PART II – Chapters 1200

POLICIES AND PROCEDURES
for
EDWP (CCSP and SOURCE)
ALTERNATIVE LIVING SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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PART II - POLICIES AND PROCEDURES
FOR
ALTERNATIVE LIVING SERVICES (ALS)

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PREFACE

Alternative Living Services

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 CCSP and SOURCE General Services Manual

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

Rules and Regulations for Disaster Preparedness Plans, Chapter 290-5-45, Department of Community Health, Division of Public Health

PART II - CHAPTER 1200

ALTERNATIVE LIVING SERVICES - GROUP MODEL

1200. General

Alternative Living Services (ALS)-Group Model is the 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 EDWP (CCSP/SOURCE) members unable to continue living independently at home. All facilities enrolled in the EDWP (CCSP/SOURCE) must be licensed without restriction by the State of Georgia as a personal care home.

In addition to meeting the enrollment requirements listed in Part II Chapters 600 – 1000 Policies and Procedures for EDWP (CCSP/SOURCE) General Manual, **the facility must demonstrate the direct provision of services to members prior to making application to enroll in the CCSP/SOURCE and must have a non-restrictive permit issued by the Georgia Department of Community Health, Healthcare Facility Regulation Division.**

1201. Description of Service

1201.1 Alternative Living Services - Group Model

An ALS-Group Model personal care home is a freestanding residence, non-institutional in character and appearance, and licensed to serve seven (7) to twenty-four (24) members. The provider leases, rents or owns a licensed personal care home. Responsibilities of the provider include member intake/assessment, nursing supervision, and daily administration of the program. The provider employs sufficient staff to directly provide medically oriented personal care and 24-hour supervision, seven days a week. (See Section 1204 of the Alternative Living Services Manual for minimum staff requirements). A designated responsible staff person is on the premises 24 hours a day, seven days a week.

The provider assures performance of administrative and supervisory functions and understands the administrative and supervisory responsibilities relative to the CCSP/SOURCE. Responsibility may not be delegated to another agency or organization.

1201.2 Member Profile

EDWP (CCSP/SOURCE) Services Program members meet the admission criteria for personal care home residents as described in Chapter 111-8-62, Rules and Regulations for Personal Care Homes. 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.

1201.3 **ALS Expansion**

An ALS facility wishing to increase the bed capacity (up to 24 beds) of a currently enrolled personal care home must submit a completed Request to Increase Bed Capacity Application to the CCSP/SOURCE Unit. (See Appendix B of the ALS Manual for the application)

Once an ALS facility has increased its capacity and been issued a new permit by HFR, the facility may not admit any additional residents until the CCSP/SOURCE Unit approves the facility's Request to Increase Bed Capacity Application.

1202. Licensure

ALS group-model providers deliver services in a **licensed** personal care home permitted to serve 7 to 24 members.

EDWP (CCSP/SOURCE) Services Program group-model providers have a current non-restrictive permit issued by the Department of Community Health, Healthcare Facility Regulations Division, to operate a personal care home. The CCSP/SOURCE Unit will review compliance with regulatory agencies and the Long Term Care Ombudsman Program prior to recommending enrollment in CCSP/SOURCE.

The CCSP/SOURCE Unit will not recommend enrollment of an ALS facility that has had deficiencies which endangered the health, safety, or welfare of members. Examples of such deficiencies include, but are not limited to:

- Inadequate staffing and/or supervision
- Fire and/or safety violations
- Violations related to medications
- Violations related to care, safety, abuse, neglect, or exploitation of members
- Violations of members' rights

1203. Requirements Related to Member Services

1203.1 Personal Care Services

A. The provider's RN supervises personal care services according to each member's care plan.

Group-model homes 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 the member's hygiene and health needs are met.

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

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

2. Assisting with toileting, including helping the member to and from the bathroom, and assisting with bowel and bladder training, as necessary

3. Arranging other grooming services requested or required by the member, such as a haircut. The provider 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

4. Monitoring the member's self-administration of medications

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

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

7. Arranging transportation for medical appointments

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

9. Providing laundry service as a part of personal care. **ALS providers may not charge a fee for:**

    - laundering member's bed linens and clothing

- minor mending, unless the item requires special care not normally available in a home setting (such as dry cleaning).

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

C. Members living in group-model facilities may **not** receive the following CCSP/SOURCE services:

Rev. 10/13

1. Emergency Response System
2. Personal Support Services
3. Home Delivered Meals

NOTE: Advanced notice to HDM providers is required by Case Management when members will transition to Alternative Living Services (ALS) and discharge from the HDM option. Collaboration with the HDM provider will ensure payment for meals delivered has paid based on consumption before ALS can begin. (4/2021)

4. Respite Care

D. If a member attends a senior center, the provider informs the member's care coordinator. If the member wishes/needs to return to the personal care home, the provider must arrange transportation. The provider cannot require a member to attend a senior center.

E. The member or member representative pays for the cost of specialized health items such as adult diapers, dietary supplements, shampoo, and other personal items. If the member or member 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 provider may not charge the member a fee for obtaining these supplies.**

F. Services not appropriate or reimbursable as personal care services are:

1. Insertion and irrigation of catheters
2. Irrigation of any body cavities

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

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

EXCEPTION: Trained and qualified staff 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.

G. Home Health Agency Restrictions - CCSP/SOURCE 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 care coordinator must authorize Medicaid home health services.

NOTE:
ALS providers may NOT use home health aides in lieu of personal care home staff to deliver personal care services except as noted above.

1203.2 **Physical Environment**

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

The facility may utilize meal preparation services from an affiliated or contracted entity with a current food service permit. A copy of the current food service permit must be on file in the facility. Should the facility elect to have meals prepared off-site, the facility will have a modified kitchen that includes a microwave, a refrigerator, and clean-up facilities.

Personal Care Home Regulations

A. All homes must comply with the Rules and Regulations for Personal Care Homes, Chapter 111-8-62, December 9, 2009 (Rev.).

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

Georgia Department of Community Health
Healthcare Facility Regulations Division
Personal Care Home Program
Long Term Care Section
31st floor
2 Peachtree Street, N.W.
Atlanta, Georgia 30303
Telephone Number: (404) 657-4076

B 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.*

C. Residential Quality of Group Model

The home is constructed and arranged to provide a comfortable, home-like environment for the member. The home adequately provides for the health, safety and well-being of the member. The home provides adequate common space which affords privacy for the member, member's representative, and visitors' use.

NOTE:
Providers designate an area for private and confidential interviews with members.

Safety

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

2. The 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.

3. The provider enforces a nonsmoking policy in the common areas and in members' bedrooms, but may provide a designated smoking area. If smoking is allowed, the provider designates and confines smoking to that area.

4. Providers adhere to the Rules and Regulations for Disaster Preparedness Plans Chapter 290-5-45. A copy of these regulations is available by contacting:

   Georgia Department of Community Health
   Healthcare Facility Regulations Division
   Long Term Care Section
   31st Floor
   2 Peachtree Street, NW,
   Atlanta, GA 30303
   Telephone number (404) 657-4076.

Infection Control

1. The home has effective housekeeping and maintenance procedures sufficient to maintain a sanitary and comfortable environment that prevents the development and transmission of infection (See Appendix Q in the CCSP/SOURCE General Manual).

2. The provider's RN adheres to policies and procedures for controlling and preventing infections in the facility. The RN instructs and monitors staff to ensure that they follow infection control policies and procedures.

3. All personnel adhere to universal precautions and follow the facility's written policies and procedures in aseptic and infection control techniques. The provider's RN reviews policies and procedures annually for effectiveness and revises them as necessary. The provider RN communicates policy and procedure revisions to all personnel.

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

5. The provider maintains a home free from pests and rodents.

1203.3 Hours of Operation

A. 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 business hours the telephone is answered by knowledgeable staff.

B. Access - Members, members' representatives, and care coordinators have 24 hour access to ALS provider staff and nursing supervision to report concerns about service delivery 24 hours a day. **A minimum of one staff member is telephone accessible and easily reached (responds by telephone within 30 minutes of the request for assistance) after office hours and on weekends.**

Refer to Section 601.1 M of the CCSP/SOURCE General Services Manual.

1203.4 **Supervision of Member Care (Group Model)**

All ALS members' care must be supervised by the provider's RN. The RN has the following additional responsibilities:

NOTE:
The provider RN will **not** provide supervision of care and services to the CCSP/SOURCE member who elects Hospice services in the ALS.

A. Accessibility

The RN or the designated back-up RN is accessible 24 hours a day and responds to the ALS within one business day of being contacted by the ALS.

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

The LPN/RN on call is knowledgeable of CCSP/SOURCE policies and procedures and the needs of CCSP/SOURCE members in the home.

B. Face-to-Face Evaluations

1. Supervisory Visits must be conducted at least twice in a calendar month. There must be at least 14 days between the 1st and 2nd scheduled visits in a calendar month. The first scheduled visit in a month should be spaced so that it is at least 7 days after, but not more than 21 days after, the last visit made in the previous month. At least every other visit must be conducted by the RN. At the request of the personal care home caregiver, owner, manager or care coordinator, the RN must provide an additional supervisory visit within 24 hours of any

reasonable request based on a change in the member's condition or conditions in the home. (Rev. 7/12)

2. **Supervisory visits should begin with the month of the in-home assessment for admission to CCSP or SOURCE in anticipation of reimbursement from the date of the assessment. See Section 1002 in Chapter 1000, Basis for Reimbursement, of the CCSP/SOURCE General Services Manual. Rev. 01/2019**

3. An LPN may conduct the alternate visits, the purpose of which is to note and report immediately to the RN any changes in the member's condition or concerns about care rendered. The RN is to review and sign all documentation of the LPN's visits and follow up immediately on all concerns raised by the LPN. **(Rev. 4/12)**

NOTE: The *Appendix DD – Nursing Visit Form* will be completed upon the request of Case Management for the determination of Enhanced Case Management. A copy of the completed form will be sent to the member's waiver case manager and the original maintained in the member's clinical record. See Part II Chapters 600-1000, Policies and Procedures for EDWP (CCSP and Source) General Services Manual, appendix dd. Rev 7/2018, 1/2021

NOTE: The LPN may **not** complete initial evaluations, re-evaluations, develop initial provider care plans, or provide supervision of member care.

3. At a minimum, documentation of face-to-face evaluations includes the following:

   - Assessment of the member's general condition
   - Problems encountered by the member and steps taken to resolve problems
   - Review of progress towards member's individual care goals
   - Appropriateness of current level of services
   - Documentation of changes in member's health/social status
   - Documentation of any additional services being rendered
   - Follow up documentation from previous visits
   - **See Section 606.17C of the CCSP/SOURCE General Manual for additional required documentation for each visit. (Rev. 4/12)**

C. Health Services

1. Regardless of funding source, the RN is aware of all health services, including home health, being delivered to the member.

2. The RN reports information and problems regarding all health services to the facility manager/administrator, member's care coordinator, and the member's physician if applicable.

D. Training

The RN makes arrangements for the staff to receive training on appropriate and safe delivery of personal care. During the RN supervisory visit, the RN evaluates services rendered to the member to assure that the provider delivers services according to the member's care plan and within time frames requested by the member.

E. Member Education

Nursing supervision includes educating the member (and member representative, if appropriate) on issues related to the member's medical or nutritional condition.

1203.5 **Clinical Records**

A. Section 606.4 in the CCSP/SOURCE General Manual and Chapter 111-8-62-.25 in Rules and Regulations for Personal Care Homes December 9, 2009 (Rev.) contain specific information regarding required documentation and information maintained in the member's clinical record.

B. At each supervisory visit, the provider RN reviews, initials and dates the member care plan. The RN revises the member care plan as needed and communicates revisions to the appropriate staff. At each RN supervisory visit, the provider RN will review, initial, and date the documentation of supervisory visits conducted by the LPN.

C. All providers complete a monthly record of services provided (Member Services Form, see Appendix D) which indicates the date and type of service given to each member. At the time the service is provided, the provider completes the form and it becomes a part of the member's clinical record.

D. The RN reviews, signs, and dates the completed member services form and files it in the member's clinical record.

E. **At each supervisory visit, the RN or LPN must review and sign each member's Medication Administration Record (MAR) for the current month as of the date of the visit. Any deficiencies on completion of the MAR must be noted in the supervisory review notes, including how these deficiencies have been addressed with the staff members who supervise medication administration at the PCH. The supervisory nurse (LPN or RN) must also review, sign and date the completed MAR for the previous month at the first supervisory visit of each month. If the LPN signs the MAR, the RN must review the MAR and sign off after the LPN by no later than the next supervisory visit. Rev. 7/2014, 10/2014, 4.2017**

An electronic MAR can be printed or reviewed electronically as long as it records the nurse's signature and date at each supervisory visit. Rev. 4/2018

F. All providers maintain a current photograph of each member in the member's clinical record. The provider updates the member's photograph every four years. The provider obtains consent from the member or member's representative before taking the photograph. If the member or member's representative declines consent, the provider documents the denial in the clinical record.

G. Each home/facility will prepare and maintain a current emergency packet for each member that contains a copy of pertinent medical records, medication list and other important information that can be sent with the member during transport by EMS if leaving the home/facility unaccompanied.

1203.6 **Disaster Preparedness and Emergency Procedure**

A. Disaster Preparedness - The home adheres to the Rules and Regulations for Disaster Preparedness Plans, **Chapter 111-8-16**. In addition, specific procedures related to disaster preparedness procedures are found in Section 608.1 of the CCSP/SOURCE General Manual. **Rev. 7/2014**

NOTE: In addition to Chapter 111-8-16 that addresses the written content of the plan, the written disaster preparedness plan for alternate living arrangements must, at a minimum, also state specifically 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 alternate living environment) if the members are evacuated from the ALS facility.

B. Emergency Procedures - Refer to Sections 606.12 and 608.2 of the CCSP/SOURCE General Manual for specific information regarding emergency and evacuation procedures.

1203.7 **Medications-Monitoring, Assistance, and Storage**

A. Monitoring of Medications

1. The RN assesses and advises appropriate staff of the level of assistance members may need with medication administration and documents this information in the member's clinical record.

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

3. 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 the member's medications. The information includes when the staff contacts the RN or physician. (A current physician reference or other medication handbook is **not** acceptable.)

NOTE:
See Section 606.9, Medications Monitoring and Administration, in the CCSP/SOURCE General Manual for additional information on supervision of medications.

B. Assistance with Self-Administered Medications

The provider may assist the member with prescribed and over-the counter medications which are self-administered. Assistance may include:

1. reminding the member to take the medicine

2. reading the medication regimen as indicated on the container label to the member

3. checking the dosage according to the container label for the member

4. physically assisting the member in pouring or otherwise taking the medication

The RN records medication reactions on the member's drug reaction list. The RN is responsible for the list but may get information about member drug reactions from others. Unless otherwise indicated in the admission agreement, the provider is responsible for timely

acquisition of initial prescriptions, medications, and refills for members. See Chapter 111-8-62.19 Medications (1) (a) (b) and 4 - 6 of the Rules and Regulations for Personal Care Homes, December 9, 2009.

C. Documenting Member Medications

The provider maintains a medication record for each member that reflects all medications, prescription and over-the-counter, supervised by the provider. The member's medication record contains information about:

- name of medication
- dosage
- route
- date and time dosage taken
- observed drug side effects and actions taken to address side effects
- signature of the person supervising medications.

NOTE:
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.

D. Storage of Medications

1. The provider stores medications in the appropriate manner under lock and key at all times. However, a member may keep on him medications needed for frequent or emergency use. The provider stores medications that require refrigeration in a locked container in the refrigerator.

2. If members keep their medications, they keep them in their bedroom in locked cabinets or locked storage containers with duplicate keys available to the provider.

3. Providers keep all medications in original containers with original label attached.

4. Providers ensure that medications are properly labeled and handled in accordance with current applicable laws and regulations.

1203.8 **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 members' nutritional needs, preferences, and physician orders regarding meal composition, consistency, and volume. To provide adequate nutrition, the provider ensures the following:

A. A minimum of three regular meals, which meet 100% of the current daily recommended dietary allowance for persons 55 years and older as established by the Food and Nutrition Board, National Academy of Science, are served daily. (See Appendix O in the CCSP/SOURCE General Manual and Appendix C in this manual). Nutritious snacks are to be available and offered to members, at a minimum, each mid afternoon and evening.

B. No more than fourteen hours may elapse between the evening and morning meals.

C. The special and therapeutic needs 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.

D. 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.

E. Menus of meals and snacks are planned and posted a minimum of 24 hours in advance, and made available to members, member's representatives, and families if requested. Menus are kept on file and available for review a minimum of 30 days.

F. The food items within the meat, vegetable and fruit, bread and dessert groups must provide variety. See Appendix O in the CCSP/SOURCE General Manual and Appendix C in this manual.

G. If therapeutic meals are required, they are:

   1. provided pursuant to a physician's order which is reviewed periodically with the member's physician

   2. planned by a registered dietitian and signed by the dietician or primary care physician.

H. The CCSP/SOURCE clinical record for any member with a therapeutic diet includes at a minimum:

1. Documentation that the therapeutic meal was prescribed by a physician

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

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.

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

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

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

7. Documentation of food allergies and reactions

1203.9 **Member Funds**

A. Federal regulations require that the agency responsible for administration of the Alternative Living Services Program protect member funds to assure that members are allowed to use their money as they wish.

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

C. Annually, the CCSP/SOURCE Unit gives written notice regarding the designated amount for CCSP/SOURCE members' monthly personal needs allowances to group-model providers. The member may use the personal needs allowance funds to purchase personal

items. **CCSP/SOURCE members may not waive their right to receive the monthly personal needs allowance.**

D. Members may handle their 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 provider will have on file any power of attorney or document 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.

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

    1. **At least quarterly, the provider provides each member and/or the member's representative or legal guardian a written, itemized statement of all financial transactions involving the member's funds**. When a member moves from the home, the provider gives the money in the Member Fund Account to the member, member's representative, or legal guardian.

    2. If a member does not have a will at the time of death, the provider gives the member's funds to the member's estate. The provider contacts the county probate judge to request instructions for transferring funds from the Member Fund Account to Probate Court. **The provider does not use member funds to pay outstanding claims against the individual after the date of death**. The provider files a claim with the Probate Court for payment of outstanding claims following the transfer of funds.

F. The provider maintains accurate accounting for funds. **Neither providers nor any 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.** Violation of these requirements will result in criminal prosecution and/or civil action.

1203.10 Trial Visits, Temporary Absences, Private Rooms and Facility Closings

A. Alternative Living Trial Visits from a Private Residence

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.

The care coordinator will authorize only one trial visit of up to seven days. The CCSP/SOURCE provider may receive reimbursement for seven consecutive days of the trial visit when authorized by the EDWP (CCSP/SOURCE) coordinator and recommended by the member's physician.

The care coordinator adds the ALS service to the Comprehensive Care Plan and documents the trial visit in the comment section of the comprehensive care plan. The care coordinator sends the revised comprehensive care plan with a referral packet to the ALS provider.

B. Alternative Living Trial Visits from Skilled or Intermediate Care Facilities

A potential EDWP (CCSP/SOURCE) Services Program member may spend no more than seven consecutive days on a trial visit in a home without reduction in the medical assistance payment to the skilled or intermediate care facility. The care coordinator authorizes only two such trial visits of up to seven days each during any one calendar year. No payment will be authorized to either facility on behalf of a recipient for any day(s) exceeding the number of allowable visits.

C. Temporary Absence for Planned Visit

Planned visits away from the facility may be reimbursed when:

- the visits are therapeutic in nature
- the attending physician recommends a visit in the member's plan of care
- the provider holds a bed for the member.

Such visits may not exceed 16 days in any calendar year.

If a member's visit exceeds 16 days in a calendar year, DMA does not reimburse providers for more than 16 days. If the member expects the visit to exceed 16 days, the provider informs the care

coordinator of the reason and duration of the visit and to determine if a reassessment is needed.

If the physician and care coordinator 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's representative to reimburse the DMA rate for days in excess of 16.

NOTE:

Reimbursement from DMA is for personal care services, **not for room and board.** The CCSP/SOURCE Unit determines the approved room and board rate for CCSP/SOURCE members. Charges for room and board are expenses that are reflected in the admission agreement between the member and provider. The admission agreement includes conditions for refunds of room and board charges for partial month(s) residency in the facility. (Refer to Section 606.13 of the CCSP/SOURCE General Manual).

D. Temporary Absence for Hospitalization

The provider may claim reimbursement for seven days during each hospital stay. If the member is not expected to return, the provider **does not** bill DMA for the hospital stay.

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 facility.

E. Private Room

A facility may have private and semi-private rooms. If the member or member's representative chooses a private room, the provider may charge the difference between the provider's established-in-writing private and semi-private rates. If the provider places a member in a private room because a semi-private room is not available, the provider charges the member the semi-private room rate. The provider obtains the member's or member's representative's written agreement at the time of admission to move to a semi-private room as soon as a semi-private room becomes available.

If someone other than the SSI member pays the difference between the semi-private and private room rate, it may affect the member's SSI benefits.

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

F. Facility Closing

A facility delivers services 24 hours a day. EXCEPT IN EMERGENCY SITUATIONS, the provider may not cease business without giving 30 days written notice of the intent to cease business. If the provider intends to permanently cease operating, the provider gives at least 30 days written notice of the intent to cease operating to the members, members' representatives, care coordinators, and the CCSP/SOURCE Unit. If an emergency situation arises that requires a temporary closing of the facility, the provider immediately notifies the care coordinators, the CCSP/SOURCE Unit and Healthcare Facility Regulations Division.

All providers must have emergency placement procedures for all members in the event temporary relocation is necessary.

1203.11 **Notification of Member Rights**

If a provider requires the member to sign a service/admission agreement or contract, Section 601.1 K of the CCSP/SOURCE General Manual contains information for acceptable standards. The service/admission agreement includes all the information required by the *Rules and Regulations for Personal Care Homes, Chapter 111-8-62*.-17

At the time of the member's admission to the home, the provider reviews member rights and responsibilities with the member and/or member's representative [see Section 604.1 of the CCSP/SOURCE General Manual and *Rules and Regulations for Personal Care Homes, Chapter 111-8-62-.26.* After the member reads and signs the list of member's rights and responsibilities, the provider gives a copy to the member and member's representative if applicable. The provider places a copy of the signed and dated rights and responsibilities in the member's record.

1203.12 **Program Evaluation and Customer Satisfaction**

Program evaluations are conducted at least annually, unless otherwise indicated, by a designated staff position. Evidence is available to demonstrate that the results of the program evaluations are analyzed and used to improve the quality of service. Refer to Section 609 of the CCSP/SOURCE General Manual. At a minimum, program evaluation includes, but is not limited to:

A. Compliance Visits - To determine the provider's adherence to the rules and regulations for personal care homes and the policies and procedures for the CCSP/SOURCE, compliance visits are **conducted at least quarterly** by a person who is knowledgeable in personal care home rules and regulations and CCSP/SOURCE policies and procedures. Compliance visits are documented and the reports are maintained by the facility for a minimum of two years.

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

   - Indicators reviewed and criteria used to determine compliance
   - Whether criteria met predetermined standards
   - Plan of correction, if needed, for areas needing improvement
   - Changes in policies, procedures and/or practice as a result of corrective action or opportunities for improvement
   - Date and signature of person conducting the compliance visit

NOTE:
Refer to Appendix E for an example of a form to use for documenting compliance visits. Each facility is responsible for developing indicators, criteria, and standards that are specific to the individual facility.

B. Evaluation of the Quality of Member Care - At a minimum, the provider measures the following to evaluate quality of member care:

   - service appropriateness to the identified need
   - respect for member choice
   - service provided in a timely fashion
   - performance of required activities

- support of member dignity and self-respect

The RN conducts and documents the evaluation of the quality of care during supervisory visits. The provider maintains evidence to demonstrate that the provider analyzes results of the evaluations and uses them to improve the quality of service.

C. Member Satisfaction - The provider conducts member satisfaction surveys, at least annually, to evaluate the CCSP/SOURCE member's satisfaction with the facility and services. At a minimum, the provider measures the following to evaluate customer satisfaction:

- staff responsiveness to member needs
- staff sensitivity to culturally diverse populations
- staff competence in performing assigned tasks
- staff respect for member's rights, choices, privacy, dignity, and property
- protection from abuse, neglect, and exploitation
- staff attitude and courtesy

H. Policies and Procedures – The provider reviews policies and procedures at least annually and revises policies and procedures as needed. The provider indicates in policy how changes in policies and procedures are communicated to all staff.

I. Clinical Records – The provider monitors and reviews clinical records at least quarterly to ensure required information is current.

1204. Staffing Qualifications and Responsibilities

The provider 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 group-model program as described in this manual.

1204.1 Staffing Requirements

The provider is responsible for hiring, training, supervising, monitoring and evaluating the performance of all staff providing services to members.

The provider ensures that all staff members receive training within the first 60 days of employment regarding:

A. Emergency first aid except where the staff person is a currently licensed health care professional

B. Cardiopulmonary resuscitation

C. Emergency evacuation procedures

D. Medical and social needs and characteristics of the member population

E. Member's rights

F. The Long-Term Care Abuse Reporting Act

G. Policies and procedures of the EDWP (CCSP/SOURCE) Services Program

H. Rules and Regulations for Personal Care Homes

I. Interpreting emergency situations that will improve access to needed immediate 911 help or access to the RN on staff

Providers have at least one staff person who has completed the minimum required training on duty at all times. Staff members are required to maintain current certification in emergency First Aid and CPR.

The following staff positions are **required** in group-model homes:

1. Registered Nurse with a current Georgia license
2. Administrator/On-Site Manager
3. Aide(s)
4. Supplemental staff to cover the facility 24 hours per day, 365 days per year
5. Cook

The following staff positions are recommended in group-model homes:

1. Licensed Practical Nurse, with a current Georgia license
2. Clerical Support

3. Maintenance Support.

NOTE:
Staff may assume more than one job function. For example, the RN also may serve as the administrator/on-site manager, and an aide may assist with personal care and clerical functions. However, staff must:

- observe labor laws
- be qualified for the duties they are performing
- meet the health and safety needs of members

J. The administrator/on-site manager determines staffing needs and ensures that an adequate number of qualified staff members are employed at all times. The provider maintains a work schedule that shows coverage for 24 hours, seven days a week, with sufficient numbers of staff on duty at all times to meet the members' needs. The current work schedule is posted; work schedules are kept a minimum of four (4) months and are available for review when requested.

NOTE:
The minimum direct-care staff to member ratio is:

- at least one (1) qualified staff member on duty per fifteen (15) residents/members
- at least two (2) qualified staff members on duty per twenty-four (24) residents/members during waking hours (waking hours, at a minimum, are from 7:00 AM to 8:00 PM)
- at least one (1) qualified staff member on duty per twenty-four (24) residents/members during non-waking hours (8:00 PM to 7:00 AM).

J. The management must adhere to all personnel policies as stated in Section 607, Staffing, of the CCSP/SOURCE General Manual.

1204.2 **Qualifications and Duties of Staff**

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

A. Registered Nurse qualifications include:

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.

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

3. Working knowledge of CCSP/SOURCE policies and procedures

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

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

6. Proof of negative TB Test and current physical exam within one year of employment

7. Satisfactory criminal records check determination

Section 606.17 in the CCSP/SOURCE General Manual contains general policies and requirements related to the RN supervision of CCSP/SOURCE services. In addition to the policies and standards stated in 606.17 and referenced in Section 1203.4 of the ALS manual, the RN performs the following duties in group-model programs:

1. Conducts initial provider evaluations of members referred to ALS by the CCSP/SOURCE care coordinator.

2. Reviews, signs/initials, and dates the Member Care Plan during each supervisory visit.

NOTE:
The RN will revise the member care plan as indicated by changes in the member's condition and will communicate all revisions to appropriate staff.

3. Provides and/or arranges for the training of provider staff on health related topics and CCSP/SOURCE policies as required by the provider and specific member care.

4. Supervises all staff in the delivery of personal care services.

B. Licensed Practical Nurse (LPN) qualifications include:

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. GA 43-26-30 et seq.

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

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

4. Satisfactory criminal records check determination.

The LPN may perform the following duties in the group-model home:

1. Prepare clinical and progress notes

2. Assist the member in learning appropriate self-care techniques

3. Teach the member and member's representative

4. Provide personal care (i.e., bath, hair shampoo, foot care)

5. Assist with range-of-motion exercises and ambulation

6. Assist member with self-administration of medications

7. Report changes in the member's conditions and needs to the provider RN

8. Monitor and record vital signs

Services that cannot be provided by the LPN include:

1. Initial evaluation visit

2. Initial development of the Member Care Plan

3. Reevaluation of member

C. Administrator/On-Site Manager qualifications include:

1. Bachelor's degree in public health, social work, nursing, sociology, psychology or a related field (experience can be substituted for education)

2. Documented experience in administration and supervision

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

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

5. Satisfactory fingerprint records check determination

6. At least 21 years of age

Duties of the ALS administrator/on-site manager include, but are not limited to:

1. Carry out day-to-day management, supervision, and operation of the home

2. Ensure compliance with CCSP/SOURCE and personal care home rules and regulations

3. Develop and implement policies and procedures

4. Monitor the quality of services provided

D. Aide qualifications include:

1. 18 years of age or older

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

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

4. Satisfactory criminal background check

Duties of the ALS aide include, but are not limited to:

1. Assist/provide the member with personal care

2. Assist member with ambulation

3. Assist member with toileting

4. Assist member with self-administration of medications

5. Report changes in the member's condition and needs

6. Assist member with eating

7. Ensure that member is kept clean and comfortable

8. Maintain a safe environment for a member

9. Provide watchful oversight, including awareness of the member's whereabouts at all times

10. Complete the monthly service record at the time service is provided

E. House Keeper qualifications include:

1. 18 years of age or older

2. Knowledgeable of efficient, safe cleaning techniques and infection control

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

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

5. Satisfactory criminal background check

Duties of the ALS house keeper include, but are not limited to:

1. Maintain clean, neat appearance through the home

2. Vacuum, sweep, mop, wax as indicated

3. Dust furnishings as indicated

4. Empty trash containers as needed

5. Assist with laundry as needed

F. Cook qualifications include:

1. 18 years of age or older

2. Demonstrated ability to prepare nutritious meals and therapeutic diets as ordered by the physician

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

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

5. Satisfactory criminal background check

Duties of the ALS cook include, but are not limited to:

1. Plan, prepare, and serve meals and snacks for members

2. Keep kitchen, meal preparation area clean

G. Clerk qualification:

1. 18 years of age or older

2. Ability to keep records, accounts, and perform general office work

3. Satisfactory criminal records check determination

Duties of the ALS clerk include, but are not limited to:

1. Submit invoices to DMA for reimbursement

2. Serve as clerical support for correspondence, filing and record keeping

1204.3 **Education and Training of Staff**

To continuously improve the quality of service available to the CCSP/SOURCE member, the provider ensures that all staff members are adequately trained and receive a minimum of 16 hours of continuing education each year. The supervising RN or personnel with specialized knowledge may provide the education and training. The provider assures annual education and training for all staff regarding:

A. Understanding vulnerable older individuals

B. Universal precautions and infection control

C. Nutrition and menus

D. Cleanliness and pest control

E. Fire, building, equipment, and lighting safety

F. Basic management, administration, and organization skills.

G. CCSP/SOURCE policies and procedures

H. Rules and Regulations for Personal Care Homes

1205. **Reimbursement**

The member's care coordinator must approve services on the Service Authorization Form (SAF) before the provider claims reimbursement. Appendix S of the CCSP/SOURCE General Manual contains reimbursement rates for ALS.

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

See Section 1002 in Chapter 1000, Basis for Reimbursement, of the CCSP/SOURCE General Services Manual, for additional information on the beginning date of reimbursement. Rev, 01/2019

PART II - CHAPTER 1250

ALTERNATIVE LIVING SERVICES - FAMILY MODEL

1250. General

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

1251. Description of Service

1251.1 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 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 EDWP (CCSP/SOURCE) Services Program. The provider agency may not delegate administrative and supervisory responsibility to another agency or organization.

1251.2 Member Profile

CCSP/SOURCE members meet the admission criteria for personal care home residents as described in Rules and Regulations for Personal Care Homes, Chapter 111-8-62. 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.

1252. Licensure

ALS family-model subcontractors meet all licensure requirements as outlined in Section 601.1 A. of the CCSP/SOURCE General Manual. Family-model subcontractors have a current, non-restrictive permit issued by the Georgia Department of Community Health, Healthcare Facility Regulations Division, to operate a personal care home.

1253. **Requirements Related to Member Services**

1253.1 **Personal Care Services**

A. 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.

B. 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:

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

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

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.

4. Monitoring the member's self-administration of medications

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

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

7. Arranging for transportation for medical appointments

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.**

9. Providing laundry service as a part of personal care. **Subcontractors may not charge a fee for:**

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

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

    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.

C. Members living in subcontract homes may **not** receive the following CCSP/SOURCE services:

1. Emergency Response System

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2. Personal Support Services

3. Home Delivered Meals

NOTE: Advanced notice to HDM providers is required by Case Management when members will transition to Alternative Living Services (ALS) and discharge from the HDM option. Collaboration with the HDM provider will ensure payment for meals delivered has paid based on consumption before ALS can begin. (4/2021)

4. Respite Care

D. If a member attends a senior center, the provider agency informs the member's care coordinator. 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 a senior center or any other event the member does not wish to attend.

E. The member or member's representative pays for the cost of specialized health items such as adult diapers, 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.**

F. **Services not appropriate or reimbursable as personal care services are**:

1. Insertion and irrigation of catheters

2. Irrigation of any body cavities

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

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

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.

G. Home Health Agency Restrictions - CCSP/SOURCE 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 care coordinator must authorize Medicaid home health services. The provider informs the care coordinator of the member's receipt of Medicare home health services.

NOTE:
Subcontractors may NOT use home health aides in lieu of personal care home staff to deliver personal care services, except as noted above.

1253.2 **Family-Model Subcontracting Policy and Procedures**

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 CCSP/SOURCE. The facility must have a non-restrictive permit issued by the Georgia Department of Community Health, Healthcare Facility Regulation Division.

To request registration of a facility with the CCSP/SOURCE, the provider agency must perform the following:

A. Locates, evaluates and subcontracts **only** with licensed 2 - 6 bed personal care homes (subcontractors) to deliver medically supervised personal care services to CCSP/SOURCE members. The provider agency assesses all potential subcontractors to determine if they are compliant with all provisions of the applicable CCSP/SOURCE 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 CCSP/SOURCE services and before placement of or billing for CCSP/SOURCE members in the home. During the pre-placement visit, the provider agency completes the Pre-placement Screening Form (Appendix A of the 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 submits registration materials for each subcontractor to the CCSP/SOURCE Unit. The provider agency submits the following to the Division:

   - a copy of the Pre-Placement Screening Form (Appendix A of the Alternative Living Services Manual) signed by the subcontracted home provider stating that all the information given is true
   - a copy of the facility's Personal Care Home Permit.
   - a copy of the subcontract (see 1253.2 D of the Alternative Living Services Manual)
   - a copy of the facility's latest HFR inspection reports (dated within one year) indicating the facility is in compliance
   - a copy of the Fire Safety Inspection (dated within one year) indicating the facility is in compliance with fire/safety regulations.
   - a copy of the facility's floor plan that identifies each room and placement of furnishings in members' bedrooms.

   A subcontractor is not approved for placement of CCSP/SOURCE members until the Division has notified the Area Agency on Aging,

in writing, that the home has been registered. **The Division reserves the right to delay or deny registration of any subcontractor. The Division reserves the right to terminate a contract between a provider agency and a home(s). The Division will review the documentation submitted by a home and issue its decision thereafter.**

IMPORTANT NOTES on Registrations:
A subcontractor may contract with only one family-model provider agency per PSA enrollment area.

If a family model personal care home relocates, the provider agency must submit new documentation to register the home at its new location prior to the relocation. The only exception to this policy is emergency relocation due to fire or natural disaster.
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B. Conducts member intake and evaluation. The member is given the opportunity to choose the subcontracted personal care home 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 a CCSP/SOURCE member to the CCSP/SOURCE home. The provider agency assures that forms required for admission to the subcontracted home do not conflict with CCSP/SOURCE policies and procedures.

C. Supervises subcontractors in all aspects of member care to ensure complete and continued compliance with provisions of CCSP/SOURCE 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 results in adverse action against the provider agency.**

D. The contract between the family model provider and the subcontractor must contain all the elements listed in Section 601.1 (J) of the CCSP/SOURCE General Manual. In addition, the contract must clearly state:

   - Provider agency's name, name of the personal care home as listed on the personal care home permit, and name of the governing body

- Responsibilities of the provider agency, including RN supervision.
    - NOTE: RN supervisory work for the management agency cannot be performed by the PCP/Nurse Practitioner signing the level of care for the waiver members/residents in the home. (1/2021)

- Responsibilities of the subcontractor, including Section 601.1 (O) of the CCSP/SOURCE General Services Manual and the responsible party to document in the DCH online incident reporting system. (1/2021)

- Amount of per diem payment, including terms of payment, and monthly payment dates

- Conditions under which either party may terminate the subcontract, **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. Rev 9/2011**

E. Knows the status of all subcontractors and notifies the CCSP/SOURCE Unit and the AAA, in writing, of any changes in status within five business days of the change. **Family-model provider agencies may not place a CCSP/SOURCE member in a home that has not been approved/registered by the CCSP/SOURCE Unit.** The family-model provider agency is responsible for and assures performance of administrative and supervisory functions and understands the administrative and supervisory responsibilities relative to the CCSP/SOURCE. Responsibility may not be delegated to another agency or organization.

F. Does not contract with a family model home that has been adversely discharged from another provider agency within twelve (12) months. The CCSP/SOURCE Unit 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:

- Inadequate staffing and/or supervision

- Fire and/or safety violations
- Violations related to medications
- Violations related to care, safety, abuse, neglect, or exploitation of members
- Violations of members' rights

G. Notifies the care coordinator 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 care coordinator.** 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 <u>prior</u> to any relocation.**

EXCEPTION: Member transfer or discharge due to medical emergency or emergency relocation

1253.3 **Subcontractors that Increase Bed Capacity and Become Permitted as Group Homes**

If a subcontractor becomes a licensed group home, the subcontractor cannot continue to subcontract with the family model provider agency. The family-model provider agency uses the EDWP Notification Form to advise the care coordinator of the subcontractor's new status. The care coordinator gives members a choice of remaining with the newly enrolled group home or moving to another subcontractor of the current family-model provider. When a subcontractor becomes a group-model home, the family-model provider agency and the subcontractor assure the following:

A. <u>Responsibilities</u> - The family-model provider agency and the subcontractor coordinate activities to minimize service disruption to members when the home provider desires to enroll as a CCSP/SOURCE group-model provider.

1. The subcontractor's responsibilities include:
   - Advising the provider agency in writing of the intent to increase bed capacity
   - Obtaining the appropriate non-restrictive permit from the Healthcare Facility Regulations Division that reflects an increase in bed capacity

- Completing the CCSP/SOURCE provider enrollment process. Refer to Sections 601.2 and 601.3 of the CCSP/SOURCE General Manual.

2. The provider agency responsibilities include:

   - Giving the CCSP/SOURCE members a 30 calendar day written notice of the impending change of provider

   - Advising the care coordination team in writing of the impending changes

   - Assisting the subcontractor with information relating to the change

   - Remaining responsible for the care of CCSP/SOURCE members placed with the subcontractor until the subcontractor is approved as a group model provider

3. Transition from family-model subcontractor to group-model provider includes:

   - Completion within 90 calendar days

   - Subcontractor's home census may not exceed six residents during the transition period regardless of permitted capacity. Transition to group-model is complete after the subcontractor is assigned a Medicaid provider number.

1253.4 **Physical Environment**

Personal care homes appropriate for enrollment in CCSP/SOURCE 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.

A. 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
31st floor
Two Peachtree Street, N.W.
Atlanta, Georgia 30303
Telephone Number: (404) 657-4076

B. 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.*

C. 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.

NOTE:
Subcontractors designate an area for private and confidential interviews with members.

D. Safety

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.

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.

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.

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
31st Floor
Two Peachtree Street, NW,
Atlanta, GA 30303
Telephone Number: (404) 657-4076.

E. Infection Control

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 Q in the CCSP/SOURCE General Manual).

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.

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.

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.

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

1253.5 **Hours of Operation**

A. 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.

B. Access - Members, member's representatives, and care coordinators have 24-hour access to ALS provider staff and nursing supervision to report concerns about service delivery 24 hours a day. **A minimum of one staff member is telephone accessible and easily**

reached (responds by telephone within 30 minutes of the request for assistance) after office hours and on weekends.

Refer to Section 601.1 M of the CCSP/SOURCE General Manual.

1253.6 **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 or LPN imply the provider agency's skilled staff.** The provider agency's RN's responsibilities include, but are not limited to:

Note: The provider agency's RN will **not** provide supervision of care and services to the CCSP/SOURCE member who elects Hospice services in the ALS.

A. Accessibility

1. The agency RN or the designated back-up RN is accessible to agency staff 24 hours a day and responds to the ALS within one business day of being contacted.

2. The agency LPN may be the on call contact. In this instance, the RN must be accessible to the LPN at all times.

3. The LPN/RN on call is knowledgeable of CCSP/SOURCE policies and procedures and the needs of CCSP/SOURCE members in the home.

B. Face-to-Face Evaluations

1. Supervisory Visits must be conducted at least twice in a calendar month. There must be at least 14 days between the 1st and 2nd scheduled visits in a calendar month. The first scheduled visit in a month should be spaced so that it is at least 7 days after, but not more than 21 days after, the last visit made in the previous month. At least every other visit must be conducted by the RN. At the request of the personal care home caregiver, owner, manager or care coordinator, the RN must provide an additional supervisory visit within 24 hours of any reasonable request based on a change in the member's condition or conditions in the home. (Rev. 7/12)

2. **Supervisory visits should begin with the month of the in-home assessment for admission to CCSP/SOURCE or SOURCE in anticipation of reimbursement from the date of the assessment. See Section 1002 in Chapter 1000, Basis for Reimbursement, of the CCSP/SOURCE General Services Manual. Rev. 01/2019**

3. An LPN may conduct the alternate visits, the purpose of which is to note and report immediately to the RN any changes in the member's condition or concerns about care rendered. The RN is to review and sign all documentation of the LPN's visits and follow up immediately on all concerns raised by the LPN.

NOTE: The *Appendix DD – Nursing Visit Form* will be completed upon the request of Case Management for the determination of Enhanced Case Management. A copy of the completed form will be sent to the member's waiver case manager and the original maintained in the member's clinical record. See Part II Chapters 600-1000, Policies and Procedures for EDWP (CCSP and Source) General Services Manual, appendix dd. Rev 7/2018, 1/2021

NOTE: The LPN may **not** complete initial evaluations, re-evaluations, develop initial provider care plans, or provide supervision of member care.

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

- assessment of the member's general condition
- problems encountered by the member and steps taken to resolve problems
- review of progress towards member's individual care goals
- appropriateness of current level of services
- documentation of changes in member's health/social status
- documentation of any additional services being rendered
- follow-up documentation from previous visits

C. Health Services

1. Regardless of funding sources, the RN is aware of all health services, including home health, being delivered to the member.

2. The RN reports information and problems regarding all health services to the facility's administrator/manager, member's care coordinator, provider agency, and member's physician if applicable.

D. Training

The RN makes arrangements for subcontractor staff to receive training on appropriate and safe delivery of personal care. During the RN supervisory visit, the RN 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.

E. Member Education

Nursing supervision includes educating the member (and member representative, if appropriate) on issues related to the member's medical or nutritional condition.

1253.7 **Clinical Records**

A. Section 606.4 in the CCSP/SOURCE General 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.

Rev. 07/10

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

C. All subcontractors complete a monthly record of services provided (Member Services Form, see Appendix D) which indicates the date 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 reviews, signs, and dates the completed member services form and files it in the member's clinical record.

Rev. 04/08

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

E. **At each supervisory visit, the RN or LPN must review and sign each member's Medication Administration Record (MAR) for the current month as of the date of the visit. Any deficiencies on completion of the MAR must be noted in the supervisory review notes, including how these deficiencies have been addressed with the staff members who supervise medication administration at the PCH. The supervisory nurse (LPN or RN) must also review, sign and date the completed MAR for the previous month at the first supervisory visit of each month. If the LPN signs the MAR, the RN must review the MAR and sign off after the LPN by no**

later than the next supervisory visit. Rev. 7/2014, 10/2014, 4/2017

An electronic MAR can be printed or reviewed electronically as long as it records the nurse's signature and date at each supervisory visit. Rev. 4/2018

F. 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.

G. The provider agency maintains all the required clinical information on members, including clear directions to each of their subcontractors' homes. The subcontractor is supplied with and subsequently maintains the following clinical records on CCSP/SOURCE members:

1. A summary of member information, obtained by the RN, which is necessary for the subcontractor to provide appropriate services

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.

3. A copy of the current member care plan prepared by the RN. **A copy of the current care plan, including any revisions, must also be maintained at the home at which the member resides. Rev 7/2014**

4. RN's instructions indicating the services to be provided by the subcontractor for the CCSP/SOURCE member.

5. Member Services Form initialed and dated by the provider agency's RN and the subcontractor (see Appendix D).

6. A copy of the RN's (and LPN's if applicable) documentation of supervisory visits. At each RN supervisory visit, the provider RN will review, initial, and date the documentation of supervisory visits conducted by the LPN.

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

8. Each home/facility will prepare and maintain a current emergency packet for each member that contains a copy of pertinent medical records, medication list and other important information that can be sent with the member during transport by EMS if leaving the home/facility unaccompanied.

1253.8 **Disaster Preparedness and Emergency Procedure**

A. Disaster Preparedness - The family-model facility adheres to the Rules and Regulations for Disaster Preparedness Plans, Chapter 290-5-45. In addition, specific procedures related to disaster preparedness procedures are found in Section 608.1 of the CCSP/SOURCE General Manual.

NOTE:

In addition to Chapter 290-5-45, Sections 290-5-45.4 (3) (4) that address the written content of the plan, the written disaster preparedness plan for alternative living arrangements must, at a minimum, also state specifically 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 alternate living environment if the members are evacuated from the ALS facility.

B. Emergency Procedures/Information - Refer to Sections 606.12 and 608.2 of the CCSP/SOURCE General Manual for specific information regarding emergency procedures.

1253.9 **Medications-Monitoring, Assistance, and Storage**

A. Monitoring of Medications

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.

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.

3. 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.)

NOTE:
See Section 606.9, Medications Monitoring and Administration, in the CCSP/SOURCE General Manual for additional information on supervision of medications.

B. Assistance with Self-Administered Medications

The subcontractor may assist the member with both prescribed and over-the counter medications, which are self-administered. Assistance includes:

1. reminding the member to take the medicine
2. reading the medication regimen as indicated on the container label to the member
3. checking the dosage according to the container label for the member
4. physically assisting the member in pouring or otherwise taking the medication

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.).**

C. Documenting Member Medications

The subcontractor maintains 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:

- name of medication
- dosage

- route
- date and time dosage taken
- observed drug side effects and actions taken to address side effects

- signature of the person supervising medications.

NOTE:

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.

D. Storage of Medications

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.

   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.

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

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

1253.10 **Food and Nutritional Requirements**

Dietetic services must meet the nutritional requirements and provide palatable, attractive meals and snacks for members. Consideration is given individual members' 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:

A. A minimum of three regular meals, which meet 100% of the current daily recommended dietary allowance for persons 55 years and older as established by the Food and Nutrition Board, National Academy

of Science are served daily, (See Appendix O in the CCSP/SOURCE General Manual and Appendix C in this manual). Nutritious snacks are to be available and offered to members, at a minimum, each mid after noon and evening. No more than fourteen hours may elapse between the evening and morning meals.

B. 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.

C. 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.

D. 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 a minimum of 30 days.

E. The food items within the meat, vegetable and fruit, bread and dessert groups must provide variety. See Appendix O in the CCSP/SOURCE General Manual and Appendix C in this manual.

F. If therapeutic meals are required, they are:

1. provided pursuant to a physician's order which is reviewed periodically with the member's physician.

2. planned by a registered dietitian and signed by the dietician or primary care physician.

H. The CCSP/SOURCE clinical record for any member with a therapeutic diet includes, at a minimum:

1. Documentation that the therapeutic meal was prescribed by a physician

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

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.

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

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

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

7. Documentation of food allergies and reactions.

1253.11 **Member Funds**

A. 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. The provider agency is responsible for protecting member funds whether the agency or its subcontractors handle member funds.

B. **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.).

C. Annually, the CCSP/SOURCE Unit gives written notice regarding the designated amount for CCSP/SOURCE members' monthly personal needs allowances to family-model providers. The members may use the personal needs allowance funds to purchase personal items. **CCSP/SOURCE members may not waive their right to receive the monthly personal needs allowance.**

D. 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.

E. 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.**

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.

2. If the member does not have a will 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 county 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.

G. 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.** Violation of these requirements will result in criminal prosecution and/or civil action.

1253.12 Trial Visits, Temporary Absences, Private Rooms and Facility Closings

A. Alternative Living Trial Visits from a Private Residence

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.

The care coordinator 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 EDWP (CCSP/SOURCE) coordinator and recommended by the member's physician.

The care coordinator adds the ALS service to the comprehensive care plan and documents the trial visit in the comment section of the comprehensive care plan. The care coordinator sends the revised comprehensive care plan with a referral packet to the ALS provider agency.

B. Alternative Living Trial Visits from a Nursing Facility

A potential EDWP (CCSP/SOURCE) Services 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 care coordinator 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.

C. Temporary Absence for Planned Visit

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

- the visits are therapeutic in nature
- the attending physician recommends a visit in the member's plan of care
- the family-model provider/subcontractor holds a bed for the member

Such 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 care coordinator the reason and duration of the visit and to determine if a reassessment is needed.

If the physician and care coordinator 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.

NOTE:

Reimbursement from DMA is for personal care services, **not for room and board.** The CCSP/SOURCE Unit determines the approved room and board rate for CCSP/SOURCE 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. (Refer to Section 606.13 of the CCSP/SOURCE General Manual).

D. Temporary Absence for Hospitalization

The provider may claim reimbursement for seven days during each hospital stay. If the member is not expected to return, the provider **does not** bill DMA for the hospital stay.

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.

E. Private Room

A home may have private and semi-private rooms. 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. If the subcontractor places a member in a private room because a semi-private room is not available, the subcontractor charges the member the semi-private room rate. 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. 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.**

NOTE:

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

F. Facility Closing

A subcontractor delivers services 24 hours a day and may not cease business except in emergency situations without giving 30 days written notice. 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 care coordination agency, the CCSP/SOURCE Unit, and the Healthcare Facility Regulations Division.

If an emergency situation arises that requires a temporary closing, the provider agency immediately notifies the CCSP/SOURCE Unit. All family-model providers must have emergency placement procedures for all members in the event temporary relocation is necessary.

1253.13 **Notification of Member Rights**

If a provider requires the member to sign a service/admission agreement or contract, Section 601.1 K. of the CCSP/SOURCE General Manual contains information for acceptable standards. The service admission agreement must include all information required by the *Rules and Regulations for Personal Care Homes, Chapter 111-8-62*

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 Section 604.1 of the CCSP/SOURCE General Manual the *Rules and Regulations for Personal Care Homes, Chapter 111-8-62*-.17). 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.

1253.14 **Program Evaluation and Customer Satisfaction**

Program evaluations are conducted at least annually, unless specified more frequently, by a designated staff position. Evidence is available to demonstrate that the results of the program evaluations are used to improve the quality of services. Refer to Section 609 of the CCSP/SOURCE General Manual.

At a minimum, program evaluation includes, but is not limited to:

A. Compliance Visits - To determine each family-model home's adherence to the rules and regulations for personal care homes and the policies and procedures for the CCSP/SOURCE, compliance visits are conducted at least quarterly by a person who is knowledgeable in personal care home rules and regulations and CCSP/SOURCE policies and procedures. Compliance visits are documented and the reports are maintained by the facility for a minimum of two years.

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

- Indicators reviewed and criteria used to determine compliance
- Whether criteria met predetermined standards
- Plan of correction, if needed, for areas needing improvement
- Changes in policies, procedures, and/or practice as a result of corrective action or opportunities for improvement
- Date and signature of person conducting the compliance visit

NOTE:
Refer to Appendix E 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.

NOTE:
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.

B. Evaluation of the Quality of Member Care - At a minimum, the provider measures the following to evaluate quality of member care:

- service appropriateness to the identified need
- respect for member choice
- service provided in a timely fashion
- performance of required activities

- support of member dignity and self-respect

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.

C. Member Satisfaction - The provider agency conducts member satisfaction surveys, at least annually, to evaluate the CCSP/SOURCE member's satisfaction with the facility and services. At a minimum, the provider agency measures the following to evaluate customer satisfaction:

- staff responsiveness to member needs
- staff sensitivity to culturally diverse populations
- staff competence in performing assigned tasks
- staff respect for member's rights, choices, privacy, dignity, and property
- protection from abuse, neglect, and exploitation
- staff attitude and courtesy

D. 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.

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

1254. 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.

1254.1 Staff Requirements

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

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

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 1254.1B for specific job titles, job requirements and training requirements.

B. 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.

1. Registered Nurse qualifications:

- 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.

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

- Working knowledge of CCSP/SOURCE policies and procedures

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

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

- Satisfactory criminal records check determination.

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

Section 606.17 of the CCSP/SOURCE General Manual contains general policies and requirements related to the RN supervision of CCSP/SOURCE services. In addition to the policies and standards stated in Section 606.17 of the CCSP/SOURCE General Manual and Section 1253.6 of this manual, additional duties of the provider agency RN include, but are not limited to:

- supervising all staff in the delivery of personal care services

- conducting initial evaluations of members referred to the home by the CCSP/SOURCE care coordinator

- reviewing and, if needed, updating the member care plan during each supervisory visit in coordination with the Comprehensive Care Plan developed by the care coordinator. The RN will sign/initial and update the care plan each time it is reviewed. The RN will communicate revisions to the care plan to appropriate staff

- providing and/or arranging for the training of subcontracted staff on health related issues, specific member care/need, and required CCSP/SOURCE policies and procedures

2. Licensed Practical Nurse (LPN) qualifications include:

   - 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.

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

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

   - Satisfactory criminal records check determination.

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

   - Prepare clinical and progress notes

   - Assist the member in learning appropriate self-care techniques

   - Teach the member and member's representative

   - Provide personal care (i.e., bath, hair shampoo, foot care)

   - Assist with range-of-motion exercises and ambulation

   - Assist members with self-administration of medications

   - Report changes in the member's conditions and needs to the provider agency RN

   - Monitor and record vital signs.

Services **not** provided by the LPN:

- Initial evaluation visit
- Initial development of the Member Care Plan
- Reevaluation of member

C. Subcontractor Staff qualifications include:

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.
2. Proof of completion of training required by the *Rules and Regulations for Personal Care Homes, Chapter 111-8-62-.*
3. Proof of negative TB test and current physical exam within one year of employment
4. Satisfactory fingerprint records
5. At least 21 years of age.

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

1. Provision of personal care to the member
2. Provision of 24 hour watchful oversight and supervision of members, including, but not limited to:
   - daily awareness of the member's functioning
   - knowledge of member's whereabouts at all times
   - making and reminding members of medical appointments
   - ability and readiness to intervene in a member crisis
   - assistance and supervision with member's nutrition and medications
   - provision of transient medical care

D. The provider agency ensures that the subcontractor adheres to all personnel policies as stated in Section 607 of the CCSP/SOURCE General Manual.

1254.2 **Education and Training of Staff**

To continuously improve the quality of service available to the CCSP/SOURCE 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 or persons with specialized knowledge may provide the education and training.

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

A. Understanding vulnerable older individuals

B. Universal precautions and infection control

C. Nutrition and menus

D. Cleanliness and pest control

E. Fire, building, equipment, and lighting safety

F. Basic management, administration, and organization skills

G. CCSP/SOURCE Policies and Procedures

H. ORS Rules and Regulations for Personal Care Homes

I. Interpreting emergency situations that will improve access to needed immediate 911 help or access to the RN on staff.

1255. **Reimbursement Methodology**

The member's care coordinator must approve services on the Service Authorization Form before the provider agency claims reimbursements. Appendix S of the CCSP/SOURCE General Manual contains specific reimbursement rates for ALS.

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

APPENDIX A

ALS Provider Agency: _____
Date/Time of Screening Visit: _____
Name of Evaluator: _____
Telephone #: _____
E-mail address: _____

EDWP (CCSP/SOURCE) **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 you 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 the PCH had a name change or change of ownership with the last year? Yes _____ No _____
If yes, list the previous name and address and/or previous owner and date of ownership change.

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 Rooms	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:

_____

CCSP/SOURCE Pre-Placement Form - Page 3

Personal Data on Home Provider

Who is the home provider? _____
Who is the primary care giver 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 Screening Information
CCSP/SOURCE Pre-Placement Form Date

NOTE: If you enter into an ALS subcontract with this applicant, a completed copy of this form is submitted to the CCSP/SOURCE Unit 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. **Form Rev 4/2012**

APPENDIX B
COMMUNITY CARE SERVICES PROGRAM
ALTERNATIVE LIVING SERVICE - GROUP PERSONAL CARE HOME MODEL
REQUEST FOR APPROVAL TO INCREASE BED CAPACITY

This application must be typed.

Date request is being submitted: _____

CCSP/SOURCE Provider INFORMATION:

1. Provider Agency Name: _____
2. Mailing Address: _____
3. Street Address: _____
4. Contact Person: _____ Phone #: _____
5. Provider Enrollment Number: _____

PERMITS & REQUIREMENTS

6. Date expansion is to be effective (NOTE: A site visit is conducted by the CCSP/SOURCE Unit staff or its representative prior to final approval to serve additional CCSP/SOURCE members):
   _____
7. Current capacity _____ Expansion capacity _____
8. Copy of current Personal Care Home Permit noting increased capacity is attached:
   Yes ( ) No ( ) If no, explain: _____
   _____
9. A copy of Fire Inspection Report noting increased capacity is attached:
   Yes ( ) No ( ) If no, explain: _____
   _____
10. A copy of HFR Inspection Report noting increased capacity is attached:
    Yes ( ) No ( ) If no, explain: _____
11. Diagram or floor plan of ALS Group Home, identifying each room and placement of furnishings in members' rooms is attached:
    Yes ( ) No ( )

Submit one (1) copy of Approval Request and required documentation to:

GA Department of Community Health
Division of Medicaid
EDWP (CCSP/SOURCE) Services Program
Two Peachtree Street, N.W., 37th Floor
Atlanta, Georgia 30303-3159

Rev 3/10, 12/10, 7/16

APPENDIX C
Solutions to Common Eating Problems of
Elderly Personal Care Home Members

Problem Area	Solution
Taste	Find out what foods the member likes Don't give medications with meals, 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 D

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																								
1																								
2																								
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Signature RN Supervisor: _____ Date: _____

Progress Notes

Date		Staff Initial

Nurses' Instructions / Comments		

APPENDIX E
Alternative Living Services
Quarterly Compliance Visits
Revised 03/2010

_____ 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)						
o Sufficient lighting with at least 60 watts in all areas [111-8-62-.15 (b)						

Criteria/Standard 100%	Yes	No	N/A	Comments	Acton Plan	Responsible Person /Time Frame
o 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]						
o Operable, accessible telephone that allows for privacy [111-8-62-.26 (1) (m) and 111-8-62-.18 (5)]						
o Evidence of activities [111-8=62-.26 (1) (c) 2; 111-8-62-.(1) (i)]						
Items to be Posted						
o HFR permit [111-8-62-.06 (1)] and [111-8-62-.07 (1)]						
o Ombudsman poster [111-8-62-.26 (1) (V)]]						
o Most recent ORS inspection report [111-8-62-.12 (2)]						
o House Rules [111-8-62-.17 (1) (h)]						
Items to be Posted cont'd						
o 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]						
o 3-day supply non-perishable foods for emergencies [111-8-62-.22 (7)]						
o Trash can with close-fitting cover [111-8-62-.14 (9)]						
Client Bedrooms [111-8-62-.13]						
o No more than 4 clients per room [111-8-62-.12 (b)]						

Criteria/Standard 100%	Yes	No	N/A	Comments	Acton Plan	Responsible Person /Time Frame
○ 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)]						
Medications [111=8-62-.21, 1203.7; 1253..9]						
○ Stored under lock and key						

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Criteria/Standard 100%	Yes	No	N/A	Comments	Acton Plan	Responsible Person /Time Frame
o Refrigerated meds in locked container						
o In original container with label intact						
Medications cont'd						
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 CCSP/SOURCE Provider Manuals available						
Employee Records [111-8-62-.10 (1); 607.3]						
o Criteria-based job description/ performance evaluation, signed, dated						
Employee Records cont'd						
o Job application and/or resume						
o Verification of current Georgia licensure						

Criteria/Standard 100%	Yes	No	N/A	Comments	Acton Plan	Responsible Person /Time Frame
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 F
CCSP/SOURCE Care Coordination ALS checklist

Client _____ Date _____ Care Coordinator _____

Name of ALS _____ Type ___Family ___Group

Name of Provider Agency if Family Model _____

1. General Information

a. ☐Yes ☐No Provider license is posted and current for _____# clients
b. Total # clients living at ALS _____ c. _____#CCSP/SOURCE 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 ☐No Building/client room temperature comfortable?
(no lower than 70º or higher than 75º in winter; 80º or below in summer)
b. ☐Yes ☐No Lighting in facility/client room adequate
c. ☐Yes ☐No Client's room is neat, clean, odor-free and in good repair?
d. ☐Yes ☐No Environment accessible for client?
e. ☐Yes ☐No Furnishings are in good repair?
f. ☐Yes ☐No ☐N/A Client's assistive device(s) available and in good repair?
g. ☐Yes ☐No Facility 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 ☐No ☐N/A Supervisory visits completed 2 times each month with 14 days between?
b. ☐Yes ☐No ☐N/A Client changes/problems documented with appropriate follow up?

c. ☐Yes ☐No ☐N/A Documentation of any additional services being rendered?
d. ☐Yes ☐No Client 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 ☐No Client name and medication on prescription label matches medication sheet?
b. ☐Yes ☐No Med sheets signed by RN supervising medication administration?
c. ☐Yes ☐No ☐N/A Documentation of missed medications, reason and corrective action?
d. ☐Yes ☐No Medications are under lock and key?

e. Comments

_____

_____

_____

5. Client condition

a. ☐Yes ☐No Client and clothing clean?
b. ☐Yes ☐No Client condition matches documentation in progress notes?

c. Comments_____

_____

6. <u>Client Incident reports</u>

a. Any incident reports since last CC visit? (#/date/type of incident) ☐Yes ☐No ☐N/A

_____

_____

_____

b. Documentation for each incident and action taken in client record? ☐Yes ☐No

c. Has the facility documented a pattern on incident reports or elsewhere? ☐ Yes ☐ No

d. CC identification of patterns or trends in review of all incident reports?
☐ Time of day ☐ Place ☐ Caregiver ☐ Cause _____

Comments: _____

e. Did client have any incident (falls, injuries etc.) but no incident report was completed?

☐ Yes ☐ No ☐ N/A

Provider reason for incident report not being completed _____

_____

f. CC action plan to reduce/prevent client injury ☐ See Service Evaluation ☐ See Case Notes
☐ Other _____

7. Report of Findings:

Person reported to: _____ Agency _____Date _____

Comments: _____

_____

_____