R&M Living Care

TABLE OF CONTENTS

28802 SW 150th AVE Homestead, FL 33033
Rmliving288@gmail.com
(305) 281-9518

R&M Living Care

Mission Statement

R&M LIVING CAREis committed to providing quality health care and work in excellence to help persons with disabilities to improve activities of daily living and emotional comfort to help them achieve their desirable goals and outcomes and maintain and improve service delivery system for the Home and Community Service Waiver.

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Person Centered Approach to Service Delivery System

As a provider of waiver service, R&M LIVING CAREis committed to assisting individuals in achieving their desired outcomes. To do so, R&M LIVING CAREwill spend as much time as necessary with the individual to determine what those outcomes are like all of us, people with disabilities may change their outcomes or their priorities over time. R&M LIVING CAREwill continue to assess their progress toward achievement of these outcomes and will make changes to my services as needed. At times, individuals receive a variety of services. The role of R&M LIVING CAREis to coordinate services, to the best of their ability, with other service providers to reduce disruption with the person. Furthermore, it is the responsibility of R&M LIVING CAREto learn the individual's priority outcomes and ensure that R&M LIVING CAREis geared toward the achievement of these outcomes as indicated on the support plan.

From time to time, individuals may become dissatisfied with the services R&M LIVING CAREprovides. When R&M LIVING CAREfirst begins providing services and annually thereafter, R&M LIVING CAREtells each individual that R&M LIVING CAREwants to work out any differences and R&M LIVING CAREwill review the grievance procedure with them. Should they be concerned about their perceived lack of progress in outcomes R&M LIVING CAREwill help them achieve more success through modifications to the implementation plan.

R&M LIVING CAREis committed to the principle that individuals should drive the services by choosing their providers and what supports will be provided. If R&M LIVING CAREbecomes aware of service needs outside of the scope of R&M LIVING CAREwork, R&M LIVING CAREwill assist that person in advocating on their behalf to the support coordinator.

To facilitate the personal outcome progress, R&M LIVING CAREwill involve the individual from initial assessment to development and implementation of their plan. R&M LIVING CAREis committed to the principle of person centered planning and, as such, support the individual in choosing who will attend all planning meetings, and in being actively involved in discussing whether supports and services are adequately meeting his/her needs. If invited, R&M LIVING CAREwill also attend the annual support plan meeting, if possible, and make myself available to the support coordinator and other circle of support members as needed.

R&M LIVING CAREwill ensure that R&M LIVING CAREfollows up on any recommendations of my services as indicated in person centered review reports if notified of these recommendations by the support coordinator.

This acknowledges that the policy related to the personal outcome process will be explained to the individual/guardian.

R&M LIVING CAREembraces the principle of person-centered planning. R&M LIVING CAREstrongly believes the individual should drive the service delivery and is fully involved in all aspects of planning and implementation of services. R&M LIVING CAREwill implement this policy through the following activities:

- Fully involving the individual in the assessment process by asking the individual about their capacities, needs and desires.
- Obtaining permission from the individual before gathering any other information for assessment purposes through other means (staff interviews, review of record, etc.)
- Ensuring the individual is fully involved in the development of the implementation plan and that the plan is signed by the individual before implemented.
- Providing ongoing review of the implementation plan and modifying the plan, as needed, to promote the achievement of outcomes.

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R&M Living Care

- Reviewing any recommendations of the person-centered reviews related to my services with the waiver support coordinator and the individual, upon his/her approval.
- R&M LIVING CAREwill also actively work toward addressing these recommendations and involve the individual in assuring that his/her issues/concerns are addressed.
- Soliciting feedback from the individual/guardian at least annually in the form of a satisfaction survey of my services. If concerns are expressed during this survey, R&M LIVING CAREwill work with the individual on addressing his/her concerns.
- Reviewing my grievance protocol with the individual/guardian when services are first implemented and annually thereafter to ensure a full understanding of how issues of concern may be resolved.
- Participating in support plan and other meetings, when invited, to communicate how services are being provided to ensure they meet the individual's needs/wants.

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Outcomes Measurement System

R&M LIVING CAREpromotes self-sufficiency and productivity of the individual serves. To determine if services are being provided in the defined manner, an outcome measurement system has been established for the service outcomes of each service.

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Promoting Health and Safety

R&M LIVING CARErecognizes the importance of individuals living and working in environments that promote their health and safety. R&M LIVING CAREviews the role of a safe work environment to be the following in promoting these efforts:

TRAINING: R&M LIVING CAREwill maintain certification in HIV/AIDS training, infection control procedures Cardiopulmonary Resuscitation (CPR). R&M LIVING CAREwill also ensure R&M LIVING CAREfully understands how to recognize signs of abuse and appropriate abuse reporting protocol, Incident reporting procedures and how fires and other natural disasters, accidents, illnesses, and injuries should be handled.

INCIDENT REPORTING: R&M LIVING CAREfully understands the District's operating procedure related to incident reporting and will seek clarification on the procedure as needed. R&M LIVING CAREwill ensure that all incident reports are sent within required timeframes and to the appropriate district personnel.

INFECTION CONTROL: R&M LIVING CAREWill use universal precautions practices and will teach proper hand washing protocols to the individuals that R&M LIVING CAREserves. Support Coordinators will be notified of any medical attention an individual need outside of my normal scope of service.

SANITATION: R&M LIVING CAREWill make sure that R&M LIVING CAREuses proper sanitation guidelines and provide prompting and assistance to individuals who reside in their own homes to ensure that their home maintains sanitary practices.

FIRST AID SUPPLIES: R&M LIVING CAREwill assist individuals residing in their own homes by aiding in ensuring that adequate first aid kits are maintained in each person's home.

VEHICLE SAFETY: If using own R&M LIVING CAREvehicle during my work, R&M LIVING CAREWill ensure that the vehicle is maintained as recommended, has required safety equipment Including a first aid kit and will ensure that maintenance records on the vehicle is maintained. R&M LIVING CAREWill maintain adequate insurance on my vehicle and submit copies of vehicle registration and insurance coverage to the district as required.

EVACUATION PROCEDURES: R&M LIVING CAREwill ensure that R&M LIVING CAREis fully aware of the evacuation plan for each individual R&M LIVING CAREand that R&M LIVING CAREmaintains a copy of everyone's evacuation plan in each participant's file if the individual is in a supported living arrangement.

PROPER MEDICAL CARE: R&M LIVING CAREwill notify support coordinators of any medical care needed by the individuals which is outside the scope of routine service provision.

MEDICAL INFORMATION: R&M LIVING CAREwill ensure that all the individual's files include up to date medical information including the name, address and telephone number of each medical/dental provider as well as emergency contact information. Medical information will also include any acute/chronic medical conditions for everyone, allergies and a current listing of all prescribed and over the counter medications use by the individual.

ON CALL SYSTEM: If required for service providers, R&M LIVING CAREWill be available on a 24 hour a day basis. R&M LIVING CAREWill ensure that support coordinators and individuals served have current contact information to activate the on-call emergency system.

Health and Safety Policy

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R&M Living Care

It is the utmost concerns that staffs monitor the safety of our consumers. **This requires constant vigilance and supervision.** To promote and protect health, safety and welfare of every client who receives services the provider will have policies and procedures to follow.

Fill out intake form with general information of the client that includes Name, DOB, SSN family information, support coordinator information primary physician, dentist, etc. all should be on primary binder on medical data sheet section, all staff will be informed.

Record all the client information in a personal file that describes his/her general information, personal needs, doctor's appointment information and treatments, physician notes, support plan, record of daily activities. Also, staff communication log will be able all time. All information and events that occur on a shift shall be recorded in the home logbook. Before staff changes shifts the following information will be verbally communicated to the oncoming shift by the outgoing shift. A walk through the home to visually check the residents to ensure they are all accounted for a change of shift.

All staff hired by R&M LIVING CAREmust carry CPR, HIV, Domestic Violence Certification, Control infection. The Staff will be training about firs Aid procedures and emergency interventions; all staff will receive in-service safety 3 days after hired and annually.

Safety Plan

A component of the support plan developed in consultation with the behavior analyst for individuals who have a documented history of engaging in sexual aggression, sexual battery or otherwise engaged in nonconsensual sexual behavior with another individual, with or without police involvement, that addresses their unique needs and creates safe environments for everyone and facilitates successful community living. The safety plan should include: a brief summary of historical behavior and any related criminal charges, court order, probationary or registration requirements, and information related to preventing the reoccurrence of offenses. Preventative measures should include triggers and high-risk situations for the individual, any known predatory grooming behaviors, any limitations on access to media or community outings, any avoidance behaviors requiring training or prompting, level and type of supervision throughout the day, that is supported by appropriate funding level, and any need for alarms or monitoring devices. If the safety plan impacts an individual's rights, the Local Review Committee must provide oversight.

Service Authorization

An APD document that authorizes the provision of specific waiver services to an individual and includes, at a minimum, the provider's name and the specific amount, duration, scope, frequency, and intensity of the approved service. The service authorization and any modifications to it must be received by the provider prior to service delivery. This includes changes to the authorization as a result of recipients redistributing funds within their existing cost plan. Service authorizations will not be approved retroactively. In limited circumstances, an exception may be made on a case-by-case basis by the APD regional office to correct an administrative error or to consider a health and safety risk or emergency situations.

Service Family

Categories that group related waiver services together. These include Life Skills Development, Environmental and Adaptive Equipment, Personal Supports, Residential Services, Support Coordination, Therapeutic Supports and Wellness, Transportation, and Dental Services.

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Service Log

A form in paper or electronic format used by a provider to document service delivery that contains the name of the individual providing the service, the recipient receiving the service, the time in and out for the period services were provided, the name of the service, the dates of service provision, summary or list of services provided, and any follow up needed for the recipient's health and safety if applicable. For providers that complete both service logs and daily progress notes, the two can be combined but must contain all information required for both documents. Electronic signatures are acceptable.

Safety Guidelines:

No extension cords should be used, as they are a fire hazard and are potentially dangerous.

No consumer should be left unsupervised at any time.

Staff should be aware of sharp objects and remove them if possible.

Staff must keep a constant eye out for the use of chemicals, items such as detergents, bug spray, etc, should always be put away. Staff should be supervising the use of such items.

Kitchen Area:

The stove and sink should be well lighted.

The stove has no flammable curtains or other materials hanging over it and no items are present close to the cooking surface.

Hazardous household items like bleach, cleaning supplies, etc.) are to be stored in a secure area.

Consumers should be monitored when they are in the kitchen due to the wealth of potential hazards.

Consumers should be supervised when they are handing hot foods and hot water.

During mealtime consumers, should be supervised. Due to potential health risks such as cooking.

Outdoor Area:

Steps and walkways are in good condition.

Flammable liquids in access to consumers look closet.

Keep toxic materials in their own containers and under look.

Supervise consumers closely during the summer months, but anytime the weather is extremely warm, consumers must consume enough liquids. Also, staff must pay close attention to sunlight. They are prone to seizures and are on medication, which enhance sensitivity to sunlight.

Seizure Report

R&M Living Care

Policy:

All staff working with the residents will ensure that physician is informed of those residents displaying seizure activity and residents are safe always.

1. All seizures will be immediately documented on the resident's seizure form. In the event of any seizure more than three (3) minutes, staff should immediately call the Director for instruction.

2. The staff will assess the resident condition during and after seizure.

3. If a resident has more than three (3) seizures in a day, the resident physician will be notified immediately.

4. Seizure activity will be reported to the Director for follow up with the resident's physician to determine the appropriate action to be taken.

Seizure Management:

1. Clear the area around the resident when seizure occurs.

2. Lay the resident down for safety.

3. Observe the resident during the seizure to ensure the airway is clear.

4. Time the length of the seizure and record the occurrence on the resident's seizure form.

5. After the seizure is over, check to see if resident response appropriately and allow the resident to rest.

6. Continue to observe the resident after seizure activity.

It is the policy of this Agency to provide a safe and healthful environment for all employees and visitors who are associated with our organization. Safety and health programs dedicated to the elimination of causes of accidents will be emphasized and sponsored throughout the facility and department work safety rules, the investigation of accidents and the inspection of work procedures and facilities. These on-going programs are intended to provide the knowledge and the motivation necessary to eliminate unsafe work practices and conditions, and to reduce the potential for accidents and personal injury. The success of our safety and health programs will only be achieved by the active leadership, direct participation and enthusiastic support from all department heads, supervisors and employees.

Each member of this Agency is obligated to observe safe practices and obey all safety rules. This direct personal involvement is the only way we can attain our goal of accident reduction and elimination. This Agency considers the safety of all employees as a major responsibility and constant endeavors will be made to promote safe working habits and conditions.

Emphasis will be placed on the following key points to accomplish our safety objectives:

a. Management shall have the authority and responsibility of maintaining a safe working environment and will actively participate in implementing the safety program.

R&M Living Care

b. Supervisors shall be assigned the responsibility and accountability for safe practices, equipment, materials, housekeeping, and working conditions within their area of control. Every square foot of the facility will be assigned to someone's supervisory control.

c. Standard Operating Procedures (SOPs) will be developed to ensure that safe methods are employed, proper instruction is given, and job safety rules are applied to protect employees from improper procedures and practices which may result in injuries.

d. A system of reporting designed to determine accident causes, trends, etc. will be instituted and will require employees to report, and supervisors to record, all accidents involving employees while on duty. All reported accidents shall be investigated to determine the necessary corrective action to prevent similar accidents from occurring.

e. Supervisors shall initiate a regular inspection system to identify potential hazards and implement necessary corrective action.

f. Training in safety principles and techniques will be provided to management and supervisory personnel as needed. Supervisors will have safety discussions with employees periodically.

g. All employees of this Agency are charged with the responsibility of making safety a daily concern. The failure of anyone to accept this responsibility will result in appropriate corrective action.

R&M Living Care

Support Plan

An individualized plan of supports and services designed to meet the needs of a recipient enrolled in the waiver.

Zero Tolerance

Abuse, neglect, exploitation, or sexual misconduct related to the recipient by a provider of services must result in the review of termination of the provider's Medicaid Waiver Agreements in addition to any other legal sanctions available. The failure of a provider to report any incident of abuse, neglect, exploitation, or sexual misconduct on behalf of the recipient will also result in the termination review of the provider's Medicaid and Waiver Agreements. Abuse, neglect, exploitation, or sexual misconduct related to the recipient by an employee of a provider or an employee's failure to report an incident of abuse, neglect, exploitation, or sexual misconduct can be imputed to the provider and will result in termination review of the provider's Medicaid and Waiver Agreements. Considerations shall include the following in the review of whether to pursue disciplinary action in response to verified findings by the Department of Children and Families of abuse, neglect, or exploitation involving the providers:

• Provider's corrective action plan and other actions taken to safeguard the health, safety, and welfare of recipients upon discovery of the violation.

• Whether the provider professionally trained and screened, in compliance with section 393.0655, F.S., the staff member(s) responsible for the violation.

• Whether, upon discovery, the provider immediately reported any allegations or suspicions of abuse, neglect, or exploitation to both the Florida Abuse Hotline as well as APD.

• Whether the provider fully cooperated with all investigations of the violation.

• Whether the provider took immediate and appropriate actions necessary to safeguard the health, safety and welfare of recipients during and after any investigations.

• Whether the occurrence is a repeat violation and the nature of such violation.

• The specific facts and circumstances before, during, and after the violation.

• Mandatory Reporting Requirements: Any person who knows, or has reasonable cause to suspect, that a person with a developmental disability is being abused, neglected, or exploited by a relative, caregiver, or household member is required to report such knowledge or suspicion to the Florida Abuse Hotline, which is a nationwide, toll-free telephone number, at 1-800-96-ABUSE (1-800-962-2873), TDD access is gained by dialing 1-800-453-5145. Failure to report known or suspected cases of abuse, neglect, or exploitation is a criminal offense. In addition, service providers who fail to report known or suspected cases of abuse, neglect, exploitation, or sexual misconduct will be subject to termination of their waiver enrollment status. Criminal and administrative penalties will also be pursued.

The Sexual Misconduct Law: Sexual activity between a direct service provider or employee and a person with a developmental disability (to whom services are being rendered) is not only unethical but can also be a crime, regardless of whether consent was first obtained from the victim. Pursuant to section 393.135,

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F.S., the term "sexual misconduct" refers to any sexual activity between a covered person (such as a direct service provider) and an individual to whom that covered person renders services, care, or support on behalf of the agency or its providers, or between a covered person and another recipient who lives in the same home as the individual to whom a covered person is rendering the services, care, or support, regardless of the consent of the recipient. The crime of sexual misconduct is punishable as a second-degree felony.

• Recipient-on-Recipient Sexual Abuse: Known or suspected sexual abuse between two individuals with developmental disabilities must also be reported immediately to the Florida Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873). An investigation will occur in order to determine whether or not the sexual abuse was the result of inadequate supervision or neglect on the part of a service provider or caregiver. The incident must also be reported immediately to the APD regional office to ensure the continued health and safety of the individuals involved.

• Reporting Abuse, Neglect, Exploitation, or Sexual Misconduct: Direct service providers or staff of a provider who know or suspect that a person with a developmental disability is being abused, neglected, or exploited by a relative, caregiver, or household member; or is the victim of sexual misconduct, should do all of the following immediately:

 Call the Florida Abuse Hotline, which is a nationwide, toll-free telephone number, at 1-800-96-ABUSE (1-800-962-2873), TDD access is gained by dialing 1-800-453-5145

 Notify their supervisor (if employed by an agency)

 Notify the APD regional office

 For situations in which the life of a person with a developmental disability is in immediate danger due to abuse, neglect, or exploitation, direct service providers or staff of a provider should call 911 before calling anyone else

Provider agencies cannot require their employees to first report such information to them before permitting their employees to call the Florida Abuse Hotline or 911. Any person who knowingly and willfully fails to report a case of known or suspected abuse, neglect, or exploitation of a vulnerable adult or prevents another person from doing so is guilty of a misdemeanor of the second degree and any person who fails to report known or suspected child abuse, abandonment, or neglect or who knowingly and willfully prevents another person from doing so is guilty of a felony of the third degree, punishable as provided in sections 775.082, 775.083, or 775.084, F.S.

INCIDENT REPORTING FORM

https://apd.myflorida.com/providers/incident-reporting/

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INCIDENT REPORTING FORM

THIS DOCUMENT IS SUBJECT TO CONFIDENTIALITY REQUIREMENTS AND SHOULD BE HANDLED ACCORDINGLY

INITIAL REPORT: ☐ **FOLLOW-UP ONLY:** ☐

PERSONS INVOLVED	NAME	DATE OF BIRTH	SEX	PIN #	RELATIONSHIP TO APD

Date of Incident: **Time of Incident:** **County:**

☐Hotline Called ☐ Law Enforcement Involved ☐Parent/Legal Rep. Notified

☐DCF Notified (if in DCF custody) ☐ ROM/ Designee Notified ☐ WSC Notified

☐Open Court Case

CRITICAL INCIDENT – Within 1 hour

☐ Covered Person Arrest ☐ Media Involvement ☐ Verified Abuse Report

☐ Life Threatening Injury/Illness ☐ Sexual Misconduct ☐ Violent Crime Arrest

☐ Missing Child/Incompetent Adult ☐ Unexpected Resident/Client Death

REPORTABLE INCIDENT – Must be reported by next business day

☐ Altercation ☐ Expected Resident/Client Death ☐ Missing Competent Adult ☐ Resident/Client Injury

☐ Baker Act ☐ Non-Violent Crime Arrest ☐ Suicide Attempt

☐ ER/Hospitalization

INCIDENT LOCATION

☐ Licensed Home ☐ Community Based Service ☐ Supported Living

☐ Family Home ☐ School ☐ ADT ☐ Other

PROVIDER INFORMATION
Complete information with no abbreviations

Name of Facility or Provider:	**Address:**
Telephone Number:	**Date of This Report:**

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DESCRIPTION OF EVENT

WHO, WHAT, WHEN, WHERE, HOW, ANY INJURY, LIST PRECURSOR EVENTS AND TREATMENT PROVIDED

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Person Reporting: **Phone:**

Reviewing Supervisor: **Phone:**

Waiver Support Coordinator: **Phone:**

FOLLOW-UP REPORT

(This section may be completed at a later date, not to exceed five business days)

PERSONS INVOLVED

NAME	DATE OF BIRTH	SEX	PIN #	RELATIONSHIP TO APD
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Date of Initial Incident: Error! Reference source not found. **Date of Follow-Up Report:**

Briefly describe follow-up measures taken (Corrective, legal, medical, disciplinary, or other measures) since incident was last reported (include dates if applicable):

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Immediate/Follow-up Action Taken by Region (if applicable):

Person Reporting: **Phone:**

Reviewing Supervisor: **Phone:**

Waiver Support Coordinator: **Phone:**

Incident Reporting Form Instructions

Please note that all information filled out on this form must be typed.

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This incident reporting form does **not** replace the abuse, neglect and exploitation reporting required by state law and rule. Allegations of abuse, neglect and exploitation must always be reported immediately to the Florida Abuse Hotline at 1-800-962-2873.

Critical incidents must be reported to the APD Regional Office within 1 hour after facility staff become aware of the incident. The initial report may be made by telephone or in person; however, an incident reporting form must be completed and submitted no later than 1 business day after the critical incident.

Reportable incidents must be reported to the APD Regional Office within 1 business day following the incident by the completion of the incident reporting form.

Step-by-Step Instructions

Initial Report or Follow-Up Only: On the incident reporting form check the box that is relevant to the incident. If this is the first report being completed for an incident, check **INITIAL REPORT**. If this is follow-up information regarding an incident, check **FOLLOW-UP ONLY** and complete the second page of the report. All follow-up reporting must be noted on the second page.

PERSONS INVOLVED: On the incident reporting form, list the name of each individual involved in the incident, along with the individual's date of birth, sex, iBudget Pin *(if applicable)*, and the individual's relationship to APD *(e.g., APD Resident* or *Client, Covered Person, APD Employee)*.

Resident: Any person with a developmental disability whose primary place of residence is a facility, whether or not such person is a client of the Agency for Persons with Disabilities.

Client: Any person determined eligible by the Agency for Persons with Disabilities for services under chapter 393, Florida Statutes.

Covered Person: Any owner, employee, paid staff member, volunteer, or intern of the licensee, any person under contract with the Agency for Persons with Disabilities, and any person providing care or support to a client on behalf of the Agency for Persons with Disabilities or its providers.

DATE OF INCIDENT: The date that the incident occurred.

TIME OF INCIDENT: The time that the incident occurred.

COUNTY: The county in Florida where the incident occurred.

HOTLINE CALLED: On the incident reporting form, check the relevant box to indicate whether the Abuse Hotline was called as a result of the incident.

LAW ENFORCEMENT INVOLVED: On the incident reporting form, check the relevant box to indicate whether Law Enforcement was involved with the incident. This may include situations in which law enforcement was called and/or law enforcement responded to the facts that gave rise to the incident.

PARENT/ LEGAL REP. NOTIFIED: On the incident reporting form, check the box to indicate whether the resident's or client's parent or legal representative was notified.

R&M Living Care

DEPARTMENT OF CHILDREN AND FAMILIES (DCF) NOTIFIED (IF IN DCF CUSTODY): On the incident reporting form, check the box to indicate whether DCF was notified. Only check "notify DCF" if the resident or client involved in the incident is in DCF custody.

ROM/ DESIGNEE NOTIFIED: On the incident reporting form, check the box to indicate whether this incident was reported to the APD Regional Operations Manager or designee.

WSC NOTIFIED: On the incident reporting form, check the box to indicate whether the Waiver Support Coordinator of the resident or client was notified regarding the incident.

OPEN COURT CASE: On the incident reporting form, check the box to indicate whether the individual involved with incident has an open court case that is pending action.

Critical Incident Categories

Incidents in this category must be reported to APD within 1 hour upon staff becoming aware. If the incident occurs between the hours of 8:00 p.m. and 8:00 a.m., the incident must be reported no later than 9:00 a.m. Select the category that applies to the incident being reported.

COVERED PERSON ARREST: The arrest of a covered person for a potentially disqualifying offense specified in section 393.0655, F.S.

LIFE-THREATENING INJURY OR ILLNESS: A severe injury or illness involving a substantial risk of death, loss of or substantial impairment of body.

MEDIA INVOLVEMENT: An unusual occurrence or circumstance that may initiate unfavorable media attention.

MISSING CHILD OR ADJUDICATED INCOMPETENT ADULT: The unauthorized absence or unknown whereabouts, for more than 1 hour, of a resident or client who is an adult who has been adjudicated incompetent or a minor. If the provider finds it appropriate, the provider may report the incompetent adult or minor missing before 1 hour has passed since the disappearance of the individual to local law enforcement and APD Regional Offices.

SEXUAL MISCONDUCT: Any sexual activity, as defined in section 393.135 F.S., between provider and a resident or client (regardless of consent), any sexual activity involving a child, any incident of nonconsensual sexual activity between a client or any person in the community.

UNEXPECTED RESIDENT OR CLIENT DEATH: The death of a resident or client due to an unexpected incident. Examples may include, but are not limited to, trauma, stroke, drug overdose, homicides, motor vehicle accident, etc.

VERIFIED ABUSE REPORT: A protective investigation from the Department of Children and Families (DCF) that verifies a covered person has committed an act of abuse, neglect or exploitation of a child or vulnerable adult as defined in chapter 39, F.S. and chapter 415, F.S.

VIOLENT CRIME ARREST: The arrest of a resident or client charged with a violent criminal offense. Violent criminal offenses include, but are not limited to, aggravated assault, assault and battery, domestic violence, homicide, manslaughter, murder, terrorism or forcible rape.

Reportable Incident Categories

R&M Living Care

Incidents that are not critical incidents must be reported to APD within 1 business day from the time which the provider became aware of the incident triggering the report. Select the category that applies to the incident being reported.

ALTERCATION: A physical confrontation occurring between a resident or client and a member of the community, a resident or client and a direct service provider, or two or more clients at the time services are being rendered and that results in law enforcement contact.

BAKER ACT: The involuntary admission of a resident or client to a receiving facility for involuntary examination or placement as described within chapter 394, F.S.

ER VISIT OR HOSPITALIZATION: Any sudden onset of illness to a resident or client while receiving services from a covered person that requires a resident or client to receive medical treatment at an emergency room, urgent care center, physician office setting due to sudden onset of illness, or admission into a hospital.

EXPECTED RESIDENT OR CLIENT DEATH: A resident or client death that is considered "natural" occurs as a result of a long-standing progressive medical conditions or age-related conditions. This includes, but is not limited to, end-stage cancers, heart disease, or a condition requiring an individual's participation in hospice care, etc.

MISSING COMPETENT ADULT: The unauthorized absence or unknown whereabouts of a legally competent adult resident or client receiving services from an APD provider that lasts beyond a duration of 8 hours. If the provider knows or has reason to know that the otherwise competent adult lacks capacity to make safe decisions, the provider may report the person missing to APD and law enforcement before the 8-hour period has elapsed.

NON-VIOLENT CRIME ARREST: The arrest of a resident or client for a non-violent crime, which occurs while that resident or client is under the care of a provider. This includes but is not limited to drug-related charges, loitering, failure to appear, etc.

RESIDENT/CLIENT INJURY: An injury to a resident or client due to an accident, act of abuse, neglect or other incident occurring or allegedly occurring while the resident or client is receiving services from a covered person and that requires medical attention in an urgent care center, emergency room, physician office setting due to the injury being reported currently or requires admission to a hospital.

SUICIDE ATTEMPT: An act which clearly reflects the physical attempt by a resident or client to cause his or her own death.

Step-by-Step Instructions

INCIDENT LOCATION: Check only one box to indicate the location where the incident occurred. (e.g., *ADT, Licensed Home, Supported Living, Family Home, Community Based Service Location, School and Other Location*)

Adult Day Training: Training services that take place in a nonresidential setting, separate from the home or the facility in which the client resides, and are intended to support the participation of residents or clients in daily, meaningful, and valued routines of the community. Such training may be provided in work-like settings that do not meet the definition of supported employment.

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Licensed Home: Group homes, foster care facilities, comprehensive transitional education programs, assisted living facilities, transitional living facilities and residential habilitation centers all licensed in accordance with chapters 393, 400, and 409, Florida Statutes.

Supported Living: A category of individually determined services designed and coordinated in such a manner as to provide assistance to adult clients who require ongoing supports to live as independently as possible in their own homes, to be integrated into the community, and to participate in community life to the fullest extent possible.

School: An organization of students for instructional purposes on an elementary, middle or junior high school, secondary or high school, or other public-school level authorized under rules of the State Board of Education.

Family Home: The primary residence occupied by the resident/client and member(s) of the family including parents and siblings, including stepchildren, stepparents, and stepsiblings and in-laws.

Community Based Service Location: Any location the resident or client may be in the community while under the supervision of a covered person.

Other Location: Any location the resident/client may be in the community while not under the supervision of a covered person.

PROVIDER INFORMATION: The information in this field should be related to the provider submitting the incident reporting form. Do not use abbreviations in name or address fields. Include the provider's or facility's area code and phone number and submission date of the report.

DESCRIPTION OF EVENT: Provide a complete narrative description of the incident. This includes, but is not limited to, persons involved, what happened, when the incident happened, where the incident happened, how the incident happened, and any treatment or actions taken immediately by the provider and others involved. Identify, if known any precursor or escalating events leading up to the critical or reportable incident.

PERSON REPORTING: State the name of person completing the incident reporting form. Include the person's direct phone number with area code.

REVIEWING SUPERVISOR: State the name of the reviewing supervisor of the person reporting, if applicable. Include the reviewing supervisor's direct phone number with area code.

WAIVER SUPPORT COORDINATOR: State the name of the Waiver Support Coordinator of the resident or client involved.

Follow-Up Reporting Form Instructions

Please note that all information filled out on this form must be typed.

This form may be completed and submitted to the Regional Office at a later date after submission of the initial incident reporting form, which should not exceed five business days.

R&M Living Care

PERSONS INVOLVED: All information identifying persons involved should be the same as on the initial incident reporting form previously reported.

DATE OF INITIAL INCIDENT: This is the date that the initial incident occurred.

DATE OF FOLLOW-UP REPORT: State the date that the follow-up report is submitted.

FIRST TEXT BOX: Describe any follow-up actions taken by the provider after the initial incident report was submitted by the provider.

SECOND TEXT BOX: For APD office use. Describe any follow-up actions taken by APD staff after the initial incident report was received by the APD Regional Office.

REPORTING PERSON: State the name of the person completing the follow-up reporting form. Include the person's direct phone number with area code.

REVIEWING SUPERVISOR: State the name of the reviewing supervisor of the person reporting, if applicable. Include the reviewing supervisor's direct phone number with area code.

WAIVER SUPPORT COORDINATOR: State the name of the Waiver Support Coordinator of the resident or client involved.

Safety Emergency Plan

It is the policy of R&M LIVING CAREto consider the following steps in the case of any emergency when working with individuals with developmental disabilities:

Call 911

Attempt to provide CPR using universal precautions.

Stay with the individual until 911 arrives.

Report the incident into the Incident Report Log to address the issue and follow up.

Notify District 11 of the situation.

R&M Living Care

Provide a Background Screening

Provider applicants and enrolled providers must comply with the requirements of a Level 2 screening in accordance with section 435.04, F.S. All direct service employees of the provider with access to the recipient or the records of the recipient must also comply with these requirements.

Compliance with background screening requirements can be accomplished, pursuant to section 393.0655, F.S., by submitting the following documents to the provider enrollment staff in the APD Regional Office:

• Completed Live Scan, with payment. Providers using Live Scan must first establish an Originating Agency Case Number (OCA) code for Live Scan participation through the Department of Children and Families.

An Affidavit of Good Moral Character, which must be notarized, this document can be obtained from the APD Web site, www.apdcares.org.

• Local Law Enforcement check: This local check shall be conducted in the jurisdiction which the applicant resides and can be conducted by either the local police or county Sheriff's office.

• Employment References: These checks must cover a minimum two-year period preceding the application. Any gaps in employment must be explained

Screening is performed at the time of enrollment for provider applicants. Employees of Medicaid Waiver enrolled providers must be screened, and results of screening must be obtained prior to the person being hired. Medicaid Waiver providers and employees of Medicaid Waiver providers must also be rescreened every five years. It is the responsibility of the applicant or provider to ensure this request for screening or rescreening is submitted for processing in a timely manner. Rescreening consists of a federal background and name check through the Florida Department of Law Enforcement using the Level 2 standards found in section 435.04, F.S., and either section 393.0655 or 408.809, F.S., and a local criminal check from the county where the employee resides. Providers are responsible for maintaining official documentation of clearance from the Level 2 screening in their administrative records.

If the applicant has had a Level 2 screening within 12 months of the date of application, and can provide a copy of the Level 2 screening documents, the applicant does not need to repeat the

screening if an employment reference verifies the applicant has not been unemployed for more than 90 consecutive days Inc. The screening occurred. The results of this screening shall be submitted with the Medicaid enrollment application and maintained in the provider's administrative records.

Children and Families APD General Background Screening

According to statute 393 any direct care provider, 18 years of years of age or older who has direct face to face contact with a client while providing services to the client or has access to client's living areas or to client's funds or personal property

Compliance with background screening

R&M LIVING CAREhas a computerized tracking system and perform quality assurance every three months to direct hired staff to be in compliance with background screening every five years. The following individuals will be the qualified back-up in the event that the President of R&M LIVING CAREis not available.

Prior to Employment, all applicants should complete the following requirements:

- Level 2 Background Screening (FBI and FDLE) - The Clearinghouse Results Website is used to initiate screenings, search approved Livescan vendors, check/print screening results, and maintain an employee roster.

(View Example of Clearinghouse Profile Page with Eligibility Results for APD)

- Local Criminal Records Check – A check of local criminal records must be conducted directly with and certified by a law enforcement agency in the jurisdiction where the person resides. Internet search results are not acceptable. (Local Police Departments & Sherriff's Offices)

- APD Attestation of Good Moral Character – The Attestation is a list of all disqualifying offenses under the APD General Program. All personnel must acknowledge and sign; Affidavits from other Agencies will not be accepted. (See requirements for CDC+ form)

- Employment History Checks – Covering 2-year period preceding position they are applying for. All periods of unemployment should be explained. Verification is required.

Additional Requirements

Evidence of screening (Clearinghouse Profile Page) must be retained in the personnel files for those screened. Contractor screening may be retained either by the employer or the licensee where the contractor provides contract services.

An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.

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All persons required to be screened must be screened and eligible before they are hired to work in a position that provides direct contact with vulnerable persons. However, an employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. The employee may not have direct contact with vulnerable persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.

If an employer becomes aware that an employee/contractor has been arrested for a disqualifying offense, the employer must remove the employee/contractor from contact with any vulnerable person that places the employee/contractor in a role that requires background screening until the arrest is resolved in a way that the employer determines that the employee/contractor is still eligible for employment/contracting under this Agency.

Background Screening / Clearinghouse Policy & Procedures

An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.

Background Screening

The Background Screening Unit processes screening results for health care providers in Florida currently licensed by the Agency for Health Care Administration. Processing includes making a determination of eligibility and evaluating applications for exemption. The Unit is also responsible for the maintenance and administration of the Care Provider Background Screening Clearinghouse.

Screening Information

The Background Screening Unit reviews the Level 2 criminal history results for all background screenings submitted as part of the employment process for a health

care provider and/or for participation as a provider in the Florida Medicaid program. All screenings that are received for employment purposes in an AHCA regulated facility are reviewed in accordance with Chapter 435 and section 408.809(4), Florida Statutes, and Rule 59A-35.090 and any screenings done for Medicaid are reviewed in accordance with Chapter 435, section 408.809(4) Florida Statutes, and Rule 59A-35.090 in order to make an eligibility determination.

All screenings must be initiated in the Clearinghouse by an approved provider. Any provider that needs a screening performed for initial facility licensure purposes must first submit their application to the appropriate licensure unit before they can gain access to the Clearinghouse. Any provider that needs a screening performed for their initial Medicaid Provider Enrollment application must first submit their application and receive their Application Tracking Number (ATN) before they can gain access to the Clearinghouse. Evidence of screening must be retained in the personnel files for those screened. Contractor screenings may be retained either by the employer or the licensee where the contractor provides contract services.

Level 2 screening records are confidential and may not be shared with anyone other than the individual that was screened. If additional information is needed, AHCA will contact the person screened through certified mail, based on the address submitted to FDLE, which will delay the processing of the screening. The employer should contact the person screened if delays exist. Please be advised that it can take between 24 to 72 business hours for the Livescan service vendor to transmit the fingerprints to the Florida Department of Law Enforcement (FDLE).

Please note the Background Screening Units average processing times for reviewing these screenings is 5 to 7 business days once the results are received from FDLE.

All persons required to be screened must be screened and eligible before they are hired to work in a position that requires a Level 2 background screening. However, an employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. The employee may not have direct contact with vulnerable persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.

If an employer becomes aware that an employee/contractor has been arrested for a disqualifying offense, the employer must remove the employee/contractor from contact with any vulnerable person that places the employee/contractor in a role that requires background screening until the arrest is resolved in a way that the employer determines that the employee/contractor is still eligible for employment/contracting under this chapter. Providers are required to make any changes to their rosters within 10 business days of any changes in employment.

Screening Categories

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§ 455.434 requires the Agency for Health Care Administration (Agency) to establish categorical risk levels for providers and provider categories. Per regulation, the Agency assigns a screening category of Limited, Moderate, or High to each provider and performs some or all of the following screening activities upon submission of an initial or renewing Florida Medicaid provider enrollment application.

- Verify that the provider meets any applicable federal regulations or state requirements for the provider type prior to making an enrollment determination.
- Conduct license verifications, including state licensure verifications in states other than where the provider is enrolling.
- Conduct database checks on a pre- and post-enrollment basis to ensure that providers initially meet and continue to meet the enrollment criteria for their provider type.
- Conduct on-site visits.
- Conduct a criminal background check.
- Require the submission of a set of fingerprints.

Clearinghouse Renewals

Per Florida Statute, retained fingerprints must be renewed every **5 years** in order to maintain eligibility for employment. To maintain the retention of fingerprints within the Clearinghouse the employer must request a Clearinghouse Renewal through the Clearinghouse Results Website (CRW) prior to the retained prints expiration date. By initiating a Clearinghouse Renewal through the CRW, the current fingerprints retained on file at the Florida Department of Law Enforcement will be resent to the Federal Bureau of Investigation allowing for an updated criminal history to be processed by the Clearinghouse. If the employer does not initiate a Clearinghouse Renewal an employee's prints will no longer be retained, the employee's eligibility determination will expire, and the employee will have to be re-fingerprinted at a Livescan Service Provider at an increased cost to comply with background screening requirements.

Providers may initiate a Clearinghouse Renewal 60 days before the Retained Prints Expiration Date is reached. If the Clearinghouse Renewal is not initiated before the retained prints expiration date a new screening will need to be initiated in the Clearinghouse and the employee will have to be fingerprinted again.

Employers will receive notification of upcoming expiring retained prints for those employees listed on the Employee/Contractor Roster.

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The benefits of initiating Clearinghouse Renewals are:

- Request and pay for the renewal of a screening all in one system while also receiving cost savings.
- The current cost for a Clearinghouse Renewal is $42.00. That's a cost-saving of over $30 with the average cost for a new screening being $75.00!
- Faster processing time since the request is immediately sent to the Clearinghouse. No need to wait for the employee to be fingerprinted at a Livescan Service Provider.
- An updated criminal history to ensure compliance with background screening requirements.
- Extend the retained prints expiration by another 5 years.

Qualified Back-up Provider

The following individuals will be the qualified back-up in the event that the President of R&M LIVING CAREis not available.

Qualify provider will be on call 24 hours 7 days a week in an instance that the contact person R&M LIVING CARE is not able to act

Administrative Back-Up

Marie Marc (305) 281-9578

Staff Back-Up

Rochenel Marc (786) 234-8643

28802 SW 150th AVE Homestead, FL 33033
Rmliving288@gmail.com
(305) 281-9518

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In case administration CEO OF R&M LIVING CARE is unavailable, the following agency will act for her :

24 Hours 7 Days A Week On-Call Service

Office Hours

9:00 A.M. - 5:00 P.M (Monday – Friday)

In an instance of any catastrophe, Hurricane, or natural disaster APD, families and support coordinators will be notified, and Disaster awareness plan will be available.

EMPLOYMENT/CONTRACTOR ROSTER POLICY

APD waiver providers and operators of APD-licensed residential facilities of the current requirements of the Background Screening Clearinghouse.

All owners/employers/employees/contractors/volunteers who have been APD screened in the Clearinghouse MUST be entered on your "Employment/Contractor Roster" and when they are no longer employed by your agency, they must be assigned an end date on your roster. This is extremely important.

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Rmliving288@gmail.com
(305) 281-9518

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Section 435.12(2)(c), F.S.- An employer of persons subject to screening by a specified agency must register with the Clearinghouse and maintain the employment status of all employees within the Clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.

Here is a link to a video on how to Add or Edit Employment History in the Background Screening Clearinghouse: https://www.youtube.com/watch?v=wZtyGs20Zj8&feature=youtu.be

Instruction Guide– Employment/Contract History All employment records entered on the Clearinghouse website for an applicant will display in the 'Employment/Contract History' section. However, the provider name will only display to users with access to the website on behalf of the provider.

The employment history records must be completed if users with access to the provider's record are to receive updates such as subsequent arrest notifications.

The Background Screening Clearinghouse is vitally important to those who use it because it reduces costs, creates efficiency, and provides immediate notification to employers if one of their employees is arrested in Florida.

Since state law requires providers to maintain up-to-date employee rosters within the Clearinghouse, APD will take immediate action in cases where providers are found to be out of compliance with this statutory mandate.

Providers who have questions or require technical assistance regarding the Clearinghouse, should contact their APD Regional Office.

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Medication Administration / Safe Handling of Medications

R&M LIVING CAREhas as a policy that NO MEDICATIONS WILL BE ADMINISTRED

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(305) 281-9518

R&M Living Care

Transitioning of Individuals

R&M LIVING CARErecognizes the importance of good transitioning in order to minimize disruption in an individual's life. My policy includes both transitions to our agency as well as transition from our agency to another provider.

Transitioning of individuals to R&M LIVING CARELocation:

- R&M LIVING CAREWill meet the individual and the current support coordinator to discuss issues in the individual's life, services and supports currently in place and how my services can assist the individual in meting desired outcomes.
- If another provider is currently serving the individual, R&M LIVING CAREWill ask the support coordinator to include the current provider in this initial meeting.
- With approval from the individual/guardian and the previous provider, R&M LIVING CAREWill review their last six to twelve months of progress notes, current implementation plan and any previous assessments.
- Within 30 days of working with the person, R&M LIVING CAREWill review the policies and procedures of R&M LIVING CAREwith the individual.
- Within 30 days of beginning working with the individual, R&M LIVING CAREWill develop an implementation plan, a copy of which will be provided to the support coordinator.
- For individuals in supported living program, a functional community assessment will also be completed within 30 days.

Transitioning of individuals from LEMA CARE CORP:

- R&M LIVING CAREWill participate in a transition plan meeting with the support coordinator, new provider, and individual/guardian.
- With permission from the individual/guardian, R&M LIVING CAREWill provide the new provider with a copy of the current implementation plan, copy of assessment instruments and last six to twelve months of progress notes.
- If providing assistance in money management for individuals in supported living R&M LIVING CAREWill ensure that all financial records are in order and that all financial records are turned over to the individual/guardian before transition is complete.

R&M Living Care

Grievance Procedure

R&M LIVING CAREhopes that you will always be satisfied with the services of R&M LIVING CAREHome Services provides to you. If, however, you have any complaints, R&M LIVING CAREwould ask that you abide by the following procedures.

R&M LIVING CAREWill sit down with you and/or your guardian and attempt to resolve the problem. Sometimes problems can be worked out simply by sitting down and discussing them. Should this not solve the problem within 7 days, your concern will be forwarded to this agency's director for potential resolution. If this matter cannot be resolved to your satisfaction within 30 days, R&M LIVING CAREWill assist you in contacting the Developmental Disabilities district office. The resolution of the grievance will be provided to you/your guardian both verbally and in writing. You may invite anyone you wish to assist you in resolving your grievance.

If you have a complaint, please:

1. Submit the complaint either verbally or in writing to the Administrator or supervising nurse. If you call after normal business hours, you will be contacted by the Administrator on the next business day.

2. The Administrator or supervising nurse will contact you or your representative and will make every effort to resolve the complaint to your satisfaction. They will documental all activities involved with the grievance/complaint/concern, investigation, analysis and resolution. You will be notified of the Administrator's decision within ten (10) days.

3. If the complaint cannot be resolved to your satisfaction, you may request that the Administrator submit your complaint to the Agency Board of Directors.

4. Please be advised that you may lodge complaints with the state hotline number at **1-888-419-3456.** The hours of operation are 8:00 AM to 5:00 PM and after hours, leave a message. You may also lodge complaints with the Community Health Accreditation Program at **1-800-956-9656** Monday through Friday from 9AM to 5PM. *After hours leave a message.*

A separate log of grievance will be maintained. This log will include the following:

- Name of the person making the complaint
- The provider's relationship to the person receiving services
- Date the complaint is received
- A clear description on the complaint
- Date of the final disposition of the complaint

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Contact Person

Marie Marc

(305) 281-9518

In addition to the log, this information will also be maintained in the individual's file. This procedure will be reviewed with the individual/guardian within 30 days of beginning services with the individual and annually thereafter.

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GRIEVANCE LOG

NAME: _____

RELATIONSHIP TO CONSUMER: _____

DATE: _____ EMPLOYEE NAME: _____

ISSUE: _____

_____

_____

_____

DISPOSITION: _____

_____

_____

_____

DATE: _____

PROGRAM MANAGER: _____

SUPERVISOR: _____

COMPLAINANT: _____

28802 SW 150th AVE Homestead, FL 33033
Rmliving288@gmail.com
(305) 281-9518

Confidentiality/Agency Use of Records/Authority to Make Entries

General Provider Requirements

• The provider must, with the recipient's or legal representative's permission, participate in the discussion of the recipient's record, the recipient's progress, the extent to which the recipient's needs are being met or any need for modifications to their support plan, implementation plan, or other documents, as applicable. This discussion could involve APD or its authorized representatives, other service providers, the recipient, the legal representative, family, and friends.

• The provider must, with the recipient's or legal representative's permission, provide information about the recipient to assist in the development of the support plan, and to attend the support planning meeting when invited by the recipient, family member, or legal representative.

• The provider must immediately notify the APD regional office, of any change in contact information including e-mail address, mailing address or telephone number. The provider must also notify the APD regional office if they plan to close their business or have a change in ownership.

• All enrolled iBudget Waiver providers must have access to a computer with Internet access, which allows for secure transmission to and from APD, and a valid active e-mail address. The computer must be used exclusively by the provider and stored in a secure manner. All providers must ensure any computer used for business purposes is capable of performing security functions that promote and maintain confidentiality of information. These security functions include password-protected logins, virus detection, and secure (encrypted) network communications. Information stored on physical media, e.g., computer hard-drive, USB drive, which is not encrypted, should be physically safeguarded to prevent loss or theft. Providers will comply with APD information security policies, and state and federal regulations and laws, in all use of APD computer systems and data in accordance with Rule 71A-1.006 F.A.C.; Chapter 119, F.S.; section 282.318 and 286.011, F.S.

• Providers must agree to abide by the terms and conditions of use of the APD online iBudget Waiver system or other electronic system providing such access when made available by APD.

• The computer hard drives used by waiver providers must implement Full Disk Encryption software. For other types of electronic data storage devices that store confidential iBudget Waiver recipient data, such data must be encrypted using a minimum of a 128-bit encryption algorithm.

Person-Centered Planning Requirements

The provider must participate in and support the person-centered planning and implementation for each recipient. The provider will also use the recommendations from the person-centered planning to: (1) implement person-centered supports and services; (2) support development of informed choices through education, exposure, and experiences in activities of interest to the person served; (3) enhance service delivery in a manner that supports the achievement of individually determined goals; and (4) make improvements in the provider's service delivery system.

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All clinical records and the contents thereof are confidential and will be protected from loss and unauthorized use. Patient/client clinical records will be maintained in a secure location and Current electronic client/patient records in an appropriate secure manner as to maintain the integrity of the client/patient data through routine backups on or off site. The Agency (with pertinent information maintained in the patient's/client's residence as indicated) and will be available to administrative, service delivery and clerical staff who require the use of records in the performance of Agency services or their job requirements. Such staff may use the records and make entries pertinent to the performance of their job.

Billing records will be maintained in the Agency and will be available to administrative, financial, and clerical staff that requires the use of records in the performance of Agency services or their job requirements. Such staff may use the records and make entries pertinent to the performance of their job.

Records will be made available to properly authorized state and Federal Agency staff and accreditation representatives for the purpose of Agency audits and certification, licensure, and accreditation reviews.

In order to promote uniformity concerning confidentiality, security, and integrity of the Agency's home health care information for all home health care staff, only authorized home care staff will have access to the home health care record as follows:

1. Access to patient/client information files (medical records and billing) will be limited to Agency staff involved in the care/service of the patient/client and may Includes

a. Administrative staff.

b. Clinical Supervisors.

c. Clinical staff (direct and through contract) Including RNs/LPNs, HHAs, PTs, OTs, STs, MSWs,

d. Office staff having a need to know to perform their home care functions and processes Including Intake RNs, Coordinators, Schedulers and Billing staff.

e. When the Agency Administrator and Director of Nursing are unavailable the Office Manager has the authority to admit surveyors and other authorized individuals and to allow access to records.

2. Clinical staff should only have access to information on those clients to which they are actively providing care and service, such as primary nurses, on-call, relief, etc.

3. Office staff should only have access to information on those clients they are actively providing service to, such as working on bills, following up on complaints, etc.

4. Access to records for individuals from outside the organization, such as surveyors, reviewers, consultants, etc. will be approved by the Administrator and/or Director of Nursing on a per occurrence basis providing they have appropriate identification.

5. Any Agency committee may review the clinical record at meetings as requested by the Administrator or Director of Nursing.

6. Any release of information contained in the clinical record other than that required by law must be authorized in writing by the client.

R&M Living Care

7. Review of the clinical record for the purposes of performance improvement activities and clinical record review will be conducted per Agency policy.

When the patient/client is transferred to another health care facility, a transfer form, or discharge summary or pertinent information is sent to the attending physician and facility.

Records and information pertaining to persons with HIV/AIDS shall be handled in accordance with state laws and the Agency policies.

Non-confidential information or "non-privileged" information can be released under appropriate circumstances without requiring the patient/client's written authorization. The reason for the "need to know" should always be considered. Certain identification data obtained on admission is considered "non-privileged" which means that this data may be given without violating the patient/client's right to privacy or the patient/physician privilege.

This Data Includes:

1. Name of patient/client
2. Verification of hospitalization
3. Address of residence given on admission
4. Name of attending physician
5. Sex, age, and occupation of the patient/client
6. Names of relatives/friends given on admission
7. Date of admission and discharge

§ 3542. Definitions

(a) IN GENERAL.—Except as provided under subsection (b), the definitions under section 3502 shall apply to this subchapter. (b) ADDITIONAL DEFINITIONS.—As used in this subchapter: (1) The term "information security" means protecting information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction in order to provide— (A) integrity, which means guarding against improper information modification or destruction, and includes ensuring information nonrepudiation and authenticity; (B) confidentiality, which means preserving authorized restrictions on access and disclosure, including means for protecting personal privacy and proprietary information; and (C) availability, which means ensuring timely and reliable access to and use of information.

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To determine the risk level of the weakness addressed in this Corrective Action Plan, please use the following chart (FIPS Publication 199):

http://csrc.nist.gov/publications/fips/fips199/FIPS-PUB-199-final.pdf

28802 SW 150th AVE Homestead, FL 33033
Rmliving288@gmail.com
(305) 281-9518

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Table 1 summarizes the potential impact definitions for each security objective—confidentiality, integrity, and availability.

	POTENTIAL IMPACT		
Security Objective	**LOW**	**MODERATE**	**HIGH**
Confidentiality Preserving authorized restrictions on information access and disclosure, including means for protecting personal privacy and proprietary information. [44 U.S.C., SEC. 3542]	The unauthorized disclosure of information could be expected to have a **limited** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized disclosure of information could be expected to have a **serious** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized disclosure of information could be expected to have a **severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.
Integrity Guarding against improper information modification or destruction, and includes ensuring information non-repudiation and authenticity. [44 U.S.C., SEC. 3542]	The unauthorized modification or destruction of information could be expected to have a **limited** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized modification or destruction of information could be expected to have a **serious** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized modification or destruction of information could be expected to have a **severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.
Availability Ensuring timely and reliable access to and use of information. [44 U.S.C., SEC. 3542]	The disruption of access to or use of information or an information system could be expected to have a **limited** adverse effect on organizational operations, organizational assets, or individuals.	The disruption of access to or use of information or an information system could be expected to have a **serious** adverse effect on organizational operations, organizational assets, or individuals.	The disruption of access to or use of information or an information system could be expected to have a **severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.

R&M Living Care

General Information, continued

Documentation Requirements

Documentation is an electronic or written record confirming that a service has been rendered. When a service is rendered, the provider must document and file the service at the time the services are rendered, and submit billing documentation to the support coordinator in accordance with Appendix A.

Documentation in accordance with the requirements in Appendix A, Billing and Documentation Requirements is required in order to bill and receive payment. A plan of remediation is required for failure to comply with the requirements listed in this handbook.

All documentation must be dated and identify the person rendering the service. Documentation must be signed by the person rendering the service to attest to the accuracy and completeness. If using an electronic signature, the name of the person providing the service should be typed on all documentation related to billing.

Services that are billed on a quarter-hour or hour basis must have "from" and "through" time and date documented.

It is the responsibility of each provider to understand and comply with all documentation requirements. Questions about documentation requirements should be directed to the APD regional office.

Central Record

The central record is the property of APD and follows the recipient if the recipient's WSC changes. It is the responsibility of the WSC to maintain the central record. If the WSC is using an electronic system for record keeping the information it must be secured with a password maintained on a separate drive or disk, which is for backup documentation and is available to APD or AHCA upon request. The documents on the disk must be clearly named so that the contents are identifiable and in a format that is usable by APD and AHCA.

R&M Living Care

Policies and Procedures Which Detail the Methods for Management and Accounting of Any Personal Funds of Any and All Recipients in The Care Of, Or Receiving Services From LEMA CARE CORP

The Agency nor staff employed by the R&M LIVING CAREmay not receive any financial benefit by charging a fee against, borrowing, or otherwise using the personal funds of a client for their personal benefit. Violation of this subsection shall constitute a Class II violation.

Medical Necessity

Medicaid reimburses services that are determined medically necessary and do not duplicate another provider's service.

Medical Necessity Determinations

A medical necessity determination by a qualified professional (such as a registered nurse, board-certified behavior analyst, qualified developmental disabilities professional, or physician) must be obtained at least annually and periodically upon request to determine that the level of service requested continues to meet the level of the recipient's need, as well as being consistent with the service definition contained in the approved iBudget Waiver and in this handbook.

If sufficient information is not available to determine that the service or item is medically necessary, the Agency for Persons with Disabilities (APD) will send a written request for more information to the waiver support coordinator (WSC) and the recipient, family, or legal representative. If it is determined that the service is not medically necessary or does not meet other requirements for it to be a paid waiver service, APD will send a written denial of the service and notice of due process to the recipient, the family, or the legal representative and copy the WSC. The recipient can appeal decisions made by APD by requesting a hearing, accordance with Title 42, Code of Federal Regulations (CFR), 431.200. A request for hearing must be made to APD, orally or in writing, within 30 days of the recipient's receipt of the denial, reduction, or termination of services. If the hearing request is received within the time frame stated above, then services will continue pending the outcome of the hearing. A prescription, as defined in Rule 59G-1.010, Florida Administrative Code (F.A.C.), for a service or item does not in itself establish a "medical necessity" determination.

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Funds and Allocation

The recipient, waiver support coordinator (WSC), and service providers work together to accommodate the needs of the recipient within the recipient's waiver services allocation. Service amounts are determined at the onset of the planning process in order for cost plans to be based on the recipient's priorities.

Protection of Recipient Benefits

Only supported living and residential services providers assist with managing a recipient's personal funds and only under limited situations when the recipient needs assistance with money management and natural supports are not available to assist. In these limited situations, the provider must assist the recipient to maintain a separate checking account or savings account for all personal funds.

Except as provided in this section for single trust accounts, the provider must not allow any recipient's personal funds be co-mingled with funds of another person, including those of the provider or any of its employees. If a single account is maintained for recipients residing in licensed residential settings, there must be a separate accounting for each recipient's funds. There must be a monthly reconciliation with the account and the total on the bank statement, and this must be retained by the provider for review by APD or AHCA. The legal representative must be provided a copy of the reconciliation statement each month.

The provider must maintain on file a written consent to manage personal funds, signed by the recipient or the recipient's legal representative. The provider must maintain on file receipts for single-item purchases of $25.00 or more and will provide a monthly report of the account and expenditures to the legal representative, if applicable.

Neither the provider, its employees, or any family members of the employee or provider can receive any financial benefit as a result of being named the beneficiary of a life insurance policy covering a recipient served by the provider, or receive any financial benefit through the will of the recipient at the time of his or her death. Neither the provider, its employees, or family members of the employee or provider can benefit financially by borrowing or otherwise using the personal funds of a recipient served by the provider.

Providers who manage any aspect of the recipient's personal funds must regularly review bank statements and bank balances to ensure Medicaid eligibility is maintained and must immediately notify the WSC and APD regional office when they become aware of an issue that could jeopardize the recipient's Medicaid eligibility. Neither the provider, its employees, or family members of the provider serve as the landlord for recipients served by the provider, nor can they benefit from the sale of property to a recipient to whom they provide services.

Neither the waiver provider, its employees, or family members of the provider will be named representative payee for Social Security benefit checks with the exception of providers who operate licensed residential facilities and supported living agency providers. The provider must keep on file, and available for APD inspection, a copy of each recipient's annual report to the Social Security Administration.

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Supported living coaches may only be the representative payee under the following circumstances:

- There are no other available persons to serve as the representative payee
- The individual entered supported living and representative payee arrangement prior to the promulgation of this handbook
- Authorization is granted by the APD regional office for arrangements made after the promulgation of this handbook

Encrypted Email

Email encryption involves encrypting, or disguising, the content of email messages to protect potentially sensitive information from being read by anyone other than intended recipients. A lot of private information are exchanged over email, which is why it is imperative to make sure that only the intended recipients see the information. It's important that hackers are unable to decrypt the information that is being passed between individuals. It is important to note that you sign or encrypt all of your messages, not just the confidential or sensitive ones.

Guide

Outlook for Microsoft 365 Outlook 2019 Outlook 2016 Outlook 2013 Outlook 2010 More...

When you need to protect the privacy of an email message, encrypt it. Encrypting an email message in Outlook means it's converted from readable plain text into scrambled cipher text. Only the recipient who has the private key that matches the public key used to encrypt the message can decipher the message for reading. Any recipient without the corresponding private key, however, sees indecipherable text. Outlook supports two encryption options:

1. **S/MIME encryption** - To use S/MIME encryption, the sender and recipient must have a mail application that supports the S/MIME standard. Outlook supports the S/MIME standard
2. **Microsoft 365 Message Encryption** (Information Rights Management) - To use Microsoft 365 Message Encryption, the sender must have Microsoft 365 Message Encryption, which is included in the Office 365 Enterprise E3 license.

New Encrypt button and updates to email encryption

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With the new Office update, email encryption in Outlook got better.

This feature is available only to Microsoft 365 Subscribers for Windows desktop clients.

- The **Permissions** button 

is replaced with the **Encrypt** button 

.
- The new Encrypt button contains both encryption options (S/MIME and IRM). The S/MIME option is only visible if you have S/MIME certificate configured in Outlook.

For detailed instructions on adding encryption check Encrypting with S/MIME or Encrypt with Microsoft 365 Message Encryption.

Newer versions Office 2010Office 2007

Encrypting with S/MIME

Before you start this procedure, you must first have added a certificate to the keychain on your computer. Once you have your signing certificate set up on your computer, you'll need to configure it in Outlook.

1. Under the **File** menu, select **Options** > **Trust Center** > **Trust Center Settings**.
2. In the left pane, select **Email Security**.
3. Under **Encrypted email**, choose Settings.
4. Under **Certificates and Algorithms**, click **Choose** and select the **S/MIME certificate**.
5. Choose OK
6. If you are an Office Insider with Microsoft 365 subscription, here's what is new to you:

   In an email message, choose **Options**, select **Encrypt** and pick **Encrypt with S/MIME** option from the drop down,

   You'll see an **Encrypt with S/MIME** if you have an S/MIME certificate installed on your computer.

   For **Outlook 2019 and Outlook 2016**,

   In an email message, choose **Options**, select **Permissions**.

7. Finish composing your email and then choose **Send**.

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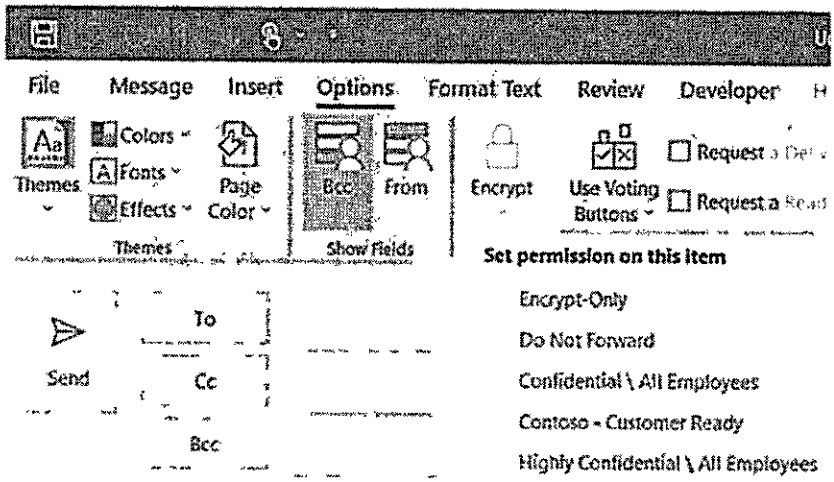
Encrypt with Microsoft 365 Message Encryption

- If you are a Microsoft 365 subscriber, here is what is new to you:

  In an email message, choose **Options**, select **Encrypt** and pick the encryption that has the restrictions you want to enforce, such as **Encrypt-Only** or **Do Not Forward.**



Note: Microsoft 365 Message Encryption is part of the Office 365 Enterprise E3 license. Additionally, the Encrypt-Only feature (the option under the Encrypt button) is only enabled for subscribers (Microsoft 365 Apps for enterprise users) that also use Exchange Online.

- **For Outlook 2019 and 2016,**

  In an email message, select **Options** > **Permissions** and pick the encryption option that has the restrictions you'd like to enforce, such as Do Not Forward.

Encrypt a single message

1. In message that you are composing, click **File** > **Properties**.
2. Click **Security Settings**, and then select the **Encrypt message contents and attachments** check box.
3. Compose your message, and then click **Send**.

Encrypt all outgoing messages

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When you choose to encrypt all outgoing messages by default, you can write and send messages the same as with any other messages, but all potential recipients must have your digital ID to decode or view your messages.

1. On the **File** tab. choose **Options** >**Trust Center** > **Trust Center Settings**.
2. On the **Email Security** tab, under **Encrypted email**, select the **Encrypt contents and attachments for outgoing messages** check box.
3. To change additional settings, such as choosing a specific certificate to use, click **Settings**.

iConnect Policy

The Agency for Persons with Disabilities is excited to announce that they have contracted with Wellsky to develop a new central client data system for APD customers. The computer system will capture much needed information to help all of us improve services to individuals with developmental disabilities. The new system will be the hub for all APD customer related data. Providers, waiver support coordinators (WSCs), and families will be able to use the system once it is completed. The project will take several years to develop. R&M LIVING CAREis aware of iConnect and will follow regulations that will be taking place as this project will be advancing forward.

Record Transport and off-site storage

The Agency may be required to transport closed records to an off-site location due to lack of space, damage to the office, etc. It is imperative that all records be protected from damage and unauthorized use.

Off-site storage is provided at a secure facility following HIPAA rules of confidentiality and security.

HIPAA requires storage for six years.

All boxes containing medical records should be numbered and appropriately labeled and kept in a locked room or secure area.

The Administrator should supervise all aspects of the move to ensure that the movers are aware of exactly what needs to be transported and proper secure handling of sensitive records always during transit.

To ensure adequate security and to protect records against weather, light, pollution and other dangers, vehicles must be covered, locked, attended at all times, and not used for transporting other materials, such as chemicals, that may cause risks to records.

28802 SW 150th AVE Homestead, FL 33033
Rmliving288@gmail.com
(305) 281-9518

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Electronic Medical Record

All legal requirements for maintaining, protecting, and storing paper medical records must be followed for electronic records. Back-up takes place automatically. A copy of all electronic material maintained off premises in a secure location as well as at the software company.

The medical record must meet all statutory, regulatory, and professional requirements for clinical purposes as well as for business purposes. The electronic medical record, to be a legal record, must conform to the same requirements as medical records in general and for business records on computers more specifically.

The Electronic Medical Record must be appropriately designed and appropriately used to ensure adherence to federal, state and accreditation rules and regulations. They must also meet the requirements and certification standards that apply to their agency.

When records are to be destroyed, they are shredded by the storage facility according to HIPAA regulations and Agency requirements and under the direction and supervision of the Administrator

Electronic Medical Record Documentation

The author of each element of documentation including accurately recording vitals, chief complaints, history of present illness, orders, plans and prescriptions.

All documentation is entered before the signature of the author is written.

After signature, if a correction, clarification, or amendment is added, the electronic record clearly defines what is original and what is not. The original documentation is protected from being altered in all parts of the system including the underlying database.

New templates, guidelines, forms, etc., are created, preserved and/or retired by the Chief Operating Officer after discussion with and approval of the Professional Advisor Committee and the Board of Directors.

All documentation, clinical messages, reports, audits, and clinical behaviors (prompts, etc.) are reproducible protected and recoverable.

Billing Requirements

The electronic billing system does not allow users to add documentation "for improved revenue" and does not allow the sending billing information without completion of documentation. The billing system verifies completion of test before billing for any tests order.

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Abuse Reporting Policy

Abuse is defined as any willful act or threatened act that causes or is likely to cause significant impairment to a vulnerable adult or child's physical/mental or emotional health.

Neglect is defined as the failure or omission on the part of the caregiver to provide the care, supervision and services necessary to maintain the physical and mental health of the vulnerable adult, or child including but not limited to: food, clothing, medicine, shelter, supervision and medical services that a prudent person would consider essential for the well-being of a vulnerable adult or child. The term neglect also means the family of a caregiver to make a reasonable effort to protect a vulnerable adult of child from abuse, neglect, or exploitation by others. Neglect is repeated conduct or a single incident of carelessness, which produces or could reasonably be expected to result in serious physical or psychological injury or substantial risk of death.

Exploitation is defined as but not limited to breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, relating in the unauthorized appropriate, sale or transfer of property, unauthorized taking of personal assets, misappropriate, misuse or transfer of money or belongings to a vulnerable adult from a personal or joint account, or intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities requires for that person's support and maintenance. Florida statute 415 prohibits abuse of individuals who are developmentally disabled. Any employee who is found to have willfully abused any participant is subject to immediate dismissal and legal action may be taken against him/her.

R&M LIVING CAREunderstands that the Department of Children and Families requires providers to immediately report any cases of alleged abuse/neglect/exploitation to the Abuse Registry as mandated in Chapter 415 of the Florida Statutes. Allegations of abuse, neglect or exploitation must be reported as an incident to the Department of Children and Families Developmental Disabilities Program Office.

R&M LIVING CAREWill provide training on abuse, neglect and exploitation to individuals receiving services and/or their guardians annually and provide them with the abuse registry number. Any person served by me has the right to report abusive practices. The Abuse number will be conspicuously located at each phone, and R&M LIVING CAREwill facilitate reporting should a particular wish to place a call to the abuse registry.

<u>The toll-free abuse reporting number is</u>:

1-800-96-ABUSE
1-800-962-2873

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Bill of Right for Persons with Developmental Disabilities

Chapter 393 of the Florida Statutes says that you have the right:

1- To dignity, privacy, and humane care.
2- To religious freedom.
3- To services that protect personal liberty and provide the least restrictive environment to achieve the treatment outcomes.
4- To an appropriate quality education and training service.
5- To social interaction and to participate in community activities.
6- To physical exercise and recreational opportunities.
7- To freedom from physical harm, abuse, neglect, physical, and chemical restraint.
8- To consent to or refuse treatment.
9- Not to be discriminated against due to a developmental disability.
10-To vote.

It is the policy of our agency to give all consumer's and staff member a copy of the consumer's rights every year and have had a chance to talk about them with the agency

Individuals are informed of the following:

1. To be fully informed and knowledgeable of all rights and responsibilities before providing pre-planned care and to understand that these rights can be exercised at any time.

2. To appropriate and professional care relating to physician orders.

3. To choose a health care provider

4. To request services from the Home Care Agency of their choice and to request full information from their agency before care is given concerning services provided, alternatives available, licensure and accreditation requirements, organization ownership and control.

5. To be informed in advance about care to be furnished and of any changes in the care to be furnished before the change is made

6. To be informed of the disciplines that will furnish care and the frequency of visits proposed to be furnished

7. To information necessary to give informed consent prior to the start of any procedure or treatment and any changes to be made.

8. To participate in the development and periodic revision of the plan of care/service.

9. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information...

10. To information necessary to refuse treatment within the confines of the law and to be informed of the consequences.

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11. To treatment with utmost dignity and respect by all agency representatives, regardless of the patient's chosen lifestyle, cultural mores, political, religious, ethical beliefs, having or not having executed an advance directive and source of payment without regard to race, creed, color, sex, age or handicap.

12. To have his/her property and person treated with respect, consideration, and recognition of client/patient dignity and individually.

13. To receive and access services consistently and in a timely manner from the agency to his/her request for service.

14. To be admitted for service only if the agency has the ability to provide safe professional care at the level of intensity needed and to be informed of the agency's limitations.

15. To reasonable continuity of care.

16. To an individualized plan of care and teaching plan developed by the entire health team including the patient and/or family.

17. To be informed of client patient rights under state law to formulate advanced care directives.

18. To be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.

19. To be informed of client/patient rights regarding the collection and reporting of OASIS information

20. To expect confidentiality of the access to medical records per State Statutes

21. To be informed within a reasonable time of anticipated termination of service or plans for transfer to another health care facility/provider

22. To be informed verbally and in writing ad before care s initiated of the organization's billing policies and payment procedures and the extent to which:

(a) Payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the organization

(b) Charges for services that will not be covered by Medicare

(c) Charges that the individual may have to pay

23. To be able to identify visiting staff members through proper identification.

24. To be informed orally and in writing of any changes in payment information as soon as possible, but no later than 30 days from the date that the organization becomes aware of the change

25. To honest, accurate, forthright information, regarding the home care industry in general and his/her chosen agency including cost per visit, employee qualifications, names and titles of personnel, etc.

26. To access necessary professional services 24 hours a day, 7 days a week

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27. To be referred to another agency if he/she is dissatisfied with the agency or the agency cannot meet the patient's needs

28. To receive disclosure information regarding any beneficial relationship the organization has that may result in profit for the referring organization.

29. To education, instruction, and a list of requirements for continuity of care when the services of the agency are terminated.

30. To be free of abuse of any kind.

31. To privacy to maintain his/her personal dignity and respect.

32. To know that the agency has liability insurance sufficient for the needs of the agency.

33. To be advised that the agency complies with Subpart 1 of 42 CFR 489 and receive a copy of the organization's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law.

34. To receive advance directives information prior to or at the time of the first home visit, as long as the information is furnished before care is provided and to know that the Hotline number 1-888-419-3456 may be used to lodge complaints regarding the implementation of the Advance Directive requirement.

35.To voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal.

36. To be advised of the toll-free home health agency hot-line for the State of Florida and the purpose of the hotline to receive complaints or questions about the organization. The State of Florida Home Health Hotline Number is **1-888-419-3456**. The number is operated 8AM to 5PM daily to receive complaints or questions about local Home Health Agencies.

You may also register complaints in writing to:

Director of Health Facility Licensure and Certification Division

Florida Department of Human Services

P.O. Box 149030 Mail Code Y 981

Tallahassee, Florida 78714 – 9030

37. To be informed of the toll-free abuse hot-line 1-800-96-ABUSE (22873), used to report abuse, neglect, or exploitation.

38. To be informed of the toll-free child abuse hot-line 1-800-962-2873.

R&M LIVING CAREwill provide a copy of the Bill of Rights for People with Developmental Disabilities to patients. A representative from R&M LIVING CAREwill explain the document to patients, and how to understand what an individual who is receiving services from this agency can

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expect from its staff. Patients further understand that should they question compliance of any of these rights, patients may discuss the issue with any administrative staff from this agency or The Agency for Persons with Disabilities. These rights and responsibilities will be discussed with the individual on an annual basis.

Policy for reporting any Rights Violations

It is the responsibility of the staff or administration to report any rights violations to any of our consumers. This type of violation will be reported to the appropriate authorities including police, abuse hotline, Agency for Person with Disabilities the Advocacy Center, Support Coordinators, and other government entity. It is our responsibility as service provider to protect the dignity, privacy, freedom from physical harm, abuse, neglect, exploitation, physical and chemical restraint, discrimination and appropriate human care of our consumers and that none of their right can be violated.

Any employee who does not report any of this violation will be reported to the appropriate authorities and R&M LIVING CAREwell take disciplinary action which could include termination of employment incident reports incident reports need to be reported within 24hours of the incident happened and send to the Area office

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Staff Training

Before providing waiver services, R&M LIVING CAREwill ensure that all employees are trained with the mandatory APD training as stated in the core assurance in the Home and Community/Medicaid Handbook APPENDIX B JUNE 2018

Direct Service Providers who hold professional certificates for the services listed below must only complete Core Competencies, Zero Tolerance, and HIPAA. Independent or solo providers and management staff for these services must complete Requirements for all Waiver Providers:

28802 SW 150th AVE Homestead, FL 33033
Rmliving288@gmail.com
(305) 281-9518

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II. Certificates of Successful Completion

Documentation of successful completion of required provider training is defined differently for classroom training (face-to-face), non-classroom (e.g., Web-based training video), and validation training as defined as follows.

A. Classroom Training

Training in a classroom setting emphasizes successful completion of the required course and not attendance for a specific number of hours.

1. A standardized APD certificate will be issued to all participants that have successfully completed the following APD Required Training Classroom courses:

- Direct Care Core Competencies
- Zero Tolerance
- APD Waiver Provider Requirements
- Requirement for all Waiver Providers
- Supported Employment Pre-service: Best Practices in Supported Employment
- Supported Employment Pre-service: Introduction to Social Security Work Incentives
- Supported Living Pre-Service Training
- Waiver Support Coordinator Pre-Service Training and Regional Specific Training

The following elements must be included on the certificate:

- The participant's name (printed or typed)
- Title of the course
- Date and location training occurred
- Name of the trainer (printed or typed) and signature
- Evidence that the trainer has appropriate credentials (for APD courses a copy of the trainer's certificate provided by APD)

For every classroom APD required training course taught the following documentation must be completed and maintained (either by hard copy or electronically) by the trainer for a minimum of five years. If the APD approved curriculum is accessed through the Department of Health TRAIN system or other APD approved systems, electronic signatures are acceptable.

Daily sign-in sheet (for each day of class) that must include:

- Printed or typed name of attendee
- Initials of attendee by their printed name
- Date of the training (which must match the date on the certificate)
- Trainer typed or printed name and signature
- Location where the training occurred (same as certificate)
- Copy of certificates of persons who successfully completed the course

For the classroom Required Training course taught by a trainer certified by the American Red Cross, American Heart Association, the American Safety and Health Institute and the Emergency Care Safety Institute, the only acceptable proof of a successful course completion is a standard certificate developed by those organizations with the attendee's name either typed or printed on the card or certificate.

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2. There are several acceptable ways to document the successful completion of classroom In-Service Training. However, the following elements must be included on all classroom training documentation in order to be acceptable:

- Participant's printed name and signature
- Title of the course
- Date training occurred (day and date as well as beginning and ending time)
- Printed name of the trainer and signature
- Copy of the agenda or course syllabus

B. Non-classroom Training

If the training is Web-based, the only acceptable proof of the successful completion of required training or required pre-service training will be the printed certificate or transcript generated by the entity that provides the training. Approved Web-based trainers include the American Red Cross, the American Heart Association, the American Health and Safety Institute, the Emergency Care & Safety Institute, the National Council, EMS Safety Services, Inc., Tallahassee Community College, the Attain, Inc., the Department of Children and Families, the Centers for Medicare and Medicaid Services, MedEd America and the Training Resource Network (TRN), Department of Health TRAIN, and other APD approved training resources as they become available. Links to all these courses are provided on Table 1.

1. At a minimum the certificate, transcript, or card for non-classroom APD Required Training must contain the following elements:

- Participant's name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Name of approved entity providing training

2. If an individual uses a CD or video to meet their non-classroom In-Service Training requirement, the following documentation is necessary:

- Photocopy of label or training outline (including the title of the course and sponsoring entity)
- Printed name and signature of participant
- Date training occurred
- Length of training (if not noted on CD label)
- Copy of the agenda or course syllabus

C. Validation Training

For Medication Administration Validation, the certificate must include all the requirements as required by APD's Rule 65G-7, F.A.C., which at the time of this promulgation include the following:

The name of the person being validated

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- The date of assessment and validation
- A description of the medication routes and procedures that the person is authorized to supervise or administer
- Any limitations on the applicant's validation to administer medication, such as limitations on validated routes of medication administration
- The printed name and original signature of the validating nurse or physician as it appears on their professional license
- The validating nurse or physician's license number and license expiration date

Any changes to APD's Rule Chapter 65G-7, F.A.C., requirements will take precedent over this handbook.

For behavioral emergency procedures, validation is completed under competency demonstration as part of the training, and the certificate must include all requirements listed as required by APD's Rule Chapter 65G-8, F.A.C., which at the time of this promulgation include the following:

- The name of the curriculum
- The name of the trainer
- The date(s) of training
- The date of certificate expiration

Any changes to Chapter 65G-8, F.A.C requirements will take precedence over this handbook.

The provider or provider agency must maintain on file a paper or electronic copy of all certificates of Direct Service Providers and trainers documenting successful completion of all required training, continuing education, and annual in-service requirements. The provider is responsible for any additional documentation as noted in F.A.C., rules. The provider is also required to furnish a copy of training documentation at the time the training is completed for the employee to maintain in personal files so that the employee may have proof of completed training. The employee should maintain their own copy for personal records.

Choice and Empowerment

As a provider, R&M LIVING CARErecognizes the need for individuals to be encouraged to make their own decisions. R&M LIVING CAREviews individuals they serve and their families as partners in meeting the person's service needs. R&M LIVING CAREis committed to creating opportunities for individuals to make choices throughout the services LEMA CARE CORP.

The choice making ability of each individual served by R&M LIVING CARE Will be reviewed at the time of the first meeting with the person, throughout the support plan year, and annually thereafter during the individual's support plan meeting. A summary of goal will be written to meet individual's goals and outcomes.

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The individual is encouraged to identify his/her choices and needs and to share them with R&M LIVING CAREThrough meetings with the person, and other individuals they wish to invite, priority outcomes are determined. An implementation plan is developed within 30 days of beginning a new service and within 30 days of the effective date of the service authorization for ongoing services. This plan directly relates with the stated outcome from the support plan for the service R&M LIVING CAREprovides. The implementation plan will include specific plans of how to assist the person in meeting their stated outcomes as well as those that ensure health and safety. The implementation plan may be changed throughout the support plan year as personal outcomes are met, the person's preferences change, or if a different approach should be used to ensure achievement of the outcome.

All individuals receiving services are expected to fully participate in the community training activities and are given chances to choose where they would like to go, what they would like to purchase, etc.

R&M LIVING CAREfully informs individuals that they have a right to due process should they be unhappy with the services being provided and have the right to choose a new provider should we not be able to work out any problems between us. A person's ability to make choices as described in this policy will be reviewed with the person each year.

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Marketing Practice Ensuring Services are Rendered in an Ethical Manner

R&M LIVING CAREis committed to marketing and rendering my services in a professional and ethical manner. R&M LIVING CARErecognizes the following are prohibited activities:

- Possessing or using for the purpose of solicitation, lists or other information from any source that identifies individuals receiving services from the Department.
- Soliciting individuals directly, or through an agent, through the use of fraud, intimidation, undue influence, or any form of overreaching or vexatious conduct, including offering discounts or special offers that include prizes, free services, or other incentives.
- Unduly influencing an individual to request a support or service, select a support or service vendor or participate in an activity, regardless of whether or not the individual's request, selection or participation results in any benefit to the provider.
- Being named as a beneficiary of a life insurance policy, bank account or other accounts that would result in financial gain of the employee.
- Borrowing or using money from the person or their personal funds.
- Marketing of services will occur through development of brochures/pamphlets which will be sent directly to the waiver support coordinators in our service area. If individuals are interested in interviewing me as a potential provider, R&M LIVING CAREWill coordinate these activities through the waiver support coordinator.

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Behavioral Emergency and Reactive Procedure Policy

The facility shall follow the guidelines set forth by the Agency for Person with Disabilities (APD), rule 65G-8 and other authority references noted above in dealing with an emergency management situation. These procedures refer to the use of emergency exclusion, manual restraints, mechanical restraints, and protective equipment as reactive strategies in an emergency situation. Chemical restraints will not be used at the home. The procedures listed may be used in the context of an emergency procedure when they are not authorized/included as a programmatic consequence in an individual's behavior plan.

An emergency situation exists when an individual's behavior poses an obvious threat or is resulting in serious self-injury, injury to others, substantial property damage when no behavioral program is in force that includes procedures appropriate to the situation or when a behavior exceeds the criteria specified in a formal behavioral program.

Reactive Strategies: The facility will not use Reactive Strategies as defined in rule 65G-8. The rule defines reactive strategies as procedures or physical crisis management techniques of seclusion and manual, mechanical, or chemical restraint for control of behaviors that create an emergency or crisis situation. Therefore, the facility will not use seclusion, manual holds greater than 15 seconds, transport procedures greater than 2 minutes, mechanical devices that prevent ability for a behavior to occur or chemical restraint as reactive strategies. Because the facility does not utilize Reactive Strategies, sections 65G-8,002 Approved Emergency Procedure Curriculum and 65G-8,004 initial Assessments does not apply to the facility.

Emergency Procedure: The following are not categorized as reactive strategies and will be used by TEAM certified staff when a consumer's behavior poses imminent harm to self or others.

1. Punch blocks and escape procedures from Techniques for Effective Aggression Management (TEAM).

2. Response block less than 15 seconds. Repeated applications and releases that circumvent the fifteen-second time limits are prohibited.

3. Verbal re-direction and de-escalation (problem solving and conflict resolution).

4. Transport (two-person elbow control) less than 2 minutes to a non-time-out/seclusion condition. This involves moving the consumer away from proximity of others, however, not withholding any forms of reinforcement. Repeated applications and releases, which circumvent the two-minute time limits are prohibited.

5. Calling 911 for police assistance this will be the option of last resort and utilized when the above interventions have been implemented and the consumer still demonstrates behavior that places self-PR others at risk of injury.

6. The supervisor will immediately be notified following an incident resulting in law enforcement being called or a consumer being baker acted.

Programmatic Procedure: The following procedures are not classified as Reactive Strategies and may be utilized as a programmatic consequence when included in a behavior plan approved by the Local Review Committee.

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1. Time-out a procedure designed to interrupt a specific behavior by temporarily removing a Person to a separate room, or by screening him/her from others, or by signaling that the Individual is in "time-out". Time-out procedures will have termination criteria not to exceed 20 minutes.

2. Behavior Protective Device-a device used as a means of interfering with or preventing Specific results of a targeted behavior when used as part of an LRC approved behavior Plan.

Reporting Requirements: The designated supervisor will submit the standard Reactive Strategy Report for at the end of each month to the District Senior Behavior Analyst indicating any incidents requiring use of a reactive strategy. Reportable events that are not classified as Reactive Strategies, however, nevertheless indicated in the form will be included. Such reportable events include use of behavior protective devices, calling law enforcement and Baker Acting a consumer.

_____ _____

Direct Hired staff Date

_____ _____

Administrator/Supervisor Signature Date

R&M Living Care
COVID-19 Healthcare Policy and Procedures

COVID-19 is a new illness that can affect your lungs and airways. It is caused by a virus called coronavirus.

Symptoms of coronavirus (COVID-19) are a cough, a high temperature and shortness of breath. Simple measures like washing your hands often with soap and water can help stop viruses like coronavirus (COVID-19) spreading. There is no specific treatment for coronavirus (COVID-19).Treatment aims to relieve the symptoms until you recover. It's not known exactly how coronavirus (COVID-19) spreads from person to person, but similar viruses are spread in cough droplets.

Patient education

The only way to avoid COVID-19 virus is to prevent exposure to it. The Centers for Disease Control and Prevention (CDC, 2020) recommends the following everyday actions to help deter the spread of all respiratory viruses:

- Wash your hands often with soap and water for 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay at home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

Anyone who may have been exposed to COVID-19 should contact their healthcare provider immediately.

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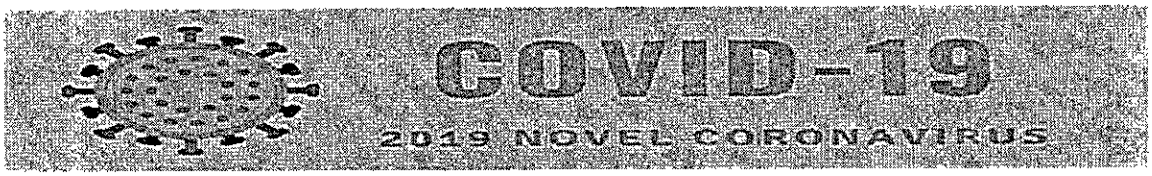


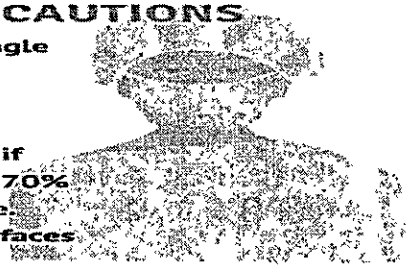
Immediately implement appropriate infection prevention and control measures for any patient who may be infected with COVID-19 (World Health Organization, 2020).

STANDARD PRECAUTIONS

- Perform strict hand washing and respiratory hygiene.
- Apply masks to suspect patients; isolate when possible.
- Tell patients to cover nose and mouth when coughing or sneezing.
- Perform hand hygiene after contact with respiratory secretions.
- Don personal protective equipment (PPE) - mask, gown & gloves, as needed.
- Prevent needle-stick or sharps injury.
- Ensure safe waste management, environmental cleaning and sterilization of equipment.

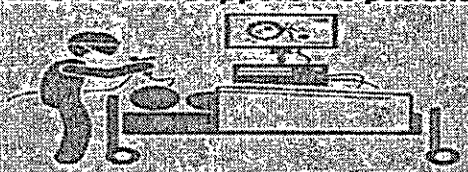
CONTACT & DROPLET PRECAUTIONS

- Place patient in properly ventilated single room.
- Don PPE with any patient contact and remove when leaving the room.
- Use single use, disposable equipment; if equipment must be shared, clean with 70% ethyl alcohol between each patient use.
- Clean and disinfect patient-contact surfaces regularly.



AIRBORNE PRECAUTIONS

- Institute for any aerosol-generating procedures.
- Use particulate respirator (i.e. N95 or equivalent).
- Don PPE.
- Perform procedures in adequately ventilated room.
- Limit the number of people in the room to the minimum required to care for and support the patient.



References
World Health Organization (2020). Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Retrieved from https://www.who.int/publications/detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125

NURSINGCENTER.COM

28802 SW 150th AVE Homestead, FL 33033
Rmliving288@gmail.com
(305) 281-9518

R&M Living Care

agency for persons with disabilities
State of Florida

March 22, 2020

Ron DeSantis
Governor

Barbara Palmer
Director

State Office

4030 Esplanade Way
Suite 380
Tallahassee
Florida
32399-0950

(850) 488-4257
Fax:
(850) 922-6456

Toll Free:
(866) APD-CARES
(866-273-2273)

Dear Local Law Enforcement Partners,

Please be advised that this business performs a critical role in providing health care delivery services. As the Director of the Agency for Persons with Disabilities (APD), I hereby designate APD employees, Waiver Support Coordinators/CDC+ Consultants, direct service providers, and all other duly appointed officers, contractors, and staff who are responsible for the safety of our clients as **essential personnel** needed to assist in meeting health and safety needs as our state responds to COVID-19.

As a result, I authorize these individuals to travel outside of established curfews during the declared State of Emergency related to COVID-19. I authorize such travel only when it is necessary to deliver critical care and personal supports to APD clients, facilities, and group homes.

These professionals are working around the clock to keep clients safe during this emergency. Their dedication is an integral part of Florida's response and recovery to COVID-19.

Thank you for your commitment to assisting as these individuals perform an essential public health function.

Sincerely,

Barbara Palmer

Barbara Palmer
Director
Agency for Persons with Disabilities

R&M Living Care

Agency for Persons with Disabilities Visitor Questionnaire

Updated March 16, 2020

Due to health concerns across the state, we are taking steps to prevent the spread of illnesses. We ask that you help us protect our residents by answering a few questions.

Name: _____

Address: _____

Contact Number: _____

Who are you visiting:

Name: _____ Home: _____

Please answer the following questions:

(866) Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours

Yes ☐ No ☐

2. In the past 14 days, have you traveled within the U.S., internationally or taken a cruise?

Yes ☐ No ☐

3. In the past 14 days, to your knowledge have you come in contact with anyone who has traveled internationally or taken a cruise?

Yes ☐ No ☐

4. Any person who traveled through any airport within the past 14 days

a. Yes ☐ No ☐

5. Are you experiencing any of the following symptoms?

Cough or Sore throat	Yes ☐	No ☐
Fever	Yes ☐	No ☐
Shortness of breath	Yes ☐	No ☐

_____ Signature

_____ Date

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Rmliving288@gmail.com
(305) 281-9518

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Consumer and Staff Screening for COVID-19

Name: _____ ☐ Consumer ☐ Staff/Title _____

1. Have you or any member in your household in the past 14 days, have traveled internationally* or taken a cruise?

   Yes ☐ No ☐

   * Highest region of infection, such as, China, Italy, Iran, Span, Korea, Germany or France

2. Have you been in close contact* with any person diagnosed (laboratory confirmed) with the COVID-19?

   Yes ☐ No ☐

   *Close contact is defined as: Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or

   Having direct contact with infectious secretions of a COVID-19 case (ex. Being coughed or sneezed on).

3. Have you been visited by any member who lived out-of-state or from a different county?

   Yes ☐ No ☐

4. Are you experiencing any of the following symptom?

Cough	Yes ☐	No ☐
Fever	Yes ☐	No ☐
Shortness of Breath	Yes ☐	No ☐

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Rmliving288@gmail.com
(305) 281-9518

R&M Living Care

Services Description, Limitations, Documentation required and Place of Service

Personal Supports

Description

Personal supports services provide assistance and training to the recipient in activities of daily living, such as eating, bathing, dressing, personal hygiene, and preparation of meals. When specified in the support plan, this service can also include heavy household chores to make the home safer, such as washing floors, windows, and walls; tacking down loose rugs and tiles; or moving heavy items or furniture. Services also include non-medical care, and supervision. This service can provide access to community-based activities that cannot be provided by natural or unpaid community supports and are likely to result in an increased ability to access community resources without paid support.

Personal supports are designed to encourage community integration. Personal supports in supported living are also designated to teach the recipient about home-related responsibilities.

This service can also include respite services to a recipient age 21 years or older living in their family home. Respite services provide relief to the caregiver and is incorporated into the personal support service. The provider, to the extent properly qualified and licensed, assists in maintaining a recipient's own home and property as a clean, sanitary, and safe environment.

This service is provided in support of a goal included the support plan or an identified need to support or maintain basic health and safety and is not purely diversional in nature.

Who Can Receive

Personal supports for individuals in the family home are limited to adults 21 years or older. Personal supports can be provided to recipients age 18 years or older who are in a supported living situation or living in their own home.

Who Can Provide

Providers of personal supports can be a licensed home health or hospice agency, a licensed residential facility, or a solo or agency provider that meets the minimum qualifications in Chapter 1.

Place of Service

Personal supports are provided in the recipient's own home, family home, licensed residential facility if being used as respite, or when or engaged in a community activity. Personal supports can also be provided at the recipient's place of employment. No service can be provided or received in the provider's home, the home of a relative or friend of the provider, a hospital, an ICF/IID or other institutional environment.

If renting, the name of the recipient receiving personal supports services must appear on the lease either singularly, with a roommate, or a guarantor. If the recipient has a legal guardian, the legal guardian's name may appear on the lease with the recipient.

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Personal supports services rendered by a provider or an employee of a provider who is living in a recipient's home must be billed at the daily rate for the service.

Limitations and Exclusions

The recipient's support plan must specifically explain the duties that a personal supports provider will perform for the recipient.

Personal supports services cannot be provided during the time a recipient is attending an adult day training program.

Assistance is provided on a one-on-one basis to recipients who live in their family homes unless they are engaged in a community-based activity. Community-based activity is provided to recipients living in their family home or in their own homes in groups not to exceed three.

If the recipient resides in supported living arrangements and receives both personal supports and supported living coaching then the provider must coordinate their activities to avoid duplication. The personal supports services are separate and are not a replacement for the services performed by a supported living provider. Personal supports provided in supported living must follow plans and strategies developed by the supported living provider as detailed in the support plan, implementation plan, or both.

Personal supports providers are not reimbursed separately for transportation and travel costs. These costs are integral components of the personal supports service and are included in the basic rate. However, in limited circumstances for individuals with extremely challenging behaviors that cause the individual to be a health and safety risk, the personal support provider may accompany the recipient during transportation services to ensure health and safety. These situations must be approved by exception by the APD regional office.

Recipients living in foster or group homes are not eligible to receive personal supports, except:

• To facilitate an overnight visit with family or friends away from the foster or group home.

• When a group home resident recovering from surgery or a major illness does not require the care of a nurse, and the group home operator is unable to provide the personal attention required to ensure the recipient's personal support needs are being met. Under these circumstances, it would be considered reasonable to provide this service to a group home resident only on a time-limited basis. Once the recipient has recovered, the service must be discontinued. The use of personal supports in this situation must be requested by the WSC and approved by the APD regional office, with a copy of the approval maintained in the WSC file and the provider file.

• When a recipient living in a licensed group home is employed and needs personal supports services at the employment site.

The provider or the provider's immediate family must not be the recipient's landlord or have any interest in the ownership of the housing unit.

Reimbursement

There are three reimbursement options for personal supports. The rates must be based on the most cost-effective arrangement to meet the recipient's need.

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• Quarter hour: Personal supports may be billed for up to 96 quarter-hours per day, if it is the most cost-effective rate to meet the recipient's needs.

• Daily: Personal supports needed for more than eight hours per day can be billed at the daily rate if it is the most cost-effective rate to meet the recipient's needs.

• Combined daily and quarter hours: Up to 6 hours or 24 quarter-hours above the daily rate may be approved to provide additional supports that must be billed by the quarter hour. Personal supports billed by the quarter hour above the daily rate may be approved under the following circumstances:

– Recipient requires additional supervision due to intense behavioral challenges that make the recipient a danger to themselves or others. In this situation, the recipient must have a behavioral services plan that is implemented by the personal support provider, and the recipient requires visual supervision during all waking hours and intervention as determined by a certified behavioral analyst. The behavioral services plan and its effects on the behavior must be re-viewed by the LRC on a regular schedule as determined appropriate by the LRC.

– Recipient requires temporary additional supervision and assistance to recover from a medical condition, procedure, or surgery. The additional supports may only be approved on a time limited basis during the recipient's recovery. This must be documented by medical information signed by the recipient's physician.

– Recipient requires total physical assistance to include lifting and transferring, in at least three of the basic personal care areas of eating, bathing, toileting, grooming, and personal hygiene, due to physical, cognitive or behavioral limitations. Also, the recipient must require physical assistance during sleep hours to meet their health and safety needs.

Reimbursement for nursing oversight of services provided by home health agencies and nurse registries, as required by 42 CFR 484.36 and Chapter 59A-8 F.A.C., is not a separate reimbursable service. The cost must be included in the personal supports service.

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Life Skills Development Level 1 – Companion

Description

Life Skills Development Level 1 – Companion services consist of non-medical care, supervision, and socialization activities provided to recipients age 21 years or older. This service must be provided in direct relation to the achievement of the recipient's goals as specified in the recipient's support plan. The service provides access to community-based activities that cannot be provided by natural or other unpaid supports and should be defined as activities most likely to result in increased ability to access community resources without paid support. These services can be scheduled on a regular, long-term basis.

Activities can be volunteer activities performed by the recipient as a pre-work activity or activities that connect a recipient to the community.

Who Can Receive

Recipients must be 21 years or older.

Who Can Provide

Companion services may be provided by licensed home health or hospice agencies. Providers can also be solo or agency providers who are not required to be licensed, certified, or registered.

Service Requirements

Companion services are limited to the amount, scope, frequency, duration, and intensity of the services described on the recipient's support plan and current approved cost plan.

This service cannot be provided simultaneously with Life Skills Development Level 2 – Supported Employment, Life Skills Development Level 3 – Adult Day Training, and personal supports services.

Place of Service

Companion services can be provided in the following settings:

- Recipient's own home
- Recipient's family home
- This service may be provided to individuals who resided in a licensed facility while the recipient is engaged in a community activity as long as the companion service is not duplicative of what is required by the residential provider licensing requirements
- The community

Companion services cannot be received in the home of the provider or in the home of a relative or friend of the provider.

Limitations and Exclusions

Companion service providers are not reimbursed separately for transportation and travel costs. These costs are integral components of companion services and are included in the rate.

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The recipient should have no more than a maximum of the equivalent of 112 hours per week of all life skills development services combined.

28802 SW 150th AVE Homestead, FL 33033
Rmliving288@gmail.com
(305) 281-9518

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Respite Care

Description

This service is generally used due to a brief planned or emergency absence, or when the primary caregiver is available, but temporarily physically unable to care for or supervise the recipient for a brief period of time.

Who Can Receive

Respite care is a service that provides supportive care and supervision to recipients under the age of 21 years when the primary caregiver is unable to perform the duties of a caregiver.

Respite care for recipients age 21 years or older is available as a part of the personal supports service family.

Service Requirements

With regard to relatives providing this service, safeguards must be taken to ensure that the payment is made to the relative as a provider, only in return for specific services rendered, and there is adequate justification as to why the relative is the provider of care. Approval for use of a relative to provide respite services must be granted by the APD regional office. Documentation of APD's approval must be maintained in both the provider's and WSC's files.

Relatives who live outside the recipient's home and are enrolled as Medicaid waiver providers can provide respite care services and be reimbursed for the services, under specific circumstances.

Some recipients may require respite care provided by a licensed nurse. These recipients have complex medical conditions which require medically necessary nursing services. If a licensed nurse provides this service, a prescription for skilled respite from a physician, ARNP, or PA is required. Skilled respite will be reimbursed at the licensed practical nurse (LPN) level.

Place of Service

Respite care can be provided in the recipient's family home, while involved with activities in the community, or receive respite services in a licensed group home, foster home, or assisted living facility (ALF).

Limitations and Exclusions

Recipients living in licensed group homes or who are in supported or independent living are not eligible to receive respite care services.

Respite care services are limited to the amount, duration, intensity, frequency, and scope of the service described on the recipient's support plan and approved cost plan.

Respite services are only available to recipients under the age of 21 years and who live in the family home.

Billing is at the quarter-hour with a maximum of 96 units per day, or by the day, whichever is most cost effective. The day rate is billed for ten hours of service or more.