PART II

POLICIES AND PROCEDURES
For

ALTERNATIVE LIVING SERVICES INDEPENDENT CARE WAIVER SERVICES

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION of MEDICAL ASSISTANCE PLANS

Version Date: April 1, 2025

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Policy Revision Record
from 2024 to Current[1]

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added **D**=Deleted **M**=Modified	(Revision required by Regulation, Legislation, etc.)
4/1/2025	N/A	No Updates this quarter	N/A	
1/1/2025	Appendix K-L	Removed GA Families and GA Families 360 forms	D	Policy
1/1/2025	Appendix J	Added GA Families, GA Families 360, and NEMT Links	A	Policy

[1] The revisions outlined in this Table are from 2024 to current. For revisions prior to 2024, please see prior versions of the policy.

PREFACE

Policies and procedures in this Chapter apply to all Alternative Living Services providers. This Chapter must be used in conjunction with the manuals listed below.

Part I Policies and Procedures for Medicaid/PeachCare for Kids, Chapters 100 through 500

Part II Chapters 600 – 1000 Policies and Procedures for Independent Care Waiver Program (ICWP) General Manual

Rules and Regulations for Personal Care Homes, Chapter 111-8-62, Department of Community Health, Healthcare Facility Regulation Division

HCBS Statewide Transition Plan Provider Guidance

1251. General

Alternative Living Services (ALS)-family model program is provision of twenty-four-hour supervision, medically related personal care, nursing supervision and health related support services in state-licensed facilities to Medicaid eligible individuals who are Independent Care Waiver Services Program (ICWP) members unable to continue living independently in their own homes. These services are provided in a residential setting other than the member's home.

1252. Eligibility for ALS

Placement in an ALS requires that certain eligibility criteria for the ICWP member and ALS home be met. Eligibility criteria for admission and operation of an ALS include:

1252.1. The home shall admit or retain only ambulatory residents. For a definition of "ambulatory" as defined by Rules and Interpretive Guidelines for Personal Care Homes, please review the Health Facility Regulation website at dch.georgia.gov. Select Divisions and Offices, HFRD.

1252.2. The home shall not admit or retain persons who require the use of physical or chemical restraints, isolation, or confinement for behavioral control.

1252.3. Persons admitted to a home may not be confined to bed and may not require continuous medical or nursing care and treatment.

1252.4. Medical, nursing, health or supportive services required on a periodic basis, or for short-term illness, shall not be provided as services of the home. When such services are required, they shall be purchased by the resident or the resident's representative or legal surrogate, if any, from appropriately licensed providers managed independently for the home. The home may assist in arrangement for such services, but not provision of those services.

NOTE: Rules and Regulations for Proxy Caregivers used in Licensed Health Care Facilities Effective August 7, 2011, allow health maintenance tasks provided by an unlicensed individual. For information on Proxy Caregiver Rules, please refer to the Department of Community Health website @ dch.georgia.gov. Select Divisions and Offices, HFRD.

1252.5. No home shall admit or retain a resident who needs care beyond which the facility is permitted to provide. Applicants requiring continuous medical, or nursing services shall not be admitted or retained

1253. Description of Service

1253.1. The Family-Model Program

The provider agency subcontracts with family-model personal care homes that are licensed by the State of Georgia for two (2) to six (6) beds. The provider agency may

not enroll any personal care home owned by the providers, stockholders, or family members of the provider agency. The provider agency may not enroll any personal care home in which the provider agency, stockholder or family members of the provider agency owns the building/property, offering lease options to the contracted home. The provider agency owner cannot live in a contracted home(s) and may not receive payment for work as a staff member working in a home.

The provider agency assures performance of administrative and nursing supervisory functions relative to the Independent Care Waiver Program. The provider agency may not delegate administrative and supervisory responsibility to another agency or organization.

1253.2. Member Profile

ICWP members meet the admission criteria for personal care home residents as described in Rules and Regulations for Personal Care Homes, Chapter 111-8062. In addition, members are required to meet the same level of care for admission to a nursing facility and are Medicaid or potentially Medicaid eligible.

1254. Licensure

ALS family-model subcontractors meet all licensure requirements, including the legal right to perform business in the State of Georgia. Family-model subcontractors must have a current, non-restrictive permit issued by the Georgia Department of Community Health, Healthcare Facility Regulations Division, to operate a personal care home.

1255. Requirements Related to Member Services

1255.1. Personal Care Services

1255.1.1. The provider agency ensures that subcontractors render personal care services according to each member's care plan. The provider agency's Registered Nurse (RN) supervises all personal care services according to each member's care plan.

Subcontractors provide the amount of personal care services needed by each member on a schedule that respects the member's choice (time of day, etc.) and ensures that member's hygiene and health needs are met.

1255.1.2. The provider agency's RN lists personal care tasks needed by the member on the member care plan and supervises these tasks. The provider agency's RN supervises the delivery of personal care services to assure that the subcontractor delivers services appropriately and safely. Personal care services performed by the subcontractor include, but are not limited to:

1255.1.2.1. Assisting with basic personal care and grooming, including bathing, care of hair, clothing, ambulation, and transfers.

1255.1.2.2. Assisting with toileting, including helping the member to

and from the bathroom, and assisting with bowel and bladder training as directed by provider agency RN. Refer to Personal Care Home Rules and Regulations for appropriate tasks.

1255.1.2.3. Arranging other grooming services requested or required by the member, such as a haircut. The home may charge fees for certain services if those fees are clearly stated in the admission agreement and agreed upon at the time of admission. The member and/or the member's representative must agree to the schedule and additional cost of these services.

1255.1.2.4. Monitoring the member's self-administration of medications. Refer to Proxy Caregivers Rules and Regulations for information on administration of medication.

1255.1.2.5. Providing meals and snacks, including modified or special diets and assisting with feeding and monitoring nutrition and intake status.

1255.1.2.6. Performing household services essential to the member's health, safety and comfort. Examples of such activities include the necessary changing of bed linens or the rearranging of furniture to enable the member to move about more easily in the home.

1255.1.2.7. Arranging for transportation for medical appointments and accompanying the member where appropriate and indicate on the plan of care.

1255.1.2.8. Obtaining initial prescriptions, medications, and refills for members (unless indicated otherwise in the ALS admission agreement). Subcontractors may not charge a fee for this service.

1255.1.2.9. Providing laundry service as a part of personal care. Subcontractor may not charge a fee for:

1255.1.2.9.1. laundering member's bed linens and clothing. The subcontractors is not responsible for the cost of dry cleaning a member's clothes.

1255.1.2.9.2. minor mending unless the item requires special care not normally available in a home setting.

1255.1.2.9.3. Subcontractors may not substitute dry cleaning or commercial laundering for routine laundering of the member's clothing. Subcontractors may contract to have bed linens commercially laundered; however, the member may not be charged for this service.

1255.1.3. Members living in subcontract homes may not receive the following ICWP services:

1255.1.3.1. Emergency Response System

1255.1.3.2. Personal Support Services

1255.1.3.3. Skilled Nursing

1255.1.3.4. Environmental Modification

1255.1.3.5. Respite Care

1255.1.4. If a member attends an activity center, the provider agency informs the member's case manager. If the member wishes/needs to return to the personal care home, the subcontractor arranges transportation. Neither the provider agency nor subcontractor can require a member to attend an activity center or any other event the member does not wish to attend.

1255.1.5. The member or member's representation pays for the cost of specialized health items such as adult, dietary supplements, shampoo, and other personal items. If the member or member's representative requests, the provider obtains the above-mentioned items for the member's use. The facility's admission agreement specifies how such items will be supplied. The member may not be charged a fee for obtaining these supplies.

1255.1.6. Services not appropriate or reimbursable as personal care services are listed below. Refer to Proxy Caregiver Rules and Regulations for information on allowable personal care services.

1255.1.6.1. Insertion and irrigation of catheters

1255.1.6.2. Irrigation of any body cavities

1255.1.6.3. Application of dressings, involving prescription medication and aseptic techniques, including care of mild, moderate, or severe skin conditions

1255.1.6.4. Administration of medication, including giving injections into veins, muscles, or skin.

1255.1.6.5. EXCEPTION: Trained and qualified staff members may

administer insulin and epinephrine. A statement signed by the member's physician, that certifies which staff have been trained and are qualified to administer insulin and epinephrine is maintained in the member's and employees' files.

1255.1.7. Home Health Agency Restrictions – ICWP members living in ALS facilities may receive skilled services through the Medicare/Medicaid home health programs on a short term, intermittent basis. Physician's orders for home health services must be on file at the ALS facility. The case manager must authorize Medicaid home health services. The provider informs the case manager of the member's receipt of Medicare home health services.

1255.1.8. ALS Providers and Personal Care Homeowners/Staff must remain compliant with the HCBS Statewide Transition Plan Provider Guidance Manual.

1255.1.9. Subcontractors may NOT use home health aides nor did personal support attendants through the ICWP in lieu of personal care home staff to deliver personal care services, except as noted above.

1256. Notarized, signed affidavit attesting to 12 months of service experience

The provider agency must ensure that the facility has demonstrated the direct provision of services to members prior to making application to register the facility with the ICWP. The facility must have a non-restrictive permit issued by the Georgia Department of Community Health, Healthcare Facility Regulation Division.

In addition to the above requirement, providers of ALS services must have been an approved provider of Community Care Services Program ALS services for at least one year in order to be enrolled into the ICWP.

To request approval of a facility with the ICWP, the provider agency must perform the following: Notarized, signed affidavit attesting to 12 months of service experience

1256.1. Locates, evaluates and subcontracts **only** with licensed 2-6 bed personal care home (subcontractors) to deliver medically supervised personal care services to ICWP members. The provider agency assesses all potential subcontractors to determine if they are compliant with all provisions of the applicable ICWP manuals and with the **Rules and Regulations for Personal Care Homes.** The provider agency conducts the assessment **prior** to the execution of any contract to deliver ICWP services and before placement of or billing for ICWP members in the home. During the pre-placement visit, the provider agency completes the Pre-placement Screening Form (**See Appendix A** of this Alternative Living Services Manual). The screening form, verifying the initial on-site visit, must be maintained in the provider agency's subcontractor files. The provider agency's file must demonstrate that any deficiency cited against a potential subcontractor has been corrected prior to the submission of the registration materials for that subcontractor.

Within 30 calendar days of the execution of the subcontract, the provider agency completes an application for the PCH using the enrollment wizard in GAMMIS. The provider agency uploads the following documents into the pending application. (Rev. 07/2023)

1256.1.1. A copy of the Pre-Placement Screening Form (See Appendix A) signed by the subcontracted home provider stating that all the information given is true

1256.1.2. A copy of the facility's Personal Care Home Permit

1256.1.3. A copy of the subcontract (see 1254.2 D of this Alternative Living Services Manual)

1256.1.4. A copy of the facility's latest HFR inspection reports (dated within one year) indicating the facility is in compliance

1256.1.5. A copy of the Fire Safety Inspection (dated within one year) indicating the facility is in compliance with fire/safety regulations

1256.1.6. A copy of the facility's floor plan that identifies each room and placement of furnishings in member's bedrooms.

1256.1.7. A copy of Appendix A, "Independent Care Waiver Services Program Provider Application Addendum Form" from the general Part II Policies and Procedures for Independent Care Waiver Services program manual.

1256.1.8. Documentation of the primary contractor program staff who will coordinate services and supervise operation of the ALS. Include licenses for al staff who will provide services under a professional license, e.g., nursing staff; LCSW, LPC or LMSW. Submission of a resume along with the license for the supervising Registered Nurse.

1256.1.9. Documentation of the orientation and training curriculum for staff who work with the ICWP ALS program.

1256.1.10. A subcontractor is not approved for placement of ICWP members until the provider agency receives an approved Medicaid number for the subcontracted personal care home. The Division reserves the right to delay or deny application of any subcontractor.

1256.1.11. A subcontractor may contract with only one family-model provider agency per PSA enroll area

1256.2. Conducts member intake and evaluation. The member is given the opportunity to choose the subcontracted personal care ho me in which he/she wishes to live. If the member does not have a preference, the provider agency assigns the member to the subcontracted personal care home most appropriate for the member. To ensure the completion of all necessary personal care home admission forms, the provider agency is present when the subcontractor admits an ICWP member to the ALS home. The provider agency assures that forms required for admission to the subcontracted home do

not conflict with ICWP policies and procedures.

1256.3. Supervises subcontractors in all aspects of member care to ensure complete and continued compliance with provisions of ICWP and the Rules and Regulations for Personal Care Homes, Chapter 111-8-62. The provider agency's failure to ensure a subcontractor's compliance with all relevant rules and regulations will result in adverse action against the provider agency.

1256.4. The contract between the family model provider and the subcontractor must contain, at a minimum, the following elements:

1256.4.1. Names of all parties entering into the contract

1256.4.2. A stipulation requiring subcontractors to perform in accordance with all Conditions of Participation which pertain to the service purchased under subcontract, and requiring the contractor to assume responsibility if the selected subcontractor fails to do so

1256.4.3. A stipulation requiring the contractor agency to maintain responsibility for and assure the subcontractor's performance of administrative, supervisory, professional and service delivery responsibilities relative to meeting all requirements of the ICWP.

1256.4.4. A stipulation that the subcontractor will comply with local, state, and federal laws, rules and regulations and will adhere to ICWP policies and procedures as they now exist or may hereafter be amended

1256.4.5. A statement identifying the party responsible for paying employment taxes.

1256.4.6. A stipulation that the persons delivering services meet minimum staff qualifications.

1256.4.7. Identification of the specific ICWP service(s) to be provided.

1256.4.8. A stipulation that the subcontractor will participate as needed in case conferences to coordinate member care

1256.4.9. Termination procedures, including an escape clauses which states the conditions that would result in either party's decision to terminate the contract and the subcontractor's signed agreement that they received an explanation of the advantages and disadvantages of a short-term contract.

1256.4.10. Provider agency's name, name of the personal care ho me as listed on the personal care home permit, and name of the governing body

1256.4.11. Responsibility of the provider agency, including RN supervision

1256.4.12. Responsibility of the subcontractor

1256.4.13. Amount of per diem payment, including terms of payment, and monthly

payment dates

1256.4.14. Conditions under which either party may terminate the subcontract

1256.5. Knows the status of all subcontractors and notifies the Division of Medicaid I writing, of any changes in status within five business days of the change. Family-model provider agencies may not place an ICWP member in a home that has not been approved/registered by the Division of Medicaid. The family-model provider agency is responsible for and ensures performances of administrative and supervisory functions and understands the administrative and supervisory responsibilities relative to the ALS Responsibility may not be delegated to another agency or organization.

1256.6. Does not contract with a family model home that has been adversely discharged from another provider agency within a twelve (12) month period. The Division of Medicaid must review compliance with regulatory agencies and the Long Term Care Ombudsman Program prior to granting approval for a subcontractor to register or re-register. The Division will not register subcontractors who have had deficiencies which endangered the health, safety, or welfare of members. Examples of such deficiencies include, but are not limited to:

1256.6.1. Inadequate staffing and/or supervision

1256.6.2. Fire and/or safety violations

1256.6.3. Violations related to medications

1256.6.4. Violations related to care, safety, abuse, neglect, or exploitation of members

1256.6.5. Violations of member's rights

1256.7. Notifies the case manager prior to moving a member. Neither the provider agency nor subcontractor may move members from one location to another without the knowledge and approval of the member, member's representative, and case manager. Members moving from one home to another are considered new admissions and the new contractor completes all admission paper work. Members must receive a 30 day written notice prior to any relocation. Refer to Personal Care Homes Rules and Regulations for information on discharge/relocation. EXCEPTION: Member transfer or discharge due to medical emergency. Refer to Personal Care Home Rules and Regulations for information on medical emergencies.

1257. Physical Environment

Personal care homes appropriate for enrollment in ICWP are free-standing and contained under one roof line.

The family-model facility has the capacity and equipment for preparing and serving meals and for providing laundry service.

Note: Nonresidential facilities such as Adult Day Health/Mobile ADH or other businesses cannot be located on the grounds/roofline* of the ALS or adjacent to (co-located). Members must have the

freedom of choice when selecting services and providers. Members cannot be coerced or encouraged to select services from a provider that has the same ownership or other relationship to the provider. (Rev. 4/2022)
*Grounds are defined as within the same parcel/lot or sharing of common address. Roofline is defined as the same physical dwelling even if adjoined by a structural walkway connecting the two sites. No shared spaces for meals, activities, etc. are permitted.

1257.1. Personal Care Home Regulations

All subcontractors must comply with the rules and regulations currently in effect for personal care homes in Georgia. These standards are published in Rules and Regulations for Personal Care Homes, Chapter 111-8-62, December, 2009 (Rev.).

A copy of these rules and regulations may be obtained from:

Georgia Department of Community Health
Healthcare Facility Regulations Division
Personal Care Home Program
Long Term Care Section
Floor 17
2 Martin Luther King Jr Drive, SE
Atlanta, Georgia 30334
Telephone Number: (404) 657-4076

1257.2. Specialized Memory Care Services, Units or Homes

Personal care homes which advertise the provision (verbally or in writing) of care to persons with dementia (Alzheimer or other types of dementia) or assess additional costs to residents with cognitive deficits which may place the resident at risk of elopement; the home shall meet the requirements outlined in Chapter 111-8-62.-19 (1) through 111-8-62.-20 (2) Rules and Regulations for Personal Care Homes. Such personal care homes also may be suitable to ALS members with Traumatic Brain Injury (TBI).

1257.3. Residential Quality of Family Model

Subcontract homes are constructed and arranged to provide a comfortable, home-like environment for the members. The home adequately provides for the health, safety and well-being of members. The home provides adequate common space which affords privacy for the member, member's representative, and visitors' use. Subcontractors must designate an area for private and confidential interviews with members.

1257.4. Safety

1257.4.1. The subcontract home complies with fire and safety rules and maintains the facility in such a manner as to not threaten or place the health, safety, or well-being of members in jeopardy.

1257.4.2. The subcontract home maintains a temperature that ensures the comfort and safety of all residents as listed in the Rules and Regulations for

Personal Care Homes, Chapter 111-8-62.

1257.4.3. The subcontract home maintains and enforces a non-smoking policy in the subcontractor home but may provide a designated smoking area. Smoking is prohibited in member bedrooms and common areas of the home.

1257.4.4. Subcontractors adhere to the Rules and Regulations for Disaster Preparedness Plans Chapter, 290-5-45. A copy of the rules and regulations is available by contacting:

Georgia Department of Community Health
Healthcare Facility Regulations Division
Long Term Care Section
17th Floor
2 Martin Luther King Jr Drive, SE
Atlanta, Georgia 30334
Telephone Number: (404) 657-4076.

1257.5. Infection Control

1257.5.1. The subcontractor has effective housekeeping and maintenance procedures sufficient to maintain a sanitary and comfortable environment that prevents the development and transmission of infection (See Appendix B).

1257.5.2. The provider agency RN adheres to policies and procedures for controlling and preventing infections in the subcontracted homes. The RN instructs and monitors subcontract staff to ensure that they follow infection control policies and procedures.

1257.5.3. All family-model agency and subcontracted personnel adhere to universal precautions and the facility's written procedures in aseptic and infection control techniques. The provider agency RN reviews procedures annually for effectiveness and revises them as necessary. The provider agency RN communicates policy and procedure revisions to all personnel.

1257.5.4. At all times, the subcontractor has available the quantity of linens essential for proper care and comfort of members. The subcontractor stores, processes, and transports linens in a manner that prevents the spread of infection.

1257.5.5. The subcontractor maintains a home free from pests and rodents.

1258. Hours of Operation

1258.1. Maintaining and Staffing the Office – To provide routine oversight, responsiveness, and availability for on-site consultation, the provider agency must maintain and staff an office a minimum of eight hours per day Monday through Friday. During scheduled business hours a responsible individual answers the telephone.

1258.2. Access – Members, member's representatives, and case managers must have 24-hour access to ALS provider staff in case of an emergency. A minimum of one staff member must be telephone accessible and easily reached (responds by telephone within 30 minutes of the request for emergency assistance) after office hours and on weekends. Routine telephone calls must be responded to within a reasonable time period on the same day of the call. All providers must have a local or toll-free published telephone number for members and case managers to access and report problems with service delivery. ALS providers must provide telephone access to enable members to call 24 hours a day, seven days a week, including holidays. Toll free numbers that require an access code may not be used.

1258.3. Business Hours – The provider agency must maintain regularly scheduled business hours and must have in place a means to assure easy, local or toll-free telephone access to a responsible individual able to assist with information and support as needed. Providers must provide an active on-call service that coordinates dependably with case managers, members, and members representatives.

1258.4. Service Availability – The provider agency must be able to provide services 24 hours a day, seven days a week, including holidays. A supervisor must be available at all times to staff members who are rendering services. If a provider is unable to provide services as indicated in the member's care plan or when requested by the member, the case manager will broker/re-broker services with another provider who can meet the member's needs.

1259. Supervision of Member Care (Family Model).

All ALS members' care must be supervised by the provider agency's RN. All manual references to the RN, LPN or behavioral specialist imply the provider's agency's skilled staff. The provider agency's RN responsibilities include, but are not limited to:

1259.1. Accessibility

1259.1.1. The agency RN, LPN or the behavioral specialist is accessible to agency staff 24 hours a day and responds to the ALS as promptly as possible, but not later than within one business day of being contacted.

1259.1.2. The agency LPN or behavioral specialist may be the on-call contact. In this instance, the RN must be accessible to the LPN or behavioral specialist at all times.

1259.1.3. The RN, LPN or behavioral specialist on call is knowledgeable of ICWP ALS policies and procedures and the needs of ALS members in the home.

1259.1.4. The provider agency's RN will not provide supervision of the ALS care and services to the ICWP member who elects Hospice services in the ALS. The RN participates in the coordination of hospice services

1259.2. Face-to-Face Evaluations

1259.2.1. Supervisory visits must be conducted once monthly by the RN, LPN or

behavioral specialist. At least one visit each quarter must be conducted by the RN as a supervisory visit and documented as such in each member's record.

1259.2.2. A behavioral specialist may conduct monthly supervisory visits as indicated on the plan of care in lieu of an RN or LPN for ALS members with a TBI and whose primary care needs are behavioral rather than medical. If a problem or new condition occurs with the member's physical health requiring skilled nursing assessment skills, the RN must make the visit and complete the re-evaluation, update member's care plan and provide supervision of member's care as indicated.

1259.2.3. The behavioral specialist or LPN MAY NOT complete initial evaluations, re-evaluations, develop initial provider care plans, or provide supervision of member's care.

1259.2.4. At a minimum, documentation of face-to-face evaluations includes:

1259.2.4.1. assessment of the member's general condition

1259.2.4.2. problems encountered by the member and steps taken to resolve problems

1259.2.4.3. review of progress towards member's individual care goals

1259.2.4.4. appropriateness of current level of services

1259.2.4.5. documentation of changes in member's health/social status

1259.2.4.6. documentation of any additional services being rendered

1259.2.4.7. follow-up documentation from previous visits

1259.3. Health Services

1259.3.1. Regardless of funding sources, the RN, LPN or behavioral specialist is aware of all health services, including home health, being delivered to the member.

1259.3.2. The RN, LPN or behavioral specialist reports information and problems regarding all health services to the facility's administrator/manager, member's case manager, provider agency, and member's physician if applicable.

1259.4. Training

1259.4.1. The RN supervisor makes arrangements for subcontractor staff to receive training on appropriate and safe delivery of personal care and specialized needs of members with disabilities. During the supervisory visit, the RN,

LPN or behavioral specialist evaluates the services rendered to the member to assure that the subcontractor delivers services according to the member's care plan and within time frames requested by the member.

1259.5. Member Education

1259.5.1. Supervision includes educating the member (and member representatives, if appropriate) on issues related to the member's medical, behavioral or nutritional condition.

1260. Clinical Records

Both this ALS manual and Section 111-8-62.25 in the Rules and Regulations for Personal care homes December 2009 (Rev.) contains specific information regarding required documentation and information maintained in the Member's clinical record. Specific requirements are listed below.

1260.1. A provider must maintain clinical records on all members in accordance with accepted professional standards and practices. To facilitate retrieving and compiling information, the provider must assure that clinical records are accurately documented, readily accessible, and organized.

1260.2. A provider must protect the confidentiality of member information and safeguard against loss, destruction, or unauthorized use. The provider must have written procedures known to all staff and sub-contractors which govern the use and removal of records and the conditions for release of information.

1260.3. The clinical record for each member must contain sufficient information to identify the members clearly, to justify the Community Carepath and treatment, and to document accurately the results of treatment. All provider clinical records must include the following:

1260.3.1. Referral packet forwarded by the case manager. The referral packet includes:

1260.3.1.1. Physician's Recommendation Concerning Nursing Facility Care or Intermediate Care for the Mentally Retarded (DMA-6)

1260.3.1.2. ICWP Community Carepath

1260.3.1.3. Equipment and supply Sheet

1260.3.1.4. ICWP Financial Summary

1260.3.1.5. Authorization for Release of Information

1260.3.1.6. Any other relevant information, including:

1260.3.1.6.1. Psychological and Psychiatric evaluations

1260.3.1.6.2. Information about client that the provider needs before completing an evaluation/assessment

1260.3.1.6.3. If the level of care is not consistent with the Community Carepath, and addendum must be noted.

1260.3.2. Results of the provider's initial evaluation of the member and the provider's acceptance or reason for non-acceptance of the individual into services.

1260.3.3. Notes from case conferences indicating results of all provider's reevaluation of the member.

1260.3.4. Current and previously signed and dated Member Care Plans (See Appendix C) by the provider RN during each supervisory visit.

1260.3.5. Documentation of supervisory visits and clinical notes signed and dated by the person(s) rendering services and incorporated in the medical records.

1260.3.6. Medication, dietary, treatment, and activity orders when ordered on a specific member.

1260.3.7. Documentation of all communication (written and verbal) between the provider RN and the member's physician.

1260.3.8. Documentation of all communication (written or verbal) between provider staff, case manager and other service providers or persons involved in the member's care.

1260.3.9. Instructions for dealing with medical emergencies of the individual member (in accordance with advance directives, if appropriate) and documented on the emergency information plan. (See Appendix D).

1260.3.10. Documentation of member's service on a member service record form

1260.3.11. If the service is provided in the member's home, clear and specific directions to the member's home from the provider agency

1260.3.12. Advance Directives, if applicable (See Appendix E)

1260.3.13. Discharge plan and, if appropriate, discharge notice

1260.3.14. Copies of the Community Care path initially and quarterly updates.

1260.3.15. Signed copy of member's rights and responsibilities (See Section 1254.14)

1260.3.16. Admission or service agreement, if applicable. Such admission or service agreements must be typed in sufficiently large, clear, and commonly

used typed face to be easily read, and in language which is appropriate for the educational levels and cultural backgrounds of the members.

1260.4. All subcontractors maintain a copy of the member/subcontractor admission agreement in each member's file.

1260.5. All subcontractors complete a monthly record of services provided (See Appendix F) which indicates the dates and type of service given to each member. At the time the service is provided, the subcontractor completes the form that becomes a part of the member's clinical record. The RN, LPN or behavioral specialist reviews, signs, and dates the completed member services form and files it in the member's clinical record.

1260.6. A behavioral specialist may provide supervisory visits in lieu of an RN or LPN for ICWP clients with a TBI and whose primary needs are behavioral rather than medical. See Sections 1255.5 (2) for requirements and qualifications of the behavioral specialist

1260.7. Monthly supervisory visits must be conducted, documented and signed by either an RN, LPN or behavioral specialist. If an LPN or behavioral specialist performs the supervisory visit, a registered nurse must conduct quarterly supervisory visits for the purpose of medication review and personal care home staff education.

1260.8. During each supervisory visit, the provider agency RN, LPN or behavioral specialist reviews, dates, and initials the member care plan. The RN, LPN or behavioral specialist revises the member care plan as needed and communicates revisions to the appropriate staff.

1260.9. The RN, LPN or behavioral specialist reviews the completed medication administration records to confirm that the client took prescribed medication (prescription and over the counter) and signs and dates the MAR.

1260.10. The provider agency maintains a current photograph of each member in the member's clinical record. The provider agency updates the member photograph every four years. The provider agency obtains the member's or member's representative's consent before taking the photograph. If the member or member's representative declines consent, the provider agency documents the denial in the clinical record. The provider agency maintains the member's current photograph in both the subcontractor's file and the provider agency's file.

1260.11. The provider agency maintains all the required clinical information on members, including clear directions to each of their subcontractors' house. The subcontractor is supplied with and subsequently maintains the following clinical records on ICWP members:

1260.11.1. A summary of member information, obtained by the RN, LPN or behavioral specialist, which is necessary for the subcontractor to provide appropriate services.

1260.11.2. A copy of the emergency procedures/information on each member provided to the subcontractor by the RN. This includes a copy of the member's advance directive decisions and written authorization for staff to seek emergency treatment.

1260.11.3. A copy of the current member care plan prepared by the RN.

1260.11.4. RN, LPN or behavioral specialist instructions indicating the services to be provided by the subcontractor for the ICWP member.

1260.11.5. Member Monthly Service Record initialed and dated by the provider agency's RN, LPN or behavioral specialist and the subcontractor (See Appendix F).

1260.11.6. A copy of the RN, LPN or behavioral specialist's documentation of supervisory visits. At each supervisory visit, the supervisor will review, initial, and date the documentation of supervisory visits.

1260.11.7. Any additional information required by the Personal Care Home Program for licensed facilities.

1261. Disaster Preparedness and Emergency Procedure

The family-model facility adheres to the Rules and Regulations for Disaster Preparedness Plans, Chapter 290-5-45. Other requirements are listed below.

1261.1. The provider establishes and maintain written policies and procedures for members and staff to follow in the event of a disaster, to include procedures to see that care is provided during emergency situations (e.g., flood, fire, bomb threat, etc.) Procedures for disasters occurring at an ALS facility must also be included.

1261.2. Emergencies include, but are not limited to the following:

1261.2.1. Inclement weather (heavy rains, snowstorms, etc.).

1261.2.2. Natural disasters (flood, tornado, hurricane, ice storms, etc.).

1261.2.3. Major industrial or community disaster (power outage, fire, explosion, roadblocks).

1261.2.4. Agency employee illness or severe staffing shortage affecting significant number of employees

1261.2.5. Damage, destruction or fire at the agency's location

1261.3. The provider established and maintained policies and procedures for ensuring that a system of contingency plans for emergencies or disasters is in place. These plans will ensure back-up care when usual care is unavailable, and the lack of immediate care would pose a serious threat to the health, safety, and welfare of the member. The policies and procedures should provide for uninterrupted service and be identified to the case manager for each member enrolled in the ALS. Communication with the case manager is an essential component to this process. These policies and procedures include

1261.3.1. Delivery of member service(s).

1261.3.2. Staff assignment and responsibilities.

1261.3.3. Names and phone numbers of the Division of Medicaid, Alliant Health, case management staff, and if applicable, the Healthcare Facility Regulations Division and Long-Term Care Ombudsman.

1261.3.4. Notification to care coordination, attending physicians, and responsible parties.

1261.3.5. Availability of member's records.

1261.3.6. How medications will be transferred, meals prepared and served, and who will be responsible for performing activity of daily living services, (i.e., grooming, hygiene, etc.) in the alternative living environment if the members are evacuated from the ALS facility.

1261.4. Staff Training and Drills

1261.4.1. The provider must assure that all staff members are provided ongoing training disaster preparedness. The training program must include drills so that employees are able to promptly and correctly carry out their assigned roles in case of a disaster.

1261.4.2. Disaster drills must be conducted at least annually and must be documented as to date, time, staff/member participation, problems, and action take to prevent problems from recurring.

1261.5. Posting of Instructions

1261.5.1. The provider posts emergency instructions and evacuation routes in a prominent place in each room of the facility and orients all members to these routes.

1261.6. Emergency Procedures/Information

The provider must maintain written emergency information on each member. The emergency information must be easily accessible in the member's record, updated annually, and, at a minimum, include:

1261.6.1. Name and telephone number of the member's attending physician

1261.6.2. Member's hospital preference

1261.6.3. Names and phone numbers of member's representative and other emergency contacts

1261.6.4. Known medication/pertinent medical information, including allergies

1261.6.5. Advanced Directives if available

1261.6.6. The clinical record must contain the member's written authorization for staff to seek emergency treatment, including transportation for treatment.

1261.7. Evacuation Procedures. Evacuation drills must be conducted at least every other month in al ALS facilities and must be documented. A designated place for members and staff to meet outside the facility following evacuation must be described in the written disaster procedures. One or more staff members must be assigned to make sure everyone is out of the building.

1262. Medications Administration, Assistance and Storage

1262.1. Administration of Medications

1262.1.1. The RN assesses the level of assistance members may need with medication administration and documents this information in the member's clinical record. The RN makes all appropriate staff aware of the member's level of independence with medication administration

1262.1.2. The RN has the responsibility to know all prescription and over-the-counter medications for ALS-family model members and documents this information in the member's record

1262.1.3. The RN must monitor all prescription and over-the-counter medications taken by ALS members. Member records must contain the following information related to medication:

1262.1.3.1. A current list of prescription and over-the-counter medications taken by the member, including the name of each medication, dosage, route, and frequency taken

1262.1.3.2. All drug side effects observed by or reported to the provider supervising RN by the member or other provider staff.

1262.1.3.3. Documentation that the provider reports to the physician in a timely manner any problems identified with medications. The provider must record the physician's order to change any medication

1262.1.4. The RN or LPN will document on the medication administration record that the member's pharmacy has provided information related to signs and symptoms of potential drug reactions specific to member's medications. The information includes when the subcontractor contacts the RN or physician. (A current physician desk reference or other medication handbook is not acceptable).

1262.1.5. When requested, ALS providers may use a proxy caregiver for Medication administration designated through informed consent by the member. See Rules for Proxy caregivers

1262.1.6. If a physician certifies that a non-licensed person is competent to give injections, that individual may administer insulin or epinephrine to a member. The RN observes the individual giving injections and conducts periodic reviews to ensure continued competency. The provider agency

maintains documentation of competency.

1262.1.7. The subcontractor records medication reactions on the member's drug reaction list. The RN is responsible for the list but may get information about client drug reactions from others. Unless otherwise indicated in the admission agreement, the subcontractor is responsible for timely acquisition of initial prescriptions, medications, and refills for members. See Chapter 111-8-62.21 Medications (1) (a) (b) and 4-6 of the Rules and Regulations for Personal Care Homes, December, 2009 (Rev.).

1262.1.8. The provider agency, member and/or supervising registered nurse must immediately communicate any concerns regarding the member's medications, including the number or frequency in use, to the member's physician. The supervising registered nurse must report these concerns to the case manager within 24 hours. Within three business days verbally notifying the case manager, the provider must send written notification to the case manager.

1262.2. Assistance with Self-Administered Medications

The subcontractor may assist the member with both prescribed and over-the counter medications, which are self-administered. Assistance is limited to the following

1262.2.1. Reminding the member to take the medicine

1262.2.2. Reading the medication regimen as indicated on the container label to the member

1262.2.3. Checking the dosage according to the container label for the member

1262.2.4. Physically assisting the member pouring or otherwise taking the medication

1262.3. Documenting Member Medications

The subcontractor must maintain a medication record for each member that reflects all medications, prescription and over the counter, supervised by the subcontractor/provider agency. The member's medication record contains:

1262.3.1. Name of medication

1262.3.2. Dosage

1262.3.3. Route

1262.3.4. Date and time dosage taken

1262.3.5. Observed drug side effects and actions to address side effects

1262.3.6. Signature of the person supervising medications

1262.3.7. In the clinical record, the provider must record physician's orders for all

prescribed medications and treatments directly related to services being delivered. Over-the-counter medications, supplements, and herbs are reported to the member's pharmacist and/or physician by the supervising RN for determination of any possible interaction with the member prescription/medications. The label of a prescription medication constitutes the pharmacist's transcription of documentation of the order. Such medications should be noted in the clinical record and listed on the re-certification plan of care (HFCA-4850).

1262.4. Storage of Medications

1262.4.1. Medications are stored in the appropriate manner under lock and key at all times. However, a member may keep medications needed for frequent or emergency uses. The subcontractor stores medications that require refrigeration in a locked container in the refrigerator.

1262.4.2. If members keep their medications, they keep them in their bedrooms in locked cabinets or locked storage containers with duplicate keys available to the member and the subcontractors.

1262.4.3. Subcontractors keep all medications in original containers with original label attached.

1262.4.4. The provider agency and subcontractors ensure that medications are properly labeled and handled in accordance with current applicable laws and regulations

1263. Food and Nutritional Requirements

Dietetic services must meet the nutritional requirements and provide palatable, attractive meals and snacks for members. Consideration is given to individual member's needs, preferences, and physician's orders regarding meal composition, consistency, and volume. To provide adequate nutrition, the family-model provider and subcontractor ensure the following:

1263.1. A minimum of three regular meals, which meet 100% of the current daily recommended dietary allowance as established by the Food and Nutrition Board, National Academy of Science, are served daily, (See Applicable G in the ALS manual). Nutritious snacks are to be available and offered to members, at a minimum, each midafternoon and evening. No more than fourteen hours may elapse between the evening and morning meals

1263.2. The special and therapeutic needs and preferences of the members are considered in all menu planning, food selection, and meal preparation. Religious, ethnic, or cultural dietary requirements and preferences of a majority of members are to be reflected in the meals served

1263.3. Meals are attractively served in an atmosphere which is comfortable and relaxed with adequate space for easy access by all members, both ambulatory and non-ambulatory.

1263.4. Menus of meals and snacks are planned and posted a minimum of 24 hours in advance, and made available to members, members' representatives, and families if requested.

Menus are kept on file and available for review for a minimum of 30 days.

1263.5. The food items within the meat, vegetables and fruit, bread and dessert groups must provide variety (See Appendix G).

1263.6. If the therapeutic meals are required, they are:

1263.6.1. Provided pursuant to a physician's order which is reviewed periodically with the member's physician.

1263.6.2. Planned by a registered dietitian and signed by the dietician or primary care physician.

1263.7. The ICWP clinical record for any member with a therapeutic diet includes, at a minimum:

1263.7.1. Documentation that the therapeutic meals was prescribed by a physician.

1263.7.2. Identification of the health problem necessities the diet, the kind of diet to be provided, and the person or agency responsible for preparing or supervising the diet.

1263.7.3. Documentation that the dietary requirements are being adhered to by both the member and the agency or person responsible for preparing or supervising the meals. If the requirements are not adhered to by either or both, documentation of staff intervention to remedy the situation is required

1263.7.4. Documentation of any adverse reactions to the diet and actions taken by staff after consultation with the physician

1263.7.5. Documentation of all staff intervention directed toward educating the member, the subcontractor, the member's representative and/or service providers to understand the meet the member's dietary requirements.

1263.7.6. Documentation that the member consumed or did not consume meals.

1263.7.7. Documentation of food allergies and reactions

1264. Member Funds

1264.1. Federal regulations require that the agency responsible for administration of the Alternative Living Services Program protect member funds to ensure that members are allowed to use their money as they wish. Members may elect to have their funds managed by the member's representative payee or legal guardian. The provider agency is responsible for protecting member funds whether the agency or its subcontractors handle member funds.

1264.2. The personal care home admission agreement must clearly designate who will be responsible for the member's personal funds. The agreement clearly addresses

conditions of charges and refunds related to room and board for partial month services and other related situations and conditions (i.e., absences from the home due to vacations, hospitalization, death, etc.).

1264.3. Annually, the Division of Medicaid gives written notice regarding the designated amount for ICWP members' monthly personal needs allowances to family-model providers. The members may use the personal needs allowance funds to purchase personal items. ICWP members may not waive their right to receive the monthly personal needs allowance

1264.4. Members may handle personal funds. If a member is not capable of managing personal funds, the member may give the money to a representative or legal guardian who assumes financial responsibility for these funds. The subcontractor will have on file any power of attorney or documentation issued by a court, the Social Security Administration, or any other governmental authority which designates another person as responsible for management of the member's finances.

1264.5. If the provider agency or subcontractor handles the members' funds, the provider or subcontractor establishes Member Fund Accounts and maintains written records for each member. To establish such an account, the provider agency or subcontractor obtains a written authorization from the member, member's representative, or legal guardian. The administrator of the account documents the receipt and use of all funds for the member. The member, member's representative, or legal guardian initials/signs and dates all transactions to the account.

1264.5.1. At least quarterly, the family-model provider or subcontractor provides each member and the member representative or legal guardian with a written, itemized statement of all financial transactions involving the member's funds. When a member moves from the subcontract home, the provider agency or subcontractor gives the money in the Member Fund Account to the member, member's representative, or legal guardian.

1264.5.2. If the member does not have a w ill at the time of death, the provider or subcontractor gives member funds to the member's estate. The family-model provider or subcontractor contacts the country probate judge to request instructions for transferring funds from the Member Fund Account to Probate Court. The provider or subcontractor does not use member funds to pay outstanding claims against the individual after the date of death. The provider or subcontractor files a claim with the Probate Court for payment of outstanding claims following the transfer of funds.

1264.6. The family-model provider agency or subcontractor maintains accurate accounting for funds. Neither family-model providers, subcontractors, nor other persons may use member funds, including interest earned on savings accounts, for their use in any manner. A provider or subcontractor may not coerce a member to name said provider as a beneficiary. Violations of these requirements will result in criminal prosecution and/or civil action.

1265. Fees for Services

1265.1. Fees for Services

1265.1.1. A provider may not solicit or accept any contributions or gratuities from members or others for ICWP ALS services rendered.

1265.1.2. Members receiving Supplemental Security Income (SSI) are not required to pay toward the cost of their ICWP services.

1265.1.3. The provider cannot charge private pay clients less than the current ICWP reimbursement rate for the equivalent service

1265.1.4. Reimbursement from DCH is for personal care services, not for room and board. The Division of Medicaid determines the approved room and board rate for ALS members. Charges for room and board are expenses that are reflected in the admission agreement between the member and subcontractor. The admission agreement includes conditions for refunds of room and board charges for partial month(s) residency in the facility.

1265.1.5. Providers may not charge ICWP members interest rates or late fees for ALS services

1265.2. Private Pay Members

If an agency's private pay fee schedule is less than the approved ICWP reimbursement rate, the provider must submit the schedule to the DMA for review. The schedule must include justification for charging a lower fee to private-pay members.

1266. Trial Visits, Temporary Absences, Private Rooms and Facility Closings

1266.1. Alternative living Trial Visits from a Private Residence

1266.1.1. Trial visits are arranged to determine if the member's needs can be met in a personal care home and to determine the appropriateness of placement in the home. The member may spend up to seven consecutive days in the home on a trial visit.

1266.1.2. The case manager will authorize only one trial visit of up to seven days. The provider agency may receive reimbursement for seven consecutive days of the trial visit when authorized by the case manager and recommended by the member's physician.

1266.1.3. The case manager adds the ALS service to the ICWP Community Carepath and documents the trial visit in the Community Carepath.

1266.1.4. The case manager sends the revised Independent Care Waiver Program Community Carepath with a referral packet to the ALS provider agency.

1266.2. Alternative Living Trial Visits from a Nursing Facility

A potential Independent Care Waiver Program member may spend no more than seven consecutive days on a trial visit in a subcontract home without reduction in the medical assistance payment to the nursing facility. The case manager authorizes only two such trial visits of up to seven days each during any one calendar year. No payment will be authorized to anyone on behalf of a recipient for any day(s) exceeding the number of allowable visits.

1266.3. Temporary Absence for Planned Visit

Planned visits away from the subcontract home may be reimbursed when:

1266.3.1. The visits are therapeutic in nature.

1266.3.2. The attending physician recommends a visit in the member's plan of care

1266.3.3. The family-model provider/subcontractor holds a bed for the member.

1266.3.4. Visits may not exceed 16 days in any calendar year. If a member's visit(s) exceeds 16 days in a calendar year, DMA does not reimburse a provider for more than 16 days. If the member expects the visit to exceed 16 days, the provider informs the case manager of the reason and duration of the visit and to determine if a reassessment is needed. If the physician and case manager determine that the excess days are appropriate, the member or member's representative may reimburse the provider the DMA rate for days in excess of 16. To hold the bed for the member, the provider may require the member or member representative to reimburse the DMA rate for days in excess of 16.

1266.4. Temporary Absence for Hospitalization

1266.4.1. If the member is not expected to return, the provider does not bill DMA for the hospital stay.

1266.4.2. If the member is expected to return, the provider may claim reimbursement for seven days during each hospital stay.

1266.4.3. If a member is hospitalized more than seven days, the member has the right to pay to reserve the member's same bed. If the member does not pay to reserve the bed, the provider may use the bed to admit a new member/resident. If the member chooses to return to the facility, the member may request the first available bed in the home.

1266.5. Private Room

A home may have private and semi-private rooms.

1266.5.1. If the member chooses a private room, the subcontractor may charge the difference between the subcontractor's established-in-writing private and semi-private rates.

1266.5.2. If the subcontractor places a member in a private room because a semi-

private room is not available, the subcontractor obtains the member's or member's representative's written agreement to move to a semi-private room as soon as a semi-private room becomes available.

1266.5.3. If someone other than the SSI member pays the difference between the semi-private and private room rate, the member's SSI benefits may be affected. The provider agency ensures that subcontractors fully understand this policy.

1266.5.4. Members may not waive their right to receive their personal needs allowance to be placed in a private room.

1266.6. Facility Closing

1266.6.1. A subcontractor delivers services 24 hours a day and may not cease business except in emergency situations without giving 30 days written notice. If an emergency situation arises that requires a temporary closing, the provider agency immediately notifies Alliant Health and HFRD. All family-model providers must have emergency placement procedures for all members in the event temporary relocation is necessary.

1266.6.2. If a subcontractor intends to permanently cease operating the facility, prior to closing the facility, the subcontractor gives a minimum of 30 days written notice of intent to close to the members, members' representatives, the family-model provider agency, the case manager, the Alliant Health, and the Healthcare Facility Regulations Division (HFRD).

1267. Notification of Member Rights

If a provider requires the member to sign a service/admission agreement, or contract, or other binding written agreement before receiving services, the service agreement will be in a format that the member can read and easily understand. The agreement may not require members to waive their legal rights. The service admission agreement must include all information required by the Rules and Regulations for Personal Care Homes, Chapter 111-8-62.

1268. Member Rights and Responsibilities

At the time of the member's admission to the home, the subcontractor/provider agency reviews member rights and responsibilities with the member and/or member representative (See the Rules and Regulations for Personal Care Homes, Chapter 111-8-62-17). Providers must be aware of additional member rights and responsibilities required under specific program licensure.

After the member and/or member's representative reads and signs the rights and responsibilities, the subcontractor gives a copy to the member and member's representative. The subcontractor places a copy of the signed and dated rights and responsibilities in the member's record.

1268.1. Member rights recognized by the provider include:

1268.1.1. The right of access to accurate and easy-to-understand information.

1268.1.2. The right to be treated with respect and to maintain one's dignity and individuality.

1268.1.3. The right to voice grievances and complaints regarding treatment or care that is furnished or not furnished, without fear of retaliation, discrimination, coercion, or reprisal.

1268.1.4. The right to a choice of approved service provider(s).

1268.1.5. The right to accept or refuse services.

1268.1.6. The right to be informed of and participate in preparing the care plan and any changes in the plan.

1268.1.7. The right to be advised in advance of the provider(s) who will furnish care and the frequency and duration of visits ordered.

1268.1.8. The right to confidential treatment of all information, including information in the member's record.

1268.1.9. The right to receive services in accordance with the current care plan.

1268.1.10. The right to be informed of the name, business telephone number and business address of the person supervising the services and how to contact that person.

1268.1.11. The right to have property and residence treated with respect.

1268.1.12. The right to review member's records on request.

1268.1.13. The right to receive adequate and appropriate care and services without discrimination.

1268.1.14. The right to be free from mental, verbal, sexual and physical abuse, neglect, exploitation, isolation, corporal or unusual punishment, including interference with daily functions of living.

1268.1.15. The right to be free from chemical or physical restraints.

1268.2. Member responsibilities recognized by the provider include:

1268.2.1. The responsibility to notify service provider(s) of any changes in care needs.

1268.2.2. The responsibility to treat provider staff in a courteous and respectful manner, as well as cooperate with and respect the rights of the caregivers providing care.

1268.2.3. The responsibility to be as accurate as possible when providing information on health history and personal care needs.

1268.2.4. The responsibility to participate actively in decisions regarding

individual health care and service/care plan.

1268.2.5. The responsibility to comply with agreed-upon care plans.

1268.2.6. The responsibility to notify the member's physician, service provider(s), and/or caregiver of any change in the member's condition.

1268.2.7. The responsibility to maintain a safe home environment or to inform provider(s) of the presence of any hazard in the home.

1268.2.8. The responsibility to be available to provider staff at times services are scheduled to be rendered.

1269. Member Protection Assurance

All ICWP providers, their employees, subcontractors, and volunteers are mandated reporters of suspected or actual abuse, neglect, exploitation, elopement, unexpected death, serious injury and any other incident that has or may place a member's health, safety, and welfare at risk.

1269.1. All ICWP providers are required to:

1269.1.1. Have written policies and procedures that address steps the agency takes to prevent the occurrence of incidents that may place a member's health, safety and welfare at risk; action the agency takes when such incidences are reported; and action the agency takes to prevent future occurrences of such incidences

1269.1.2. Screen each potential employee for criminal background history.

1269.1.3. Prohibit individuals with a prior conviction on charges of abuse, neglect, mistreatment or financial exploitation from performing direct member care duties.

1269.1.4. Provide training at least annually to all employees, subcontract HFRD, and volunteers on how to recognize situations of possible abuse, neglect, exploitation, and/or the likelihood of serious physical harm to individuals who receive services through the ICWP.

1269.1.5. Observe at least annually staff providing direct care to members.

1269.1.6. Require all critical and non-critical incidents, as outlined in Section 604.2 of the Policies and Procedures Manual for Independent Care Waiver Services, to be reported within 24 hours or one (1) business day of the incident or discovery of the incident to the Department. Notify all appropriate parties in accordance with state law. Investigate the incident with involvement of appropriate parties while taking immediate steps to protect the waiver participant's health, safety and welfare. Submit the Follow-Up and Interventions Report to the Department within seven (7) business days of submitting the incident report. Participate in regulatory agency investigations, when applicable and take appropriate a corrective action if an alleged violation is verified.

1270. Program Evaluation and Customer Satisfaction

1270.1. The Georgia Department of Community Health monitors program administration and performs utilization reviews of member services and care. Providers will develop a written continuous quality improvement plan that addresses how the agency determines the effectiveness of services, identifies areas that need improvement, and implements programs to improve services and quality of care.

1270.2. Policy and Administrative Review: The provider reviews policies and procedures at least annually and revises them as needed. The provider indicates in policy how changes in agency policies and procedures are communicated to all staff.

1270.3. Provider Compliance Visits

To determine each family-model homes to the rules and regulations for personal care homes and the policies and procedures for the ICWP, compliance visits are conducted at least quarterly by a person who is knowledgeable in personal care home rules and regulations and ICWP policies and procedures. The provider agency shall furnish each subcontractor with the name and telephone number of the provider agency's staff who is responsible for compliance visits and quality assurance activities.

Documentation of compliance visits include, but is not limited to:

1270.3.1. Indicators reviewed and criteria used to determine compliance. Refer to Appendix I for an example of a form to use for documenting compliance visits. Each provider agency is responsible for developing indicators, criteria, and standards that are specific to each family-model home.

1270.3.2. Whether criteria met predetermined standards

1270.3.3. Plan of correction, if needed, for areas needing improvement

1270.3.4. Changes in policies, procedures, and/or practice as a result of corrective action or opportunities for improvement

1270.3.5. Date and signature of person conducting the compliance visit

1270.3.6. Compliance visits are documented, and the reports are maintained by the facility for a minimum of two years.

1270.4. Evaluation of the Quality of Member Care – The provider agency RN conducts and documents the evaluation of the quality of care during supervisory visits. The provider agency/subcontractor maintains evidence to demonstrate that the results of the surveys are analyzed and reviewed and used to improve the quality of care and services.

At a minimum, the provider measures the following to evaluate quality of member care:

1270.4.1. Service appropriateness to the identified need

1270.4.2. Respect for member choice

1270.4.3. Service provided in a timely fashion

1270.4.4. Performance of required activities

1270.4.5. Support of member dignity and self-respect

1270.5. Policies and Procedures – The provider agency and subcontractor review policies and procedures at least annually and revise them as needed. The provider agency and subcontractor indicate in policy how changes in policies and procedures are communicated to all staff.

1270.6. Clinical Records – The provider agency and subcontractor monitor and review clinical records at least quarterly to ensure required information is current.

1271. Program Integrity Reviews

1271.1. The DCH performs periodic Utilization Reviews of ICWP member services to ensure the medical necessity for continued care and the effectiveness of the care being rendered. Each provider is reviewed as frequently as deemed appropriate or necessary, with on-site reviews or audits sometimes conducted with no prior notice.

1271.2. During each review visit, the DCH examines member records and conducts in-home or on-site individual member assessments.

1271.3. Refer to Section 907 of the Policies and Procedures for Independent Care Waiver Services manual which fully describes the utilization review process for all services delivered through the ICWP, including the Appeals Process.

1271.4. Program Integrity provides the Division of Medicaid with copies of review reports. Division staff members review each report and the provider's written Corrective Action Plan for all deficiencies cited in the report.

1272. Staffing Requirements

The ALS provider agency employs an adequate number of staff members who are qualified by education and experience to administer and carry out all functions and responsibilities of the family-model program as described in this manual.

1272.1. Staff Qualifications

The provider must employ a sufficient number of qualified and experienced staff who are appropriately skilled and available to render services in their approved service areas in accordance with currently accepted standards of medical practice. Providers are required to screen each potential employee for competency.

1272.1.1. Personnel providing ICWP ALS services must:

1272.1.1.1. Be qualified by education, training and/or experience to perform the tasks assigned

1272.1.1.2. Fulfill all training requirements

1272.1.1.3. Undergo criteria-based job performance evaluations of their job performance at least annually, which incorporate evaluation by members.

1272.1.1.4. Be supervised by appropriately credentialed staff who are licensed and accountable for quality service and outcomes.

1272.1.2. Registered Nurse (RN) Supervision and Credentials – All ALS services require that licensed RN supervise the services delivered to ALS members.

1272.1.3. Licensure – Providers maintain evidence of current licensure for all staff members in occupations requiring Georgia licensure, permits, or certifications.

1272.1.4. Professional Staff – A licensed professional, designated to provide professional supervision and oversight, will be available to staff at all times that services are being rendered to members.

1272.1.5. Designated Management Staff – The provider must designate a responsible staff person to act as manager in administrator/manager's absence.

1272.1.6. All provider staff responsible for documentation of member records must be identified by name and discipline and include a sample of the staff member's signature and initials. This legend must be on file with provider agency and available at the agency place of business.

1272.2. Volunteers

Providers may use volunteers to provide ALS services, provided they meet the same qualifications required of paid staff. The provider is responsible for the supervision and performance of any volunteer who provides direct member service for the provider agency. Examples of volunteer roles include Activity Coordinator or companions for medical appointments.

1272.3. Personnel Policies

1272.3.1. The provider must have written personnel policies and procedures

1272.3.2. The provider must establish and maintain current personnel records for all staff and volunteers. Each personnel record must include the following, at a minimum

1272.3.2.1. Criteria-based job description, signed and dated by the employee

1272.3.2.2. Criteria-based performance evaluation

1272.3.2.3. Job application and/or resume

1272.3.2.4. Proof of current Georgia licensure, if applicable

1272.3.2.5. Documentation of knowledge of agency's policies related to Member Protection Assurances

1272.3.2.6. Documentation of all training completed

1272.3.2.7. Proof of satisfactory physical examinations and tuberculosis screening, as required by Personal Care Home Rules

1272.3.2.8. Signed and dated copy of the code of ethics

1272.3.2.9. Evidence of a satisfactory criminal history background check determination

1272.3.3. Code of ethics – All providers must have an ethic policy which is signed and dated by all persons under the provider's direction. The ethics policy, at a minimum, must prohibit employees, volunteers or contracted individuals from

1272.3.3.1. Using the member's care for personal reasons

1272.3.3.2. Consuming the member's food or beverage

1272.3.3.3. Using the member's telephone for personal calls

1272.3.3.4. Discussing political or religious beliefs, or personal problems with the member

1272.3.3.5. Accepting gifts or financial gratuities (tips) form the member or member's representative

1272.3.3.6. Lending money or other items to the member; borrowing money or other items from the member or member's representative

1272.3.3.7. Selling gifts, food, or other items to or for the member

1272.3.3.8. Purchasing any items for the member unless directed in member care plan

1272.3.3.9. Bringing other visitors (e.g., children, friends, relatives, pets, etc.) to the member's ALS residence

1272.3.3.10. Smoking in the member's room or presence

1272.3.3.11. Reporting for duty under the influence of alcoholic beverages or illegal substances

1272.3.3.12. Sleeping in the member's room

1272.3.3.13. Remaining in the member's room after services have been rendered

1272.4. Personnel Under Contract

All agreements with contracted personnel including those responsible for their own with withholding taxes, must be in writing.

A provider may delegate authority, but responsibility for performance of individual under contract may not be delegated to another agency or organization.

1272.4.1. Subcontracting – Provider agencies may subcontract for the provision of services as long as the subcontract contains, at a minimum, the following elements

1272.4.1.1. Names of all parties entering into the subcontract

1272.4.1.2. A stipulation requiring subcontractors to perform in accordance with all Conditions of Participation which pertain to the service purchased under subcontract and requiring the contractor to assume responsibility if the selected subcontractor fails to do so.

1272.4.1.3. A stipulation requiring the contractor agency to maintain responsibility for and assure the subcontractor's performance of administrative, supervisory, professional and service delivery responsibilities relative to meeting all requirements of the ALS.

1272.4.1.4. A stipulation that the subcontractor will comply with local, state and federal laws, rules and regulations and will adhere to ALS policies and procedures as they now exist or may hereafter be amended.

1272.4.1.5. A statement identifying the party responsible for paying employment taxes.

1272.4.1.6. A stipulation that the persons delivering services meet minimum staff qualifications.

1272.4.1.7. Identification of the specific ALS service(s) to be provided.

1272.4.1.8. A stipulation that the subcontractor will participate as needed in case conference to coordinate member care.

1272.4.1.9. Termination procedures, including an escape clause and the subcontractor's signed agreement that they received an explanation of the advantages and disadvantages of a short-term or long-term contract.

1272.4.1.10. A sample of all subcontracts for provision of ALS services must be submitted to the Division of Medicaid for prior approval and a copy maintained in the provider agency's office. Any changes in above contract terms must be resubmitted to the Division

1272.5. Qualification Requirements

1272.5.1. Subcontract Homes

The provider is responsible for ensuring that all subcontract homes are adequately staffed 24 hours a day.

1272.5.1.1. The provider maintains work schedules showing 24-hour coverage and sufficient number of subcontract stuff to meet the member's needs. These schedules must be available for review at the subcontract home and kept a minimum of 4 months.

1272.5.1.2. The provider is responsible for ensuring that all subcontract staff have received required training and that all staff are qualified to perform assigned job duties. Refer to 1255.1 (B) (C), (D) and 1255.5 specific job titles, job requirements and training requirements.

1272.5.2. Supervision of Services by Provider Agency Registered Nurse

Registered Nurse (RN) supervision is the provision of medical oversight to ensure that the provider serves the member effectively and safely in the community. Medical oversight includes assessing and monitoring the member's condition and implementing/arranging interventions to prevent or delay unnecessary and more costly institutional placement. A RN must supervise all ALS services.

The major tasks of the Registered Nurse include, but are not limited to:

1272.5.2.1. Assessing and evaluating the member's needs, current status, environment, and change during each supervisory visit or more often if indicated by member's condition

1272.5.2.2. Reviewing the Level of Care and Placement Instrument

1272.5.2.3. Conducting supervisory visits and re-evaluation of member care at the required frequency (refer to 1254.5(B) of this ALS manual) or more often if medically necessary. Nursing staff are prohibited from administering medications to members or providing any other member care while conducting supervisory visits.

1272.5.2.4. Developing, coordinating, and revising the member care plan and communicating all revisions to appropriate

staff.

1272.5.2.5. Preparing progress/clinical notes, reviewing progress note entries of all staff, reviewing and co-signing documentation of all LPN or behavioral specialist supervisory visits and instructing staff on charting protocol. The RN must indicate his/her review of notes and LPN or behavioral specialist supervisory visits, as well as the follow-up and resolution of problems, but signing and dating the documentation of all of the above. A checklist does not replace narrative documentation but can be used in addition to support narrative. The RN, LPN, or behavioral specialist who makes the supervisory visit must sign and date the documentation of the visit. If the supervisory visit was made by the LPN or behavioral specialist, the supervising RN must review and co-sign the documentation of the visit within 10 days of the dated note.

1272.5.2.6. Conducting and maintaining ongoing communication with other service providers, the physician, case manager, and other relevant parties of changes in the member's medical condition or any change in member status that requires follow-up and/or additional services. The RN/provider must obtain the case manager's prior approval for changes in the member's service except in emergency cases.

1272.5.2.7. Counseling and educating the member/representative, caregiver(s), and staff in meeting the member's medical related needs.

1272.5.2.8. Other duties assigned by the provider agency such as quality assurance activities and/or planning, scheduling and conducting in-service training sessions, etc.

1272.5.3. Nursing supervision of ICWP services must comply with the following guidelines:

1272.5.3.1. The RN supervisor must document, sign and date supervisory visits/notes/contacts and label them as such. Names and titles must be legible. Staff may use initials if their signatures are on file at the provider agency. The supervisory RN signature must be an original, not a rubber stamp. EXCEPTION: An electronic signature and computer-generated signature, requiring the supervisory RNs' access codes to generate, are permitted.

1272.5.3.2. The provider RN supervisor must conduct a face-to-face supervisory visit with the member to cover every period of service provided. If the member is not present, the

visit is not considered a supervisory visit.

Documentation of each RN, LPN, or behavioral specialist supervisory visit must include the following:

1272.5.3.2.1. An evaluation of the member's health status and needs, including behavioral status noting changes in medical or behavioral condition, medications, etc.

1272.5.3.2.2. An evaluation of the quality of care being rendered, including member's statement of the level of satisfaction with services received

1272.5.3.2.3. Results of the care being rendered

1272.5.3.2.4. Planned interventions and follow-up for any problems identified

1272.5.3.2.5. Any needed revisions to the member's care plan

1272.5.3.3. The minimum qualifications and duties for provider agency staff are listed below. The provider agency incorporates these and any other positions deemed appropriate into a written criteria-based job description for each position.

1272.5.3.3.1. Registered Nurse qualifications:

1272.5.3.3.1.1. All RN's render services in accordance with the provisions of the "Georgia Registered Professional Nurse Practice Act" O.C.G.A. 43-26-1 et seq.

1272.5.3.3.1.2. A current license to practice nursing in Georgia; preferably three years full-time experience in public health, rehabilitation nursing, long-term care or a related field. One year of experience in an administrative or supervisory capacity is recommended.

1272.5.3.3.1.3. Working knowledge of ICWP policies and procedures

1272.5.3.3.1.4. Proof of completion of training required by the Rules and Regulations for Personal Care Homes, Chapter 111-8-62.

1272.5.3.3.1.5. Proof of negative TB test and current physical exam within one year of employment

1272.5.3.3.1.6. Satisfactory criminal records check determination

1272.5.3.3.1.7. Working knowledge of the Rules and Regulations for Personal Care Homes, Chapter 111-8-62.

1272.5.3.3.2. Review manual section containing general policies and requirements related to the RN supervision of ICWP services. In addition to the policies and standards stated, additional duties of the provider agency RN include, but are not limited to:

1272.5.3.3.2.1. Supervising all staff in the delivery of personal care services

1272.5.3.3.2.2. Conducting initial evaluations of members referred to the ALS home by the ICWP case manager.

1272.5.3.3.2.3. Reviewing and, if needed, updating the member care plan during each supervisory visit in coordination with the Community Care path developed by

the case manager. The RN will sign/initial and update the member care plan each time it is reviewed. The RN will communicate revisions to the care plan to appropriate staff.

1272.5.3.3.2.4. Providing and/or arranging for the training of subcontracted staff on health-related issues, specific member care/need, and required ICWP policies and procedures

1272.5.3.3.3. Behavioral specialist Qualifications include:

1272.5.3.3.3.1. A Master's degree in psychology, social work, counseling, vocational rehabilitation, or a related field OR

1272.5.3.3.3.2. A Bachelor's Degree in Nursing with registered nurse licensure, AND

1272.5.3.3.3.3. Documentation of training or continuing education in behavior analysis or behavior modification, therapeutic intervention, cognitive behavioral therapy, and psychosocial assessment; AND

1272.5.3.3.3.4. One year of experience in rehabilitation counseling, behavioral interventions, individualized treatment programming, monitoring and

observing behavior; collecting and recording behavioral observations and developing and implementing behavioral support plans for individuals with intellectual disabilities brain injury, and cognitive disabilities.

1272.5.3.3.4. Duties that provider agency or subcontracted Behavioral Specialist may perform in the facility include, but are not limited to:

1272.5.3.3.4.1. Behavioral health assessment and evaluations

1272.5.3.3.4.2. Individualized treatment programming

1272.5.3.3.4.3. Counseling or providing linkages to counseling or other community resources

1272.5.3.3.4.4. Monitoring and observing behavior

1272.5.3.3.4.5. Collecting and recording behavioral observations in a treatment setting

1272.5.3.3.4.6. Developing and implementing behavioral support plans for individuals with intellectual/developmen t disabilities

1272.5.3.3.4.7. Making linkages with specialized services or resources designed for ALS member with TBI or other specialized needs

1272.5.3.3.5. Licensed Practical Nurse (LPN) qualification include:

1272.5.3.3.5.1. All LPNs must have a current Georgia license to practice nursing as a LPN and render services in accordance with the provisions of the "Georgia Practical Nurses Practice Act."O.C.G.A 43-26-30 et seq.

1272.5.3.3.5.2. Proof of completion of training required by the Rules and Regulations for Personal Care Homes, Chapter 111-8-62.

1272.5.3.3.5.3. Proof of negative TB test and current physical exam within one year of employment

1272.5.3.3.5.4. Satisfactory criminal records check determination

1272.5.3.3.6. Duties that the provider agency or subcontracted LPN may perform in the facility include, but are not limited to:

1272.5.3.3.6.1. Preparing clinical and progress notes

1272.5.3.3.6.2. Assisting the member in learning appropriate self-care techniques.

1272.5.3.3.6.3. Teaching the member and member's representative

1272.5.3.3.6.4. Reporting changes in the member's conditions and needs to the provider agency RN

1272.5.3.3.6.5. Monitoring and

recording vital signs.

1272.5.3.3.7. Services not provided by the LPN:

1272.5.3.3.7.1. Initial evaluation visit

1272.5.3.3.7.2. Initial development of the Member Care Plan

1272.5.3.3.7.3. Reevaluation of member

1272.5.3.4. Subcontractor Staff qualification include:

1272.5.3.4.1. The subcontractor may not be a member of the member's family by birth or marriage. The subcontractor completes training provided by the family-model provider agency.

1272.5.3.4.2. Proof of completion of training required by the Rules and Regulations for Personal Care Homes, Chapter 111-8-62.

1272.5.3.4.3. Proof of negative TB test and current physical exam within one year of employment.

1272.5.3.4.4. Satisfactory fingerprint records

1272.5.3.4.5. At least 21 years of age

1272.5.3.4.6. Duties of the subcontractor include, but are not limited to:

1272.5.3.4.6.1. Provision of personal care to the member

1272.5.3.4.6.2. Provision of 24-hour watchful oversight and supervision of members

1272.5.3.4.6.3. Daily awareness of the member's functioning

1272.5.3.4.6.4. Knowledge of member's whereabouts at all times

1272.5.3.4.6.5. Making and reminding members of medical

appointments

1272.5.3.4.6.6. Ability and readiness to intervene in a member crisis

1272.5.3.4.6.7. Assistance and supervision with member's nutrition and medications

1272.5.3.4.6.8. Provision of transient medical care

1272.5.3.4.7. The provider agency ensures that the subcontractor adheres to all personnel policies as stated in Section 607 of the ICWP General Manual.

1272.6. Education and Training of Staff

To continuously improve the quality of service available to the ICWP member, the family-model provider agency ensures all subcontract staff are adequately trained and receive a minimum of 16 hours of continuing education each year. The provider agency supervising RN, LPN, behavioral specialist or persons with specialized knowledge may provide the education and training.

The provider agency ensures annual education and training for all staff regarding:

1272.6.1. Understanding vulnerable individuals, e.g., elderly, disabled, traumatized, etc.

1272.6.2. Traumatic Brain Injury

1272.6.3. Universal precautions and infection control

1272.6.4. Nutrition and menus

1272.6.5. Cleanliness and pest control

1272.6.6. Fire, building, equipment, and lighting safety

1272.6.7. Basic management, administration, and organization skills

1272.6.8. ICWP Policies and Procedures

1272.6.9. HFR Rules and Regulations for Personal Care Homes

1272.6.10. CPR and Basic First Aid (every two years)

1273. Reimbursement Methodology

The member's case manager must approve services on the Provider Authorization Request Form--DMA-50 in order for the provider agency claims to be reimbursed. Appendix O of the ICWP General Manual contains reimbursement rates for ALS.

The provider agency is reimbursed for the day of admission but is not reimbursed for the day of discharge.

1274. General Claims Submission Policy for Ordering, Prescribing, or Referring (OPR) Providers

The Affordable Care Act (ACA) requires physicians and other eligible practitioners who order, prescribe and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. As a result, CMS expanded the claim editing requirements in Section 1833(q) of the Social Security Act and the provider's definitions in sections 1861-r and 1842(b) (18) C. Therefore, claims for services that are ordered, prescribed, or referred must indicate who the ordering, prescribing, or referring (OPR) practitioner is. The department will utilize an enrolled OPR provider identification number for this purpose. Any OPR physicians or other eligible practitioners who are NOT already enrolled in Medicaid as participating (i.e., billing) providers must enroll separately as OPR Providers. The National Provider Identifier (NPI) of the OPR Provider must be included on the claim submitted by the participating, i.e., rendering, provider. If the NPI of the OPR Provider noted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, the claim cannot be paid.

Effective 4/1/2014, DCH will begin editing claims submitted through the web, EDI and on CMS-1500 forms for the presence of an ordering, referring or prescribing provider as required by program policy. The edit will be informational until 6/1/2014. Effective 6/1/2014, the ordering, prescribing and referring information will become a mandatory field and claims that do not contain the information as required by policy will begin to deny.

1274.1. For the NEW CMS-1500 claim form: Enter qualifiers to indicate if the claim has an ordering, referring, or prescribing provider to the left of the dotted line in box 17 (Ordering = DK; Referring = DN or Supervising = DQ).

1274.2. For claims entered via the web: Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that requires a prescribing physician.

1274.3. For claims transmitted via EDI: The 837 D, I, and P companion guide were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is now used to transmit OPR information.

Appendix A
Pre-Placement Screening Form

ALS Provider Agency: _____
Date/Time of Screening Visit: _____
Name of Evaluator: _____
Telephone #: _____

Independent Care Waiver Services Program
Alternative Living Services – Family Model
Pre-Placement Screening Form

Name and Address of Subcontractor (potential home provider):

_____ (_____) _____
_____ Telephone Number
_____

Name of Person Interviewed and Relationship to PCH: _____

How long have you been a personal care home operator? _____ year(s)

Does the subcontractor have a copy of the December 2009 (Revised) Rules and Regulations for PCHs?
Yes _____ No _____

Are you currently under contract or agreement with any other agency or program (i.e., Mental Health's supportive living, veteran's program, etc.)? Yes _____ No _____

Has your home been adversely discharged from any other provider agency within the last twelve months?
Yes _____ No _____

If yes, specify agency and dates: _____
_____

Private Room Rate: _____ Semi-Private Room Rate: _____

Check (□) if the subcontractor has the following items:
PCH permit posted _____ Capacity _____ Governing Body _____
DCH-HFR Inspection (dated within one year) posted Deficiencies _____

DCH-HFR Inspection Addendum _____

Please attach a copy of the plan of correction that addresses the deficiencies and preventive measures established to avoid reoccurrence:

_____
_____
_____
_____
_____
_____

Proof of current Fire Safety Inspection _____

Ombudsman poster posted _____ Name of Ombudsman _____

Description of Home

Brightness of Room
Ventilation/Temperature
Adequate Lighting
Order/Cleanliness
Appearance of Furnishings
(beds, chairs, flooring) Appearance of Kitchen

Attach a copy of the floor plan or diagram of the home, identifying each room and placement of furnishings in members' rooms.

Screening of Home

Number of rooms in the home _____
Kitchen _____ Dining Room _____ Living Room _____ Family Room _____ Laundry Room _____
Bedrooms _____ Bathrooms _____ Basement _____ Porch _____ Wheelchair Ramp _____
Other Rooms:
_____
Do you offer Recreational Activities? Do social/recreational opportunities exist in the community (i.e., Parks, library, church, movies senior center)? _____
_____
_____
Are there pets living at the Home? _____ If yes, discuss and include if pets have required immunizations:
_____
_____
_____

Observation of Members

Number of Members Present _____ Total # of Members _____ # on Medicaid _____
Members appear: Alert _____ Apprehensive _____ Friendly _____ Clean _____
Happy _____ Depressed _____ Oriented _____
Comments: _____
_____
_____

Does a Home Health Agency provide services at this home? _____ If yes, which agency and describe the services, frequency and duration:

_____
_____
_____

Personal Data on Home Provider
Who is the home provider? _____
Who is the primary caregiver at the home? _____
Are there other staff Yes _____ No _____ If yes, give names and relationship to provider and check for required training documentation: _____

_____
_____
Results of TB screening _____
Date of last complete physical exam: _____ Is caregiver currently under medical care? _____
Date CPR expires: _____ Date First Aid expires: _____
Does primary caregiver appear to be physically able to care for elderly members 24 hours per day?
Yes _____ No _____
Does primary caregiver have appropriately trained back-up staff in case of personal absence, illness, etc.?
Yes _____ No _____
Describe the caregiver's experience or special skills in caring for elderly persons:

_____
_____
Would primary caregiver be able and willing to attend training sessions available through this program in order to increase knowledge and skills? Yes _____ No _____

Non-Resident Members of the Household (family and others)

Name	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provider Agency's Evaluation of Home Provider
Provider agency's comments about the overall appropriateness of the family model provider and/or caregiver for the ALS program: (ability to care for frail elderly persons based on experience, skills, training, etc.)

_____
_____

_____ _____
Signature and Title of Person Conducting Screening Date

_____ _____
Signature and Title of PCH Representative Verifying Date

NOTE: If you enter into an ALS subcontract with this applicant, a completed copy of this form is submitted to the Division of Aging Services with your enrollment registration packet. Maintain the original form in your files. All citations of deficiencies (fire, health), complaints and investigations regarding the facility must be satisfactorily resolved before the home will be added to the approved family model registry (07/98)

Appendix B
Infection Control Procedures

The ICWP provider staff must observe the following procedures in the provision of services to prevent exposure to infectious disease. These procedures are universal precautions to prevent the spread of infectious diseases.

All blood and body fluids visible with blood are to be treated as potentially infectious. Wash hands and other skin surfaces immediately and thoroughly is soiled with blood or body fluids and change gloves after contact with each client. Wash hands before and after giving care to clients.

A. Wear latex gloves when:

i. Touching blood/body fluids, mucous membranes, or non-intact skin.

ii. Handling items or surfaces soiled with blood/body fluids visible with blood.

iii. Performing venipuncture and other vascular access procedures.

iv. Cleaning and decontaminating spills of blood/body fluids.

v. Although no disease are known to be spread by direct skin contact with feces or other body fluids, gloves should be worn when having contact with feces and anybody as a basic hygiene measure.

B. Standard housekeeping cleaning procedure to be used.

vi. For spills of blood and body fluids, wipes up spill with soap and water and then disinfect area with a commonly used germicide or freshly prepared 1:10 bleach solutions (1 part bleach to 10 parts water).

vii. All soiled linen should be bagged at the location where it was used; it should not be sorted or rinsed in client-care areas. Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage.

viii. Linens and personal clothing items laundered should be washed using routine laundering procedures.

ix. Dish washing using routine cleaning procedures effectively destroys pathogenic (disease causing) organisms. Dishes of clients with hepatitis B or AIDS do not need to be separated from the rest of the facility clients. Do not share unwashed utensils or use common drinking glasses with any client.

C. Environmental procedures to be used:

x. Use a gown or apron during procedures that are likely to generate splashes of blood or other body fluids. Universal precautions also recommend the use of masks/eye wear during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of the mucous membrane of the mouth and nose/eyes.

xi. Dispose of secretions directly into the toilet. An individual toilet for a client is not required, but is recommended if the person has diarrhea.

xii. Care should be taken to prevent injuries caused by needles and other sharp instruments or devices.

xiii. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area.

xiv. Direct mouth-to-mouth contact is not recommended. It is recommended that mouthpieces, ventilation bags or other ventilation devices be kept in areas where the need is predictable. However, if such devices are not available an employee should not hesitate to provide CPR (Cardiopulmonary Resuscitation) procedures.

Appendix C
Client Care Plan

1. Client Name: _____ **2.** Medicaid #: _____ **3.** Provider Agency: _____

4. Medicaid Diagnosis: _____ **5.** Service Provider: _____ **6.** Physician's Name: _____

7. Effective Date: _____

8. Problem	9. Approach	10. Goal	11. Target Date	12. Agency/Person(s) Providing Services	13. Date

14. Discharge Plans:

15. Provider R.N.: _____ **16.** Date: _____
(Signature)

INSTRUCTIONS FOR COMPLETING CLIENT CARE PLAN

1. **Client's Name:** Copy as appears on the Participant Assessment Form (PAF) or Community Carepath.

2. **Medicaid #:** Copy from PAF or Community Carepath.

NOTE: A potential MAO client will NOT have a Medicaid card.

3. **Provider Agency:** Your agency's name.

4. **Medical Diagnosis:** Copy from DMA-6.

5. **Services Provider:** Type of ICWP service you are providing to the client.

6. **Physician's Name:** Client's physician's name.

7. **Effective Dates:** The INITIAL date is the date you admit the client for service TO the date of the next RN supervisory visit. Client Care Plan is be reviewed/revised by the provider's RN during each 30 day supervisory visit.

8. **PROBLEM:** Refer to the PAF or DMA-6 plus your own observations of client's status.

9. **APPROACH:** Indicate how you intend to address the specific problem/need. (Example: if the ALS Client needs assistance with bathing, your "approach" might be to provide ALS personal care services).

10. **GOAL:** The goal should address the specific problem(s) that the client has. (Example: the goal for the ALS Client in the above example could be to "promote good personal hygiene").

11. **Target DATE:** If the APPROACH calls for a specific time frame, indicate that time frame here. (Example: if a client is non-compliant with medications and the provider is spending a specific period of time teaching the client how to competently self-administer medications, indicate the time frame).

12. **AGENCY/PERSON(S) PROVIDING SERVICES:** Your agency name – if specific staff person, note name.

13. **DATE:** Refers to time frame for achieving GOALS (number 11. above). Example: for the ALS Client referred to above who is to receive assistance with bathing, the DATE would be "on-going" after the initial date was entered when the provider began giving service).

14. **Discharge Plans:** It is the provider's responsibility to plan with the client and/or the client's family what will occur if the client is no longer appropriate for service with the provider. Refer to Section 706 of the Policies and Procedures For Independent Care Waiver Services manual for discharge planning information.

15. **Provider R.N. (signature):** The provider's R.N. signs every Client Care Plan to document review frequency (i.e., every 30 days).

16. **Date:** The provider's R.N. dates every Client Care Plan.

Appendix D
Client Emergency Information Form

Client's Name: _____

Medicaid Number: _____

Home Address _____

Home Telephone _____

Emergency transportation for treatment _____

_____

_____

_____

Medical Information	
Physician's Name:	
Physician's Telephone:	
Client's Hospital Preference:	
Known Medication Allergies/Pertinent Medical Information:	

Client Representative or Family Members/Emergency Contacts:

1. Name: _____ lephone: (_____) _____

Relationship: _____ view Date: _____

Date: _____

2. Name: _____ lephone: (_____) _____

Relationship: _____ view Date: _____

Date: _____

Appendix E
Information About Advance Directives

WHAT ARE ADVANCE DIRECTIVES?

Advance Directives are documents that state an individual's choices about medical treatment or name someone to make choices about medical treatments for the individual if the individual is unable to make those decisions. Advance Directives are written before the onset of serious illness. The Patient Self-Determination Act requires all programs that provide home health care or personal care services and that participate in Medicaid and Medicare programs to have written policies and procedures on Advance Directives. The State of Georgia has two forms of Advance Directives: the Living Will and the Durable Power of Attorney for Health Care.

WHAT IS A LIVING WILL?

A Living Will is one type of an Advance Directive. A Living Will is a document that is used only when a person has a terminal conditions. It instructs the physician regarding decisions to withhold or withdraw certain medical procedures which could be used to prolong life. A Living Will deals with how an individual wishes to be treated when that individual is dying. The Living Will allows an individual to die naturally, without death being artificially prolonged by various medical procedures.

WHAT IS A DURABLE POWER OF ATTORNEY FOR HEALTH CARE?

A Durable Power of Attorney for Health Care is another form of Advance Directives. This document allows one to designate a person or persons to make decisions regarding health care when the individual is unable to do so.

AM I REQUIRED TO HAVE ADVANCE DIRECTIVES?

No. No one is required to have Advance Directives. Each individual has the right to choose whether or not to have Advance Directives.

WHAT ARE MY RIGHTS?

Each individual has the right to refuse any medical or surgical treatment or services that the individual does not wish to receive. Georgia law allows individuals to sign Advance Directives so that the individual's wishes will be followed even if the individual becomes unable to communicate those wishes to the health care provider.

CAN I BE REFUSED ADMISSION TO THE COMMUNITY CARE SERVICE PROGRAM IF I DO NOT HAVE AN ADVANCE DIRECTIVE?

No. Federal law prohibits programs from refusing to admit a client because the client does not have an Advance Directive. However, individuals will be asked if they do have an advance directive, and those answers will be documented.

WHERE CAN I GET MORE INFORMATION ABOUT ADVANCE DIRECTIVES?

This information sheet is one way of providing clients with information about Advance Directives. If you would like more information about Advance Directives, you may contact the Division of Aging Services at (404) 657-5319 or an attorney.

Advance Directive Checklist

Please read the following three statements. After reading the statements, please write your initials at the end of **each** statement.

1. I have been given written materials on my rights to accept or refuse medical treatment and/or services and on my rights to formulate Advance Directives.

   _____ (Client's initials)

2. I understand that I am not required to have an Advance Directive in order to receive services or medical treatment from

   _____
   (ICWP PROVIDER)

   _____ (Client's initials)

3. I desire that the terms of any Advance Directive that I execute will be followed by

   _____
   (ICWP PROVIDER)

   _____ (Client's initials)

Please read the following statements. After reading the statements, please check **ONE** of the following statements:

1. _____ I have executed an Advance Directive and will provide a copy to the ICWP provider agency providing services. I understand that the staff of:

   _____
   (ICWP Provide) will not be able to follow the terms of my Advance Directive until I provider a copy of it to the staff.

2. _____ I have not executed an Advance Directive and do not wish to discuss Advance Directives at this time.

3. _____ I have not executed an Advance Directive but would like to obtain additional information about Advance Directives.

_____ _____
Client's Signature Date

_____ _____
Witness' Signature Date

Appendix F
Client Monthly Service Record

Client Monthly Service Record

Alternative Living Service

(CCSP)

Client Name: _____ Provider Agency: _____

Medicaid #: _____ Home Provider (if ALS-F): _____

Physician Name: _____ Month/ Year: _____

Diet: Meal Intake Codes: G - Good, F - Fair, P - Poor, R - Refused

Specific Personal Care Tasks Per Registered Nurse	Dressing	Grooming	Bathing	Toileting	Hair	Shaving	Oral Hygiene	Changing Bed Linens	Exercising	Ambulation	Transportation	Breakfast	Lunch	Dinner	Snacks	Treatment	Activity	Nur. Sup. Visit	Blood Pressure	Pulse	Weight	Medication Monitoring	Staff Initial
S-Supervise, A-Assist, I-Independent (Requires no help)																							
Date																							
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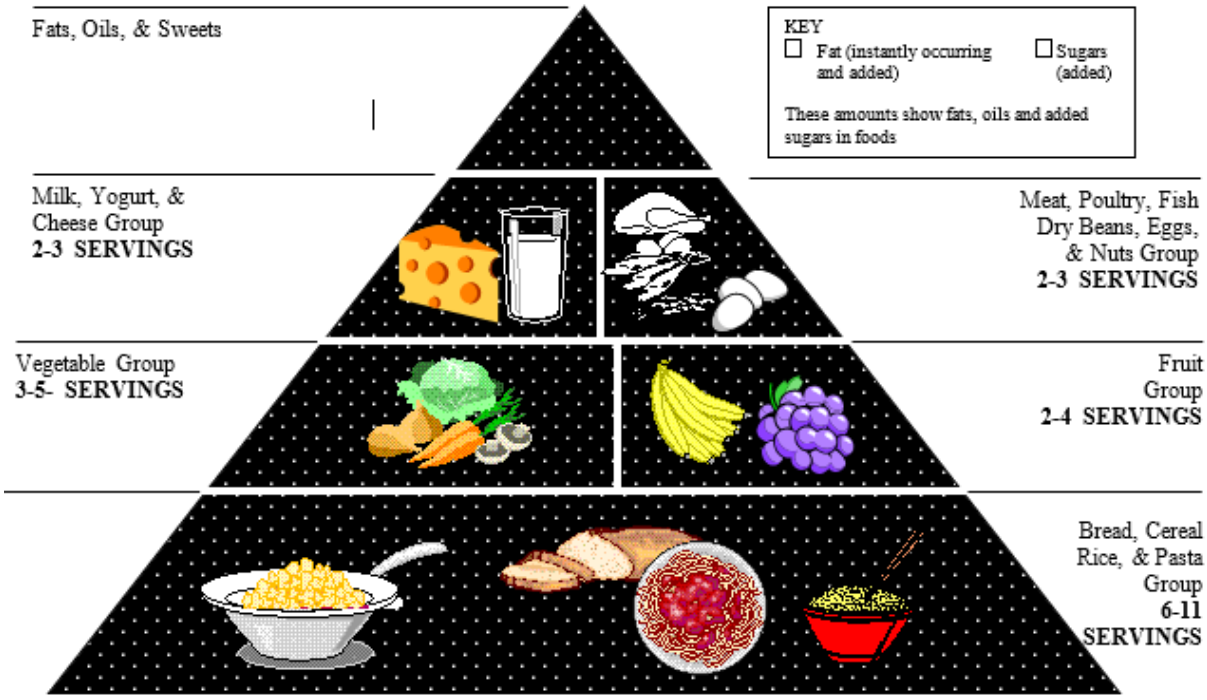
Signature RN Supervisor: _____ Date: _____

Progress Notes

Date		Staff Initial

Nurses' Instructions / Comments		

Appendix G
The Food Guide Pyramid



SOURCE: U.S. Department of Agriculture/U.S. Department of Health and Human Services

What Counts as a Serving?
With the Food Guide Pyramid, what counts as a "serving" may not always be a typical "helping" of what you eat. Here are some examples of servings:

Bread, Cereal, Rice & Pasta - 6-11 servings recommended
Examples of one serving:
- 1 slice of bread
- 1 oz. Of ready-to-eat cereal
- 1/2 cup of cooked cereal, rice, or pasta
- 3 or 4 small plain crackers

Vegetables - 3-5 servings recommended
Examples of one serving:
- 1 cup of raw leafy vegetables
- 1/2 cup of other vegetables, cooked or chopped raw
- 3/4 cup of vegetable juice

Fruits - 2-4 servings recommended
Examples of one serving:
- 1 medium apple, banana, or orange
- 1/2 cup of chopped, cooked, or canned fruit
- 3/4 cup of fruit juice

Milk, Yogurt, and Cheese - 2-3 servings recommended
Examples of one serving:
- 1 cup of milk or yogurt
- 1 1/2 oz. Of natural cheese
- 2 oz. of process cheese

Meat, Poultry, Fish, Dry beans, Eggs and Nuts - 2-3 servings recommended
Examples of one serving:
- 2-3 oz. of cooked lean met, poultry, or fish
- 1/2 cup of cooked dry beans, 1 egg, or 2 table-spoons of peanut butter = 1 oz. of lean meat

How Much Is an Ounce of Meat?

Here's a handy guide to determining how much meat, chicken, fish, or cheese weigh:
1 ounce is the size of a match box.
3 ounces are the size of a deck of cards.
8 ounces are the size of a paperback book.

The Food Guide Pyramid-Putting the Dietary Guidelines Into Action

Learning to eat right is now made simpler with the new Food Guide Pyramid by the U.S. Department of Agriculture (USDA). The Pyramid is a graphic description of what registered dietitians and other nutrition experts have been advising for year: Build your diet on a base of grains, vegetables, and fruits. Add moderate quantities of lean meat (poultry, fish, eggs, legumes) and dairy products, and limit the intake of fats and sweets.

The Food Guide Pyramid illustrates how to turn the Dietary Guidelines for Americans (issued by USDHHS/USDA in 1990) into real food choices.

The Dietary Guidelines-and their relationship to the Food Guide Pyramid--are as follows:

- **Eat a variety of foods.** The body needs more than 40 different nutrients for good health, and since no single food can supply all these nutrients, variety is crucial. Variety can be assured by choosing foods each day form the five major groups shown in the Pyramid: (1) Breads, Cereals, Rice & Pasta (6-11 servings); (2) Vegetables (3-5 servings); (3) Fruits (2-4 servings); (4) Milk, Yogurt & cheese (2-3 servings); (5) Meat, Poultry, Fish, Dry Beans, Eggs & Nuts (2-3 servings) and (6) Fats, Oils and Sweets (use sparingly
- **Maintain healthy weight.** Being overweight or underweight increases the risk of developing heart problems, so it is important to consume the right amount of calories each day. The number of calories needed for ideal weight (which varies according to height, frame, age, and activity) will generally determine how many servings in the Pyramid are needed.
- **Choose a diet low in fat, saturated fat, and cholesterol.** As shown in the Pyramid, fats and oils should be used sparingly, since diets high in fat are associated with obesity, certain types of cancer, and heart disease. A diet low in fat also makes it easier to include a variety of foods, because fat contains more than twice the calories of an equal amount of carbohydrates or protein.
- **Choose a diet with plenty of vegetables, fruits, and grain products.** Vegetables, fruits, and grains provide the complex carbohydrates, vitamins, minerals, and dietary fiber needed for good health. Also, they are generally low in fat. To obtain the different kinds of fiber contained in these foods, it is best to eat a variety.
- **Use sugars only in moderation.** Sugars, and many foods containing large amounts of sugars, supply calories but are limited in nutrients. Thus, they should be used in moderation by most healthy people and sparingly by those with low calorie needs. Sugars, as well as foods that contain starch (which breaks down into sugars), can also contribute to tooth decay. The longer foods containing sugars or starches remain in the mouth before teeth are brushed, the greater the risk for tooth decay. Some examples of foods that contain starches are milk, fruits, some vegetables, breads, and cereals.
- **Use salt and sodium only in moderation.** Table salt contains sodium and chloride, which are essential to good health. However, most Americans eat more than they need. Much of the sodium in people's diets comes from salt they add while cooking and at the table. Sodium is also added during food processing and manufacturing.
- **If you drink alcoholic beverages, do so in moderation.** Alcoholic beverages contain calories but little or no nutrients. Consumption of alcohol is linked with many health problems, causes many accidents, and can lead to addiction. Therefore, alcohol consumption is not recommended.

Adapted from *At the Center*, National Center for Nutrition and Dietetics, Chicago, IL, Summer 12992.

Solutions to Common Eating Problems of Personal Care Home Members

Problem Area	Solution
Taste	Find out what foods the member likes Don't give medications with meal, if possible Assure good mouth care Vary the diet as much as possible Use additional flavorings/seasoning when appropriate
Sight	Make sure the member is wearing eye-glasses, if needed, and that they are clean. Adjust room light so food can be seen Place food where the member can see, smell, and reach it
Emotional State	Make sure the member is alert, oriented, and ready to eat before food is served Make the eating environment as pleasant as possible Offer foods when the member is hungry, if possible, rather than only at set meal and snack times
Physical Problems	Chewing/swallowing: Make sure the consistency of the diet is appropriate. Dexterity: Ask the care coordinator RN whether an occupational therapist should be consulted about the use of adaptive feeding devices. GI Problems: Provide extra fluids; supplement the diet with fiber, encourage physical activity, if possible, check with the nurse to see whether medications can be causing problems.

Appendix H
Alternative Living Services Quarterly Compliance Visits

_____ First Quarter (Jan-Mar) _____ Third Quarter (July-Sept) Date: _____

_____ Second Quarter (Apr-June) _____ Fourth Quarter (Oct-Dec) Conducted by: _____

Criteria/Standard 100%	Yes	No	N/A	Comments	Acton Plan	Responsible Person /Time Frame
Exterior [111-8-62-.13(1)]						
o House # or name visible from street						
o Entrances, exits, sidewalks free of impediments, hazards, debris						
o Yard free from hazards, nuisances, refuse, litter						
o Handrails on open side of stairways, decks, porches						
Physical Environment (1203.2; 1253.4)						
o Operable doorbell or door knocker at primary entrance [111-8-62-.14 (2) (g)]						
o Deadbolt locks do not require key to lock/unlock from inside [111-8-62-.(2) (h) **Physical Environment cont'd**						
o Screens on all windows and doors that open for ventilation [111-8-62-.13 (2) (b)						

Criteria/Standard 100%	Yes	No	N/A	Comments	Acton Plan	Responsible Person /Time Frame
○ Sufficient lighting with at least 60 watts in all areas [111-8-62-.15 (b)						
○ Private area for clients/visitors [111-8-62-.13 (3). 111-8-62-.26 (1) (c) 3. 111-8-62-.26 (1) (d), 111-8-62-.26 (1) (e),. 111-8-62-.26 (1) (n), and 1203.2B]						
○ Operable, accessible telephone that allows for privacy [111-8-62-.26 (1) (m) and 111-8-62-.18 (5)]						
○ Evidence of activities [111-8=62-.26 (1) (c) 2; 111-8-62-.(1) (i)]						
Items to be Posted						
○ HFR permit [111-8-62-.06 (1)] and [111-8-62-.07 (1)]						
○ Ombudsman poster [111-8-62-.26 (1) (V)]]						
○ Most recent ORS inspection report [111-8-62-.12 (2)]						
○ House Rules [111-8-62-.17 (1) (h)]						
Items to be Posted cont'd						
○ Menus, including snacks, 24 hours in advance [111-8-62-.22 (8);111-8-62-.22 (9);]; 1203.8; 1253.10]						
Kitchen [111-8-62-.14 (2) (b); 1203.2, 1203.8]						
○ 3-day supply non-perishable foods for emergencies [111-8-62-.22 (7)]						
○ Trash can with close-fitting cover [111-8-62-.14 (9)]						

Criteria/Standard 100%	Yes	No	N/A	Comments	Acton Plan	Responsible Person /Time Frame
Client Bedrooms [111-8-62-.13]						
○ **No more than 4 clients per room [111-8-62-.12 (b)]**						
○ **At least one window opening easily to outside**						
○ **Furnished with bed, chair with arms, wardrobe/ closet, bureau/dresser, mirror [111-8-62-.15]**						
○ **No pass-through [111-8-62-.]**						
Restrooms [111-8-62-.13 (12) (a)290-5-35-.07(12)]						
○ **Toilet tissue, soap, towels, running water [111-8-62-.24 (1)-(2)**						
○ **Forced ventilation or window that opens easily to outside [111-8-62-. (12) (d)]**						
○ **Safety strips/grab bars in bathing area [111-8-62-.13 (12) (C)**						
Safety [111-8-62-.]; 608; 1203.2C; 1253.4C]						
○ **Operable fire extinguisher on each occupied floor [111-8-62-.10 (2) (f)]**						
○ **Evacuation plan posted in each room (608.1C) and 111-8-62-.14 (a) – (d)**						
○ **First aid kit [111-8-62-.(1)]**						
○ **Heated water for clients' use does not exceed 120°F [111-8-62.14 (13)]**						

Criteria/Standard 100%	Yes	No	N/A	Comments	Acton Plan	Responsible Person /Time Frame
Medications [111=8-62-.21, 1203.7; 1253..9]						
o **Stored under lock and key**						
o **Refrigerated meds in locked container**						
o **In original container with label intact**						
o **Documented on medication administration record (MAR)**						
o **RN signature, date each MAR**						
Staffing [111-8-62-.11 (1) (a); 1204]						
o **Work schedule posted with 24/7 coverage (1204.1I; 1254.1)**						
o **Staff training calendar (1204.3; 1254.2)**						
o **Staff training documentation (1204.3; 1254.2)**						
Documents Review						
o **Documented fire drills at least every other month (1203.6; 1253.8)**						
o **Current copies of ICWP Provider Manuals available**						

Criteria/Standard 100%	Yes	No	N/A	Comments	Acton Plan	Responsible Person /Time Frame
Employee Records [111-8-62-.10 (1); 607.3]						
o **Criteria-based job description/ performance evaluation, signed, dated**						
o Job application and/or resume						
o Verification of current Georgia licensure						
o Verification of nurse aide certification						
o Knowledge of Client Protection Assurances policies						
o Satisfactory physical exam						
o Code of Ethics signed and dated by employee						
Client Records [111-8-62-.25 (1); ; 606.4; 1203.5; 1253.4]						
o RN Supervisory notes (1203.4; 1253.6)						
o Progress notes (606.18)						
o Client service record (1203.5C; 1253.7)						
o Client care plan (606.18)						
o Clients' Rights and Responsibilities [111-8-62-.26 (1); 604.1, 1203.11; 1253.13]						
o Admission agreement [290-5-35-.15; 606.4C19]						
Client Records cont'd						
o Comprehensive care plan (606.4)						
o Level of care (605.1)						
o Current photo (1203.5D; 1253.7E)						
o Medication administration record (1203.7; 1253.9)						

Summary of findings and how results will be used to improve care and services:

Appendix I
ICWP Case Management ALS Checklist

Client _____ Date _____ Case manager _____

Name of ALS _____ Type_____ Family_____ Group

Name of Family Model Provider Agency

---

1. General Information

a. ☐Yes ☐No Provider license is posted and current for _____# clients
b. Total # clients living at ALS _____ c. _____#ICWP clients
d. _____ # staff present at time of CC visit e. Staff job title _____
f. Is the phone number for the Ombudsman displayed ❑ Yes ❑ No

g. Comments: _____

2. The facility provides a safe, clean homelike environment for its residents (1203.2)

a. ☐Yes o ilding/client room temperature comfortable?
lower than 70° or higher than 75° in winter, 80° or below in summer)
b. ☐Yes o ghting in facility/client room adequate
c. ☐Yes o ent's room is neat, clean, odor-free and in good repair?
d. ☐Yes o vironment accessible for client?
e. ☐Yes o rnishings are in good repair?
f. ☐Yes o ☐N/A ent's assistive device(s) available and in good repair?
g. ☐Yes o cility has system to monitor client's whereabouts?

h. Comments: _____

3. Supervision of client care (1203.4 group ALS/1253.6 family model ALS)
Documentation of face-to-face RN supervisory visit 2 times per month with a minimum of 14 days between visits (can alternate RN with every other LPN supervisory visit).

a. ☐Yes o ☐N/A pervisory visits completed 2 times each month with 14 days between?
b. ☐Yes o ☐N/A ent changes/problems documented with appropriate follow up?
c. ☐Yes o ☐N/A cumentation of any additional services being rendered?
d. ☐Yes o ent satisfied with assistance provided by ALS staff?

e. Comments: _____
_____
_____

4. Documentation of medications (1203.7 C Group ALS/1253.9 C Family Model ALS)

Client record shows:

a. ☐Yes o ent name and medication on prescription label matches medication sheet?
b. ☐Yes o d sheets signed by Rn supervising medication administration?
c. ☐Yes o ☐N/A cumentation of missed medications, reason and corrective action?
d. ☐Yes o dications are under lock and key?

e. Comments: _____

_____

_____

5. Client Condition

a. ☐Yes o ent and clothing clean?
b. ☐Yes o ent condition matches documentation in progress notes?

c. Comments: _____

_____

6. Client Incident Reports

a. Any incident report since last CC visit? (#/date/type of incident) es o /A

_____

_____

_____

b. Documentation for each incident and action taken in client record? es o

c. Has the facility documented a pattern on incident reports or elsewhere? es o

d. CC identification of patterns or trends in review of all incident reports?
] Time of Day] Place Caregiver ause _____

e. Comments: _____
f. Did client have any incident (falls, injuries, etc.) but no incident report was completed?
]Yes o /A
rovider reason for incident report not being completed _____

_____

g. CC action plan to reduce/prevent client injury ee Service Evaluation ee Case Notes
] Other _____

7. Report of Findings:

Person reported to: _____ Agency _____ Date _____

Comments: _____

_____

_____

Appendix J
Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation

D. Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation

For information on the Georgia Families, Georgia Families 360, or Non-Emergency Medical Transportation program, please access the overview document at the following link:

i. Georgia Families Overview:
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

ii. Georga Families 360 Overview:
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

iii. Non-Emergency Medical Transportation Overview:
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

Appendix K
The Independent Care Waiver Program
Assisted Living Services (Als) Center Screening Tool

ICWP applicant/member requesting ALS Services: _____ MCD#_____

Alliant Review Nurse: _____ (initial assessment only)

Case Manager: _____ (Active care plan change request or annual reassessment)

ALS Screening Date_____

Placement in an ALS requires that certain eligibility criterion for the ICWP applicant/member is met. Initial applicants will be screened for ALS by the Alliant Health Solutions (Alliant) Review Nurse. For those members already in ICWP who wish to transition to an ALS, the ICWP Case Manager will complete this form and submit it to the Alliant Review Nurse for final determination. ***Any "no" answers from questions 1-4 below will disqualify an applicant/member from admission into an ALS. A "yes" answer to questions 5 and 6 will disqualify an applicant/member from admission into an ALS home.

Please answer "yes," "no," or "not applicable (N/A)" to the following statements:

Eligibility Questions	Yes	No	N/A
1. Is the applicant/member ambulatory by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or handrails or self-propelling a wheelchair? (Note: If the applicant cannot move from place to place by self-propelling the wheelchair once transferred, he/she does not meet the definition of "ambulatory".			
2. Is he/she able to respond to an emergency situation, whether it be caused by fire or otherwise, and escape with minimal assistance such as guiding to an exit, using normal means of departure? (Respond "means to act or react." "Minimal human assistance" means cueing, verbal encouragement, or limited physical assistance such as guiding or assisting with transfer).			
3. Can the applicant/member be out of bed?			
4. Can the applicant/member self-administer all his/her medications and/or is he/she able generally capable of self-administration of oral or topical medications by or under supervision of a functionally literate staff person?			
5. Does the applicant/member need physical or chemical (psychopharmacologic drug used for discipline or convenience and is not required to treat medical symptoms), restraints, isolation or confinement for behavioral control?			
6. Does the applicant/member require continuous medical care or nursing care treatment?			

Comments:

_____
_____
_____
_____

Reference: *Rules and Interpretive Guidelines for Personal Care Homes* at www.dch.georgia.gov.