

PA CODE 52.21

Mandatory Annual Training

1. Prevention of Abuse and Exploitation
2. Reporting Critical Incidents
3. Participant Complaint Resolution
4. Department-Issued Policies and Procedures
5. Fraud & Financial Abuse Prevention
6. Providers Quality Management Plan



1. PREVENTION OF ABUSE AND EXPLOITATION OF PARTICIPANTS

In this module, you will learn about “safe management techniques.” What this means is that when you work with participants who behave in potentially dangerous ways, there are some effective things you can do to ensure their safety as well as your own.

It is common for a participant to become frustrated, depressed, angry or resentful about physical or mental losses he/she may be experiencing. Medications the participant takes may also contribute to difficult behaviors. Participants may express these behaviors towards you directly, or indirectly, by not being cooperative in the care you provide. These behaviors may be distressing, simply annoying or time-consuming, but they could have the potential to become unsafe if not managed correctly. In this module, you will identify behaviors that are potentially dangerous and what to do when they occur. You will learn about positive management techniques that protect the participant’s health, safety, and well-being. The techniques in this module can be useful during difficult situations.

Abuse is an act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and any of the following:

- Sexual harassment of a participant.
- Sexual contact between a staff member and a participant.
- Restraining a participant.
- Financial exploitation of a participant.
- Humiliating a participant.
- Withholding regularly scheduled meals from a participant.

HOW DO YOU RECOGNIZE SIGNS OF ABUSE AND NEGLECT?

Unfortunately, we occasionally read about or hear news reports of abuse and neglect occurring in residential and in-home care settings. Caregivers may abuse participants or participants may abuse caregivers. By law, signs of abuse and neglect are to be reported. Therefore, you must become knowledgeable about this topic. Abuse can be physical or emotional.

Be concerned if you see an elderly person showing these new behaviors or signs:

Personality and behavior changes:

1. Becoming withdrawn, unusually quiet, depressed, or shy.
2. Becoming anxious, worried, easily upset.
3. Refusing care from caregivers.
4. Not wanting to be around people, not wanting to see visitors.

Physical signs:

1. Bruises or burns
2. In a woman, vaginal bleeding or bruising of the genitals or thighs
3. Fractures
4. Unreasonable or inconsistent explanations for injuries
5. Frequent emergency room visits

Signs of possible neglect:

1. Weight loss, malnutrition, or dehydration
 2. Insufficient clothing, shoes, or basic hygiene items
 3. Medications not filled or taken
 4. Doctor visits not scheduled or kept
 5. Unclean appearance or smell
 6. Skin ulcers or sores
 7. Declining health
- While most of these things are controlled in an institution, it is possible for any of them to occur anywhere. Abusive or neglectful caregivers can be professionals as well as family members. It is important for everyone to be alert to the signs.

PROHIBITED TECHNIQUES:

- Locking a participant in a room.
- Using loud noises to scare a participant.
- Pushing or grabbing a participant.
- Giving a participant medicine to make him/her quiet or sleepy.
- Using something like a pillow or tie to keep a participant from moving.
- Holding a participant with your hands so that he/she can't move.
- Giving too much medicine on purpose.
- Yelling at or threatening with words.
- Harassing a person.
- Using ethnic slurs.
- Sexual harassment.
- Rape.
- Attempted rape.
- Sexual assault.
- Threatening to make a person leave the home.
- Pushing, hitting or shaking.
- Pulling hair or ear.
- Tying a resident to a bed or chair.
- Locking a resident in a room.
- A staff person engaging in any sexual contact with a resident

Neglect is the failure to provide the necessary care that results in harm to the participant.

Examples of neglect include:

- A direct care staff person falling asleep while on duty.
- Delaying the normal scheduling of routine medical or dental visits for health maintenance.
- Isolating a participant in their room.
- Leaving a participant unattended by direct care staff for long periods of time.
- Failing to seek medical help when a participant shows symptoms of injury or illness, or if a participant complains of pain.
- Delaying assistance with activities of daily living, such as failure to help a participant with toileting and causing the participant to soil himself/herself.

HOW TO PREVENT ABUSE

Point out the ideas for preventing abuse at the bottom of the Learner Guide's first page. State:

1. Professional caregivers have valuable skills about ways to care for the elderly. *Work is less stressful when we know how to do it well.* We can also teach these skills to family members.
2. We can help each other by listening while we vent frustrations and by working together to solve problems. We can help family members by listening to their frustrations.
3. We must observe the elderly person's rights at all times, and teach them to others.

WHAT SHOULD YOU DO IF YOU SEE ABUSE OR NEGLECT?

You should report it to your Agency Supervisor immediately. It is not your responsibility to investigate or confirm the suspected abuse or neglect—only to report what you see.

When reporting to your supervisor, it is important to be “objective.” State only what you see or hear, not your interpretation of what you see or what you assume is happening, which is “subjective” information. In other words, just state the facts.

You may also report suspected abuse or neglect to any of the following:

- PENNSYLVANIA AREA ON AGING ELDER ABUSE AND NEGLECT HOTLINE (800)490-8505
- Area Agency on Aging (AAA) office. The phone number is in the blue pages of the phone book and should be posted in a conspicuous place in each licensed facility. A trained professional will either help resolve the issue or contact the proper authority, if necessary.

FINANCIAL ABUSE/EXPLOITATION

Financial abuse or Exploitation is an intentional act by someone to deprive, defraud or otherwise take an individual's money or personal property in an unfair or cruel way, against their will, or without consent or knowledge of his or her own benefit.

- Requiring an individual to pay for a service that is normally provided.
- Requiring an individual to pay for items used by several individuals.
- Stealing an individual's money or personal items.
- Applying pressure to be a co-signer on a bank account

Financial abuse and Exploitation steal power and control and ultimately choice from an individual.

2. REPORTING CRITICAL INCIDENTS

By the end of this training, Providers and SCEs will have a better understanding of:

1. Critical Incident Categories
2. Critical Incident Reporting and Timelines
3. Notifying Adult Protective Services
4. Investigating Critical Incidents

What is a Critical Incident?

An occurrence of an event that jeopardizes the Participant's health or welfare.

Reportable Incident Categories

- Death (unnatural causes)
- Serious injury
- Hospitalizations (unplanned)
- Emergency Room Visits
- Provider or staff misconduct
- Abuse
- Neglect
- Exploitation
- Restraint
- Service interruption
- Medication errors resulting in medical intervention

Death, Serious Injury, Provider Misconduct

Death of a Participant. Unexpected, unnatural, or suspicious deaths only are reportable to the state.

Provider and staff member misconduct including deliberate, willful, unlawful or dishonest activities. Examples include:

- Allegations of crimes against a paid caregiver as reported by Participants, family, providers, etc.
- Improper staff behavior at the Participant's home during services

Service interruption is an event that results in the Participant's inability to receive services and requires the following two conditions:

- The service interruption places the Participant's health or welfare at risk
- AND
- Services were not provided to Participant due to failure of the
 - Participant's back-up plan

Examples

- Involuntary termination by the provider agency
- PAS worker calls off, no other staff can cover the shift, no back up

caregiver provided the service to the Participant.

Medication errors that result in hospitalization, an emergency room visit or other medical intervention.

Unplanned hospitalizations and Emergency Room visits by CHC Participants (not preplanned or routine visits)

Abuse, which includes the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, or sexual abuse of a Participant. Types of abuse include, but are not necessarily limited to:

- Physical abuse, defined as a physical act by an individual that may cause physical injury to a Participant (including self-abuse);
- Psychological abuse, defined as an act, other than verbal, that may inflict emotional harm, invoke fear, or humiliate, intimidate, degrade or demean a Participant;
- Sexual abuse, defined as an act or attempted act, such as rape, incest, sexual molestation, sexual exploitation, or sexual harassment and/or inappropriate or unwanted touching of a Participant; and
- Verbal abuse, defined as using words to threaten, coerce, intimidate, degrade, demean, harass, or humiliate a Participant.

Examples of Abuse

- Physical harm to the Participant
- Sexual harassment of a Participant
- Sexual contact between a paid caregiver and a Participant
- Humiliating a Participant
- Withholding regular meals or meds from a Participant
- Failure to provide access to hygiene and biological needs
- Failure to provide access to spiritual/religious support
- Isolation from peers, family, support persons

Neglect, which includes the failure to provide a Participant the reasonable care that he or she requires, including, but not limited to food, clothing, shelter, medical care, personal hygiene, and protection from harm.

Examples include:

- Caregiver not providing the basic essentials listed in the definition, either passively or intentionally
- Self-Neglect
- Seclusion, which is the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving, is a form of neglect;
- Abandonment, which is the desertion by anyone who assumed caregiving responsibilities for a CHC Participant.
- Missing person, where a Participant cannot be located by providers or other caregivers or neighbors

Exploitation is any act of depriving, defrauding, or otherwise obtaining the personal property from a Participant in an unjust, or cruel manner, against one's will, or without one's consent, or knowledge for the benefit of self or others.

Examples:

- A PAS worker uses the Participant's debit/credit card for personal purchases
- A paid caregiver "borrowing" money or possessions from the Participant
- A paid caregiver deceiving or coercing the Participant into turning over ownership of assets or possessions
- Persuading a Participant into starting a home-based business under a paid caregiver's number or account

Restraint is an action or device used to control acute, episodic behavior that restricts the movement or function of the individual or a portion of the individual's body.

Use of restraints and seclusion are both restrictive interventions, which are actions or procedures that limit an individual's movement, a person's access to other individuals, locations or activities, or restricts Participant rights.

Restraints include:

- Physical (or personal) restraints
- Chemical restraints (aka drugs used as a restraint)
- Mechanical Interventions

A Critical Incident is NOT:

- A complaint associated with the dissatisfaction of program operations, activities or services received, or not received, involving home and community-based services
- A concern related to benefit denials or the grievance (appeal) of a denial of service.
- Program fraud, waste, or abuse. These are still reportable to the Bureau of Program Integrity (BPI) and the MCOs fraud hotline.
- Other events where it is important to notify the Participant's service coordinator, but do not meet the criteria of a critical incident
- Death by natural causes
- Service Interruptions if the Participant's back up plan is successful and the Participant receives the supports needed.

Possible actions needed by Provider

To protect the safety of the Participant, actions that can be taken Immediately by a provider include but are not limited to the following:

- Contact 9-1-1 if the incident can cause or did cause immediate/severe harm to the Participant
- Remove worker from the Participant's services (if incident includes allegation of improper behavior by that worker) and from servicing any CHC Participant until the investigation is complete. This may take up to 30 calendar days.
- Interview involved employee(s) as soon as possible following the incident. Have the Direct Care Worker(s) submit a written account of events.
- Electronically submit these written accounts to MCOs
Fax numbers, phone numbers, or email addresses for MCOs are available on their Provider services websites
- Report any allegations of criminal activity to law enforcement.
- Re-evaluate backup plans or staffing assignments to prevent further incidents. Discuss options or concerns and resolutions with service coordinator and Participant.

Who Should Report?

It is mandatory that the Service Coordinator, provider agency, or MCO representative that discovers or has first-hand knowledge of the critical incident, report it. This applies to incidents that happen AT ANY TIME. **Direct Care Workers MUST report ALL critical incidents to the agency immediately.** The agency Administrator will take the following action.

Immediate Actions

Take Immediate Action. For cases of suspected Abuse, Neglect, Exploitation, or Abandonment, or suspicious death, any provider, employee, subcontractor, or service coordinator must take immediate action to assure the Participant's health and safety by contacting emergency medical services or law enforcement as needed.

Make a verbal report to Adult Protective Services. The Hotline number is 1-800-490-8505. This number will transfer you to the appropriate place that will take the report. For critical incidents that are not immediate emergencies, the standard law enforcement phone number in the area should be used.

Link to PA Protective Services website for more information on reporting to APS/OAPS:
<http://dhs.pa.gov/citizens/reportabuse/dhsadultprotectiveservices/>

Contact the Participant's current Service Coordinator

Document the Who, What, When, Where of the Incident as Reported by the Direct Care Worker

Who

- Reporter information (Providers must include their name(s) and contact information)
- Participant demographics and ID #s
- Service Coordinator Contact Information
- Witness names and contact information, as well as a note if a witness is employed by a service provider, related to Participant, or responsible for Participant

What

- Specific details of what happened, statements made by people involved, observations about the environment, people involved, and any other events pertinent to the incident.
- Actions taken to immediately secure the Participant's well-being
- Actions taken to mitigate the risk of incident recurring

When

- Time and date of the incident
- Full Description of the incident

Where

- Location of the incident

Written Report

When a Critical Incident is reported by the Direct Care Worker, the agency Administrator will conduct the following task:

- Within 48 hours, the Service Coordinator or provider agency that discovers or has independent knowledge of any critical incident category must submit a critical incident report in EIM.
- If the incident occurs over the weekend, enter a report the first business day after the incident occurred.
- *If EIM is down or you cannot log on, you must still contact the SC and MCO to file the incident in an alternative manner.

Initial Contact after Reporting

If a provider or SCE reports a Critical Incident directly through the EIM system for a CHC Participant, the MCO will conduct prompt outreach to the Service Coordinator at the SCE, or within one business day of notification, depending on the incident.

Provider/Agency Responsibilities

- Provider organizations need a policy and procedure as well as protocols in place designed to respond to critical incidents.
- The completion of an incident report requires additional information from the provider about the environment, other possible witnesses, perpetrators, employees, or other concerns.
- Submitting documentation on an incident should support the actions taken by the provider to assure the health and safety of the Participant and any steps taken to prevent the future recurrence of similar incident.

Investigating a Critical Incident by the Agency Administrator:

Take the necessary steps to determine:

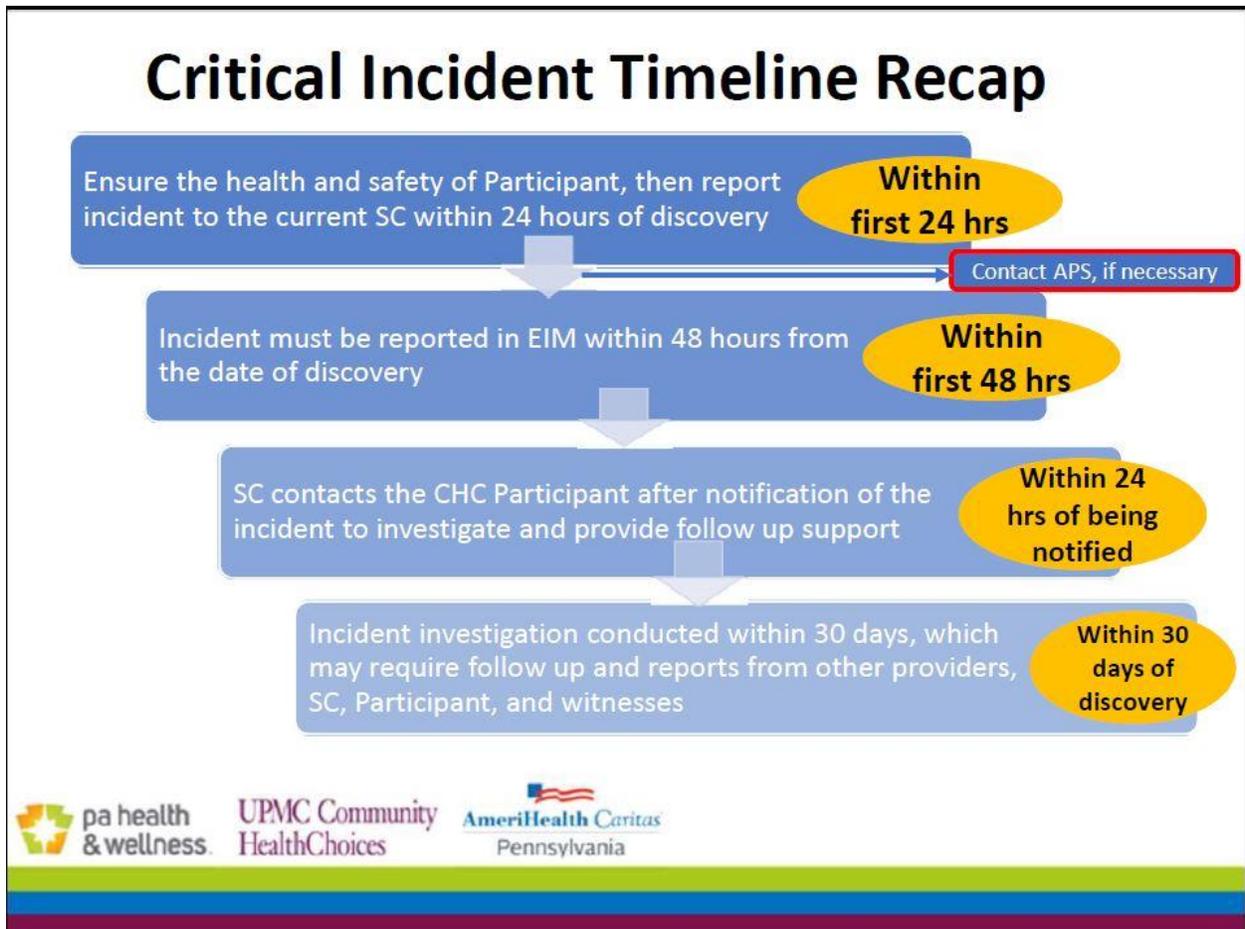
- If the incident is critical and reportable;
- If an allegation of misconduct or criminal activity involves an employee, the agency must suspend the employee immediately to conduct a thorough investigation (refer to the OLTTL Critical Incident Bulletin);
- If suspected abuse, neglect, abandonment, or exploitation is involved which requires the involvement of adult protective services;
- The actions needed to protect the Participant's health and welfare; and
- The follow up actions needed to mitigate future incidents

Investigating when Adult Protective Services is involved:

In the case of suspected abuse, neglect, exploitation, or abandonment, SCs are expected to ensure the health and welfare of Participants and to cooperate with protective services investigators.

- APS or OAPS Investigators may be notified by both the provider and SC. If in doubt whether a provider reported it to APS, the SC or MCO may file a report too.

- When the Service Coordinator or MCO is unable to conclude the initial investigation within 30 days due to an open APS case, the Service Coordinator or MCO must request an extension through EIM.
- All information of an alleged incident involving a Participant is confidential.



3. Participant Complaint Resolution

The purpose of this training is to outline the process for addressing participant complaints/grievances to prevent unfair practice, harassment and discrimination against participants in accordance with § 52.18 (f); to provide information regarding the process in place for dealing with discrepancies in understanding, importance, direction and breach of practice in order that prompt and equitable resolution of complaints can be promoted in compliance with § 52.18 .

An Answered Prayer's complaint system contains the following:

- The name of the participant.
- The nature of the complaint.
- The date of the complaint.
- AAP's actions to resolve the complaint.
- The participant's satisfaction with the resolution of the complaint.

Complaints at least quarterly to:

- Analyze the number of complaints resolved to the participant's satisfaction.
- Analyze the number of complaints not resolved to the participant's satisfaction.
- Measure the number of complaints referred to the Department for resolution.

All participants of An Answered Prayer shall have access to grievance/complaint procedures.

Participants are informed of their right to file a grievance/complaint and their right to be protected from retaliation.

Participants who intend to file or who file grievances/complaints, shall not:

- be retaliated against or be discriminated against by other participants; and/or,
- be coerced or have their actions interfered with by others.
- The Director of Human Resources shall ensure participants, who intend to file or who file a grievance/complaint, are free from fear of retaliation, coercion and/or discrimination.

The Agency shall utilize the following procedure for grievances/complaints:

A written submission of a grievance/complaint must be submitted within one week of the incident/issue. The submission shall contain the following information:

- Name of participant
- Nature of complaint
- Date of complaint
- Agency actions to resolve the complaint
- Participants' satisfaction with the resolution of the complaint

If the Supervisor and participant have unresolved issues, after discussion, a written report of the unresolved issues and the original grievance/complaint shall be submitted to the agency Manager/Administrator.

Manager/Administrator reviews the grievance/complaint and unresolved issues and responds to the participant within one week.

If the Manager/Administrator's involvement fails to bring a resolution to the grievance/complaint, the participant has the right to report the matter to the Office of the local Area Agency for Aging and OLTL

Manager/Administrator shall review the semi-annual report and, with input from Supervisor and participant (where appropriate) make corrective changes to offset future complaints/grievances from being files.

The supervisor shall prepare a semi-annual report, which includes a summary of the grievances/complaints received during the previous six months, including their numbers and types.

Copies of grievances/complaints and accompanying responses and documentation will be kept in the Agency office for at least three years.

Every effort shall be made to keep participants satisfied to promote successful care delivery.

Access to the grievance/complaint process shall be a participant and employee right.

Employees shall be informed of, and understand, the grievance process during orientation.

Participants shall be given a forum such as staff meetings to express concerns.

GRIEVANCE CONTROL

The Supervisor shall record:

- Number of complaints not resolved to the participant's satisfaction
- Measure the number of complaints referred to the Agency for Resolution.
- Name of Supervisor to whom the grievance/complaint is first submitted; and,
- Signature of the person filing the complaint.

Supervisor discusses the grievance/complaint with the participant within one week of receiving it.

Resolution of grievance/complaint shall include:

- presentation of the facts and/or materials by participants;
- investigation of the dispute; and,
- an attempt to find a solution.

The agency shall maintain data on the number of complaints resolved to the participant's satisfaction for comparison to the number of complaints not resolved to a participant's satisfaction.

The agency shall submit a copy of the agency complaint system procedures to the Department upon request.

The agency shall submit the information under subsection (c) to the Department upon request.

Complaints do not include personnel actions such as performance evaluations, rates of pay, position reclassification, or position terminations due to reduction in workforce.

4. Department-Issued Policies and Procedures

PURPOSE: - To provide a systematic process for regulation compliance through an overall annual Agency evaluation.

POLICY: - An Answered Prayer Healthcare, LLC requires its Manager/Administrator to conduct an annual evaluation to assess the extent to which the Agency's operations and services are adequate, effective and efficient and are in compliance with regulations.

DEFINITIONS: - Evaluation - An evaluation shall mean the review and assessment of an agency's/company's operations, services and regulation compliance.

PROCEDURES

1. Manager/Administrator shall conduct an annual evaluation of the Agency's performance and practices in relation to its regulations, goals, mission, vision, and values.

2. The evaluation shall consist of documentation review, including, but not limited to, the following:
 - a. Mission Statement;
 - b. Policies and Procedures Manual;
 - c. Participant Files including:
 - i. care plans;
 - ii. service agreements,
 - iv. assessments.
 - d. Personnel Files;
 - e. Administrative Files;
 - f. Payroll Files;
 - g. Quality and Risk Management - policies and processes;
 - h. Infection Control practices;
 - i. confirmation of compliance with:
 - i. local/state/federal rules and regulations;
 - ii. licensing;
 - iii. insurance;
 - iv. Workers' Compensation;
 - v. health and safety; and,
 - vi. labor requirements.
 - j. The number of home care workers currently employed including:
 - i. full time;
 - ii. part-time;
 - iii. casual; and,
 - iv. on call.

An Answered Prayer, LLC

- k. staff turnover rate;
- l. number of participants served; and,
- m. the number of hours of service provided.

A summary of the findings shall be prepared in a report with recommendations made for each problem area requiring more attention.

The Manager/Administrator shall act upon the recommendations, as determined appropriate.

The evaluation report will be kept on file the Agency office.

5. Fraud & Financial Abuse Prevention

PURPOSE - To define the legal activities employees must not become involved in when providing care for participants.

- To ensure participants' finances and property are properly safeguarded, documented and accounted for;
- To prohibit Agency from allowing a participant to endorse a check to the home care agency.
- To protect participants and employees; and,
- In the case of misuse, to provide direction in the investigation and reporting of alleged misuse.

POLICY - An Answered Prayer, LLC has strict criteria, policies and procedures involving a participant's finances/ property legalities and recording participants' financial transactions for managing participant's property: i.e. Employees shall not partake in the following, which include, but are not limited to:

- Accepting Power of Attorney for a participant, participant's representative, family or another responsible person associated with the participant;
- Becoming an appointee or have any legal involvement with the participant, participant's representative, family or another responsible person;
- Assisting a participant in making out his/her will;
- Becoming beneficiaries of a participant's will. If an employee suspects he/she is a beneficiary of a participant's will, that suspicion shall be reported to the Supervisor; and,
- Becoming an Executor of a participant's will.

Another form of abuse is "financial abuse." This involves taking property or money from a participant or encouraging a participant to hand over his/her assets. Participant have the right to protection of their money and property.

PROCEDURES- Financial transactions, conducted on behalf of participants, may include:

- Assisting with household budgeting;
- Payment of bills;
- Collection of pensions or other cash benefits; and,
- Purchasing household goods.
- Agency or registry is prohibited from allowing the participant to endorse a check over to the home care agency or registry.

Employees shall not have access to participants' bank accounts, credit cards or other financial information.

Wherever possible, Employees shall not have access to participant' bank accounts, credit cards or other financial information.

Wherever possible, participants shall be allowed/encouraged to handle their own finances/property.

When participants are not able to handle their own finances/property, a relative, friend or responsible person should be appointed to do so, preferably by the participant.

Only when there are no other alternatives and all other options have been reviewed, shall the Agency be involved in handling finances/property.

If employees become aware that a participant is keeping a large amount of cash at home, they shall report the details to the Supervisor.

Employees shall handle participants' finances/property only when these activities have been specified in their Care Plan.

Employees may pick up a mentally capable participant's monies, including pension checks and personal checks, etc. from external mail sources such as off-site postal boxes or post offices only when the activity is specified in the Care Plan. In these situations, Supervisor shall give authorization and document this approval in the participant's file.

Employees shall never pick up a mentally incapable participant's off-site mail.

Employees shall pay participants' bills only when the activity is specified in the Care Plan.

Employees shall deliver monies and/or checks to the participant as soon as possible after the transactions have been completed.

Employees shall never take monies/checks to their own homes or keep them in their possession overnight. participants shall be allowed/encouraged to handle their own finances/property.

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When shopping for participants, employees shall:

- Obtain participant's input regarding which store(s) to shop at;
- Consult with the participant regarding items to purchase, sizes, brand names, amounts, etc.
- Consider the participant's dietary needs, religious restrictions, cultural preferences and item cost (to ensure value for money);
- Request receipts for all transactions, which shall be given to the participant;
- Confirm that monies and receipts are correct before leaving the cashier;
- Keep participant's money separate from their own;
- Not shop simultaneously for other participants or for themselves, when shopping for one participant. However, employees may complete the shopping for one participant and then shop for another participant before delivering purchases to participants. Each participant's money shall be kept separate from the others. And,
- Not use their own bonus card to collect points on items the participant has paid for, even if the participant does not have or does not use a bonus card.
- Employees shall utilize the Agency's Financial Transactions Record for recording financial details and obtaining the participant/participant's representative's signature once the transaction has been documented and the unspent monies have been given to him/her.

Receipts or documentation of all transactions and purchases paid with the participants' funds must be recorded on the Agency's Financial Transactions Record which shall include:

- participant's name;
- employee's name;
- date;
- amount of money employee received from the participant. The amount should be counted out and confirmed with the participant. Where practical, the participant should confirm his/her agreement with a signature.
- list of items purchased or money collected;
- total amount spent or total amount collected;
- change given back to the participant. Employee shall count out the amount being returned and confirm it with the participant. Where practical, the participant should confirm his/her agreement with a signature.

Financial Transaction Records shall be kept in the participant's home, in the participant's AAP Binder and made available by request from AAP management. Transactions must be retained for a Mandatory period of 3 years.

Employees may obtain cash amounts for participants up to and including \$50.00. Any requests for amounts in excess of \$50.00 shall be authorized by the Supervisor.

Employees shall not simultaneously obtain cash for themselves when obtaining cash for participants.

Employees shall not use a participant's telephone for personal reasons except for EVV clock in and clock out, for emergency purposes or for calling the Supervisor.

Employees shall not assume responsibility for looking after participants' valuable items.

Employees shall not eat the participant's food and/or drink their beverages.

In respect to computers, employees shall not:

- Use the participant's computer for personal reasons;
- Attempt to solve problems with the participant's computer; and/or,
- Give directions to the participant on how to solve computer problems.

Employees shall never borrow anything or lend anything to a participant.

Employees shall never buy anything or sell anything to a participant.

Employees shall never incur a liability on behalf of a participant (e.g. borrow money to give to a participant or charge an item for the participant to the employee's credit card/ debit card, etc.

Employees shall never involve participants in gambling activities such as giving opinions on, or purchasing tickets for, lotteries, betting pools, etc.

Employees shall never arrange for members of their own families to do paid work for participants.

Employees shall be diligent when handling participants' finances/property. Failure to do so may result in disciplinary action and/or notification to law authorities.

Do you know the "red flags" of Elder Financial Abuse?

If you work with elderly participants, or as members of your own family age, it is important to understand and be on the lookout for signs of elder financial abuse. Have you noticed any of the following when it comes to a senior citizen in your life?

- Trouble paying bills or making financial decisions

- Feeling pressured for money or to make changes to their will
- Having accounts accessed by others or reporting missing money
- Inability to reach their financial advisor
- Others showing too much control and interfering with your communication with your participant
- Showing signs of fear and anxiety
- Discussing a sudden financial windfall
- Showing signs of physical neglect or decline in physical appearance

Help protect seniors from financial fraud and abuse. If you suspect a participant is at a high risk for financial exploitation, contact your Supervisor.

Contact the Department of Aging's hotline to report all forms of elder abuse, including elder financial abuse, at 1-800-490-8505.

6. Provider's Quality Management Plan

PURPOSE - To ensure that quality improvement processes and activities are regularly conducted for ongoing agency and participant service improvements.

POLICY - An Answered Prayer is committed to delivering quality services and promotes a philosophy of continuous quality improvement throughout. The agency develops and implements quality improvement processes and activities, which are used to monitor performances and evaluate and improve the delivery of participant services.

DEFINITIONS

- * Continuous Quality Improvement
- * Continuous Quality Improvement (CQI) is an organizational process in which personnel identify, plan, and implement ongoing improvements in service delivery. CQI provides a vital way to assess and monitor the delivery of services to ensure that they are consistent with an agency's policies and procedures and home care principles and best practices.

PROCEDURES

The Manager/Administrator shall be responsible for establishing, maintaining and implementing a continuous quality improvement system.

All employees shall:

- be involved in CQI;
- receive orientation and training related to CQI; and
- bear responsibility for CQI.

Participants, families, and employees shall be involved in decision-making, regarding quality improvement activities.

When issues are identified, employees shall be consulted and corrective action shall be taken to resolve the problem or issue.

Regular staff meetings shall be held and information shall be shared to ensure that an acceptable level of quality control is maintained.

The effectiveness of any corrective actions taken shall be evaluated by the Manager/Administrator, using feedback from everyone involved.

Activities used in maintaining quality control shall include, but not be limited to the following:

- All candidates for employment shall be carefully screened prior to hiring including conducting a criminal
- background check on them.

- Participants shall receive service and care from employees who have the necessary knowledge, training,
- experience, skills, and qualifications to provide safe, ethical and effective service.

Supervision

- All homecare workers shall be supervised on a regular basis which includes in-home assessments of
- practical skills when delivering personal care services.
- Assessments shall be performed on a semi-annual basis and more frequently, if necessary.

In-home Visits - Supervisor shall make regular, in-home visits to all participants, who receive personal care, to:

- Review the care plan;
- Determine the effectiveness of service; and,
- Determine participant satisfaction.

Internal quality monitoring activities include, but are not limited to the following:

* Participant complaints and incident reports - these shall be reviewed on a regular basis to:

- Ensure that quality control measures have been taken;
- Ensure that correct processes were followed; and;
- Measure staff judgment and performance.

A summary incident log form shall be used to categorize various types of incidents

* Participant Satisfaction Survey

- A questionnaire shall be sent to all participants requesting feedback on their satisfaction with the Agency's services.
- The information submitted shall be analyzed and corrective actions shall be taken if it is determined that participant services are in need of improvement, as perceived by the participant.

*Participant Record/Documentation Audit

NOTES:

Caregiver Mandatory Annual Training

Name: _____ Date: _____

PREVENTION OF ABUSE AND EXPLOITATION

Please provide a comment about your understanding of this training. Please note: a response is required.

REPORTING CRITICAL INCIDENTS

Please provide a comment about your understanding of this training. Please note: a response is required.

PARTICIPANT COMPLAINT RESOLUTION

Please provide a comment about your understanding of this training. Please note: a response is required.

DEPARTMENT-ISSUED POLICIES AND PROCEDURES

Please provide a comment about your understanding of this training. Please note: a response is required.

FRAUD & FINANCIAL ABUSE PREVENTION

Please provide a comment about your understanding of this training. Please note: a response is required.

PROVIDERS QUALITY MANAGEMENT

Please provide a comment about your understanding of this training. Please note: a response is required.