

Community Care Foster Family Home
Provider Policies and Procedures

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Community Care Foster Family Home
Provider Policies and Procedures

The purpose of these policies is to ensure Community Care Foster Family Homes (CCFFH) meet Hawaii Administrative Rules (HAR).

A CCFFH receives Federal Medicaid funds, is considered a public entity, and will meet all federal, state, local rules, regulations, and laws.

A copy a CCFFH's policies and procedures will be made available to the client, client's family or general public when requested.

A CCFFH's current certificate will be posted in a visible area of the home. Certificates are not transferrable from one person to another.

CCFFH's will be reviewed and inspected up to Ninety (90) days before the current certificate expires.

Client admissions can be suspended or clients relocated by the Case Management Agency (CMA), Adult Protective Services (APS), the Department of Health (DOH) or Community Ties of America (CTA), if the home fails to comply with applicable contracts, rules, and regulations.

The term caregiver(s) refers to both the Primary Caregiver (PCG) and Substitute Caregiver (SCG).

Policy #1: Staffing Requirements

The purpose of this policy is to assure adequate skills, experience, requirements and on-going training of caregivers. Evidence of these requirements will be kept in the CCFFH file.

The primary caregiver (PCG) and substitute caregivers (SCG) will meet the following requirements:

1. PCG will live in the CCFFH and be able to provide proof of residency.
2. If PCG does not own the home or is a part owner, the home will keep proof that all owners of the home give the PCG permission to operate a CCFFH on the premises.
3. PCG will be at least 21 years old; SCGs will be at least eighteen (18) years old; for a 3 bed certified CCFFH, the SCG will be 21 years old.
4. Caregivers will be able to read, write, understand, and speak English in order to ensure continuity of care, be able to follow directions, and meet all healthcare needs of clients.
5. The PCG will be a Nurse Aide (NA), Certified Nurse Aide (CNA), Licensed Practical Nurse (LPN) or Registered Nurse (RN), and have at least one (1) year of experience in a home setting as a NA, CNA, LPN or RN. PCGs in 3 bed certified CCFFH will be a CNA, LPN or RN.
6. Caregivers will have no physical or mental health conditions preventing them from being able to meet the daily needs of clients on a twenty-four (24) hour basis.

7. Caregivers will complete a CCFFH disclosure form, which serves as a self-disclosure psychosocial assessment. When any changes occur to any of the information on the disclosure form a new one will be completed and sent to CTA.
8. PCGs will have a CTA approved/CMA trained SCG who will take on care giving responsibilities in the absence of the PCG. The PCG will ensure a SCG is available and capable of managing all client care and any event occurring in the home.
 - A. SCGs will be approved by CTA and trained by a client's Case Management Agency (CMA) before providing care to any client.
 - B. The Primary caregiver will report extended absences to the client's CMA verbally and in writing prior to any planned absence or being unable to perform caregiving duties. Unplanned absences or events that prevent the primary caregiver from performing regular duties will be reported within 24-hours.
 - C. The CCFFH will not use unapproved and untrained SCGs to care for clients.
 - D. Inform SCGs to permit entrance to the home when CMA, DOH, and CTA staff visit with or without prior notice.
9. Caregivers will be able to provide transportation for client's medical, social, and reasonable recreational needs through possession of a valid Hawaii driver's license and access to an insured vehicle with at least \$100,000 of coverage for each person with respect to bodily injury and \$30,000 for each occurrence with respect to property damage or have an approved alternate transportation plan.
 - A. When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternate transportation plan is required. The alternate transportation plan may include, but is not limited to, the use of a handivan, taxi or substitute driver and will be approved by CTA.
 - B. When a substitute driver is used, the substitute driver will have a valid driver's license and use of an insured vehicle. The substitute driver will have a current tuberculosis clearance and provide the PCG with a signed statement indicating no conviction record. The CCFFH will keep these items in the CCFFH file.
10. Caregivers and adult household members will keep updated background checks (initial FBI Fingerprinting, Adult Protective Services (APS)/Child Abuse and Neglect (CAN) Check and Hawaii State Name Check (Ecrim)).

** The home is required to obtain fingerprint and APS/CAN (Child Abuse & Neglect) background checks from Fieldprint Hawaii (www.fieldprinthawaii.com). Hawaii State Name Check (Ecrim) with a validation code can be obtained at <https://ecrim.ehawaii.gov/ahewa/>. Applicable fees will be paid through those websites.

- A. APS/CAN results for caregivers and adult household members are required every year for the first two (2) years and then every other year after the 2nd year. (for example: 6/2005, 6/2006, 6/2008, 6/2010, and so on)
- B. Fingerprint results for caregivers and adult household members. The Fingerprint Check is required only one time if done before 11/1/08 as a PCG or SCG.

- C. If not done before 11/1/08, Fingerprinting is required every year for only the first two (2) years
- D. Hawaii State Name Check/Ecrim needs to be done every other year beginning in year 4 (two years after the last fingerprint was done) for caregivers and adult household members. (for example: 6/2005 fingerprint, 6/2006 fingerprint, 6/2008 State name check/Ecrim, 6/2010 State name check/Ecrim and so on)

** When there is a red light determination made by Fieldprint or findings on an Ecrim state name check, an exemption needs to be requested through Fieldprint.

11. Caregivers will comply with all related federal, state and county laws, ordinances, rules, and regulatory requirements, including but not limited to statutes, which prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status or handicap.

These can include but are not limited to: the Affordable Care Act, The Federal Code of Regulations regarding Home and Community Based Services (HCBS), Health Insurance Portability and Accountability Act (HIPAA), U.S. Food and Drug Administration (FDA), Drug Enforcement Administration (DEA), American with Disabilities Act (ADA), Civil Rights Title VI, United States Department of Labor, Occupational Safety and Health Administration (OSHA), Internal Revenue Service (IRS), Hawaii Department of Taxation, Department of Commerce and Consumer Affairs (DCCA): Health Regulated Industries (RICO), Hawaii State Board of Nursing, etc...

12. Caregivers and adult household members will meet the Department of Health Tuberculosis (TB) clearance requirements. Requirements can be found at <http://health.hawaii.gov/tb/>
13. Caregivers will have documentation of continued training in bloodborne pathogen and infection control, cardiopulmonary resuscitation (CPR), and basic first aid. LPN's and RN's do not need to have first aid.
14. The PCG will attend twelve (12) hours and SCGs will attend eight (8) hours of yearly in-service training for a one and two bed certified home. For a 3 bed certified CCFFH, both the PCG and SCG will attend twelve (12) hours in 12 months or twenty-four (24) hours in 24 months of in-service training. The training will be pertinent to the management and care of clients.

** In service training documents will include the caregiver's name, instructor's signature, course taken, course hours, date taken, and expiration date, if applicable.

15. Any SCG who provides three (3) or more hours of services per day (in any 24 hour period) to a client (even once), in a one or two person CCFFH, will, at a minimum, be a NA.

**** SCGs, including those providing less than three (3) hours of services per day, will meet all requirements as stated in this policy and the HAR for SCG's**

16. The PCG will notify the client's case management agency (CMA) and CTA of changes in SCGs including additions, terminations and replacements.
17. The PCG and SCG will be assessed in basic and client specific skills by the CMA to perform tasks necessary to carry out each client's service plan.
Caregivers will maintain their skills to be able to perform the minimum following skills:
Ability to accurately obtain temperature, blood pressure, pulse, and respiratory rate
Ability to assess and document pain levels
Observe proper infection control guidelines including hand washing and wearing of personal protective equipment, including gloves
Ability to safely and properly position clients in chairs, up in bed, moving to side of bed, side lying position and supine position
Ability to perform range of motion exercises
Ability to safely and properly transfer clients
Ability to safely and properly assist clients in ambulation

Note: no household member or other individual may provide direct client care or observe direct private patient care without being a CTA approved caregiver.

Policy #2: Admission of Clients

The purpose of this policy is to assure requirements for admission into the CCFFH are met for both Medicaid and Private Pay clients.

To be admitted to the CCFFH, clients will:

1. Be certified by a physician as requiring nursing facility level of care. The Medicaid agency Medicaid consultant will certify a client who is a participant in a federally funded Medicaid program.
2. Willingly choose to enter a CCFFH after receiving choices regarding long-term care options and choices of CCFFHs.
3. Have a physical examination by a physician within thirty (30) days prior to admission or within seven (7) days after admission. An Adult Protective Services client may be admitted for emergency reasons and will obtain a physical examination as soon as possible after admission. The process to obtain a physical examination will begin within three (3) days after being admitted to the home.
4. Have a tuberculosis clearance issued within twelve (12) months prior to admission.
 - A. An adult protective services client may be admitted for emergency reasons without a current tuberculosis clearance, provided the process to obtain a clearance is begun within three (3) days after being admitted to the home.
 - B. Tuberculosis clearances will comply with testing procedures established by the Department of Health.

5. Be placed by a CMA into the CCFFH and provided ongoing case management services by a licensed home and community-based CMA.
6. Be a recipient of supplemental security income, if eligible.
7. The CCFFH will not accept more clients than certified for nor will the home admit clients into the CCFFH without assistance from a CMA. Client will be unrelated to the foster family.
 - A. If the home is certified for one (1) person: one client will be a Medicaid client.
 - B. If the home is certified for two (2) persons: at least one (1) client will be a Medicaid client.
 - C. If the home is certified for three (3) persons: at least two (2) clients will be Medicaid clients.
8. The PCG has the right to refuse admission of a client, if the admission may hinder the PCG's ability to meet the care needs of another client in the home or may pose a risk to the caregiver's family system.
9. The PCG has the right to have a client's history released to them before admission, to include but not be limited to, diagnosis, type of care required, medication, feeding, assistance required in mobility, treatments, and behavioral issues. This process assists in finding the most appropriate placement of a client.
10. When a PCG admits a new client to the home, a personal inventory of belongings will be completed, signed by the PCG, and the client or the client's legal representative. This personal inventory sheet will be updated as clients receive additional belongings or belongings are lost, damaged or otherwise disposed of.

** While the CMA will make sure the above requirements are met before a client can be admitted, the PCG should ask if all requirements have been met and should refuse to admit a client if all requirements have not been met.

** A Medicaid Pending client is considered Private Pay until approved for Medicaid.

Policy #3 Transfer and Discharge of Clients

The purpose of this policy is to assure a smooth, orderly process for transfer and discharge of clients.

The transfer and discharge of the client may occur when:

1. The home is unable to meet the needs of the client.
2. The PCG and/or the client will tell the client's current CMA of intended transfer or discharge.
3. The client will tell the client's current CMA of intended transfer or discharge to another CMA.
4. At least three (3) weeks advance written notice is given before any transfer or discharge to:

- A. The home and the case manager (CM), when the transfer or discharge is started by the client or the client's legal representative; or
 - B. The client and the client's legal representative, when the transfer or discharge is started by the CMA or the home.
5. Three (3) weeks advance notice will not be required:
 - A. For emergency transfers or discharges;
 - B. When the transfer or discharge is mutually agreed upon by the client or the client's legal representative, the home and the CMA; and
 - C. When a transfer is required because a home's certificate has been revoked.
 6. All transfers and discharges will be coordinated with the client, the client's legal representative, if applicable, the CMA, and the home.
 7. The home caregivers will assist the CMA, the DOH, and/or CTA when immediate removal of the client is necessary.
 8. The immediate removal of the client will be ordered when the CMA, the DOH, and/or CTA determines there is imminent danger to the life, health, safety or welfare of the client; the PCG fails to comply with the CMA contract or the PCG fails to correct deficiencies within the timeframe specified by CTA.

****Clients will be immediately transferred from any home found to have an unapproved caregiver taking care of clients. The home's certificate will subsequently be revoked by the DOH.**

9. When the client is relocated, the home caregivers will not obstruct the relocation process, will help the client, and the CMAs in the relocation process. Such assistance will include but is not limited to:
 - A. Identifying and preparing for removal of medications, insurance documents, clothing, safeguarded personal funds, valuables, and other belongings of the client; and
 - B. Providing access to the client's file during relocation and the return of the file to the CMA upon relocation.

Policy #4 Voluntary Closure of the Home

The CCFFH will notify CTA and the client's CMA in writing ninety (90) days before the date of a voluntary closure. Less than ninety (90) days will be considered under special circumstances.

Policy #5 General Insurance Requirements

The purpose of this policy is to assure adequate insurance coverage.

1. The CCFFH will obtain, maintain, and keep liability insurance through an insurance company authorized to do business in the State of Hawaii, and meets the requirements of section 431.8-301, HRS.

Foster Family Homes may use these sample policies/forms. If chosen, they will be followed as written. Homes may write their own policies and make their own forms. However, they must meet the Hawaii Administrative Rules guidelines. Homes do not have to use samples provided by CTA

General – a certificate of insurance specifying coverage for general liability (comprehensive general liability {CGL} for \$1,000,000 for each occurrence). The policy will cover all caregivers in the CCFFH.

2. The PCG is responsible to make sure there is no gap in any insurance coverage and to keep proof of uninterrupted coverage, including automobile, in the CCFFH file. This proof of coverage will be made available to the DOH or CTA as requested.

Policy #6 Fiscal Requirements

The purpose of this policy is to assure the home has adequate resources to operate a CCFFH business, pay all related business, and home expenses, whether a CCFFH has clients or not.

1. The home will keep financial records reflecting income and all money received regarding the CCFFH business. Financial records should also include all direct, indirect expenditures, and expenses related to the operation of the CCFFH. **These records may contain copies of electric bills, cable, phone, mortgage, paystubs, invoices, grocery receipts, receipts for medical equipment, etc...
2. The home will keep financial records following generally accepted accounting principles.
3. CCFFHs can use the CTA monthly budget sample forms, keep saving and checking account statements, tax returns or any other form of financial record to prove the home has adequate finances to run a CCFFH business and operate the home. Financial auditing is part of the regulatory review process by the DOH and/or CTA.

*** The home will not rely solely on the income of clients, as there is no guarantee what type of clients (Medicaid or Private Pay) nor how many clients will be in the home at any given time.

Policy #7 Reporting Changes

The purpose of this policy is to report changes to the appropriate agency.

1. The home will immediately report to CTA changes affecting the home's ability to comply with HAR requirements. Changes that will be reported include, but are not limited to:
 - A. Changes that may pose a risk to the life, health, safety or welfare to the clients. These changes will also be reported to the client's CMA.
 - B. Changes in the criminal history record, child abuse and neglect, and adult protective service perpetrator history of any member of the household or substitute driver, except for clients receiving care, as soon as they occur.
 - C. Changes in the household composition (example; someone moves out or in), structure of the home changes (example: construction or renovation); or any dependent household members change (a baby is born or child turns 18).
 - D. Changes in address.

****Changes to the structure of the home or service delivery site will be approved by CTA after the change occurs to make sure the minimal physical environment requirements are met through an onsite home inspection. Caregivers will inform the CMA before making changes to the structure of the home to ensure the client's health will not be affected.**

- E. The PCG will give a written report of SCG changes, including additions, terminations, and replacements, to CTA and will notify the client's CMA.

Policy #8 Client Care and Services

The purpose of this policy is to outline care and services to be provided to the clients in the home.

1. Anyone in the home, who is receiving any type of care, including meal preparation, is considered a client unless related to the PCG. This can include boarders/renters.
2. Care and Services provided to the client will:
 - A. Be appropriate to the age, condition of the client, and be provided in a homelike environment.
 - B. Be based on care directions from the client to the maximum extent possible, with monitoring by the CMA when the client is not capable of providing care directions.
 - C. Be based on the caregiver following a service plan focused on the client's needs. The RN CM will delegate client care and services through RN delegation training. Primary and substitute caregivers will receive RN delegation training before providing care to clients per Chapter 16-89, Subchapter 15.
 - D. Include personal care, homemaker, transportation and respite services, as stated in service plan.
 - E. Include the caregiver practicing the following:
 - i. Appropriate, safe techniques and infection control procedures.
 - ii. Encouragement of client independence, as much as possible.
 - F. Include recreation and social activities, which will:
 - i. Be arranged and provided, in accordance with the client's service plan, in or outside the home based on the client's interests, needs, and capabilities.
 - ii. Include access by the client to radio, television, and telephone.
 - iii. Access to privacy for private conversations, receipt of unopened mail, private visitation area including the client's bedroom if the client so chooses.
3. Medications will be administered to clients based on current physician orders and in accordance with the RN delegation laws and policies of the client's CMA. Medications will be stored and administered in accordance with guidelines from the Drug Enforcement Administration (DEA) and the Food and Drug Administration (FDA).

4. Special feeding needs and dietary orders will be followed according to the client's service plan, physician orders, and training provided by the clients CMA.
5. Medication errors and drug side effects will be immediately reported to the client's physician and the CMA within 24 hours. Caregivers will document these events and the action the caregiver took in the client's progress notes.
6. Use of physical or chemical restraints, including but not limited to: sedating medication, safety belts, and side rails will:
 - A. Be ordered by a physician
 - B. Be reflected in client's service plan
 - C. Be based on an assessment that includes the consideration of less restrictive restraint alternatives.
7. Medicaid and Private Pay clients will receive the same food for meals and snacks within dietary MD orders. All clients will be treated equally without discrimination based on payment source or amount of payment.

Policy #9 Smoking Policy

The home will have policies regarding smoking on the property which:

1. Prohibit smoking in enclosed living and recreational areas used by clients: and
2. Identify designated areas for purposes of smoking

Policy #10 Reporting of Adverse Events

The purpose of this policy is to assure the timely and appropriate reporting of adverse events.

1. The term "adverse event" means any incident or event which may have quality of care implications for clients, including, but not limited to:
 - A. Bodily injuries sustained by the client, regardless of cause or severity;
 - B. Medication errors;
 - C. The whereabouts of the client are unknown; or
 - D. Any protective services reports (APS or CPS) or investigation involving the client or the facility in which the client is residing.
 - E. Also included in adverse events are falls with or without injury, emergency room visits, hospitalizations, death, pressure ulcers, APS and child protective services involvement and anytime EMS is called to the home for any reason.
2. A verbal report to the client's CMA will be made within twenty-four (24) hours of the adverse event; and
3. A written report will be sent to the client's CMA within seventy-two (72) hours of the adverse event, excluding weekends and holidays.
4. A written report will be faxed to CTA within 7 business days from date of incident by the CMA, excluding weekends/holidays.

Policy #11 Environmental Requirements

The purpose of this policy is to assure a safe and accessible environment for the client.

The certificate holder will make sure the following minimum physical environment requirements are met according to the Hawaii Administrative Rules Section 17-454-48 and/or the 3 person certified home requirements.

The home will be kept in a clean, well ventilated, adequately lit and safe manner including but not limited to: No pests (ants, roaches, mice), safe food storage and preparation, no clutter or garbage, have a working toilet, running hot and cold water, follow sanitation guidelines, and have a working stove/oven and refrigerator/freezer.

Policy #12 Client Rights

The purpose of this policy is to assure clients are aware of their rights. (see CCFFH admission and agreement policy and procedure)

1. A copy of the client's rights will be given to the client or the client's legal representative and made available to the public when requested.
2. The client will be fully informed, either before or at the time of admission, of these rights and of rules outlining the client's expected conduct in the home.
3. There will be documentation signed by the client or the client's legal representative of this procedure being performed and kept in the client's file. **The PCG will be responsible for ensuring the client or the client's legal representative has received a signed copy and understands their rights. **If a client has a legal representative because the client has been deemed incapable, documents will be signed by the representative.

Policy #13 Grievances

The purpose of this policy is to assure clients are aware of the grievance procedures in order to address a concern with the operation or services of the home, to improve processes and procedures, as well as ensure program requirements meet quality standards. Filing a grievance or complaint does not mean any wrong doing has occurred.

All persons have a right to make a complaint or voice a concern without any form of retaliation including but not limited to: harassment, requiring client to move from the home, telling the client or the person making the complaint they should not have made the complaint, returning accusations towards the client, refusing or withholding any services, or treating the client differently because they made a complaint.

1. The PCG will inform the client or the client's legal representative of the grievance procedure and the right to appeal in a grievance situation prior to or at the time of admission.

2. The PCG will give a written copy of the grievance procedure to the client or legal representative, which includes the names and telephone numbers of the individuals who will be contacted in order to report a grievance including DOH and CTA.
3. The PCG will get signed acknowledgements of the grievance policy reviewed by the client or legal representative and will be kept in the client's file.

Policy #14 Records and Reports

The purpose of this policy is to assure readable, current, truthful, and correct information in one location for each client.

1. The PCG will maintain an up to date book or list of community resources.
2. The PCG will keep separate client charts for each client following the client's CMA policy. The file will be legible and organized. Documentation will include timely signing and dating of each entry in black ink. Entries in the client file will be kept consistent with documentation standards. Entries will be kept in detail to permit effective professional review and will provide information for necessary follow up care. The contents of each client's file will be consistent with program standards and will contain:
 - A. Client's vital information;
 - B. Client's individual service plan;
 - C. Copies of current physician's orders;
 - D. Client specific emergency management procedures;
 - E. Medication administration record/log;
 - F. Daily documentation of the provision of services through;
 - Personal and skilled nursing care
 - RN and SW CM visit notes and assessments
 - Documentation of significant events
 - Adverse events
 - G. Client account record;
 - H. Current personal inventory of client's belongings

Policy #15 Suspected Abuse, Neglect and/or Exploitation

The purpose of this policy is to safeguard clients from abuse, neglect, and/or exploitation. This policy is implemented in conjunction with the Hawaii Revised Statutes on Adult Protective Services 346-221 to 346-253.

A Copy of HRS§346-221 can be found on the Hawaii Legislative website at http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0221.htm

All suspected cases of abuse including caregiver neglect or exploitation will be documented and reported to Adult Protective Services (APS) who will investigate according to APS rules, policy and procedure.

Definitions

Abuse means any of the following, separately or in combination:

- (1) Physical abuse
- (2) Psychological abuse
- (3) Sexual abuse
- (4) Financial exploitation
- (5) Caregiver neglect
- (6) Self-neglect

1. Physical abuse means:

- A. The non-accidental infliction of physical or bodily injury, pain, or impairment, including but not limited to hitting, slapping, causing burns or bruises, poisoning, or improper physical restraint; or
- B. Causing physical injuries that are not justifiably explained or where the history given for an injury is at variance with the degree or type of injury.

2. Psychological abuse: the infliction of mental or emotional distress by use of threats, insults, harassment, humiliation, provocation, intimidation or other means that profoundly confuse or frightens a vulnerable adult.

3. Sexual abuse: nonconsensual sexual contact or conduct caused by another person, including but not limited to:

- A. Sexual assault, molestation, sexual fondling, incest, or prostitution; or
- B. Pornographic photographing, filming or depiction

4. Financial exploitation: the wrongful taking, withholding, appropriation or use of a vulnerable adult's money, real property, or personal property including but limited to:

- A. The breach of a fiduciary duty, such as the misuse of a power of attorney or the misuse of guardianship privileges, resulting in the unauthorized appropriation, sale, or transfer of property;
- B. The unauthorized taking of personal assets;
- C. The misappropriation or misuse of moneys belonging to the vulnerable adult from personal or joint account; or
- D. The failure to effectively use a vulnerable adult's income and assets for the necessities required for the vulnerable adult's support and maintenance, by a person with a duty to expend income and assets on behalf of the vulnerable adult for such purposes.

Financial exploitation may be accomplished through coercion, manipulation, threats, intimidation, misrepresentation, or exertion of undue influence.

5. Caregiver Neglect: means the failure of a caregiver to exercise that degree of care for a vulnerable adult that a reasonable person with the responsibility of a caregiver would exercise within the scope of the caregiver's assumed, legal or contractual duties, including but not limited to the failure to:

- A. Assist with personal hygiene;
- B. Protect the vulnerable adult from abandonment;
- C. Provide, in a timely manner, necessary food, shelter, or clothing;
- D. Provide, in a timely manner, necessary health care, access to health care, prescribed medication, psychological care, physical care, or supervision;
- E. Protect the vulnerable adult from dangerous, harmful, or detrimental drugs, as defined in section 712-1240; provided that this paragraph shall not apply to drugs that are provided to the vulnerable adult pursuant to the direction or prescription of a practitioner, as defined in section 712-1240.
- F. Protect the vulnerable adult from health and safety hazards; or
- G. Protect the vulnerable adult from abuse by third parties.

ALL information related to a suspected case of abuse, neglect or exploitation will be reported to:

Adult Protective Services:

Oahu: (808) 832-5115

Kauai: (808) 241-3337

Maui/Molokai/Lanai: (808) 243-5151

East Hawaii (Hilo/Hamakua/Puna): (808) 933-8820

West Hawaii (Kau/Kona/Kohala/Kamuela): (808) 327-6280

In addition, the client's CMA shall be informed.

If a caregiver suspects child abuse, the caregiver will call Child Protective Services: 808-832-5300 on Oahu; on Neighbor Islands call 1-800-494-3991

All Adult Protective Service reports and investigations will be reported on an Adverse Event form.

Policy #16 Client Finances

The purpose of this policy is to assure consistent, orderly recording and management of client funds when they or family are unable or unwilling to do so.

1. Client monies will be kept in a location separate from the caregiver's and an accounting record will be kept which will allow for easy review.
2. The client may be allowed to keep and manage their own money if they desire. The client file will reflect the client manages their own finances and no money exchanges hands between client and caregiver with the exception of room and board and service payments.
3. If the family will manage the client's money and the client agrees, this will be reflected in the client's file.
4. When the client or the client's family determine the caregiver will manage the client's spending money (monthly allowance) the following conditions will apply:

- A. The money will be kept in a savings or checking account, wallet, envelope or container and used only for the client's incidentals.
- B. A client account will be kept. This written ledger will be kept up to date and indicate money received, money spent, and the remaining balance. The balance on the ledger will match the amount of money in the client's wallet, envelope or container.
- C. Receipts will be kept for all money spent on behalf of or at the direction of the client. Personal funds and valuables of the client will not be kept with those of the home, caregivers, household members or other clients. Client funds will not be used as home funds or petty cash.

Policy #17 Documentation

The purpose of this policy is to describe the guidelines for documenting CM services in the client's file.

Client service information obtained through referral and admission is recorded in the client's file kept by the CMA. Ongoing care is recorded in both charts kept by the CMA and the CCFFH provider. Clinical staff and providers record pertinent information and address a client's needs, problems, capabilities, limitations, and responses to interventions.

1. A client file is kept on each client to provide a permanent record of each client, kept by the caregiver.
2. Documentation must be neat, legible and include the full signature (not initials)/title of the person making the entry and the full three part date with Month/Date/Year on all entries.
3. The client's first and last name will appear on every document.
4. Entries into a client's file will be made in ink.
5. There will be no erasure, use of white-out or copying the information to a new sheet/document. If mistakes are made in the record, a single line should be drawn through the entry, chart the date/time and "error" written by the entry and initial the entry. Then the correct information should be charted.
6. In-person, telephone or electronic consultation/communication regarding clients will be documented in client record.
7. Documentation will be recorded in the client's file by the caregiver as needed to properly reflect care given/received by the client and to address all needs, problems, capabilities/accomplishments and progress towards service plan goals.

Policy #18 Contracts with Case Management Agencies

The home will not have a verbal or written agreement with any case management agency to accept only those case management agency's clients.

No PCG, SCG, owner of the CCFFH property, or any other adult in the home will be related in any way to a paid or unpaid member of the staff or officer of a CMA.

Policy #19 Cooperation with Case Management Agencies and the Department

The home will cooperate at all times with the CMA serving a client in the home. This includes allowing the CMA access to the home and the client at any time with or without prior notice including evenings and weekends.

The home is subject to review and investigation at any time by the DOH or it's designee including evenings and weekends, with or without prior notice.

Policy #20 Confidentiality and Privacy Policy

All information relating to clients will be confidential and follow all applicable Health Insurance Portability and Accountability Act (HIPAA) laws.

Caregivers and adult household members will safeguard confidential information about clients. Including but not limited to:

1. Storage of client charts and medications
2. Procedure for visitation and phone calls
3. Maintaining client privacy

The home will inform clients about their confidentiality practices and will respect client privacy rights.

1. Client charts and reports are confidential and will not be released without the written consent of the client or the client's legal representative, as applicable. The client's CMA will be informed of any request for the release of information concerning clients and will retain a copy of the client's written consent to release information.
2. The PCG will train caregivers and adult household members on the home's confidentiality and privacy practices and policies.

Policy #21 Corrective Action and Sanctions

The home will write a corrective action report for all deficiencies found by the DOH or it's designee for any type of review performed.

The CCFFH will respond to the report by writing a corrective action plan (CAP). The CAP will include a detailed explanation of what the home did to correct the deficiency and the specific plan the home will implement to prevent the deficiency from occurring in the future.

The home will be 100 percent compliant with all applicable rules before receiving a certificate.

All reviews and corrective action plans will be posted on the DOH website for the public to view beginning January 1, 2015.