

Advantage

Consumer Directed Services- Consumer Training

1. Philosophy

It is the philosophy of this Vendor to promote the ability to live independently for consumers who have a physical disability.

We believe the consumer should have a voice and a choice in the functions for their daily living.

We will guide, support and counsel those consumers who want to take charge of their personal care services.

We will provide them with the skills needed to train a personal care attendant to maintain the consumers required level of care.

We will advocate for the consumer to be able to share their concerns and opinions, seek equal opportunities, and respect.

This Vendor will inform the consumer of other services and peer groups available in their community.

2. Consumer Rights and Responsibilities

CONSUMERS ARE EXPECTED TO:

- Direct their own care.
- Follow the Plan of Care prepared by DHSS.
- Select, hire, fire, train, and supervise the attendant.
- Use only attendants who are registered, screened, and employable pursuant to the Family Care Safety Registry, Employee Disqualification List, and applicable state laws and regulations.
- Prepare biweekly timesheets and submit to the vendor.
- Ensure that units of service delivered do not exceed those authorized.
- Explain tasks that are to be completed.
- Sign a completed time slip each time the attendant provides services.
- Select an attendant regardless of race, color, national origin, sex, age, religion, political beliefs, or disability.

CONSUMERS MAY NOT:

- Threaten or abuse the attendant or vendor staff (physically, verbally or sexually); this will result in services being stopped.
- Engage in activities that would be considered fraud of the program

CONSUMERS HAVE THE RIGHT TO:

- Receive services without regard to race, color, national origin, sex, age, religion, political beliefs, or disability.
- To be treated with respect and dignity
- Have all personal and medical information kept confidential
- Have direction over services provided as long as care plan is being followed.
- Know the providers established grievance procedure and how to make a complaint about the service and receive cooperation to reach a resolution without fear of retribution

- Receive a copy of the provider’s code of ethics under which services are provided.
- Hearing Rights: (per 19 CSR 15-8.500 Hearing Rights)
 - 1.) When a consumer is determined ineligible for consumer-directed services (CDS) or when a dispute arises concerning the provision of CDS, after the preparation of the CDS plan (plan of care), or termination of CDS, the consumer may request in writing a hearing with the Dept of Social Services (DSS).
 - 2.) A consumer may request a hearing by contacting Department of Health and Senior Services (DHSS) in writing within 90 days of denial or eligibility, denial of financial assistance, the determination of financial assistance, discontinuation, suspension or reduction of CDS.
 - 3.) If the consumer appeals in writing within 10 days of the mailing of the notice regarding denial, suspension, reduction or termination of CDS, DHSS will not suspend, reduce or terminate services provided to a consumer under an existing plan of care pending a decision from a hearing, unless the consumer requests in writing that services be suspended, reduced or terminated.

3. Code of Ethics for Attendants

The following is the agency’s Code of Ethics for the CDS program. We understand that the consumer is the employer and that many of our attendants are family members of the consumer, but we ask for the following rules to be followed during working hours. The Code of Ethics shall forbid, at a minimum, the following actions during working hours:

- Unauthorized consumption of client’s food or drink (except water) during working hours.
- Unauthorized use of client’s telephone for personal calls during working hours.
- Bringing other persons to the client’s home during working hours unless prior approval from the consumer. This would be considered a HIPAA violation.
- Consumption of alcoholic beverages or use of medicine or drugs for any purpose, other than medical in a client’s home during working hours.
- Smoking in the client’s home during working hours unless prior approval from consumer.
- Breach of the client’s privacy and confidentiality of information and records
- Assuming control of the financial and/or personal affairs of the client or of his/her estate including Power of Attorney, conservator ship or guardian ship. This would disqualify them from receiving services.
- Taking items from the client’s home without approval from consumer.
- Committing any act of abuse, neglect or exploitation.
- Solicitation or acceptance of money or goods for personal gain from the consumer is not authorized by this vendor. Advantage Consumer Directed Service will not be held liable for any sale or transactions between the consumer and attendant.

4. Allowable/Routine Tasks

CDS provides “hands on” assistance with physical tasks that benefit the participant and are based on the physical limitations of the participant.

- NO time can be allotted for stand-by assistance, prompting, or cueing.
- NO time can be allotted for respite care or for time spent waiting for the participant at any appointment.

CDS may include the following tasks:

1. Bathing; including shampooing hair
2. Dressing/grooming; includes dressing/undressing, combing hair, nail care, oral hygiene and denture care and shaving
3. Ostomy/catheter hygiene
4. Bowel and Bladder routine
5. Assistance with toileting
6. Use of transfer devices/assistance with mobility issues/prostheses
7. Passive Range of Motion
8. Manual assistance with medications (prompting while assisting, opening mediplanner, handing a glass of water, steadying the glass of water)
9. Turning and positioning
10. Mobility and transfer
11. Treatments (eye drops, rubbing creams, lotions that have been prescribed)
12. Cleaning and maintenance of equipment
13. Clean bath
14. Make Bed
15. Change linens
16. Clean floors
17. Tidy and dust
18. Laundry (home or off-site)
19. Trash
20. Read/write essential correspondence
21. Meal prep and/or assistance with eating
22. Wash dishes
23. Clean Kitchen
24. Essential transportation (see #6 below for further description)

The Vendor only authorizes tasks that are listed in the consumer's care plan and that are provided to meet the unmet needs required by the consumer to enable him or her to live independently.

5. Time and Place of Service:

You are NOT allowed to work CDS hours in the home of a consumer while your consumer is not home. This includes short periods of time; for example if the consumer runs to the store without you or if they are hospitalized or at the Dr. Office. You are allowed to run quick errands without the consumer if they are authorized for transportation. Example: You run to the grocery store while the consumer stays home.

Out of town: Per state regulations it is reasonable to assume that a CDS participant who needs assistance with Personal Care at home would also need care when he/she travels to another location or even out of state TEMPORARILY. The vendor is still responsible to ensure appropriate delivery and that the Care Plan is being followed. Telephony (if applicable) and timesheets should still be used like normal.

If your consumer is hospitalized for a long period of time or admitted for just a short time on a given day, we ask that you not service the consumer until the next day. When a Medicaid participant is hospitalized, Medicaid will typically deny any billing claims for home care until the next day.

Turning in timesheets for services rendered while the consumer is not home is considered Medicaid fraud.

6. Essential Transportation

Some CDS consumers will be authorized essential transportation on their Care Plans. This includes all essential shopping/errands (whether or not the participant is with the CDS attendant), school and employment. For the participant to be eligible for transportation assistance there must also be an identified need for personal care assistance, even if that need is met by supports other than CDS.

* CDS Transportation does NOT include transporting to medical appointments when that appointment is covered under the NON-Emergency Medical Transportation (NEMT) program. To determine if the medical appointment is covered by NEMT, contact the NEMT provider at 1-866-269-5927.

Common transportation related questions and answers per Medicaid:

Q: *Is transporting to reading classes for reading comprehension allowable?*

A: Yes, this is considered "continuing education" and is allowable under Essential Transportation

Q: *Is transporting for events such as: visiting another individual's home for social visits, or visiting someone in the hospital or a church function allowable?*

A: Social activities are not appropriate as they do not meet the definition of essential transportation. This does not mean that the attendant cannot take them to the destination and deliver appropriate and authorized personal care tasks while the participant is in that location. The transportation may not be reimbursable, but the personal care is.

Q: *Is transporting to a funeral home to make funeral arrangements for someone else allowable?*

A: If it is necessary to go to the funeral home to make arrangements for a relative whom you are responsible for and no other transportation options are available, then this would be an essential transportation need and thus allowable.

Q: *Is transporting to an appointment to have blood drawn for lab work (when Medicaid does not pay for the service and it is performed separately from a doctor visit) allowable?*

A: Trips for medical appointments or health oriented appointments (lab draws, chiropractor, etc.) are always considered to be appropriate tasks for Essential Transportation as long as it is not a Non-Emergency Medical Transportation covered trip.

Q: *Is transporting to aquatic classes instructed by a licensed Physical Therapist as ordered by a physician allowable?*

A: Non-Emergency medical transportation must be utilized prior to CDS transportation, so as long as it is not a covered entity under the NEMT program, then it can be covered under the CDS essential transportation.

Q: *If a participant is wheelchair bound and unable to transfer to and from or assist in placing their wheelchair in the vehicle without assistance, and the Non-Emergency Medical Transportation is not assisting, can Essential Transportation be authorized?*

A: No, the participant should submit a complaint through the MO HealthNet regarding this issue. Problems with a Non-Emergency Medical Transportation provided service is not justification to authorize the service through Consumer Directed Services.

Q: *Can a participant have a family member or friend ride along?*

A: This is a decision between the vendor, attendant, and consumer. The Department of Health and Senior

Services does not have a regulation prohibiting this practice.

Q: *If two participants live in same household and both are authorized for transportation and prefer to conduct joint shopping for groceries, can the aide document the first 30 min. for one participant and second half hour for the second participant, in order to save the aide from having to make two trips to the store?*

A: Yes, it is appropriate to document this way as long as the times do not overlap one another and the participant's needs are being met.

Q: *Can the attendant get paid for going to a Dr appointment with the consumer and waiting in the waiting room while the medical procedure is taking place?*

A: No, anytime the attendant spends waiting for the participant to complete a medical procedure cannot be reimbursed.

Q: *Can Non-Emergency Medical Transportation providers transport the participant and the participants Consumer Directed Services attendant as a "rider" for attendance and assistance needed during medical appointments (mobility concerns of participant)? Will the attendant need to pay for their transport spot? If not, who is responsible for the cost?*

A. The Non-Emergency Medical Transportation broker would be able to take the participant and an additional rider. It would need to be conveyed that the participant would need the additional rider at the time the reservation is made. The participant would be the only one that would be asked to pay copay for the transportation and not the additional rider.

Q: *Is taking a participant to church allowable to be authorized under essential transportation?*

A: Transportation to and from church is not allowable under the authorization of essential transportation. Although we certainly understand the importance of this in life to many of our participants, and don't want to be misunderstood as saying it is not essential in life, this task does not meet the definition of essential transportation for the Medicaid Consumer Directed Services program

Q: *Are attendants allowed to run errands (grocery shopping, pharmacy, etc) on behalf of the participant by means of public bus transportation or a taxi?*

A: There is nothing in the regulation which prohibits this or requires the use of the attendant's personal vehicle.

Q: *Can the attendant complete all necessary shopping and errands for the participant without the participant accompanying them?*

A: Yes, the regulation states that all essential shopping/errands (whether the consumer is with them or not) are covered.

7. Falsification of Timesheets

Timesheets are part of the billing process, part of the consumer's chart and a legal document. Timesheets are to be completed concurrently, and concisely. Any falsification of timesheets will not be tolerated by the vendor and will be grounds for immediate termination and is a hotline offense. Never submit a timesheet for time you did not work! This is considered fraud.

8. TIME SHEETS AND SIGNATURES:

- 1 Every day of service must include a full signature from the employee and the client.
- 2 The signature must be your full first name and full last name.
- 3 You CANNOT use any form of initials.

Example of a good signature: *Mary Poppins*

Example of a bad signature: *M.P.*
M. Poppins
Mary P.

The office staff has been instructed to not accept timesheets that contain any form of initials. If we receive them, you will be called and instructed to redo the timesheet and resubmit at a later date.

9. Electronic Visit Verification (EVV):

The state of Missouri has mandated the use of electronic visit verification. This is a timekeeping system that requires your home care worker to electronically verify to the vendor that they are present and working their shift. Currently our system requires the attendant to use YOUR telephone to call in and record the time that your services start and stop, as well as keep track of the tasks performed. Your worker is NOT allowed to use their personal cell phone, per state regulation.

Please note: Every single agency in the state of MO is required to use EVV because it is state law as of July 1, 2015. Starting in January 2019, consumers will no longer be allowed to opt out of using electronic visit verification per the federal government and the 21st Century Cures Act.

Currently, You will be asked to sign off stating that you either agree to allow your homecare worker to use your phone or that you do not agree, therefore your worker will not be using the telephony system. Your worker will still be required to fill out and submit a weekly timesheet regardless if they use telephony or not. After January 2019, Consumers will not be given the choice.

10. TRAINING & ORIENTATION PLAN

The Vendor will assist all consumers in the general orientation of attendants as requested by the consumer. Our training program also includes training and orientation of the consumer in the skills needed to recruit, employ, instruct, supervise and maintain the services of attendants. The attendant and consumer will be instructed on the consumer plan of care and the required necessities for the consumer to live independently.

We are able to assist our consumers with any training that they feel their attendant needs. Please feel free to contact us with specific training topics in which you are in need of. We will be happy to provide you with print materials on these topics or actual demonstrations if needed. During the initial training session, all consumers are asked to acknowledge that they are aware of their access to a wide variety of training topics. The topics listed below are just some of the training materials that we have:

- Basic nutrition and hydration
- Universal precautions/ OSHA
- Basic first aid tips
- Lifting techniques for caregivers
- HIPAA
- Abuse and Neglect
- Personal Care techniques
- Safe Transfers and Safe Patient Handling
- Toileting tips
- The Normal Aging Process
- Understanding Hepatitis/ AIDS
- Professionalism and work ethic

- Bath Safety
- And many, many, many more!

Suggestions on how to recruit new attendants:

- Newspaper ads, internet ads (ex: craigslist, etc)
- Word of mouth
- Flyers at local grocery stores, laundry mats, doctor offices, etc
- Contacting local C.N.A schools

Attendant Training Includes:

General Orientation: Assisting the consumers in the orientation of attendants as requested by the consumer.

- **Consumer Plan of Care-** Ensuring that the attendants understand the consumer’s plan of care and required necessities to live independently.
- **Timesheets-** Ensuring via handouts that the attendant and consumer understand what is required for the original timesheet to be valid:
 1. Attendants Name
 2. Consumers Name
 3. Date and times of Service Delivery
 4. Types of activities performed at each visit
 5. Consumers signature verifying services delivered concurrently
- **Explanation of Fraudulent Issues-** Falsification of records, misappropriation of funds or consumers property.
- **Rights & Responsibilities of Attendant-** Code of Ethics, Bill of Rights for the Consumer
- **Abuse and Neglect & Exploitation-** Abuse and Neglect Policy will require a signature of understanding. Hotline telephone numbers will be distributed.
- **Grievances-** Grievance Policy will be explained and signature of understanding required.
- **Confidentiality-** Confidentiality/ HIPAA information explained
- **Allowable/Non-Allowable Tasks-** Explanation of instrumental daily living tasks vs. non-instrumental tasks (not allowed).
- **Time of services-** When they are allowed to provide services and when they are not allowed to provide services.

11. Employee Reference Requests:

As a vendor for the MO Medicaid CDS program, we are not required to check employment references for attendants prior to hire; however we will upon request of the Consumer.

12. Payroll Function Policy

The Vendor will perform, directly or by contract the payroll and accounting functions for the consumers, including but not limited to:

- 1 Collecting timesheets / certifying accuracy
- 2 Transmitting individual payments to the personal care attendant on behalf of the consumer
- 3 Ensuring all payroll, employment, and other taxes are paid in a timely manner

Procedure

- Attendants will be required to turn in timesheets in a timely manner for the biweekly payroll to be generated.
- Timesheets will be verified for consumer’s and attendant’s signatures.
- Timesheets will also be verified for the units serviced to insure that they do not exceed the units authorized by CDS plan of care.

Consumer Payroll Responsibility:

Ensure that units submitted do not exceed the amount of units authorized.

Understand that the attendant can not be paid for time the consumer is not in the home.

Indicate the reason for hours not used.

A timesheet must be completed for every shift based upon the services provided to you in accordance with your individual care plan. This includes AM and PM times and all tasks completed.

It is your responsibility to ensure the accuracy of every timesheet that is submitted for your care. If the timesheet is not properly filled out, this will delay or withhold your employee's paycheck.

You and the attendant must sign after every shift and on the backside of every timesheet in order for the timesheet to be processed in an orderly manner.

White-out corrections are not acceptable, as all timesheets are legal documents. If there is a minor error made on the time sheet, please cross out the error with one line and initial next to it. Do NOT "scribble" or black out errors. Your timesheet will not be processed in a timely manner if received in this condition.

Timesheets are due in the office every other Monday(Please refer to schedule). Timesheets not received on time will be held to the next pay period.

13. Abuse & Neglect/Exploitation/Misappropriation/Falsification of Services

The vendor strictly prohibits abuse or neglect. All personnel associated with The Vendor are trained in recognizing abuse and neglect and will report immediately any alleged or suspected abuse of a consumer to The Vendor, who will contact the Department. Failure to report the suspected abuse or neglect will result in disciplinary action, criminal prosecution, or both.

It is the policy of the Vendor to take the appropriate steps to prevent the occurrence of abuse, neglect, exploitation and misappropriation of Consumer funds, including falsification of service delivery documents. The Vendor will ensure that all alleged violations of any of the before mentioned are reported immediately to the Elder Abuse Hotline (1-800-392-0210) or to the Child/Abuse Hotline (1-800-392-3738).

Training: Upon contract with the Vendor all consumers are educated on abuse, neglect and fraud. All personal care attendants are informed that they are mandated reporters and what the expectation and responsibilities are to the consumer and the Vendor. Personal Care Attendants are educated about the Employee Disqualification List and the ramifications for fraud, abuse or neglect.

Upon a report of suspected abuse or neglect, the agency head and all other personnel will fully cooperate with the Department and all other agencies authorized to investigate the complaint.

Falsification of timesheets

Consumers are informed that their timesheets are part of the billing process, part of the consumer chart and a legal document. Timesheets are to be completed concurrently, and concisely. Any falsification of timesheets will not be tolerated by the Vendor and will be hot lined immediately.

14. Drug Free Workplace Policy and Procedure

The Vendor is committed to establishing a drug-free workplace for our consumers. Alcohol and drug use will not be tolerated. The following activities are prohibited:

- The manufacture, possession, sale, use, distribution, dispensation, receipt or transportation of any controlled or illegal during Medicaid time.
- Being under the influence of alcohol or illegal substance during working hours or business related activities.

- Performing any consumer services while under the influence of alcohol or controlled or illegal substances.
- Any personal care attendant who engages in such behavior will not be tolerated.
- Any personal care attendant who is taking prescribed medications that could impair their abilities must have a doctor's note to return to work.

Drug Free Workplace Procedure:

The Vendor will perform alcohol and drug testing in the following circumstances:

- A CDS employee demonstrates impairment or suspicious behavior on the job or premises.
- A CDS employee becomes involved in a workplace accident or occurrence that results in an injury on the job as defined by OSHA.
- A CDS employee's failure to comply with testing will result in automatic forfeit of employment with the Vendor.

15.Consumer Case Records Policy & Quality Assurance

The Vendor will maintain all case files and records of its activities pursuant to applicable state laws and regulations for a minimum of six (6) years in a secure central location and be stored in such a way that they will be readily available for monitoring and inspection for DHSS or its designee.

The Vendor files will ensure that the following items are maintained in the consumers' case files:

- Written Plan of Care/ Service Authorization-that documents the type of services and quantity of units to be provided.
- Consumers original timesheets that contain:
 - Attendants Name
 - Consumers Name
 - Dates and times of service delivered
 - Types of activities performed at each visit
 - Attendants signature for each visit
 - Consumers signature verifying service delivery for each visit
- Copies of all correspondence with DHSS, the consumer's physician, other service providers and other administrative agencies.
- Documentation of training provided to the consumer in the skills needed to understand and perform the essential functions of an employer.
- Signed documentation that the consumer has been informed of their rights concerning hearings and consumer responsibilities (all forms must comply with DHSS or Medicaid requirements)
- Any pertinent documentation regarding the consumer
- Documentation of the consumer's emergency and/or back up plan

Procedure

Upon admission of a consumer for services, an admission packet will be completed with the above information and all documents will be maintained in the consumer file in the vendor office.

A monthly call will be placed to you to provide ongoing monitoring of the provision of services in the plan of care and other services as needed to live independently. If any personal information has changed, please inform us at the time of the call so we can update your file. We will review your emergency and back up plan at this time as well.

16.Closing or Discontinuing Services Policy

The Vendor shall refer the following situations to DHSS for investigation that could warrant closing or termination of services.

- Death
- Admission to long term care facility
- Consumer no longer needs services
- Inability of the consumer to self direct care
- Inability to continue to meet the maintenance needs of the consumer due to the plan of care hours needed to ensure the health and safety of the consumer exceeds availability.

The vendor after notice to DHSS; may suspend services to consumers for the following:

- Consumer is unable to self direct
- Falsification of records or fraud
- Persistent actions by the consumer of noncompliance with the plan of care
- The consumer or member of the household threatens or abuses the attendant and/or vendor.
- The attendant is not providing services as set for in the plan of care and attempts to remedy are not successful.

Procedure

The vendor will provide written notice to DHSS and the consumer listing specific reasons for requesting the closing or termination of services. All supporting documentation will be maintained in the consumers file.

17.Consumer Notification of Changes

This Vendor will notify all authorized consumers, consumer representatives and the Department immediately in writing of changes in address, telephone number, fax numbers, posted business hours and email addresses of the primary location or satellite locations at least five (5) working days before the changes take place.

We ask that you notify our office if there have been changes to your address or phone number as soon as the change takes place.

18.Serving Household Members

Services provided (tasks) are strictly for the consumer listed on the care plan. The personal care attendant may not provide services for any other member of the household.

19.Serving Spouse of Consumer

It is the policy of the CDS program that prohibits a personal care attendant from serving their spouse that is a consumer.

20.Community Resources

- Adult Protective Services:** Protective services are provided on behalf of older and/or disabled adults who are reported to have been abused, neglected or exploited either by other individuals or through self neglect. Reports are investigated by the Division of Senior and Disability Services Staff. If you suspect that the elderly or disabled have been subject to abuse, neglect or exploitation, it should be reported to Elder Abuse Hotline at: 1-800-392-0212 *Info from DHSS
- Area Agencies on Aging (AAA's):** The AAA's provide local leadership in the development and implementation of programs to seniors age 60 and over who are of greatest social or economic need with special emphasis on serving low income and minority seniors. Services provided by AAAs include but are not limited to transportation, congregate and home delivered meals, supportive services such as homemaker chore, personal care or respite and legal services. To locate an AAA in a particular community in Missouri call 1-800-235-5503 or

visit www.moaging.com. To contact a nationally sponsored AAA you may call the Eldercare Locator at 1-800-677-1116. *Info from DHSS

c. Other Resources:

AIDS Information	1-800-342-AIDS
Alcohol and Drug Information	1-800-729-6686
Alzheimer's Disease	1-800-272-3900
Better Business Bureau	314-645-3300
Family Assistance Programs	1-800-329-1261
Medicare Information	1-800-638-6833
Missing Children	1-800-843-5678
Social Security Administration	1-800-772-1213

21.Mandatory Attendant Background Checks

Criminal Backgrounds Check Policy:

Advantage Consumer Directed Service will require all prospective attendants to complete and sign the Request for Criminal Background Check, Family Care Safety Registry, and the EDL. All prospective attendants will be screened by the Missouri State Highway Patrol and Family Care Safety Registry and EDL at least 48 hours prior to offer of employment.

Criminal Backgrounds Check Procedure:

The prospective applicants Social Security Number will be run through **the Family Care Safety** website to verify if the applicant is registered or not.

- If the applicant is registered, a phone call will be place to the **FCSR** for a background screening for employment purposes. The operator will verify if the applicant has **clear** screening or if there is a **violation** on their record. A **clear** screening means that the applicant has no findings with the Missouri Highway Patrol, the Foster Care Licensing Records, Child Abuse or Neglect, Sex Offender Registry, Department of Mental Health, EDL, and Childcare Licensing Records.
- If there is a **violation** on the record the HR person will ask if there is a Good Cause Waiver (GCW) in place. If there is we will request a copy of the GCW.
- If there is a **violation** on the record; and there is **not** a GCW the vendor will submit a letter on company letterhead to request additional information. Upon receipt of the requested additional information from the FCSR a human resources specialist will call the applicant and have them come in to fill out the GCW application and explain the supporting documentation that will be needed. This information includes one (1) Sponsorship letter from a current or potential employer, training agency or school. If the applicant can not obtain a sponsorship letter three (3) character references from person knowledgeable of the applicant's character and employment history. The letters of reference cannot be from someone related or residing with the applicant. An explanation of background screening findings form for each arrest/ investigation that resulted in the disqualifying violation or incident. Include what happened, why it happened, when and where it happened, any person present at the time, the circumstances from the applicants' point of view. Applicant should include why their GCW should be approved. The applicant should attach their employment history since the age of 18 including time periods worked for each employer.
- **The applicant cannot work until an actual GCW has been granted by the FCSR. The applicant may not work until the vendor actually receives a copy of the GCW.**
- If the applicant is not registered with the FCSR a copy of their Social Security Card, the completed application for the FCSR and the registration fee will be sent in to be processed.
- **The applicant will not be hired until the vendor can verify registration and clear screening with the FCSR.**

Attendant Disqualification List Policy

The prospective applicant will also be run through the **attendant disqualification** website prior to hire.

If an unsatisfactory report is received the prospective attendant will not be offered employment with the Vendor.
All copies of the above screenings are maintained in the attendants file in a secure area.

Attendant Disqualification List Procedure

Attendants will be screened on the EDL website electronically and against the EDL printout quarterly. All attendants are screened by name, aliases, and social security number. The Vendor will update the EDL binder quarterly and annually. If an attendant is found at any time during their employment on the EDL they will be terminated immediately.

22. Disaster Policy/ Emergency Procedure

Service Delivery during Disaster Policy

This Vendor will develop an emergency preparedness plan during times of natural (flood, earthquake, tornadoes) or man-made (bomb or bioterrorism) disasters and power outage for each consumer to ensure service delivery that will include:

- A list with persons identified name/phone numbers in case of emergency (family members or neighbors)
- A list of all prescription medications, dosage, directions, and all non-prescriptions medicines used with dosage /directions.
- A list of all allergies
- Recommendations for a medical alert bracelet for special medical needs/allergies.
- Copies of insurance cards
- List of physicians
- Extra batteries for hearing aides, extra pair of glasses
- Labels on medical equipment
- Written plan of evacuation out of the home or facility
- Encourage consumers to have bottled water, canned foods, flashlights, batteries, radio, first aid kits, special nutritional things, i.e. Ensure
- Consumers and personal care attendants will be provided with the Ready in 3 information.

Service Delivery during Disaster Procedure:

In the event of a man made or natural disaster all consumers will be contacted by the vendor to make sure they are safe and their needs are being met during the disaster. If the consumers' needs are not being met the vendor will provide information on local shelters or other services that may be of help to them. The Vendor will keep DHSS informed of any changes in the consumers living arrangements or changes in physical or mental health during the disaster. This Vendor will contact the Disaster Response and Recovery team at 1-800-392-0272 to keep the department informed of status of health and living arrangements of authorized consumers.

This Vendor will keep current, monthly roster of all attendants, to include: name, all phone numbers, location, and qualifications. This Vendor will also keep a current monthly roster of all consumers, to include: name, address, county, phone numbers, level of care, priority/risk, and the amount and type of services provided to each individual consumer. *This Vendor will work with local emergency operation centers for the affected areas.*

23.Liability for work related injury/illness:

Attendant and/or consumer is/are solely responsible for any injuries or illness Attendant sustains while providing attendant care services and/or acting within the scope of his/her employment, and that neither this Vendor nor the State of Missouri has any liability for such injuries or illness.

24.Consumer Notice of Privacy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Below is a description, including at least one example, of the types of uses and disclosures that this agency is permitted to make for each of the following purposes: treatment, payment and health care operations.

Disclosures to other health care providers, including, for example, to clients' attending physicians. Submission of claims and supporting documentation including, for example, to organizations responsible to pay for services provided by the agency. Disclosures to conduct the operations of the agency, including, for example, sharing information to supervisors of staff members who provide care to clients.

2. Below is a description of each of the other purposes for which the agency is permitted or required to use or disclose protected health information without an individual's written consent or authorization.

To clients, incident to another permitted use or disclosure, by agreement, to the Secretary of the U.S. Department of Health and Human Services, as required by law, for public health activities, information about victims of abuse, neglect or domestic violence, health oversight activities, for judicial and administrative proceedings, for law enforcement proceedings, about decedents, for cadaveric organ, eye or tissue donation, for research purposes, to avert a serious threat to health or safety, for specific government functions, to business associates of the agency, to personal representatives, de-identified information, to workforce members who are victims of crimes, to workers' compensation programs, for involvement in the individual's care and for notification purposes, with the individual present, for limited uses and disclosures when the individual is not present, and for disaster relief purposes.

3. Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, will be made only with the individual's written authorization and the individual may revoke such authorization.
4. The agency may contact the individual to schedule visits and for other coordination of care activities.
5. The individual has the right to request further restrictions on certain uses and disclosures of protected health information, but the agency is not required to agree to any requested restriction(s), except disclosures must be restricted to health plans if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which the individual or person other than the health plan on behalf of the individual has paid the organization in full.
6. The individual has the right to receive confidential communications of protected health information, the right to inspect and copy protected health information, the right to amend protected health information, the right to receive an accounting of disclosures of protected health information and the right to obtain a paper copy of this Notice from the agency upon request.
7. The agency is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.
8. The agency is required to abide by the terms of this Notice currently in effect.
9. The agency reserves the right to change the terms of its Notice and to make the new notice provisions effective for all protected health information that it maintains. Individuals may obtain a revised copy of this Notice upon request.
10. Individuals may complain to the agency and to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints should be directed to Shannon Meier

the Director of Human Resources at the agency by calling 1-800-580-6576. Individuals will not be retaliated against for filing a complaint.

25.False Claims Act Training

Overview

It is the policy of Advantage Nursing Services, Inc., Advantage In-Home Services, LLC and its affiliates (collectively referred to as the “Advantage”) to comply with all applicable federal and state laws regarding fraud, waste and abuse. Advantage acknowledges its participation as a Government Programs contractor in federal and state sponsored health care programs, including Medicaid. As a Government Programs Contractor, Advantage is subject to specific state and federal regulatory requirements related to these programs. To comply with Section 6032 of the Deficit Reduction Act of 2005, Advantage provides this policy, which includes information about its policies and procedures and the role of certain federal and state laws in preventing and detecting fraud, waste and abuse in government-sponsored health care programs. This policy applies to all employees, contractors and agents of Advantage.

Administrative Guidelines

I. Procedures for Detecting and Preventing Fraud, Waste and Abuse

Advantage maintains a Corporate Compliance Program that includes activities for the detection, prevention and investigation of fraud, waste and abuse. Advantage is charged with maintaining a program to detect, investigate, prevent, and recover the loss of corporate, government and customer assets resulting from fraudulent and abusive actions committed by providers, members, subcontractors and employees. To notify Advantage of potential fraud and abuse issues or compliance concerns call its toll free number, 866-568-1192. Advantage acts on referrals received from internal and external sources of potential fraud and/or abuse. Additionally, the company uses other methods to identify potentially fraudulent activity such as claim data extracts.

A. Federal Laws Governing Fraud, Waste and Abuse (FWA)

i. False Claims Act; 31 U.S.C. §§ 3729 – 3733

The federal False Claims Act imposes liability on any person or entity who:

- * Knowingly files a false or fraudulent claim for payments to Medicare, Medicaid, or other federally funded health care programs;
- * Knowingly uses a false record or statement to obtain payment on a false or fraudulent claim from Medicare, Medicaid or other federally funded health care programs; or
- * Conspires to defraud Medicare, Medicaid or other federally funded health care programs by attempting to have a false or fraudulent claim paid.
- * Knowingly avoids or decreases an obligation to pay or transmit money or property to the government.

“Knowingly” means:

- * Having actual knowledge that the information on the claim is false;
- * Acting in deliberate ignorance of whether the claim is true or false; or
- * Acting in reckless disregard of whether the claim is true or false.

A person or entity found liable under the False Claims Act is, generally, subject to civil money penalties of between \$5,000 and \$10,000 per claim, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990, and three times the amount of damages that the government sustained because of the illegal act.

Under the False Claims Act individuals with knowledge of potential violations may file suit on behalf of the government in federal court. These individuals may be entitled to a percentage of the amount recovered by the government. The False Claims Act also provides protection from retaliation and discrimination for individuals that engage in lawful acts done in furtherance of an action under the False Claims Act or in an effort to stop a violation of the False Claims Act.

ii. Program Fraud Civil Remedies Act; 31 U.S. C. §§ 3801- 3812

The Program Fraud and Civil Remedies Act (“PFCRA”) creates administrative remedies for making false claims and false statements. These penalties are separate from and in addition to any liability that may be imposed under the False Claims Act.

The PFCRA imposes liability on individuals or entities that file a claim that they know or have reason to know:

- * Is false, fictitious, or fraudulent;
- * Includes or is supported by any written statement that contains false, fictitious or fraudulent information;
- * Includes or is supported by a written statement that omits a material fact, which causes the statement to be false, fictitious or fraudulent, and the individual or entity submitting the statement has a duty to include the omitted fact; or
- * Is for payment for property or services not provided as claimed.

A violation of this section of the PFCRA is punishable by a \$5,000 civil penalty for each wrongfully filed claim and an assessment of twice the amount of any unlawful claim that has been paid.

iii. Anti-Kickback Statute

The federal anti-kickback statute prohibits Advantage, its employees, and contractors from offering or paying remuneration in exchange for the referral, recommendation or arrangement of Government Programs business. Under the anti-kickback statute remuneration is considered to be anything of value that is exchanged. Penalties that may be imposed under this statute for violations include criminal penalties, exclusion from participation in government programs and civil monetary penalties.

iv. Stark Laws

The Physician Self-Referral Act or Stark Law prohibits physicians from making referrals for certain health services that are payable by Medicare or Medicaid to any entity with which the physicians have a financial relationship. A financial relationship means either an ownership interest or a compensation arrangement. The purpose of the Stark Law is to ensure that referrals for services are made in the best interests of the patient.

v. Health Care Fraud (18 U.S.C. § 1347)

It is illegal to knowingly and willfully execute or attempt to execute a scheme to either defraud a health care benefit program or to obtain money or property from a health care benefit program by means of false pretenses or representations. Penalties can include fines and/or imprisonment.

B. Illinois State Laws Governing Fraud, Waste and Abuse

i. Illinois False Claims Act (740 ILCS 175/1-8)

The Illinois False Claims Act is modeled after the federal False Claims Act. This Act provides liability for knowingly presenting a false claim or record to the state or local government or a Medicaid managed care plan for payment or approval. Violators are liable to the State for a civil penalty not less than the minimum amount and not more than the maximum amount allowed for a civil penalty for violation of the Federal False Claims Act, plus 3 times the amount of damages which the State sustains because of the act of the violator. Notwithstanding the foregoing, violators of the Act can be subject to civil penalties of \$5,500 to \$11,000 per claim as well as three times the amount of damages that the government sustained because of the illegal act for certain civil actions brought by a private person. As with the federal False Claims Act, individuals with knowledge of false claims may bring action on behalf of the state or the local government, are entitled to a percentage of the proceeds collected, and are protected from retaliation and discrimination.

ii. False Statements Relating to the Medicaid Program

Under Illinois state law, it is illegal for a person, firm or corporation to knowingly obtain or attempt to obtain payment from public funds for social services, including medical services by:

- * knowingly making a false statement or representation;
- * deliberately concealing a material fact; or
- * a fraudulent scheme.

II. Whistleblower Protections

An individual who brings action under the Illinois False Claims Act is called a Qui tam plaintiff or whistleblower. Federal law prohibits employers from retaliating against employees who file suits on behalf of the government under the Illinois False Claims Act. Illinois law prohibits employers from retaliating against an employee for disclosing or threatening to disclose practices which violate a law and create a danger to public health or safety or which constitutes health care fraud.

C. Missouri State Laws Regarding Fraud, Abuse and Waste

i. Missouri Health Care Payment Fraud and Abuse statutes (Mo. Rev. Stat. §§ 191.900-914)

Missouri law addresses false Medicaid claims. Specifically, Missouri law prohibits:

- a. Knowingly presenting a claim for payment that falsely states the health care provided was medically necessary;
- b. Knowingly concealing an event affecting initial or continued payments by a medical assistance program for providing care;
- c. Knowingly concealing or failing to disclose any information in order to obtain a payment from a medical assistance program to which the health care provider is not entitled or improperly increasing the amount of any such payment to which the health care provider is entitled; or
- d. Knowingly making a claim for payment for health care that was provided that has a lesser value than the amount of the claim.

Criminal Penalties range from imprisonment up to seven years, restitution, and civil penalties of \$5,000 to \$10,000 per violation, plus triple damages measured as three times the amount of damage sustained by MOHealthNet as a result of the false claim activity. Alternatively, Missouri law authorizes the attorney general to initiate civil actions for violations of Missouri's false claims laws and recover up to two times the amount of payments received by the person as a result of making false statements or false representations, as well as the state's cost in pursuing the action.

Missouri law prohibits retaliation against an employee who initiates, assists in, or participates in a proceeding or court action under the Missouri Health Care Payment Fraud and Abuse statutes.

The false claims laws described in this policy create a system for preventing and detecting fraud, waste and abuse in federal and state health care programs by providing governmental agencies with the appropriate authority and mechanisms to investigate and punish fraudulent activity. All Advantage employees will be educated about Fraud, Waste and Abuse, including, but not limited to, the foregoing laws and corresponding regulations.

Sources:

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2058&ChapterID=57>

<http://www.mmac.mo.gov/>

**** This packet of information should be left with the consumer****



Consumer Directed Service Consumer Training Acknowledgement Form

The Following Topics were reviewed during training:

1. Care Plan and Timesheet Review
2. Appropriate Signatures on time sheets
3. Agency Contact Information
4. Vendor Philosophy
5. Consumer Rights and Responsibilities (Including Hearing Rights)
6. Attendant Code of Ethics
7. Routine Tasks/ Allowable Tasks
8. Time and place of services- When providing services is appropriate
9. Essential Transportation
10. Falsification of timesheets
11. Electronic Visit Verification (EVV)
12. Training and Orientation Plan
13. Employee Reference requests
14. Payroll Function Policy
15. Abuse & Neglect/ Exploitation/ Misappropriation/ Falsification of Services
16. Drug Free Workplace Policy and Procedure
17. Consumer Case Records Policy and Quality Assurance
18. Closing or Discontinuing Services Policy
19. Consumer Notification of Changes
20. Serving Household Members Policy
21. Serving Spouse of Consumer Policy
22. Community Resources
23. Mandatory Background Checks for attendants
24. Disaster and Emergency Planning
25. Liability for work related injuries
26. Consumer Notice of Privacy
27. False Claims Act Training
28. Consumer Grievance Policy
29. Consumer Emergency and Back up Plan
30. Ready in 3 Emergency Information
31. Tax/IRS forms

I acknowledge that Advantage Consumer Directed Services provided me training on the topics mentioned above. I understand each topic and agree to implement the policies and procedures of the CDS program in my home. I also acknowledge that I have been made aware that this vendor has provided me with unlimited access to various training topics/materials on topics relevant in health care. I understand that all I have to do is call my local office and ask for assistance.

Consumer Print: _____ Date: _____

Consumer Signature _____ Date: _____

Agency Vendor Representative: _____ Date: _____

**** Acknowledgement form must be placed in consumer file****