This manual of Policies and Procedures is for informational use only and is not a contract, real or implied. These policies and procedures are administered at the sole and arbitrary discretion of the Seniors’ Resource Center, Inc. (SRC) as determined by the Board of Directors, the President/CEO, and/or the Service Director. SRC reserves the right to change policies and procedures at any time and/or to administer policies and procedures on a case by case basis where SRC deems it necessary to do so.

No statement located in this manual or made by a staff member of the agency alters the Employment-At-Will policy of the Seniors' Resource Center, Inc.

Policies are administered at the sole discretion and interpretation of the Seniors’ Resource Center, Inc.
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PURPOSE OF POLICIES AND PROCEDURES

These Policies and Procedures define the scope of the In Home Care Services Department (IHCS) at the Seniors’ Resource Center, Inc. (SRC). They outline the program, the extent of services offered and the related procedures necessary to ensure a standard of health care required by the SRC and, as appropriate and applicable, the State Department of Human Services and the State Department of Public Health and Environment. These Policies and Procedures are interpreted and administered at the discretion of the SRC and may be altered at any time as deemed necessary by the Seniors’ Resource Center. Policies and Procedures will be formally reviewed and revised, as necessary, on an annual basis. These Policies and Procedures are not a contract, real or implied.

The goals of these Policies and Procedures are:

♦ to provide a framework and guidelines for administering and monitoring the In Home Care Services Department at SRC.

♦ to define the working relationship with Adams, Jefferson and Denver Departments of Human Services and/or other designated Case Management Agencies (CMA).

♦ to define a working relationship with clients and/or their families as appropriate.

The In Home Care Services Department will adhere, as appropriate, to the In Home Care Services Department Policies and Procedures. Policies and Procedures pertaining to the Personnel and Accounting operations of the In Home Care Services Department will be maintained by and located in those respective Departments.
The In Home Care Services Manager is responsible for the daily operation of the In Home Care Services Department. The In Home Care Services Manager reports to and is accountable to the President/CEO of the Seniors' Resource Center.

SRC’s mission is to be a community partner providing person-focused, coordinated services to enhance independence, dignity and quality of life. The In Home Care Services Department operates under the agency vision of continuing to ensure quality of life through a constellation of services, information, advocacy and leadership to meet the needs of the community enabling individuals to age in the place they call home.

In compliance with Advance Directives regulations, the In Home Care Services Department will inform all clients of their rights, as related to Advance Directives, to accept or refuse medical treatment and the Seniors' Resource Center's policies, as related to these rights.

In compliance with the Occupational Safety and Health Administration (OSHA) regulations regarding Blood Borne Pathogens (BBP) and Universal Precautions, the In Home Care Services Department nurses, or the Wheat Ridge In Home Care Services Manager, under the supervision of the department nurse/nurses, will provide all new Personal Care Providers (PCPs) with training related to BBP and appropriate Universal Precautions. Training will include education regarding Blood Borne Pathogens (blood borne diseases) and appropriate Universal Precautions' procedures. Such training will be provided within ten (10) working days by qualified instructors; until BBP training is received the Provider is not allowed to be in an employment situation where s/he may be exposed to any material containing a blood borne pathogen or infectious disease (see sections on Advance Directives and Blood Borne Pathogens).
I. SRC POLICIES AND PROCEDURES RELATED TO IN HOME CARE SERVICES (IHCS)

The Guidelines and Procedures as outlined in this document, as related to Human Resources’ Personnel Guidelines, are for general information only. The formal document “Employee Handbook” take precedence and should be consulted for specific, Board-approved Guidelines. No statement contained herein usurps formal Agency Guidelines and, if in conflict to Agency Guidelines, are null and void.

A. WORKING HOURS

The In Home Care Services Department office is open during normal business hours as follows: Monday – Friday, 8:00 AM – 5:00 PM.

Personal Care Providers may work Monday – Sunday from 6:00 AM to 8:00 PM (excluding approved holidays). The following days are approved holidays for SRC employees and a Provider may choose not work on these days: New Year’s Day, Presidents’ Day, Memorial Day, Independence Day, Labor Day, the day after Thanksgiving Day and the day after Christmas. If the Provider has clients scheduled on a day that a holiday falls on, the Provider must notify the In Home Care Services office if he or she will not be working. The Provider will be given the choice of rescheduling the missed hours on another day, mutually agreed upon by the client, the Provider and the IHCS office or asking the office to offer a fill-in Provider to the client. If the Provider chooses to work on these days, he or she will do so under the guidelines described in “B. GUIDELINES RELATED TO WORK HOURS OUTSIDE THE IN HOME CARE SERVICES OFFICE NORMAL BUSINESS HOURS”.

Non-relative Providers who do NOT live with their client (separate from their employment with Seniors’ Resource Center) are NOT authorized to work on Christmas Day and Thanksgiving Day. A Provider may work with their client to reschedule their missed hours on Christmas Day and Thanksgiving Day.

The In Home Care Services office is open on Veterans’ Day and on Martin Luther King Day. Providers may work their regularly scheduled hours on Veterans’ Day and on Martin Luther King Day.

B. GUIDELINES RELATED TO WORK HOURS OUTSIDE THE IN HOME CARE SERVICES OFFICE’S NORMAL BUSINESS HOURS.

Rules regarding when Personal Care Providers can work on the weekend, before 8 AM or after 5 PM or on New Year’s Day, Presidents’ Day, Memorial Day, Independence Day, Labor Day, the day after Thanksgiving and the day after Christmas.

No Personal Care Provider will be authorized to work on weekends, before 8:00 AM or after 5:00 PM, or on New Year’s Day, Presidents’ Day, Memorial Day, Independence Day, Labor Day, the day after Thanksgiving and the day after Christmas, except under the following conditions:

1. Family Providers may perform approved Personal Care Services, as provided in the Plan of Care document, for their family members seven days per week.

2. Non-relative Providers must be authorized to work on weekends, before 8 AM or after 5 PM, or on New Year’s Day, Presidents’ Day, Memorial Day, Independence Day, Labor Day, the day
after Thanksgiving and the day after Christmas. These Providers must obtain the Manager’s authorization to provide services for a client during the In Home Care Services office non-business hours and adhere to the conditions of services as described in paragraph numbers 4, 5, 6, 7 and 8 of this policy. The only exception is for Non-relative Providers who live with their client as stated in number 3.

3. Non-relative Providers who are living with their client (separate from their employment with Seniors’ Resource Center) under the following conditions:
   
   a. Individual cases must be reviewed and approved by the In Home Care Services Manager.
   b. The client’s pay status is HCBS.
   c. The County Case Manager has requested that services be performed seven days a week.
   d. The client and Provider adhere to the conditions of services as described in paragraph numbers 4, 5, 6, 7 and 8 of this policy.

4. The client will be informed, in writing, that the In Home Care Services office hours are from 8 AM to 5 PM, Monday through Friday, excluding approved holidays, and a list of SRC holidays on which Providers do not normally work will be included in this letter. In the event a Provider is not able to make a scheduled visit on a weekend, before or after normal working hours or on a holiday the Provider has been authorized to work, the In Home Care Services Department may not be able to provide a fill-in Provider. The client will be provided with the In Home Care Services’ on-call cell phone number in the event a problem should arise with a Provider or that Provider’s services. The on-call supervisory staff member will address that complaint or problem to best of their ability during hours the In Home Care Service office is closed. The on-call supervisory staff member will report the complaint or problem to the In Home Care Services Department Manager as soon as possible during normal office hours.

5. The client will be asked to sign a statement acknowledging their understanding of these limitations and agree to receive In Home Care Services under these conditions.

6. It will be the responsibility of the Provider to call the on-call supervisory staff member to inform the supervisor if the Provider is unable to perform services which are scheduled on weekends, before 8 AM or after 5 PM, Monday – Friday, or on an SRC-approved holiday. It is the responsibility of the on-call supervisor to call the client and inform the client the provider is not able to perform services as scheduled. The on-call supervisor will inform the In Home Care Services Program Coordinator of any missed visits by the Provider during hours the In Home Care Services office is closed. It is the responsibility of the Program Coordinator to document the missed visit in the client’s file narrative notes.

7. The Provider will be required to sign a statement of understanding regarding how to obtain medical care for a work-related injury or illness during non-business office hours.

8. Seniors’ Resource Center reserves the right to discontinue any or all weekend or evening hours on a case by case basis.
C. REIMBURSEMENT FOR TRAVEL TIME

Providers will be paid travel time, NOT mileage, unless they have accepted a client as a Fill-in Provider. In these cases, Providers will be reimbursed mileage to and from the client’s home where they are providing the fill-in. In order to be reimbursed for mileage, Providers must complete and submit a Mileage Reimbursement form with their Time Sheet. The same deadlines for submitting Time Sheets apply to Mileage Reimbursement forms. All Mileage Reimbursement forms must be approved by the In Home Care Services Manager. In all other cases, Providers will be paid for the actual number of minutes spent traveling from one client to another client (excluding time the Provider spends traveling on personal trips), and only when there is one (1) hour or less scheduled between clients.

Providers will not be paid for time spent traveling from their own home to the first client seen that day or from the last client of the day to their own home. Travel time will be paid at the same hourly rate at which the provider is paid to provide services directly to clients. Travel time should be entered on the time sheet.

Show-up Time

Non-relative Personal Care Providers are authorized to submit time sheets for show-up time when they visit a client and the client is not at home or the client refuses service. Show-up time shall not exceed ½ hour unless authorized by the In Home Care Services Manager. For more on show-up time, please refer to Section V, “Standards of Conduct and Safety Rules: In Home Care Services” of this manual.

All show-up time must be documented as office time so that HEALTH FIRST COLORADO & DRCOG are not billed. Private Pay clients will be billed for this time.

D. PERSONAL VEHICLE OPERATION TO PROVIDE CLIENT SERVICES

POLICY:

A Personal Care Provider can include shopping and errands in his/her personal vehicle as a part of the services provided by the SRC In Home Care Services Department if the Provider meets SRC eligibility requirements and complies with the following documentation requests:

This documentation must be given to a member of the In Home Care Services Department staff who will forward this information to the Department Manager and the Director of Human Resources.

1. Presents for copying a valid Colorado Driver’s License.
2. Signs a “Request for Motor Vehicle Record (MVR)” form authorizing a driving record investigation and proof of insurance coverage.
4. Signs a “Statement of Understanding” regarding Provider responsibilities.
5. Signs a consent form authorizing a criminal background check; repeat authorization forms must be submitted as requested by SRC.
PROCEDURE:

A Provider will use the “Client/Provider Cash Receipt” form to indicate money to be used for shopping or errands. After completing the form with each transaction, the Provider will issue the form copy to the client and send the original form to the In Home Care Services office with Time Sheets.

Family Providers providing service are exempt from participating in this service due to their ability to shop or do errands during other portions of the day.

Any refusal by a Provider to comply with the above policy/procedure will prohibit that Provider from participating in this client service.

The following tracking system will be used to monitor the frequency of trips provided to the client as a part of the Provider’s service:

1. Shopping/errands must appear on the client’s Plan of Care.
2. The qualified participating Provider will check “Shopping/Errands” in the completed task box on the time sheet, at the frequency matching the Plan of Care.

All time spent providing shopping or errand services for clients will be paid to the Provider as “time,” NOT “mileage”, i.e., any shopping or errand service must be completed for HCBS, DRCOG and Private Pay clients within the authorized service time.

SRC reserves the right to limit or refuse a Provider’s right to provide this service based solely on its own discretion.

E. DRESS CODE

Each staff member, both Provider and office staff, are expected to present an appearance that reflects the pride and professionalism that is appropriate for an employee of the In Home Care Services Department. Providers will eliminate the following items from their wardrobe during client service hours: low-cut or revealing blouses and tops, cut-off shorts or short-shorts (no more than 2 inches above the knee), biker shorts or spandex, slippery shoes, dangling jewelry, excessive make-up. Protective clothing may include appropriate items (gloves, masks, gowns, etc.) to protect staff from blood borne pathogens. Additional suggestions for a professional appearance are noted in the Basic Skills Training Manual. Office staff members should discuss questions regarding appropriate attire with the Department Manager.

F. STAFF MEETINGS

All office employees are required to attend staff meetings as scheduled by the Department Manager. Those office staff members who are unable to attend staff meetings are required to read and understand all meeting minutes distributed to them. Questions arising from reading staff meeting minutes should be addressed with the IHCS Manager immediately until full understanding is achieved. Attendance at continuing education presentations is not mandatory; however, Providers and office staff are paid for the presentation hours. All Providers are encouraged to attend All-staff Meetings; attendance by office staff is mandatory without prior exception from the IHCS Manager or Executive Director.
G. CLIENT CONFIDENTIALITY

All information about a client is considered to be confidential in nature. Confidential information includes, but is not limited to, the client’s name, address, phone number, services received or referrals made, medical information, financial documentation, etc. Clients should not be discussed casually among friends, co-workers, or others outside the Center. Concerns, complaints or additional information directly related to the department’s services should be referred to the Department Manager, or, in his/her absence, the Senior Vice President of Administrative Services. If the individual with the concern, complaint or needing additional information does not feel comfortable sharing that information with the Department Manager, they may go directly to the Senior Vice President of Administrative Services.

H. SMOKING

Smoking is not permitted in client’s homes. Smoking is prohibited in all areas of SRC buildings and in SRC vehicles. Staff are only allowed to smoke outside of the building in designated areas and must discard cigarettes in appropriate waste receptacles.

I. SECURITY

Office staff employees are responsible for maintaining office file and equipment security by locking file cabinets, windows, and doors as determined appropriate by the Department Manager in compliance with federal HIPAA regulations.

J. JOB DESCRIPTIONS

Job Descriptions for both Personal Care Providers and office staff must be read and understood by the employee before or during orientation. Employee signature sheets indicating understanding of the job position will be maintained in the employee’s personnel file.

K. WORKER’S COMPENSATION

Accident/Health coverage is provided by Pinnacol Assurance for injuries/illnesses occurring on the job. All injuries and diagnosed illnesses should be reported to the Department Manager or the Director of Human Resources within 24 hours. The Seniors’ Resource Center uses SCL Physicians and Occupational Medicine and Rehabilitation (affiliates of Lutheran Medical Center) or Midtown Occupational Health Services to provide medical care to employees reporting on the job injuries or illnesses; employees are required to use SCL or Midtown Occupational Health Services unless the illness/injury is life- and/or limb-threatening, in which case they may use the nearest health care provider. The employee should make sure that an In Home Care Services supervisor or the Director of Human Resources is informed of the emergency as soon as possible after receiving treatment. If an employee is exposed to blood, blood products or body fluids while working with a client, the Provider or staff member should ensure the safety of the client, wash their hands or parts of the body exposed, and notify his/her supervisor immediately. The supervisor will complete the necessary
documentation and instruct the employee regarding necessary follow up procedures. Failure to seek treatment from an SCL health care facility or Midtown Occupational Health Services may result in the employee becoming financially responsible for the medical care that is provided.

L. EMPLOYMENT STATUS

FULL-TIME

1. Office
   a. Scheduled to routinely work 40 hours per week.
   b. Eligible for SRC benefits including Health, Life, and Dental on first day of month after 2 months of full-time employment.
   c. Accrual of Vacation Leave after 6 months’ employment.
   d. Accrual of Sick Leave at time of employment.

2. Personal Care Providers
   a. Accrual of Vacation Leave after 6 months’ employment.
   b. Eligible for Health, Life, and Dental on first day of month after 2 months of full-time employment.

PART-TIME

1. Office
   a. Scheduled to routinely work less than 40 hours per week.
   b. Accrual of prorated Vacation Leave after 6 months’ employment.
   c. Accrual of prorated Sick Leave at time of employment.

2. Non-relative Personal Care Providers
   a. Scheduled to routinely work less than 40 hours per week.
   b. Accrual of prorated Vacation Leave after 6 months’ employment.

3. Non-relative Personal Care Providers living with their client
   a. Ineligible for benefits.

4. Family Personal Care Providers
   a. Ineligible for benefits.

M. RATE OF PAY FOR PERSONAL CARE PROVIDERS

Providers will only work and be paid for the designated number of hours authorized by their supervisor. Only time devoted to direct client services can be billed to the client.

1. Non-relative Providers

The rate of pay for Non-relative Personal Care Providers will be determined with input from the Director of Finance, the Senior Vice President of Administrative Services, and the In Home Care Services Manager. Increases in wages must be approved by the President/CEO, the Senior Vice President of Administrative Services and the Director of Finance.
Non-relative Personal Care Providers will receive payment for services at the current minimum rate of pay for their attendance at both orientation and Basic Skills Training class. Providers will be paid their regular rate of pay beginning with their first day of providing services to a client.

Subsequent increases in pay will be approved by the In Home Care Services Manager, the Senior Vice President of Administrative Services, the Director of Finance, and the President/CEO. Providers will be evaluated on an annual basis by the In Home Care Services Manager, with input from the Home Care Coordinators and office staff. The following criteria will be implemented in determining the amount of increase, if any, awarded to the Provider.

- Client satisfaction
- Quality of job performance
- Seniority
- Initiative
- Attendance
- Accurate and timely completion of documentation

2. Family Providers

The rate of pay for Family Providers will be determined solely on the number of hours and hourly reimbursement allocated by the State Legislature. All Family Providers will receive the current, established rate of hourly pay. The number of hours and rate of reimbursement will be reviewed yearly, on July 1st, and as necessary by the In Home Care Services Manager.

N. LEAVE

All leave must be granted by prior approval by the Department Manager or Manager of Human Resources. A completed Request for Leave Approval form must be submitted to the In Home Care Services Department AT LEAST 2 WEEKS PRIOR TO THE DATE OF LEAVE. If the In Home Care Services Department does not receive a Request for Leave Approval form within this time frame, leave will not be approved. Any provider taking unauthorized leave will be subject to disciplinary action for insubordination. Exceptions will be made by the Department Manager for emergencies and will be decided on a case by case basis. If you need to take leave for an emergency, please notify the In Home Care Services Department as soon as possible.

All Vacation and Sick Time must be submitted on a separate time sheet to the In Home Care Services office.

O. HOLIDAYS

The following days are approved holidays for SRC employees and Non-relative Personal Care Providers may choose not work on these days (excluding Thanksgiving Day and Christmas Day) as described under “A. Working Hours”: New Year’s Day, Presidents’ Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Holiday (2 days), and Christmas Holiday (2 days). Non-relative Personal Care Providers may not work on Thanksgiving Day and Christmas Day. A Provider may work on Veterans’ Day and on Martin Luther King Day since the In Home Care Services office is open. A Provider may work with their client to reschedule their hours missed on Christmas Day and Thanksgiving Day (or any other holiday the Provider did not work) for a day when the office is open.
P. SNOW CLOSURE

In the event Seniors’ Resource Center is closed due to severe weather conditions, Personal Care Providers should not report to their clients’ homes for services.

The following employees will be granted Administrative Leave, with pay, by the President/CEO when the center is officially closed due to severe weather:

1. Full-time In Home Care Services office staff.

2. Full-time In Home Care Services Personal Care Providers who are scheduled to work on the closure day (some full-time Providers are scheduled to work on Saturdays/Sundays and a weekday closure will not affect their ability to work).

3. Personal Care Providers who work full-time and on weekends when the office is closed, and are not able to provide services to their weekend clients due to severe weather. These Personal Care Providers are to call the on-call supervisor and inform them of their inability to get to a client’s home, on the weekend day scheduled, due to severe weather.

4. Part-time office staff who are scheduled to work on the closure day.

The following employees are **NOT** eligible to be granted Administrative Leave, with pay, by the President/CEO when the center is officially closed due to severe weather:

1. Part-time office staff who are NOT scheduled to work on the closure day.

2. Personal Care Providers who work part-time (less than 40 hours per week). Part-time Providers are expected to reschedule their clients’ services on a day the center is open.

If the Center is closed due to weather conditions, an employee who is on an approved leave of any type is not affected by the closure designation.

Example: an employee who is on vacation that day will still have these closure hours charged against his/her Vacation Leave. Additionally, if an employee has already **called in sick** for the day, s/he will be charged the Paid Sick Time (if available) or Leave Without Pay (if approved by the In Home Care Services Manager), NOT Administrative Leave with pay.

Q. IN HOME CARE SERVICES VACATION ACCRUAL

Office staff

1. Full-time: Scheduled to routinely work 40 hours per week
   a. Accrual of Vacation Leave after 6 months’ eligible status employment.

2. Part-time: Scheduled to work less than 40 hours per week
   a. Accrual of prorated Vacation Leave after 6 months’ eligible status employment.

Personal Care Providers
1. Personal Care Providers: Full-time
   a. Vacation accrual after 6 months’ eligible status employment, as long as all conditions are met on an ongoing basis.

2. Personal Care Provider: Non-relative
   a. Prorated Vacation Leave accrual after 6 months’ eligible status employment, as long as all conditions are met on an ongoing basis as follows:

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<td>i. 40 hours per week</td>
<td>8 hours</td>
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<tr>
<td>ii. 30-39 hours per week</td>
<td>6 hours</td>
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<td>iii. 20-29 hours per week</td>
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3. The following Personal Care Providers are not eligible for vacation accrual.
   a. Family Personal Care Providers.
   b. Non-relative Personal Care Providers who live with their client.
   c. Personal Care Providers who work less than 20 hours per week.

Refer to the Personal Care Provider Employee Handbook for more information.
I. IN HOME CARE SERVICES PROGRAM STAFF

A. IN HOME CARE SERVICES DEPARTMENT RESPONSIBILITY DIAGRAM

Board of Directors

President/CEO

In Home Care Services Manager

Home Care Coordinators
IHCS Program Coordinator
IHCS Admin. & Office Assistants
PCPs

B. BRIEF DESCRIPTION OF IN HOME CARE SERVICES POSITIONS

The job descriptions contained in this Policies and Procedures Manual are for general purposes and review; actual agency Job Descriptions are available from the Vice President of Administrative Services and may be revised or amended by the Seniors’ Resource Center (SRC) as deemed appropriate by SRC.

1. In Home Care Services Manager

The In Home Care Services Manager (IHCS Manager) is responsible for all aspects of the program including the daily activities and service provision of the In Home Care Services (IHCS) Department. The IHCS Manager is responsible for the effective and efficient delivery of services, accurate and complete documentation, and the hiring, training, supervision, and monitoring of the department’s Providers. The IHCS Manager will act as a liaison with the Jefferson County Department of Human Services, Case Managers (and other case management staff from other agencies, corporations, etc.), physicians and other health care professionals, families, and staff. The Manager is responsible for budget development and management, voluntary donations, implementation of program policies and procedures, and adherence to State regulations. The IHCS Manager assists with enrollment assessments, conducts home visits, develops and monitors care plans, and works with all agency staff and staff from other agencies/businesses to insure that appropriate service delivery and effective communication is taking place. The IHCS Manager works in coordination with the Director of PR/Marketing to market the department’s services and works with the President and CEO regarding strategic planning for department growth and development.

Minimum Qualifications:
Minimum of three years’ comprehensive experience working with adults in a home care, health care or home health care setting with direct involvement in client care. Prior experience working with multi-disciplinary professionals and groups. Must be able to prepare and process necessary statistics and reports and be able to write and document effectively and clearly. Two years’ comprehensive experience with home based services such as those provided by the In Home Care Services Department is preferred. Minimum of two years’ progressive experience supervising all aspects of staff including: hiring, training, evaluation, monitoring of service provision. Two years’ experience in budget monitoring and management, program planning, monitoring and evaluation required. Must
have a means of transportation, a valid Colorado Driver’s License, automobile insurance and a good driving record in order to travel on agency business including meetings, clients' in-home needs assessments, emergency intervention, etc. Must be able to demonstrate and evaluate proper client care techniques and procedures for care. Must be able to effectively manage stairs, steep inclines, etc., as required to visit clients’ homes. One year experience training staff on basic skills and techniques that are necessary for properly providing Personal Care and Homemaker services OR a combination of education and experience which clearly demonstrates the capacity to perform job duties and responsibilities. Must also meet all current Code of Colorado Regulations’ requirements for non-medical homecare agency manager within the Health Facilities and Emergency Medical Services Division of the State of Colorado Department of Public Health and Environment.

Supervisor: President/CEO

2. Home Care Coordinator II

The Home Care Coordinator II must be a flexible, interactive team player with excellent communication and organization skills. The Coordinator, either an RN or LPN, is responsible for day to day supervision of all Personal Care Providers on his/her assigned cases. S/he must be capable of efficiently handling multiple duties and projects simultaneously. The Coordinator assesses and evaluates each assigned client’s need for service and works very closely with the IHCS Manager, the other Home Care Coordinator and the Program Coordinator to insure appropriate case coverage. The Coordinator works with other IHCS staff to establish and maintain a schedule for visiting and monitoring each assigned client in accordance with the department’s and/or the State of Colorado’s guidelines, and for opening and annually monitoring HCBS cases. The Home Care Coordinator II must interact with clients and staff in an objective but compassionate and caring manner. The Coordinator conducts home visits, attends meetings to review client cases with appropriate SRC staff, and teaches Basic Skills to Providers and Blood Borne Pathogens precautions at agency orientation.

Minimum Qualifications:
Must maintain current Colorado License as an RN or LPN and must have excellent communication, interpersonal and organization skills. Must also be capable of handling multiple and diverse projects effectively and efficiently. Strong initiative and ability to work independently required. Must have good judgment. Must be a team player capable of understanding and implementing broad agency goals and objectives while following program and agency policies and procedures. Must be able to prepare and process necessary statistics and reports and be able to write and document effectively and clearly. Two years’ comprehensive experience with home based services such as those provided by the In Home Care Services Department is preferred. Basic computer skills preferred. Must be able to demonstrate and evaluate proper techniques and procedures for client care. Must be able to effectively manage stairs, steep inclines, etc., as required to visit clients’ homes. Must be able to provide own transportation to home visits and meetings, as assigned. Valid Colorado Driver’s License and automobile insurance is required. Two years’ experience supervising staff and/or cases OR a combination of education and experience which clearly demonstrates the capacity to perform job duties and responsibilities.

Supervisor: In Home Care Services Manager
3. **Home Care Coordinator I**

The Home Care Coordinator I must be a flexible, interactive team player with excellent communication and organization skills. The Coordinator is responsible for day to day supervision of all Personal Care Providers on his/her assigned cases. He/she must be capable of efficiently handling multiple duties and projects simultaneously. The Coordinator assesses and evaluates each assigned client’s need for service and works very closely with the IHCS Manager, the other Home Care Coordinator and the Program Coordinator to insure appropriate case coverage. The Coordinator works with other IHCS staff to establish and maintain a schedule for visiting and monitoring each assigned client in accordance with the department’s and/or the State of Colorado’s guidelines. The Home Care Coordinator must interact with clients and staff in an objective but compassionate and caring manner. The Coordinator conducts home visits, and attends meetings to review client cases with appropriate SRC staff.

**Minimum Qualifications:**

Must have excellent communication, interpersonal and organization skills and be capable of handling multiple and diverse projects effectively and efficiently. Strong initiative and ability to work independently required. Must have good judgment. Must be a team player capable of understanding and implementing broad agency goals and objectives while following department and agency policies and procedures. Must be able to prepare and process necessary statistics and reports and be able to write and document effectively and clearly. Two years’ comprehensive experience with home based services such as those provided by the In Home Care Services Department is preferred. Basic computer skills preferred. Must be able to demonstrate and evaluate proper client care techniques and procedures for care. Must be able to effectively manage stairs, steep inclines, etc., as required to visit clients’ homes. Must be able to provide own transportation to home visits and meetings, as assigned. Valid Colorado Driver’s License and automobile insurance is required. Two years’ experience supervising staff and/or cases OR a combination of education and experience which clearly demonstrates the capacity to perform job duties and responsibilities.

**Supervisor:** In Home Care Services Manager

4. **In Home Care Services Program Coordinator**

The Program Coordinator must be a flexible, interactive team player with excellent communication and organizational skills. Must be capable of efficiently handling multiple duties and projects simultaneously. He or she is responsible for staffing and maintaining case coverage for all clients of the In Home Care Services Department, including maintaining the On-call List for clients who receive services outside of regular business hours or on SRC-approved holidays, when the IHCS office is closed. Case staffing will be done in consultation with the Department Manager to insure that the Provider(s) assigned to each case is capable of meeting the needs of the client. The Program Coordinator carefully monitors client and Provider hours to insure the accuracy of record-keeping and of the information submitted for billing and payroll purposes. The Program Coordinator handles routine issues related to coverage of cases and of client concerns and refers serious matters to the Department Manager in a timely fashion. The Program Coordinator also facilitates the flow of information and resources to incoming telephone inquiries in the In Home Care Services Department. He or she will also be responsible for investigating discrepancies discovered during the monthly internal chart audits. The Program Coordinator provides a warm presence and support to visitors, callers, clients and field staff.
Minimum Qualifications:
Two years’ experience in the management of home care case scheduling and/or prior experience in providing home care services coupled with the ability to effectively organize and follow through on the office-related aspects of case scheduling. Must have basic computer knowledge and be able to learn computer related processes in a competent manner. Must be capable of following detailed policies and procedures, keep detailed records, and handle multiple job duties in an effective and efficient manner. Must have strong, basic office skills including but not limited to: filing, record-keeping and documentation, copiers, faxes, processing of messages, preparation of mailings, etc. Excellent customer service skills, including but not limited to, interpersonal, communication and organizational skills required. Must be capable of communicating effectively by the use of the telephone. Must have a minimum of one year experience working effectively with complex record keeping systems OR a combination of education and experience which clearly demonstrates the capacity to perform job duties and responsibilities.

Supervisor: In Home Care Services Manager

5. In Home Care Services Administrative Assistant

The Department Administrative Assistant must be a flexible, interactive team player with excellent communication and organizational skills. Must be capable of efficiently handling multiple duties and projects simultaneously. The Administrative Assistant is responsible for a variety of office related duties including but not limited to: processing time sheets and payroll, internal chart audits, record-keeping and documentation, filing, typing, answering the telephone, preparation of major mailing materials and envelopes. The Program Administrative Assistant must interact with clients and field staff in an objective but compassionate and caring manner.

Minimum Qualifications:
Must have excellent communication and organization skills and be capable of handling multiple and diverse projects effectively and efficiently. Strong initiative and ability to work independently required. Must have good judgment and experience with office-related duties and responsibilities. Experience with home based services such as those provided by the In Home Care Services Department is a plus. Basic computer skills and experience preferred. Must have a minimum of one year experience working effectively with complex record keeping systems OR a combination of education and experience which clearly demonstrates the capacity to perform job duties and responsibilities.

Supervisor: In Home Care Services Manager

6. Personal Care Provider/Homemaker

As a member of the Home Health team, the Personal Care Provider provides unskilled homemaking and personal care services to home based clients consistent with each client’s written Plan of Care and according to the skills designated by the Colorado Department of Health Care Policy and Financing. In addition, providers offer a warm and caring presence to clients.

Minimum Qualifications:
Caring, compassionate demeanor. Sufficient education to demonstrate written and verbal requirements of the job. Successful completion of the twenty hour SRC Basic Skills Training Program
including a combination of Life Skills Credits, Orientation training, Basic Skills training class, and/or Basic Skills Validation test.

Additional requirements include:

- General interest in providing homemaking/personal care services for older adult and/or disabled clients.
- Dependable – able to arrive at workplace on time and perform duties for the required work period.
- Ability to learn procedures and follow instructions carefully.
- Realization that errors may have serious consequences for the client.
- Ability to work well with others.
- Willing to perform a variety of repetitious tasks, some of which involve providing intimate personal care such as client bathing.
- Above average personal grooming and cleanliness.
- Good mental and physical health.

Must have a means of transportation, a valid Colorado Driver’s License, automobile insurance and a good driving record. Prior experience providing homemaking and/or personal care to one or more older adults or adults with disabilities is preferred, but not required.

Supervisor: Home Care Coordinators and In Home Care Services Manager

7. Personal Care Provider – Full-Time

In addition to the duties of the Provider as listed above, the Full-Time Provider has the following duties:

a. to promptly provide services to new clients and to provide services to clients while their customary Provider is ill or on vacation.

b. to carry a caseload which is at 40 hours per week and to accept all cases assigned by the IHCS staff.

c. to promptly notify IHCS staff of all changes in her/his schedule and to keep in daily contact by phone with IHCS staff.

This position will be paid for the number of hours actually worked during a week. If 40 hours per week is not worked, due to client cancellation, the Provider must contact the IHCS office to request an assignment for those hours. If this position fails to work a 40 hour week consistently, the health care benefits for this position will be placed in jeopardy or eliminated. This position will be eligible for full benefits after six months of employment.

C. ADVISORY COUNCIL

It is the policy of the In Home Care Services Department to seek advice for program development and implementation from interested members of the community. The primary function of the Council is to provide advice in such areas as program development and community interests, concerns and needs relative to the In Home Care Services or Support Services Departments. Responsibility for department management, and fiscal and administrative responsibilities remain with the In Home Care Services Manager and the President/CEO and the Seniors’ Resource Center, Inc.

An Advisory Council Member must be a resident of Jefferson County or a representative of a human services organization. Knowledge of the community and/or other organizations and agencies is
necessary, as is an interest in disabled and elderly adults. Good communication skills, a willingness to devote the necessary time to Council work, and an interest in the development of the In Home Care Services and Support Services Departments are required. The Advisory Council meets once a month for one to one and a half hours. Members are occasionally asked to make an additional commitment of time.

III. PERSONAL CARE PROVIDERS

A. PROVIDER ELIGIBILITY

Any individual over the age of 18 (eighteen) is eligible to apply to be a Personal Care Provider. Qualifications and training needs will be evaluated at the time of employment. However, with the Health First Colorado (HCBS) component, the client's spouse is not eligible to receive payment for personal care or homemaker services rendered to the client, according to the State Regulations governing the In Home Care Services Department. Those individuals who qualify as youth, as defined by OSHA, will not be allowed on any case that has duties that would violate the law (i.e., dangerous machinery, hazardous duty, etc.).

All Providers will be subject to a background check for criminal history, prior job performance, character, etc.; a Department of Regulatory Agencies (DORA) license lookup; and a motor vehicle record check as determined by SRC Human Resources' policies and procedures.

B. HIRING PROCESS FOR PROVIDERS

Following the interview process, the IHCS Manager can make a conditional offer of employment to an applicant predicated on acceptable reference checks and criminal background, DORA license lookup, and motor vehicle records check findings.

1. The conditional employee will be provided with the next scheduled Orientation and Basic Skills Training dates.

2. After copying the application, the IHCS manager or designee, will provide Human Resources with the original application noting Family/Non-relative Provider, and tentative dates for orientation and Basic Skills Training.

3. A Human Resources representative or designee will conduct reference interviews, and submit the authorization for the criminal background check (process takes 3-5 working days).

4. The IHCS Manager will maintain the application copy in the ongoing orientation folder, noting a tentative start date, family/non-relative designation, desired work schedule, etc.

5. A Human Resources representative will notify the Manager when the reference/criminal background checks are completed, and will discuss any irregularities noted during the process.

6. When a determination is made to offer employment, the IHCS Manager or designee will contact the applicant and confirm the date and time of orientation.

7. The Manager, or their designee, will compile all materials required for the new employee at orientation.
C. ORIENTATION OF PROVIDERS

All new Personal Care Providers will receive orientation related to the agency and the In Home Care Services Department (formerly Personal Care Provider Program). Personal Care Providers are required to sign an attendance sheet to verify they have attended Orientation and training (see Policy Appendix).

1. A licensed RN/LPN from the In Home Care Services Department, or the Manager of the In Home Care Services Department (under the supervision of the department RN/LPN) will provide training related to employee duties and responsibilities, a description of the services provided by the agency, and IHCS office orientation information. Materials may include videos, written documentation, and a short competency quiz to insure understanding of the training received.

2. A Human Resources representative will provide training related to agency personnel rules, regulations and benefits related to Seniors’ Resource Center.

3. Following the formal training programs, all new Providers will meet briefly with the IHCS Program Coordinator and other available office staff to determine a tentative work schedule. Case opens are scheduled, if possible.

D. TRAINING PROGRAM

1. Basic Skills

Personal Care Providers shall be required to participate in 12 (twelve) hours of training (Orientation and Basic Skills Training) and complete a skills validation test following attendance at the Basic Skills Training class. Providers are encouraged to participate in ongoing training opportunities. Such training will be developed and conducted under the direction and supervision of the In Home Care Services Manager and designated department staff, in accordance with state standards under the CODE OF COLORADO REGULATIONS-HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION, 6 CCR 1011-1 Chapter 26, Section 8.6, Personal Care Worker Training; and the CODE OF COLORADO REGULATIONS-MEDICAL SERVICES BOARD, 10 CCR 2505-10, Section 8.489 Personal Care and Section 8.490 Homemaker Services.

Training will be offered as needed and is conducted at SRC's Wheat Ridge Office. Training will be provided by a combination of SRC staff and other community resources. See appendix for syllabus.

The Seniors' Resource Center's In Home Care Services Department staff will evaluate the suitability of a prospective Provider by assessing the care skills and training needs of each new Provider prior to approval as an authorized provider of services. Additional training will be provided as indicated.

2. Personal Care Provider Training

Minimum training will include the following:
a. The differences in personal care, nurse aide care and health care in the home including limiting factors for the provision of personal care;
b. Consumer rights including freedom from abuse or neglect, and confidentiality of consumer records, personal, financial, and health information;
c. Hand washing and blood borne pathogens including infection control using Universal Precautions;
d. Assignment and supervision of services;
e. Observation, reporting and documentation of client status and the service furnished;
f. Emergency preparedness and response policies and emergency contact numbers for the agency and for the individual client assigned;
g. Training and competency evaluation of appropriate and safe techniques in all personal care tasks for each assigned task to be conducted before completion of initial training
h. Advance Directives;
i. Communication skills with clients such as those who have a hearing deficit, dementia, or other special needs;
j. Appropriate training in accordance with the needs of special needs populations served by the agency including communication and behavior management techniques;
k. Appropriate and safe techniques in personal care tasks prior to assignment. Areas include bathing, skin care, hair care, nail care, mouth care, shaving, dressing, feeding, assistance with ambulation, exercises, and transfers, positioning, bladder care, bowel care, medication reminding, homemaking tasks, and protective oversight;
l. Recognizing emergencies and knowledge of emergency procedures including basic first aid, home, and fire safety;
m. The role of, and coordination with, other community service providers;
n. Maintenance of a clean, safe, and healthy environment, including appropriate cleaning techniques and sanitary meal preparation;
o. Advance Directives;
p. Back safety;
q. Working with persons with infectious diseases.
r. Instruction in health-oriented record keeping, including time/employment records.

The Basic Skills Training includes a manual of the information presented in the class and detailed information on what constitutes non-skilled tasks Personal Care Providers may perform as an employee of Seniors’ Resource Center (see Policy Appendix for table of non-skilled tasks).

3. In-service Sessions

In addition to the formal areas of training, in-service training will be offered to all In Home Care Services staff on an annual basis to meet and comply with state regulations. Topics will include the following:

- behavior management techniques and the promotion of consumer dignity, independence, self-determination, privacy, choice and rights; abuse and neglect prevention and reporting requirements
- disaster and emergency procedures
- infection control using universal precautions
- basic first aid and home safety

Training may also address special needs of the Providers; or other areas as related to current social factors/issues which may affect staff or clients.
4. Blood Borne Pathogens Training and Safety (see appendix for Exposure Control Plan and Standards of Conduct and Safety)

The In Home Care Services Department licensed staff nurses (or the IHCS Manager under the supervision of the licensed staff nurse/nurses) will provide the materials and training necessary as required by OSHA. Materials may include videos, written documentation, and a short follow-up test to insure understanding of training received. The Blood Borne Pathogens (BBP) training will occur the same day as the New Employee Orientation whenever possible. Under NO circumstances, however, will this training be delayed more than ten (10) days after hire, nor will the Provider be allowed to work until the BBP training has occurred.

No staff members may exceed a thirteen month window between OSHA trainings (whether provided by SRC or by another employer).

If absolutely necessary, a staff member covered under the requirements for OSHA may be oriented to the program before receiving BBP training but under no circumstances will s/he be allowed to work out in the field or with any clients. As a component of this professional training, the new employee will be required to either select to be vaccinated against Hepatitis B (HBV) or to formally waive the vaccination series. Note, however, that an employee has the option of changing his/her mind after waiving the vaccination. The IHCS staff member who has provided the BBP training will provide the new Personal Care Provider with a written authorization to begin the HBV vaccination series at the SCL Occupational Medicine and Rehabilitation site. An employee who does change their mind in favor of having the vaccination must request to receive the vaccination series in writing and submit the request to the Manager of the In Home Care Services Department for processing.

All Providers, Program office staff, Coordinators, and the Manager will be supplied with the necessary and/or required protective equipment, as well as training on precautionary procedures (see section on Universal Precautions).

E. MONITORING AND SUPERVISION OF PROVIDERS

All Providers will be monitored and supervised by the IHCS staff. Supervisory visits will be conducted by the In Home Care Services Department Manager or the Home Care Coordinator(s). Providers’ skills will be evaluated quarterly during home visits. The Home Care Coordinator will review the Personal Care Provider’s skills validation checklist with the Provider and provide any additional training pertinent to the individual client. Universal Precautions will be reinforced with each quarterly visit.

F. EVALUATION PROCESS FOR PROVIDERS

Providers are evaluated on an annual basis. The IHCS Manager or HCC will write the evaluation using information compiled throughout the year, including the Provider attendance calendar, client complaints, concerns, and compliments, and input from office staff.

The IHCS Manager or HCC will mail or hand-deliver the original evaluation to the Provider with instructions to review and sign in the appropriate place. The Provider is asked to return the signed evaluation to the office. The IHCS Manager or HCC will sign in the appropriate place. The original signed evaluation is sent to the Human Resources Department where it is placed in the Provider’s
personnel file. A copy of the signed evaluation is placed in the Provider’s IHCS medical file. The Provider may request a copy of the signed evaluation, at which time it will be sent by IHCS office staff. If the Personal Care Provider fails to return a signed evaluation, the IHCS Manager or their designee will call the Provider requesting the signed evaluation be returned to the IHCS office.

If, in the opinion of the IHCS supervisory staff, an employee's job performance is in question or if they have serious concerns, the employee will be contacted and a meeting will be arranged to initially review his/her evaluation with the IHCS Manager. In this instance, a copy of the evaluation is not sent to the employee first but is discussed by the IHCS Manager and the employee at this meeting.

During the appointment, the Provider is given ample time to review his/her evaluation. The IHCS Manager will invite the Provider to comment on sections of the evaluation with which s/he does not agree. After discussion, the Provider is asked to sign the evaluation, either agreeing with the evaluation or requesting an administrative review.

If an administrative review is requested by the Provider, the IHCS Manager will notify the Manager of Human Resources of the Provider’s request. The Manager of Human Resources will contact the Provider to arrange a meeting with the Provider and the IHCS Manager to discuss the Provider’s concerns.

G. TERMINATION

SRC's employees are employed at the sole discretion of the Seniors' Resource Center and may be terminated at any time with or without cause. SRC is an Employment at Will employer.

Examples of circumstances under which a Provider may be terminated include, but are not limited to, the following:

- Demonstrated inability to provide adequate care as evaluated by the IHCS Manager.
- Staff member is abusive or neglectful as defined under the section on abuse.
- Fails to follow through with caring for a client on the designated days and time, or fails to carry out prescribed care.

The preceding list is not inclusive; SRC reserves the right to terminate any staff member at any time with or without cause per SRC’s Personnel Policies.

Providers are employed, supervised, and terminated according to general agency operating procedures. When the IHCS Manager is concerned that job performance levels are extremely poor and that termination is required, s/he will FIRST contact the President/CEO and the Manager of Human Resources to formally review all aspects of the Provider's job performance. Depending on the nature and severity of the issues causing the concern, the review will take place immediately so as to insure diminished risk to the client receiving care from the staff member.

If the President/CEO and the Manager of Human Resources agree with the IHCS Manager’s request for termination of the employee, several factors must be considered including but not limited to:

1. Is the job performance problem(s) reflective of Gross Misconduct?
2. Is it possible to give the Employee notice of termination [10 (ten) working days].
All circumstances related to job performance and the reason(s) for termination will be thoroughly documented in the Provider’s record.

Note: a staff member who is being terminated must be paid at the time of his/her termination all monies due and owed to them.

IV. CLIENT PROGRAMS

A. SERVICE AREA

Services are provided in Jefferson, Adams, Arapahoe, Broomfield, Denver, Clear Creek, Gilpin, and Park Counties, and other areas as requested.

B. RANGE OF IN HOME CARE SERVICES

1. For HCBS clients, services to be provided to each client will be determined by the care plan, as determined by the Case Manager based on the LTC 100 and on recommendations from the client's physician. Private Pay and DRCOG or other grant-funded clients’ services will be determined by a home visit/assessment conducted by the Home Care Coordinator or Manager. There is a two hour minimum per visit requirement.

2. The range of Personal Care Services includes but is not limited to the following:

   • Assistance with all areas of Activities of Daily Living (ADLs) – feeding, bathing, skin/hair/nail care, dressing, ambulation and positioning.

   • Assistance with toileting, includes ambulation to and from bathroom, transfers, emptying of contents of a Foley catheter or ostomy bag, bowel and bed pan routines – no bowel regimes, i.e., no manual disimpaction or enemas of any kind.

   • Reminding ONLY of medications.

   • Assistance with activities related to: food, nutrition and dietary activities, including the preparation of meals, when required to assist the client in meeting proper nutrition standards.

   • Shopping for groceries or household items specifically necessary for the client’s health and maintenance (the Provider must comply with the policies regarding personal vehicle operation to provide client services).

   • Running short errands for the client (the Provider must comply with the policies regarding personal vehicle operation to provide client services).

   • Laundry – clothing and bedding that is incidental to the care of the client.

   • Accompanying the client to the clinic, physician's office, or trips to service providers which are made for the purpose of obtaining treatment or meeting needs established in the Care Plan as long as the Provider is not providing transportation.
• Providing protective oversight to prevent wandering of a client with dementia or Alzheimer’s by staying with the client while the caregiver is out of the home.

• Light housekeeping services, if related to the medical needs and essential to the client’s health and comfort in his/her home. These may include rearrangement of furniture (if less than 20 pounds) to enable free mobility around the home, changing of bed linens, cleaning a specific living area when the patient occupies that room to a large extent (STAFF MUST obey all safety rules related to all activities).

Transportation of HCBS clients is not a service provided by the In Home Care Services Department. A Provider may transport a Private Pay client if the client signs the SRC Waiver of Liability in Exchange for Receipt of Transportation and the PCP attends the Transportation PASS class.

Financial management services for clients is not a service provided by the In Home Care Services Department.

C. SELECTION OF PERSONAL CARE PROVIDERS

In order to staff a case the Program Coordinator will determine the client's needs and select an appropriate staff member based upon the following:

• Client personality
• Provider personality
• Geographic locations of both the client and the staff member
• Client services needed
• Frequency of visits needed
• Availability of Provider
• Reliability of Provider

D. MISSED VISITS

In the event of a missed visit due to employee illness, vacation, holidays and unexpected voluntary or involuntary termination of employment, the In Home Care Services staff will make every effort to either reschedule services or provide a fill-in Provider. If a fill-in Provider is not available, the client will be notified immediately of SRC’s inability to deliver services. If the visit is missed due to employee termination, the client will be notified, and the In Home Care Services staff will provide due diligence in finding a new Provider as soon as possible.

If the client does not respond to let the staff in the home for a scheduled visit, the Provider will call the IHCS office. The office staff member responding to the Provider’s call will attempt to contact the client via telephone. If the client cannot be reached, the office staff member responding to the Provider’s call will contact the individual(s) listed on the Plan of Care as having a key to the client’s home and request that the residence be checked. If no individual with a key to the client’s home is named on the Plan of Care, the office staff member will attempt to contact the client’s emergency contact(s). If the emergency contact(s) cannot be reached, the office staff member will contact Adult Protective Services or local law enforcement and request a welfare check at the client’s home. This protocol will be discussed with the client at the Start of Care.
E. HCBS – HOME AND COMMUNITY BASED SERVICES

Purpose: To assist the IHCS office staff in consistently compiling documentation and meeting home visit requirements for the Home and Community Based Services Health First Colorado benefit.

1. Program eligibility

Determination of eligibility will be established by the Single Entry Point (SEP) for the county in which the client lives. For clients living in Jefferson County this will be Jeffco Options for Long-term Care. Colorado Access is the SEP agency serving Adams, Arapahoe, Denver, Douglas, and Elbert Counties. The SEP will also maintain the responsibility for the determination and authorization of the number of unit hours available for Personal Care or Homemaking services under HCBS. The SEP will notify SRC, in writing, of those clients certified to receive Personal Care or Homemaking services along with the number of approved units. The initial HCBS home visit will be made by Home Care Coordinator or the In Home Care Services Manager.

2. Home Visits

Policy: A Home Care Coordinator will visit each HCBS client every three months. Quarterly home visits may be performed by either Home Care Coordinator or the In Home Care Services Manager.

   a. HCBS New Open (Start of Care)

   A referral is received from the Case Manager at a Single Entry Point Agency. IHCS staff members receive information from the Case Manager to use in beginning a Plan of Care (POC). The Plan of Care will show a code indicating whether the client case is homemaking, personal care, or using a family member as Provider. If a family member will be the Provider, an application for employment with the IHCS Department will be given to the applicant.

   All Providers work directly with the client to develop a mutually acceptable schedule. If a Relative Provider is ill or on vacation, the IHCS staff doesn’t provide coverage unless there are hours authorized (with a separate code) by the case manager for a Non-relative Provider. If a Non-relative Provider is ill or on vacation, the IHCS staff will try to provide coverage.

   i. It is essential that the Request for Adult HCBS Prior Approval (PAR) form has been received from the Case Manager prior to the start of care. If a Request for Adult HCBS PAR has not been received, the Case Manager must be called by the Program Coordinator and asked to fax the Request for Adult HCBS PAR to the office before the case can be opened.

   ii. A folder of required documents and forms must be prepared to take to the visit.

   iii. The client and provider must be present at the visit.

   iv. The following documents must be completed and signed by all appropriate parties and included in the Client’s file.

      a) Client Information Form
No signatures required
Some information is personal and client may refuse to answer

b) **Plan of Care**
- To be developed by the HCC, client and Provider
- To be signed by the HCC, client and Provider
- Original – client’s file, yellow copy – client

c) **Written Notice of Home Care Consumers Rights**
- HCC to read document to the client
- To be signed by HCC and client
- Original – client’s file, yellow copy – client

d) **Agency Disclosure Notice**
- HCC to explain document to client/Provider
- To be signed by HCC, client, and Provider
- Original – client’s file, yellow copy – client

e) **PCP Skills Validation Checklist**
- Complete using the appropriate column
- Discuss with the Provider. This discussion should include the Provider’s acknowledgment of their understanding of what tasks will be done and the proper procedure for doing these tasks – including safety and infection control
- HCC signs and dates in appropriate box at top of each column

f) **Client is to be given booklet “Your Right To Make Health Care Decisions”**
- Explain Living Will, MDPOA forms in back of booklet and discuss options for “Do Not Resuscitate”
- The client is to sign and date the Advance Directives Acknowledgment form

g) **Notice Regarding Use of Caustic Cleaning Materials**
- To be read to client, signed by client and returned to office to be placed in client’s file

h) **Notice of SRC Privacy Practices**
- Notice to be explained to client, signed by client and copy left in folder in client’s home, signed copy to be kept in client’s file in IHCS office

v. Upon returning to the office the HCC will complete the remainder of the documentation as follows:

a) Write a **Narrative Note** to include:
- Purpose of the home visit
- People present
- Forms completed
- Condition of home (e.g., neat, clean, cluttered, etc.)
- Condition of client and appearance (e.g., clean, neat, alert, etc.)
- Frequency and duration (start date, hours/week, days)
• Any concerns regarding client safety

b) Complete Disclosure of Medical Information form

c) Complete Start/Change Billing form
   • Include in Client’s file
   • Original (white copy) submitted to finance. Yellow copy remains in client’s file

d) Complete a task strip and submit to Program Administrative Assistant

e) Completed client file goes to Program Coordinator

f) Complete and file two client cards to Include:
   • Pay status
   • Client name, address, phone no., and date of birth
   • Provider’s name and phone no.
   • Case manager and phone no.
   • Directions to home
   • Special instructions

vi. Make notations of visit on all statistical sheets.

vii. Enter information into Community Care.

b. Quarterly HCBS Home Visit

   i. Before scheduling visit check to make sure client is still an active case, still has same provider, same address and check to insure visit is a quarterly and not an annual.

   ii. A folder of required documents and forms should be prepared to take to the visit. These include a copy of the client’s Plan of Care and the PCP Skills Validation Checklist (note: the original Plan of Care is not to leave the building).

   iii. The client and Provider must be present at the quarterly home visit.

   iv. During the visit:

      a) Complete the appropriate column of PCP Skills Validation Checklist. Discuss the tasks being performed. Include in this discussion any teaching regarding proper safety and infection control procedures.

      b) Review the Plan of Care and mark any changes on the copy.

      c) The HCC should encourage the client to contact their county case manager for any questions/problems not related to the IHCS Department services. The client may request that the HCC contact their case manager, if so, this may be done when HCC returns to the office.

   v. Upon returning to the office:
a) Transfer any changes to the POC onto the original POC. Cross out the incorrect information using one line only so that the original information is still readable, date and initial these changes. If there are any changes in the client’s POC, the client’s file (when complete) should be given to the Program Coordinator with a note indicating changes.

b) **SHRED THE COPY OF THE POC.**

c) Complete the Narrative Note in the client’s file to contain the condition of client’s home, condition of the client’s appearance, any observations of changes in the POC the client’s home or client’s health status. The note must also contain the status of the client/Provider relationship, i.e., warm, supportive, caring, loving.

d) Complete a task strip and submit to Program Administrative Assistant.

e) Date, initial, and record the type of visit (quarterly or annual) on the back of the Home Visit card and note the name of the Provider present at the visit. File in card box under month for next visit. Cross off visit on Home Visit Log.

f) Make notations of visit on all statistical sheets.

g) Enter information into Community Care.

**c. Annual HCBS Home Visit**

i. A folder of required documents and forms should be prepared to take to the visit. These include a copy of the client’s Plan of Care and the PCP Skills Validation Checklist (note: the original Plan of Care is not to leave the building).

ii. The client and Provider must be present at the annual home visit.

iii. During the visit:

   a) A new Plan of Care is developed by the HCC, client and provider. To be signed by the HCC, client and Provider. Original – client’s file, yellow copy – client.

   b) Complete the appropriate column of PCP Skills Validation Checklist. Discuss the tasks being performed, include in this discussion any teaching regarding proper safety and infection control procedures.

   c) The HCC should encourage the client to contact their county case manager for any questions or problems not related to the IHCS Department services. The client may request that the HCC contact their case manager, if so, this may be done when HCC returns to the office.

iv. Upon returning to the office:

   a) **SHRED THE COPY OF THE POC.**
b) Complete the Narrative Note in the client’s file to include the condition of client’s home, condition of the client’s appearance, any observations of changes in the POC, the client’s home or client’s health status. The note must also contain the status of the Client/Provider relationship, i.e., warm, supportive, caring, loving.

c) Complete a task strip and submit to the Program Administrative Assistant.

d) Date, initial and record the type of visit (quarterly or annual) on the back of the Home Visit card and note the name of the Provider present at the visit.

e) Make notations of visit on all statistical sheets.

f) Enter information into Community Care.

F. PRIVATE PAY

Purpose: To assist the IHCS office staff in consistently compiling documentation and meeting home visit requirements for the Private Pay client.

1. Program Eligibility

Private Pay clients are eligible for services if they meet the criteria for unskilled/non-medical Personal Care Services. This criteria includes: the client must be able to stand and bear weight without assistance. The client must have no wounds [i.e., stasis ulcers, surgical wounds, decubitus ulcers (bed sores), open rashes]. The client must have no swallowing problems which puts them at increased risk of choking. Private Pay clients who do not meet that criteria are eligible for Homemaking services only.

2. Client Release of Information and Service Agreement

Private Pay clients have a number of individual releases which they are required to complete in order to receive In Home Care Services. Each client must also sign a Service Agreement.

These releases and agreements are taken to the client by the IHCS Manager or Coordinator at the time of the first home visit/open.

3. Home Visits

a. Private Pay Open

A referral can come from a wide variety of referral sources, including the website/internet, healthcare providers, newspapers/media, social workers, etc. All IHCS office staff are responsible for taking inquiries for services. If the client has a diagnosis which may indicate that they require a more skilled level of care than IHCS can provide, the Home Care Coordinator II will call the prospective client to arrange a time for a no charge assessment visit.

i. A folder of required documents and forms should be prepared before the visit.

ii. The client and Provider must be present at the visit.
The following documents must be completed and signed by all appropriate parties.

a) **Client Information Form**
   - No signatures required.
   - Some information is personal and client may refuse to answer.

b) **Plan of Care**
   - To be developed by the HCC, client and Provider.
   - To be signed by the HCC, client and Provider.

c) **Written Notice of Home Care Consumers Rights**
   - HCC to read document to the client/Provider.
   - To be signed by HCC, client, Provider.

d) Client is to be given booklet “**Your Right To Make Health Care Decisions**”
   - Explain Living Will, MDPOA forms in back of booklet and discuss options for “Do Not Resuscitate”.
   - The client is to sign and date the Advance Directives Acknowledgment form.

e) **Personal Care Program Service Agreement and Release.**
   - All blank spaces are to be completed. The HCC will give the client the choice of either the HCC reading the total agreement to the client or the client may choose to allow the HCC to summarize the agreement. Be sure to summarize this document by paragraph.
   - The HCC and the client must sign and date this document in the appropriate space.

f) **Notice Regarding Use of Caustic Cleaning Materials**
   - To be read to client, signed by client and returned to office to be placed in client’s file.

g) **Notice of Privacy Practices**
   - Notice to be explained to client, signed by client and copy left in folder in client’s home, signed copy to be kept in client’s file in IHCS office.

iv. Upon returning to the office the HCC will complete the remainder of the documentation as follows:

a) Write a **Narrative Note** to include:
   - Purpose of the home visit
   - Condition of home (e.g., neat, clean, cluttered, carpet dirty, etc.)
   - Condition of client’s appearance (e.g., clean, well-groomed)
   - Forms completed
   - Schedule of services and state date

b) Complete **Start Bill** form.
• Contact person is the client’s emergency contact.
• Original (white copy) submitted to finance. Yellow copy remains in client’s file.

c) Complete a task strip and submit to Program Administrative Assistant.

d) Completed file goes to Program Coordinator.

e) Type two client cards and file to include:
   • Pay status
   • Client’s name, address, phone number, date of birth
   • Provider’s name and phone no.
   • Directions to home
   • Special instructions

f) Record the appropriate information on the IHCS statistical forms.

g) Enter information into Community Care.

b. Private Pay Quarterly/6-Month Visits

i. Before scheduling visit check to make sure client is still an active case, still has same provider, same address and check to insure visit is a quarterly and not an annual.

ii. A folder of required documents and forms should be prepared to take to the visit. These include a copy of the client’s Plan of Care and the PCP Skills Validation Checklist (note: the original Plan of Care is not to leave the building).

iii. The client and Provider must be present at the quarterly home visit.

iv. During the visit:

   a) Complete the appropriate column of PCP Skills Validation Checklist. Discuss the tasks being performed. Include in this discussion any teaching regarding proper safety and infection control procedures.

   b) Review the Plan of Care and mark any changes on the copy.

   c) The HCC should encourage the client to contact their county case manager for any questions/problems not related to the IHCS Department services. The client may request that the HCC contact their case manager, if so, this may be done when HCC returns to the office.

v. Upon returning to the office:

   a) Transfer any changes to the POC onto the original POC. Cross out the incorrect information using one line only so that the original information is still readable, date and initial these changes. If there are any changes in the client’s POC, the client’s file (when complete) should be given to the Program Coordinator with a note indicating changes.
b) **SHRED THE COPY OF THE POC.**

c) Complete the Narrative Note in the client’s file to contain the condition of client’s home, condition of the client’s appearance, any observations of changes in the POC the client’s home or client’s health status. The note must also contain the status of the client/Provider relationship, i.e., warm, supportive, caring, loving.

d) Complete a task strip and submit to Program Administrative Assistant.

e) Date, initial, and record the type of visit (quarterly or annual) on the back of the Home Visit card and note the name of the Provider present at the visit. File in card box under month for next visit. Cross off visit on **Home Visit Log**.

f) Make notations of visit on all statistical sheets.

g) Enter information into Community Care.

c. **Annual Private Pay Home Visit**

v. A folder of required documents and forms should be prepared to take to the visit. These include a **copy** of the client’s Plan of Care and the PCP Skills Validation Checklist (note: the original Plan of Care is not to leave the building).

vi. The client and Provider must be present at the annual home visit.

vii. During the visit:

a) A new Plan of Care is developed by the HCC, client and provider. To be signed by the HCC, client and Provider. Original – client’s file, yellow copy – client.

b) Complete the appropriate column of PCP Skills Validation Checklist. Discuss the tasks being performed, include in this discussion any teaching regarding proper safety and infection control procedures.

c) The HCC should encourage the client to contact their county case manager for any questions or problems not related to the IHCS Department services. The client may request that the HCC contact their case manager, if so, this may done when HCC returns to the office.

viii. Upon returning to the office:

a) **SHRED THE COPY OF THE POC.**

b) Complete the Narrative Note in the client’s file to include the condition of client’s home, condition of the client’s appearance, any observations of changes in the POC, the client’s home or client’s health status. The note must also contain the status of the Client/Provider relationship, i.e., warm, supportive, caring, loving.

c) Complete a task strip and submit to the Program Administrative Assistant.
Date, initial and record the type of visit (quarterly or annual) on the back of the Home Visit card and note the name of the Provider present at the visit.

Make notations of visit on all statistical sheets.

Enter information into Community Care.

G. DENVER REGIONAL COUNCIL OF GOVERNMENTS (DRCOG) – Older Americans Act (OAA) & State Funding for Senior Services (SFSS) Funded Services

Purpose: To assist the IHCS office staff in consistently compiling and accurately completing documentation and home visit requirements for the DRCOG grant.

Refer to the DRCOG Contract Management Manual or the In Home Care Services DRCOG grant coordinator for specifics regarding the contractual responsibilities and requirements of the DRCOG grant.

1. Program Eligibility

Individuals are eligible for homemaker services through the DRCOG grant if they are 60 years of age or older, reside in Jefferson, Adams, Arapahoe, Denver, Gilpin or Clear Creek counties, and have a deficit in at least two (2) IADLs. Individuals are eligible for personal care services if they are age 60 or older, reside in one of the aforementioned counties and have a deficit in 2 or more ADL’s. Individuals receiving Health First Colorado benefits of any kind (health insurance, SNAP, Personal Care or Homemaking services through an HCBS waiver, etc.) are NOT eligible to receive services through the DRCOG grant.

2. Client assessment

Prior to accepting an individual as a DRCOG client, the IHCS Home Care Coordinator or IHCS Manager will complete the DRCOG assessment form by contacting the individual requesting services either by telephone or in person. If the client satisfies all requirements for this grant, services can be opened. In the event that the available allotment of DRCOG funding is previously designated to other individuals, In Home Care Services will maintain a waiting list of individuals eligible to receive funding for homemaking and/or personal care services.

3. SRC Grievance and Dispute Policy and Procedure and Donation letter.

The SRC Grievance and Dispute Policy and Procedure with the DRCOG Grievance Procedures Addendum will be explained during the initial “open” home visit. The client is required to sign this document indicating their understanding of the policy and procedure for grievances or disputes. A copy of this document will be given to the client for their reference.

A donation letter will be explained and given to the client during the initial “open” home visit.

4. Home Visits

a. DRCOG Open

i. A folder of required documents and forms should be prepared before the visit.
ii. The client and provider **must** be present at the visit.

iii. The following documents must be completed and signed by all appropriate parties.

   a) **Client Information Form**
      - No signatures required.
      - Some information is personal and client may refuse to answer.

   b) **Plan of Care**
      - To be developed by the HCC, client and Provider.
      - To be signed by the HCC, client and Provider.

   c) **SAMS Assessment Form**
      - HCC to complete form.
      - To be signed by client.

   d) **Written Notice of Home Care Consumers Rights**
      - HCC to read document to the client/Provider.
      - To be signed by HCC, client, Provider.

   e) Client is to be given booklet **“Your Right to Make Health Care Decisions”**
      - Explain living will, MDPOA forms in back of booklet and discuss options for “Do Not Resuscitate.”
      - The client is to sign and date the Advance Directives Acknowledgment form.

   f) **SRC Grievance and Dispute Policy and Procedure DRCOG Addendum – Client Grievance Procedure**
      - The client is required to sign and date this document.

   g) DRCOG information and donation letter
      - HCC to read document to the client.

   h) **Notice Regarding Use of Caustic Cleaning Materials**
      - To be read to client, signed by client and returned to office to be placed in client’s file.

   i) **Notice of Privacy Practices**
      - Notice to be explained to client, signed by client and copy left in folder in client’s home, signed copy to be kept in client’s file in IHCS office.

iv. Upon returning to the office the HCC will complete the remainder of the documentation as follows:

   a) Write a **Narrative Note** to include:
- Purpose of the home visit
- Condition of home (e.g., neat, clean, cluttered, carpet dirty, etc.)
- Condition of client’s appearance (e.g., clean, well-groomed)
- Forms completed
- Schedule of services and state date

b) Complete Start Bill form.
   - Contact person is the client’s emergency contact.
   - Original (white copy) submitted to finance. Yellow copy remains in client’s file.

c) Complete a task strip and submit to Program Administrative Assistant.

d) Completed file goes to Program Coordinator.

e) Type two client cards and file. Include pay status, client’s name, address, phone number, date of birth, provider’s name and phone no., directions to home, special instructions.

f) Date, initial, and record the type of visit on the back of the Home Visit card and note the name of the Provider present at the visit. File in card box under month for next visit. Add the client’s name to the visits list. Cross off visit on Visits list.

g) Record the appropriate information on the IHCS statistical forms.

h) Enter information into Community Care.

b. DRCOG Quarterly/6-Month Visit

   i. Before scheduling visit check to make sure client is still an active case, still has same provider, same address and check to insure visit is a quarterly and not an annual.

   ii. A folder of required documents and forms should be prepared to take to the visit. These include a copy of the client’s Plan of Care and the PCP Skills Validation Checklist (note: The original Plan of Care is not to leave the building.)

   iii. The client and Provider must be present at the six month home visit.

   iv. During the visit:

      a) Review the Plan of Care and mark any changes on the copy.

      b) Completed SAMS assessment form signed by client.

   v. Upon returning to the office:

      a) Transfer any changes to the POC onto the original POC. Cross out the incorrect information using one line only so that the original information is still readable, date and initial these changes. If there are any changes in the client’s POC, the client’s file (when complete) should be given to the Program Coordinator with a note indicating
changes.

b) **SHRED THE COPY OF THE POC.**

c) Complete the Narrative Note in the client’s file to contain the condition of client’s home, condition of the client’s appearance, any observations of changes in the POC the client’s home or client’s health status. The note must also contain the status of the client/Provider relationship, i.e., warm-supportive-caring-loving.

d) Complete a task strip and submit to Program Administrative Assistant.

e) Date, initial, and record the type of visit (Quarterly or 6-month) on the back of the Home Visit card and note the name of the Provider present at the visit. File in card box under month for next visit. Cross off visit on Visits list.

f) Make notations of visit on all statistical sheets.

g) Enter information visit on all statistical sheets.

c. **Annual DRCOG Home Visit**

i. A folder of required documents and forms should be prepared to take to the visit. These include a **copy** of the client’s Plan of Care and the PCP Skills Validation Checklist (note: the original Plan of Care is not to leave the building).

ii. The client and Provider must be present at the annual home visit.

iii. During the visit:

   a) A new Plan of Care is developed by the HCC, client and provider. To be signed by the HCC, client and Provider. Original – client’s file, yellow copy – client.

   b) Complete SAMS Assessment form to be signed by client.

   c) Complete the appropriate column of PCP Skills Validation Checklist. Discuss the tasks being performed, include in this discussion any teaching regarding proper safety and infection control procedures.

   d) The HCC should encourage the client to contact their county case manager for any questions or problems not related to the IHCS Department services. The client may request that the HCC contact their case manager, if so, this may done when HCC returns to the office.

iv. Upon returning to the office:

   a) **SHRED THE COPY OF THE POC.**

   b) Complete the Narrative Note in the client’s file to include the condition of client’s home, condition of the client’s appearance, any observations of changes in the POC,
the client’s home or client’s health status. The note must also contain the status of the client/Provider relationship, i.e., warm, supportive, caring, loving.

c) Complete a task strip and submit to the Program Administrative Assistant.

d) Date, initial and record the type of visit (quarterly or annual) on the back of the Home Visit card and note the name of the Provider present at the visit.

e) Make notations of visit on all statistical sheets.

f) Enter information into Community Care.

H. ADDITIONAL FUNDING SOURCES

Purpose: To assist the IHCS office staff in consistently compiling documentation and meeting home visit requirements for the clients receiving services through other funding sources. Procedures will reflect Private Pay client procedures while also adhering to any contractual requirements.

1. Program Eligibility

Clients are eligible for services if they meet the criteria for unskilled/non-medical Personal Care Services. This criteria includes: the client must be able to stand and bear weight without assistance. The client must have no wounds [i.e., stasis ulcers, surgical wounds, decubitus ulcers (bed sores), open rashes]. The client must have no swallowing problems which puts them at increased risk of choking. Private Pay clients who do not meet that criteria are eligible for Homemaking services only.

2. Client Release of Information and Service Agreement

Clients have a number of individual releases which they are required to complete in order to receive In Home Care Services. Each client must also sign a Service Agreement.

These releases and agreements are taken to the client by the IHCS Manager or Coordinator at the time of the first home visit/open.

3. Home Visits

a. Open (Start of Care)

A referral can come from a wide variety of referral sources, including the website/internet, healthcare providers, newspapers/media, social workers, etc. All IHCS office staff are responsible for taking inquiries for services. If the client has a diagnosis which may indicate that they require a more skilled level of care than IHCS can provide, the Home Care Coordinator II will call the prospective client to arrange a time for a no charge assessment visit.

i. A folder of required documents and forms should be prepared before the visit.

ii. The client and Provider must be present at the visit.

iii. The following documents must be completed and signed by all appropriate parties.
h) **Client Information Form**  
- No signatures required.  
- Some information is personal and client may refuse to answer.

i) **Plan of Care**  
- To be developed by the HCC, client, and Provider.  
- To be signed by the HCC, client, and Provider.  

j) **Written Notice of Home Care Consumers Rights**  
- HCC to read document to the client/Provider.  
- To be signed by HCC, client, Provider.  

k) **Client is to be given booklet “Your Right To Make Health Care Decisions”**  
- Explain Living Will, MDPOA forms in back of booklet and discuss options for “Do Not Resuscitate”.  
- The client is to sign and date the Advance Directives Acknowledgment form.

l) **Notice Regarding Use of Caustic Cleaning Materials**  
- To be read to client, signed by client and returned to office to be placed in client’s file.

m) **Notice of Privacy Practices**  
- Notice to be explained to client, signed by client and copy left in folder in client’s home, signed copy to be kept in client’s file in IHCS office.

iv. **Upon returning to the office the HCC will complete the remainder of the documentation as follows:**

h) **Write a Narrative Note** to include:  
- Purpose of the home visit  
- Condition of home (e.g., neat, clean, cluttered, carpet dirty, etc.)  
- Condition of client’s appearance (e.g., clean, well-groomed)  
- Forms completed  
- Schedule of services and state date

i) **Complete Start Bill form.**  
- Contact person is the client’s emergency contact.  
- Original (white copy) submitted to finance. Yellow copy remains in client’s file.

j) **Complete a task strip and submit to Program Administrative Assistant.**

k) **Completed file goes to Program Coordinator.**

l) **Type two client cards and file to include:**  
- Pay status  
- Client’s name, address, phone number, date of birth
m) Record the appropriate information on the IHCS statistical forms.

n) Enter information into Community Care.

b. Client Quarterly/6-Month Visits

vi. Before scheduling visit check to make sure client is still an active case, still has same provider, same address and check to insure visit is a quarterly and not an annual.

vii. A folder of required documents and forms should be prepared to take to the visit. These include a copy of the client’s Plan of Care and the PCP Skills Validation Checklist (note: the original Plan of Care is not to leave the building).

viii. The client and Provider must be present at the quarterly home visit.

ix. During the visit:

   d) Complete the appropriate column of PCP Skills Validation Checklist. Discuss the tasks being performed. Include in this discussion any teaching regarding proper safety and infection control procedures.

   e) Review the Plan of Care and mark any changes on the copy.

   f) The HCC should encourage the client to contact their county case manager for any questions/problems not related to the IHCS Department services. The client may request that the HCC contact their case manager, if so, this may be done when HCC returns to the office.

x. Upon returning to the office:

   h) Transfer any changes to the POC onto the original POC. Cross out the incorrect information using one line only so that the original information is still readable, date and initial these changes. If there are any changes in the client’s POC, the client’s file (when complete) should be given to the Program Coordinator with a note indicating changes.

   i) **SHRED THE COPY OF THE POC.**

   j) Complete the Narrative Note in the client’s file to contain the condition of client’s home, condition of the client’s appearance, any observations of changes in the POC the client’s home or client’s health status. The note must also contain the status of the client/Provider relationship, i.e., warm, supportive, caring, loving.

   k) Complete a task strip and submit to Program Administrative Assistant.
Date, initial, and record the type of visit (quarterly or annual) on the back of the Home Visit card and note the name of the Provider present at the visit. File in card box under month for next visit. Cross off visit on Home Visit Log.

m) Make notations of visit on all statistical sheets.

n) Enter information into Community Care.

d. Annual Client Home Visit

ix. A folder of required documents and forms should be prepared to take to the visit. These include a copy of the client’s Plan of Care and the PCP Skills Validation Checklist (note: the original Plan of Care is not to leave the building).

x. The client and Provider must be present at the annual home visit.

xi. During the visit:

d) A new Plan of Care is developed by the HCC, client and provider. To be signed by the HCC, client and Provider. Original – client’s file, yellow copy – client.

e) Complete the appropriate column of PCP Skills Validation Checklist. Discuss the tasks being performed, include in this discussion any teaching regarding proper safety and infection control procedures.

f) The HCC should encourage the client to contact their county case manager for any questions or problems not related to the IHCS Department services. The client may request that the HCC contact their case manager, if so, this may done when HCC returns to the office.

xii. Upon returning to the office:

g) SHRED THE COPY OF THE POC.

h) Complete the Narrative Note in the client’s file to include the condition of client’s home, condition of the client’s appearance, any observations of changes in the POC, the client’s home or client’s health status. The note must also contain the status of the Client/Provider relationship, i.e., warm, supportive, caring, loving.

i) Complete a task strip and submit to the Program Administrative Assistant.

j) Date, initial and record the type of visit (quarterly or annual) on the back of the Home Visit card and note the name of the Provider present at the visit.

k) Make notations of visit on all statistical sheets.

l) Enter information into Community Care.

I. CHANGE IN PROVIDER OR HOMEMAKER
The client has a right to request a change in the Provider assigned to her/his case. At such time, a home visit will usually be made to evaluate with the client the circumstances of the request. A contact would also be made with the Provider assigned to the case. If irreconcilable differences exist between the client and the SRC staff member assigned to the case, and/or if the care provided is inadequate and cannot be corrected, another Provider will be sought out and assigned to the case.

**New Provider Open**

1. Prepare a packet of required documents and forms to take to the visit. The original Plan of Care is **not** to leave the building.

2. The client and Provider must be present at the visit.

3. During the visit the following documentation must be completed and signed by all appropriate parties.
   a. **Client information form**
      i. No signatures required.
   b. **Plan of Care**
      i. To be developed by the HCC, client and Provider.
      ii. To be signed by the HCC, client and Provider.
   c. **Written Notice of Home Care Consumers Rights**
      i. HCC to read document to the client/Provider.
      ii. To be signed by HCC, client, Provider.
   d. **PCP Skills Validation Checklist**
      i. Complete the checklist.
      ii. Discuss the tasks being performed, include in this discussion any teaching regarding proper safety and infection control procedures.

If the client’s pay status is HCBS the HCC should encourage the client to contact their county case manager for any questions or problems not related to the PCP program. The client may request that the HCC contact their case manager, if so, this may be done when HCC returns to the office.

4. Upon returning to the office:
   a. **SHRED THE COPY OF THE POC.**
   b. Complete the Narrative Note in the client’s file to contain the condition of client’s home, condition of the client’s appearance, any observations of changes in the POC, the client’s home or client’s health status.
   c. Complete a task strip and submit to Program Administrative Assistant.
   d. Date, initial and record the type of visit (new provider open) on the back of the Home Visit
card and note the name of the Provider present at the visit, file the visit card in the appropriate file box. HCBS visit card is filed in appropriate month for the next quarterly/annual visit.

e. If the client is HCBS, the HCC will call the client’s county case manager and inform them that a new provider is now serving the client (message may be left on case manager’s voice mail).

f. Give completed file to Program Coordinator.

g. Make notations of visit on all statistical sheets.

h. Enter information into Community Care.
J. CLIENT IN HOME CARE SERVICES GRIEVANCE PROCEDURE

If a client has a concern about the level or quality of services that s/he receives the client should contact the In Home Care Services Manager or one of the Home Care Coordinators. Clients will be encouraged to attempt to resolve the issue first with the Home Care Coordinator or with the In Home Care Services Manager depending on who is directly supervising their case.

The In Home Care Services Manager will collect all related information regarding the client's dissatisfaction and what steps have already been taken by the In Home Care Services staff. The Manager will contact the Provider (usually by phone) to discuss the situation. A resolution will first be attempted using telephone contact with the Provider, the client, the Home Care Coordinator, and, as applicable, the Case Manager. If the telephone contacts do not solve the issue the In Home Care Services Manager will schedule a conference meeting and invite all parties s/he deems appropriate for timely problem resolution.

If no resolution can be arrived at, the In Home Care Services Manager will, at his/her discretion, assign a different employee to provide services to the client.

A client may feel that s/he has not had their problem adequately resolved by the In Home Care Services Manager. In this case the client may contact the President/CEO of the Seniors' Resource Center by telephone or in writing at Seniors’ Resource Center, 3227 Chase Street, Denver, CO, 80212. The President/CEO will review the complaint and respond to the client by telephone or in writing within five working days of being contacted by the client.

If, due to physical or mental disabilities, a client needs assistance completing a written narrative or needs assistance in otherwise contacting SRC staff, s/he may contact SRC's Senior Vice President of Administrative Services for assistance.

Contact Address:

<table>
<thead>
<tr>
<th>John Zabawa</th>
<th>Terri Wager</th>
</tr>
</thead>
<tbody>
<tr>
<td>President and CEO</td>
<td>Senior Vice President of Administrative Services</td>
</tr>
<tr>
<td>Seniors' Resource Center</td>
<td>Seniors’ Resource Center</td>
</tr>
<tr>
<td>3227 Chase St.</td>
<td>3227 Chase St.</td>
</tr>
<tr>
<td>Denver, CO 80212</td>
<td>Denver, CO 80212</td>
</tr>
<tr>
<td>303-238-8151</td>
<td>303-238-8151</td>
</tr>
</tbody>
</table>
To be attached to all Grievance Appeal Process documents for any SRC consumer receiving services paid for through funding from the Denver Regional Council of Governments (DRCOG)]

Please note that any concerns that you have related to the services you receive from the Seniors’ Resource Center are of primary concern to our organization.

If you have received notice of discontinuation of service(s) which are provided to you by SRC (or notice of another action that you believe is unjustified) and your service is provided to you through funds provided by the Denver Regional Council of Governments:

Please refer to SRC’s Grievance Procedure, which is attached. Alternately, you will also find the Grievance Procedure specific to the Denver Regional Council of Governments.

It is our intention that you will try to resolve your concerns through the SRC Grievance Procedure first but you may certainly begin your process with the page marked “Addendum - Seniors’ Resource Center’s Client Grievance Procedure” which is attached to the end of this packet.
Addendum - Client Grievance Procedure

Addendum for consumer complaints for any client services provided under funding through the Denver Regional Council of Governments.

Grievance Procedure:

A. The Seniors’ Resource Center, Inc. (SRC) is a contractor of the Denver Regional Council of Governments Area Agency on Aging (AAA). If you have a grievance with SRC, you may submit a written complaint within 30 calendar days from the time the problem occurred to the Area Agency on Aging:

   Director
   Area Agency on Aging
   1290 Broadway, Suite 700
   Denver, CO  80203

B. The AAA Director will investigate your complaint and will respond to you in writing within fifteen (15) business days of receiving your complaint.

C. The written response from the AAA Director will include:
   ● A summary of your concerns or issues
   ● The results of the investigation into your complaint, and
   ● If applicable, the Seniors’ Resource Center’s resolution/response to your concern.

D. If you are not satisfied with the AAA Director’s resolution/process, you may appeal within ten (10) business days to the Executive Director of the Regional Council of Governments.

E. The Executive Director or their designee will review your written appeal, investigate your allegations and, if warranted, meet with you and/or a representative of the Seniors’ Resource Center.

F. The Executive Director will send you the findings of their investigation and/or resolution to your grievance in writing within fifteen (15) business days of your appeal.

G. If you are not satisfied with the outcome of the appeal to the Executive Director, you may send a written appeal within ten (10) CALENDAR days of the receipt of the Denver Regional Council of Governments’ Executive Director’s decision to:

   Director
   Aging and Adult Services
   State of Colorado
   1575 Sherman Street, 10th Floor
   Denver, CO  80203

H. The State Unit on Aging (SUA) Director or their designee will review your complaint, the investigation process and the resolution of your complaint.

I. The SUA Director will provide a written response to you within 30 calendar days of receipt of your appeal.
K. SENIORS' RESOURCE CENTER, INC. TERMINATION OF CLIENT SERVICES

Note: This Procedure is not a contract, real or implied, and is administered at the sole and arbitrary interpretation and discretion of the Executive Director of the Seniors' Resource Center, Inc. (SRC)

The Seniors' Resource Center, Inc. reserves the right to refuse service or to discontinue service to any client if, in the opinion of the staff of the agency (SRC), the agency is unable to meet that client's need or if the client fails to cooperate with the staff of the agency. SRC may be unable to provide services to a client's geographic location or because the client requires services which SRC does not provide. Examples of the client's or family members' failure to cooperate with the staff of the Center include but are not limited to: sexual harassment of staff or volunteers, failure to pay (for fee-based services), verbal or physical abuse, continual demands on staff to perform duties not outlined in a plan of care or under the scope of services provided by the agency, and other similar activities that do not promote a positive working relationship.

SRC will not discontinue or refuse services to a client unless documented efforts have been made to resolve the situation that triggers such discontinuation or refusal to provide services. If no resolution is reached, the client or the authorized representative will be notified and given the option of suspending services until staff can be assigned or being discharged from the agency.

If services have been discontinued due to the client’s or family members’ failure to cooperate with the staff of SRC, the Director or Manager of the program(s) providing service(s) to the client will verbally inform the client and/or their family or representative that service(s) will be terminated and will provide an explanation of why this decision has been made. A letter will be mailed to the client within three working days with an explanation of the reason(s) for termination of service and information about procedures for how to appeal the decision. A copy of this letter will be sent to SRC's President/CEO and, if the client participates in the HCBS program, to the Caseworker assigned to that client.

SRC will notify CDPHE before initiating discharge of any client who requires and desires continuing paid care or services where there are no known transfer arrangements to protect the client’s health, safety or welfare. If discontinuation of services is necessary to protect the safety and welfare of staff, the agency will initiate an emergency discharge. Emergency discharges will be reported to CDPHE within 48 hours of the occurrence. If the 48 hours is due to expire outside of office hours (weekends, holidays, etc.), the staff member in possession of the on-call cell phone will be responsible for reporting the occurrence.

The client, their family member, or representative may appeal the decision to terminate service to the President/CEO either verbally or in writing. [The client or their family or representative may ask the Seniors' Resource Center's Senior Vice President of Administrative Services to assist in filing an appeal if assistance is needed due to physical or mental disability. This assistance is available if needed and requested at any step of the appeal process.] Following an investigation of the facts of the case, the President/CEO will respond in writing to the client (or family member or representative) within five working days of receipt of the appeal.

If, after the President/CEO has considered and acted on the information received, the client or their family or representative disagree with his decision, the Chairman of the Board of Directors may be contacted via a certified letter stating the reasons why the program(s) should continue to provide
services to the client. The Chairman of the Board of Directors will respond to the client, or their family, or representative within fifteen working days of receipt of the appeal. The decision made by the Chairman of the Board of Directors will be final.

CONTACT ADDRESSES:

1) The original appeal should be made to the Director or Manager of the program(s) terminating the service(s). For appeal purposes, the name and address of the person(s) to whom a client may appeal the decision to terminate services needs to be sent to the client (or their family member or representative) when the client is notified that the service(s) are being terminated.

2) Carol Mitchell, Manager, In Home Care Services
   Seniors' Resource Center
   3227 Chase St.
   Denver, CO 80212

3) John Zabawa, President/CEO
   Seniors' Resource Center
   3227 Chase St.
   Denver, CO 80212

4) Deborah Brackney
   President, Board of Directors
   c/o Seniors' Resource Center
   3227 Chase St.
   Denver, CO 80212

5) Terri Wager, Senior Vice President, Administrative Services
   Seniors’ Resource Center
   3227 Chase St.
   Denver, CO 80212
V. Personal Care Providers Rules of Safety/Conduct

D. BLOOD BORNE PATHOGENS

In 1992, the federal government enacted legislative requirements related to Blood Borne Pathogens (disease carried via blood or blood products).

In compliance with the Occupational Safety and Health Administration (OSHA) regulations regarding Blood Borne Pathogens (BBP) and Universal Precautions, In Home Care Services will provide all new Personal Care Providers (PCP) with training relevant to these areas. Training will include education regarding Blood Borne Pathogens (Blood Borne diseases) and appropriate, safe procedures. Staff will also be trained on Universal Precautions procedures. Such training will be provided within ten (10) working days of hire by qualified instructors (see sections on Advance Directives and Blood Borne Pathogens). Field staff are not allowed out in the field or to do any direct work with clients until they have received BBP Training.

Staff will attend a Blood Borne Pathogens training at least annually and may attend a refresher course at any time by contacting his/her supervisor.

The Exposure Control Plan contains a Blood Borne Pathogens section and should be read thoroughly; the Universal Precautions section must also be read.

All staff members are required to follow appropriate procedures related to Universal Precautions and the precautions related to Blood Borne Pathogens.

A. HOME VISIT GUIDELINES FOR PROVIDERS

A Provider will never enter the home of a client in any program during the client’s absence. The Provider must be present when a quarterly HCBS supervisory home visit is made.

In Home Care Services takes very seriously the importance of protecting its employees at all times. Therefore the following procedures will be followed in a situation in which an employee may be in danger.

If the Provider feels threatened in any way, s/he should leave the situation immediately and contact his/her supervisor as soon as possible to apprise him/her of the situation.

If the Provider is unable to leave the situation s/he needs to seek assistance by calling 911.

In a minor emergency situation in which the Provider is injured or ill, s/he needs to go to the nearest Exempla Health Care Clinic. This information is given to Providers at new employee orientation, or may be obtained from their Supervisor.

In a life-threatening emergency, the Provider may call 911 or go to any hospital emergency room to receive the necessary treatment.

All Providers will receive training during the Basic Skills training class in how to respond to disasters such as tornado, loss of power, and fire.
B. SAFETY RULES

1. General Safety Rules

The tops of all high filing cabinets and bookcases will be kept clear of all objects.

The tops of all low level bookcases and filing cabinets should be kept in neat and clean order.

Bookcases should not be stacked to excess (which may cause them to tip over and/or cause items to fall off the shelves).

Window sills should be kept clear of items which may fall to insure appropriate ventilation while insuring that items will not be knocked off the sill by gusting or high winds (hitting someone or falling to the floor where they may cause someone to trip and fall).

Materials and boxes should not be stored on the floor (because they may cause someone to trip or be a hazard during an emergency evacuation).

All electrical cords, telephone cords and lines, etc. should never be allowed to extend across open areas or walkways unless they are appropriately covered, marked and secured to the floor according to agency procedure.

Heavy objects are not to be lifted without assistance.

Employees will seek assistance and carefully use proper lifting techniques and methods when lifting any object. It is important to remember that even lifting a small object incorrectly may cause an injury. Staff wishing assistance or training in proper techniques should contact their supervisor or the Director of Human Resources for information on training opportunities.

Before starting work assignments for the day, each staff member will review their work area for any possible hazards.

Staff will perform the duties of their position safely. Examples: Do not leave filing cabinet or desk drawers open; do not use equipment with frayed cords; be careful when approaching a closed door that opens toward you to avoid being struck if it opens.

Employees are expected to clean up any mess that they make. Examples: kitchen dishes, spills on the floor, knocked over plants.

Any Employee noticing a possible problem should contact the Human Resources Office or their supervisor immediately.

An employee who is injured during working hours because they are performing a task that has not been authorized and is not a bona fide part of their job will not be covered under the agency's Workmen's Compensation insurance and may have appropriate action taken against them.

Employees are encouraged to participate in the safe management of their office and of the facility in which they work. It is important that all staff are invested in protecting the safety of
fellow employees as well as their own. Any staff member noticing a potential safety hazard should contact their supervisor and/or the Administrative Office immediately. Examples: light bulbs that have gone out; blocked walkways; a fellow staff member who is performing their job duties in an unsafe manner such as lifting an object inappropriately or without necessary assistance.

All staff members share the responsibility for keeping the rest room facilities neat, clean, and sanitary.

Staff members are not to plug excess electrical cords into any outlet (more cords than that for which the outlet was designed to provide electrical current).

Employees must keep their work area clean and must not allow trash to remain on the floor.

Any staff member who performs job duties which require protective clothing or equipment must wear the safety devices at all times when actually performing the work or reporting to the job site, as appropriate.

No staff member is allowed to use any equipment that they do not fully understand; proper usage of equipment includes a thorough understanding of all features and the appropriate use of the equipment as well as an inspection for safety guards and a working knowledge of safety procedures. Any staff member who does not fully understand the proper use of equipment required for their job are not to proceed with the job task until sufficient training has been received. The employee will request training from his/her supervisor.

Employees will use handrails when going up or down stairways.

Employees who lift clients and/or push or lift wheelchairs or heavy objects must use proper lifting techniques. Any staff member who desires additional training should contact their supervisor or the Human Resources Office immediately.

Wet floors – even just a few drops – cause many accidents. You are responsible for wiping small spills dry at once. When mopping and cleaning kitchens, bathrooms, and other areas of the office and/or client home, you must make sure they are dry and safe before clients enter areas. Slow down and take short steps when you are forced to walk on wet, slippery surfaces. Avoid walking on wet surfaces whenever possible.

Pick up all foreign objects from the floor. When cleaning, be aware of electrical cords, oxygen tubing, etc. Electric wheel chairs and scooters are battery operated and charged accordingly.

Stay Alert! Watch where you are going - especially through doorways, stairs, etc.

The prior stated General Safety Rules are to be followed by all agency staff. Additional Safety Rules may be established as necessary. Staff members are responsible for understanding and following the rules for their specific work area and job assignment as well as the agency's General Safety Rules. Staff members are responsible for reading, understanding, and following all safety rules. If any part of the Safety Rules or of the Safety Policy is not understood it is the employee’s responsibility to contact his/her supervisor or a member of the Safety Committee for further information and/or explanation of the policy or the rules which s/he does not understand.
2. STANDARDS OF CONDUCT AND SAFETY RULES: IN HOME CARE SERVICES

a. Every effort is made to provide safe working conditions and to observe governmental safety regulations. No staff member will knowingly be required to work in an unsafe manner or environment.

b. Safety is every employee’s responsibility and it is imperative that you follow our guidelines and safety practices. Our goals are to efficiently provide personal care and homemaking services on a person-focused basis and to create a pleasant living environment for our clients (and their families, when appropriate) and a safe working environment for our employees.

c. It is your responsibility to notify us of any change in your health which might affect your work: required medications, temporary disabilities such as sprains, infections, etc. You will be allowed to continue working with a physician’s release if any medical limitations can be accommodated within the scope of your job duties.

d. Contact the Program Coordinator immediately if you are unable to meet your schedule for any reason. The Program Coordinator will call your client and inform them you will not be visiting their home on that day. Report to the Home Care Coordinator or Program Coordinator immediately when a client is hospitalized, on vacation or not at home during your scheduled visits. You cannot be paid unless the client is in his/her home to receive and direct your services.

e. Follow approved safety practices in the client’s home including:

f. Monitor wet floors after mopping areas such as kitchens, and bathrooms – make sure the floors are dry and safe before a client enters the area. The Provider should walk slowly and cautiously when working on wet, slippery surfaces. All spills should be wiped dry immediately when discovered.

g. Pick up all foreign objects from the floor. When cleaning, be aware of electrical cords, oxygen tubing, etc.

h. Stay alert while you are working – watch where you are walking, especially through doorways, up and down stairs, etc.

i. Never stand on a box, ladder or chair to reach high objects.

j. Never lift more than 20 pounds and always use good body mechanics so that you do not injure your back. Proper lifting and transfer techniques are reviewed at least annually in our continuing education programs. Think ahead when positioning, transferring or ambulating with a client – speak with the client first so that your assistance is client directed including tips for providing this type of care.

k. Always ask for instructions before using any equipment with which you are not entirely familiar. Report faulty equipment to your supervisor and to the client. The use of any mechanical client lifting device such as a Hoyer Lift by a Provider is strictly prohibited.

l. Never leave drawers or cabinet doors open and never rearrange a client’s furniture or possessions without permission.
m. Follow the OSHA Standard regarding Blood Borne Pathogens: treat all blood and body fluids (feces, urine, wound drainage, saliva, emesis, etc.) as potentially infectious. You should:

n. Wash hands frequently between tasks and always between clients.

o. Wear disposable gloves (available through and provided by the In Home Care Services staff) when it is likely that your hands will touch any moist body substance, mucous membranes, or non-intact skin. In addition, always wear disposable gloves when bathing a client, shampooing a client’s hair, or when assisting with client toileting needs.

p. Bag and remove all soiled incontinent pads, Kleenex, etc. to the trash after each client visit.

q. Handle all linen and client clothing as though it is infectious. Hold all soiled items away from your body and clothes, and wash the items as soon as possible according to the client’s directions.

r. Use the Universal Disinfectant (1 part bleach : 10 parts water) if needed to clean client bathrooms, kitchens, counters, etc. as directed by the client.

s. Know who to call in an emergency for each of your clients. Know if they have any Advance Directives and where they are kept.

t. If a client doesn’t answer the door for a scheduled visit, call the office. If there is a designated neighbor with a key or an apartment manager, ask to have the residence checked.

u. If you observe a change in the client’s health, appearance or behavior, contact one of the Home Care Coordinators or the Program Manager who will then notify the family or the Case Manager to check on the client.

v. In the event of a fire, or other disaster, the Provider is expected to aid the client to the best of his/her ability. Appropriate emergency procedures, discussed in the Basic Skills Training Manual, are to be used. Remember to always keep paths in the client’s home or apartment clear and accessible to be used in escaping a fire. If you have any questions regarding emergency procedures, contact the In Home Care Services office.

w. Ethical work standards will be enforced consistently and fairly. The following actions are PROHIBITED by Personal Care Providers:

x. Giving medical advice.

y. Endorsing services outside SRC to clients or families.

z. Witnessing legal documents or legally representing a client or family as a Power of Attorney.

aa. Accepting or soliciting money or items of value from any client or family member.

bb. Accepting a loan from a client or borrowing money or personal items from a client.

cc. Contracting to work privately with any client or family member.

dd. Smoking, lounging or eating (unless eating with your client is a part of the client’s Plan of Care) during work time.

ee. Disclosing confidential client information, including the client’s phone number or address to anyone outside of SRC.

ff. Using loud, coarse or disrespectful language to the client or in the client’s home – do not argue with a client; if a client or family member becomes unreasonable, excuse yourself and report the situation immediately to your supervisor.

gg. Making personal phone calls during work hours.
hh. Being disrespectful regarding the client’s property, lifestyle or values.
ii. Dressing inappropriately during work hours or otherwise presenting an attitude or appearance which is inconsistent with SRC’s mission statement and policy code.
jj. Discussing other Providers, clients or staff with anyone other than your supervisor.
kk. Discussing controversial subjects such as politics or religion with the client.
ll. Discussing personal problems with the client – contact your supervisor for available resources to assist you such as the Employee Assistance Program.
mm. Failing to immediately report accidents, observed theft, client abuse or violation of an established safety or conduct rule. Your confidentiality will be protected whenever possible.

nn. Be patient, courteous and respectful with clients and family members, as well as with your supervisor, other office staff and fellow employees.

oo. Communication with the client is an important part of each client assignment:
pp. Allow the client to discuss the subject of death as needed. If you are uncomfortable with the discussion of death and related subjects, or if you think that the client needs more information than you have, notify your supervisor.
qq. Speak with the client about his/her family, profession, interests, etc. – most clients enjoy telling you about their lives.

rr. Comply fully with the “Written Notice of Home Care Consumers’ Rights.”

ss. Carefully read all communication that is mailed from the SRC offices. Important information such as phone numbers, policy changes, continuing education dates, etc., is contained in these mailings. Contact the In Home Care Services office for clarification of any information.

tt. Take the initiative for your career development through inservice training programs and notify your supervisor if you need more training for a particular client care procedure.

uu. Engaging in such other practices as may be inconsistent with the ordinary and reasonable rules of conduct necessary to the welfare of the client, agency, and/or its employees, e.g., being under the influence of drugs or being intoxicated (refer to the SRC Substance Abuse Policy for additional information) is unacceptable employee behavior.

vv. Violations of the Standards of Conduct and Safety Rules will result in disciplinary action(s) including but not limited to: verbal warning, written warning, probation, termination of employment, or partial loss of Workman’s Compensation benefits if injured due to Safety Rule violation(s). The action or steps which are taken are determined by the sole and arbitrary discretion of the Seniors’ Resource Center, Inc. SRC is an Employment at Will employer – the agency may terminate an employee at any time with or without cause.

D. INJURIES TO THE CLIENT

In case of an injury to a client the Provider will do the following:

1. Assess the client's injuries.
2. Call 911 if the client appears to have sustained an injury.
3. If the client states that s/he is not injured, assist her/him into a comfortable position.
4. Notify the In Home Care Services office immediately of the incident, and if a family member is present, apprise him/her of the situation.
5. If the client has an Advance Directive, follow the instructions given in that legal document.

E. CLIENT RIGHTS AND CONFIDENTIALITY

The client's right to privacy is established legally and ethically. Any information about a client can only be shared for a purpose, and usually with the express verbal or written consent of the client.

1. Due to the nature of the services provided by In Home Care Services, a relatively high degree of communication sharing occurs between SRC and the Case Management Agency (CMA) whenever a CMA is involved with a case. The client should be kept informed regarding the nature of communications except in VERY extenuating circumstances as determined by the In Home Care Services Manager.

2. Limits to confidentiality occur when abuse has taken place, when the client threatens suicide or homicide, in the case of a subpoena or court order, or when a criminal investigation is under way. Whenever confidences are broken, the client will be informed with an explanation, whenever advisable to do so as determined by the IHCS Manager.

F. CLIENT ADVANCE DIRECTIVES

In compliance with Advance Directives regulations, In Home Care Services will inform all clients of their rights as related to Advance Directives to accept or refuse medical treatment and the Seniors' Resource Center's policies as related to these rights.

An Advance Directive refers to an individual’s right to make medical care decisions concerning their wishes about future medical care treatment. SRC is required to provide information to clients of In Home Care Services regarding their rights concerning Advance Directives. Whether a client has executed an Advance Directive or not, they will receive the medical care and treatment appropriate for their condition.

An Advance Directive can be documented in the form of a Living Will, a Medical Durable Power of Attorney (MDPOA), a Do Not Resuscitate (DNR) order or a CPR Directive. A client who has executed an Advance Directive must inform the IHCS program of where these documents are located in the client’s home if they wish SRC to abide by their wishes, as appropriate.

Important note: even if an Advance Directive is in place, the client has the right to request and receive treatment which they had refused as part of their Advance Directive document. The client (if able to make their own decisions) has the right to nullify any previously executed Advance Directive.

In Home Care Services will do the following:
1. Educate Providers as to their obligations and responsibilities as related to Advance Directives.

2. New Employee Orientation (the employee receives a copy of the booklet "Your Right to Make Health Care Decisions").

3. Thorough workshops annually, and/or as needed.

4. The HCC or IHCS Manager will assist the Provider in knowing where in the client’s home original copies of Advance Directives are located.

5. Clients will be given the booklet "Your Right to Make Health Care Decisions" as prepared by the Advance Directive Coalition.

6. Document to each client chart the date they received the Advance Directive booklet (received during the initial home visit).

7. For PCP and other interested SRC staff, In Home Care Services will provide a workshop annually on the meaning and regulations related to Advance Directives.

8. The In Home Care Program Manager and Coordinators will monitor legislation for further changes for Advance Directives' requirements.

9. In Home Care Services clients will not be discriminated against, nor will the provision of care be conditioned according to whether s/he has executed an Advance Directive.

G. MANDATORY REPORTING OF MISTREATMENT OF AT-RISK ELDERS

IHCS staff must report abuse, caretaker neglect and exploitation of at-risk elders (individuals age 70+) to law enforcement within 24 hours of observing or becoming aware of the alleged mistreatment or the imminent risk for mistreatment. Reports are made to the law enforcement agency in the jurisdiction where the alleged mistreatment took place. Once a report is made, staff will notify the IHCS office of the report.

H. OCCURRENCE REPORTING (Refer to the Occurrence Reporting Manual)

The In Home Care Services Manager will report the occurrences specified at 24-1-124(2) C.R.S. to the Colorado Department of Public Health and Environment’s Health Facilities and Emergency Management Services Division (HFEMSD) no later than the following business day via the HFEMSD web portal.

I. INFLUENZA VACCINATION OF STAFF POLICY

SRC In Home Care Services staff have a shared responsibility to prevent the spread of infection and avoid causing harm to the clients served by taking reasonable precautions to prevent the transmission of vaccine-preventable diseases. Vaccine programs are, therefore, an essential part of infection prevention and control for slowing or stopping the transmission of seasonal influenza viruses from adversely affecting those individuals who are most susceptible.
If the employee is vaccinated, s/he will provide SRC with written documentation that s/he received the vaccine (this allows SRC to track and report the number of employees that receive a vaccination, as we are required to do by the Colorado Department of Public Health and Environment).

If the employee has severe (life-threatening) allergies to eggs or other components of the influenza vaccine or have a history of Guillain-Barré Syndrome (within six weeks following a previous dose of influenza vaccine), the employee has an approved medical contraindication and may decline the vaccine.

If it is necessary for the employee to arrive late to work or to leave work early to receive an influenza vaccination, the employee will plan the time away with his or her supervisor. To best meet the needs of the clients, the employee must give the Program Coordinator at least one week’s notice in advance of an appointment.

Education regarding the benefits and risks as well as the availability of influenza immunization will be provided at Orientation and at the Annual Training. Employees will be encouraged to turn in receipt of vaccine or declination or exemption forms at the Annual Training.

SRC will offer vaccinations to employees at no cost to the employee at the Annual Mandatory Training sessions each October. Any employee who declines to be vaccinated will be required to wear a respiratory mask when in clients’ homes during flu season (October-May).

J. ABUSE

Any evidence of abuse shall be reported to the appropriate Human Services agency or to an SRC Support Services Coordinator, as appropriate, for further assessment and referral to the Adult Protection Unit or appropriate legal authority. Significant types of elder abuse include, but are not limited to:

1. **Physical Abuse** – Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
2. **Emotional Abuse** – Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.
3. **Sexual Abuse** – Non-consensual sexual conduct or contact of any kind.
4. **Exploitation** – Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
5. **Neglect** – Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
6. **Abandonment** – The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Providers who have cause to suspect some form of abuse will contact their supervisor immediately! It will be the responsibility of the IHCS Manager or a Home Care Coordinator to appropriately report the incident to Adult Protective Services or the appropriate authority according to established SRC Policies and Procedures.

VI. QUALITY MANAGEMENT PROGRAM (QMP)

A. Identified problem: Inaccurate completion of timesheets.
B. Tracking and trending data:
1. Review timesheets and Plans of Care to identify discrepancies, and to.
2. Document specific PCPs that frequently turn in inaccurate timesheets.

C. Analyzing the best way to correct PCPs with multiple inaccuracies.

D. Take action: TBD in collaboration with IHCS office staff, to be approved by Executive Team.

OFFICE PROCEDURES

A. FILING SYSTEM

1. CLIENT RECORDS

It is the policy of the In Home Care Services Department to establish and maintain complete records on all open cases. All IHCS client files are located in the office of In Home Care Services and are locked at the end of each work day.

Each client’s Plan of Care will indicate whether that client has a legally valid form of Advance Directives and if those directives are available to emergency personnel in the client’s home.

Clients will receive the same level of and provision of care whether or not they have executed a legally valid Advance Directive (this will be documented accordingly).

Each IHCS Client Record will contain the following:

- Original inquiry form
- Plan of Care
  The Plan of Care will contain the number of hours authorized, the recommended care, and the name of the designated Provider. This Provider assignment care plan will include a completed check list of duties and responsibilities per the care plan agreed upon by the PCP staff and/or the Case Manager. This care plan will be signed and dated by the client, Provider and the IHCS Manager or HCC. The Provider and the client receive a copy.

- IHCS Narrative Note to include documentation of monitoring and supervision of the services provided

- Copy of Written Notice of Home Care Consumers Rights

- Sign off sheet, Advance Directives

- Copies of Provider’s time sheets

- Copy of Service Agreement and Release (for Private Pay clients)

- Copy of ULTC 100 and Form 105 (for all HCBS clients)

- Copy of SAMS Assessment (for all DRCOG clients)
Client information form

Records of discharged clients will be maintained for a minimum of seven years and may be kept in a separate location.

The SRC will make available the following client information to the assigned Provider:

- Name, address, sex, and age of the client
- Emergency procedures to follow until help is obtained, including:
  ♦ name and phone number of physician to contact
  ♦ name and phone number of family member or other specified contact
- Special health and dietary needs of the client
- Whether or not an Advance Directive has been completed by the client and if there is an Advance Directive where it is located in the client’s home
- Assigned Duties

2. PROVIDER RECORDS

Personnel records on all Providers will be located in SRC's Personnel Office and the In Home Care Program will also have a file for each staff member. Each employee has two separate files in the In Home Care Program office which are maintained in a confidential file area and will contain the following information:

Employees Health/Confidential file
1. Resume or Employment Application
2. Documentation of training
3. Sign-off sheet, Advance Directives
4. Health Profile (Advance Directives, Blood Borne Pathogens)

Employee file
1. Evidence of skill checks
2. Copies of time sheets

Additionally, information related to the Provider which is of a miscellaneous nature may be kept in the health file. The type of information kept may include but is not limited to: client concern reports, letters of appreciation or concern which are received related to the employee's job performance, and general employee/supervisor contact narratives, copies of the Provider's annual evaluation. Additionally, copies of this material may also be forwarded to the Personnel File located in the Personnel office.

B. TIME SHEETS
Blank time sheets will be kept at SRC's two locations, and can be accessed by providers at any time during business hours.

Providers are expected to return completed time sheets to the Wheat Ridge office at scheduled times. At Orientation, new hires are given a schedule stating the dates on which the time sheets are due to the Program Manager.

Completed time sheets should reflect the following:

♦ dates of current pay period  
♦ client's signature and initials where appropriate  
♦ provider's signature and date where appropriate  
♦ client's name on the time sheet for proper identification  
♦ client’s pay status  
♦ provider's name on the time sheets for proper identification  
♦ checking off of duties as completed

The Administrative Assistant and Program Coordinator are responsible for carefully checking each time sheet for accuracy and completion. Any problems are to be reported to the IHCS Manager. If an error is found, the Provider will be called to discuss it.

Time sheets must be completed thoroughly and turned in to the In Home Care Program office in a timely fashion. Time sheets are a three (3) page document. The first and second page of the time sheet must be turned in. The Provider may keep the third copy for their records or give that copy to the client upon their request. If the Provider and Client want a copy of the time sheet, the Administrative Assistant will make a copy of the original for the files.

C. PROCESSING OF TIME SHEETS

Upon receipt of the time sheet the Administrative Assistant will alphabetize them and forward the time sheets to the IHCS Manager for approval signature if necessary. Prior to separating the copies of the time sheets, the Administrative Assistant will record the number of hours worked by the Provider on the Summary Log Sheet which is maintained in a three-ring binder. When the hours are recorded the Administrative Assistant will verify that the actual hours worked, according to the time sheet, match those assigned to the Provider. Time sheets not sent to the IHCS office in a timely fashion are considered late and no check will be issued until the following pay period.

The time sheets are placed in alphabetical order according to the Provider's name. The Administrative Assistant will separate the two copies of the time sheets by color. Copies are filed accordingly:

♦ White (original signatures) to Client’s files  
♦ Yellow - filed into Provider’s files
D. BILLING PROCEDURE FOR HCBS

The In Home Care Program Manager is ultimately responsible for submitting accurate, complete information to the Finance Department for purposes of billing the State’s Fiscal Agent for services rendered under the HCBS Home Care Program.

1. The In Home Care Program Manager (PCP Manager) or designated office personnel will collect timesheets from all Personal Care Providers according to the Payroll schedule.

2. Each timesheet will be checked for accuracy, including a review of hours required to perform services.

3. The IHCS Manager or designated office personnel will total and record the number of hours spent for each client by either single or multiple Providers on a Service Provision Summary Sheet. The Summary Sheet is then forwarded to the Accounting department for processing of billing statements to the State's Fiscal Agent.

When the person responsible for HCBS billing receives the Summary Sheet s/he will verify the information against information already received on the Billing and Change Form. The Billing and Change Form must be completed and submitted to the Finance Department; the form is sent to the Finance Department as soon as a case is made active and a Provider has been assigned to the case.

The following is the billing process for HCBS summary sheets:

♦ the client’s name, state identification number, birthdate, and code number are transcribed onto a summary sheet.

♦ the summary sheets will be separated into batches according to pay status

♦ HCBS summary sheets will be sent to the person in the Finance Department responsible for HCBS billing

E. Billing Procedure for Private Pay Clients

The IHCS Manager is also responsible for the accuracy of the information submitted to the Finance Department for billing purposes. The Program Coordinator and Program Administrative Assistant review documentation for accuracy prior to submission to the Finance Department.

The Program Administrative Assistant and Program Coordinator will submit alphabetized Summary sheets to the Finance Department. Hours which are billed to each client are based on the information provided on these sheets so it is essential that the information be accurate.

When the person responsible for Private Pay billing receives the Summary Sheet s/he will verify the information against information already received on the Billing and Change Form. The Billing and Change Form must be completed and submitted to the Finance Department; the form is sent to the Finance Department as soon as a case is made active and a Provider has been assigned to the case. On the time sheet form the Provider is responsible for correctly marking the identifying box which is located in the upper left-hand corner of the form. This information identifies which program the client participates in: Home and Community Based Services (HCBS), Older Americans’ Act/State Funding for
Senior Services – Denver Regional Council of Governments services (DRCOG), services provided by any additional payer source (Other), or Private Pay (PP).

If a Private Pay client does not pay for their services, the Finance Department will have primary responsibility for contacting the client and collecting the debt. The IHCS Program Manager will review the Past Due Report on a monthly basis and will notify the Accounting Department about any clients on that list who are no longer being served by the program. The Program Manager will assist the Finance Department by providing relevant information that may affect the client’s ability to pay and/or the best approach to use with the client.

The following is the billing process for Private Pay summary sheets:

♦ the Provider's name, the client's name, and the program name (Private Pay, DRCOG, Other) are transcribed onto a summary sheet.

♦ billable and non-billable hours are separated on the summary sheet.

♦ the summary sheets will be separated into batches according to pay status

♦ the summary sheet is to be sent to the person in the Finance Department responsible for Private Pay billing

F. CASH PAYMENTS

No cash payments are to be taken from any clients. A client may contact the Finance Department if they believe that they can only pay in cash.

G. ORDERING SUPPLIES

1. PROGRAM SUPPLIES
   Supplies are ordered for the Personal Care Program by the Program Coordinator or Program Administrative Assistant.

2. Office supplies
   a. Catalogs for the SRC approved office supply company are available in each department.
   b. SRC uses 2 forms which are approved for ordering office supplies.
   c. Order forms are given to the Human Resources representative on the designated due date.
   d. Upon receiving the office supply order, a receiving report must be filled out and given to the accounts payable employee in the finance department. A copy of the receiving report must be made for the PCP records.
   e. No Purchase Order is required for office supplies.

3. Forms: Time sheets, Written Notice of Home Care Consumers Rights, Client Billing and Change Form, Client/Provider Cash Receipt and non-office supply items/services.
   a. A Purchase Order must be completed and signed by the IHCS Manager, and given to the Director of Finance for approval.
   b. Forms should be ordered in a timely manner to avoid running out.
4. Gloves

Gloves are ordered from Supply Works and require a Purchase Order to be completed and signed by the Program Manager and given to the Director of Finance for approval.

H. DATA BASE ENTRY

Under the direction of the Department of Human Resources and the Information Systems Coordinator, the In Home Care Program office staff are responsible for entering client information into the SRC data base. The Home Care Coordinator is responsible for entering new client information, updating that information as necessary and entering Provider units of service. All In Home Care Program office staff will be responsible for entering data concerning telephone units of service in the data base. The Program Manager or their designee will be responsible for entering home visit units of service in the data base. The Home Care Coordinators and Program Manager are responsible for completing and updating the Client Information form during home visits. These forms will be used by the Program Coordinator to enter client data. Units of Provider service will be taken from the clients’ summary sheets.

Home visit units of service are entered using the status of cases form. All office staff are to keep a log of telephone calls from which they will enter the telephone units of service.

J. UNITS OF SERVICE

Definitions of Units of Service for the In Home Care Services Program

Transportation- taking a client from one location

1 Unit = 1 one way trip to another (Private Pay ONLY)

Accompaniment- Accompanying and personally assisting client to obtain services

1 Unit = 1 one way trip (if both escort and transp. are provided at the same time, both escort and transp. should be reported)

Personal Care in home services – Services include assisting a client with basic personal tasks, such as bathing, medication reminders, dressing, personal appearance, feeding and toileting. May include homemaker services.

1 Unit = 1 hour of service

Home Visit - Service provided to the consumer in their home excluding regular provision of Personal Care services by a care Provider. Includes initial intake assessment and follow-up assessments or intervention by SRC personnel other than Care Providers.

1 Unit = 1 home visit of any duration
VII. Emergency Preparedness Plan

In-Home Care Services

The Seniors’ Resource Center is NOT a primary service provider during emergency situations. This Plan is intended to identify those areas where staff MAY be able to provide assistance to clients depending on the situation in question as well as availability of staff. In all situations, Clients and Caregivers should have their own plan in place that does not rely on SRC’s ability to provide services in extreme situations.

The In Home Care Services (IHCS) team provides services to clients where they live. While nonmedical in nature, these services are a key component of the lives of our clients. The Center will continue to provide services to clients in their homes as long as it is safe for our staff to reach the home and provide the service. If the decision is made to close the Center, IHC services will be suspended. Clients and staff are provided with phone number of the SRC Snow Line, which advises callers of the Center’s status. If heavy snowfall is predicted and closure is anticipated, the Program Coordinator or other office staff will contact those clients who are scheduled for services to remind them how to access the Snow Line or the IHCS on-call cell phone or to reschedule visits.

If SRC services have been shut-down due to a natural disaster, Providers are not to proceed to a client’s home until the Provider has contacted the office for authorization. As the service area of the Seniors’ Resource Center is widespread, some conditions maybe localized in nature. Those Providers that can safely access a client’s home may continue to provide services as long as s/he is authorized to do so by his/her supervisor. In no instance should a Provider attempt to reach a client if to do so puts his/her life at risk.

All clients will be provided with disaster preparedness planning materials from agencies such as FEMA, American Red Cross and Jefferson County Emergency Management and encouraged to create a plan for themselves that includes a contact for transportation and/or shelter and a pre-determined meeting place in the event of an emergency caused by a natural disaster at the start of care, and reviewed at annual visits. They will also be encouraged to sign up for CodeRED emergency mobile alerts. The staff will create and maintain a list of clients and their emergency contacts that are of the highest risk, based on known health acuity level, isolation, etc., for use in an emergency caused by a natural disaster. For those clients that the staff have reason to believe are at a higher risk level, emergency contacts will be notified that SRC will not be able to provide services and when we expect services to be re-established. This list will be kept by the Program Manager on an encrypted USB drive and the information will be dispersed to the office staff in possession of SRC cell phones.

Jefferson County Department of Public Health recommends that residents with special needs, such as the elderly, evacuate if any level Evacuation orders are put in place. If a Provider is in the client’s home at the time of an evacuation, every effort will be made to reach the client’s emergency contact(s). If necessary, the Provider will transport the client to the pre-determined meeting place or emergency mass shelter, with the client’s consent. If a client receives an emergency alert or notification while the Provider is in his or her home, the Provider will notify the IHCS office or staff member with the on-call cell phone.