public areas such as cafeterias, libraries or elevators.



# REPORTS

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- **Only use your Therap account to send and/or receive any information related to your participant.**
- May be emailed if they have been de-identified.
- **Remember:** Your employment agreement or contract requires your compliance with HIPAA regulations. Participant information must be kept confidential.



# HIPAA AND SOCIAL MEDIA

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There are a variety of ways in which your use of social networking sites could result in a HIPAA violation:

FaceBook

TikTok

Twitter

Blogs

Instagram

Snapchat



# SOCIAL NETWORKING CAN VIOLATE HIPAA!

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- Even seemingly innocent behavior like writing about what you did at work on a blog or “friending” a participant on a social networking site can be a HIPAA violation.
- Be aware and careful what you like, share, and repost.
- Do not discuss participants health conditions in your social media.



# SAFEGUARDING INFORMATION

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## **Must Do:**

- Password protect laptops, Smartphones, tablets, and any other mobile devices. **Know where they are at all times!**
- Be cognizant at all times of where you keep participant information.
- Shred facially de-identified papers when you are done with them.
- Ensure memory/hard drive has been wiped clean when selling/ disposing of a PC, laptop, Smartphone, tablet or mobile device.

## **Cannot Do:**

- Leave information in open or other public areas.
- Discuss participants in public such as cafeterias, libraries or elevators.
- Dispose of facially de-identified information in your trash can (it is still identifiable under HIPAA!)
- Share your access codes/cards.



# PHOTOS AND VIDEOS

- **NEVER** post pictures or video of participants on social media websites or elsewhere on the internet.
- **ABLED** posts pictures only of participants with signed consents.



# PENALTIES FOR HIPAA VIOLATIONS

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- HIPAA includes both **criminal** and **civil penalties** for Failure to Comply with HIPAA requirements:
- Knowingly or wrongfully disclosing or receiving individually identifiable health information
- Obtaining information under false pretenses
- Obtaining information with intent to:
  - Sell or transfer it
  - Use it for commercial advantage
  - Use it for personal gain
  - Use it for malicious harm



# PERMITTED USES AND DISCLOSURES OF PHI

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The following categories describe different ways we use and disclose health information.

- For treatment
- For payment
- For healthcare operations
- With business associates
- For appointment reminders
- For treatment alternatives
- To people involved in care or payment for care
- As required by law
- For serious threat to health and safety



# DISCLOSURE OF PHI FOR SPECIAL SITUATIONS

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- Organ and tissue donation
- Specialized government functions
- Workers' compensation
- Public health activities
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- Coroner, medical examiner & funeral director
- National security & intelligence activities
- Protective services for the President & others
- Inmates
- Research and FDA



# SCENARIO #1

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**Question:**



Today I heard about a very unusual case from a colleague. I need to know more about the details so that I may gain a better understanding of similar participants. I plan to review the Therap records.



Is this okay?



# ANSWER: NO

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While it might be argued that you will obtain an educational benefit by reviewing unusual cases, such review must be formally requested and approved.

Access to participants' records in this type of situation is not appropriate.

Electronic records and systems are monitored for inappropriate access and caseloads.



## SCENARIO #2

### Question:

A participant I once worked with was admitted to the hospital yesterday after collapsing during a bike ride.

I am very concerned about her progress and would like to find out how she is doing.

Is it okay if I look up her information in Therap even though I am not currently working with her?



# ANSWER: NO

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Using your access privileges to look up any information for any participant when there is no work related need to know is a violation of HIPAA.

You will be subject to discipline for such a violation.



### Question:

The spouse of a participant I am working with approached me and asked me questions about the participant.

Earlier in the day, the participant told me that she did not want information shared with her spouse.

What should I do?

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## SCENARIO #3





# ANSWER: DO NOT SHARE

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Competent adult participants have the right to choose who is involved in their care and treatment.

They can decide if they do not want family members or others involved in their care.

You should not share any information with the spouse if the participant has so requested.



# TEST BREAK

HIPAA



# PARTICIPANT ORIENTATION POLICY

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# GETTING ACQUAINTED

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ABLED provides a personalized explanation of services given to participants and guardians.

ABLED introduces participants and guardians to potential staff providing services and supports.

Participants entering services introduces the significant people in their life to potential staff.





# GETTING ACQUAINTED– SHARED LIVING

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Staff conducts a Walk Through of the home.

This includes a lay-out of the setting to determine safety concerns, access issues, participant's privacy and location of appliances (washers, dryers, phones, refrigerator, etc.).

Staff conducts Walk Through of neighborhood to include:

- a. Points of interest.
- b. Introductions to neighbors.
- c. Potential hazards, such as uneven sidewalks, dogs, etc.
- d. Familiar neighborhood routines, such as neighborhood events, etc.

A self-assessment survey link is submitted to DHHS in order to determine that setting to be fully compliant with the CMS Final Settings Rule.







# WORKING WITH PARTICIPANTS WITH DEVELOPMENTAL DISABILITIES



# COMMUNICATION WITH PARTICIPANTS

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Speak directly to the person, rather than through a companion or sign language interpreter who may be present.

Offer to shake hands when introduced.

Always identify yourself, and others who may be with you, when meeting someone with a visual disability.

Treat adults as adults. Use age appropriateness.

Address people with disabilities by their first names only when extending that same familiarity to all others.

Never patronize people in wheelchairs by patting them on the head or shoulder.





# COMMUNICATION

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Do not lean against or hang on someone's wheelchair or pet a service animal. Never distract a service animal from its job without the owner's permission.

Place yourself at eye level when speaking with someone in a wheelchair or on crutches.

Tap a person who has a hearing disability on the shoulder or wave your hand to get his or her attention. Never shout at a person. Just speak in a normal tone of voice.

Relax. Don't be embarrassed if you happen to use common expressions, such as "See you later" or "Did you hear about this?" that seem to relate to a person's disability.





# COMMUNICATION

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## Using people first language

Using people first language puts the person before the disability by referring to what a person HAS, not what a person IS.

### SAY:

People with disabilities

He has a cognitive disability

She has autism

He has a physical disability

She uses a wheelchair

He has an emotional disability

Accessible parking

### INSTEAD OF:

Handicapped, disabled, or crippled

He's mentally retarded

She's autistic

He's a quadriplegic or crippled

She's wheelchair bound

He's emotionally disturbed

Handicapped parking



# AGE APPROPRIATENESS

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Must receive age and  
environment appropriate services

Participants should be treated  
age appropriately

A 45-year-old needs to be treated like  
a 45-year-old

Adults are not to be treated or rewarded  
like children:

- Coupons
- Stickers
- “Baby talk”





# POSITIVE SUPPORT TECHNIQUES

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Focus on desires and needs of participant identified by his/her team consistent with vision and mission of the organization with a focus on “authentic living”.

Participant’s plan developed to emphasize positive meaningful activities and options consistent with the behavior targeted for change.

Combination of a planned meaningful day and individualized supports.

Plan describes potential stressors and triggers included in the Safety Plan.

Data collection and analysis tracks progress.





# PRINCIPLES OF POSITIVE COMMUNICATIONS AND RELATIONSHIPS

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- Respect Participant differences – feelings, values, abilities, etc.
- Think positive
- Acknowledge Participants – greet them
- Listen to Participants
- Appreciate Participants
- Pitch in and help out
- Respect time and priorities of others
- Admit your mistakes and apologize gracefully
- Life is not always perfect – there will be bumps in the road.



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# ASSESSMENTS

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# ASSESSMENTS

Obtain Accurate Information Related to:

- History
- Preferences
- Strengths
- Abilities
- Needs



# ABLED ASSESSMENTS

- Developmental Index
- Personal Preference Assessment
- ABLED Residential Assessment
- ABLED Community Assessment



# DEVELOPMENTAL INDEX

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## Mandatory Annual Assessment

5 to 12 pages of questions:

- Daily living skills & Capacity for Independence
- Receptive and Expressive Language
- Learning Abilities
- Mobility
- Social Skills & Personality
- Economic Self-sufficiency



# PERSONAL PREFERENCE ASSESSMENT

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Around 50 questions related to:

- Community & Recreational Questions
- Residential Questions
- Personal Goals
- Employment Goals
- Preferred Options Questions



# ABLED RESIDENTIAL ASSESSMENT

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For residential Participants

- Personal Maintenance, Dressing, & Eating
- Social Behavior & Expressive skills
- Home Living & Community Awareness
- Money Management & Time Awareness
- Motor Skills



# ABLED COMMUNITY ASSESSMENT

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For Day Service Participants

- Scoring on different Social and Living Skills



## QUESTION:

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When do you need to submit completed assessments?







# ANSWER:

30 DAYS BEFORE THE ANNUAL MEETING.

THE DAY BEFORE 30 DAY MEETINGS.



# TEAM MEETINGS

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# PARTICIPANT SUPPORT PLANS AND TEAM PROCESSES

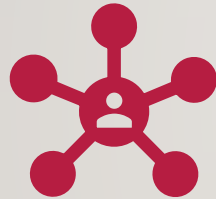
## The Individual Support Plan (ISP)

- Intake Meeting
- 30-Day Meeting
- Annual Meeting
- Semi-Annual Meeting
- Emergency Meeting



# PERSON-CENTERED APPROACH

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A process to ensure a participant is at the center of decisions, which relate to their life.



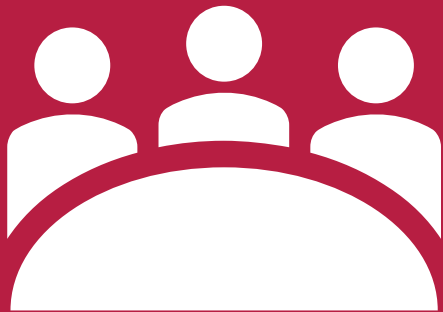
Listening to the participant.



Sharing ideas to support the participant in reaching their personal goals.



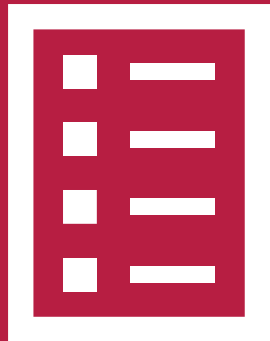
# TEAM MEETINGS



- Make sure all assessments and documentation are complete ahead of time
- Listen to the Participant
- Focus on the Participant's vision, goals and dreams
- Stay positive and respect Participant's feelings
- Contribute ideas to improve participant's life
- Answer questions from Service Coordinator



# TEAM MEETINGS



Obtain Signed Annual and Intake Consent Forms

- Participant's Rights (Read to Participant)
- Notice of Costs
- HIPPA Notice
- Complaint Mechanism
- Authorization for Release and Exchange of Information
- Emergency and Medical Care Release
- Behavioral Medication



# INDIVIDUAL SUPPORT PLAN (ISP)

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Service Coordinator prepares the ISP with the team's input. Includes:

- Likes, Dislikes, Activities, Goals
- Risks
- Medical Providers
- Other Agencies
- Habilitation and Program Goals
- Record of the Meeting Discussion
- Celebrations
- Medical Needs & Diagnosis
- Adaptive Equipment
- GERs - Restrictions
- Supervision & Financial Needs
- Meeting Schedule
- Contacts
- Safety Plan & BSP
- Assessments



# PROGRAMS

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- Implemented within 30 days of the ISP.
- Required for all participants in services with few exceptions.
- Programs are to be habilitative.
- Staff must document that they are providing habilitation in order to be paid.





# ADAPTIVE & AUGMENTATIVE DEVICES

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Staff of ABLED, Inc. will assist participants with the utilization of assistive and adaptive devices as needed and as identified on the ISP.

- Glasses
- Hearing Aids
- Orthotic Shoes
- Wheelchair
- Dynavox
- iPad
- Shower Chair
- Hospital Bed



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# HABILITATION

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# HABILITATION

Acquire, Retain, and Improve Skills necessary  
for participant to:

- Function with as much independence as possible
- Enhance choice and self-management
- Participate in the rights and responsibilities  
of community membership



# HABILITATION

An ongoing planned process which includes:

- Comprehensive assessments
- Individualized plan
- Training and supports
- Service delivery
- Documentation of the service delivery
- Measuring progress of the plan
- Monitoring service to ensure services continue to meet participant's needs, desires and goals.



# HABILITATION

Day Services Goal is to provide the supports, services and interventions desired and needed to increase or maintain capacity for:

- independent functioning,
- self-determination,
- interdependence,
- productivity and
- community integration.



# HABILITATION

- Residential Services Goal is to provide quality supports to participants with disabilities in their homes.
- The home is first and foremost the participant's home.
- Right to come and go as anyone else would in their own home.
- Not merely a place where he/she happens to be living.



# HABILITATION ACTIVITIES

## Recreational and Leisure Activities

- Exercising at the gym
- Going to the library
- Bowling
- Walking or picnics in the park
- Swimming
- Joining a club

## Volunteering

- Humane Society
- Tabitha
- City Mission
- Food Bank
- City Impact



# HABILITATION SKILLS

## Employment

- Seeking employment
- Maintaining employment

## Socialization

- Each participant is afforded rights and shall practice responsible behavior as a US Citizen
- Participants' basic human needs, are affirmed, defended, promoted, and respected
- Participants served will be taught responsible social/sexual behavior
- Participants need to have the opportunity for socialization



# HABILITATION SKILLS

## Adult Living Skills (ADLs)

- Hygiene
- Personal organization
- Household maintenance

## Nutrition

- Eating, planning, and/or preparing well-balanced meals
- Assisting participants to understand and make healthy choices



# DOCUMENTATION





# DAILY DOCUMENTATION DUTIES

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- DHHS requires online case management documentation through Therap.
- All employees will be trained in the next presentation.
- Documentation should be done *DAILY* while events are fresh in your mind
- This ensures quality of Medicaid funded services
- Documentation is required “*DAILY*” per ABLED's Policy
- Adherence to ABLED Policy is required by your contract or employment
- Policy violations are grounds for termination





# S.T.A.M.P. IMPORTANT DAILY DUTIES

- SComms
- TLogs
- Attendance/Electronic Visit Verification (EVV)
- MARs
- Programs



# REPORTABLE INCIDENTS

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- The DHHS Incident Reporting & GER Guide identifies all reportable incidents, reporting timelines and reporting guidelines.
- Reportable Incidents require verbal notice to ABLED immediately, the Service Coordinator within 4 hours, the Guardian within 24 hours and a GER within 24 hours.
- Reportable Incidents require analysis and follow up to determine if it was preventable.
- Most behaviors are tracked in a Behavior Tracker or low GER.



# REPORTABLE INCIDENTS

- Actual or potential airway obstruction
- Allegation, suspicion, or event of abuse, neglect, exploitation of a child or a vulnerable adult
- Fatal 5
- Communicable Disease
- Death of a Participant
- Emergency Situations
- Falls with Injury Requiring more than First Aid
- Incidents Involving Emergency Personnel Requiring Emergent Response
- Infestations
- Injuries of Unknown Origin Raising Suspicion
- Injury Requiring Medical or Nursing Interventions beyond First Aid
- Medication Errors
- Misconduct Not Involving Law Enforcement
- Missing Person(s)
- PRN Psychotropic Medication Usage
- Property Damage
- Suicide Attempts
- Swallowing Inedibles
- Unplanned Hospital/Emergency Room/Urgent Care Visit
- Use of Emergency Safety Interventions
- Use of Restraint or Prohibited Practices
- Vehicle Accident



# FUNDS MANAGEMENT

## Participant Personal Funds

- Some participants handle their own funds with no involvement, and some participants need staff's assistance to handle funds
- Participants should have access to their funds and be supported to make purchasing decisions as independently as possible.
- Staff assisting a participant with their personal funds will need to:
  - Complete Petty Cash Ledger (found on ABLED's website) to log incoming and outgoing disbursements and keep running balance
  - Collect receipts for all disbursements
  - Email copies of the Petty Cash Ledger and disbursement receipts to **Paige Styskal** at the end of each month

## Participant Payee Funds

- ABLED only acts as Payee as a last resort for Participants' SSI/SSA
- Linda Tagart acts as Payee for participants who need one but cannot find any alternative
- Linda writes checks for Petty Cash, Room & Board, and other expenses for staff or participant
- ABLED monitors Payee accounts multiple times per week



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# TRAINING

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# ONGOING TRAINING CONTACTS

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**Orientation  
→ Makaela**

**Therap →  
Makaela**

**Mandt →  
Makeala**

**CPR & First  
Aid → Jen**

**180 Day →  
Jen**

**Petty Cash  
Ledger →  
Paige**

**Reportable  
Incident →  
Coralie**

**MAR →  
Coralie**

**Med Aide →  
Sonya**

**Behavior  
Support  
Plan → Kim**



# 180 DAY TRAINING

- All Employees and Contractors must complete 180 Day Training prior to working at ABLED for 180 days.
- Information covered today will be reviewed in the 180 Day Training.
- All Employees and Contractors must also complete Mandt Training prior to working at ABLED for 180 days or sooner if required in the Safety Plan.



[WWW.ABLEDINC.COM](http://WWW.ABLEDINC.COM)

**ABLED**

**PHILIPPIANS 4:13 +**

**UP NEXT - THERAPY TRAINING**

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# IN MEMORY OF ANDREW

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