Just the Right Touch

Home Health Care

Polices & Procedures

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INTRODUCTION

This agency aims to provide services to individuals in their homes to prevent institutionalization and allow them more independence as long as possible. Often the services of this agency will supplement the care provided by family to give support and respite so that they can be better caregivers. Services may be provided on a short-term basis through a crisis or on a long-term basis when the individual receiving the services is not expected to improve. This agency strives to hire the best quality caregivers who will treat the individuals they serve like they would want their family members treated if they needed the same care. Training of caregivers and monitoring of their services will be conducted continually to ensure that care is of superior quality.

The owner/director, Keaiosha Starr Easting, is responsible for the overall operation of this agency. The owner/director is to see that all services are provided and ensure that the agency complies with licensure regulations.

MISSION

To provide high quality, person-centered, compassionate, trustworthy, and respectable home health care services to our seniors who desire to cultivate an independent life with dignity and comfort within the safety of their own homes.

VISION

To become the provider of choice within senior living and be valued for providing the highest quality of standard.

VALUES

Our mission and vision will be achieved through the application of our core values, which include:

♦ keeping our people supported health, quality of life, and well-being central in the design and delivery of services.

♦ treating and interacting with our people supported with respect, dignity, compassion, empathy, honesty, and integrity while recognizing and maintaining confidentiality of person supported information.

♦ showing respect for all cultures, religions, ethnicities; sexual orientations, ages, gender, and disabilities.

♦ recruiting, training, and retaining competent staff.

♦ valuing, supporting, recognizing, and appreciating our staff who are our greatest asset; ♦ nurturing a work environment that encourages personal enjoyment and enhances job satisfaction and performance through recognition and reward.

♦ developing and maintaining positive relationships with the community, including local home care and health care personnel/organizations.

♦ conducting our business in an accountable and responsible manner.

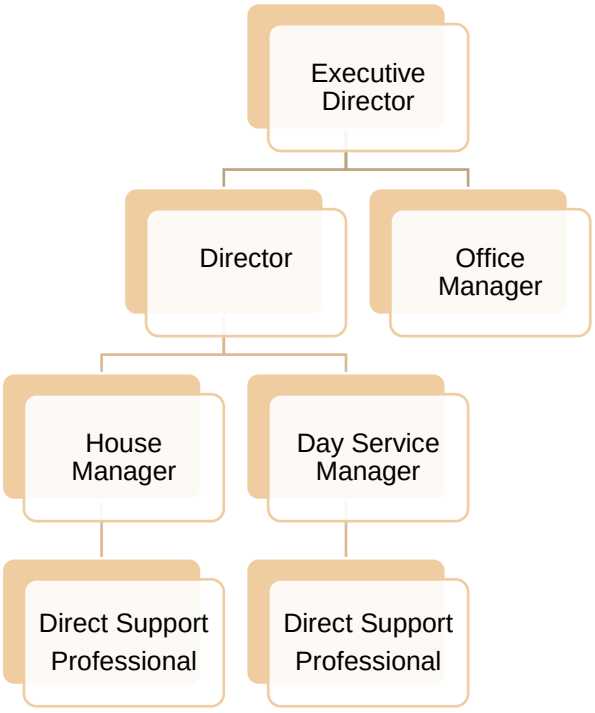
♦ adhering to the professional code of ethics of the Home Care industry.

♦ applying continuous quality improvement measures throughout our services.

1. EXECUTIVE SUMMARY

ORGANIZATIONAL CHART

Effective January 1, 2024



Description of Services

Just the Right Touch LLC offers personal support, adult habilitation, placement, and respite programs and services that help people supported with their independent living skills and support their interest in community participation, integration, and belonging. Just the Right Touch LLC's business office is located at 6925 Shallowford Road, Suite 301, Chattanooga, Tennessee 37409. Our business hours are Monday- Friday, 9:00 am-5:00 pm, we are closed on Saturday and Sunday. Below are the following services we provide:

- **Companionship:** This service provides people-supported opportunities to share comfort, and support and create a sense of belonging in their community.
- **Light Housekeeping:** This service assists with alleviating day-to-day demands for our people supported. We ensure items within your home are clean and safe to use each day.
- **Meal Preparation:** This service helps prepare and plan meals that fit our people-supported health-such as blended or dietary needs.
- **Personal Care:** This service offers personal assistance to supported people. This includes items such as bathing and personal hygiene.
- **Transportation:** This service offers quality, efficient, and safe transport services for our people supported.
- **Respite Care:** This service offers temporary assistance specifically designed for primary caregivers, allowing them to receive relief from their responsibilities for a short period.
- **Adult Habilitation Day:** This program helps adults with disabilities develop skills and engage in their community.
- **Placement:** This service assists people with disabilities in finding a job by connecting them with employers.

Nondiscrimination

Just the Right Touch admits residents without regard to race, color, creed, national origin, age, sex, religion, handicap, ancestry, marital or veteran status, sexual orientation, or payment source. Policies and practices regarding transfer, discharge, and provision of services apply to all residents, regardless of payment source. Identical policies and practices mean that Just the Right Touch does not distinguish between residents based on their source of payment when providing services that are required to be provided under the law.

DEVELOPMENTAL DISABILITIES ADULT HABILITATION

Professional Services

Just the Right Touch LLC shall provide or procure assistance for people in locating qualified dental, medical, nursing, and pharmaceutical care, including care for emergencies during hours of operation

Personnel and Staffing

(1) Just the Right Touch will provide: one (1) staff member per home but more will be provided depending on the number of people in the home.

(2) Just the Right Touch will ensure that employees practice infection control procedures that will protect people supported from infectious diseases.

(3) Employees shall be screened or tested for tuberculosis according to the procedures of the Tennessee Department of Health. Documentation of such screening or testing shall be maintained in the employee's personnel file

(4) Employees must be provided with a basic orientation in the proper techniques and strategies for the support of people supported with seizure disorders, before being assigned to work with them.

(5) A staff member will be on duty who is trained in First Aid and Cardiopulmonary Resuscitation (CPR)

VOCATIONAL SERVICES

(1) Just the Right Touch will ensure that work provided is dignified and not demeaning or degrading to the person supported. Vocational Service activities provided will be challenging to the capabilities of the person supported yet result in a sense of accomplishment and productivity.
(2) Day services shall be provided or procured under the age level, interests, and abilities of the person supported as specified in the ISP.

ASSESSMENTS

(1) The following assessments of the person supported must be completed prior to the development of an ISP:

(a) An assessment of current capabilities in such areas as adaptive behavior and independent living skills;

(b) A basic medical history, information, and determination of the necessity of a medical evaluation, and a copy, where applicable, of the result of the medical evaluation;

(c) A six (6) month history of prescribed medications, frequently used over-the-counter medications, alcohol, and/or other drugs; and

(d) An existing psychological assessment on file which is updated as recommended by the ISP team.

INDIVIDUAL SUPPORT PLAN (ISP) TEAM

Just the Right Touch will ensure that an ISP team known as the Circle of Support is identified and provided for each person supported. The team may include the following as determined by the person supported:

(a) The person supported.

(b) The legal representative (conservatory, parent, guardian, or legal custodian) of the person supported, if applicable unless their inability or unwillingness to attend is documented

(c) Appropriate Provider staff.

(d) Relevant professionals or individuals, unless their inability to attend is documented.

(e) Friends, advocates, and other non-paid supports, if applicable, and

(f) The Independent Support Coordinator/Case Manager

INDIVIDUAL SUPPORT PLAN (ISP) DEVELOPMENT AND IMPLEMENTATION

(1) Just the Right Touch will ensure that a written ISP is provided and implemented for each person supported. The ISP will meet the following requirements:

(a) Developed within thirty (30) days of the admission of the person supported.

(b) Developed by the ISP team of the person supported.

(c) Includes the date of development of the ISP.

(d) Includes signatures of the person supported, appropriate staff, and, if applicable, the legal representative (conservatory, parent, guardian, or legal custodian) of the person supported.

(e) Specifies the needs identified by assessment of the person supported and addresses those needs within the service/program component.

(f) Includes personal goals and objectives of the person supported, which are related to the specific needs identified, and specifies which goals and objectives are to be addressed by a particular service/program component; and

(g) Includes methods or activities by which the goals and objectives of the person supported are to be implemented.

INDIVIDUAL SUPPORT PLAN (ISP) MONITORING AND REVIEW

(1) Written progress notes must be maintained, which include at least quarterly reviews of progress or changes occurring in the ISP.

(2) Changes related to health, safety, and implementation of outcome-based services must be assessed on an ongoing basis and reflected within the quarterly reviews.

(3) The ISP team must review the ISP annually and revise it as necessary

USE OF RESTRICTIVE BEHAVIOR MANAGEMENT

(1) No procedures shall be used for behavior management that results in physical or emotional harm to the person supported.
(2) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet shall not be used.
(3) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an ISP.
(4) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective
(5) Prior to the implementation of a written program or behavior support plan incorporating the use of a highly restrictive or intrusive technique, the program plan must be reviewed and approved by the person supported or his/her legal representative (conservatory, parent, guardian, or legal custodian), with documentation of such approval. A Human Rights Committee must also review and approve the written program.
(6) When procedures such as physical holding, mechanical restraint, and time-out are used in emergencies to prevent the person supported from inflicting bodily harm, more than three (3) times within six
(7) (6) months, a behavioral assessment shall be conducted by an appropriate professional. Recommendations shall be incorporated into a written plan that is part of the ISP
(8) Behavior management medications may be used only when authorized in writing by a physician for a specific period.

(9) The program plan for the use of a mechanical restraint must specify the extent and frequency of the monitoring schedule according to the type and design of the device and the condition of the person supported.

(10) A person supported who is placed in a mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for freedom of movement, exercise, liquid intake/refreshment, nourishment, and use of the bathroom.

(11) Physical restraint/physical holding may be used only until the person supported is calm

(12) A person supported who is placed in time-out must be released after a period of not more than sixty (60) minutes.

(13) The ability of a person supported to exit from time-out must not be prevented using keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

DEVELOPMENTAL DISABILITIES SEMI-INDEPENDENT LIVING SERVICES

Policies and Procedures

(1) The written policies and procedures manual must include the following:

(a) Procedures for tuberculosis control and reporting of infectious and communicable diseases to the Tennessee Department of Health.

(b) Policies and procedures establishing minimum requirements in all placement providers' homes for ensuring safety to life in the event of fire. These policies and procedures minimally must ensure:

1. Fire safety features of smoke detectors, fire extinguishers, and two(2) alternate means of escape from sleeping rooms in each provider's home; and

2. Training for all providers in developing and implementing evacuation procedures within each provider's home; and

(c) Policies and procedures establishing minimum requirements in all placement providers homes regarding environmental conditions and services. The policies and procedures must address minimum standards for health and sanitation, adequate furnishings, facilities/services, and food/nutrition for meeting the needs of the person supported in providers' homes.

Professional Services

(1) Just the Right Touch will provide or procure assistance for people supported in locating qualified dental, medical, nursing, and pharmaceutical care including care for emergencies during hours of the facility's operation.

(2) Just the Right Touch will ensure that an annual physical examination is provided or procured for each person supported (unless less often indicated by the physician of the person supported). Such examinations should include routine screenings (such as vision and hearing) and laboratory examinations (such as Pap smear and blood work), as determined necessary by the physician and special studies where the index of suspicion is high.

Personnel and Staffing

(1) A primary staff member must be assigned to support each person. The primary staff member is to be responsible for monitoring and assisting the person supported in the semi-independent living arrangement.

(2) Primary staff members or other assigned support staff must be available to support people on call on a twenty-four (24) hour per day basis.

(3) The governing body must ensure that employees practice infection control procedures that will protect people from infectious diseases.

(4) Employees shall be screened or tested for tuberculosis according to the procedures of the Tennessee Department of Health. Documentation of such screening or testing shall be maintained in the employee's personnel file.

(5) Employees must be provided with a basic orientation in the proper management of seizure disorders for people supported before being assigned to work.

PERSON SUPPORTED RECORDS

(1) The record of each person supported must contain the following:

(a) A recent photograph and a description of the person supported.

(b) The social security number of the person supported.

(c) The legal competencies of the person supported, including the name of his/her legal representative (conservatory, parent, guardian, or legal custodian), if applicable.

(d) The sources of financial support including social security, veteran's benefits, and insurance of the person supported.

(e)The sources of coverage for medical care costs of the person supported.

(f) The name, address, and telephone number of the physician or healthcare agency providing medical services for the person supported.

(g) Documentation of all medications prescribed or administered by the licensee to the person supported, which indicates the date prescribed, type, dosage, frequency, amount, and reason.

(h) A discharge summary of the person supported, which states the date of discharge, reasons for discharge, and referral for other services, if appropriate.

(i) Report medical problems, accidents, seizures, and illnesses of the person supported, and treatments of such medical problems, accidents, seizures, and illnesses.

(j) Report of significant behavior incidents of the person supported, and actions taken.

(k) Report on the use of restrictive behavior-management techniques on the supported person; and

(l) Written accounts of all monies received and disbursed on behalf of the person supported.

DAY ACTIVITIES

(1) Just the Right Touch will ensure that daily activities are provided or procured. Such day activities must follow the age level, interests, and abilities of the person supported by an ISP

(2) If the person supported attends an outside school or day program Just the Right Touch will ensure that the staff participates with the school personnel in developing an individual education plan or with the day program staff in developing an ISP, as appropriate.

ASSESSMENTS

(1) The following assessments of the person supported must be completed prior to the development of an ISP:

(a) An assessment of current capabilities in such areas as adaptive behavior and independent living skills.

(b) A basic medical history, information, and determination of the necessity of a medical evaluation, and a copy, where applicable, of the results of the medical evaluation of the person supported; and

(c) A six (6) month history of prescribed medications, frequently used over-the-counter medications, alcohol, and/or other drugs

INDIVIDUAL SUPPORT PLAN (ISP) TEAM

Just the Right Touch will ensure that an ISP team known as the Circle of Support is identified and provided for each person supported. The team may include the following as determined by the person supported:

(a) The person supported.

(b) The legal representative (conservatory, parent, guardian, or legal custodian) of the person supported, if applicable unless their inability or unwillingness to attend is documented

(c) Appropriate Provider staff.

(d) Relevant professionals or individuals, unless their inability to attend is documented.

(e) Friends, advocates, and other non-paid support, if applicable, and

(f) The Independent Support Coordinator/Case Manager

INDIVIDUAL SUPPORT PLAN (ISP) DEVELOPMENT AND IMPLEMENTATION

(1) Just the Right Touch will ensure that a written ISP is provided and implemented for each person supported. The ISP will meet the following requirements:

(a) Developed within thirty (30) days of the admission of the person supported.

(b) Developed by the ISP team of the person supported.

(c) Includes the date of development of the ISP.

(d) Includes signatures of the person supported, appropriate staff, and, if applicable, the legal representative (conservatory, parent, guardian, or legal custodian) of the person supported;

(e) Specifies the needs identified by assessment of the person supported and addresses those needs within the particular service/program component.

(f) Includes personal goals and objectives of the person supported, which are related to the specific needs identified, and specifies which goals and objectives are to be addressed by a particular service/program component; and

(g) Includes methods or activities by which the goals and objectives of the person supported are to be implemented.

INDIVIDUAL SUPPORT PLAN (ISP) MONITORING AND REVIEW

(1) Written progress notes must be maintained, which include at least quarterly reviews of progress or changes occurring in the ISP.

(2) Changes related to health, safety, and implementation of outcome-based services must be assessed on an ongoing basis and reflected in the quarterly reviews.

(3) The ISP team must review the ISP annually and revise it as necessary

SUPPORTIVE SERVICES

(1) The governing body must ensure that the following support services are provided for each person supported:

(a) Transportation or assistance with transportation for non-routine events, special appointments, or long-distance travel.

(b) Liaison for making appointments and obtaining consultation with professional services.

(c) Maintenance of a current list of the names and telephone numbers, within each dwelling of the person supported, for emergency services and the Direct Support Staff available and on-call,

(d) Counseling for each person is supported as needed on the utilization of professional, social, and community services, and assistance in the referral process and in making appointments for such services.

(e) Monitoring of food and nutrition to ensure that the person supported can plan, shop for, store, and prepare appropriate food and meals;

(f) Counseling, training, and other assistance in procuring and taking prescription and non-prescription drugs.

(g) Aid in the development of homemaking, money management, and socialization skills;

(h) Counseling/Assistance in the use and protection of money; and

(i) Assistance in applying for financial benefits for which the person supported may be eligible.

USE OF RESTRICTIVE BEHAVIOR MANAGEMENT

(1) No procedures shall be used for behavior management which results in physical or emotional harm to the person supported.
(2) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet shall not be used.
(3) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an ISP.
(4) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective
(5) Before the implementation of a written program or behavior support plan incorporating the use of a highly restrictive or intrusive technique, the program plan must be reviewed and approved by the person supported or his/her legal representative (conservatory, parent, guardian, or legal custodian), with

documentation of such approval. A Human Rights Committee must also review and approve the written program.

(6) When procedures such as physical holding, mechanical restraint, and time-out are used in emergencies to prevent the person supported from inflicting bodily harm, more than three (3) times within six

(7) (6) months, a behavioral assessment shall be conducted by an appropriate professional. Recommendations shall be incorporated into a written plan that is part of the ISP

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(13) The ability of a person supported to exit from time-out must not be prevented using keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

INTELLECTUAL DISABILITIES ADULT HABILITATION

Professional Services

(1) Just the Right Touch will provide or procure assistance for people supported in locating qualified dental, medical, nursing, and pharmaceutical care, including care for emergencies during hours of the facility's operation.

(2) Just the Right Touch will ensure that an annual physical examination is provided or procured for each person supported (unless less often is indicated by the physician of the person supported). Such examinations will include routine screenings (such as vision and hearing) and laboratory examinations (such as Pap smear and blood work), as deemed necessary by the physician and special studies where the index of suspicion is high

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(b) The social security number of the person supported.

(c) The legal competency status of the person supported.

(d) The sources of financial support of the person supported, including social security, veteran’s benefits, and insurance.

(e) The sources of coverage for medical care costs of the person supported.

(f) The name, address, and telephone number of the physician or healthcare agency providing medical services of the person supported.

(g) Documentation of all drugs/medications prescribed or administered by the licensee to the person supported, which indicates the date prescribed, type, dosage, frequency, amount, and reason for the prescription.

(h) A discharge summary of the person supported, which states the date of discharge, reasons for discharge, and referral for other services, if appropriate.

(i) Report of medical problems, accidents, seizures, and illnesses, and treatments for such medical problems, accidents, seizures, and illnesses for the person supported.

(j) Report of significant behavior incidents and actions taken for the person supported; and (

k) Report of the use of restrictive behavior management techniques for the person supported

VOCATIONAL SERVICES

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(f) Includes personal goals and objectives of the person supported, which are related to the specific needs identified, and specifies which goals and objectives are to be addressed by a particular service/program component; and

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INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLACEMENT SERVICES

Policies and Procedures

(1) The written policies and procedures manual must include the following:

(a) Procedures for tuberculosis control and reporting of infectious and communicable diseases to the Tennessee Department of Health.

(b) Policies and procedures establishing minimum requirements in all placement providers' homes for ensuring the safety to life in the event of fire. These policies and procedures minimally must ensure:

1. Fire safety features of smoke detectors, fire extinguishers and two (2) alternates

means of escape from sleeping rooms in each provider's home; and

2. Training for all providers in developing and implementing evacuation procedures within each provider's home; and

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(3) Employees shall be screened or tested for tuberculosis according to the procedures of the Tennessee Department of Health. Documentation of such screening or testing shall be maintained in the employee's personnel file

(4) Employees must be provided with a basic orientation in the proper techniques and strategies for the support of persons supported with seizure disorders, prior to being assigned to work with them.

(5) A staff member will be on duty who is trained in First Aid and Cardiopulmonary Resuscitation (CPR)

PERSON SUPPORTED RECORDS

(1) The record of each person supported must contain the following information:

(a) A recent photograph and a description of the person supported;

(b) The social security number of the person supported;

(c) The legal competency status of the person supported;

(d) The sources of financial support of the person supported, including social security, veteran's benefits and insurance;

(e) The sources of coverage for medical care costs of the person supported;

(f) The name, address and telephone number of the physician or healthcare agency providing medical services of the person supported;

(g) Documentation of all drugs/medications prescribed or administered by the licensee to the person supported, which indicates the date prescribed, type, dosage, frequency, amount, and reason for prescription;

(h) A discharge summary of the person supported, which states the date of discharge, reasons for discharge, and referral for other services, if appropriate;

(i) Report of medical problems, accidents, seizures and illnesses, and treatments for such medical problems, accidents, seizures, and illnesses for the person supported;

(j) Report of significant behavior incidents and actions taken for the person supported; and (

k) Report of the use of restrictive behavior management techniques for the person supported

HEALTH, HYGIENE AND GROOMING

Just the Right Touch will ensure that the person supported receives assistance and training, as needed, with health, hygiene, and grooming practices.

CLOTHING FOR PERSONS SUPPORTED

(1) The licensee must assist each person with the least restrictive level of support and assistance needed in the selection and purchase of clothing.
(2) Each person supported must be allowed to dress him/herself in his/her own clothes and to change clothes at appropriate times according to his/her abilities.
(3) The licensee must assist each person supported in securing an adequate allowance of personally owned, individualized, clean, and seasonal clothes.
(4) Any marking of clothing belonging to the person supported for identification purposes must be done inconspicuously.

RECREATIONAL ACTIVITIES

Just the Right Touch will ensure that opportunities are provided for recreational activities, which are appropriate to and adapted to the needs, interests, and age of the person supported.

DAY ACTIVITIES

(1) Just the Right Touch will ensure that day activities are provided or procured. Such day activities must be in accordance with the age level, interests, and abilities of the person supported and in accordance with an ISP.

(2) If the person supported attends an outside school or day program the governing body must ensure that the staff participates with the school personnel in developing an individual education plan or with the day program staff in developing an ISP, as appropriate.

(3) Just the Right Touch will ensure that each person supported with significant disabilities, and who uses a wheelchair:

(a) Is assisted by a Direct Support Staff member in spending at least three (3) hours of their waking day out of bed, unless contraindicated by a physician's order;

(b) Is assisted by a Direct Support Staff member in spending a portion of their waking day out of their bedroom area

(c) Is assisted by a Direct Support Staff member in an exercise period daily; and

(d) Is assisted in being mobile whenever possible by the use of wheelchairs or other mobility devices

ASSESSMENTS

(1) The following assessments of the person supported must be completed prior to the development of his/her ISP:

(a) An assessment of current capabilities in such areas as adaptive behavior and independent living skills;

(b) A basic medical history, information, and determination of the necessity of a medical evaluation, and a copy, where applicable, of the results of the medical evaluation;

(c) A six (6) month history of prescribed medications, frequently used over-the-counter medications, alcohol, and/or other drugs; and

(d) An existing psychological assessment on file, which is updated as recommended by the ISP team.

INDIVIDUAL SUPPORT PLAN (ISP) TEAM

Just the Right Touch will ensure that an ISP team known as the Circle of Support is identified and provided for each person supported. The team may include the following as determined by the person supported:

(a) The person supported;

(b) The legal representative (conservator, parent, guardian, or legal custodian) of the person supported, if applicable, unless their inability or unwillingness to attend is documented

(c) Appropriate Provider staff;

(d) Relevant professionals or individuals, unless their inability to attend is documented;

(e) Friends, advocates and other non-paid supports, if applicable, and

(f) The Independent Support Coordinator/Case Manager

INDIVIDUAL SUPPORT PLAN (ISP) DEVELOPMENT AND IMPLEMENTATION

(1) Just the Right Touch will ensure that a written ISP is provided and implemented for each person supported. The ISP will meet the following requirements:

(a) Developed within thirty (30) days of the admission of the person supported;

(b) Developed by the ISP team of the person supported;

(c) Includes the date of development of the ISP;

(d) Includes signatures of the person supported, appropriate staff, and, if applicable, the legal representative (conservator, parent, guardian, or legal custodian) of the person supported;

(e) Specifies the needs identified by assessment of the person supported and addresses those needs within the particular service/program component;

(f) Includes personal goals and objectives of the person supported, which are related to the specific needs identified, and specifies which goals and objectives are to be addressed by a particular service/program component; and

(g) Includes methods or activities by which the goals and objectives of the person supported are to be implemented.

INDIVIDUAL SUPPORT PLAN (ISP) MONITORING AND REVIEW

(1) Written progress notes must be maintained, which include at least quarterly reviews of progress or changes occurring in the ISP.

(2) Changes relative to health, safety, and implementation of outcome based services must be assessed on an ongoing basis and reflected within the quarterly reviews.

(3) The ISP team must review the ISP annually and revise, as necessary

USE OF RESTRICTIVE BEHAVIOR MANAGEMENT

(1) No procedures shall be used for behavior management which results in physical or emotional harm to the person supported.
(2) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet shall not be used.
(3) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an ISP.
(4) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective
(5) Prior to the implementation of a written program or behavior support plan incorporating the use of a highly restrictive or intrusive technique, the program plan must be reviewed and approved by the person supported or his/her legal representative (conservator, parent, guardian, or legal custodian), with documentation of such approval. A Human Rights Committee must also review and approve the written program.
(6) When procedures such as physical holding, mechanical restraint, and time-out are used in emergency situations to prevent the person supported from inflicting bodily harm, more than three (3) times within six
(7) (6)months, a behavioral assessment shall be conducted by an appropriate professional. Recommendations shall be incorporated into a written plan that is part of the ISP
(8) Behavior management medications may be used only when authorized in writing by a physician for a specific period of time.
(9) The program plan for the use of a mechanical restraint must specify the extent and frequency of the monitoring schedule according to the type and design of the device and the condition of the person supported.
(10) A person supported who is placed in a mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for freedom of movement, exercise, liquid intake/refreshment, nourishment, and use of the bathroom.
(11) Physical restraint/physical holding may be used only until the person supported is calm
(12) A person supported who is placed in time-out must be released after a period of not more than sixty (60) minutes.

(13) The ability of a person supported to exit from time-out must not be prevented by means of keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

(14)

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES RESPITE CARE SERVICES

Policies and Procedures

(1) The written policies and procedures manual must include the following:

(a) Procedures for tuberculosis control and reporting of infectious and communicable diseases to the Tennessee Department of Health.

(b) Policies and procedures establishing minimum requirements in all placement providers' homes for ensuring safety to life in the event of fire. These policies and procedures minimally must ensure:

1. Fire safety features of smoke detectors, fire extinguishers and two(2) alternate means of escape from sleeping rooms in each provider's home; and

2.Training for all providers in developing and implementing evacuation procedures within each provider's home; and

(c) Policies and procedures establishing minimum requirements in all placement providers' homes regarding environmental conditions and services. The policies and procedures must address minimum standards for health and sanitation, adequate furnishings, facilities/services, and food/nutrition for meeting the needs of the person supported in providers' homes.

Professional Services

(1) Just the Right Touch will provide or procure assistance for persons supported in locating qualified dental, medical, nursing, and pharmaceutical care, including care for emergencies during hours of the facility's operation.

(2) Just the Right Touch will ensure that an annual physical examination is provided or procured for each person supported (unless less often is indicated by the physician of the person supported). Such examinations will include routine screenings (such as vision and hearing) and laboratory examinations (such as Pap smear and blood work), as deemed necessary by the physician and special studies where the index of suspicion is high

Personnel and Staffing

(1) Just the Right Touch will provide: one (1) staff member per home but more will be provided depending on the number of people in the home.

(2) Just the Right Touch will ensure that employees practice infection control procedures that will protect persons supported from infectious diseases.

(3) Employees shall be screened or tested for tuberculosis according to the procedures of the Tennessee Department of Health. Documentation of such screening or testing shall be maintained in the employee's personnel file

(4) Employees must be provided with a basic orientation in the proper techniques and strategies for the support of persons supported with seizure disorders, prior to being assigned to work with them.

(5) A staff member will be on duty who is trained in First Aid and Cardiopulmonary Resuscitation (CPR)

PERSON SUPPORTED RECORDS

(1) The record of each person supported must contain the following information:

(a) A recent photograph and a description of the person supported;

(b) The social security number of the person supported;

(c) The legal competency status of the person supported;

(d) The sources of financial support of the person supported, including social security, veteran’s benefits and insurance;

(e) The sources of coverage for medical care costs of the person supported;

(f) The name, address and telephone number of the physician or healthcare agency providing medical services of the person supported;

(g) Documentation of all drugs/medications prescribed or administered by the licensee to the person supported, which indicates the date prescribed, type, dosage, frequency, amount, and reason for prescription;

(h) A discharge summary of the person supported, which states the date of discharge, reasons for discharge, and referral for other services, if appropriate;

(i) Report of medical problems, accidents, seizures and illnesses, and treatments for such medical problems, accidents, seizures and illnesses for the person supported;

(j) Report of significant behavior incidents and of actions taken for the person supported; and

(k) Report of the use of restrictive behavior management techniques for the person supported

HEALTH, HYGIENE AND GROOMING

Just the Right Touch will ensure that the person supported receives assistance and training, as needed, with health, hygiene, and grooming practices.

DAY ACTIVITIES

Just the Right Touch will ensure that appropriate day activities are provided or procured, which are in accordance with the age level, interest, and ability of the person supported, and relevant to the length and purpose of his/her stay.

USE OF RESTRICTIVE BEHAVIOR MANAGEMENT

(a) No procedures shall be used for behavior management which results in physical or emotional harm to the person supported.

(b) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet shall not be used.

(c) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an ISP.

(d) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective

(e) Prior to the implementation of a written program or behavior support plan incorporating the use of a highly restrictive or intrusive technique, the program plan must be reviewed and approved by the person supported or his/her legal representative (conservator, parent, guardian, or legal custodian), with documentation of such approval. A Human Rights Committee must also review and approve the written program.

(f) When procedures such as physical holding, mechanical restraint, and time-out are used in emergency situations to prevent the person supported from inflicting bodily harm, more than three (3) times within six

(g) (6)months, a behavioral assessment shall be conducted by an appropriate professional. Recommendations shall be incorporated into a written plan that is part of the ISP

(h) Behavior management medications may be used only when authorized in writing by a physician for a specific period of time.

(i) The program plan for the use of a mechanical restraint must specify the extent and frequency of the monitoring schedule according to the type and design of the device and the condition of the person supported.

(j) A person supported who is placed in a mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for freedom of movement, exercise, liquid intake/refreshment, nourishment, and use of the bathroom.

(k) Physical restraint/physical holding may be used only until the person supported is calm

(l) A person supported who is placed in time-out must be released after a period of not more than sixty (60) minutes.

(m) The ability of a person supported to exit from time-out must not be prevented by means of keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

INTELLECTUAL DISABILITIES SEMI-INDEPENDENT LIVING SERVICES

Policies and Procedures

(1) The written policies and procedures manual must include the following:

(a) Procedures for tuberculosis control and reporting of infectious and communicable diseases to the Tennessee Department of Health.

(b) Policies and procedures establishing minimum requirements in all placement providers' homes for ensuring safety to life in the event of fire. These policies and procedures minimally must ensure:

1. Fire safety features of smoke detectors, fire extinguishers and two(2) alternate means of escape from sleeping rooms in each provider's home; and

2.Training for all providers in developing and implementing evacuation procedures within each provider's home; and

(c) Policies and procedures establishing minimum requirements in all placement providers' homes regarding environmental conditions and services. The policies and procedures must address minimum standards for health and sanitation, adequate furnishings, facilities/services, and food/nutrition for meeting the needs of the person supported in providers' homes.

Professional Services

(1) Just the Right Touch will provide or procure assistance for persons supported in locating qualified dental, medical, nursing, and pharmaceutical care including care for emergencies during hours of the facility's operation.

(2) Just the Right Touch will ensure that an annual physical examination is provided or procured for each person supported (unless less often is indicated by the physician of the person supported). Such examinations should include routine screenings (such as vision and hearing) and laboratory examinations (such as Pap smear and blood work), as determined necessary by the physician and special studies where the index of suspicion is high.

Personnel and Staffing

(1) A primary staff member must be assigned to support each person. The primary staff member is to be responsible for monitoring and assisting the person supported in the semi-independent living arrangement.

(2) Primary staff members or other assigned support staff must be available to persons supported on call on a twenty-four (24) hour per day basis.

(3) The governing body must ensure that employees practice infection control procedures that will protect persons supported from infectious diseases.

(4) Employees shall be screened or tested for tuberculosis according to the procedures of the Tennessee Department of Health. Documentation of such screening or testing shall be maintained in the employee's personnel file.

(5) Employees must be provided with a basic orientation in the proper management of seizure disorders for persons supported before being assigned to work.

PERSON SUPPORTED RECORDS

(1) The record of each person supported must contain the following:

(a) A recent photograph and a description of the person supported;

(b) The social security number of the person supported;

(c) The legal competency status of the person supported, including the name of his/her legal representative (conservator, parent, guardian, or legal custodian), if applicable;

(d) The sources of financial support including social security, veteran's benefits, and insurance of the person supported.

(e)The sources of coverage for medical care costs of the person supported;

(f) The name, address and telephone number of the physician or healthcare agency providing medical services for the person supported;

(g) Documentation of all medications prescribed or administered by the licensee to the person supported, which indicates the date prescribed, type, dosage, frequency, amount, and reason;

(h) A discharge summary of the person supported, which states the date of discharge, reasons for discharge, and referral for other services, if appropriate;

(i) Report medical problems, accidents, seizures an,d illnesses of the person supported, and treatments of such medical problems, accidents, seizures and illnesses;

(j) Report of significant behavior incidents of the person supported, and actions taken;

(k) Report of the use of restrictive behavior-management techniques on the person supported; and

(l) Written accounts of all monies received and disbursed on behalf of the person supported.

DAY ACTIVITIES

(1) Just the Right Touch will ensure that daily activities are provided or procured. Such day activities must follow the age level, interests, and abilities of the person supported by an ISP

(2) If the person supported attends an outside school or day program Just the Right Touch will ensure that the staff participates with the school personnel in developing an individual education plan or with the day program staff in developing an ISP, as appropriate.

ASSESSMENTS

(1) The following assessments of the person supported must be completed prior to the development of an ISP:

(a) An assessment of current capabilities in such areas as adaptive behavior and independent living skills;

(b) A basic medical history, information, and determination of the necessity of a medical evaluation, and a copy, where applicable, of the results of the medical evaluation of the person supported; and

(c) A six (6) month history of prescribed medications, frequently used over-the-counter medications, alcohol, and/or other drugs

INDIVIDUAL SUPPORT PLAN (ISP) TEAM

Just the Right Touch will ensure that an ISP team known as the Circle of Support is identified and provided for each person supported. The team may include the following as determined by the person supported:

(a) The person supported;

(b) The legal representative (conservator, parent, guardian, or legal custodian) of the person supported, if applicable, unless their inability or unwillingness to attend is documented

(c) Appropriate Provider staff;

(d) Relevant professionals or individuals, unless their inability to attend is documented;

(e) Friends, advocates and other non-paid supports, if applicable, and

(f) The Independent Support Coordinator/Case Manager

INDIVIDUAL SUPPORT PLAN (ISP) DEVELOPMENT AND IMPLEMENTATION

(1) Just the Right Touch will ensure that a written ISP is provided and implemented for each person supported. The ISP will meet the following requirements:

(a) Developed within thirty (30) days of the admission of the person supported;

(b) Developed by the ISP team of the person supported;

(c) Includes the date of development of the ISP;

(d) Includes signatures of the person supported, appropriate staff, and, if applicable, the legal representative (conservator, parent, guardian, or legal custodian) of the person supported;

(e) Specifies the needs identified by assessment of the person supported and addresses those needs within the particular service/program component;

(f) Includes personal goals and objectives of the person supported, which are related to the specific needs identified, and specifies which goals and objectives are to be addressed by a particular service/program component; and

(g) Includes methods or activities by which the goals and objectives of the person supported are to be implemented.

INDIVIDUAL SUPPORT PLAN (ISP) MONITORING AND REVIEW

(1) Written progress notes must be maintained, which include at least quarterly reviews of progress or changes occurring in the ISP.

(2) Changes relative to health, safety, and implementation of outcome-based services must be assessed on an ongoing basis and reflected in the quarterly reviews.

(3) The ISP team must review the ISP annually and revise, it as necessary

SUPPORTIVE SERVICES

(1) The governing body must ensure that the following support services are provided for each person supported:

(a) Transportation or assistance with transportation for non-routine events, special appointments, or long distance travel;

(b) Liaison for making appointments and obtaining consultation with professional services;

(c) Maintenance of a current list of the names and telephone numbers, within each dwelling of the person supported, for emergency services and the Direct Support Staff available and on-call,

(d) Counseling for each person supported as needed on the utilization of professional, social and community services, and assistance in the referral process and in making appointments for such services;

(e) Monitoring of food and nutrition to ensure that the person supported is able to plan, shop for, store, and prepare appropriate food and meals;

(f) Counseling, training, and other assistance in procuring and taking prescription and non-prescription drugs;

(g) Aid in the development of homemaking, money management, and socialization skills;

(h) Counseling/Assistance in the use and protection of money; and

(i) Assistance in applying for financial benefits for which the person supported may be eligible.

USE OF RESTRICTIVE BEHAVIOR MANAGEMENT

(1) No procedures shall be used for behavior management which results in physical or emotional harm to the person supported.
(2) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet shall not be used.
(3) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an ISP.
(4) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective
(5) Prior to the implementation of a written program or behavior support plan incorporating the use of a highly restrictive or intrusive technique, the program plan must be reviewed and approved by the person supported or his/her legal representative (conservator, parent, guardian, or legal custodian), with documentation of such approval. A Human Rights Committee must also review and approve the written program.

(6) When procedures such as physical holding, mechanical restraint, and time-out are used in emergency situations to prevent the person supported from inflicting bodily harm, more than three (3) times within six

(7) (6)months, a behavioral assessment shall be conducted by an appropriate professional. Recommendations shall be incorporated into a written plan that is part of the ISP

(8) Behavior management medications may be used only when authorized in writing by a physician for a specific period.

(9) The program plan for the use of a mechanical restraint must specify the extent and frequency of the monitoring schedule according to the type and design of the device and the condition of the person supported.

(10) A person supported who is placed in a mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for freedom of movement, exercise, liquid intake/refreshment, nourishment, and use of the bathroom.

(11) Physical restraint/physical holding may be used only until the person supported is calm

(12) A person supported who is placed in time-out must be released after a period of not more than sixty (60) minutes.

(13) The ability of a person supported to exit from time-out must not be prevented by means of keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

INTELLECTUAL AND DEVELOPMENT DISABILITIES SUPPORTED LIVING SERVICES

Policies and Procedures

(1) The written policies and procedures manual must include the following:

(a) Procedures for tuberculosis control and reporting of infectious and communicable diseases to the Tennessee Department of Health.

(b) Policies and procedures establishing minimum requirements in all placement providers' homes for ensuring safety to life in the event of fire. These policies and procedures minimally must ensure:

1. Fire safety features of smoke detectors, fire extinguishers and two(2) alternate means of escape from sleeping rooms in each provider's home; and

2.Training for all providers in developing and implementing evacuation procedures within each provider's home; and

(c) Policies and procedures establishing minimum requirements in all placement providers' homes regarding environmental conditions and services. The policies and procedures

must address minimum standards for health and sanitation, adequate furnishings, facilities/services, and food/nutrition for meeting the needs of the person supported in providers' homes.

Personnel and Staffing

(1) A primary staff member must be assigned to each person supported. The primary staff member is to be responsible for monitoring and assisting the person supported in the semi-independent living arrangement.
(2) Primary staff members or other assigned support staff must be available to persons supported on call on a twenty-four (24) hour per day basis.
(3) The governing body must ensure that employees practice infection control procedures that will protect persons supported from infectious diseases.
(4) Employees shall be screened or tested for tuberculosis according to the procedures of the Tennessee Department of Health. Documentation of such screening or testing shall be maintained in the employee's personnel file.
(5) Employees must be provided with a basic orientation in the proper management of seizure disorders for persons supported before being assigned to work.

PERSON SUPPORTED RECORDS

(1) The record of each person supported must contain the following:

(a) A recent photograph and a description of the person supported;

(b) The social security number of the person supported;

(c) The legal competency status of the person supported, including the name of his/her legal representative (conservator, parent, guardian, or legal custodian), if applicable;

(d) The sources of financial support including social security, veteran's benefits, and insurance of the person supported.

(e)The sources of coverage for medical care costs of the person supported;

(f) The name, address and telephone number of the physician or healthcare agency providing medical services for the person supported;

(g) Documentation of all medications prescribed or administered by the licensee to the person supported, which indicates the date prescribed, type, dosage, frequency, amount, and reason;

(h) A discharge summary of the person supported, which states the date of discharge, reasons for discharge, and referral for other services, if appropriate;

(i) Report medical problems, accidents, seizures an,d illnesses of the person supported, and treatments of such medical problems, accidents, seizures and illnesses;

(j) Report of significant behavior incidents of the person supported, and actions taken;

(k) Report of the use of restrictive behavior-management techniques on the person supported; and

(l) Written accounts of all monies received and disbursed on behalf of the person supported.

DAY ACTIVITIES

(1) Just the Right Touch will ensure that daily activities are provided or procured. Such day activities must follow the age level, interests, and abilities of the person supported by an ISP

(2) If the person supported attends an outside school or day program Just the Right Touch will ensure that the staff participates with the school personnel in developing an individual education plan or with the day program staff in developing an ISP, as appropriate.

ASSESSMENTS

(1) The following assessments of the person supported must be completed prior to the development of an ISP:

(a) An assessment of current capabilities in such areas as adaptive behavior and independent living skills;

(b) A basic medical history, information, and determination of the necessity of a medical evaluation, and a copy, where applicable, of the results of the medical evaluation of the person supported; and

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INDIVIDUAL SUPPORT PLAN (ISP) TEAM

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(a) The person supported;

(b) The legal representative (conservator, parent, guardian, or legal custodian) of the person supported, if applicable, unless their inability or unwillingness to attend is documented

(c) Appropriate Provider staff;

(d) Relevant professionals or individuals, unless their inability to attend is documented;

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INDIVIDUAL SUPPORT PLAN (ISP) DEVELOPMENT AND IMPLEMENTATION

(1) Just the Right Touch will ensure that a written ISP is provided and implemented for each person supported. The ISP will meet the following requirements:

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(b) Developed by the ISP team of the person supported;

(c) Includes the date of development of the ISP;

(d) Includes signatures of the person supported, appropriate staff, and, if applicable, the legal representative (conservator, parent, guardian, or legal custodian) of the person supported;

(e) Specifies the needs identified by assessment of the person supported and addresses those needs within the particular service/program component;

(f) Includes personal goals and objectives of the person supported, which are related to the specific needs identified, and specifies which goals and objectives are to be addressed by a particular service/program component; and

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INDIVIDUAL SUPPORT PLAN (ISP) MONITORING AND REVIEW

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(1) The governing body must ensure that the following support services are provided for each person supported:

(a) Transportation or assistance with transportation for non-routine events, special appointments, or long distance travel;

(b) Liaison for making appointments and obtaining consultation with professional services;

(c) Maintenance of a current list of the names and telephone numbers, within each dwelling of the person supported, for emergency services and the Direct Support Staff available and on-call,

(d) Counseling for each person supported as needed on the utilization of professional, social and community services, and assistance in the referral process and in making appointments for such services;

(e) Monitoring of food and nutrition to ensure that the person supported is able to plan, shop for, store, and prepare appropriate food and meals;

(f) Counseling, training, and other assistance in procuring and taking prescription and non-prescription drugs;

(g) Aid in the development of homemaking, money management, and socialization skills;

(h) Counseling/Assistance in the use and protection of money; and

(i) Assistance in applying for financial benefits for which the person supported may be eligible.

USE OF RESTRICTIVE BEHAVIOR MANAGEMENT

(14) No procedures shall be used for behavior management which results in physical or emotional harm to the person supported.

(15) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet shall not be used.

(16) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an ISP.

(17) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective

(18) Prior to the implementation of a written program or behavior support plan incorporating the use of a highly restrictive or intrusive technique, the program plan must be reviewed and approved by the person supported or his/her legal representative (conservator, parent, guardian, or legal custodian), with documentation of such approval. A Human Rights Committee must also review and approve the written program.

(19) When procedures such as physical holding, mechanical restraint, and time-out are used in emergency situations to prevent the person supported from inflicting bodily harm, more than three (3) times within six

(20) (6)months, a behavioral assessment shall be conducted by an appropriate professional. Recommendations shall be incorporated into a written plan that is part of the ISP

(21) Behavior management medications may be used only when authorized in writing by a physician for a specific period.

(22) The program plan for the use of a mechanical restraint must specify the extent and frequency of the monitoring schedule according to the type and design of the device and the condition of the person supported.

(23) A person supported who is placed in a mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for freedom of movement, exercise, liquid intake/refreshment, nourishment, and use of the bathroom.

(24) Physical restraint/physical holding may be used only until the person supported is calm

(25) A person supported who is placed in time-out must be released after a period of not more than sixty (60) minutes.

(26) The ability of a person supported to exit from time-out must not be prevented by means of keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

EMPLOYEE POLICIES

JOB DESCRIPTIONS

Just the Right Touch LLC provides essential services to the people supported within their homes and communities who require assistance with personal care due to age-related issues, illness, disability, or other conditions. Our home care offerings encompass light housekeeping, laundry, meal preparation, transportation, companionship, respite care, and expert guidance on nutrition, hygiene, and household management.

Just the Right Touch LLC is responsible for ensuring that service is delivered in a caring and respectful manner, under relevant Agency policies and industry standards

EMPLOYER'S RIGHTS

These job descriptions do not list all job duties. Occasionally, a supervisor or manager might request that you perform other duties. Management's evaluation of your performance is based on your performance of the tasks listed in this job description and these other duties. Management has the right to revise this job description at any time. The job description is not an employment contract. Therefore, either you or the employer may terminate the employment relationship at any time, for any reason.

Title: Executive Director

Overall Responsibilities and Specific Duties:

Upon the authority delegated by Just the Right Touch LLC, the Executive Director provides for the day-to-day management of the organization which may include but is not limited to the following components:

Provides Program Leadership:

- Provides leadership for Just the Right Touch LLC initiatives by demonstrating a global perspective, a collaborative style, and the ability to build consensus for change.
- Provides strategic program development with a focus on diversification, meeting unmet needs, and opportunities for collaboration.
- Directs the activities of contract vendors providing support services.
- Negotiate and monitor service requirements and charges.
- Routinely assess the quality of service provided by independent contractors.

Provides Staff Leadership:

- Supervises the work activities of Just the Right Touch LLC staff including clinical coordinators, professionals, and clerical staff.
- Establish major task assignments and monitor performance to ensure compliance with established standards.
- Perform various personnel actions per Just the Right Touch LLC policy.
- Assures there are adequate personnel with appropriate qualifications to carry out the work of the organization.
- Formulates policies, procedures, and protocols and provides leadership for Just the Right Touch LLC services.
- Communicate with staff to keep them informed about healthcare trends, Just the Right Touch LLC operational plans, and their specific work area.

Provides Financial Leadership:

- Manages the Just the Right Touch financial accounts, including accounts payable and accounts receivable information.
- Develop and recommend budgets and monitor, verify, and approve expenditures of budgeted funds.
- Make and/or recommend improvements in financial policies and practices for Just the Right Touch.
- • Develop provider relationships with third-party payors for home health care.
- Manage reimbursement negotiations and verification of insurance coverage with private insurers, Medicaid, and Medicare.
- Develop case financial projections to demonstrate the cost-effectiveness of Just the Right Touch LLC as an alternative form of care.
- • Contracts with Medicare, Medicaid, and third-party payers for the provision of services.

Provides Customer Service Leadership:

• Delivers services that are responsive to customer needs considering the mission, goals, and direction of the Just the Right Touch LLC.

• Establishes and maintains close working relationships with the interdisciplinary staff of Just the Right Touch involved in managing the care of person-supported at home.

• Responds to verbal and written issues, concerns, or complaints from Just the Right Touch LLC staff, person-supported, families, physicians, nurses, other Just the Right Touch LLC staff, insurance companies, contract vendors, or other outside vendors.

Physical Requirements:

- Driving a car daily, sometimes distances of 100 miles one-way.
- Carrying supplies, manuals, or books weighing as much as 20 lbs

- Sitting at a desk, working on a computer for periods ranging from 15 min. to hours at a time.

Minimum qualifications:

- Bachelor's Degree in a human service field (such as social work, psychology, education, nursing, or closely related field) and five (5) years of experience in service delivery to persons with intellectual/developmental disabilities, with at least two (2) of these years serving in a supervisory capacity.
- An associate degree in nursing, education, or a related field and six (6) years of experience in service delivery to people with intellectual/ developmental disabilities, with at least two (2) of these years serving in a supervisory capacity.
- A bachelor's degree with seven (7) years of experience in service delivery to people with intellectual/developmental disabilities, with at least four (4) of these years serving in a supervisory capacity.
- Substitute Experience for Education: Ten (10) years of experience in service delivery to persons with intellectual/developmental disabilities, with at least four (4) of these years serving in a supervisory capacity.
- An established record as a strong team player, able to work closely with other professionals, quickly establish rapport, gain respect, and lead.
- Executive presence and demonstrated management skills necessary to provide leadership achieve desired goals and interact effectively.
- Effective interpersonal, decision-making, written, and verbal communication skills.
- Assertiveness in the presentation and selling of ideas, balanced by sensitivity to the views of various interest groups and Just the Right Touch LLC constituents.
- An innovative, high-energy executive with proven skill in developing and implementing new concepts and programs and evidence of ability to provide direction in a rapidly changing environment.
- The ability to deal with stress and ambiguity as part of the evolution of Just the Right Touch and the home healthcare industry in general.

Title: Director

Reporting Relationship

1. Reports to the Executive Director

- Oversee the recruitment, hiring, and training of home health staff, ensuring a competent and compassionate workforce.
- Develop and implement policies and procedures to ensure compliance with federal, state, and local regulations and standards for home health care services.
- Manage the budget and financial operations of the home health agency, including billing, payroll, and purchasing.

- Coordinate person-supported care services, ensuring that individual care plans are developed, implemented, and evaluated for effectiveness and efficiency.
- Facilitate communication and collaboration among staff members, person-supported, families, and external healthcare providers to ensure high-quality care delivery.
- Monitor and improve the quality of care through performance improvement initiatives, person-supported satisfaction surveys, and compliance audits.
- Advocate for person-supported and their families, guiding healthcare system navigation, insurance coverage, and community resources.
- Lead emergency preparedness planning and response efforts for the home health agency to ensure person-supported and staff safety during crises.

Physical Requirements:

- Driving a car daily, sometimes distances of 100 miles one-way.
- Carrying supplies, manuals, or books weighing as much as 20 lbs.
- Sitting at a desk, working on a computer for periods ranging from 15 min. to hours at a time.

Minimum qualifications:

- Bachelor's Degree in a human service field (such as social work, psychology, education, nursing, or closely related field) and five (5) years of experience in service delivery to persons with intellectual/developmental disabilities, with at least two (2) of these years serving in a supervisory capacity.
- An associate degree in nursing, education, or a related field and six (6) years of experience in service delivery to people with intellectual/ developmental disabilities, with at least two (2) of these years serving in a supervisory capacity.
- A bachelor's degree with seven (7) years of experience in service delivery to people with intellectual/developmental disabilities, with at least four (4) of these years serving in a supervisory capacity.
- Substitute Experience for Education: Ten (10) years of experience in service delivery to people with intellectual/developmental disabilities, with at least four (4) of these years serving in a supervisory capacity.
- Once certified, we must attend 20 hours of approved training each year; must have a valid driver's license and be CPR-certified
- Significant (10 plus years) of health care operations experience, preferably with home health care or other alternative delivery systems.
- An established record as a strong team player, able to work closely with other professionals, quickly establish rapport, gain respect, and lead.
- Executive presence and demonstrated management skills necessary to provide leadership achieve desired goals and interact effectively.

Title: Office Manager

Reporting Relationship

2. Reports to Executive Director

Position Overview: Develops and monitors plan of care for home and community-based person-supported support and ensures consistent provision of quality services in keeping with person-supported goals and objectives, agency philosophy, policies, and program requirements, as well as requirements of the agency.

- Assures services authorized in the care plan are in place and address person-supported functional and environmental needs; makes home visits as needed; assures excellent customer service.
- Completely required Quarterly Reviews and Annual Assessments.
- Continually reevaluate situations to identify additional needs of the individual, both functional and environmental that are not addressed in the current care plan.
- Completes care plan changes as needed and identifies options for service delivery including type of service(s), program eligibility, and payment source(s) in keeping with agency philosophy and program requirements.
- Appropriately identifies cases for case conferencing and confers with the supervisor as needed.
- Coordinates with formal and informal support.
- Schedules orientation, training, counseling, and review to meet temporary and/or ongoing needs that cannot be met through other formal and informal sources.
- Records all person-supported -related activity in case record; maintains up-to-date person-supported files; uses person supported database software program to enter all person-supported data into the system; logs time spent on person-supported activity in person-supported database software.
- Assured continued identification of new resources to assist people supported and their employees.
- Handles person-support or provider concerns or requests regarding services, billing, or other needs, assuring excellent customer service.
- Keeps abreast of all home and community care rules and regulations; ensures that services and activities adhere to program requirements.
- Plans monthly agenda to ensure that deadlines are met.
- Attends training and keeps abreast of issues and information necessary to perform work duties.
- Participate actively in the staff meetings and conferences.
- Educated people supported by employees and the community regarding the importance of donations.

- Participating as needed in fundraising for the agency and representing the agency in the community.
- Respect the person-supported right to privacy.

ADMINISTRATIVE/GENERAL

- Consistently and effectively utilizes position procedures; recommends changes when necessary and completes updates as required.
- Adheres to agency policies and procedures.
- Understands, supports, and models with professionalism the agency's Mission, Vision, and Values.
- Engage in other related activities or special projects as required or assigned.
- Works to achieve established productivity standards in the areas of:
    - Caseload per home care manager
    - Billing units per home care manager
    - Average cost per home and community care unit
    - Average care plan costs per home care manager
    - Average home and community care cost per person supported

Performance Requirements:

- Knowledge, Skills, Abilities, & Mental Demand: Clerical and computer skills, including the ability to use Microsoft Office Suite; written and verbal communication skills; listening skills; interpersonal skills; customer service skills; reasoning and problem-solving skills; ability to work with minimum supervision; public speaking and presentation skills; networking skills; telephone skills; ability to perform multiple concurrent tasks in an organized manner.
- Physical Effort: Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently; ability to climb stairs and independently access all customer homes; frequent driving.
- Working Conditions: Office environment, frequent travel; customer homes; possible exposure to bodily fluids; daily customer contact; occasional inclement weather
- An associate degree in nursing, education, or a related field and six (6) years of experience in service delivery to persons with intellectual/ developmental disabilities, with at least two (2) of these years serving in a supervisory capacity.
- A bachelor’s degree with seven (7) years of experience in service delivery to persons with intellectual/developmental disabilities, with at least four (4) of these years serving in a supervisory capacity.
- Substitute Experience for Education: Five (5) years of experience in service delivery to people with intellectual/developmental disabilities

- Once certified, we must attend 20 hours of approved training each year; must have a valid driver's license and be CPR-certified

Title: House Manager

Reporting Relationship

3. Reports to Director

Position Overview plays an essential role in ensuring that individuals receive personalized and compassionate care within the comfort of their own homes. This position involves coordinating and overseeing a team of healthcare professionals who provide direct care, ensuring that each person-supported care plan is executed effectively and adapted to meet their evolving needs. By acting as a liaison between person-supported, families, and healthcare providers, the Home Health Care Manager ensures a seamless delivery of services, focusing on enhancing the quality of life for those under their care. Assures services authorized in the care plan are in place and address person-supported functional and environmental needs; makes home visits as needed; assures excellent customer service.

- Oversee the recruitment, hiring, and training of home healthcare staff, ensuring they meet all regulatory and company standards.
- Develop and implement person-supported care plans in collaboration with healthcare professionals, tailoring services to meet individual person-supported needs.
- Manage the scheduling of staff to ensure adequate coverage for person-supported care, taking into account person-supported needs, staff availability, and budgetary constraints.
- Monitor and ensure the quality of care provided by staff, implementing corrective actions as necessary to address any deficiencies.
- Handle the financial management of the home health care service, including budget preparation, monitoring expenses, and optimizing resource allocation.
- Facilitate communication between person-supported, family members, and healthcare providers to ensure coordinated and comprehensive care.
- Implement and maintain compliance with all federal, state, and local regulations governing home health care services, conducting regular audits to ensure adherence.
- Investigate and resolve any complaints or issues raised by person-supported, families, or staff, taking appropriate actions to maintain high standards of care and service.
- Respect the person-supported right to privacy.

ADMINISTRATIVE/GENERAL

- Consistently and effectively utilizes position procedures; recommends changes when necessary and completes updates as required.
- Adheres to agency policies and procedures.

- Understands, supports, and models with professionalism the agency's Mission, Vision, and Values.

Performance Requirements:

- Knowledge, Skills, Abilities, & Mental Demand: Clerical and computer skills, including the ability to use Microsoft Office Suite; written and verbal communication skills; listening skills; interpersonal skills; customer service skills; reasoning and problem-solving skills; ability to work with minimum supervision; public speaking and presentation skills; networking skills; telephone skills; ability to perform multiple concurrent tasks in an organized manner.
- Physical Effort: Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently; ability to climb stairs and independently access all customer homes; frequent driving.
- Working Conditions: Office environment, frequent travel; customer homes; possible exposure to bodily fluids; daily customer contact; occasional inclement weather
- An associate degree in nursing, education, or a related field and six (6) years of experience in service delivery to people with intellectual/ developmental disabilities, with at least two (2) of these years serving in a supervisory capacity.
- A bachelor's degree with seven (7) years of experience in service delivery to people with intellectual/developmental disabilities, with at least four (4) of these years serving in a supervisory capacity.
- Substitute Experience for Education: Five (5) years of experience in service delivery to people with intellectual/developmental disabilities
- Once certified, we must attend 20 hours of approved training each year; must have a valid driver's license and be CPR-certified

Title: Day Service Manager

Reporting Relationship

4. Reports to Director

Position Overview is responsible for managing the people-supported services team and ensuring that people-supported receive the highest quality of care. They are responsible for overseeing the day-to-day operations of the people-supported services team, including scheduling, staffing, and training. They also work closely with people-supported and their families to ensure that their needs are met and that they are receiving the best possible care.

- Manage the people-supported services team, providing guidance and support to ensure that all clients receive quality care
- Develop and implement strategies for improving customer service, including training programs and processes
- Monitor people-supported satisfaction levels and take corrective action when necessary

- Ensure compliance with applicable laws and regulations related to home healthcare
- Oversee scheduling of visits and coordinate with other departments as needed
- Maintain accurate records of people-supported information, including medical history, medications, treatments, and progress notes
- Respond to inquiries from people-supported and their families promptly
- Collaborate with clinical staff to develop individualized plans of care for each person supported
- Manage billing and payment processing for people-supported
- Track and analyze data related to people-supported services performance
- Identify areas of improvement and recommend changes to enhance efficiency and effectiveness
- Participate in community outreach activities to promote Just the Right Touch LLC Home Health Care services
- Respect the person-supported right to privacy.

ADMINISTRATIVE/GENERAL

- Consistently and effectively utilizes position procedures; recommends changes when necessary and completes updates as required.
- Adheres to agency policies and procedures.
- Understands, supports, and models with professionalism the agency's Mission, Vision, and Values.

Performance Requirements:

- Knowledge, Skills, Abilities, & Mental Demand: Clerical and computer skills, including the ability to use Microsoft Office Suite; written and verbal communication skills; listening skills; interpersonal skills; customer service skills; reasoning and problem-solving skills; ability to work with minimum supervision; public speaking and presentation skills; networking skills; telephone skills; ability to perform multiple concurrent tasks in an organized manner.
- Physical Effort: Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently; ability to climb stairs and independently access all customer homes; frequent driving.
- Working Conditions: Office environment, frequent travel; customer homes; possible exposure to bodily fluids; daily customer contact; occasional inclement weather
- An associate degree in nursing, education, or a related field and six (6) years of experience in service delivery to people with intellectual/ developmental disabilities, with at least two (2) of these years serving in a supervisory capacity.
- A bachelor’s degree with seven (7) years of experience in service delivery to people with intellectual/developmental disabilities, with at least four (4) of these years serving in a supervisory capacity.

- Substitute Experience for Education: Five (5) years of experience in service delivery to people with intellectual/developmental disabilities
- Once certified, we must attend 20 hours of approved training each year; must have a valid driver's license and be CPR-certified

Title: **Direct Support Professional**

Reporting Relationship

5. Reports to Manager

Responsibilities/Activities:

The Direct Support Professional (DSP) will assist people supported in leading self-directed lives by participating in and contributing to members of their communities connecting them with people and places in the community of common interest. The DSP will encourage the development of physical, intellectual, emotional, and social skills and behaviors that enhance inclusion in the community and will help people supported to achieve their identified outcomes/goals while maintaining high-quality person-centered practices per company standards, mission, and vision.

♦ **ESSENTIAL FUNCTIONS**

- Assisting people supported to increase their independence and to exercise their rights by teaching skills in various activities of daily living (self-care, care of the household, communication, leisure, etc.) according to Person Centered Support Plans (PCSP) and as natural teaching opportunities arise, using informal teaching techniques/procedures.
- Assisting people supported to reduce maladaptive behaviors and to learn appropriate replacement behaviors by implementing approved behavior management procedures, according to agency policies, Behavior Support Plans (BSP) and as natural teaching opportunities arise.
- Assisting in maintaining the health and hygiene of people supported by teaching new skills, and if properly certified, by administering medications according to stated policies and procedures.
- Providing active treatment by continually engaging people supported in age-appropriate, functional activities and implementing community activities.
- Working with people supported to ensure the home is kept clean and safe, by engaging in housekeeping duties, including laundry, cooking, and cleaning, including their personal living space.

- Willingness to be pulled to work in other homes due to openings or call outs.
- Ability to be at work on time and stay for the full shift.
- Ability to pass medications, if required for home/program.
- Accurately completes documentation for the person as it relates to activities and supports identified in the Person-Centered Support Plan (PCSP) and all person supported documentation via Electronic Health Record (EHR). Maintains detailed daily notes which are completed daily after each shift, monitoring records, outcome summaries, completes appropriate documentation for Medication Administration using the electronic Medication Administration Record (eMAR) within guidelines of the Medication Administration Policy.
- Accompanies people supported to and from medical appointments and activities according to the needs of the person supported.
- Follows all Therapy Plans (OT, PT, SLP and Nutrition) and Behavior Support Plans as defined in the Information and Training Specific to the Person (ITSP), PCSP or Competency Based Trainings.
- Consider a variety of enabling technology in a person supported' s life, thinking creatively about technology persons may already have available. (smartphone, tablet) Envisioning enabling technology to be autonomous in day-to-day activities to develop a person's ability to be independent in their daily lives. (home, community, and employment)
- Other duties as assigned by supervisor
- Must be able to work in different homes on a regular basis, which requires flexibility, adaptability, quick learning skills, and reliable mode of transportation.
- **In addition, Night DSPs** must be able to stay awake all night, ensuring a safe, secure and quiet environment for people supported, providing scheduled and unscheduled care as needed, and engaging in housekeeping duties.

KNOWLEDGE AND SKILLS

- Ability to read and write English.
- Ability to exercise good judgment and remain calm during a crisis.
- Knowledge and understanding of company and Department of Disability and Aging and Managed Care Organizations (DDA/MCO) operation policies.

- Ability to interact with a wide range of people, and deal honestly and tactfully with the public.
- Ability to handle all aspects of personal care with sensitivity and caring.
- Ability to report to work on time for required shifts.
- Computer skills to document required items electronically.
- High tolerance for working under pressure and handling critical situations.
- Ability to lift 50 pounds (weight of average manual wheelchair when chair is empty).

EDUCATIONAL AND WORK EXPERIENCE

- Must be at least 18 years of age.
- High school diploma (or equivalent)

REQUIRED LICENSES AND/OR CERTIFICATES

- First Aid, CPR, Medication Administration for Unlicensed Personnel**,** DDA designated online training, Managed Care Organization (MCO) designated online training and any other required training.
- Person Centered Thinking Training.
- Valid TN driver’s license with acceptable driving record
- Agency Employee Orientation

WORKING CONDITIONS

- Frequent lifting, stretching and other physical exertion during positioning of people supported or equipment.
- May work with people who exhibit aggressive or violent conduct.
- While performing the duties of the job, employee travels by automobile, may utilize own vehicle, and is exposed to changing weather conditions.
- May occasionally assist with wheelchair transfer of non-ambulatory people.
- May be exposed to various medical conditions, communicable diseases, and pest infestations.
- Work will take place in the community and homes.

- Agency provides supports 24/7, including holidays, in which staff, is required to work if this is their regular scheduled shifts.

EMPLOYER'S RIGHTS

This job description does not list all job duties. Occasionally, a supervisor or manager might request that you perform other duties. Management's evaluation of your performance is based on your performance of the tasks listed in this job description and these other duties. Management has the right to revise this job description at any time. The job description is not an employment contract. Therefore, either you or the employer may terminate the employment relationship at any time, for any reason.

Qualifications/Education

- HS Diploma
- Current driver's license or access to public transportation.
- Proper Vehicle Insurance Coverage. Training/Experience:
- May require related experience.
- May require similar social and cultural backgrounds with some supported person.
- Must be CPR certified.

ACCOUNTING OF PERSONAL FUNDS

Just the Right Touch is responsible for maintaining its financial records in compliance with the law. In Just the Right Touch's actions cause a loss of personal funds, we may be held responsible for compensating the affected party. Every employee is responsible for the honest, accurate, understandable, and timely recording, reporting, and retention of information concerning the person supported. Employees must adhere to the following practices:

1. Ensure the person supported participates in their finances to the extent of their capabilities.
2. Refrain from making or omitting an entry that intentionally hides, disguises, or misrepresents the true nature of any transaction.
3. Refrain from providing false, incomplete, or misleading information to an internal or external auditor.
4. Refrain from deferring or accelerating the recording of items that should be recognized in the proper period.
5. Ensure oversight of accumulation of personal funds to prevent loss of benefits (SSI, Medicaid eligibility)
6. Employees must use strategies that support the person supported to:

a. Utilize banks and maximize control, ownership, and management of their bank accounts.
b. Receive and manage their earned income through paycheck made out to the individual or direct deposit into their bank account.
c. Do necessary reporting and monitoring of income and assets to maintain eligibility for key benefits and programs.
d. Develop and follow a personal budget, reflecting personal preferences for saving, spending, and the need to meet specific obligations each month.
e. Keep appropriate financial records in a secure place in the individual's home (e.g., receipts, monthly bills, checkbook ledgers)

7. Employee must document and include evidence that provides the person supported in the following areas that are appropriate for the individual, while not being unnecessarily restrictive, given the person supported abilities
   a) Safeguarding personal funds at home
   b) Using or storing personal funds inside the home
   c)Carrying and using personal funds outside the home.
   d)Conducting necessary bank transactions (e.g., deposits, withdrawals, and transfers)
8. Have limited access to personal funds
9. A clear separation of personal allowance and petty cash within the person-supported home.
10. Receive clearance from the supervisor before handling disbursements.
11. Ensure the supervisor has provided authorization before signing checks on the person supported account.
12. The person-supported funds must be kept separately from the agency's funds.
13. Personal funds cannot be used to supplement agency funds.
14. Employees cannot borrow money or accept personal gifts from the person supported.

If the person supported needs funds advanced, Just the Right Touch will establish a responsible and written repayment plan that must be agreed upon by both the agency and the person supported before the funds are distributed.

ADMISSION, TRANSFER, DISCHARGED

Admission Policies

Just the Right Touch admission policies

■ provide uniform guidelines for the admission of residents

■ ensure that only people supported who can be adequately cared for by Just the Right Touch are accepted

■ reduce the fears and anxieties of people supported and family during the admission process

■ are reviewed with the person supported/representative (sponsor) (as are Just the Right Touch policies and procedures relating to person-supported rights, person-supported care, financial obligations, visiting hours, etc.)

■ ensure that appropriate medical and financial records are provided to the facility before or upon the person-supported admission.

Equal access and opportunity for acceptance

All referral sources are ensured equal opportunity for admissions, and inquiries about the person supported race, religion, or ethnic background are prohibited.

Just the Right Touch maintains a waiting list to ensure organized and equal access to our services.

If Just the Right Touch does not have the appropriate staffing available at the time the referral is made, the person's supported name is placed on a waiting list for future acceptance.

When space becomes available, the first person on the list who meets the acceptance criteria is offered the service.

Admission criteria

Acceptance criteria are determined in advance of a referral to ensure that Just the Right Touch can manage the person-supported illness (including behavior issues) and plan of care:

- Prospective acceptance should be older than 18 years of age unless a lower age is allowed by the state agency
- Prospective acceptance should be free from active drug addiction, alcohol abuse, and communicable diseases that cannot be managed and contained with Just the Right Touch
- Prospective acceptance may be ambulatory, bedridden, require post-operative care, or suffer from diabetes, cancer, neuromuscular disorders, or dementia
- Prospective acceptance may be incontinent or require catheterization
- Prospective acceptance may require the use of a feeding tube or IV fluids, assuming that Just the Right Touch can provide these services.

Medicare and Medicaid

Just the Right Touch cannot require that people supported, or potential people supported waive their rights to Medicare or Medicaid, nor can it require an oral or written assurance that

people supported, or potential people supported are not eligible for, or will not apply for Medicare or Medicaid benefits.

Medicaid recipients are considered for acceptance in compliance with applicable admission criteria and protocols of the state's Medicaid program.

For Just the Right Touch to accept Medicaid participants,

- individuals should be at least 22 years of age and meet our requirements. Alternatively, the state's medical review team can determine that individuals aged 21 or younger meet the admission criteria.
- the division or its agent must have determined that community care is either not available or not appropriate to meet the individual's needs.
- all preadmission screening requirements must be met

Prohibited acceptance practices

Just the Right Touch does not engage in the following practices, as they may be construed as conflicting with Medicare and Medicaid rules and regulations:

- Make a direct request or requirement that the person supported sign admissions documents explicitly promising or agreeing not to apply for Medicare or Medicaid
- Make an indirect request requiring the person supported to pay private rates for a specified period, such as two years (private pay duration of stay contract) before Medicaid will be accepted as a payment source for the person supported
- Require side agreements requiring the person supported to be private pay or to supplement the Medicaid rate
- Seek nor receive any kind of assurances that the resident is not eligible, or will not apply, for Medicare or Medicaid benefit

Mental illness, people supported, and developmental disabilities

The Omnibus Budget Reconciliation Act of 1987 (OBRA 87) requires that individuals diagnosed with major mental illness, people supported, or developmental disabilities are screened before acceptance.

Charging for services

Just the Right Touch may charge any amount for services furnished to non-Medicaid people supported if there is proper and timely notice describing the charges.

All nursing services specialized in rehabilitative services, social services, dietary services, pharmaceutical services, or activities mandated by the law must be provided to the person supported according to the person supported individual needs, assessments, and care plans.

Transfer and discharge

Once a person supported has been accepted, Just the Right Touch's ability to transfer or discharge a resident is significantly restricted It is therefore incumbent on Just the Right Touch to only admit people supported for whom it is capable of caring and to whom it can provide services, because discharge or transfer may be difficult, be time-consuming, or require an extended period.

The following is a sample policy statement outlining Just the Right Touch's obligations before it can discharge or transfer a person supported:

Before a person supported can be transferred, Just the Right Touch must notify the person supported at least 30 days before the anticipated transfer.

The 30-day discharge letter will be issued unless the director and person-supported physician agree and the physician documents the need for the discharge as prescribed

Just the Right Touch will not transfer or discharge a person supported except when

1. transfer or discharge is necessary to meet the person-supported welfare, and the person-supported welfare cannot be met by Just the Right Touch as documented by the person-supported physician

2. the transfer or discharge is appropriate because the person-supported health has improved sufficiently so the person-supported no longer needs the services provided by Just the Right Touch as documented by the person-supported physician

3. the safety of individuals at Just the Right Touch is endangered, as documented by any physician

4. the health of individuals at Just the Right Touch would otherwise be endangered as documented by any physician

5. the person supported has failed, after reasonable and appropriate notice, to pay for services provided by Just the Right Touch

6. Just the Right Touch ceases to operate

Transfer and discharge include the movement of a person supported to services outside of Just the Right Touch

Transfer and discharge do not refer to the movement of a person supported to another staff member within Just the Right Touch.

This policy applies to transfers or discharges that are initiated by Just the Right Touch, not by the person supported.

Regardless of whether a person supported agrees with the Just the Right Touch decision, these policies apply whenever Just the Right Touch initiates the transfer or discharge.

If a person supported is receiving services participating in both Medicare and Medicaid under separate provider agreements, a move from either constitutes a transfer.

Limitations on transfer for non-payment

A person supported cannot be transferred for non-payment if the bill has been submitted to a third-party payer for payment.

Non-payment occurs if a third-party payer, including Medicare or Medicaid, denies the claim, and the person supported, after being properly notified and advised of his or her right to appeal and exhaust all appeals, refuses to pay for his or her services.

Discharge planning

Discharge planning begins before the person-supported acceptance and continues throughout the person-supported service agreement.

Discharge planning identifies the person-supported specific needs after discharge, such as personal care, sterile dressing, and physical therapy, and describes person-supported/caregiver education needs and the ability to meet care needs after discharge.

Discharge planning helps Just the Right Touch to determine whether the person supported can go to a less restrictive environment, such as assisted living, home, residential community, group home, or another community-based situation.

Discharge planning is a multidisciplinary approach involving the Just the Right Touch staff, the person supported, the responsible party, family members, friends, post-discharge caregivers, and support persons who will help the resident adjust to his or her new living environment.

The post-discharge plan considers the person supported and the family's preferences for care, how the person supported, and family will access these services, and how care should be coordinated if continuing treatment involves multiple caregivers.

ADVOCACY

Just the Right Touch is required to ensure the person supported has the right to make decisions about their health. We are dedicated to promoting the person supported equality and there is a clear understanding of all services provided by Just the Right Touch. We build communication and rapport between our supported people and their healthcare providers. Therefore, all employees of Just the Right Touch must adhere to the following practices:

1. Access natural support and assist the person supported in building a natural support network.

2. Obtain written consent from the person supported or their legal representative before sharing any personal information.
3. Supply information and skills training as necessary to provide safe and effective natural support.
4. Employees should encourage family members, friends, and/or other natural supports to support the person's self-determination and informed decision-making and choices.
5. Employees should support family members, friends, and/or other natural supports by sharing, educating, and encouraging them to utilize supported decision-making strategies.
6. Just the Right Touch may engage in task forces, work groups, or committees related to advocacy efforts.
7. During our monthly staff meetings or meetings with your supervisor, employees will have an opportunity to express their ideas, concerns, or complaints that affect the person supported.
8. Advocate for the person supported and arrange for external advocacy services as needed.

BACKUP PLAN FOR STAFFING

If a caregiver is unable to complete a shift, he/she will notify the administrative office or the on-call person. If the nature of the service being provided is such that someone must take the caregiver's place, the on-call person will send a caregiver to cover the shift or will cover the shift him/herself.

The agency will notify the person supported two hours before a caregiver arrives if the caregiver is unable to report for work or as soon as the agency is aware if less than two hours. Arrangements will be made for coverage Notification to the service recipient as well as attempts to find a replacement will be documented in the service recipient record.

An individual-specific backup plan for staffing for each person supported is documented and found in each service recipient file.

COMPLAINT RESOLUTION

Just the Right Touch LLC has a process in place for dealing with discrepancies in understanding, importance, direction, and breach of practice so that prompt and equitable resolution of complaints can be promoted.

DEFINITIONS

1. Complaint
   A complaint is a concern that an employee wants to discuss with his/her supervisor to resolve the matter. Complaints do not include personnel actions such as

performance evaluations, rates of pay, position re-classifications, or position terminations due to a reduction in the workforce.

2. Grievance

   A grievance is an employee's formal complaint resulting from, but not limited to, working conditions, disciplinary action, dismissal, and/or actions taken against the employee that violate:

   a. policy or involves an inconsistent application of that policy.
   b. state or federal discrimination statutes; and
   c. constitutional rights.

If an individual being served or the individual's family feels that his/her rights have been violated, the individual or someone acting on his/her behalf may call the administrator Keaiosha Starr Easting to make an appointment to come in to fill out the grievance form, make an appointment for the administrator to go to the individual's home so that someone can fill out the grievance form, or so that a grievance form can be mailed to someone to be filled out.

Grievance forms must be submitted in writing. Once the administrator receives the grievance form, the grievance will be investigated, and a decision made as to the disposition. The individual who filed the grievance may also file a complaint with the Department of Human Services Adult Protective Services or the Department of Mental Health and Substance Abuse Services Office of Licensure. The agency will notify any other appropriate state agencies or local law enforcement if necessary.

PROCEDURES

1. All employees shall have access to grievance/complaint procedures.
2. The supervisor shall inform employees about their right to file a grievance/complaint and their right to be protected from retaliation.
3. Employees who intend to file or who file grievances/complaints shall not: a. be retaliated against or be discriminated against by other employees; and/or b. be coerced or have their actions interfered with by other employees.
4. Supervisors ensure that employees who intend to file or who file a complaint are free from fear of retaliation, coercion and/or discrimination. 5. The Agency shall utilize the following procedure for grievances/complaints:

   a. Employees shall prepare a written submission of the grievance/complaint within one week of the incident/issue. The submission shall contain the following information:

      i. Name and job position of the employee
      ii. reason for and details of the grievance/complaint.
      iii. corrective action desired; iv. date grievance/complaint is submitted.

v. name of Supervisor to whom the grievance/complaint is first submitted; and,

vi. the signature of the employee.

b. Supervisor discusses the grievance/complaint with the employee within one week of receiving it.

c. Resolution of grievance/complaint shall include:

i. Presentation of the facts and/or materials by employees.

ii. investigation of the dispute; and,

iii. an attempt to find a solution.

d. If the Supervisor and employee have unresolved issues, after discussion, a written report of the unresolved issues and the original grievance/complaint shall be submitted to the Manager/Administrator.

e. Manager/Administrator reviews the grievance/complaint and unresolved issues and responds to the employee within one week.

f. If the Manager/Administrator's involvement fails to bring a resolution to the grievance/complaint, the employee has the right to consult with an external body; for instance, a court or a federal/state administrative body such as Equal Employment Opportunity Commission, Office of Civil Rights, or Human Right Commission.

g. Employees may withdraw a grievance/complaint, in writing, at any stage of the process.

6. The supervisor shall prepare a semi-annual report, which includes a summary of the grievances/complaints received during the previous six months, including their numbers and types.

7. The Manager/Administrator shall review the semi-annual report and, with input from the Supervisor and employee (where appropriate) make corrective changes to offset future complaints/grievances from being filed.

8. Copies of grievances/complaints and accompanying responses and documentation shall be kept in the Agency office for at least three years.

CRISIS INTERVENTION

It is the policy of Just the Right Touch to promote the rights of people served by Just the Right Touch and to protect their health and safety during the emergency use of manual restraints. "Emergency use of manual restraint" means using a manual restraint when a person poses an imminent risk of physical harm to self or others, and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own, do not constitute an emergency. All employees must adhere to the following:

I. POSITIVE SUPPORT STRATEGIES AND TECHNIQUES REQUIRED

A. The following positive support strategies and techniques must be used to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others:

The purpose of positive behavior support is to support individual growth, enhance the person's quality of life, and make the use of more intrusive measures unnecessary. Positive behavior supports work best when we understand what works from the point of view of the individual. Positive behavior supports include ways to minimize situations or issues that are stressful for the individual and ways to help the individual have maximum control over their life. Positive behavior support doesn't emphasize rewards and punishments. Positive behavior support strategies include:

- Understanding how and what the individual is communicating.
- Understanding the impact of other's presence, voice, tone, words, actions, and gestures, and modifying these as necessary.
- Supporting the individual in communicating choices and wishes; Supporting staff to change their behavior when it has a detrimental impact.
- Temporarily avoiding situations that are too difficult or too uncomfortable for the individual.
- Allowing the individual to exercise as much control and decision-making as possible over day-to-day routines.
- Assisting the individual to increase control over life activities and environment.
- Teaching the person coping, communication, and emotional self-regulation skills.
- Anticipating situations that will be challenging and assisting the individual to cope or to respond calmly.
- Filling up the person's life with opportunities such as valued work, enjoyable physical exercise, and preferred recreational activities; and
- Modifying the environment to remove stressors (such as irritating noise, light, or cold air).

B. **INSTRUCTIONS FOR PRN ORDER GUIDANCE:**

There may be non-emergency symptoms for which medication can be helpful, including, but not limited to, agitation and anxiety. PRN orders can be used appropriately to treat these—if the treatment is voluntary. An explanation of the order should be included in

the Just the Right Touch documented notes and/or included in the individualized treatment plan. Therefore, it is the expectation that if agitation is a target symptom for medication administration, it should be explicitly defined in the progress note and/or treatment plan and in the text of the order—as a target symptom of a specific underlying disorder.

Examples include:

• Haloperidol 5mg PO every six hours as needed for agitation related to paranoia; total dosage not to exceed 20mg per 24 hours.

• Lorazepam 2mg PO every eight hours as needed for agitation related to residual symptoms of manic episode; do not exceed more than two administrations per 24 hours.

• Quetiapine 25mg po once daily prn for agitation related to mild frontotemporal neurocognitive disorder. This expectation extends to other possible symptoms (e.g., insomnia, anxiety, etc.).

The indication for any PRN medication must be spelled out in the order.

C. **STAT ORDER GUIDANCE**

Medication administration over objection in emergency circumstances can be construed as a drug used as a restraint, especially in cases where the medication provided does not have a psychiatric indication established by the Food and Drug Administration (FDA). Thus, to clarify that the emergent medication is being used for treatment, and not merely as restraint, a physician or NPP STAT order is needed in all instances of this intervention. An accompanying note explaining the situation and rationale for treatment must be entered into the individual's medical record each time STAT medications are ordered.

1. Selecting Medications: The choice of medications should reflect the individual's psychiatric diagnosis and the specific symptoms that led to ordering the PRN or STAT medication. Just the Right Touch should choose which medication to order PRN or STAT based on the clinical needs of the individual:
2. The selection of medication in the PRN or STAT order should align with the rest of the individual's medication regimen and underlying psychiatric and medical comorbidities. The rationale for the selected medication and dose should be included in the medical record.
    a. For example, if the individual is on a low or medium dose of a certain antipsychotic medication and the ordering clinician suspects additional benefit is possible from a higher dose, the same antipsychotic should be ordered on a PRN or STAT basis to reduce polypharmacy.

b. Alternatively, if the individual is already taking a high-standing dose of a certain antipsychotic medication, choosing an alternate antipsychotic (or other) medication with a different receptor profile for PRN or STAT use may provide additional clinical benefit.
c. The use of prophylactic benztropine or diphenhydramine accompanying STAT or PRN orders for antipsychotic medications should be minimized or eliminated to reduce the total anticholinergic burden unless there is a known history of extrapyramidal or dystonic reactions. The choice of anticholinergic medication should be made to ensure effective management of antipsychotic side effects while providing the least risk of anticholinergic side effects, including oversedation, confusion, constipation, urinary retention, other autonomic dysautonomia, etc. Diphenhydramine should not be used for its sedating properties because of the accompanying anticholinergic burden.
d. Selecting the minimum number of medications at the lowest effective dose can reduce the risk of complications, errors, and injuries.

DEVELOPMENT OF SUPPORT TEAMS

Just the Right Touch will develop a positive support plan on the forms and in the manner prescribed by the Commissioner and within the required timelines for each person served when required to:

1. eliminate the use of prohibited procedures

2. avoid the emergency use of manual restraint

3. prevent the person from physically harming self or others; or

4. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

Just the Right Touch will provide all employees with non-pharmacologic primary prevention and intervention techniques. Training will help staff recognize early warning signs and environmental triggers that may precipitate emergencies and that warrant their concern and response. In support of the development of these teams, Just the Right Touch will participate in the following:

1. Meet bi-weekly to discuss behavioral data
2. Collaborate with specialized physicians and create solution-based steps
3. Review or update each Behavior Support Plan

II. **PERMITTED ACTIONS AND PROCEDURES**

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by Just the Right Touch. When used continuously, it must be addressed in a person's coordinated service and support plan addendum.

A. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used to:

1. calm or comfort a person by holding that person with no resistance from that person.

2. protect a person known to be at risk of injury due to frequent falls because of a medical condition.

3. facilitate the person's completion of a task or response when the person does not resist, or the person's resistance is minimal in intensity and duration; or

4. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than sixty (60) seconds of physical contact by staff; or

5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than sixty (60) seconds of physical contact by staff

Restraint may be used as an intervention procedure to:

1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, short-term, medical condition; or

2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or

3. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

III. PROHIBITED PROCEDURES

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, such as punishment, or for staff convenience, is prohibited by Just the Right Touch:

1. Chemical restraint.

2. Mechanical restraint.

3. Manual restraint.

4. Time out.

5. Seclusion; or

6. Any aversive or deprivation procedure.

IV. MANUAL RESTRAINTS NOT ALLOWED IN EMERGENCIES

A. Just the Right Touch does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

1. Personal strengthening and rehabilitation program.

2. Use of "personal assistance" devices such as hearing aids, visual aids, and mobility devices.

3. Use of positioning devices such as body and seat cushions, and padded furniture.

4. Efforts to design a safer physical environment, including the removal of obstacles that impede movement, placement of objects and furniture in familiar places, lower beds, and adequate lighting.

5. Regular attention to toileting and other physical and personal needs, including thirst, hunger, the need for socialization, and the need for activities adapted to current abilities and past interests.

6. Design of the physical environment to allow for close observation by staff

7. Efforts to increase staff awareness of the person who supported individual needs.

8. Design person-supported living environments that are relaxing and comfortable, minimize noise, offer soothing music, and appropriate lighting, and include massage, art, or movement activities.

9. Use of bed and chair alarms to alert staff when a person supported needs assistance.

10. Use of door alarms for the person supported who may wander away.

B. If the above measures are not and/or have not been effective, and the person supported poses a threat to himself/herself or others (including actions that are actively violent, such as actively assaulting staff or others, throwing and breaking things), appears belligerent and hostile (i.e., potentially violent), and/or expresses imminent intent to harm himself/herself or another person (even if the person supported does not appear threatening himself/herself or another person), then Just the Right Touch staff should take the following actions:

- Immediately call 911 or contact other applicable emergency personnel for assistance (whether law enforcement, medical, or otherwise)

- Before emergency personnel arrive/respond, if possible, without making physical contact with the person supported and/or endangering themselves or others, remove any potentially dangerous objects from the person supported immediate proximity

- Before emergency personnel arrive/respond, if possible, without making physical contact with the person supported and/or endangering themselves or others, assist any other vulnerable adults and/or children in vacating the person supported immediately

- Await emergency personnel at a safe distance from the person supported.

- Follow any other emergency procedures within the person-supported care plan (including without limitation any applicable Individual Abuse Prevention Plan) and the Just the Right Touch Manual (as applicable), including notifying the person-supported designated emergency contact of the situation as soon as practicable.

- After emergency personnel have resolved the situation, report the incident to an immediate supervisor. Just the Right Touch will not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person. Just the Right Touch will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required.

V. CONDITIONS FOR EMERGENCY USE OF MANUAL RESTRAINT

A. Emergency use of manual restraint must meet the following conditions:

1. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm.

2. the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and

3. the manual restraint must end when the threat of harm ends.

B. The following conditions, on their own, are not conditions for emergency use of manual restraint:

1. the person is engaging in property destruction that does not cause imminent risk of physical harm.

2. the person is engaging in verbal aggression with staff or others; or

3. a person's refusal to receive or participate in treatment or programming.

VI. RESTRICTIONS WHEN IMPLEMENTING EMERGENCY USE OF MANUAL RESTRAINT

Emergency use of manual restraint must not:

1. be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury.

2. be implemented with an adult in a manner that constitutes abuse or neglect.

3. be implemented in a manner that violates a person's rights and protection.

4. be implemented in a manner that is medically or psychologically contraindicated for a person.

5. restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing.

6. restrict a person's normal access to any protection required by state licensing standards and federal regulations governing Just the Right Touch.

7. Deny a person's visitation or ordinary contact with legal counsel, a legal representative, or next of kin.

8. be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or therefore if the person refuses to participate in the treatment or services provided by Just the Right Touch.

9. use prone restraint. "Prone restraint" means the use of manual restraint that places a person in a face-down position. It does not include the brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to standing, sitting, or side-lying position as quickly as possible.

10. apply back or chest pressure while a person is in a prone or supine (meaning a face-up) position, or side-lying position; or

11. be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations

VII. REPORTING EMERGENCY USE OF MANUAL RESTRAINT

A. Within twenty-four (24) hours of emergency use of manual restraint (whether or not permitted by this Policy), the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements 1. When the emergency use of manual restraint involves more than one person receiving services, the incident report is made to the legal representative, and the case manager must not disclose personally identifiable information about any other person unless Just the Right Touch has the consent of the person.

Within three (3) calendar days after an emergency use of manual restraint (whether or not permitted by this Policy), the staff person who implemented the emergency use must report in

writing to Just the Right Touch's designated coordinator the following information about the emergency use:

1. who was involved in the incident leading to the emergency use of a manual restraint; including the names of staff and people receiving services who were involved.

2. a description of the physical and social environment, including who was present before and during the incident leading to the emergency use of a manual restraint.

3. a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implemented. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented.

4. a description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint.

5. a description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint.

6. whether there was any injury to the person who was restrained before or because of the use of a manual restraint.

7. whether there was any injury to other people, including staff, before or because of the use of a manual restraint; and

8. whether there was a debrief with the staff and, if not contraindicated, with the person who was restrained and other people who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.

C. A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.

D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:

1. after implementing the manual restraint, staff attempted to release the person, now staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety.

2. upon the attempt to release the restraint, the person's behavior immediately re-escalates; and

3. staff must immediately implement manual restraints to maintain safety.

DEFICIT REDUCTION ACT (DRA)-FRAUD, WASTE, & ABUSE

FRAUD

Employees shall not undertake any of the following fraudulent activities:

1. Bill for services, which were not provided.

2. submit fraudulent claims including:

a. claims for services that were not provided.

b. claims' billing for a service that varies from the service delivered.

c. claims for services that do not adhere to program/contract requirements.

d. makes false representations to obtain a program's benefits or to remain eligible for a program's benefit; and,

e. makes false representations to obtain payment for any service.

3. insert inaccurate information on medical claims; and/or,

4. compensate another individual for referring to the person supported.

Listed below are examples (but by no means an exhaustive list) of actions that authorities may consider fraudulent and/or criminal, all of which are expressly prohibited conduct for all employees of Just the Right Touch and can result in disciplinary action, including immediate termination (as well as possible criminal sanctions, including jail time):

a. Recording extra hours; for example, you worked on Tuesday and put the time down for Saturday.

b. Overlapping time for multiple-person support. For example, the recording person supported A; from 9 am to 3 pm, and on the same day the recording person supported B's time from 2 pm to 5 pm.

c. Recording a start time of 9:00 a.m. when you arrive at 9:08 a.m.

d. If you miss a day with your person supported for any reason record the time for that missed day even though your person supported said you could.

e. Recording time for any day when the person supported is in a hospital, long-term care facility, or incarcerated.

Abuse

Abuse involves practices that are not consistent with sound service delivery and economic practices. Such practices could, directly or indirectly, result in unnecessary program costs or in payment for services that do not meet the standards of care, or which are not medically necessary. Employees shall avoid all actual or perceived misconduct and shall report any

noted non-compliances or risk potential disciplinary action, by the Agency's Disciplinary Action Policy for failure to report. Concerns regarding abuse should be directed to the Compliance Officer/Designee.

Reporting Fraud and/or Abuse

All cases of suspected or alleged abuse and/or neglect will be reported to the Department of Human Services Adult Protective Services and the Department of Mental Health and Substance Abuse Services Office of Licensure. The agency will follow reporting guidelines as outlined in the DDA & TDMHSAS reporting form. The agency will submit the form to DDA & TDMHSAS. If other agencies were notified, such as Adult Protective Services, police, etc., the agency will provide documentation of such notification. The agency will do an internal investigation of the allegations, interviewing those involved, obtaining necessary documentation such as copies of police reports, etc., and documenting their findings. The caregiver may be moved to another person supported or placed on suspension during the investigation. If complaints of abuse and/or neglect are validated against any employee of the agency, the employee will be immediately terminated.

The agency will cooperate fully with the DDA & TDMHSAS Office of Licensure when investigating any case of alleged abuse, neglect, mistreatment, misappropriation, exploitation of a service recipient, or serious incident. Reports of incidents and allegations are made promptly. Requested documentation, reports, copies of statements, etc., are provided to licensure promptly. The agency will provide access to department licensure staff to personal support services workers to discuss the investigation of any service provided under this chapter.

False Claims Act

As a deterrent against the submission of fraudulent claims to the federal government for programs such as Medicare and Medicaid and to provide an incentive to report such fraudulent claims, the Agency shall advise its employees about the federal “False Claims Act”, which states that:

“Any person who knowingly:

1. presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval.

2. makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government.

3. conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government.

4. makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government; or,

5. submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of $5,500 to $11,000 per false claim."

The terms "knowing" and "knowingly" mean that a person, concerning information:

1. has actual knowledge of the information.

2. acts in deliberate ignorance of the truth or falsity of the information; or,

3. acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required."

"The False Claims Act contains "qui tam", or whistleblower, provisions. "Qui tam" is a unique mechanism in the law that allows citizens with evidence of fraud against government contracts and programs to sue, on behalf of the government, to recover the stolen funds. In compensation for the risk and effort of filing a "qui tam" case, the citizen whistleblower or "relator" may be awarded a portion of the funds recovered, typically between 15 and 25 percent."

DETECTION AND PREVENTION OF COMMUNICABLE DISEASES

Safety is everyone's responsibility. All accidents, injuries, potential safety hazards, and health and safety issues will be reported to the administrative office or the person on call. Caregivers will practice infection control and universal precaution procedures to protect themselves and their support from infectious diseases. Personal support services workers will comply with procedures for the detection and prevention of communicable diseases according to procedures of the Tennessee Department of Health.

DOCUMENTATION OF DELIVERY SERVICES

It is the policy of Just the Right Touch to take reasonable precautions to protect the confidentiality and security of information sent by facsimile transmission, particularly confidential health information. The information that is sent by fax is to be afforded the same level of information security as any other form of protected health information.

Just the Right Touch's fax machines are for the sole use of Just the Right Touch employees to conduct agency business and personal use of this equipment is normally prohibited. In exceptional or emergencies, with the prior authorization of the owner, limited personal use (the sending of a single fax) may be allowed at the owner's sole and absolute discretion.

All faxes sent during agency business must have a cover sheet that identifies the names and fax numbers of both the sender and intended recipient. In addition, the cover sheet should include the following notice:

PRIVACY NOTICE THIS FAX MESSAGE MAY CONTAIN PRIVATE OR CONFIDENTIAL DATA.

The information contained in this facsimile message is intended for the use of the addressee listed above. This information may be protected by state and federal privacy regulations. If you are not the intended person supported or the person responsible for delivering this information to the intended person supported you are hereby notified that any disclosure, copying, or distribution of this information is strictly prohibited. If you have received this fax in error, please notify the sender immediately.

EMERGENCY/URGENT CARE

In the event of an emergency involving the supported person's health such as not breathing or loss of consciousness, the caregiver will dial 911 immediately and follow the instructions of the dispatcher. (Training provided by the agency will help to clarify these situations for the caregivers.) After making the 911 call, the caregiver will call the administrative office or the “on call” number. Administrative staff is always available and on call when services are provided by the agency. The caregiver will remain with the person supported until help arrives and do whatever is necessary to keep the supported person comfortable and safe.

Just the Right Touch employees will ensure a first aid kit is stationed and accessible before the start of every shift. The first aid kit will be in a secure cabinet in at least one of the kitchen or bathroom areas in the person-supported residence. The first aid kit will include the following:

- Adhesive bandages
- Gauze pads and rolls
- Antiseptic wipes and sprays
- Scissors
- Tweezers
- Adhesive tape
- Safety pins
- Thermometer
- Over-the-counter medications
- Prescription medication
- Instant heat and cold packs

- Water and non-perishable food items
- Emergency blankets

As a backup precautionary measure, each employee will always maintain a first aid travel kit with them.

All first aid kits located within the home of the person supported or in possession of the employee will be reviewed and restored bi-weekly.

Also, within the home, each employee will be located and ensure all smoke detectors are properly working and there is at least one fire extinguisher located safely in a designated space in the kitchen.

In the event of a fire that cannot be contained properly, the employee will escort the person supported to the nearest exit and a safe distance away from the home. This escape includes the employee locating two previously agreed-upon exits within the home. The emergency exits will be previously recorded with the front office staff at Just the Right Touch. If possible, the employee will use a neighbor’s phone or ask someone to dial 911 to report the fire. The employee will notify the administrative office or the on-call person as soon as possible. In case of a natural disaster, the employee will make every possible effort to ensure that the person's supported safety and care needs are met. In addition, the employee will keep in contact with the administrative office for instructions and listen to the radio and television for updated news and instructions from the government agency in charge, if possible. Examples would include a designated location in the home in the event of a tornado, following the direction of emergency personnel in the event of evacuations of another nature, determining a safe spot in the event of an earthquake, items to gather in the event of a power outage or extreme temperatures.

Within 24 hours of an emergency, the employee on duty will complete the following:

1. Contact the supporter’s representative/family member
2. Contact the Support Coordinator and provide the following information:
    a. Evidence of emergencies and/or urgent health care obtained
    b. Evidence that appropriate action was taken within the specified timeframes to ensure the safety of the person supported.
    c. Evidence of updated information of the person supported after being immediately into emergency care

EMERGENCY PROCEDURES

In the event of an extraordinary occurrence call the office immediately. Some examples are:

1. Person-supported injury or illness.

2. Injury or illness to yourself.

3. Unusual or dangerous person-supported /family behavior.

4. Any occurrence requiring police or emergency service.

5. Change in person-supported condition.

6. Failure of Universal Precautions or an incident of exposure to blood, or bodily fluids. or other infectious waste.

When you call the office answer all questions thoroughly and follow instructions carefully. Document what took place and what was done and send your documentation to the office 24 hours after the incident. The office staff will also need to fill out our special incident report form and will follow up for insurance and legal purposes. Please cooperate with the office staff.

Person-Supported Death

Take the following steps in the event of suspected and possible person-supported death. The only exception would be when you have specific instructions in the red folder, and you are attending to a terminally ill person-supported with an expected death.

1. Provide whatever emergency intervention you can

2. Call 911or the emergency number to get help

3. Notify the office and follow instructions

4. Stay at home until the office instructs you to leave

5. Document all occurrences when time allows

The following procedures outline specific directions for each emergency:

Shelter in Place (SIP)

A. Shelter in Place means that the staff and/or person supported will remain in the person supported' home. Sheltering can be used due to sudden severe storms, tornados, violence/terrorism, or hazardous materials conditions in the area.

B. Advise the person supported or family member that windows and doors should be firmly closed and checked for soundness. Storm shutters, if available, should be closed. If a storm gets very strong, in the event of a tornado or windows being threatened, staff, people supported, and family members should move to interior rooms and hallways.

C. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditioners, and ventilators will be turned off. The cloth should be stuffed around gaps at the bottom of doors.

D. Staff sheltering in the office should follow the same procedure above.

E. If an emergency occurs at the person-supported home, shelter in place and notify the Office and request additional instructions.

F. Agency will re-establish contact with all people supported as soon as possible after the emergency has passed to check for injuries or deterioration of health. Corrective actions will be initiated.

Evacuation

A. There are several hazards that could cause an evacuation. The most common would be a fire in or near a person-supported home or Agency office, rising floodwater, or an evacuation order issued by the police, fire department, or other governmental authorities. Employees should use the Person Supported Evacuation Checklist (see Appendix A) for evacuation needs.

B. If the evacuation is from the person-supported home, the staff on duty at the home will notify the Office and request assistance to evacuate the person-supported if needed. In the event of a fire or other conditions requiring immediate evacuation, call 911 for assistance.

C. The agency should ensure that person-supported records are up to date and that an appropriate signed person-supported At-Risk Consent (see Appendix B) is in the person-supported medical record. This consent allows certain people supported to be viewed by designated emergency managers.

E. Alert relatives, friends, or neighbors who have agreed to help with emergencies and verify that they are available to assist. Refer to the At-Risk Evaluation Form (see Appendix C) in each person-supported record for information.

F. Contact people supported in a mandatory evacuation area as soon as possible to assure safety.

Documentation

A. During an emergency, documentation should continue for all people supported in the process of treatment.

B. All rules pertaining to the protection of and access to people-supported information (HIPAA) remain in effect during an emergency

FINANCIAL MANAGEMENT

All money spent for a person supported will be documented on a disbursement log. Documentation will include the amount of cash/check received from the person supported, the amount of the purchase, any change returned to the supported person, and the items purchased. Both the person supported, and the caregiver will sign the disbursement log. The agency is required to follow the rules 0940-05-06(3) stating:

(1) The licensee holding or receiving funds or property for the person supported as trustee or representative payee will adhere to all laws, state and federal, that govern his position and relation to the person supported.

(2) The license must prohibit staff and proprietors from borrowing money from people supported.

(3) The licensee must ensure that all money is held and disbursed on the person supported behalf if for the strict, personal benefit of the person supported

(4) The licensee must not mix his funds with those of the person supported.

(5) The licensee must not take funds or property of the person supported for the facility's use or gain.

(6) The licensee must provide an annual report to the person supported or the person supported parent or guardian of the person supported funds being held and disbursed by the facility.

FIRE, SANITATION, and EMERGENCY PRECAUTIONS

Just the Right Touch will maintain and display approved compliance records from fire, health, and environmental safety authorities at its central office location. Our employees will adhere to all the mandated rules set by the state of Tennessee and will adhere to the following:

1. In the event of an emergency or natural disaster, the safety needs of the caregiver and those of the person supported are top priority. The caregiver is responsible for the person supported, and must always remain with him/her, including during an evacuation, until another responsible party arrives.
2. Employees must maintain contact with the Just the Right Touch office using any means possible during an emergency. If an employee is in an unsafe situation or the employee or person supported is injured, the employee should immediately call "911" and then call the office.
3. If an employee arrives at the person-supported home and finds her unresponsive or if the person-supported becomes ill, the employee should call 911 and then call the office. The employee should keep the person supported calm, and if the person supported is taken to the hospital, an employee should follow the ambulance to the hospital and stay until family members arrive.
4. All homes assigned will be maintained safely and continuing efforts will be made to eliminate potential hazards.
5. All homes assigned will be maintained in a sanitary and clean condition, free from all accumulation of dirt and rubbish, well ventilated, and free from foul, stale, or musty odors.
6. All homes assigned will be kept free of mice, rats, or other rodents.

7. Just the Right Touch's housekeeping practices and standard of cleaning will be maintained which will ensure the eradication of flies, roaches, and other vermin.

GOOD NUTRITION

Just the Right Touch will adhere to the following practices to support the need for good nutrition for people supported:

1. All reasonable resources (EBT, SNAP, WIC, food stamps, etc.) will be reviewed regularly to determine eligibility and need.
2. The person supported will have opportunities to participate in their meal planning, preparation, and shopping as they desire.
3. Adequate food supply will be provided based on the person supported needs and prescribed diet.
4. All food restrictions must be approved by HCR and noted in PCP.
5. Just the Right Touch will provide regular training and offer opportunities for education following prescribed diets.
6. To adhere to our food budgeting policy, employees will abide by the following rules but are not limited to:
    - Make a grocery list and follow it
    - Compare prices.
    - Stock up on store specials
    - Plan purchase carefully.
    - Purchase in bulk
    - Use leftovers in meals the next day.

HEALTH CARE NEEDS

Just the Right Touch and its employees will maintain proper and updated information on people supported concerning their insurance information about their current health records. For each individual, there will be a) a description of the individual's overall health and specific issues or conditions listed in the person's file as specified in the Person-Centered Service Plan (PCSP); b) name and contact information on specific requirements c) information regarding medication d) information regarding individual medical history e) person information supported medical equipment and f) information regarding any medical condition and required medical treatment.

HUMAN RIGHTS

Just the Right Touch LLC shall develop and maintain policies, procedures, and standards that comply with all legislation about human rights and shall provide an environment free of harassment and discrimination. Policies are regularly reassessed for compliance and

effectiveness and amended as necessary. Any restrictions must be reviewed by the Human Rights Committee.

Human rights are those basic standards without which people cannot live in dignity. To violate someone's human rights is to treat that person as though he or she were not a human being. To advocate human rights is to demand that the human dignity of all people be respected.

1. Employees/person supported/families shall be monitored for illegal practices about:

    a. race or religion.

    b. gender or age.

    c. color or ethnic origin.

    d. ancestry, place or origin, or citizenship.

    e. sexual orientation.

    f. record of offenses.

    g. marital or family status.

    h. physical, mental, or social challenges; and/or

    i. medical history or condition(s).

2. There shall be no harassment of employees/person supported /families based on:

    a. race or religion.

    b. gender or age.

    c. color or ethnic origin.

    d. ancestry, place of origin, or citizenship.

    e. sexual orientation.

    f. record of offenses.

    g. marital or family status.

    h. physical, mental or social challenges; and/or,

    i. medical history or condition(s).

3. Everything possible shall be done to provide an environment free of harassment and discrimination.

4. Quick and appropriate reactions to complaints will be initiated to enhance the chances of a quick resolution.

5. Harassments, that are sexual, shall follow the company's policy on sexual harassment.

ORGANIZATION'S PERSON-CENTERED APPROACH

A person-centered approach is used to assist the person supported with using his own capacity and potential for constructive action to realize his goals. Staff act as facilitators rather than directors, offering respect, acceptance, and understanding to the person supported to help empower him to realize his potential. The provider uses this approach when working with any person supported, particularly when planning for and working on goals from the individual's Support Plan.

Just the Right Touch uses a person-centered process to assist the person supported with:

- using person-centered practices
- will ensure the person's circle of support (COS) obtains their maximum input regarding the following:
    - Choices
    - Desires
    - Decisions

This includes but is not limited to the person identifying the place/times for planning meetings, meeting attendees, interviewing potential housemates, and participating in the interviewing of potential staff/staff matching.

- choosing and achieving goals
- exercising choice and rights
- experiencing social inclusion
- experiencing dignity and respect
- maintaining and improving health
- using the environment
- experiencing continuity and security
- finding satisfaction with services and life situations
- If the person is an imminent danger to self or others, then it is feasible and necessary to expect the circle of support or conservator to intervene to ensure the safety of the person.
- The person-supported cultural background will be recognized and valued in the decision-making process.

To help the person supported obtain and achieve goals that are most important to him or her while also meeting the needs of the person supported, staff

- get to know the person supported and his or her significant others (Person Supported-Specific Training, Topics, Status/Medical Update)

- determine what goals are important to the person supported (Person-Centered Planning: Annual Summary and Support Plan Update)
- provide services needed to achieve the goals by providing opportunities
- for relevant training
- to expand life experiences

When a person supported starts with Just the Right Touch, staff get to know the individual, including characteristics such as likes/dislikes, hobbies, strengths and weaknesses, health and safety issues, routines, special needs, and medication requirements. Throughout the year, quarterly, staff go over areas of importance to the individual, such as achievements of special notes, health and safety issues, and health information.

For the Annual Report, staff assist the person supported with coming up with goals to work on for the upcoming year using the Person-Centered Planning: Annual Summary form which is completed for the Annual Report (3rd Quarter - before the Support Plan meeting with the Just the Right Touch).

For the Annual Report, the person supported comes up with goals as he or she sees them, and staff are encouraged to write the goals in the person supported own words. For the Implementation Plan, the person supported uses the goals of his or her Support Plan.

The goals he or she decides on for the Annual Report should be the same as the ones in his or her Support Plan, but the reality is that they often are not. If they are the same, then staff will go over the goals again on the Person-Centered Planning and make sure this is what the person supported wants. If they are not the same, staff will complete the Support Plan Update showing additions, deletions, and/or changes, and contact Just the Right Touch to update the Support Plan.

During the Person-Centered Planning process, staff plan with the person supported what he wants his goals to be, how he will work on the goals, which staff and how staff will help, time limits and frequency for each goal, how progress will be assessed, and how the person supported will know he has accomplished his goal. For each goal, staff are encouraged to help the individual come up with an action plan for achieving his goals by covering:

- Performance - what the person supported will do (activities, tasks, etc.) to work on the goal
- Strategies/Assistance - what staff will do to help the person supported to achieve the goal
- Training Method(s) - most appropriate for the person supported and the goal (demonstrate, verbal prompts, physical prompts, repetition, explanation, pictures)
- Frequency - how often will staff provide help/support to the person supported

- Time Limit - how long the person supported wants to work on the goal/when he should be finished
- Assessment - how progress will be measured, including how the person supported will know he is making progress on the goal, his satisfaction with the goal, and the projected results of the training

This plan of action for each goal, as determined by the individual, is used in the Implementation Plan once the Support Plan has been received and the Support Plan Update has been completed, if necessary. Throughout the year, staff use the Implementation Plan to provide training strategies to assist the person supported in achieving his goals as well as exploring and providing opportunities for expanding life experiences.

“The following are prohibited for the person supported to have care for other persons supported, supervision of other persons supported unless on-duty/on-site staff are present; and responsibilities requiring access to confidential information.

To help people achieve a meaningful life, services, and supports will include choices that connect the person’s goal and vision of a preferred life while also promoting independence and beneficial skills to help the person achieve independence and advancement.

PERSONNEL PROCEDURES

Employee Complaints

Just the Right Touch accepts the rights of our staff to make complaints and to register concerns about it. We aim to comply with the principles of good complaint-handling guidance issued by the state of Tennessee. We further accept that our staff should find it easy to do so. We welcome complaints as we see them as opportunities to learn, improve, and provide better staff treatment. This policy is intended that all complaints are dealt with properly. We believe that failure to listen to or acknowledge complaints usually leads to aggravation of problems and staff dissatisfaction. We are aware that most complaints if dealt with early, openly, and honestly, can be quickly between the complainant and Just the Right Touch aim to ensure that all complaints and compliments are managed under the state of Tennessee. Whenever required or requested, the Director will make the Executive Director aware of complaints and their outcomes

Complaints Procedure

Written Procedure

A complaint can be made by telephone; in writing; by email; or in person. All responses will be made/followed up in writing.

Complaints can be made to the Office Manager:

Just the Right Touch

6925 Shallowford Road

STE 301

Chattanooga, Tennessee 37421

Telephone Landline: 423.708.5472

Email info@justtherighttouchllc.com

Next Steps

All confidential complaints are dealt with as a matter of priority. Whenever any Incident is reported and/or a confidential report is received by the agency concerning Just the Right Touch, the following steps should be taken:

- Upon the receipt of a confidential complaint, the office manager will immediately acknowledge the receipt of the complaint either in writing or orally, and reassure the staff complainant that action is being taken to investigate the matter and that we should get back to them within forty-eight hours

Investigating a Complaint

If the nature of the complaint requires full investigation, then all the other individuals who know something or are present will be interviewed.

All records of such correspondence are kept in the employee's file and are duplicated in the incident report file and the staff appraisal file

Meeting with the Complaint

When the procedure is completed, the Office Manager will contact or meet up with the complainant and discuss how the process went and the action that has been taken.

Where it is required, the Office Manager will ensure necessary actions have been put in place to forestall any future reoccurrence.

Persons Supported Record Management

Just the Right Touch will adhere to the following about person-supported management:

1. Create an individual record for each person supported that contains documentation of services provided.
2. All records and information obtained and/or created by Just the Right Touch, regardless of whether the information is kept and/or shared as a paper document, as an electronic

record, as a verbal report by any other means shall be kept secure and confidential by applicable state and federal laws, rules, regulations, policy, and ethical standards.

3. Just the Right Touch shall honor individual rights as specified in HIPAA and by the following:
    a. Allow persons to see their records.
    b. Provide copies of personal records to people supported upon request. Additionally, providers are expected to educate people using services about their records and their contents.
    c. Provide information to people about how information is used and shared.
    d. Respond to requests from people to restrict the use and/or disclosure of personal information.
    e. Respond to requests from people to change incorrect information in records.
    f. Provide people with a list of people or entities who have obtained information from their records.
    g. Honor requests from people that certain health information not be shared.
    h. Honor requests to rescind consent to share information.
4. Just the Right Touch will require employees to adhere to record maintenance, by maintaining all records to be held in our central office location in a secured filing system provided by Just the Right Touch. All employees are responsible for the handling and security of his or her person-supported s' records. All files must remain on the property of Just the Right Touch.
5. All records will be maintained for ten (10) years from the date of discharge or death.
6. All records will be maintained electronically by a secure security system and paper copies by locked files. These files will be easily accessible and retrievable for those with proper permission according to the laws of the state of Tennessee.
7. If records must be maintained in the home of a person supported, records must be regularly purged to ensure the usability of the record and to maintain confidentiality of the record.
8. Just the Right Touch will maintain original (e.g., paper, or electronic) documents for the services provided by the staff.
9. Just the Right Touch will maintain copies of required documentation obtained from contracted staff and other providers. (For example: Clinical services).
10. Just the Right Touch will collect enrollee-specific data (as evidenced by the following, including but not limited to progress notes, daily logs, incident reports, or monthly service call checks).
11. Just the Right Touch will document services performed at each visit and will include a service rendered checklist that will be signed by the enrollee and the employee and then initiated by the employee's supervisor.

TB Testing

Just the Right Touch will require the 1st Step of screening for tuberculosis (TB) for all employees as part of a comprehensive TB exposure prevention and control program.

The purpose of the TB screening program is to:

1. Identify employees with TB disease to prevent TB transmission to other staff and individuals.

2. Identify TB infection in employees to prevent progression to TB disease.

3. Evaluate the effectiveness of TB exposure control measures to identify the need for corrective action.

4. To comply with federal, state, and local regulations and guidelines. Screening will be encouraged for all Just the Right Touch full-time, part-time, and temporary employees and for any person directly or indirectly involved in individuals' services and supports who may potentially be at risk for occupational exposure to TB.

Procedures

1. Risk assessment and screening frequency

The classification of occupational risk, as outlined by the Centers for Disease Control (CDC), will be used to evaluate the risk of exposure to TB.

2. TB screening/testing will be required of every employee upon hire to identify any employee who shows signs of a possible TB infection or disease BEFORE they begin actual training or working hours.

3. Employees will be given their TB Screening Results and screening assessment form after the first Tuberculosis Skin Test (TST) reading and are to bring the form to Just the Right Touch to be kept on record. This information will contain the following information: 1) Name of the facility; 2) Date TST read (month/day/year); 3) Results in millimeters of induration; 4) Interpretation of TST result; 5) Follow-up recommended, if needed, and the TB screening assessment.

4. If the first TST is negative, the employee will be conditionally cleared to work.

5. Employees will be encouraged to complete a second TB test, if necessary.

6. If the first TST is negative, the employee will be conditionally cleared to work pending the results of the second TST.

7. Just the Right Touch employee will be mandated to return approximately two weeks later for a second TST screening and then again for the second TB reading.

8. All program employees will be notified by Hamilton County Health Department of all TST results, any medical conditions that may cause the TST to be negative even when TB infection is present, and the increased risk of TB disease associated with these conditions if TB infection is present.

9. If follow-up (i.e., chest x-ray, medical evaluation) is required after the baseline TST, the employee's clearance to work will be delayed until the TB screening follow-up has been completed. The follow-up will be completed through the Hamilton County Health Department.

10. Any further follow-up or periodic screening will occur under the direction of the Hamilton County Health Department direction.

11. Pregnancy – since pregnancy is not a contraindication to TB skin testing, pregnant women will participate in the TB screening process. Pregnant women with questions about TB screening during pregnancy may be referred to their primary care provider.

Confidentiality of Medical Records

A. Medical information obtained from employees during TB screening is confidential and will be placed in locked files separated from the employee's personnel records. If computerized, access to information in the databases will be protected and limited to designated staff.

B. Names of people, including individuals, diagnosed with TB disease, who may be the source of TB exposure to staff, volunteers, etc., will be kept confidential.

C. Access to staff medical records will be limited to designated staff. However, medical records may be subject to disclosure if subpoenaed.

Record Keeping and Reporting

A. Employee access to TST results – employees will receive the results of their TST test and screening assessment directly from the Health Department as required by law.

B. Retention of medical records – all medical information obtained through the TB screening program will be maintained for the duration of employment plus 30 years, including but not limited to:

1. TST
2. TB screening assessment
3. Medical examination and follow-up
4. Medical testing and procedures
5. Treatment

PROTECTION AND PROMOTION OF RIGHTS

People with intellectual and/or developmental disabilities have the same rights as other people unless their rights have been limited by court order or law. People do not give up their rights when they accept services from Just the Right Touch. There are basic human and civil rights that are protected by the United States Constitution, and state and federal laws. Many of these laws take the form of protecting people from discrimination. People with intellectual and/or developmental disabilities must be treated fairly and equally when services are being developed and provided. People with disabilities are entitled to the same human rights as those of individuals who do not have disabilities. Just the Right Touch must adhere to 45 C.F.R. §84 and Title 33 of the T.C.A. as the primary laws governing the methods employed in service delivery to people with intellectual and/or developmental disabilities. Just the Right Touch policies are made available to the people who the agency supports through physical copies at our home office and a PDF copy located on our website (www.justtherighttouchllc.com). If people supported need assistance in understanding their rights and responsibilities, our Office Manager will be made available for clarity. The following is the list of our people-supported rights:

1. **Individual Rights.** Individuals receiving Just the Right Touch services shall be entitled to the following rights including but not limited to:

    1. To be treated with respect and dignity as a human being.

    2. To have the same legal rights and responsibilities as any other person unless otherwise limited by law.

    3. To receive services regardless of gender, race, creed, marital status, national origin, disability, sexual orientation, ethnicity or age.

    4. To be free from abuse, neglect and exploitation.

    5. To receive appropriate quality services and support following an ISP.

    6. To receive services and support in the most integrated and least restrictive setting that is appropriate based on the needs of the person supported.

    7. To have access to Just the Right Touch rules, policies, and procedures about services and supports.

    8. To have access to personal records and to have services, support, and personal records explained so that they are easily understood.

    9. To have personal records maintained confidentially.

    10. To own and have control over personal property, including personal funds.

11. To have access to information and records about expenditures on funds for services provided.

12. To have choices and make decisions.

13. To have privacy.

14. To receive mail that has not been opened by agency staff or others unless the person or legal representative has requested assistance in opening and understanding the contents of incoming mail.

15. To be able to associate, publicly or privately, with friends, family, and others.

16. To have intimate relationships with other people of their choosing.

17. To practice the religion or faith of one's choosing.

18. To be free from inappropriate use of physical or chemical restraint.

19. To have access to transportation and environments used by the public.

20. To be fairly compensated for employment.

21. To seek resolution of rights violations or quality of care issues without retaliation.

2. Agency Responsibilities Related to Individual Rights.

When Just the Right Touch establishes a provider agreement with the State Department of Disability and Aging (DDA), the agency agrees to accept the responsibility of providing quality services to people as authorized in the Plan of Care (i.e., ISP) and to meet program requirements. When Just the Right Touch agrees to render services to a person, the agency is in essence making a promise to honor the individual's rights and provide services in a way that is in the best interests of that individual. People living with disabilities have the same rights as everyone else. All staff employed by Just the Right Touch directly provide or oversee services, including the executive director or associate executive director, management and administrative staff, contracted staff entities, direct support staff, and volunteers have a role in contributing to the overall quality of services and in assuring that people are treated fairly and respectfully. This includes respecting the rights, lifestyle, and/or personal beliefs of the person supported and supporting the person's choices to the extent possible.

Just the Right Touch shall support people to exercise their rights and responsibilities. This shall be done by knowing what rights are important to people using services and supporting them to exercise those rights such as voting, managing money, moving freely, having privacy, using the telephone and other electronic communication avenues, having ready access to food, visiting and being visited by whomever they choose, access personal possessions, having furniture and fixtures that is adequate for personal use, etc. The agency shall not

establish any standing policies or practices that restrict the rights of any individual or group of individuals.

2.a. Staff Training. Just the Right Touch shall ensure that staff have a basic understanding of individual rights and how to honor those rights while providing services. This is generally accomplished through a combination of training, mentoring, and providing adequate staff oversight and guided by agency guidelines and policy. Staff (both paid and unpaid) shall be trained to recognize and respect people's rights, to recognize and honor preferences regarding how people choose to exercise their rights, and trained in due process procedures for limiting restrictions on a person's rights.

2.b. **Facilitating Understanding of Rights and Responsibilities**. In addition to honoring individual rights and assisting people to exercise their rights, Just the Right Touch has a responsibility to help people understand that along with rights come responsibilities. To fully participate in community life, people must be assisted in learning what is expected of them when certain choices are made. For instance, a person who wants to own their own home must be helped in understanding to the extent practicable that home ownership results in certain obligations, such as employment, mortgage payments, maintaining insurance, keeping the yard mowed, making repairs to things that break, etc. Just the Right Touch shall assist people supported and their informal support networks in accessing opportunities to learn about rights and responsibilities.

Just the Right Touch shall distribute available information to people supported, families, and legal representatives through self-advocacy training courses, focus groups, Just the Right Touch, and TennCare individual and family meetings and other opportunities to learn about rights and responsibilities.

2.c. **Intimate Relationships**. Individuals supported have the right to have intimate relationships with other people of their choice unless such rights have been specifically restricted by a court order. Intimacy is defined as sharing oneself with another person in a way one would not share with others. Intimate relationships include intellectual, social, emotional, and physical components.

3. **Human Rights Committees.** Human rights are innate rights and freedoms to which all humans are entitled. These rights include the right to life, liberty, equality, and the pursuit of happiness. Human rights also refer to basic respect and dignity that must be afforded to everyone. Regional and Local Human Rights Committees (HRCs) serve as advisory committees to the executive director or chief executive officer and ensure that the human and civil rights of people receiving services through the Just the Right Touch are not violated.

a. Local HRCs. Local HRCs may conduct HRC business for a single provider or a group of providers. For Local HRCs, the provider executive director(s)/chief executive officer(s) is responsible for the appointment of HRC members. Local HRC members shall be individuals who are familiar with people with disabilities and have relevant professional or personal experience that contributes to their role as an HRC member.

b. Regional HRCs. Regional HRCs perform the same function as local HRCs, but they also serve to resolve human rights issues that cannot be resolved at the local level. Like Local HRC members, Regional HRC members shall be individuals who are familiar with people with disabilities and have relevant professional or personal experience that contributes to their role as an HRC member.

C. Functions of the HRC. In addition to its advisory role concerning the rights of the people served, in those limited situations where HRCs have the authority to approve restrictions (with the consent of the person supported and/or their legal representative), HRCs function is to ensure that rights limitations are temporary in nature and that they occur in very specifically defined situations.

Except where noted all HRC reviews and/or approvals are valid for a period to be specified by the committee but for no longer than twelve (12) months. The functions of an HRC are:

1. Review behavior support plans (BSPs) that include restrictive interventions for potential human rights violations and informed consent.

2. Review any proposed or emergency right restrictions and restraints not contained in the BSP for potential human rights violations and informed consent.

3. Review of psychotropic medications.

4. Review and make recommendations regarding complaints received about potential human rights violations.

5. Provide technical assistance to providers regarding policies or procedures affecting the rights of an individual or the ability of an individual to exercise their rights.

6. Review and make recommendations regarding research proposals or academic projects involving individuals receiving services through Just the Right Touch to ensure that implementation of the proposal or project will not result in human rights violations.

7. Ensure that the proposed restriction is the least restrictive viable alternative and is not excessive.

8. Ensure that the proposed restriction is not for staff convenience.

B. PROCEDURES

a. Except where noted, all HRC reviews and/or approvals are valid for a period to be specified by the committee but for no longer than twelve (12) months. The functions of the Human Rights Committee include:

1. Review Behavior Support Plans (BSPs) that include restrictive interventions

2. Review of psychotropic medications

3. Review any proposed or emergency restrictions and restraints not contained in a BSP

4. Review and make recommendations regarding complaints received about potential human rights violations

5. Provide technical assistance to providers regarding policies or procedures affecting the rights of an individual or the ability of an individual to exercise their rights.

6. Review and make recommendations regarding any research proposals or academic projects involving individuals receiving services through DDA to ensure that implementation of the proposal or project will not result in human rights violations

7. Ensure that the proposed restriction is the least restrictive viable alternative and is not excessive.

8. Ensure that the proposed restriction is not for staff convenience.

b. Just the Right Touch will continue to meet with the Alliance Human Rights Committee every 90 days.

c. The Office Manager will notify responsible parties 30 days prior to the date of the quarterly review meeting of the Human Rights Committee.

d. The responsible party will review psychotropic medications that need a l review, recent changes of medications, and/or changes of consent forms. If a medication or consent form change is reviewed, then the date is changed to the review date of the current order.

e. The Executive Director will present the human rights information at the quarterly Human Rights Committee meeting, providing feedback to the assigned Program Manager for processing onto the data graph and filing in the Administrative Record.

f. The Office Manager will keep a file of all information gathered from the Human Rights Committee in an organized format for review upon request by appropriate individuals involved in a person’s support.

g. The Office Manager will also maintain HRC information in PHS as Encounters.

h. If a person supported is identified as needing a restraint, restrictive device, or procedure and it represents the least restrictive method possible, then the Executive Director will contact the Alliance Human Rights Committee chairperson for approval. This may or may not be used concurrently with a Behavior Support Plan. The Executive Director will note the contact and then present the paperwork at the next Human Rights meeting.

The person supported will be advised of:

• The state toll-free home health telephone hotline, its contact information, its hours of operation, and its purpose is to receive complaints or questions about local HHAs.

Tennessee Home Health Hotline

Available Mon-Fri 8:00 a.m. – 5:00 p.m.

excluding state holidays 1-877-287-0010

QUALITY ASSESSMENT, ASSURANCE, AND IMPROVEMENT

Just the Right Touch will take an active role in monitoring the quality of care management services provided by Just the Right Touch and its network partners. Periodic review and measurement of the process and outcome of the Health Home Program will assist in understanding the value of the overall program, and the efficacy of any one component, and will also guide the program improvement process. Care management metrics will be assessed using information from the Care Coordination Tool (CCT) and quality outcome metrics/Health Home Core Quality Measures for assessing the Health Home service delivery model. Just the Right Touch has established a continuous quality improvement program to collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

Procedures:

A. Monthly QA Review of Care Management Records

1. Just the Right Touch Office Manager will review at least 30 Person Supported Care Management Records each month, apportioned by the number of Person Supported currently enrolled. Each month it will be ensured that the total cases reviewed include a combination of:

a. Standard Health Home Person Supported

b. Opted Out/Disenrolled Person Supported

*30 Case Reviews per month = 360 Case reviews per year A yearly sample size of 360 Case Reviews per every 1300 Members yields a Confidence Level of 95% with a Confidence Interval of +/- 4.39.

3. Just the Right Touch Office Manager will complete 30 (or more) Monthly Audits to gauge policy adherence in the following areas:
    - Eligibility, Consents, Care Transitions, Continuity of Care, Transfers, & Plans of Care
    - Comprehensive Assessment & Person-Centered Care Planning
    - Supporting Notes & Documentation, Billing Standards and Disenrollment

B. Just the Right Touch Office Manager will complete Care Management Record Reviews using the Just the Right Touch Care Management Record/QA Review Tool to check each case for compliance with all current Federal and Tennessee Policies and Guidance for Medicaid Health Home Services, Billing, and Quality Standards.

1. If a QA Case Review Score is 89% or below, the Just the Right Touch Office Manager will document the required corrections and quality recommendations, which will be provided to Just the Right Touch Team Leaders or Director when all monthly reviews are completed.

a. If an employee has graded scores below 90% during two consecutive months, the Team Leader/Supervisor must create a training plan to assist an employee in addressing needed changes to consistently meet scores above 90% and above.

2. A graded score of 90-100% usually requires no further action, unless specified (not inclusive of monthly QA reporting corrections).

3. Just the Right Touch Office Manager will send a comprehensive Monthly QA Report, detailing the results of all QA Reviews completed, to the Just the Right Touch Director by the 5th business day of the following month

a. Just the Right Touch staff must complete corrective actions and notify Just the Right Touch Office Manager of completion by the 15th business day of the month.

b. Office Manager will review results monthly with Just the Right Touch Team Leaders.

4. Just the Right Touch Office Manager will send all completed Monthly QA Review Results to Just the Right Touch Team Leads by the 5th business day of the following month.

a. Just the Right staff must complete corrective actions and notify Just the Right Touch Office Manager of completion by the 15th business day of the month.

b. If an employee does not agree with Just the Right Touch Quality Review finding(s), they can submit a request for review by emailing

keioshastarr@gmail.com. In addition, an employee can request a meeting to further discuss the findings.

c. Office Manager will review QA results with the Director every quarter, or more frequently as needed.

C. Required Staff Training and Access Audits

1. Just the Right Touch Office Manager will maintain records of all staff training completed to ensure compliance with Just the Right Touch Staff Training requirements.

a. Just the Right Touch Office Manager will notify the Director and staff Team Leader/Supervisor of any outstanding training requirements not met by any staff.

2. Just the Right Touch will conduct audits of access & security levels for all Just the Right Touch staff on a semi-yearly basis to ensure compliance with HIPPA and all Department of Health and Just the Right Touch policies.

a. Just the Right Touch Office Manager will notify the Director of any findings while auditing for corrective action to be taken.

D. Quality Site Visits with the Care Management Agency

1. Just the Right Touch will collaborate with a Quality Analyst and complete at least one site visit each year to review compliance with Just the Right Touch Policy and Procedure requirements and facilitate the agency's partnership in Quality Assurance and Performance Improvement actions. These on-site reviews may include, but are not limited to:

a. Review of Just the Right Touch Health Home Policy & Procedure

b. Review of current staff qualifications and required training compliance

c. Review of compliance with security measures and audit of staff access

d. Review of ability to provide 24/7 availability of Care Management services

e. Review of Health Home Marketing and Outreach efforts (to include ensuring effective Outreach to Homeless and Criminal Justice populations)

f. Review of QA Case Review findings and trends specific to the agency's performance.

E. Health Home Quality Management and Performance Improvement Program

1. Just the Right Touch Office Manager will meet monthly with the Director and Team Lead to review program performance metrics, overall QA Review results, and recommendations for Quality Improvement, and implement changes as needed.

2. Just the Right Touch will maintain a Quality Management Performance Improvement Committee (QMPIC) which will meet monthly to review to identify, address, and improve the quality of performance.

a. The committee shall be composed of:

i. QMP Committee Chair (Office Manager): facilitates committee meetings, reports on activities and findings of the Committee to leadership and/or management

ii. QMP Coordinator (Director) designs, directs, and oversees the implementation of QMP projects including review of data and performance measures, managing work plans, overseeing performance improvement activities, and monitoring progress.

iii. Various other entities that serve the Health Home population which should include: medical, clinical, technical, financial, Care Management Agencies, stakeholders such as PPS, housing providers, criminal justice, etc. (Must include Lead Health Home Administration staff)

iv. Feedback from members and family members to apply their input into QMP processes

v. other subcommittees: Subcommittees/teams may be established in response to various QI activities.

b. The QMP Committee shall include defining, overseeing, and monitoring the objectives and goals of the QMPIC, which shall include:

i. Prioritizing performance improvement efforts utilizing strategic goals, aggregating and analyzing performance and benchmark data, and trend analysis

ii identifying barriers and needed resources to support PI implementation

iii. monitoring performance improvement efforts for effectiveness

iv. making recommendations for changes in service provision or operations

v. Preparing written reports to leadership that include findings, actions, and outcomes of the Quality Management Program.

vi. Identify how negative outcomes will be addressed using a Corrective Action Plan (CAP), a written document that clearly and objectively identifies:

- areas where performance expectations and standards have not been met, including examples to clarify the patterns or severity of performance issues, and the impact of the unmet performance.
- Review of Reportable Incidents and Fair Hearing Requests
- root cause analysis.

- expectations for improvement using measurable goals.
- timeline for improvement to be reached.
- assignment of tasks to appropriate staff.
- the need for staff training or support.
- expectations for reviewing progress including any barriers; and,
- Sanctions that may be imposed if improvements are not made

Performance Improvement Plan will be issued for an employee who fails to engage in the Corrective Action Process or who fails to resolve deficiencies in specified timeframes. an employee will be placed on a formal Performance Improvement Plan (PIP). Just the Right Touch may impose sanctions, including suspension or termination if they fail to comply with the Performance Improvement Plan. When determining the type of sanction to apply for violations of the Health Home Services Agreement and/or Just the Right Touch Policies and Procedures, Just the Right Touch shall consider the following factors:

• Whether the violation was a first-time or repeat offense

• The level of culpability of an employee • Whether the violation resulted in harm to a Health Home member or other person

• Whether the violation constitutes a crime under state or federal law

4. QMP Committee Chair (Office Manager) will facilitate the communication processes of minutes, findings, goals/objectives, activities, and progress of QMPIC Just the Right Touch Administration, partners, and all network providers upon completion of regularly scheduled monthly meetings.
    a. Just the Right Touch Office Manager will retain and store all QMPIC documentation of activities in hard copy and within a shared administrative folder.
    b. Just the Right Touch Office Manager will send QMPIC meeting minutes to leads, directors, and/or designers throughout the network. Each employee will be required to review overall performance data and to identify, address, and improve quality outcomes of health home members and network performance.

Self-Assessment

Please refer to the Appendix for specific instructions.

RESPECT TO PERSONS SUPPORTED

Just the Right Touch believes in a proactive approach to workplace respect and is committed to providing employees with a healthy and safe workplace, free from physical or psychological bullying, discrimination, harassment, gossip, emotional abuse, and violence.

Everyone in the workplace, irrespective of their position, deserves to be treated with dignity and respect. No one should be subjected to bullying or harassment in the workplace. This can put at risk the health, safety, and well-being of all employees.

Just the Right Touch has therefore adopted a policy of ‘zero tolerance’ to disrespect, bullying, or harassment in the workplace. A truly respected workplace requires cooperation and support from each employee of Just the Right Touch. Everyone has a responsibility to set a positive example and behave in a manner that will not offend, embarrass, or humiliate others, whether deliberate or unintentional.

The absence of bullying, harassment, and violence in the workplace is a fundamental right of all employees. All forms of bullying, discrimination, harassment, and violence by management, supervisors, workers, subcontractors, suppliers, and people supported will not be tolerated. Alleged violations will be investigated and if substantiated can result in immediate counseling to disciplinary action, up to and including termination. The efficient and confidential handling of all complaints and other actions taken to resolve, prevent, or address violations of respect will be carefully observed to ensure that the rights of individuals are not prejudiced or jeopardized.

“Dignity and Respect” requires an agency to have and maintain a certain behavioral culture. Acceptable and unacceptable behaviors are defined below.

1. What is a respectful workplace?
   A respectful workplace values:
   • diversity and the human rights of others regardless of their race, national or ethnic origin, color, religion, age, sex, marital status, family status, any physical or mental disability and sexual orientation
   • the dignity of the person
   • courteous conduct • mutual respect, fairness and equality
   • positive communication between people • collaborative working relationships
2. What is disrespectful behavior?
   Disrespectful behavior includes, but is not limited to the following:
   • offensive or inappropriate remarks, gestures, material or behavior
   • inappropriate jokes or cartoons including racial or ethnic slurs
   • grouping or isolating (for example: on race or ethnic origin)
   • yelling
   • belittling
   • reprimanding in the presence of others
   • aggressive or patronizing behavior
   • embarrassing or humiliating behavior
   • discrimination as defined under human rights legislation
   • sexual harassment

• intimidation and/or coercion
• undermining legitimate business interest
• spreading malicious information that has no foundation in fact
• damaging gossip or rumors
• unwarranted physical contact
• covert behavior, i.e. inappropriately withholding information, undermining, underhandedness

Everyone (managers and employees alike) is responsible for strictly following the procedures outlined in this policy. The policy applies to all employees and managers, including full-time, part-time, temporary employees, volunteers, contractors, subcontractors, and suppliers. It applies to the workplace itself as well as to activities connected with the workplace such as travel, conferences, and work-related social gatherings.

Responsibilities and Expectations

Dignity and Respect-

Person Supported has the right to:

- Have their property and person treated with respect
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property.

Complaints-

Person Supported has the right to file complaints with the home health agency:

- Regarding their treatment and/or care that is provided
- Regarding treatment and/or care the agency fails to provide
- Regarding the lack of respect for property and/or person by anyone who is providing services on behalf of the home health agency

Decision Making, Consent, and Services Provided

Person Supported has the right to:

- Participate in, be informed about, and consent or refuse care in advance of and during treatment with respect to:
  - Completion of all assessments.
  - The care to be furnished is based on a comprehensive assessment.
  - Establishing and revising the plan of care.

⎫ The disciplines that will furnish the care.

⎫ Expected outcomes of care, including person-supported-identified goals, anticipated risks, and benefits.

⎫ Any factors that could impact treatment effectiveness.

⎫ Any changes in the care to be furnished; and

⎫ Receive all services outlined in the Plan of Care

Privacy and Access to Medical Records

Person Supported has a right to:

- A confidential record
- Access to and the release of person-supported information and clinical record

Financial Information-

People Supported will be advised of:

- The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other federally- funded or federal aid program known to the home health agency.
- The charges for services that may not be covered by Medicare, Medicaid, or any other federally- funded or federal aid program known to the home health agency.
- The charges the individual may have to pay before the care is initiated.
- Any changes in the information regarding payment for service as soon as possible, in advance of the next home visit.
- To receive proper written notice, in advance of a specific service being furnished, if the HHA believes the service may be non-covered care or in advance of the HHA reducing or terminating ongoing care (484.50(c)(8)

Advocacy Resources-

People Supported will be advised of:

- The state toll-free home health telephone hotline, its contact information, hours of operation, and its purpose is to receive complaints or questions about local HHAs.
- The names and telephone numbers of the area:

Agency on Aging

1000 Riverfront Parkway

Chattanooga, Tennessee 37042

423. 266.5781

Center for Independent Living

6925 Shallowford Road

Chattanooga, Tennessee 37421

423.892.4774

Protection and Advocacy Agency

50 Vintage Way

Suite 250

Nashville, Tennessee, 37228

615. 627.0956

Free from Reprisal-

Person Supported has the right to:

- be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the home health agency or an outside entity

Language Services and Auxiliary Aides-

Person Supported has the right to:

- be informed of the right to access auxiliary aids and language services and how to access these services.

Transfer/Discharge Policy-

Person Supported has a right to:

- be informed of and receive a copy of the home health agency's policy for transfer and/or discharge.

Person Supported Responsibilities

Person Supported has the responsibility to:

- notify the provider of changes in their condition (e.g. hospitalization, changes in the plan of care, symptoms to report)

- follow the Plan of Care.
- ask questions about care or services
- notify the home health agency of any visit schedule changes needed.
- inform the home health agency of changes made to the advanced directives
- promptly advise the home health agency of any concerns with the services provided;
- provide a safe environment for the home health agency staff.
- carry out mutually agreed responsibilities; and
- accept the consequences for the outcomes if the person-supported does not want to follow the Plan of Care

Just the Right Touch reflects dignity and respect through positive interaction, refraining from activities that draw undue attention to a person's disability or differences, enhancement of self-esteem, and non-intrusive non-demeaning services and supports.

Employees' Rights

Every employee can expect to be treated with dignity and respect in the workplace. Every employee has the responsibility to refrain from participating in behavior that is, or could be perceived to be disrespectful in nature.

To support the objective of providing all employees with a healthy safe workplace, managers, supervisors, and employees are required to take preventative action to ensure that risks to an individual's health and safety due to violations of respect are eliminated or reported. Managers and Team Leads are responsible to:

• Make employees aware of this Policy.

• Provide, with appropriate assistance, interpretations to employees regarding potential breaches of the policy.

• Lead by example by creating and maintaining a workplace that demonstrates respect and professionalism and follows the tenets of this policy.

• Ensure that harassment, bullying, and violence are not allowed, condoned, or ignored.

• To prevent the development, escalation, or recurrence of incidents that violate the respect policy.

• Always maintain confidentiality and only speak to the appropriate managers, not to other co-workers regarding any complaint.

• Address concerns of the staff swiftly and immediately and with consequences.

• Managers may be considered a party to the offense if they fail to take corrective actions.

Employees are responsible to:

• Read and comply with this policy.

• Request an interpretation of the policy from their Lead if they are unsure whether any of their behaviors, circumstances, or interests may be in present or future breach of the policy;

• Treat all other employees with respect.

• Speak up when bullying, discrimination, intimidation, harassment, or violence occurs.

• Report any violations of this policy through your chain of command if possible or another Just the Right Touch Lead.

• Always maintain confidentiality and only speak to the appropriate managers, not to other co-workers regarding any complaint

A level of satisfaction/satisfaction survey will be obtained from people served concerning services received and personal life situations.

All people supported will participate in meaningful employment and activities, privacy, and advocacy.

“The following are prohibited for the person supported to have care for other persons supported, supervision of other persons supported, unless on-duty/on-site staff are present; and responsibilities requiring access to confidential information.

Just the Right Touch, LLC shall not engage in research using human subjects. If the agency will be involved in, or planning to be involved in, such research. Policies and procedures must be in place for the following.

1. Identification of subjects, projects, and staff.

2. Provisions to protect the personal and civil rights of the subjects.

3. Obtaining the consent of the subjects involved.

4. Assurance that all research projects are conducted under the direction and supervision of professional staff qualified by education and experience to conduct research.

5. Emergency guidelines for problems that may develop during research activities; and

6. Appointment of a licensee representative to act as coordinator of the research activities.

SEMI-INDEPENDENT LIVING SERVICES

SERIOUS INCIDENTS

Significant occurrences such as accidents and injuries requiring treatment by a doctor/nurse practitioner and deaths of persons supported while in the care of agency staff, will be reported to the Department of Mental Health and Substance Abuse Services Office of Licensure.

SEMI-INDEPENDENT LIVING SERVICES

Professional Services

(1) Just the Right Touch will provide or procure assistance for persons supported in locating qualified dental, medical, nursing, and pharmaceutical care, including care for emergencies during hours of the facility's operation.

(2) Just the Right Touch will ensure that an annual physical examination is provided or procured for each person supported (unless less often is indicated by the physician of the person supported). Such examinations will include routine screenings (such as vision and hearing) and laboratory examinations (such as Pap smear and blood work), as deemed necessary by the physician and special studies where the index of suspicion is high

Personnel and Staffing

(1) Just the Right Touch will provide: one (1) staff member per home but more will be provided depending on the number of people in the home.

(2) Just the Right Touch will ensure that employees practice infection control procedures that will protect persons supported from infectious diseases.

(3) Employees shall be screened or tested for tuberculosis according to the procedures of the Tennessee Department of Health. Documentation of such screening or testing shall be maintained in the employee's personnel file

(4) Employees must be provided with a basic orientation in the proper techniques and strategies for the support of persons supported with seizure disorders, prior to being assigned to work with them.

(5) A staff member will be on duty who is trained in First Aid and Cardiopulmonary Resuscitation (CPR)

PERSON SUPPORTED RECORDS

(1) The record of each person supported must contain the following information:

(a) A recent photograph and a description of the person supported;

(b) The social security number of the person supported;

(c) The legal competency status of the person supported;

(d) The sources of financial support of the person supported, including social security, veteran's benefits and insurance;

(e) The sources of coverage for medical care costs of the person supported;

(f) The name, address and telephone number of the physician or healthcare agency providing medical services of the person supported;

(g) Documentation of all drugs/medications prescribed or administered by the licensee to the person supported, which indicates the date prescribed, type, dosage, frequency, amount, and reason for prescription;

(h) A discharge summary of the person supported, which states the date of discharge, reasons for discharge, and referral for other services, if appropriate;

(i) Report of medical problems, accidents, seizures and illnesses, and treatments for such medical problems, accidents, seizures and illnesses for the person supported;

(j) Report of significant behavior incidents and of actions taken for the person supported; and

(k) Report of the use of restrictive behavior management techniques for the person supported

(l) Written accounts of all monies received and disbursed on behalf of the person supported

DAY ACTIVITIES

(1) Just the Right Touch will ensure that day activities are provided or procured. Such day activities must be by the age level, interests, and abilities of the person supported, and per an ISP.

(2) If the person supported attends an outside school or day program Just the Right Touch will ensure that the staff participates with the school personnel in developing an individual education plan or with the day program staff in developing an ISP, as appropriate

ASSESSMENTS

(1) The following assessments of the person supported must be completed prior to the development of an ISP:

(a) An assessment of current capabilities in such areas as adaptive behavior and independent living skills;

(b) A basic medical history, information, and determination of the necessity of a medical evaluation, and a copy, where applicable, of the result of the medical evaluation;

(c) A six (6) month history of prescribed medications, frequently used over-the-counter medications, alcohol, and/or other drugs; and

(d) An existing psychological assessment on file which is updated as recommended by the ISP team.

INDIVIDUAL SUPPORT PLAN (ISP) TEAM

Just the Right Touch will ensure that an ISP team known as the Circle of Support is identified and provided for each person supported. The team may include the following as determined by the person supported:

(a) The person supported;

(b) The legal representative (conservator, parent, guardian, or legal custodian) of the person supported, if applicable, unless their inability or unwillingness to attend is documented

(c) Appropriate Provider staff;

(d) Relevant professionals or individuals, unless their inability to attend is documented;

(e) Friends, advocates and other non-paid supports, if applicable, and

(f) The Independent Support Coordinator/Case Manager

INDIVIDUAL SUPPORT PLAN (ISP) DEVELOPMENT AND IMPLEMENTATION

(1) Just the Right Touch will ensure that a written ISP is provided and implemented for each person supported. The ISP will meet the following requirements:

(a) Developed within thirty (30) days of the admission of the person supported;

(b) Developed by the ISP team of the person supported;

(c) Includes the date of development of the ISP;

(d) Includes signatures of the person supported, appropriate staff, and, if applicable, the legal representative (conservator, parent, guardian, or legal custodian) of the person supported;

(e) Specifies the needs identified by assessment of the person supported and addresses those needs within the particular service/program component;

(f) Includes personal goals and objectives of the person supported, which are related to the specific needs identified, and specifies which goals and objectives are to be addressed by a particular service/program component; and

(g) Includes methods or activities by which the goals and objectives of the person supported are to be implemented.

INDIVIDUAL SUPPORT PLAN (ISP) MONITORING AND REVIEW

(1) Written progress notes must be maintained, which include at least quarterly reviews of progress or changes occurring in the ISP.

(2) Changes relative to health, safety, and implementation of outcome based services must be assessed on an ongoing basis and reflected within the quarterly reviews.

(3) The ISP team must review the ISP annually and revise, as necessary

ADMISSIONS

(1) The governing body must ensure that all persons supported in semi-independent living services must meet the following criteria:

(a) Capable of self-preservation;

(b) Able to care for basic self-help and minor health care needs without assistance;

(c) Able to care for personal possessions and to maintain personal living area in a state of orderliness and cleanliness to the extent it does not constitute a health hazard;

(d) Able to travel independently or secure assistance in traveling to work, training, community activities, or to generic services;

(e) Able to recognize danger or threat to personal safety

(f) Able to plan and cook simple meals; and

(g) Able to secure assistance in crisis situations by such means as the telephone or contacting neighbors or staff.

SUPPORTIVE SERVICES

(1) Just the Right Touch will ensure that the following support services are provided for each person supported:

(a) Transportation or assistance with transportation for non-routine events, special appointment, or long distance travel;

(b) Liaison for making appointments and obtaining consultation with professional services;

(c) Maintenance of a current list of the names and telephone numbers, within each dwelling of the person supported, for emergency services and the Direct Support Staff available and on-call;

(d) Counseling for each person supported as needed on the utilization of professional, social and community services, and assistance in the referral process and in making appointments for such services;

(e) Monitoring of food and nutrition to ensure that the person supported is able to plan, shop for, store, and prepare appropriate food and meals;

(f) Counseling, training, and other assistance in procuring and taking prescription and non-prescription drugs;

(g) Aid in the development of homemaking, money management, and socialization skills;

(h) Counseling/Assistance in the use and protection of money; and

(i) Assistance in applying for financial benefits for which the person supported may be eligible.

USE OF RESTRICTIVE BEHAVIOR MANAGEMENT

(1) No procedures shall be used for behavior management which results in physical or emotional harm to the person supported.
(2) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet shall not be used.
(3) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an ISP.
(4) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective
(5) Prior to the implementation of a written program or behavior support plan incorporating the use of a highly restrictive or intrusive technique, the program plan must be reviewed and approved by the person supported or his/her legal representative (conservator, parent, guardian, or legal custodian), with documentation of such approval. A Human Rights Committee must also review and approve the written program.
(6) When procedures such as physical holding, mechanical restraint, and time-out are used in emergency situations to prevent the person supported from inflicting bodily harm, more than three (3) times within six
(7) (6)months, a behavioral assessment shall be conducted by an appropriate professional. Recommendations shall be incorporated into a written plan that is part of the ISP
(8) Behavior management medications may be used only when authorized in writing by a physician for a specific period of time.
(9) The program plan for the use of a mechanical restraint must specify the extent and frequency of the monitoring schedule according to the type and design of the device and the condition of the person supported.

(10) A person supported who is placed in a mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for freedom of movement, exercise, liquid intake/refreshment, nourishment, and use of the bathroom.

(11) Physical restraint/physical holding may be used only until the person supported is calm

(12) A person supported who is placed in time-out must be released after a period of not more than sixty (60) minutes.

(13) The ability of a person supported to exit from time-out must not be prevented by means of keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

SUCCESSION PLAN

It is the policy of Just the Right Touch to assess the leadership needs of the company to ensure the selection of qualified leaders who are diverse and a good fit for the agency's mission and goals and have the necessary skills for the agency.

The Owner is responsible for Just the Right Touch's succession plan. The Owner chairs the succession planning committee, which also includes the Executive Director, Director, Office Manager, and Finance Lead.

- Each January, a succession planning committee meeting will be held. At each meeting, each division head will:
-
    - Present to the committee a review of the departmental succession plan.
    - Identify key positions and incumbents targeted for succession planning. This should include an analysis of planned retirements, potential turnover, etc.
    - Identify individuals who show the potential needed for progression into the targeted positions and leadership within the company.
    - Outline the actions taken in the previous six months to prepare identified individuals to assume a greater role of responsibility in the future.
- By the end of February each year, the committee will approve targeted candidates.
- By the end of March each year, the committee will approve an outline of actions that will be taken in the following six months to prepare individuals to assume a greater role of responsibility in the future.
- The Owner will periodically request updates from senior management on the development process for each targeted candidate.

If the Owner and/or Executive Director decides to leave, the selected targeted candidate will resume the position and continue the operation of the agency.

TITLE VI

Title VI of the Civil Rights Act of 1964 prohibits certain types of discrimination in programs that utilize federal funds. Medicaid waivers are examples of programs that are partially funded with federal dollars. Just the Right Touch must comply with Title VI requirements. The agency must not exclude, deny benefits to, or otherwise discriminate against any applicant for services or people supported based on race, color, or national origin in the admission to or participation in any of its programs and activities. People supported will be informed of the following process during intake and a copy of this process is placed on the agency's website (www.justtherighttouchllc.com). To contact the Agency's Coordinator please use the following contact information below:

Just the Right Touch

6925 Shallowford Road

STE 301

Chattanooga, Tennessee 37421

Attn: Keaiosha Easting Starr

Phone: 423. 708.5472

Email: info@justtherighttouchllc.com

A. **Prohibited practices include**, but are not limited to, the following:

1. Denying any service, opportunity, or other benefit for which an applicant or person supported is otherwise qualified.

2. Providing any applicant or person supported with any service or other benefit that is different or is provided in a different manner from that which is provided to others in the same program.

3. Subjecting any person supported to segregated or separate treatment in any manner related to the receipt of a service.

4. Restricting any person supported in any way in the enjoyment of services, facilities, or any other advantage, privilege, or benefit provided to others in the same program.

5. Adopting methods of administration that would limit participation or subject to any group of applicants or persons supported to discrimination.

6. Addressing an applicant or person supported in a manner that denotes inferiority because of race, color, or national origin.

7. Subjecting any applicant or person supported racial or ethnic harassment, to a hostile racial or ethnic environment or to a disproportionate burden of environmental health risks.

8. Denying a person supported (or person who has been previously deprived of the opportunity) eligibility to participate as a member of a planning or advisory body that is an integral part of the program.

B. **Agency Requirements**. Just the Right Touch shall ensure that applicants and persons supported receive equal treatment, equal access, equal rights and equal opportunities without regard to race, color, national origin or limited English proficiency (LEP). Just the Right Touch shall meet the following requirements:

1. Just the Right Touch shall document that persons receiving services are informed of Title VI protections and remedies for Title VI violations on an annual basis. This documentation will be filed in the record for the person supported and available for inspection.

2. Just the Right Touch has designated a Title VI Local Coordinator.

3. Just the Right Touch shall inform persons supported of who the Local Coordinator is and how to contact him/her.

4. Just the Right Touch has developed and implemented written policies and procedures addressing: \

a. Employee training to ensure Title VI compliance during service provision.

b. Employee training to ensure recognition of and appropriate response to Title VI violations.

c. Complaint procedures and appeal rights about alleged Title VI violations for people supported.

d. Personnel practices governing responses to employees who do not maintain Title VI compliance in interacting with people supported.

5. Just the Right Touch shall provide or arrange language assistance (i.e., interpreters and/or language-appropriate written materials) to LEP people at no cost to the person.

6. Just the Right Touch shall provide meaningful access to services to LEP persons.

7. Just the Right Touch shall have a mechanism for advising persons regarding the options for filing a Title VI complaint.

8. Just the Right Touch shall display Title VI materials in conspicuous places accessible to people.

9. As a provider, Just the Right Touch shall ensure that housing decisions and transfers are made without regard to race, color, or national origin.

10. Just the Right Touch shall complete and submit an annual Title VI self-survey in the format designated by DDA and by Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (“Revised HHS LEP Guidance”).

11. Just the Right Touch orients employees to their Title VI responsibilities and the penalties for noncompliance.

12. Just the Right Touch ensures that vendors, subcontractors, and other contracted entities are informed of Title VI responsibilities and maintain Title VI compliance.

C**. Complaint Resolution**. Just the Right Touch has established a complaint resolution process to address complaints submitted by persons and families. The agency also has an identified complaints contact person and maintains documentation of all complaints filed.

1. Whenever a person supported or such an individual’s guardian/conservatory, family member, or advocate feels that the agency has inappropriately modified or limited the individual’s rights, denied or terminated services, or has need to register any other complaint, the following steps should be followed:

2. Contact the agency complaint contact person (Associate Executive Director) or the Executive Director.

3. If the Associate Executive Director or Executive Director cannot resolve the issue within thirty (30) days, then the complainant will be referred to the Department of Disability and Aging (DDA) Regional Compliant Resolution Coordinator for assistance.

4. The agency should inform people supported or their legal representative that filing a complaint does not void their right to request a fair hearing, nor is it a prerequisite for a fair hearing. 5. Retaliation against a person supported or another party as a result of filing a complaint or involvement in a complaint process is specifically prohibited by federal law (45 C.F.R. § 80.7(e)).

5. Retaliation against a person supported or other party because of filing a complaint or involvement in a complaint process is specifically prohibited by federal law (45 C.F.R. § 80.7(e))

6. Whenever a person supported, guardian/conservator, or such an individual's family member appeals an agency action, they may wish to contact one of the following advocacy services for advice and assistance:

a. The Arc of Tennessee (Telephone: 615-248-5878)

b. Disability Rights Tennessee (Telephone: 615-287-9636)

c. Tennessee Disability Coalition (Telephone: 615-383-9442)

d. DDA Complaint Unit for East Tennessee (Telephone: 888-531-9876

Employees are oriented to their Title VI responsibilities and the penalties for noncompliance within the first sixty (60) days of employment with documentation placed in personnel files.

TRANSPORTATION TO PEOPLE SUPPORTED

To ensure the safe operation of personally owned vehicles used for Company business, including driving, or running errands for a person supported, employees are to adhere to the following policy. Failure to do so may result in immediate termination or suspension of shifts.

You are to have a current, valid driver's license in the state in which you reside. You are also required to obtain insurance to cover the operation of your private vehicle. The policy must meet the minimum automobile liability and medical coverage as required by state law. **In the event you are in an accident while providing transportation or running errands for a person supported, your auto coverage will be primary. When that limit is exhausted, the Company's Non-Owned Policy will be secondary. We encourage you to contact your insurance agent to inquire about adequate liability protection and physical damage protection for your vehicle, including the Business Use exclusion.**

All employees operating a motor vehicle while on Company business are expected to comply with all traffic laws. You must report any traffic violations and offenses within twenty-four (24) hours to your immediate supervisor throughout your employment.

Any employee involved in an accident while operating a vehicle used on Company business, while on or off duty, must submit an accurate, written report within twenty-four (24) hours of the accident or at the beginning of the employee's next scheduled shift.

All vehicles used for Company business will be equipped with a shoulder and seatbelt combination and used in the proper manner based on the person's needs. The

seatbelt/shoulder harness shall be always worn by all occupants of the vehicles. All occupants in the vehicle must be asked to wear the seatbelt/shoulder harness. When transporting a supported person, you must be the driver of the vehicle and you may not provide transportation for anyone other than the supported person, including spouses, children, grandchildren, siblings, friends, etc.

All transportation staff will adhere to the following:

- For contracted transportation, staff will ensure that all required documentation is completed and submitted to the transportation company before the first scheduled trip. Staff will arrange ongoing use of contracted transportation or will assist individuals served, as needed, in arranging transportation for themselves
- When dropping off individuals served at a site that requires a change in staff, the transporting staff will ensure that staff or another responsible party are present before leaving unless otherwise specified in the person supporter's Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum. Any necessary information will be presented to the staff or other responsible party
- Staff will not make or receive a phone call while transporting individuals. Staff will park the vehicle to talk on the phone. A staff member who witnesses another employee driving and using their phone while in the same operating vehicle will report the incident to their supervisor
- Staff are prohibited by state law to compose, send, or receive an electronic message while operating a motor vehicle. This includes a program vehicle or a staff person's vehicle. An electronic message, as defined by state law, means a self-contained piece of digital communication that is designed or intended to be transmitted between physical devices. An electronic message includes but is not limited to, an e-mail, a text message, an instant message, a command or request to access a World Wide Web page, or other data that uses a commonly recognized electronic communications protocol. An electronic message does not include voice or other data transmitted because of making a phone call, or data transmitted automatically by a wireless communications device without direct initiation by a person."
- Individuals served using wheelchairs will be transported according to the manufacturer's safety guidelines. This includes but is not limited to, safe operation and regular maintenance of lift equipment, checks of straps to secure the wheelchair to the floor of the vehicle, and use of adaptive seating equipment (i.e. headrests, lap trays) when appropriate. Staff who are transporting individuals served and who complete "tie-downs" of wheelchairs will receive training on how to do so and will be required to demonstrate competency before transporting individuals using wheelchairs.

- Staff will receive training on everyone's transferring or handling requirements for the individual and/or equipment before transferring or transporting individuals. All transfers and handling of individuals served will be done in a manner that ensures safe transportation, dignity, and privacy. Any concerns regarding transportation, transfers, and handling will be promptly communicated to Just the Right Touch who will address these concerns. This will be done immediately if the health and safety of the individual served are at risk.
- When equipment used by an individual served is needed, staff will place the equipment in a safe location in a vehicle such as the trunk of a car. If a program vehicle does not have a designated storage space such as a trunk, staff will place the equipment in an area of the vehicle and secure it, when possible, so that there is limited to no shifting during transport.
- If there is an emergency while driving, staff will follow emergency response procedures to ensure the individual(s) safety. This will include pulling the vehicle over and stopping in a safe area as quickly and as safely as possible. Staff will use a cell phone or any available community resource to contact "911" for help if needed. If a medical emergency were to occur, staff would call "911" and follow first aid and/or CPR protocols according to their training.
- While transporting more than one individual served and individual-to-individual physical aggression occurs, staff will pull over and stop the vehicle in a safe area as quickly and as safely as possible, redirect the individuals served and if necessary, attempt to contact another staff person or "911" for assistance.
- Individuals served are prohibited from driving programs or staff vehicles at any time.
- First aid supplies must be maintained in the vehicle.
- Agency will maintain a copy of the vehicle liability insurance certificate for vehicles used to transport people whether the vehicles are owned by the provider or by provider staff.

WELL TRAINED STAFF

In-service training or continuing education programs will be provided and documented for employees. Just the Right Touch will also provide appropriate information and skills training to volunteers as necessary to protect the health and safety of the person served and the volunteer. Under no circumstance will a volunteer be left alone with a person served or assigned responsibility to perform the duties of trained and paid staff. Consent must be obtained from the person served or their legal representative before any personal information is shared. Attendant training, oversight, and supervision will be provided by a licensed healthcare professional employed by the state of Tennessee who is at minimum a Registered Nurse (RN). Programs will be appropriate to their responsibilities and the maintenance of skills necessary to care for supported agency people. Programs incorporate adult teaching and learning principles and may utilize various effective teaching methodologies.

Just the Right Touch staff will receive specific training.

All staff are required to attend or produce evidence of having attended an appropriate number of continuing education programs required by law and regulation.

All staff must attend or provide proof of having participated in 6 mandatory in-service programs annually per Tennessee licensure rules

Depending upon the job title, below is a list of mandatory in-service training programs. Upon hiring, each staff member will receive a highlighted list of required training. The list is as follows:

- TNDDA 1405 Standard Precautions
- Essentials of HIPAA
- TNDDA Title VI revision
- TNDDA Reportable Event Training
- Fire Safety
- Building Relationships and Community for People with IDD
- New Provider Orientation
- Protection from Harm Training (two courses): Abuse and Neglect of Individuals with I/DD AND TNDDA Protection from Harm Training: Basic including Incident Management Forms
- [Relias] TNDDA Standard Precautions, (formerly Blood-borne Pathogens)
- [Relias] HIPAA Overview (formerly Confidentiality and HIPAA)
- [Relias] Choice Making for People with Intellectual and Developmental Disabilities (formerly Assisting People with Intellectual and Developmental Disabilities in Choice Making, or Making Choices: Supporting individuals with ID)
- [Relias] Protection from Harm Training (two courses): Abuse and Neglect of Individuals with I/DD AND TNDDA Protection from Harm Training Basic including Incident Management Forms
- [Relias] Supporting Individuals with Disabilities During Emergencies (formerly Environmental Safety for Individuals with Developmental Disabilities) AND Risk Management for Direct Support Professionals (formerly Risk Management for individuals with IDD) AND Back Injury Prevention (formerly Physical Safety in the Workplace)
- CPR with Abdominal Thrust (Heimlich Maneuver)
- Information and Training Specific to the Person
- [Relias] TNDDA Standard Precautions, (formerly Blood-borne Pathogens)
- [Relias] HIPAA Overview (formerly Confidentiality and HIPAA)

- [Relias]Choice Making for People with Intellectual and Developmental Disabilities (formerly Making Choices: Supporting individuals with ID or Assisting People with Intellectual and Developmental Disabilities in Choice Making)
- [Relias] Principles and Practices of Effective Direct Supports (formerly The Role of the Direct Support Professional)
- [Relias] Person Centered Planning for Individuals with Developmental Disabilities AND Supporting Quality of Life for Individuals with IDD (formerly Supporting Quality of Life for a Person with Developmental Disabilities V2 and Supporting Quality of Life for Persons with DD Part 1: Birth to Adolescence or Part 2: Adults & Seniors)
- [Relias] Systematic Instruction Strategies (formerly Strategies for Teaching Individuals with DD, Part 1 & Part 2)
- [Relias] Principles of Positive Behavior Support for DSPs Part 1: Overview (formerly Overview of the Principles of Positive Behavior Support for Direct Support Professionals)
- Medication Administration for Unlicensed Personnel Current certification is required for staff who pass or assist with Medications. Official Participant records with expiration dates must be obtained from your DDA Regional Office's Nursing Department.
- [Relias] Protection from Harm Training (two courses): Abuse and Neglect of Individuals with I/DD AND TNDDA Protection from Harm Training Basic including Incident Management Forms
- [Relias] TNDDA Standard Precautions, (formerly Blood-borne Pathogens)
- [Relias] People with Disabilities Building Relationships and Community Memberships
- [Relias] HIPAA Overview (formerly Confidentiality and HIPAA)
- [Relias] Person Centered Planning for Individuals with Developmental Disabilities AND Supporting Quality of Life for Individuals with IDD (formerly Supporting Quality of Life for a Person with Developmental Disabilities V2 and Supporting Quality of Life for Persons with DD Part 1: Birth to Adolescence or Part 2: Adults & Seniors
- TNDDA Protection from Harm - Advanced for Incident Managers
- [Relias] Principles of Positive Behavior Support for DSPs Part 1: Overview (formerly Overview of the Principles of Positive Behavior Support for Direct Support Professionals)
- [Relias] Protection from Harm Training (two courses): Abuse and Neglect of Individuals with I/DD AND TNDDA Protection from Harm Training: Basic including Incident Management Forms
- [Relias] TNDDA Standard Precautions, (formerly Blood-borne Pathogens)
- [Relias] HIPAA Overview (formerly Confidentiality and HIPAA)
- Regional Office New Provider Orientation
- Regional Clinical Services Orientation
- [Relias] TNDDA Standard Precautions, (formerly Blood-borne Pathogens)

- Information and Training Specific to the Person
- [Relias] HIPAA Overview (formerly Confidentiality and HIPAA)
- [Relias] Supporting Individuals with Disabilities During Emergencies (formerly Environmental Safety of Individuals with Developmental Disabilities) AND Risk Management for Direct Support Professionals (formerly Risk Management for Individuals with IDD) AND Back Injury Prevention (formerly Physical Safety in the Workplace)
- New Provider Orientation --The Board chairperson and the chief executive officer / executive director are required to attend a DDA new provider orientation or complete the online equivalent within ninety (90) calendar days of assuming office, being appointed, or beginning contracted services with DDA.
- Person-Centered Thinking [2-day course]
- Person-centered ISP Training (includes Outcomes & Action Steps component)
- Appeals Process
- Information and Training Specific to the Person
- [Relias] TNDDA Assessments
- [Relias] TNDDA- TennCare Waiver
- Mentoring & guidance with opportunities to practice support coordination duties in a manner that promotes the development & mastery of essential job skills
- [Relias] TNDDA Job Coach Training
- [Relias] TNDDA Supports for Success
- [Relias] Evidence-Based Practices in Supported Employment Part 1 (formerly Evidence-Based Practices in Supported Employment Part 1: Principles and Practices for Job Finding)
- [Relias] Evidence-Based Practices in Supported Employment Part 2 (formerly Evidence-Based Practices in Supported Employment Part 2: Supporting Employed Consumers)
- [Relias] Effective Communication (formerly Effective Communication in the Workplace)
- [Relias] Customized Community Careers Part 1: Overview of Customized employment V3 (formerly Creating Community Careers Part 1: Overview of Customized Employment V2 and Introduction to Customized Employment)
- [Relias] Customized Community Careers Part 2: Understanding the Discovering Personal Genius Process V3 (formerly Creating Community Careers Part 2: Understanding the Discovering Personal Genius Process V2 and Discovering Personal Genius)
- Relias} Customized Community Careers Part 3: Employment Opportunities Through Customized Job Development V3 (formerly Creating Community Careers Part 3: Employment Opportunities Through Customized Job Development V2)

- [Relias] Customized Community Careers Part 4: Customized Employment Using Interest-Based Negotiation V3 (formerly Creating Community Careers Part 3: Customized Employment Using Interest-Based Negotiation V2)
- [**The purpose of each training course is to adhere to the following:**
    - To ensure employees delivering personal-supported care or service are provided with opportunities to develop and expand their knowledge appropriately to their responsibilities and to the maintenance of skills necessary to care for person-supported
    - To increase staff knowledge based on work-related issues
    - Maintain and improve staff competency
    - Are appropriate to the needs of person-supported populations served by the agency

Procedure:

1. All staff members providing person-supported care will attend all required topics of in-service education programs every 12 months. These programs will be based on identified staff needs and state requirements.

2. Each employee will maintain a record of in-service training, including all documentation required under Home Care Licensure rules.

3. In addition to licensure requirements, Just the Right Touch will have documented training on:

a. Overview of Just the Right Touch program scope, and service delivery option of consumer direction; and,

b. Development of interpersonal skills, focused on addressing the needs of persons with disabilities; and,

c. Instruction on safety, basic first aid administration, emergency procedures, infection control techniques including universal or standard precautions, and mandatory reporting procedures.

4. There may be a skills validation test given to an attendant by Just the Right Touch. If given, the test and resulting score will be maintained in the staff personnel file.

5. Training may be modified if an attendant demonstrates competence in each area.

6. The agency shall allow the person-supported/authorized representative to provide individualized attendant training that is specific to his/her own needs and preferences.

7. Training and skills validation will be provided before delivery unless waived by the person supported/authorized representative to prevent interruption of services.

8. In no event shall the training and/or skills validation be postponed for more than 30 days after services are initiated.

To ensure all training is completed, all staff and volunteers will submit their completed sessions to the Office Manager. The Officer Manager will maintain a log of required training and inform the Executive Director of missing or needed training for all staff and volunteers.

2. PERSONNEL PROCEDURES

PERSONNEL POLICIES

1. All employees hired will be 18 years of age.
2. All personal support services workers shall practice infection control procedures and standard precautions that will protect the service recipient from infectious diseases.
3. A criminal background check will be performed for each employee before hire or a change of responsibility that includes direct contact with or direct responsibility for service recipients, that follows TCA 33-2-1202.
4. The employee applicant must provide a complete 5-year work history and explain any gaps in employment within the past 5 years. (For example, note if they were in school, private business, stay-at-home parent, etc.)
5. The employee applicant must provide 3 personal references. These must be different from their employment references. One of these must have known the applicant for 5 years or more.
6. Evidence of the status of every personal support services worker on the “Abuse Registry” maintained by the Department of Health will be documented for each employee before hire and annually. No employee or volunteer on the Abuse Registry may be hired by the agency.
7. Evidence of the status of every personal support services worker or volunteer on the Tennessee Sexual Offender Registry for each employee or volunteer before contact with service recipients, and annually. No employee or volunteer on the Sexual Offender Registry may be hired by the agency.
8. Employees must demonstrate sufficient skills to read and understand instructions and prepare and maintain written reports and records.
9. The employee must have sufficient skills to communicate with the person supported.
10. Employees will be trained as to the specific needs of each person supported and served before service provision with documentation maintained on file.
11. Personal support services workers shall have access to consultation for any of the services provided under this chapter. Consultation may include providing the personal support service worker access to or consultation with a registered nurse, other agency staff, or the primary family employee to assist the staff in providing personal support services.
12. The personal support service worker shall neither borrow, receive, nor take funds or other personal property from the service recipient.

Employees shall, always, professionally conduct themselves and comply with this policy by:

1. conducting themselves in a manner that does not hurt the company.
2. only relaying/distributing accurate information, when representing the company.
3. not promising care/services, which the company doesn't provide.
4. not borrowing money from people supported/families or lending money to them.
5. not trading or purchasing items from people supported/families.
6. not accepting gifts from a person supported/family except in special circumstances wherein a relationship with a person supported could be damaged if a gift is rejected; (e.g., Employees may accept a gift that is a token such as a box of chocolates but must first obtain authorization from the Supervisor.)
7. not giving gifts to people supported/families without first obtaining authorization from the Supervisor.
8. not using the Agency's property for personal benefit without authorization.
9. displaying appropriate dress, grooming, hygiene and etiquette.
10. wearing an approved uniform, when required.
11. being aware of their strengths, weaknesses, and feelings.
12. having a good and positive attitude.
13. being pleasant on the job site.
14. displaying appropriate verbal and non-verbal skills.
15. keeping moodiness, bad temper, and unhappiness out of their demeanor.
16. reporting to work on time, beginning delegated duties immediately, and working continuously except for scheduled breaks.
17. working the designated hours and seeking additional tasks if their assigned work is completed sooner than predicted.
18. completing tasks in the expected timeframe, combining tasks for the greatest effectiveness, and avoiding idle time.
19. completing their work assignments as scheduled by the Supervisor.
20. contacting the Supervisor as quickly as possible if they need to leave the job site in the event of an emergency.
21. keeping in touch with the office to confirm schedules and to receive reports/directions.
22. completing all paperwork correctly and promptly; 23. ensuring their quality of work is of a high standard and not expecting anything but the best from themselves;
24. keeping all obligations and promises.
25. being cooperative by displaying leadership skills and maintaining appropriate relationships with other employees.
26. being considerate to person supported, families, friends, colleagues, and professionals.

27. displaying loyalty, honesty, trustworthiness, dependability, reliability, initiative, self-responsibility, and self-discipline.
28. Respect the rights of others.
29. being a cooperative and participative team member.
30. dealing appropriately with diversity and treating everyone with respect.
31. looking at things from another's perspective and being empathetic towards their thoughts and feelings.
32. Avoid criticizing or denouncing others because their beliefs and values may differ.
33. respecting others for their individuality
34. conforming to all safety regulations for their own and other's protection.
35. keeping information confidential and not gossiping about the affairs of others.
36. being courteous to people supported, families, friends, colleagues, and professionals.
37. following instructions and utilizing all knowledge and skills.
38. always giving their best efforts.
39. realizing and admitting to errors and learning from the experience(s) to avoid making the same mistake(s) again.
40. showing good organizational skills in managing themselves, time management, prioritizing, flexibility, stress management, and the ability to deal with change.
41. being truthful and accurate about the care given, person-supported progress, and events that occurred or did not occur.
42. Avoid complaining and negativity.
43. working cooperatively to achieve goals and being willing to help and support others.
44. complimenting others' work and participating actively in the care team's endeavor.
45. Submit a written statement, outlining the facts of any arrest, indictment, or conviction for a felony or misdemeanor (other than a minor traffic offense) to the Supervisor within 5 working days of the incident.
46. Immediately reporting to the Supervisor any incidents wherein they observe another employee treating a person supported in a manner that is: a. not consistent with the company's standards of conduct and ethical behavior; and/or b. physically and/or verbally abusive.
47. when working with people supported/families,
    a. not giving them their home phone numbers.
    b. not giving personal opinions about them.
    c. not offering medical advice.
    d. not smoking in their homes.

e. not using their telephone except in cases of emergency or to call the office.

f. not taking anyone, including pets, into their homes without first obtaining consent from them and the Supervisor.

g. not safeguarding a person-supported valuables.

h. not using a person-supported vehicle or other property for personal reasons.

i. not consuming alcohol or using medication/drugs except for a medical reason(s) in their homes.

j. not accepting meals from them.

k. not taking advantage of their hospitality.

48. regarding legal matters,

a. not taking on assignments of a legal nature.

b. not becoming an appointee or having legal involvement with the person supported/family's property.

c. not becoming the beneficiary of a person-supported will.

d. not becoming a witness or an executor of a person-supported will; and,

e. not having Power of Attorney.

Kickbacks

Just the Right Touch LLC is committed to following federal and state anti-kickback laws and regulations and thus prohibits members of its governing body, management, and employees from accepting money or anything of value to:

1. refer Agency person supported to other service providers; and/or,

2. to influence decisions pertinent to Agency operations.

Just the Right Touch LLC shall consider unacceptable conduct to include, but not be limited to the following actions:

1. falsifying personal education and/or experience information during the Job Application Process.

2. falsifying job and character references during the Job Application Process.

3. having a previous conviction or receiving a conviction for crimes committed.

4. falsifying data on person-support charts and other company records.

5. falsifying information on billings for person-supported services.

6. using codes that violate federal rules and/or regulations.

7. destroying or altering Agency and person-supported records without authorization.

8. exhibiting any behavior that reflects poorly on the company.

9. using, possessing, and/or being under the influence of alcohol and illegal substances while on the job.

10. being discourteous to person supported, co-workers, healthcare professionals, and members of the community at large.

11. possessing dangerous weapons or guns while on the job.

12. doing malicious damage to the company’s or person-supported property.

13. stealing from the company or person supported.

14. conducting actions/activities, which are dishonest in any way.

15. disclosing person-supported names, addresses, phone numbers, and other personal information to non-company employees, without the person-supported permission.

16. disclosing confidential information without authorization or legal direction to do so.

17. accepting inappropriate gifts or money from a person supported.

18. accepting appropriate gifts from a person supported without approval from the Compliance Officer/Designee.

19. engaging in financial transactions with the person supported other than those required for the performance of duties such as the exchange of currency for purchasing items for people supported.

20. bringing pets, children, or any other unauthorized persons to person-supported homes while performing job duties; and,

21. being absent without permission or without advising the Supervisor, when able to do

PERSON SUPPORTED RESPONSIBILITIES

All people supported receiving services from this agency have the following responsibilities:

1. To promptly inform the personal support services agency if you will be away from home when services are scheduled

2. To report any changes in your health or living conditions which concern your care

3. To cooperate with employees and ask questions if you do not understand any questions or information given to you

4. To provide a safe home environment so that services can be safely delivered to you.

5. To be respectful to your service provider in manner and words.

Compliance

It is the responsibility of all members of the governing body, management, and employees of Just the Right Touch LLC to comply with federal, state, and local laws, professional standards, and the policies/ regulations of relevant federally funded health care programs so that care provided to its person supported and business interactions reflect integrity and ethical conduct.

Confidentiality

Just The Right Touch LLC is committed to the appropriate protection of confidential information and enforces its Confidentiality and Privacy of Information Policy. A few staff have access to various forms of sensitive, confidential, and medical information, which is maintained to serve person-supported, healthcare providers, the company, and third-party payors, by legal, accrediting, and regulatory requirements. Agency policy prohibits the unauthorized seeking, disclosing, or giving of such information, including confidential information contained in person-supported records, except on a need-to-know basis, to consult physicians, health care professionals, and employees who may be providing person-supported service and to third-party payors to facilitate reimbursement. The operations, activities, business affairs, and finances of the company shall also be kept confidential and shall only be discussed or made available to authorized people.

Conclusion

Just the Right Touch LLC shall constantly take measures to ensure that all its activities and actions, and those of its employees, comply with applicable laws and ethical standards. The purpose of these Standards of Conduct is to provide directions to employees to enable them to meet their responsibilities. Employees are expected to comply with all applicable laws, even if they are not dealt with in these Standards of Conduct. Employees are encouraged to contact

the Compliance Officer or Superior if they have any questions or concerns about their obligations.

Just the Right Touch LLC staff shall sign to attest to the fact that they are responsible for knowing and adhering to these Standards of Conduct. The signed document shall be placed in their personnel file. In addition, each time new or revised Standards of Conduct are issued, employees shall be asked to sign a statement certifying that they have received, read, and understood the Standards of Conduct.

3. PROTECTION & PROMOTION OF RIGHTS

Just the Right Touch LLC is committed to providing training about compliance policies and procedures, applicable laws, rules, and regulations. In addition, Managers and Supervisors shall advise employees that:

1. compliance with these policies and procedures is a condition of employment; and,

2. violation of policies and procedures could result from the Agency's Disciplinary Action Policy, up to and including termination of employment

Employees shall be given information on the company’s Compliance Program during the Orientation process and shall receive regular compliance reviews and/or education at least annually. Subsequent training shall also be provided as new policies and procedures are developed and implemented. Staff are encouraged to seek clarification and/or information from the Compliance Officer/Designee or Supervisor at any time. The Compliance Officer shall be proactive in presenting new or revised compliance information to staff as soon as such information is received. Employee participation in compliance training shall be documented and shall include attendance and materials distributed at training. Attendance and participation in training programs shall be a condition of continued employment. Failure to comply with the training requirements may result in disciplinary action, by the company's Disciplinary Action Policy.

Non-Compliance Consequences

All staff shall:

1. perform their duties in a manner consistent with the Agency’s policies; and,

2. report violations of local, state, or federal laws, or regulations to the Compliance Officer or Supervisor, as required by law.

If an employee fails to report violations and is aware that not reporting violates a legal obligation, then that person could be subject to disciplinary action, by the Agency's Disciplinary Action Policy and/or could be terminated from employment. The Agency may also take disciplinary action if its investigation determines that misconduct or wrongdoing has taken place, depending on the severity of the misdemeanor.

Disciplinary action should be by the Agency’s Disciplinary Action Policy, which could consist of 4 stages:

1. verbal warning.

2. written warning.

3. work suspension; and,

4. termination of employment.

All violations of the Standards of Conduct, compliance policies, and federal, state, and applicable local laws and regulations may be disciplined in a manner deemed appropriate by the Manager and/or Supervisor to prevent similar misdemeanors from taking place in the future. Disciplinary actions shall be applied consistently and fairly and shall not be influenced by the individual's position in the company, i.e., Employees and management personnel shall all be held accountable to the same extent and to the same degree.

The Compliance Officer/Designee shall not have any authority or responsibility for disciplinary measures. He/she will be responsible for investigating, evaluating, and making recommendations consistent with the company's policies and procedures to the Supervisor and/or Manager. Any disciplinary action shall be determined and enforced by the Supervisor, Manager, and/or governing body, by the company's Disciplinary Action Policy.

USE OF DEVICES AND AIDS:

Upon the agency's discretion, devices such as the Hoyer lift, and gait belt may be used. These may be used in assisting the service recipient in getting out of or into bed, a chair, toilet, or shower, but not part of a therapeutic regime. We will provide specific training for each before the use.

POPULATION BASE

This agency serves a predominantly elderly population, accounting for over 50% of the agency's caseload.

WORK ETHICS

Just the Right Touch LLC is committed to the highest standards of ethical and professional conduct. All employees shall adhere to the company's policies and procedures relating to their job functions and shall comply with legal and regulatory requirements. Any breaches of this policy may be subject to disciplinary action and/or termination, depending on the severity of the incident.

Business Ethics

Just the Right Touch LLC is committed to upholding the highest business ethics and integrity. Members of the governing body, management, and employees are required to always conduct themselves professionally. They should not:

1. falsely represent the company.

2. defraud individuals of money, property, or candid services.

3. make false or misleading comments about the company's person's supported, employees, services, business contacts, competitors, or competitor's services.

4. participate in any activity intended to, inappropriately, obtain company services or provide services to the company through payment, intimidation, or enticement.

5. engage in any corrupt business practice either directly or indirectly; or,

6. provide compensation to another person for unlawful or improper purposes.

Reporting and Investigating

Staff shall be held responsible for reporting any violations of laws, regulations, or company policies, procedures, and Standards of Conduct. Any violation of the, which an employee either knows about or thinks he/she knows about another person/organization, associated with the company, has committed, is committing, or may commit must be relayed to the Compliance Officer/Designee immediately. That employee shall be assured his/her anonymity will be protected.

The Compliance Officer/Designee shall investigate and document all allegations of misconduct or wrongdoing immediately by conducting an interview(s), reviewing relative documentation, and evaluating the facts and circumstances. Factors to be considered during an investigation include, but are not limited to:

1. the degree to which behavior varied from the Standards of Conduct.

2. the seriousness of the behavior,

3. the employee's work history; and,

4. other data and information deemed to be relevant.

Discrimination and Harassment

Just the Right Touch LLC is committed to treating all persons equally without bias or prejudice, in part, through the enforcement of its policies on human rights, cultural diversity, equal opportunity, and sexual harassment. It does not discriminate based on race, color, religion, sex, national or ethnic origin, age, disability, sexual orientation, or military service. Members of the governing body, management, and employees are required to promote and maintain a productive work environment that is free from harassment, discrimination, and/or disruptive activity. No form of harassment or discrimination will be tolerated. Any employees or person supported who experience harassment or discrimination based on the shall inform the Compliance Officer/Designee immediately.

Just the Right Touch LLC prohibits retaliation against anyone who makes a complaint of harassing or discriminatory conduct.

Retaliation

Just the Right Touch LLC is committed to disclosure of non-compliance concerns and forbids any action being taken against a member of the governing body, management, or employees for making a report. Because employees have a responsibility to report actual or potential wrongdoings, the company shall not permit any consequential retaliative, revengeful, or harassing actions/activities to be taken against the reporter. Anyone who is involved in retaliation measures shall be subject to disciplinary action, by the Company's Disciplinary Action Policy and/or as dictated by law. Should staff members report their own inappropriate or inadequate activities, they shall still be subject to disciplinary action, by the Agency's Disciplinary Action Policy and/or by the law.

Competition

Just the Right Touch LLC is committed to complying with state and federal antitrust (monopolies) laws and regulations. Just the Right Touch LLC shall not establish charges in collusion with competitors and shall not share confidential information with competitors. Additionally, staff should not share confidential information with competing service providers, such as salaries or charges for services rendered. Just the Right Touch LLC shall not take anti-competitive measures to reduce its competition without first obtaining legal counsel. Communication with competitors about matters that could be interpreted as an attempt to reduce competition or an attempt to fix prices shall take place only after consultation with legal counsel.

Inducements

Just the Right Touch LLC does not allow members of the governing body, management, and employees to offer any financial inducement, payoff, gift, bribe, or kickback or to induce, influence or reward favorable decisions of any government personnel/representative, person supported, contractor, or person who is in a position of being able to benefit the Company/its staff. All activities must be carried out without such solicitation and other improper inducements. Staff are prohibited from accepting, offering, or soliciting anything of value from anyone doing business with the Company including person supported, physicians, or third-party payors., Small gifts and gratuities might be acceptable but only if the Supervisor gives authorization and if the acceptance meets the conditions delineated in the Company's Acceptance of Gifts Policy

Employees shall notify the Company's Compliance Officer/Designee, immediately, if anyone:
1. offers an inducement to the employee.

2. offers anything of value because of the employee's employment with the Company; or,

3. has insinuated, solicited, or requested compensation for referrals of business.

External Audits

Just the Right Touch LLC is committed to cooperating with government investigators, as required by law. If an employee receives a subpoena, search warrant, or other similar document, he/she shall immediately contact the Compliance Officer/Designee, Manager, or Supervisor, before taking any action, The Compliance Officer/Designee, Manager, and/or Supervisor are responsible for authorizing the release of, or the copying of, documents. If a government investigator, agent, or auditor comes to the company, the Compliance Officer/Designee, Manager, or Supervisor should be contacted before an employee discusses any matters with such investigator, agent, or auditor.

4. SERVICES

FEES

The minimal standard fee for services is $ 25.00 an hour. Additional fees may be charged, depending on the number of services provided. A written fee agreement will be negotiated and signed by agency personnel and service recipient/legal representative before the delivery of services. Service recipients may cancel services at any time with a written two-week notice to the agency.

Services will terminate if an invoice is not paid by the due date. The agency will accept the assignment of fees for person supported referred by ETHRA, TennCare, VA, or other funding sources. (Additional reasons for termination may be found in the rules and regulations for the service recipient.) The agency will have documentation of the DPOA, Conservatorship, or other legal documents if someone other than the service recipient is signing this fee agreement.

SERVICES PROVIDED

Anyone may apply for services. An assessment will be conducted by one of the agency staff, and that staff along with the supported (and possibly the person-supported family) will develop a plan for services to be provided. The agency will provide in-home services as requested, making every attempt to be flexible in each situation. Services may include, but are not limited to sitting; cleaning; laundry; meal preparation; shopping; medication reminders; assistance with daily living skills (dressing, bathing, etc.); accompanying appointments such as doctors, physical therapists, nutritionists, hairdressers, etc.; and accompanying to run errands such as banking, shopping, meals out, post office, etc. The agency will provide written notice to the person supported if services are to be terminated by the agency.

Services may be available 24 hours a day, 365 days per year if a person supported has demonstrated need and staff is available to provide the care.

SERVICE RECIPIENT RIGHTS AND CONFIDENTIALITY

All people supported receiving services from this agency are guaranteed the following rights:

1. To be treated with consideration, respect, and full recognition of dignity and individuality.

2. To be protected by the licensee from neglect, physical, verbal, and emotional abuse (including corporal punishment), and from all forms of misappropriation and/or exploitation.

3. To receive services regardless of race, national origin, gender, age,

religion, or disability.

4. To be informed about the care to be provided, to be involved in care planning, and not to receive any service without informed consent and agreement.

5. To expect confidentiality of all agency records except in the case of court order, emergencies, or as otherwise required or permitted by law.

6. Not to be required to make public statements acknowledging gratitude to the licensee for services provided.

7. The person supported must not be required to perform in public gatherings; and

8. Not to have identifiable photographs taken and/or used without written permission.

9. To voice grievances to the licensee and outside representatives of their choice with freedom from restraint, interference, coercion, discrimination, or reprisal.

10. To be assisted in the exercise of their civil rights.

CONSULTATION FOR SERVICES

If an employee has a question or needs any consultation, he/she will call the administrative office or the on-call person. An administrative staff is always available and on call when services are provided by the agency.

5. CONFLICT OF INTEREST

Just the Right Touch LLC is committed to ensuring its employees avoid possible conflict of interest situations by performing their duties professionally and morally. The goals are to prevent a person supported from being taken advantage of, to reduce management risks, to manage human resources, to deliver services effectively and efficiently, and to prevent actual or perceived conflict of interest. People employed by Just the Right Touch LLC are responsible to their person supported and coworkers to always perform their duties professionally and ethically, without the intention of obtaining direct or indirect conflict of interest.

DEFINITIONS

1. Conflict of Interest
   A person has a conflict of interest when he/she:
   a. is in a position of trust which requires him/her to exercise judgment on behalf of others (people, institutions, etc.); and/or,
   b. has interests or obligations of the sort that might interfere with the exercise of his/her judgment; and/or,
   c. is morally required to either avoid or openly acknowledge.

PROCEDURES

1. The person supported shall be advised of their rights to be free from conflict-of-interest behaviors and conducts that take advantage of them and/or their situations.

2. Employees shall not do anything that could result in a conflict of interest for the company such as buying and selling.

3. Employees shall be advised that the following are some of the situations that may be considered as conflict of interest:

a. taking advantage of the professional relationship with a person supported, which results in personal gain for the employee and/or their family/friends.

b. entering an employment relationship with another service provider that infringes on the employment relationship with this agency unless that relationship has been sanctioned by the company.

c. agreeing to provide service to any person supported where there is a personal/familial relationship unless such a relationship has been disclosed to the company and has been reviewed and authorized.

4. Employees are to be provided with information on how to report potential/actual conflicts of interest.

5. Employees may not accept gifts, money, discounts, or favors including a benefit to family members, friends, or business associates for doing work that the company pays them to do.

6. Employees may not use, or permit the use of the Company's property, facilities, equipment, supplies, or other resources for activities not associated with their work without authorization first from the Company.

7. Employees may not disclose confidential or privileged information for any purpose about the Company, co-workers, or people supported/families or use confidential information to advance personal or others' interests.

8. Employees shall advise the Manager/Administrator or Supervisor, in writing, of all other employment and possible conflict of interest situations.

ACCEPTANCE OF GIFTS

Just the Right Touch LLC discourages the company and its employees from accepting gifts from people supported but will, in some cases, permit the occasional acceptance if:

1. rejecting the gift will negatively affect the person supported; and,

2. providing the gift:

a. is not made in cash.

b. does not exceed $20 in value.

c. is not given on a regular or frequent basis.

d. is not given to influence conduct or decision-making; and,

e. does not compromise, or appear to compromise, in any way the integrity of the company or the employee.

PROCEDURES

1. All gifts shall be considered on a case-by-case basis.

2. The Acceptance of Gift Policy shall be consistently applied.

3. Employees shall report any gift received to the Manager/Administrator or Supervisor, who will:

a. assesses the circumstances in which it was made; and,

b. determines whether it shall be accepted or whether it shall be politely refused.

4. Manager/Administrator or Supervisor shall record receipt of the gift in:

a. a log, if the gift is made to the Agency; or,

b. the employee's personnel file if the gift is made to an individual employee.

5. Documentation of gifts received shall include, but not be limited to, the following:

a. name, address, and phone number of the person supported giving the gift.

b. name of the employee if the gift is given to an individual employee.

c. statement advising gift was given to the company if the gift is made to the company.

d. date the gift is given.

e. description of the gift.

f. value of the gift, if known; otherwise, assign an approximate value to the gift.

g. circumstances in which the gift was made; and,

h. whether the gift was accepted or returned to the person supported.

6. BENEFITS AND COMPENSATION

PROCEDURES

- 1. Just the Right Touch LLC shall provide the following federal, mandatory benefits to its employees:
- a. Social Security and Medicare.
- b. Unemployment Insurance; and,
- c. Worker's Compensation.

2. Just the Right Touch LLC shall provide additional mandated benefits:

a. statutory holidays.

3. Just the Right Touch LLC provides discretionary benefits including direct deposit.

4. Mandatory contributions for Social Security, Medicare, and Unemployment Insurance, shall be deducted from employees' paychecks, by regulations.

5. Just the Right Touch LLC shall contribute the regulated employer payments for Social Security, Medicare, Unemployment Insurance, and Worker's Compensation for each employee.

6. Just the Right Touch LLC shall research and maintain currency for minimum wage regulations established by the State.

7. Wages shall be based on, but not limited to, one or more of the following:

a. industry wage standards.

b. regulated pay rates.

c. shift differentials

d. days of week; and,

e. statutory holidays

Compensation Policies

1. Employees shall be paid every week according to the pay rate sheet provided in the hiring packet.

2. Employees' wages shall be by their job descriptions.

3. Mandatory payroll deductions include:

a. Federal and State Income Taxes (based on an individual's W-4 filing status);

b. Social Security taxes; and,

c. Medicare taxes.

4. Personnel files shall be maintained at the company office for all employees.

5. All personnel salaries/wage rates shall be authorized by the Manager/Administrator.

6. Changes in employment shall be authorized by the Manager/Administrator.

7. Employees shall accurately record all hours worked using the company's Employee Time Sheet.

8. All hours worked by employees, in a specific period, shall be documented on the company's Employee Time Sheets, which shall be verified and signed by the person supported, who received their services before the Employee Time Sheet is submitted to the Supervisor.

9. Timesheets are due every Monday by noon.

Employee Breaks

Just the Right Touch LLC provides break periods for employees subject to the following conditions:

1. Each employee is authorized for one break period for each four-hour work period. Each break period may be up to fifteen minutes in length.

2. Supervisor and individual employee shall work out suitable break schedules, depending on job assignments.

3. Breaks shall be scheduled in a manner which does not interrupt services to the person supported.

4. Breaks may not be combined with lunch times.

5. No breaks may be taken at the end of the day.

6. Employees shall not accumulate or save paid break time.

7. Employees shall be assigned a one-hour or one-half-hour unpaid meal break about mid-point during their shift.

8. Employees shall take a meal break, regardless of the shift worked.

Employee Dress Code

Just the Right Touch LLC requires that its employees always present a professional appearance and that they wear the photo identification badge provided to them.

PROCEDURES

1. Employees shall use good judgment in choosing appropriate attire when on duty. Attire, which is deemed to be inappropriate includes, but is not limited to the following:

a. clothing in disrepair.

b. leggings/tights.

c. jogging suits.

d. clothing with inappropriate language.

e. shorts.

f. fishnet stockings.

g. tank tops.

h. revealing or tight clothing.

i. open-toed footwear; and,

j. artificial or long fingernails.

2. Clothing shall be kept in good repair, be of an acceptable length, and fit properly.

3. Employees shall be well groomed and have good personal hygiene and cleanliness.

4. The supervisor shall ensure employees wear proper attire and maintain good personal hygiene and cleanliness.

PROBATIONARY PERIOD

Just the Right Touch LLC requires that all its employees be on probation starting as soon as employment begins for six months for purposes of retention or dismissal, as warranted.

PROCEDURES

1. Supervisor responsibilities during the probationary period include:

a. informing new employees, verbally and in writing, at the beginning of the probationary period, about the performance expectations and standards that are being evaluated during the probationary period.

b. setting up a review schedule to discuss performance with the employees.

c. orientating and training new employees to their job duties.

d. providing full guidance and support to employees.

e. meeting more frequently with employees if they are having difficulty and/or if they are not meeting expectations.

f. identifying any performance issues to employees both verbally and in writing.

g. communicating continuously with employees throughout the probationary period.

h. providing feedback to employees and allowing them to improve any borderline or weaker aspects of their performance.

i. seeking assistance from other resources to help employees meet acceptable performance levels.

j. were extending probation or rejecting probation may be necessary;

k. advising employees as early as possible if an extension to the probationary period is required.

l. documenting a rationale for any request to extend the probationary period.

m. consulting with manager/administrator, as early as possible on situations

n. notifying employees, verbally and in writing, of any approved extension to the probationary period.

o. initiating termination of employment at any time during the probationary period if employees fail to demonstrate the ability and/or willingness to perform the duties of the assigned position.

p. formally evaluating employees' performance at the end of the probationary period.

q. providing employees with a letter confirming the conclusion of the probationary period, once they have completed it;

r. rejecting employees for continued employment if they fail to meet performance standards.

2. Employee responsibilities during the probationary period include:

a. demonstrating acceptable performance standards for the position.

b. meeting the company's standards for conduct, attendance, and policies.

c. demonstrating suitability for the position and compatibility with co-workers and person supported; and,

d. communicating continuously with the Supervisor throughout the probationary period.

COMPETENCY EVALUATIONS

Just the Right Touch requires that all its employees undergo competency evaluations at designated times – upon completion of probation, annually, and on an as-needed basis.

PROCEDURES

1. The supervisor shall obtain or prepare a checklist of the job functions for each job classification, which will be evaluated.

2. During probation, the Supervisor shall observe all new employees performing the job functions listed on the checklist.

3. The supervisor shall conduct annual evaluations to determine employees' competency in performing and rendering services according to Agency policies and standards of practice.

4. The supervisor shall conduct as-needed evaluations whenever there appears to be a performance problem.

7. DISCIPLINARY ACTION

DISCIPLINARY ACTION

Just the Right Touch LLC is committed to establishing and maintaining a formal system of employee discipline, which ensures that the rules of the workplace and the standards of conduct are adhered to by all employees; and, that discipline is equitably and uniformly administered.

PROCEDURES

1. Disciplinary action shall be taken in the following situations:

a. practicing unethical behavior.

b. displaying professional misconduct.

c. being negligent; d. being incompetent.

e. being dishonest.

f. showing insubordination.

g. conducting illegal activity.

h. being absent from work without reason.

i. breaching confidentiality.

j. being willfully disobedient.

k. causing willful property damage.

l. having poor job performance.

m. violating the Human Rights Code.

n. creating a disturbance in the company's office or a person-supported home.

o. being idle.

p. having intoxicants or non-prescription narcotics.

q. being under the influence of intoxicants when reporting for duty or when on duty.

r. falsifying employment records.

s. falsifying job-related documentation such as payroll cards, billing records, and/or person-supported records.

t. stealing.

u. misusing the company’s or person-supported property deliberately or negligently.

v. not following the company’s policies and procedures.

w. altering the company’s policies and procedures.

x. displaying obscene or indecent conduct.

y. smoking in the company’s office or the person-supported home.

z. soliciting.

aa. possessing weapons or explosives.

bb. threatening or interfering with the work of others.

cc. being excessively absent from work or late for work.

dd. endangering the welfare of others.

ee. divulging confidential information concerning person supported/families/other employees/the company

ff. leaving work without authorization.

2. Where appropriate, disciplinary action shall be implemented until the investigation is completed.

3. Manager/Administrator and/or Supervisor shall determine if disciplinary action is required.

4. Professional standards of practice guidelines shall be used for disciplinary action, where appropriate.

5. Legal authorities shall be contacted if there is any suspicion of illegal activities.

6. Just the Right Touch shall cooperate fully with the legal authorities in any investigation relating to illegal activities.

7. In determining the appropriate disciplinary action to take, the following factors shall be considered:

a. the employee's length of service.

b. the employee's past discipline record.

c. the seriousness of the misconduct.

d. the employee’s explanation; and,

e. any other pertinent facts.

8. Disciplinary actions shall consist of the following stages:

a. Verbal Warning Manager/Administrator and/or Supervisor shall:

i. Clearly explain the reasons for the verbal warning.

ii. outline expectations and behavior standards.

iii. describe the disciplinary process for infractions; and,

iv. record the date and reason for the verbal warning in the employee's personnel file.

b. Written Warning

i. Manager/Administrator and/or Supervisor shall issue a written warning after the second offense if the infraction is a minor one. If the infraction is a major one, a written warning shall be issued after the first offense.

ii. The written warning shall be dated and shall clearly outline the reasons for the warning and the disciplinary action for the next infraction.

iii. If the written warning is for reasons of incompetence or lack of performance, it shall also include the terms and conditions that must be met to continue employment.

iv. A probationary period may be imposed to give the employee time to improve.

v. The written warning shall be hand-delivered to the employee and reviewed with the employee.

vi. Employee shall sign the written warning verifying that the warning was discussed with him/her and that he/she received a copy.

vii. A copy of the written warning shall be placed in the employee's personnel file.

c. Suspension from Work The employee may be suspended from work until the investigation of the incident is completed or after the investigation is completed.

d. Termination

i. The employee shall be terminated: – if, after receiving verbal and written warnings, further infractions occur, or – after a very serious offense has occurred and at the company's discretion.

ii. Dated, written notification, which outlines the reason(s) for termination, shall be hand-delivered to the employee or sent to him/her via registered mail. A copy shall be placed in the employee's personnel file.

TERMINATION OF EMPLOYMENT

Just the Right Touch LLC utilizes a formal and just process for terminations, both voluntary and involuntary, which is comprehended by all personnel and is adhered to by supervisors/management.

DEFINITIONS

1. **Involuntary Termination (Dismissal)**

   Involuntary termination means that an employee has been fired (dismissed) for any number of reasons.

2. **Voluntary Termination (Resignation)**

   An employee quits his/her job for a variety of reasons.

3. **Dismissal Process**
   The dismissal process consists of steps to take when an employee is not following standards/policies/procedures and/or is exhibiting behavior, which is inappropriate. The purpose of the dismissal process is to provide an opportunity and timetable to correct misunderstood directions, eliminate incorrect assumptions, and resolve conflicts.
4. **Gross Negligence**
   Gross Negligence is the failure to use even the slightest amount of care in a way that shows recklessness or willfully disregards the safety of others. It is a way of violating others' rights.
5. **"At Will Employment"**
   "At-will employment" is a creation of American law, applicable in Illinois, that enables either party to terminate the relationship with no liability if there was no express contract for a definite term. Under this legal principle: a. any hiring is presumed to be "at will"; i.e., the employer is free to discharge individuals "for good cause, or bad cause, or no cause at all"' and, b. the employee is equally free to quit, strike, or otherwise cease work.

Note: Although "at-will employment" allows an employee to quit for no reason, the general rule is that either party can terminate the relationship when an employer wants to fire an employee at any time. There are limitations upon the employer's ability to terminate without reason. As a means of downsizing, a company may fire large numbers of employees in one sweep.

A LISTING OF LOCAL ADVOCACY RESOURCES

TDMHSAS Office of Licensure 866-797-9470

Disability Rights Tennessee 800-342-1660

Tennessee Long Term Care Ombudsman 877-236-0013

Veterans Services – Chattanooga 423-634-6488

Tennessee Adult Protective Services 888-277-8366

Tennessee Child Protective Services 877-237-0004

DRUG-FREE WORKPLACE POLICY

The use of drugs undermines the quality and safety of job performance, endangers coworkers and person-supported, and brings discredit to Home Companion Solutions and the employee community. Just the Right Touch LLC will not tolerate the use of drugs by its employees in any job-related context and is committed to the eradication of drugs from the workplace.

To this end, it is the policy of Just the Right Touch that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on the job is strictly prohibited. Anyone in violation of this policy is subject to severe disciplinary action, including discharge.

If you are suspected of drug use while working for Just the Right Touch you may be asked to submit to a drug test in our office. Failure to submit to the drug test will result in immediate termination of employment.

POLICY REGARDING SEXUAL HARASSMENT IN EMPLOYMENT

Statement of Company Policy

Just the Right Touch LLC is committed to providing a workplace that is free from all forms of discrimination, including sexual harassment. Any employee's behavior that fits the definition of sexual harassment is a form of misconduct that may result in disciplinary action up to and including dismissal. Sexual harassment could also subject this company and, in some cases, an individual to substantial civil penalties.

The company's policy on sexual harassment is part of its overall affirmative action efforts under state and federal laws prohibiting discrimination based on age, race, color, religion, national origin, citizenship status, unfavorable discharge from the military, marital status, disability, and gender. Specifically, sexual harassment is prohibited by the Civil Rights Act of 1964, as amended in 1991, and the Tennessee Human Rights Act.

Each employee of this company bears the responsibility to refrain from sexual harassment in the workplace. No employee -male or female- should be subjected to unsolicited or unwelcome sexual overtures or conduct in the workplace. Furthermore, it is the responsibility of all supervisors to make sure that the work environment is free from sexual harassment. All forms

of discrimination and conduct which can be considered harassing, coercive, or disruptive, or which create a hostile or offensive environment must be eliminated. Instances of sexual harassment must be investigated promptly and effectively.

All employees of this company, particularly those in a supervisory or management capacity, are expected to become familiar with the contents of this Policy and to abide by the requirements it establishes.

Definition of Sexual Harassment

According to the Tennessee Human Rights Act, sexual harassment is defined as: Any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when.

(1) submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment.

(2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or

(3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

The courts have determined that sexual harassment is a form of discrimination under Title VII of the Civil Rights Act of 1964, as amended in 1991.

One example of sexual harassment is where a qualified individual is denied employment opportunities and benefits that are, instead, awarded to an individual who submits (voluntarily or under coercion) to sexual advances or sexual favors. Another example is where an individual must submit to unwelcome sexual conduct to receive an employment opportunity.

Other conduct commonly considered to be sexual harassment includes:

- Verbal: sexual innuendos, suggestive comments, insults, humor, and jokes about sex, anatomy, or gender-specific traits, sexual propositions, threats, repeated requests for dates, or statements about other employees, even outside their presence, of a sexual nature.
- Non-verbal: Suggestive or insulting sounds (whistling), leering, obscene gestures, sexually suggestive bodily gestures, "catcalls", "smacking", or "kissing" noises
- Visual: posters, signs, pin-ups, or slogans of a sexual nature.
- Physical: Touching, unwelcome hugging or kissing, pinching, brushing the body, coerced sexual intercourse, or actual assault.

Sexual harassment most frequently involves a man harassing a woman. However, it can also involve a woman harassing a man or harassment between members of the same gender.

The most severe and overt forms of sexual harassment are easier to determine. On the other end of the spectrum, some sexual harassment is more subtle and depends to some extent on individual perception and interpretation. The trend in the courts is to assess sexual harassment by a standard of what would offend a "reasonable woman" or "reasonable man", depending on the gender of the alleged victim.

An example of the most subtle form of sexual harassment is the use of endearments. The use of terms such as "honey", "darling", and "sweetheart" is objectionable to many women who believe that these terms undermine their authority and their ability to deal with men on an equal and professional level.

Another example is the use of a compliment that could potentially be interpreted as sexual in nature. Below are three statements that might be made about the appearance of a woman in the workplace:

"That's an attractive dress you have on."

"That's an attractive dress. It really looks good on you."

"That's an attractive dress. You really fill it out well."

Responsibility of Individual Employees

Each employee has the responsibility to refrain from sexual harassment in the workplace.

An individual employee who sexually harasses a fellow worker is, of course, liable for his or her conduct.

The harassing employee will be subject to disciplinary action up to and including discharge by the company's disciplinary policy and the terms of any applicable collective bargaining agreement.

The company has designated the Director of Staffing to coordinate the company's sexual harassment policy compliance. The Director is available to consult with employees regarding their obligations under this policy.

Responsibility of Supervisory Employees

Each supervisor is responsible for maintaining the workplace free from sexual harassment. This is accomplished by promoting a professional environment and by dealing with sexual harassment as with all other forms of employee misconduct.

The courts have found that organizations as well as supervisors can be held liable for damages related to sexual harassment by a manager, supervisor, employee, or third party (an

individual who is not an employee but does business with an organization, such as a customer, contractor, sales representative, or repair person).

Liability is either based on an organization's responsibility to maintain a certain level of order and discipline, or on the supervisor acting as an agent of the organization. As such, supervisors must act quickly and responsibly not only to minimize their own liability but also that of the company.

Specifically, a supervisor must address an observed incident of sexual harassment or a complaint, with seriousness, take prompt action to investigate it, report it, and end it, implement appropriate disciplinary action, and observe strict confidentiality. This also applies to cases where an employee tells the supervisor about behavior that constitutes sexual harassment but does not want to make a formal complaint.

In addition, supervisors must ensure that no retaliation will result against an employee making a sexual harassment complaint.

Supervisors in need of information regarding their obligations under this policy or procedures to follow upon receipt of a complaint of sexual harassment should contact the Director of Staffing.

Procedures for filing a complaint of Sexual Harassment

Internal

An employee who either observes or believes herself/himself to be the object of sexual harassment should deal with the incident(s) as directly and firmly as possible by clearly communicating her/his position to the supervisor, and to the offending employee. Sexual harassment doesn't need to be directed at the person making the complaint.

Each incident of sexual harassment should be documented or recorded. A note should be made of the date, time, place, what was said or done, and by whom. The documentation may be augmented by written records such as letters, notes, memos, and telephone messages.

No one making a complaint of sexual harassment will be retaliated against even if a complaint made in good faith is not substantiated. Any witness to an incident of sexual harassment is also protected from retaliation.

The process for making a complaint about sexual harassment falls into several stages.

1. Direct Communication. If there is sexually harassing behavior in the workplace, the harassed employee should directly and clearly express her\his objection that the conduct is unwelcome and request that the offending behavior stop. The initial message may be verbal. If subsequent messages are needed, they should be put in writing in a note or a memo.

2. Contact Supervisory Personnel. At the same time direct communication is undertaken, or in the event the employee feels threatened or intimidated by the situation, the problem must be promptly reported to the immediate supervisor or the EEO Officer. If the harasser is the immediate supervisor, the problem should be reported to the next level of supervision of the EEO Officer.

3. Formal Written Complaint. An employee may also report incidents of sexual harassment directly to the EEO Officer. The EEO Officer will counsel the reporting employee and be available to assist with filing a formal complaint. The Company will fully investigate the complaint and will advise the complainant and the alleged harasser of the results of the investigation.

External

The Company hopes that any incident of sexual harassment can be resolved through the internal process outlined above. All employees, however, have the right to file formal charges with the Tennessee Department of Human Rights (TDHR) and/or the United States Equal Employment Opportunity Commission (EEOC). A charge with IDHR must be filed within 180 days of the incident of sexual harassment. A charge with EEOC must be filed within 300 days of the incident.

Guidelines for Companions Interacting with Persons Supported with Differing Culture or Ethnicity

As a companion, you will be caring for many people who have a different culture or ethnicity than you. All persons supported must be treated with respect and compassion. The following guidelines should help you accomplish this. Make sure when working through Just the Right Touch LLC that you:

Convey respect for the individual and respect for his/her values, beliefs, and cultural and ethnic practices.

Learn about the major ethnic or cultural groups with whom you are likely to have contact.

Be aware of your communication, e.g., facial expressions and body language, and how it may be interpreted.

Be aware of your own biases, prejudices, and stereotypes.

When a person-supported describes a belief that differs from your own, e.g., the cause of her swollen feet, try to relate the person-supported belief to your own, thus conveying interest and respect for the person-supported belief.

Recognize the cultural symbols and practices that can often bring a person supported comfort.

Support the person-supported practices and incorporate them into nursing practice whenever it is possible, and they are not contraindicated for health reasons.

Do not impose cultural practice on a person supported without knowing whether it is acceptable.

Be aware the color of a person's supported skin does not always determine his/her culture.

Take time to learn how a person supported views health, illness, grieving, and the health care system.

Be aware of your attitudes and beliefs about health and objectively examine the logic of those attitudes and beliefs and their origins.

Be open to learning about different beliefs and values and learn not to be threatened when they differ from your own.

EQUAL OPPORTUNITY

Just the Right Touch LLC is an Equal Opportunity Employer and prohibits discrimination of any kind because of color, creed, national origin, sex, religion, handicap, marital status, communicable diseases, disability, veteran status, sexual orientation, gender reassignment, age (unless age is a factor necessary for the normal operation or achievement objectives), pregnancy (unless the performance of duties puts the person supported and/or employee at risk) and/or other characteristics protected by law.

DEFINITIONS

1. Equal Opportunity Equal Opportunity is the right of all people to be accorded full and equal consideration based on merit or other relevant, meaningful criteria, regardless of protected group status.

2. Affirmative Action Affirmative actions are good faith efforts to ensure equal employment opportunity and correct the effects of past discrimination against affected groups. Where appropriate, affirmative action includes goals to correct underutilization and the development of results-oriented programs to address problem areas.

PROCEDURES

1. Diversity, fairness, and justice in the workplace shall be promoted.

2. Discrimination, prejudice, and victimization in the workplace shall not be tolerated.

3. State and federal, non-discrimination rules and regulations shall be complied with.

4. Equal opportunity and respect shall be provided to all individuals in matters of service and employment.

5. Any conditions, procedures, and/or behavior, that can lead to discrimination, shall be eliminated.

6. All Agency policies, procedures, and guidelines shall be established/maintained to reflect and reinforce its commitment to equality.

7. The Manager/Administrator shall assume responsibility for affirmative action's plans and may seek outside consultation from the Equal Employment Opportunity Office when necessary.

8. When selecting new employees, members of the selection committee shall:

a. agrees on selection criteria to be used for the job position.

b. provides information about the job position in the same manner to all applicants.

c. asks all applicants the same questions; and, d. choose the successful candidate, based on the selection criteria.

9. All employees shall be recruited and promoted based on ability and other objective-relevant criteria.

10. Contractors, supplying services on behalf of the Agency, shall be expected to conform to the same nondiscrimination policies.

Appendix A

JUST THE RIGHT TOUCH LLC

PERSON SUPPORTED CHECKLIST

PERSON SUPPORTED NECESSARY ITEMS

_____ Medications: A two-week supply of all medications as ordered by your Doctor.

_____ Portable oxygen (if required)

_____ Home health home folder which includes written orders regarding medical care, including a list of medicines.

_____ Important papers, valid ID with current address.

_____ Special dietary foods (non-perishable), with a manual can opener.

_____ Personal hygiene items.

_____ Extra eyeglasses or contacts, hearing aid, denture needs.

_____ Extra clothing.

_____ Wheelchair, walker, cane, etc. (if needed).

_____ Lightweight folding chair.

_____ Flashlight and batteries.

_____ Medical supplies currently being used

Appendix B

Just the Right Touch LLC

At Risk Registry Consent

With my signature below, I grant the agency above the authority to include my name, address, phone number, medical conditions, physician contact information, and living situation (including employee contacts and transportation/ evacuation needs) in the Home Health At Risk Registry. This registry is designed to keep designated emergency managers aware of my location and special needs in the event of an emergency in my home. Although inclusion in the At-Risk Registry does not guarantee that my transportation needs will be met in an actual emergency, my inclusion in the Registry provides designated emergency managers with an awareness of my current health and living situation, as well as the opportunity to more accurately prepare for emergencies in my home.

I hereby release the home health agency listed above from all liability under any state and federal health care information privacy laws, rules, and regulations. I further hereby expressly release, waive, discharge, hold harmless, and covenant not to sue any of the Releasees, their employees, agents, and officers, from all liability to the undersigned for any and all loss or damage, and any claim or cause of action on account of injury to my person or property or resulting in death, whether caused by the negligence of the Releasees or otherwise.

Person-Supported/Representative Signature

_____

Date _____

Print person-supported or Representative_____

Name Relationship to person-supported _____

Signing for Person-supported Signature of Home Health

Representative_____

Date _____

Appendix C

AT-RISK EVALUATION FORM

Just the Right Touch LLC

The At-Risk Evaluation Form should be completed for each person supported upon admission. The completed and signed form should be placed in the person-supported medical record and home folder. If the person supported is assessed as “At Risk”, information should be entered into the At-Risk Registry upon admission and updated every 7 days. Only people supported meeting these guidelines should be entered in the Registry.

At-Risk Home Health person-supported Criteria: (Check which criteria are applicable)

___ a. Home Health/Hospice person-supported who live alone, without a caregiver, and are unable to evacuate themselves, or

___ b. A Home Health person supported by a caregiver physically or mentally incapable of carrying through on an evacuation order, or

c. Home Health person supported/caregivers without the financial means to carry through an evacuation order, or

___ d. Home Health person supported/caregivers simply refusing to evacuate

Name_____

Age_____ Sex_____ Resides in_____

Address _____

Phone_____ Alternate Phone _____

Cross Street_____

House_____ Mobile Unit ____ Apartment Complex/ Mobile Home Park Name_____Apartment/Lot Primary

Caregiver _____ Phone_____

Next of Kin _____

Address_____

Primary Physician_____

Phone_____

DME _____

DME _____

Supplier_____
Phone_____

Supplies Pharmacy _____

Phone _____

Check all that apply to your person-supported

O2 Dependent _____ Ventilator _____ Infusion Therapy _____ Tube Feeding _____ Pets _____ Ambulatory _____ Needs assistance _____ Bedbound ___ Wheelchair _____ Walker _

Signature of Person Completing Form Date Form Completed

HCBS Residential Self-Assessment

Policy

Location

The home setting is NOT located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (a NF, IMD, ICF/IID, hospital). The home setting is NOT located in a building on the grounds of, or immediately adjacent to, a public institution. The provider does NOT own or operate multiple homes located on the same street (excluding duplexes and multiplexes, unless there is more than one on the same street). The service setting is NOT located in a farmstead or disability specific community. The setting is NOT located in the same building as an educational program or school. The home setting is NOT located in a gated/secured, community. for people with disabilities. The home setting or dwelling is NOT located in a farmstead or disability-specific community. The home setting is NOT designed specifically for people with disabilities. Individuals who reside in the setting are NOT primarily or exclusively people with disabilities.

Community Integration

The setting offers onsite services, such as day habilitation, medical, behavioral, therapeutic, social and or recreational services in a manner that comports with the HCBS Setting Rule. The provider provide options for community integration and utilization of community services in lieu of onsite services. Individuals are able to regularly access the community and are able to describe how they

access the community, who assists in facilitating the activity and where he or she goes. Individuals aware of or have access to materials to become aware of activities occurring outside of the setting. Individuals are able to shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose. Individuals are able to come and go at any time.

Policy Enforcement

Paid and unpaid staff receive new hire training and continuing education related to residents. rights and member experience as outlined in HCBS rules. Provider policies outlining residents. rights and member experience are made available to residents. Provider policies on residents. rights, member experience, and HCBS rules are regularly reassessed for compliance and effectiveness and amended, as necessary.

HCBS Non-Residential Self-Assessment

Policy

Location

The home setting is NOT located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (a NF, IMD, ICF/IID, hospital). The home setting is NOT located in a building on the grounds of, or immediately adjacent to, a public institution. The provider does NOT own or operate multiple homes located on the same street (excluding duplexes and multiplexes, unless there is more than one on the same street). The home setting is NOT located in a gated/secured, community. for people with disabilities. The home setting or dwelling is NOT located in a farmstead or disability-specific community. The home setting is NOT designed specifically for people with disabilities. Individuals who reside in the setting are NOT primarily or exclusively people with disabilities.

Community Integration

The setting offers onsite services, such as day habilitation, medical, behavioral, therapeutic, social and or recreational services in a manner that comports with the HCBS Setting Rule. The provider provide options for community integration and utilization of community services in lieu of onsite services. Individuals are able to regularly access the community and are able to describe how they

access the community, who assists in facilitating the activity and where he or she goes. Individuals aware of or have access to materials to become aware of activities occurring outside of the setting. Individuals are able to shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose. Individuals are able to come and go at any time.

Resident Rights

All residents have a legally enforceable agreement with the setting landlord. The setting offers the same responsibilities/protections from eviction for Medicaid recipients as all tenants under the Uniform Residential Landlord and Tenant Act. Provider will ensure individuals know how to relocate and request new housing.

Living Arrangements

Each unit has lockable entrance doors, with the resident and appropriate staff only having keys to doors, as appropriate. The individual can close and lock the bedroom door. The individual can close and lock the bathroom door. Staff or other residents always knock and receive permission prior to entering an individual's private space. Staff only use a key to enter a living area of privacy space under limited circumstances agreed upon with the individual. Residents have the option for a private unit, as appropriate. The residents have privacy in their sleeping or living space. Individuals are permitted to have a private cell phone, computer, or other personal communication device or have

access to a telephone or other technology device to use for personal communication in private at any time. Telephone or other technology device in a location that has space around it to ensure privacy. Cameras that are present inside the setting are only utilized in direct relation to the person-centered plan of care. The furniture is arranged as individuals prefer to assure privacy and comfort. Assistance provided in private, as appropriate, when needed. Individuals sharing units have a choice of roommates. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. Individuals have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas. Individuals have access to food anytime, as appropriate. Individuals may have visitors at any time. Furniture is in shared areas arranged to support small group conversations. Individuals are able to move about inside and outside the setting as opposed to sitting by the front door. There is NOT a curfew or other requirement for a scheduled return to the setting. People are able to take part in activities of their choosing. The setting is physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals. mobility in the setting or, if they are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction. The setting is free from gates, Velcro strips, locked doors, or other barriers preventing individuals. entrance to or exit from certain areas of the setting. Individuals receiving Medicaid HCBS facilitated in accessing amenities such as a pool or gym use by others onsite. For individuals who need supports to move about the setting as they choose, supports are provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.. Appliances are

accessible to individuals (e.g., the washer/dryer are front loading for individuals in wheelchairs). Tables and chairs are at a convenient height and location so that individuals can access and use the furniture comfortably. Individuals in the setting have access to public transportation and will be taught how to access and use public transportation.

Policy Enforcement

Paid and unpaid staff receive new hire training and continuing education related to residents. rights and member experience as outlined in HCBS rules. Provider policies outlining residents. rights and member experience are made available to residents. Provider policies on residents. rights, member experience, and HCBS rules are regularly reassessed for compliance and effectiveness and amended, as necessary.