

POLICIES AND PROCEDURES

Disclaimer: This Policies and Procedures Template (“Template”), developed by the Agency for Persons with Disabilities (“APD”) to assist any Qualified Organization (“QO”) with its formation and future operation, is a model that may be adopted by the QO to comply with section 393.0663, Florida Statutes; Rule 65G-14.002, Florida Administrative Code; and the Developmental Disabilities Individual Budget Waiver Services Coverage and Limitations Handbook. The QO understands that it adopts this Template voluntarily and may instead opt to develop its own Policies and Procedures to comply with the aforementioned statute and rules. By voluntarily adopting this Template, the QO has read and understood all the provisions contained herein and will utilize this Template in accordance with its provisions.

PERSON CENTERED PLANNING

_____ (referred to hereafter as “the QO”) fully supports the principles of person-centered planning. Each Support Coordinator working for the QO is trained on the QO’s policies and procedures and the expectation that each Support Coordinator uses person-centered principles in interactions with clients. This is intended to ensure each client’s individually determined goals are identified and each client is given the freedom to make informed decisions about services and supports that promote those goals. The QO’s policy on using person-centered planning is reviewed with the client and, if applicable, legal representative on an annual basis.

The QO supports person-centered planning in the following manner:

1. Investing the time in getting to know the client. At time of hire, each Support Coordinator selected by the client will carefully review the client’s central record to gain an understanding of the client’s history followed by scheduling a face-to-face visit with the client to establish rapport. The focus of this meeting is to listen to what is important to the client, including but not limited to:
 - a. Goals the client wants to achieve
 - b. Identifying those closest to the client and the role they play in his/her life
 - c. His/her desired involvement in his/her community
 - d. His/her interests
 - e. His/her unique needs
2. Prior to development of the annual support plan, the Support Coordinator will have a discussion with the client and, if applicable, his/her legal representative to discuss the goals the client wants to achieve in the coming year and who the client wants to attend his/her support plan meeting. The WSC will coordinate with providers that the client wants to have involved in his/her support plan meeting. Support plan meetings will include, at minimum, discussion of the client’s previous and existing goals, status of each goal, identifying new goals and priorities, determining which service(s) will assist the client achieve these goals, the client’s unique service needs, and service array to meet his/her needs.

3. The Support Coordinator shall use the information obtained from the client or, if applicable, his/her legal representative or client advocate to ensure service delivery supports achievement of the client's goals, with consideration of his/her unique interests and needs.
4. Support coordinators will ensure that person-centered principles are being exhibited by not only support coordinators but all providers who interact with and provide services to the client.
5. Support Coordinators will ensure that the client and, if applicable, legal representative are fully involved in the selection of service providers and in making changes to the support plan and implementation plans.
6. At the time of the annual support plan meeting, the Support Coordinator will provide information to the client or and legal representative, if applicable, for the completion of a satisfaction survey. This survey will provide valuable feedback to APD about the client's satisfaction with Support Coordinator services. The Support Coordinator will not assist the client in the completion of this survey. If the client requires assistance in completing the survey, the Support Coordinator will acquire natural supports to assist.
7. During monthly contacts with the client, the Support Coordinator will discuss the client's current satisfaction with services; discuss any changes in his or her life, needs, or goals; any incidents that may have occurred; and discuss his/her general wellbeing. If the client has a legal representative, the legal representative will participate in the discussion.

Protecting Health, Safety, and Wellbeing of Clients Served

It is our obligation to protect the health, safety, and wellbeing of clients served by our organization.

At the time of hire, each Support Coordinator must complete the required trainings outlined in the iBudget Handbook and Rule 10.004, *Florida Administrative Code*, as well as review this policy.

Upon being selected as a client's Support Coordinator, the Support Coordinator will be required to review each client's complete central record, including associated medical records, incident reports, legal forms, previous support plans, any safety plans, behavioral plans, etc.

Support Coordinators are responsible for ensuring that service providers are aware of the clients' healthcare and medical needs. Support Coordinators will also ensure that the current list of medications, prescribing physician/specialist contact information, purpose of medications, and any known allergies of the client are maintained and updated, as changes occur, in the client's support plan. The Support Coordinator will work with the client and his/her family to ensure family history is disclosed and documented in the support plan.

To ensure health and medical needs are being met, the Support Coordinator will communicate regularly with the service providers and the client to obtain the status of appointments, testing, diagnosis, medications, etc. If follow-up or continued monitoring is needed, the Support Coordinator will ensure appropriate supports are in place to meet the client's needs and must receive regular updates from the client and/or the service provider(s). All communications must be documented in the case notes.

When visiting the clients residing in APD licensed facilities, the Support Coordinator will review medication logs to ensure that the Support Coordinator has an accurate list of all current medications



and prescribing physicians and this information is reflected in the client's support plan as well as ensuring medications are being administered as prescribed. Any missed or incorrect medication admissions must be reported by the provider to APD. Discussions with the client and, if applicable, legal representative and providers will include a discussion of the current health status of the client, upcoming medical appointments, follow up that needs to occur, and who will be responsible for these follow ups.

When the client changes providers, the Support Coordinator will ensure that the transition process includes communication with the new provider on the client's health status and the provider's responsibilities related to maintaining and meeting the client's needs. For more details on transition activities, refer to the Transition Policy below.

As part of the Support Coordinator's orientation, the QO will ensure that the Support Coordinator understands his/her obligation to follow APD incident reporting requirements described in Rule 65G-2.010, F.A.C. in reporting incidents and in following up on those incidents to identify whether there are any health or safety needs that will require further intervention.

The QO will ensure that associated Support Coordinators are instructed and educated on their requirements as mandatory reporters to report allegations of abuse, neglect, and exploitation directly to the Florida Abuse Hotline as well as Support Coordinators' responsibility to follow up on victims of abuse, neglect, and exploitation to ensure adequate supports are identified to prevent a future occurrence. Support Coordinators who actively witness abuse, neglect, or exploitation must contact 911 and/or law enforcement to immediately intervene and protect the client. Support Coordinators who know or suspect abuse, neglect, or exploitation must report to the Florida Abuse Hotline immediately. Once the report has been made to the Florida Abuse Hotline, the Support Coordinator must notify his or her immediate supervisor. If the known or suspected abuse, neglect, or exploitation meets Incident Reporting criteria, an incident report must be completed in accordance with the requirements set in Rule 65G-2.010(5), F.A.C.

The QO will ensure that the associated Support Coordinators are instructed and educated on their requirement to provide ongoing training to the client/ legal representatives on how to prevent abuse, neglect, and exploitation and reporting requirements if this is identified.

The QO will ensure that Support Coordinators understand his/her responsibility to utilize communications with the client on an ongoing basis to assess their physical and mental health needs, identify and unmet need, and assist the client in receiving the necessary supports.

Procedures for Ensuring Compliance with Background Screening and Five-Year Rescreening Requirements

The QO understands the requirements to ensure that all new hires complete Level 2 background screening, including completing a local law check in the county in which the Support Coordinator resides, completing FDLE/FBI screening, signing a completed Attestation of Good Moral Character, and completing employee reference checks as a condition of employment. All Support Coordinators who are



screened must be added to the QO's roster in the Agency for Health Care Administrations Care Provider Background Screening Clearinghouse ("Clearinghouse").

Records of background screening will be maintained in a confidential file in the employee's personnel record. The QO understands its obligation to maintain these screening records and make them available at time of the annual review by the Quality Improvement Organization ("QIO") and APD upon request.

Every five years the employee must undergo another Level 2 background screening, including completing a local law check in the county in which the support coordinator resides, completing FDLE/FBI screening, and signing the Attestation of Good Moral Character. Re-screenings will be initiated through the Clearinghouse. This must be completed prior to the expiration date of the prior background screening.

The QO is responsible for carefully reviewing each employee's results of the local law screening to ensure no disqualifying offenses are present, outlined in section 393.0655, Florida Statute (F.S.). All employees must remain eligible in the Clearinghouse under APD General.

If an employee is arrested for any charge, the employee must notify their supervisor as soon as possible. The QO must immediately notify the APD and remove the WSC from service delivery if the arrest is for a disqualifying offense. Support Coordinators arrested for a disqualifying offense are ineligible to render services pending disposition of the charges. The QO may review the employee for disciplinary action or continued employment at its discretion.

Hours of Operation – Availability

The QO maintains regular office hours of Monday- Friday. The QO understands the requirement that support coordination services are available 24 hours a day, 7 days a week to address emergencies. Support Coordinators are to provide their contact phone numbers to all clients served by the Support Coordinator. The QO maintains a 24 hour on-call number for after hour emergencies. This on call number is staffed on a rotating basis for each Support Coordinator who works for the QO. The on-call number is provided to each client, legal representative, and service providers rendering services to clients served by the QO.

Any calls received during on-call hours that require additional follow-up will be reported by the following business day to the clients primary WSC for appropriate follow-up.

If a Support Coordinator is not available during regular business hours due to a planned or unplanned absence, the Support Coordinator's cell phone message must provide the alternative phone number the client may reach if immediate assistance is needed. Each Support Coordinator is required to return non-emergency calls within 1 business day of receipt. Any emergency calls that were missed must be returned immediately.

Procedures for Ensuring the Client's Medications are Administered and Handled Safely

The QO does not administer medications to clients. However, the QO recognizes our responsibility to ensure that medications prescribed to clients are administered and handled safely.

For clients served by the QO, the WSC will coordinate with the provider in ensuring that the client's primary Physician determines whether he/she is able to self-administer medication or requires assistance. If the client requires assistance, the WSC will have ongoing discussions with the provider to ensure that the provider is trained or has staff who have been trained on the Medication Administration Rule and validated in the route of medication delivery needed by the client.

Refer to the policy on **Protecting Health, Safety and Wellbeing of Recipients Served** for more detail related to WSC expectations on Medication Administration review and coordination.

Transition Policy

The QO understands that when there is a transition of service provider, or living setting, efforts must be made on the part of all involved to ensure the transition is a smooth one. When a client chooses a new service provider, the WSC will actively participate in the transition between the two providers to ensure the new provider has a thorough understanding of the support needs of the client, the contact information for all service providers, that the provider receives an active service authorization for the approved service prior to service delivery starting, the new provider is given a copy of the current support plan, and that the new provider is updated on any current unresolved issues or follow-up that will need to be addressed. In addition, the WSC will ensure that the transition process includes communication with the new provider on the clients' health status and the providers' responsibilities related to maintaining and meeting the client's needs. Topics may include, but are not limited to:

- Diagnosis
- Medications
- Allergies
- Behavioral plan(s)
- Safety plan(s)
- Mental health needs
- Recent incident reports relative to the new
- Any future medical appointments or follow-up that the new provider is responsible for

If the client has behavioral needs, the WSC will ensure that the new service provider is made aware of all needs and is provided with a copy of any behavioral plans, to include safety plans, if applicable. In addition, the WSC will initiate communication between the new and existing provider(s) to ensure proper training on the client's behavioral treatment/safety plan is conducted.

For clients who are changing living setting, the WSC will review current services and providers to ensure that service array is appropriate to support the client in the new living setting. If the client requires additional supports, the WSC will work with the client, service providers and any natural supports to



obtain the necessary support. The WSC will make every effort to visit the client on the day of transition. If this is not feasible, the WSC will visit the client in his/her new setting within the first week to ensure the client is adjusting well and to speak with the provider to ensure they have a solid understanding of the client's need and to answer any questions from the provider.

When a consumer chooses to change Support Coordinators, the previous Support Coordinators will actively participate in the transition meeting with the new Support Coordinator. The outgoing Support Coordinator is expected to provide the client central record to the new Support Coordinator or to the APD Regional Office, complete all case notes, complete all activities to end/close service authorization for Support Coordinator services, and communicate with the new Support Coordinator on any follow-up activities.

When a new service provider is selected, the Support Coordinators will end date the providers service plans and service authorization.

Addressing Grievance and Complaints

The QO provides training on its internal grievance and complaint policy with all Support Coordinators.

Support Coordinators are required to provide a copy of the grievance and complaint policy to all clients/legal representatives receiving Support Coordination services from the QO on an annual basis.

Clients/ legal representatives will be educated by the Support Coordinator on reporting any concerns with the Support Coordinator, the QO, or other service provider. Upon receiving a concern about an associated Support Coordinator, the supervisor for the Support Coordinator will review the complaint/concern with the Support Coordinator and will counsel the Support Coordinator in addressing the nature of the complaint/concern. If corrective action is needed, the Support Coordinator's supervisor will initiate steps to improve work performance. If this concern represents a violation to the QO's code of ethics, the violation will be reported to the QO leadership immediately upon becoming aware of the violation. Designated QO staff will report the violation to APD within seven (7) calendar days of the violation being identified, in accordance with Rule 65G-14.003 F.A.C. The Support Coordinator's supervisor will begin the internal disciplinary process used to address the violations and improve the Support Coordinator's work performance. The QO will follow-up with the source of the complaint to ensure the matter is resolved timely. A log of complaints and their resolutions about WSC performance received will be maintained by QO.

Support Coordinators have a role to monitor service delivery and satisfaction and therefore may receive complaints about services, service satisfaction, and/or a provider. The Support Coordinator will assist the client in addressing their concerns through intervention with the service provider to resolve the concern. In some situations, supervisors may assist in coordinating efforts to reach a resolution. If a resolution is not possible, the Support Coordinator will work with the client to make appropriate changes to their service(s) and/or service provider(s).

Policy and Procedure for Ensuring Client Confidentiality and Maintaining and Storing Records in a Secure Manner

It is critical to ensure all client information is protected and maintained in a secure manner. Upon hire, all Support Coordinators, and staff of the QO are required to complete training on the Health Insurance Portability and Accountability Act (HIPAA) and the Support Coordinators obligations to ensure HIPAA information is protected as required in law.

Prior to releasing information regarding the client, the Support Coordinator must obtain a signed release of information from the client/ legal representative which outlines specific information to be released, to whom this information is to be released and for what purpose. A copy of each signed release will be maintained in the client's central record.

The QO will utilize an electronic mail encryption service. When correspondence with Protected Health Information (PHI) is completed via email, the Support Coordinator will encrypt the email and only share the information with those clients for whom a release form is obtained and on file. If WSCs inadvertently release HIPAA information in an unsecure, unencrypted manner or to the wrong client, this HIPAA incident or breach must immediately be reported to the Support Coordinator's supervisor, the QO leadership, and APD. The QO will review the HIPAA incident or breach with the WSC to identify how the incident or breach occurred and will provide additional training to the WSC on HIPAA requirements. If the incident constitutes a breach of PHI, the victim(s) of the HIPAA breach will also be notified and informed of the corrective actions taken by the QO. All hard-copy client records must be stored in locked file cabinets. Support Coordinators who carry a hard copy of client records to a meeting with the client must take measures to ensure the records are locked and not visible while not in use. The Support Coordinator must ensure that the record is returned to the locked cabinet by the end of the business day. Additionally, all electronic devices and messages will be encrypted pursuant to the iBudget handbook.

Policies and Procedures which Detail Management and Accounting of Personal Funds

Support Coordinators are specifically prohibited in handling client funds and serving as representative payee of any of the client's financial benefits, to include, but not limited to Social Security or SSI benefits. The Support Coordinators are prohibited from assuming control of the finances, check book, cash, investments, assets, etc. for a client served by the QO. Additionally, Support Coordinators may not borrow money from a client and/or the client's family/legal Representative. Any violation to the requirements mentioned in this policy will result in the QO reviewing the violation with the Support Coordinators and taking the appropriate disciplinary action, up to termination in employment. A report must be made to the Florida Abuse Hotline if financial exploitation is suspected. All violations and the actions taken by the QO to remediate will be reported to APD within 7 days of becoming aware of the violation.



During visits to clients residing in a licensed setting, the Support Coordinator will review the client's funds being managed by the residential provider to ensure that the provider is maintaining accurate records of the disposition of the funds. Any indications that the provider is mishandling client funds will be immediately reported to the Florida Abuse Hotline and to the Support Coordinator's supervisor. The Support Coordinator's supervisor will ensure the QO leadership is made aware and will report to APD through the APD Regional Complaint Mailbox so proper follow-up can be completed.

For clients living in supported living arrangement, as part of the quarterly home visit, the Support Coordinator will review the hard copy or electronic financial records of the client. If the supported living provider is serving as the fiscal agent (rep payee for the client, maintains physical possession of the client's bank books, debit/credit cards), the WSC will review the financial records, to include but not limited to; bank statements, checkbook, etc. of the client to ensure that money is being handled appropriately and the client maintains eligible asset thresholds for benefits. Any suspicion of exploitation must be immediately reported to the Florida Abuse Hotline as well as to Support Coordinator's supervisor. The Support Coordinator's supervisor will ensure the QO leadership is made aware and will report to APD through the APD Regional Complaint Mailbox so proper follow-up can be completed.

In order to maintain Medicaid eligibility, the client's assets must fall below Medicaid thresholds. In addition to reviewing banking/financial account information, the Support Coordinator will work directly with the clients and/or their legal Representatives or provider who handles the client's funds, to ensure they understand the income requirements as they relate to Medicaid eligibility. The Support Coordinator will review the client's assets and income to ensure that eligibility is not jeopardized. If the assets and/or income become an issue, the Support Coordinator will work with the client and/or their Legal Representative to determine what can be done to ensure Medicaid eligibility is not negatively affected.