



POLICIES AND PROCEDURES

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This document is designed to assist and guide you on your employment journey with Arizona Ohana Services. All AOS staff will sign off on policy and procedures acknowledging that they fully comprehend and are competent with the policies and training provided. Failure to comply with policies and procedures may result in termination. Contact AOS management Team if you have questions or concerns.

Training Plan for Direct Staff

Training will be provided in person, self-study, or online by AZ Ohana Management, DDD Courses, or by outside approved DDD agencies. All staff must obtain the required certifications and keep them up to date while employed by AZ Ohana Services.

90-Day Certification Requirements:

Direct Care Workers Providing Attendant Care, Personal Care and/or Homemaker Services

- DCW Level 1 Training - Introduction to the Fundamentals of Caregiving (AMPM 1240-A.E)
- Indication noted if exempt from DCW training (AMPM 1240-A.E.3) Spouses, Adult children/Stepchildren, Son/Daughter-in-law, Grandchildren, Siblings /Step Siblings, Parents /Stepparents/Adoptive Parents, Grandparents, Mother/Father-in-law, Brother/Sister-in-law are exempt from DCW Level 2 Training Developmental Disabilities.
- A DCW who is a Registered Nurse, Licensed Practical Nurse, or Certified Nursing Assistant as specified in A.R.S. 32, Chapter 15 is exempt from the DCW training and testing requirements. This exemption allows the DCW agency the discretion to require the testing and training of their employees/contractors as determined necessary.
- A DCW with an initial hire/contract date before October 01, 2012, is deemed to meet the training and testing requirements with the DCW agencies that the DCW is currently employed/contracted to provide services with. However, if the DCW becomes employed/contracted with another agency on or after October 01, 2012, the DCW shall meet the training and testing requirements contained within this policy. All DCWs with an initial hire/contract date on or after October 01, 2012, shall meet the DCW training and testing requirements contained within this Policy
- DCW Level 2 Training - Specialized Module Developmental Disabilities (AMPM 1240-A.E) • Direct Care Worker Training: Level 3 Aging and Physical Disabilities.
- All AZ Ohana Family on Family Providers must complete Level 1 of DCW training.

All Employees must meet the following requirement:

- Minimum 18 Years Verified (R6-6-1519. B.5) (Example: Driver's License, State ID, Passport etc)
- OIG LEIE Exclusions Check at time of hire and monthly thereafter (Link: <https://exclusions.oig.hhs.gov/>)
- SAM Exclusions Check at time of hire and monthly thereafter (Link: <https://sam.gov/content/exclusions>)
- DCS-1083A Direct Service Central Registry Clearance at time of hire (Form: <https://dcs.az.gov/content/dcs-1083a>)
- Class 1 Fingerprint Clearance Card Front and Back (R6-6-1506) (Every six years)
- LCR-1034A Notarized Criminal History Self Disclosure Affidavit at time of hire and annually thereafter (R6-6-1504. B.6) (<https://des.az.gov/digital-library/lcr-1034a>)
- 3 References Verified (R6-6-1512. C.1.e) & (AMPM-910, D-10. a.v.4)
- Member Orientation completed by first day of service delivery (R6-6-1520) (DD-097 Pre-Service Provider Orientation form)
- CPR Training (R6-6-1520) (Must include in person demonstration of skills) required every 2 years
- First Aid Training (R6-6-1520) (Must include in person demonstration of skills) required every 2 years
- Article 9 Training at time of hire and renewed every 3 years (R6-6-1520)
- Prevention and Support (if applicable) if required in members Planning Document (Renewed every 3 yrs) (R6-6-1520)
- Transportation Training (if applicable)

- Direct Care Work Training Level 1, 2 & 3 (if applicable)
- Pre-Service Orientation / Member Orientation
- Qualifications Verified (R6-6-1523 & 1532) (At least 3 months prior service (HAH & RSP)) (Example: Resume, Application, verification of job shadowing for 3 months.)
- Arizona Adult Protective Services Registry Screening (at time of hire and annually thereafter) (<https://hsapps.azdhs.gov/ls/sod/SearchAPS.aspx?type=APS>)
- DDD-1727A Direct Service Position form at the time of hire (<https://des.az.gov/documents-center?qt-content-tab=0>)
- I-9 Lawful Presence / Right to Work Verified at time of hire (Verification I-9 was completed <https://www.uscis.gov/sites/default/files/document/forms/i-9-paper-version.pdf>)

NOTE: Additional training can be required per members' PCSP planning document.

Current Certifications

AZ Ohana Services is required by contract to ensure that all our employees maintain current certifications and licenses. As a courtesy, we send reminder letters/emails at least two months before the expiration of certificate (s). You will also receive a weekly email reminder throughout the month. These are not junk emails or spam; you will receive this reminder email until your certification is obtained and entered our system. Regardless of whether you receive a courtesy reminder, you are expected to renew and submit copies of your certificates before their expiration date. No employee may work without current certifications on file. Failure to maintain current certifications may result in disciplinary action, including suspension and termination of employment, or suspension of driving privileges, if applicable.

Policy and Procedure Requirement:

All AOS management will train/update all AOS staff on policy and procedures and must sign off on a Statement of Understanding at the time of hire and annually thereafter. Any violation of any DDD/AOS policy will be mandatory to be retrained on policy and procedure. AOS management will provide disciplinary action to any employee(s) who repeatedly or intentionally fail to follow our code of conduct and AOS/DDD policies and procedures. Disciplinary actions vary depending on the violation but could result in a verbal warning, an official written warning, and anything further would entail suspension, demotion, reprimand, or termination. AOS management will be responsible for monitoring and overseeing policy and procedures. AOS will file all staff form statements of understanding in the employee file.

HIPAA/Confidentiality

It violates AZ Ohana's policies and the Health Insurance Portability Accountability Act (HIPAA) rules to release and share ANY information regarding a DDD individual. This includes, but is not limited to, sharing names, photos, etc., in any format; spoken, written, and electronic mediums (Facebook, Twitter, etc.). AOS employees ARE NOT permitted to share or post photos, names, addresses, phone numbers, videos, etc., on any social media platform. AOS employees ARE NOT allowed to share information regarding a member with anyone other than state personnel responsible for the member, guardians, or other staff certified within Arizona. For any release of information members/staff/family must sign a release form to communicate information to others.

Under HIPAA PHI is any identifiable health information that is used, maintained, stored, or transmitted by a HIPAA-covered AOS.

Any instance of a HIPAA violation will result in immediate separation of employment. The guardians will be notified immediately, and an Incident Report will be submitted to *Arizona Ohana Services* HR Department. All member's files will be locked in a secured location at AZ Ohana Services. Per HIPAA/ Confidentiality AOS will safeguard by shredding any documentation with members' or employees' information. AZ Ohana Services will not release any information about any member/family or employee without a consent release. Please reach out to the HR Department to obtain a form. All consent release forms will be filed in the members'/family/employees' files and can be revoked at any time.

You cannot view or use pornography, induce others to view or use pornography or discuss pornography or other sexual materials or activities with any member or co-workers. Such activities are the reason for immediate separation of employment and possible criminal and/or civil action

All AOS will follow Division HIPAA / Confidentiality policy and procedures see web link below:

[600-Administrative Operations \(az.gov\)](http://600-Administrative Operations (az.gov))

Probation Period

All employees of AZ Ohana Services will start on a 90-day probation period where management will observe the individual's professionalism, attendance, punctuality, and knowledge as a direct care provider. Once an employee fulfills their 90-day period, we will assess the continuation of the individual's employment and apply all benefits that apply to the employee.

Within the probation period, employees who accumulate consecutive absences, disciplinary action recorded, and or instances of a no-call no-show(s), late and tardiness will be evaluated to continue employment and or be terminated.

Professionalism

You are hired to provide an essential service to vulnerable individuals with developmental disabilities. Your members and family look to you for guidance, leadership, and expertise. As a critical worker, you must provide service and care as a professional. Begin and end shifts as scheduled to help maintain a good balance between work and life; if requested, otherwise contact your immediate supervisor. Following individual service plans and company policies provide clear expectations for everyone in our Ohana. Be respectful of other people's religious, political, and social beliefs. Keep your personal beliefs private to prevent any conflicts. Refrain from complaining about job duties and co-workers; if concerns or complaints arise, notice should be provided to the immediate supervisor. Refrain from using profanity within the families' homes. Consider who to speak with for a crucial conversation regarding co-workers, practices, or personal issues that may impede your ability to provide support. Keep all communication with members and families respectful and professional.

Phone usage is not allowed while on AZ Ohana time as your primary work entails service to the member; if phone usage is needed for emergency matters, please contact your immediate supervisor. Otherwise, phone usage is ONLY permitted to stay in communication with AZ Ohana Management. Unprofessional phone usage includes utilization of social media applications, utilization of headphones, playing music aloud at a high-volume level etc. Failure to follow phone usage procedures will result in disciplinary action.

Dress Code

As an employee of AZ Ohana Services, we must always present ourselves appropriately and professionally. Our Uniform is **Scrubs, Close toed shoes and Company ID**. We require and suggest all AZ Ohana providers' wear:

1. Scrub Attire: **Tops and Bottoms** preferred. If not: must have scrub bottoms 2.

Casual appropriate shirt

- a. **No** spaghetti straps, tank tops, or sleeveless shirts
- b. **No** profanity or inappropriate logos
- c. **No** dangly jewelry or facial jewelry

- d. **No** long fingernails
- 3. Closed-toed shoes and or crocs
- 4. Approved accessories: Hats, Watches, Fitbit
- 5. Clean clothing and hygiene to reflect your professional attitude

AZ Ohana will provide employees with time to obtain scrubs as needed. The employee is responsible for notifying the immediate supervisor of any conflicts with being in the dress code to ensure it gets approved.

Pay Dates/ADP Payroll System

All AZ Ohana Employees get paid on the **10th** and **25th** of each month. This is considered semi-monthly pay dates. The time frame for payroll is **1st to 15th will get paid on the 25th, 16th to the end of the month gets paid on the 10th**. If the 10th or 25th lands on a Sunday or Holiday, employees may see their pay sooner depending on their bank.

When you are being paired with a member you will get your standard pay rate as discussed in your interview. However, if you are sent out to be **in training** the training rate is **\$14.35** an hour till, you're paired with your member by yourself.

ADP is the payroll system in which AOS uses. Employees can download the app to keep track of their pay stubs, direct deposit information, tax selections, W-2's, accrued sick time, etc.

Please keep in mind AOS does **NOT** pay for overtime however we will match your hourly rate to a salary agreement to ensure you will get paid for all hours worked.

If an employee experiences technical issues logging into ADP, please contact AZ Ohana Director or Owner.

Training Deductions/Loans

AZ Ohana waives the training fee cost(s) upfront, however, will provide a payroll deduction in low increments as a payback program. Once all fees are paid you can obtain copies of your certifications from HR. If an employee requests a specific payment plan or method, notice must be provided to the assistant director or director. Any loan that may be provided to an employee from AZ Ohana entails documentation, a payment plan, a notary, and a signed agreement. If an employee is no longer an active employee of AZ Ohana and has an outstanding loan or training fee balance, that individual is subject to paying the remainder of the loan per the payment agreement plan and or training fees. Certificates will not be available till all fees and loans are paid in full.

Grievance/Complaint Notice

This grievance/complaint process is for all AOS Staff, Members, Families and Designee *Step*

- 1: Discuss the Complaint with the Immediate Supervisor.
- 2: Prepare and Submit the Complaint Procedure Form to the Director for Review
- 3: Submit the Complaint Procedure Form to the Owner for final review; Management will address member/family member concerns
- 4: Management will meet with the employee and family (if needed) to address the finding and outcome of the complaint or grievance.

All grievances/complaints will be handled within 30 days

If no informal resolution to the problem is found, the member and family can file complaints/grievances outside of the agency's choice.

AOS management will monitor all Grievance/Complaint at the time of complaint till the file is closed. AOS will make sure all processes are completed before closed and will do any follow-ups if applicable. AOS will file all Grievance/ Complaint and review annually.

Disciplinary Action

Management of AZ Ohana Services will provide disciplinary action to any employee(s) who repeatedly or intentionally fail to follow our code of conduct and AOS policies and procedures. Disciplinary actions vary depending on the violation but could result in a verbal warning, an official written warning, and anything further would entail suspension, demotion, reprimand, or termination.

Form of Communication

If you are an employee of AZ Ohana Services, you must ensure that you have an active mobile device that you can utilize as a form of communication. This is required to ensure all employees can clock in and out when using our EVV (Electronic Visit Verification) system called SpokeChoice. While also considering the importance of having a form of communication to stay in contact with AOS.

All AZ Ohana employees must download and use Marco Polo, a mobile video hosting app that provides agency updates, announcements, news, etc.

All members/family have a choice in receiving communication with any information about the member through phone, text, email, and mail. It will be marked in our EVV spoke choice preferable communication with members/family.

EVV / Spoke Choice/ Record Retention/Data Security/Timesheets Verification

All employees of AZ Ohana Services who are providing Respite, Attendant Care, Habilitation, and HAI will clock in and out using our EVV system called **Spoke Choice**. Spoke choice is an Electronic Visit Verification system that tracks your **schedule, your attendance, your geographic location** (aka GPS), **ATC visits**, and **hours worked**. This system functions best on mobile device browsers, Google Chrome, and Microsoft Edge. All employees, including family-on-family providers, **must utilize the EVV system to clock in and out when with a member**. This ensures all DDD guidelines are being recorded accordingly for working hours and GPS location. All **providers must clock in with a schedule** and failure to do so will be considered an exception. There are different types of visit verification modalities available to accommodate member preferences and service delivery areas with limited/intermittent or no access to a landline, cell, or internet. All non-family members including family members that aren't living in, will have a set schedule for any HCBS services being provided and must contact your supervisor if any schedule changes before the shift starts. AOS allows staff to utilize their electronic devices such as smartphones to meet EVV requirements. All members/family/staff are given a copy of the Ahcccs /DDD/AOS EVV system requirement which includes how DCW is being tracked and any requirements DCW must follow. All staff/members/family will sign off when received a copy of the policy which will be filed in staff/members files.

All timecard corrections must be provided to your immediate supervisor daily. Your timecard will be processed if you fail to provide notice before the 1st and 16th of each month. The member or guardian will approve timecard entries. After all, timecards are approved by AOS, and members/ family hard copies of paper timecards are filed. If AOS management is notified that the times reflected on the timecard are inaccurate, your immediate supervisor will follow up with you to assess the matter. Disciplinary action can be provided if fraudulent documentation is identified and can lead to grounds for termination.

Suppose an employee is having conflicts or running into technical issues with the Spoke Choice system it is the individual's responsibility to communicate with their immediate supervisor to be provided with troubleshooting options. Guardians/ Members have a choice to approve timecards on spoke choice or be provided with attestation for a paper timesheet if it best fits their lifestyle in the way they manage their care. Members/family/Designee shall verify hours worked by DCW at the point of care or within 14 days of the visit. When members /family are unable to verify a visit AOS will send DCW location and times through members/family preferable communication. If a member/Health Care Decision Maker is unable or not in a position to verify service delivery on an ongoing basis, they shall arrange for a Designee to have the

verification responsibility. In those instances, the member/Health Care Decision Maker is required to sign a standardized attestation specified in Electronic Visit Verification (EVV) – Designee Attestation form (DDD-2102A), at a minimum on an annual basis, attesting that they have communicated the requirements of the verification responsibility to the Designee to whom they are delegating the verification responsibility. AOS shall assist the member/Health Care Decision Maker to make an informed decision about verification delegation. The member/Health Care Decision Maker can change decisions about verification delegation at any time by completing a new attestation. AOS shall keep the attestation on file, following the Divisions record retention requirements outlined in the Qualified vendor Agreement. Neither the Health Care Decision Maker nor a Designee is allowed to verify service delivery for the services that they have personally rendered. If this situation presents barriers to verification, the member or Health Care Decision Maker shall document on the DDD-2102A form. All designated persons that sign off on EVV spoke choice visit must be 18 years and older. Any Members/designated person will be set up with a spoke choice account and members/designate have a choice to sign off electronically or wet signature paper copy timecards that fit best for them and change at any time.

All HAH teaching strategies are submitted within 20 business days or initiation change, as applicable.

EVV Modalities

1. The member/Health Care Decision Maker can choose, at a minimum on an annual basis, the device that best fits their lifestyle and the way in which they manage their care. AOS shall ensure that at least two different types of visit verification modalities are available to accommodate member preferences and service delivery areas with limited/intermittent or no access to landline, cell, or internet service. AOS shall assist the member/Health Care Decision Maker to make an informed decision about the choice of data collection modality. The member/Health Care Decision Maker shall be permitted to change the modality at any time.
2. Members shall be afforded the opportunity to change their preference for the visit verification device the DCW will use.

To accommodate member preferences and service delivery areas with limited/intermittent or no access to a landline, cell, or internet service AZ Ohana will utilize a Token. A Token is a device that must be used along with a paper timesheet and must stay within the member's home. This device does not require cell or internet access and is quick and easy to use when providing multiple services on and off in a day. The DCW must click on the device every time they start and stop providing service and record the 6-digit number on the paper timesheet. The timesheet must be signed by the member/designee and sent to the provider agency to enter the date into the system.

Member/Family does have the option to attest for a paper timesheet for any of the following reasons:

- The DCW and guardian live in places with:
 - no phone in the home
 - no cell phone services
 - no internet services
- If an electronic device makes a member/guardian sick, nervous, or scared.
- The member/family's religious beliefs will not let them use an electronic device.
- The DCW lives with the member/guardian
- The member can get services from their caregiver whenever they want because their caregiver is around to help their member when they need it
- The member/guardian's address must be kept secret for their health and safety.

POLICY 540- PAPER TIMESHEET ATTESTATION WOULD BE PROVIDED TO THE MEMBER/FAMILY IF APPLICABLE AND FILED AND UPDATED WITHIN EVV SYSTEM.

All habilitation hours and progress notes are tracked in EVV spoke choice and progress notes must be completed at the end of services. All AOS staff who fail to complete HAH progress notes will not be paid. All progress notes are uploaded and sent to the DDD coordinator monthly through spoke choice. AOS will

provide all reports or publications which are intended for DDD members or applicants for services funded by DDD, to DDD review. Any additional information about the members can be noted in EVV spoke choice comments section to monitor health status, wellbeing and effectiveness of services.

EVV Contingency Plan/Backup Plan

AOS is responsible for generating the EVV member contingency/backup plan form (DDD-2099A) with members/family and will be reviewed annually. All contingency/backup plans will be sent to the members' Support Coordinators. Members can change decisions about preference level, contingency/backup plan, and gender at any time. Should members not choose a preference, a default preference shall be applied based on the service and weekly schedule that is found on the spoke choice.

Arizona Ohana Services will always have an after-hour 24-hour on-call number and on-call staff and will return any missed calls within 15 minutes. All AOS management teams are required to carry cell phones during and after business hours. The owner and Director will do phone checks to ensure all management phones are working properly and are properly being answered.

Non-provision {NPS} log form will be completed by the agency:

- When the authorized services are not provided at the time scheduled
- When scheduled services are no longer available because a backup provider is unavailable.
- When a request for DDD nonscheduled respite is made and not met
- When a member is not home due to hospitalization

AOS agency will provide all reports or publications which are intended for DDD members or applicants for services funded by the DDD, to the DDD for review.

Action to Utilize the Contingency Backup Plan

The planning team completes the backup plan to ensure the health and safety of the member. It must be documented in the member's backup plan, and the backup method must be member files and on EVV spoke choice.

To ensure members' needs are met while preventing GAPS in service when an employee needs to call out, the following must happen

Home-Based Services: If an employee calls out for the day, they must contact the agency first. The agency will call family/members to see what their service needs are. Agency will also look up members' Contingency Plans in EVV spoke choice or in members' files. The Contingency Plan is created at the planning meeting with the team and AOS is responsible to maintain and update as needed per members/family choice. The Contingency Backup plan options are:

- Services within 2 hours,
- Services within 24 hours
- Services within 48 hours
- Next Scheduled Visit

This applies to all the following services: ATC, HAB, HAI, or RSP.

After talking to family/members, we will meet the family/members' needs by sending staff to cover the shift(s) per backup plan, members/family choice of coverage, and member gender preference.

To help prevent any service gap, our agencies will require all staff to call in 2 hours before the shift. Office hours are Monday to Friday, 8 am to 5 pm. If it's after-hours, the team must contact the on-call number(s) Field Supervisor (623)205-7101 or HCBS Supervisor (623)277-0269.

Arizona Ohana Services will always have a 24-hour on-call number and on-call staff and will return any missed calls within 15 minutes. Non-provision {NPS} log form will be completed by the agency:

- When the authorized services are not provided at the time scheduled
- When scheduled services are no longer available because a backup provider is unavailable.
- When a request for DDD nonscheduled respite is made and not met
- When a member is not home due to hospitalization

Attendance/Tardiness

Within your 90 days of probation, you must show up to each scheduled shift. ONLY Medical and Family Emergencies have excused absence with proof of documentation. All other instances will be considered unexcused absences and can result in disciplinary action.

Once an employee of AOS accumulates four or more absences, disciplinary action will be provided in the form of a verbal warning, official write-up, and or evaluation of possible termination. Absences accumulate if an employee calls out, utilizes sick leave, or concludes services early.

If Bereavement is why an employee needs time off, all employees are eligible for three excused days in town; 5 days excused for traveling out of town for immediate family members only. Bereavement is a non-paid excused time off.

You must **arrive on time** for scheduled shifts as members should never be left alone. (Consider this saying: Early is on time and On Time is Late) All schedule changes must be provided to your supervisor for approval and confirmation in a timely fashion. If an employee cannot attend their scheduled shift (**running late**) or leaving early, you **must** follow the chain of command and advise your supervisor **immediately**. If you cannot reach your supervisor, please follow the chain of command in the management team by reaching out to the Assistant Director first, then the Director and or the Owner.

The ability to show up as scheduled is a critical job function as a Direct Care Provider. A single “no call, no show” absence is a reason for the separation of employment. Two consecutive occurrences are automatically considered job abandonment and voluntary resignation.

Requesting Time Off

If AZ Ohana Employee requests time off for four days or less, a two-week notice must be provided to your immediate supervisor to submit a Time Off Request Form. If an employee is requesting five days or more, a month's notice is required to ensure there is time for coverage to be put in place for that member/and family. A Time Off Request approval depicts the family's need for coverage, an employee's attendance, and overall performance. A Time Off Request can be denied due to a late time off request submission or poor attendance and performance.

Sick time

- Employees accrue 1 hour of paid sick time for every 30 hours worked.
- Employees may not use more than 40 hours of paid sick leave per year.
- Employees must provide a Doctor's Note after the 2nd consecutive sick day.
- All employees must wait after their 90-day probation to utilize the accumulated hours.

In an event of termination of employment with AOS, sick time is forfeited and not paid out.

All AZ Ohana employees must notify their immediate supervisor to obtain and submit a **sick time request form** to apply their accumulated hours to their missed days for that pay period.

Home Certification

Employees acknowledge that they are not allowed to provide Home Community Based Services: Attendant Care, Respite, or Habilitation to AZ Ohana member(s) in an employee's home unless the home has a current Certification as an HCBS or Respite certified home. This includes Fire, Safety, and Health Inspections with documentation from the State of Arizona; all copies must be provided to OLCR and AZ Ohana Services. This also includes the requirement that all persons 18 years or older residing in the home have a current Class One Fingerprint Clearance Card from the Arizona Department of Public Safety on file with the Employer. If an employee is interested in getting their home licensed, please contact AZ Ohana, Assistant Director.

Transporting Members'

All staff driving their vehicle and transporting an AZ Ohana member must provide and maintain a valid driver's license, active car insurance, and registration. Staff must maintain a clean MVD report and watch a safety driving training video before transporting any member. The use of mobile devices while driving is strictly prohibited. If you have an emergency call or message, you MUST pull over to ensure the safety of your member(s). Your member is not to be left alone in the vehicle for an extended period.

All staff must follow and implement this routine when transporting any members in their vehicle to maintain the safety of a member(s):

1. Walk around the car before locking the door.
2. Double-check the inside of the vehicle and remove any potentially dangerous objects or hazards.
3. Count all member(s) and ensure they are accounted for before and after exiting the vehicle
4. Cell phones are always required when transporting a member
5. All personal belongings have been removed.

If you are transporting an AZ Ohana Member, you qualify for mileage reimbursement. All community-based direct care workers who transport members will be responsible for tracking their accumulated mileage each pay period by providing the address locations or odometer. All mileage logs must be submitted by 10 am on the 1st and 16th of each month. If an AZ Ohana employee utilizes a company vehicle, that employee is not eligible for mileage.

Agency will track and maintain maintenance records and safety inspections:

1. Driver's license/car insurance contractually required level of liability insurance / valid registration
2. Vehicle(s) shall be maintained in a safe, working order and equipped with a working heating, A/C system, first aid kit, functional seat belt, age, size and weight appropriate car seats are available if appropriate or needed to transport children, current valid registration and license plates.
3. If you are transporting members in a wheelchair, it must be equipped with floor-mounted seat belts and wheelchair lock-down or comparable safety equipment. Wheelchair van - vehicle specifically equipped for the transportation of an individual seated in a wheelchair. The doors of the vehicle must be wide enough to accommodate the loading and unloading of a wheelchair. Wheelchair vans must include electronic lifts for loading and unloading wheelchair-bound transports. The vehicle must contain restraints for securing wheelchairs during transit. Safety features of wheelchair vans must be maintained as necessary. Any additional items being transported must also be secured for safety. The member must require transportation by wheelchair and must be physically unable to use other modes of ambulatory transportation.

Agency will ensure all AOS staff are provided with health and safety information of all members being transported. AOS staff will ensure that all methods of transportation allow emergency communication at any time during the

delivery of the service by using their cell phone. All AOS staff must pass the AOS vehicle inspection required before transporting any members in their vehicle and will perform every 6 months thereafter. AOS will maintain records on file regarding normal/regular services and maintenance of vehicles and kept in staff files.

Pool Safety/Swimming

Before any swimming activity, informed consent must be obtained from the member and their legal guardian. Providers who are responsible for the member must also provide their consent. Member's should always have adequate supervision and should not be left without supervision if around any bodies of water.

Food in Members' Homes

Please ensure that you bring your meals, snacks, and beverages when working within the homes of the families we serve. If offered food and drink for any reason, it is solemnly up to you to accept it. However, please do not seek to normalize the action of 'helping yourself' to their belongings. If we are notified for any reason that this becomes an issue, your immediate supervisor will address it accordingly. This could potentially lead to a write-up, etc.

No borrowing or Lending

Do not borrow from, lend money, or accept gifts without notice to immediate supervisor or property from a member, their guardians, or families. If we are made aware of belongings that have been lent or gone missing within the family's home, we will complete a write-up, which could lead to possible termination.

Members Funds and Property

If any form of payment is provided, the provider must contact the agency before a task can be performed. The agency will contact the member/ family member/ payee representative to get a written or verbal agreement for the member/ family member to purchase any items or manage any member's property/funds. All staff must document a spending ledger and turn it in monthly on the 1st of each month to the agency with proof of receipts and will be kept on file for a minimum of 7 years. If failed to turn in the ledger no purchases are allowed till the ledger is turned in. Any misuse of member funds is considered a means of immediate grounds for termination. Charges can be filed depicting the member's family. All providers will report any lost or stolen funds to Az Ohana and the agency will report to DDD within 10 working days and funds will be replaced by the provider within 10 days. AOS is responsible for the accounting, disposition, retention, and administration of any member funds. All excess funds are returned to members after purchasing any items that day with a receipt and a picture will be sent to the supervisor and documented on an AOS spending ledger. All members' funds are prohibited from being loaned or provided in any way or manner to other members, provider staff, relatives and friends. Any AOS staff fails to follow this policy will have disciplinary action, and retraining of policy and procedure and can lead to grounds of termination.

Provider Responsibility for Member Funds AOS, Member/Guardian must:

A. AOS may request to receive and maintain funds from the Division of Developmental Disabilities (DDD, the Division) on behalf of the member, for personal spending and other uses. These funds must be recorded in a ledger (Refer to the Operations Policy Manual, Chapter 4004-I Ledgers Maintained by Providers) maintained in the member's residence or at the provider or AOS .

1. When there is an opportunity to request a one-time allocation of funds for the member to be used for a specific purchase or activity, this funding is in addition to the member's ongoing monthly spending funds and must be requested from DDD Support Coordinator and pre-approved.
2. For a reimbursement submission, use the Expenditure Reconciliation (DDD1832A) form for all special funding requests for a one-time purchase or expense.

B. Provide a record of all member-designated funds received and proof of how they were spent to be fully approved and advanced by the Division.

Missing Funds Process

A. If any funds are discovered stolen or missing from the member's ledger or personal cash, AOS, Individual/Guardian must:

1. Report to AOS and AOS will report to Division

a. By the close of the next business day following the discovery of the loss or theft.

b. Member funds, balances, and ledgers are subject to audit. Any audit exceptions are the responsibility of the service provider for resolution and/or repayment.

2. Replace the funds within ten (10) working days of the discovery of the theft or missing funds.

B. The Statewide Member Fund Manager and/or District Program Manager will determine whether it is appropriate to refer issues to the Department of Economic Security (DES), Office of Special Investigations (OSI), and the Social Security Administration (SSA).

Ledgers Maintained by Providers

The purpose of this policy is to establish the requirements for maintaining ledgers of funds for Division of Developmental Disabilities (the Division) members.

An AOS or Individual/Guardian who receives funds from the Division of Developmental Disabilities (the Division), family, employment, or other sources, on behalf of the member, is required to open and maintain a separate ledger for each member receiving these funds. The ledger is a financial record, composed of a separate sub-ledger recording all the transactions with a daily balance. The monthly ending balance must not exceed \$200.00 for each member. AOS or Individual/Guardian is required to return funds more than \$200.00 to the DES/DDD Member Funds Systems office for depositing back into the member's account.

DDD Member Funds Monthly Ledger (DDD2036A)

Missing Ledgers

A. If a ledger is discovered missing, the fund issued for that month including any rolled over funds recorded from the previous month, must be returned within 15 days of discovery.

Process Submitting Ledgers

1. Submit a monthly ledger, receipts and excess funds to the DES/DDD Client Funds Systems office by the 15th of each month. Note: The member's monthly spending funds will be suspended if the monthly ledgers, receipts and excess funds are not submitted by the 15th of each month.

2. Provide the ledger for review at each Planning Meeting or as frequently as requested by the Division, and/or the member, or the responsible person.

3. Ensure that the member's monthly spending funds are used to meet acceptable day-to-day personal needs as agreed in the planning documents, including recreation and miscellaneous expenses as required by the Social Security Administration.

4. Monthly ongoing spending funds do NOT have SSA approval and should never be used to pay for another person's expenses.

5. Ensure that the member's funds are not used to purchase items that are required to be supplied by the AOS, Individual/Guardian or the Division.

6. Keep member funds in a secure locked location.

7. Do not allow the member to have direct access to funds.
8. Ensure that the monthly ledgers are closed, the receipts and unspent funds are returned, and any required documentation is submitted to the DES/DDD Client Funds Systems office within 15 days from the date a member returns home, is no longer receiving services, or is deceased.
9. Two supervisors/managers sign off when funds are given directly to a member and receipts will not be available. Any funds given directly to a member must be noted in the spending plan. Spending plan must note the frequency and amount of funds a member may be given directly.

Liability of Keys

An AZ Ohana employee must notify the immediate supervisor if provided with a home key before taking it. A Liability Key Agreement form must be completed and submitted. The binding agreement states that the employee assumes full responsibility for any damages of any kind, as well as any lost property. Key(s) issued are the responsibility of the employee and are not subject to a loan to a third party. A \$50 per critical administrative fee is assessed for any lost or stolen keys, per *AZ Ohana Returnable Property Policy*. Employees must return all legends in their name to AZ Ohana Services. If an employee fails to do so and the family requests for the locks to be changed, AZ Ohana will invoice the employee \$50 for the key and an additional fee of \$100-\$500 (based on locks).

Reporting Concerns as Employee/Guardian

To avoid any conflict or miscommunication between staff and families when all issues or problems arise, please report as soon as possible to

1. Report to HCBS Supervisor or Field Supervisor
2. HCBS Supervisor will contact all parties involved
3. HCBS Supervisor will gather all information, meet with the AOS management team, and have a solution in the appropriate time frame depending on the incident.

Any AZ Ohana staff, including family providers, who fail to follow policies and procedures will face disciplinary action. AZ Ohana can request a meeting or release of hours if any conflicts may arise following proper protocol.

Visitor Policy for Staff and Members

You are not to bring other people to work with you or have visitors throughout your shift (no children, spouse, family members, or friends). If plans are made outside of AZ Ohana time with the member and their family, notice must be provided to the immediate supervisor.

All AOS members/ family have a right to have any visitor of their choice.

Working w/Multiple Agencies or Employers

AOS does not prohibit its staff from working with other agencies. If you are billing hours with another agency for an AOS member or providing group services involving other agencies, you MUST inform your direct supervisor. This is to ensure the appropriate rates are being billed for services. Billing for multiple members must all be done through AZ Ohana Services. Please notify your supervisor if you are currently employed in addition to working for AZ Ohana Services.

NOTE: If a change of availability is needed, the AZ Ohana employee must contact the immediate supervisor to provide an updated availability. Agency has two weeks to implement the new schedule to provide provider/member transition time.

Sibling/ Non-Division Eligibility

All AOS staff cannot provide care for non - DDD individuals at the same time they are providing services to DDD members. Per DDD policy: Homemaker/ATC is to be performed only for the members' areas of the

home or common areas of the home used by the member, e.g., parents' or siblings' bedrooms or bathrooms would not be cleaned. Other examples of inappropriate use of Homemaker /ATC services include

1. Cleaning up after parties.
2. Cleaning up several days of accumulated dishes.
3. Preparing meals for the whole family; and,
4. Routine lawn care.

Any single staff member/employee supervised no more than a combined total of 3 DDD members at the same time and will be billed at the appropriate billing code as follows: 1:1- 1 member 1 staff, 2:1 - 2 members 1 staff or 3:1- 3 members and 1 staff. All AOS staff are prohibited to work with any non-DDD individuals while on the clock and if they fail to follow the policy will lead to disciplinary action.

Pre-Service Orientation

A client orientation (PSO)DDD -097 FORFF form is REQUIRED before working with any member. The AOS process is

1. All PSO forms are completed at the AOS meet and greet between Agency, Provider, and member/family if the provider is family on family PSO must be filled before services can be started.
2. Once Members' choices, needs, and mutual agreement to serve all direct care workers will be matched. All staff will be given a copy of the form to put in the member's yellow folder and kept at the member's residence along with member planning documents that all AOS staff are required to read and sign off on the signature page before any services can start.
3. AOS supervisor will train/update all AOS staff on members outline and Planning Document and individualized health and safety needs: including behavior plans, medication, allergies, seizures, adaptive equipment etc. AOS staff and supervisors are required to sign off on PSO and on the acknowledgement page in the yellow folder acknowledging understanding and training has been completed before services can be started and annually thereafter. PCSP and PSO are reviewed by all AOS staff at least annually and when revisions are made.
4. AOS will email a copy of the PSO complete/updated to the member Support Coordinator and request members' authorization for services and members' current PCSP.

Staff to client ratio (as applicable by service)

1. The required minimum ratio will be observed.
2. Enhanced ratios are to be approved by *AZ Ohana Services* before implementation.

Attendant Care Monitoring

Attendant Care monitoring will be no more than five days after the start date of services. A 30-day follow-up is required, a 60-day follow-up if there are concerns and 90 days after that. The monitoring log is submitted to the support coordinator within 15 days of each visit.

Refer to DDD form (Attendant care / Housekeeping Services / Monitoring Supervision)
DDD-1431A ATC Supervisory Visit

- Will occur within 90 days of provider hire date
- Will occur annually after that

AOS will perform EVV ATC visit with staff, members, and family. All signatures will be signed on spoke choice and the completed visit will be uploaded through spoke choice to Division. Agency will Maintain documentation of any

familial relationship that the direct care worker has with the member which will be filed in the employee file and on spoke choice.

Incident reporting for DCW Staff and Administration

When an incident occurs, all staff will take whatever actions are necessary to resolve the emergency, implement protective measures immediately, and ensure all members' health and safety, including calling 9-1-1 or taking other emergency actions including CPR and First Aid when members are choking on food. Any emergency agency will notify the responsible person right away.

Incidents include, but are not limited to a medication error, use of the emergency measure, death of a member, Potentially dangerous situations due to neglect of the member, Allegations of sexual, physical, programmatic, verbal/emotional abuse; suicide threats or attempts, Member missing, accidental injuries which may or may not result in medical intervention, violation of a member's rights as stated in this policy manual, Provider and member fraud; Complaints about a community residential setting, resident or the qualified vendor; Allegations of inappropriate sexual behavior; theft or loss of members money or property; serious illness: provider drug use; usual weather condition.

→ Steps and Responsibility when Reporting an Incident:

1. All staff will report all incidents immediately to their supervisor and document the incident on the incident report form provided by the agency
2. Once an incident is reported, and document supervisor will then notify the Az management team which includes Field supervisor, HSBC Coordinator, Assistant Director, Director, and Owner
3. The Az management team will notify the parent / responsible person of member(s)
4. The AOS management Team will review all fact-finding of the incident and *AZ Ohana Services* will electronically submit the incident report on the Focus system within 24 hours of the incident or the next business day. AOS will also submit the hard copy to the proper district for the members.
5. Then, the AOS management team will notify the support coordinator and follow up with members/ family members if applicable; If applicable, AOS will notify law enforcement or protection services workers, the Adult/Department of Child Safety, and Tribal Social Services. All other parties' AOS staff must follow AOS and Division HIPAA/Confidentiality policy before any information can be released.
6. All staff will use DDD-0191A FORFF (3-23) *AZ Ohana Services* Incident Form. Can you find the form at https://des.az.gov/documents_center?qt-content-tab=0, DDD website, or from the office. AOS staff are required to complete all questions on the form correctly and mark N/A if not applicable.
7. Agency and staff are all mandatory reporters who have a reasonable basis for suspecting if abuse, neglect, or exploitation of a member has occurred, it must be reported immediately to law enforcement or protection services workers (i.e., Adult/Department of Child Safety, Tribal Social Services).

Serious Incidents must be reported immediately with a written follow-up within 24 hours.

A serious incident is an extraordinary event involving a child, caregiver, or an early intervention services provider acting while providing early intervention services that (a) poses a threat of immediate death or severe injury to a person, (b) involves substantial damage to an individual or state property and widespread interest in news/media.

1. The *AZ Ohana Services* will notify the Division of the severe incident, including submitting a detailed report.
2. Agency will track and trend the incident into the Incident Management System (IMS) database within 24 hours or the next business day if the incident occurs over a weekend or holiday. AOS management will review/revise all incident reports for accuracy including verification of final reports by a person who completed the original report and attaching the original report with the final incident report that is sent to the Division and AOS management team will develop corrective action in response to incidents.

3. Agency will notify the Responsible Person, i.e., guardian or family member - The responsible person must be notified unless otherwise specified in the Planning Document ISP.
4. When an alleged incident involves any AOS-paid staff they will be removed immediately from working or contacting any members. AOS will perform a full investigation and follow the Division policy and procedures.

AZ *Ohana Services* is aware that all other (non-serious) incidents must be reported to the Division by the close of the next business day following the incident and be entered by the agency into the IMS database within 48 hours of notification (if applicable). Incidents occurring after regular business hours must meet the above reporting requirements.

All AOS staff will also follow DDD/DES incident report policy: 961 - INCIDENT, ACCIDENT, AND DEATH REPORTING

REFERENCES: A.R.S. §8-201(2), §14-1501, §36.551.01, §46-451(A)(1), §46-451(A)(5), §41-3801, §41-3803, §41-3804, §8-201, §46-451(A)(7), §46-451(A)(10) A.A.C. R9-10- 101, R9-21- 105. AMPM Policies 962, 1020, ADSS Medical Policy Manual 960, 1230-A, ADSS Operations Manual Policy 417.961

AOS will ensure that all staff understands and comply with mandatory reporting requirements as outlined in the Provider Quick Guide for Incident Reporting and Division Policy. AOS will ensure that policy is reviewed by all direct care staff at least annually and when revisions are made.

AOS after-hours emergency contacts:

Main office number: 623-277-0978

HBSC Coordinator: 623-277-0269

Field Supervisor- 623-205-7101

Assistant Director - 623-206-8996

Administration Assistant: 623-229-9044

Director: 623-277-0845

Owner: 623 277-0978 or 623- 308-6640

Emergency responders: 9-1-1

You can also locate these contacts on azohanasvcs.com website and the company employee portal.

NOTE: Failure to report any incidents may result in immediate grounds for termination.

Medication Administration

All staff must attend an administered medication class before giving any medication to any member and annually thereafter.

Medication Administer Record (MAR)

The MAR is a required document - it must be used for any AOS members who are receiving assistance with their medications. MAR is not used if you are not assisting or administering any medication to the members. If members are self-administering their own medication without any assistance by the provider, it will be approved in the members planning document and by Member/Legal Guardian/Designee No MAR is needed. If you are assisting any members with their medication and they are

self-administering their own medication you must follow AOS policy on administer of medication and document on MAR as assistant with self-administer.

All staff must log any medication administered on a med log (MAR) within the individual's AZ Ohana Yellow Folder and submit a copy of MAR each month to AOS supervisor. When MAR is received AOS will:

1. Review MAR for any discrepancy or errors. Make sure MAR is completed correctly
2. Submitted a copy of MAR to Support Coordinator if applicable
3. File in member's file

All AZ Ohana staff must have access to the medication bottles they are responsible for helping. Per Article 9, PRN /as needed / behavior modifying medication unless living in their own family home is considered a prohibited technique. All med prescriptions within the service plan MUST have the name, dosage, timestamp, or route listed. All Medications must have a current prescription from the doctor, including over-counter medication. Medications not in compliance or expired with AOS policy are prohibited for AOS staff to give to members.

Medication Refills

- AOS staff are responsible to track when refills are due.
- AOS staff will know labs need to be drawn and know when Dr appointments are scheduled
- AOS staff will know if a behavioral health medication review is due
- Make sure to verify the prescriber -PCP? Psychiatrist?
- Leaving a message with a pharmacy will not work if the required lab work or review appointment or prior authorization did not occur.
- Speak to an actual person at the pharmacy and take their name.
- First call for refill should occur when only a ten-day supply remains
- Follow-up at the seven-day supply if the refill hasn't been supplied

MEDICATION PASS RIGHTS

- Right Person
- Right Time
- Right Medicine
- Right Dose
- Right Route
- Right Documentation

Disposal / Discontinued Medication

1. All expired medication AOS will follow member/ families' choice how to dispose of medication
2. Write on back of MAR what medication expired, how it was disposed and who approval to disposal medication
3. Any discontinued medication must be written on MAR with a stop date and reason for stopping medication. Can use back on MAR for notation.

Medication Storage

- Storage is consistent with label instructions
- Medication Should always be locked when not under the direct control of staff
- Medication are label correctly
- Make sure medication has nor expired
- All medication should be stores under sanitary condition

Prevention of Contamination

Medications should be drawn up in a designated clean medication preparation area that is not adjacent to potential sources of contamination, including sinks or other water sources. Water can splash or spread as droplets more than a meter from a sink. In addition, any item that could have come in contact with blood or body fluids, such as soiled equipment used in a procedure, should not be in the medication preparation area. The medication preparation area should be cleaned and disinfected on a regular basis and any time there is evidence of soiling.

Procedures For Administration All Medication

1. Wash your hands and gather needed supplies.
2. Remove the individual's medication(s) from the medication storage area.
3. Check the label on the bottle or card and select the medication to be administered.
4. Compare the medication administration record with the label to make sure they correlate. If there is a discrepancy, call the service coordinator before giving the medication.
5. Identify the individual and explain what is to be done.
6. Observe the individual to see if there is anything that needs to be reported to the guardian or doctor before giving the medication.
7. Do not touch the medication with your hands.
8. Follow the specific instructions listed for each type of medication to be given.
9. Throw away used disposable supplies.
10. Put the individual's medications back in the medication storage area and secure it.
11. Wash your hands.
12. Chart the medication administered on the medication administration record.

To give tablets or pills:

- Check the label. Pour the correct number of pills or tablets into the lid of the medication container, pour the pills into the medication cup and put the cap back on the bottle.
- When removing medication from a blister pack, hold the medication cup under the correct blister and punch the medication directly into the cup. Document date, time and initials next to the blister that the medication was removed from.
- Check the label. • Identify the individual and give the medication with a full glass of water (or other specified liquid). • Watch the individual swallow the medication.

To give Sublingual tablets:

Check the label and pour the correct number of tablets into the lid of the medication bottle, then pour the tablets into a medication cup and replace the lid on the bottle.

- When removing medication from a blister pack, hold the medication cup under the correct blister and punch the medication directly into the cup. Document date, time and initials next to the blister that the medication was removed from.
- Check the label.
- Identify the individual and tell them what you are going to do.
- Using a glove, place the tablet under the individual's tongue to dissolve.
- Tell the individual not to chew the tablet. Do not give water with sublingual medications

To give liquid medication:

- Check the label on the bottle, and then turn the label away from you.
- At eye level, carefully pour the correct amount of the liquid medication into a graduated plastic med cup or into a medication spoon.
- Check the label and put the cap back on the bottle.
- Give the liquid medication.
- Water is not given with some liquid medications.
- Check directions on the bottle.
- If a medication spoon has been used, wash it with soap and warm water.

Procedure For Administering Skin Medication

1. Position the individual as indicated.
2. Check the area to which medication is to be applied. Call the AOS and guardian if the condition has worsened. If there are concerns, the doctor should be contacted before applying the medication.
3. When indicated, wash the area to which medication is to be applied with soap and warm water. Dry the area if indicated.
4. Check the label and apply the medication to a Q-tip, tongue blade, gauze square or to disposable gloves, whichever is most appropriate. Never use the bare hands to apply topical medications.
5. Close the medication container and put it back in the members medication supply
6. Apply the medication.

Procedure For Administering Eye Drops

1. Have the individual sit or lie down.
2. Observe affected eye(s) for any unusual condition, which should be reported to the guardian or doctor prior to medication installation.
3. Position the individual with head back and looking up.
4. Put on gloves.
5. When indicated, cleanse the eye with clean tissue, wiping from the inner corner outward once. If drops are to be instilled into both eyes, a clean tissue is used for each eye.
6. Check the label and open the bottle.
7. To administer the eye drops: Separate lids by raising upper lid with forefinger and lower lid with thumb. Approach the eye with the dropper from below the eye, outside of the individual's field of vision. Do not allow the dropper to touch the eye. Apply drop(s) gently near the center of the lower lid, not allowing drop(s) to fall more than one inch before striking the eye. Ask the individual to keep eyes gently closed for a few minutes.
8. Close the medication container.
9. Wipe off excess medication from the eye with a clean tissue, using a separate clean tissue for each eye if the medication is administered to both eyes. Lifeworks 245D-HCBS
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Procedure For Administering Eye Ointment

1. Have the individual sit or lie down.
2. Observe affected eye(s) for any unusual condition which should be reported to the doctor prior to medication application.
3. Position the individual with head back and looking upward.
4. Put on gloves.
5. When indicated, cleanse the eye with clean tissue, wiping from the inner corner outward once. If ointment is to be applied to both eyes, a clean tissue is used for each eye.
6. Check the label and remove the cap. Retract lower lid. Approach the eye from below, outside the individual's field of vision. Apply ointment in a thin layer along the inside of the lower lid. Do not allow the medication container to touch the eye.
7. Position the individual comfortably and ask him/her to keep eyes closed gently for a few minutes.
8. Replace the cap on the medication and put it back in the storage area.

Procedure For Administering Ear Drops

1. Position the individual: if lying in bed, put the bed flat and turn head to the opposite side. If sitting in a chair, tilt your head sideways until your ear is as horizontal as possible.
2. Put on gloves.
3. Clean entry to the ear canal with a clean tissue or cotton ball when indicated.
4. Observe the affected ear for any unusual condition which should be reported to the doctor prior to ear drop instillation.
5. Check the label and draw up the ordered amount of medication into the dropper, if applicable.

6. Administer the ear drops by pulling the ear gently backward and upward and instilling the number of drops ordered into the ear canal. Do not contaminate the dropper by touching any part of the ear.
7. Have the individual remain in the required position for five minutes.
8. If drops are ordered for both ears, wait at least five minutes before putting drops in the second ear, repeating the procedure.
9. Replace cap and put the medication back in the storage area

Procedure For Administering Rectal Medication

1. Check the label and return the remaining supply of medication to the storage area.
2. Make sure the storage area is secure.
3. Ensure privacy when administering the medication.
4. Identify the individual and explain what is to be done.
5. Position the individual on their left side.
6. Put on a disposable glove or finger cot.
7. Remove suppository from the wrapper or foil, if applicable.
8. Lubricate tip of the suppository with a water-soluble lubricant (such as K-Y jelly).
9. Insert suppository into the rectum beyond the sphincter, pushing it in gently with a gloved finger.
10. Encourage relaxation by instructing the individual to breathe slowly through their mouth.
11. Withdrawal finger, press tissue against anus until the urge to expel subsides.

Procedure for Administering Vaginal Medication

1. Check the label and place the prescribed medication dose in the applicator. To make insertion easier, the suppository or applicator tip may be lubricated with water or water-soluble lubricating jelly (such as K-Y jelly).
2. Return remaining medication to the storage area and secure the area.
3. Identify the individual and explain what is to be done. Ask the individual to urinate before beginning the procedure.
4. Put on gloves.
5. Ensure privacy and position the individual properly on her bed, lying on her back with knees flexed and legs apart.
6. If discharge is noted: Soak several cotton balls in warm soapy water. Separate the labia with one hand and work from front to back clean the left side of the labia, using a downward stroke. Discard cotton balls. Using a fresh cotton ball, repeat the procedure for the right side of the labia and then the center of the labia. Be sure to use a clean cotton ball for each stroke.
7. Separate the labia with one hand. Insert the applicator into the vagina with your other hand. Advance the applicator about 2 inches, angling slightly toward the back.
8. Push the plunger to insert the medication. Remove the applicator.

9. Encourage the individual to remain lying down for about 30 minutes so the medication can be absorbed.
10. If applicator is not disposable, wash it with soap and warm water

Medication Handoff Plan Ahead

Medication should have a label with the following:

- The Name of the client
- The name of the medication
- The medication doses
- The medication routes
- Special instructions
- The Physician Ordering the medication

MEDICATION THE MEDICATION SHOULD BE SIGNED OFF BY WHO IS GIVING IT AND WHO IS RECEIVING IT AND COUNTED OF BY BOTH PARTIES.

PRN/As Needed and Behavior Modifying Medication

Per Article 9: The use of behavior modifying medication is prohibited, except as specified in R6-6-909, If

- a. They are administered on an “as needed” or PRN basis or
 1. PRN - An abbreviation indicating “as needed”.
 2. The decision to administer and / or increase the dosage of the behavior modifying medication is based on the paid provider’s discretion B. They are in doses which interfere with the individuals daily living activities; or
- C. They are used in the absence of a behavior plan.

1. R6-6-909. B.2 states behavior modifying medications shall be prescribed and administered only as part of a behavior plan in the annual plan (ISP, IFSP)

Reporting and Recording Medication Errors

If a member is administered the wrong medication or interfering dosages, please follow these steps accordingly:

MEDICATION ERRORS POISON CONTROL

- **IF MEMBER IS GIVEN THE WRONG MEDICATION, TOO MUCH MEDICATION CALL POISON CONTROL 1-800-222-122**
- **REPEAT THE INSTRUCTIONS YOU ARE GIVEN AND FOLLOW THEM EXACTLY.**
- **NOTIFY THE PHYSICIAN AND GUARDIAN AFTER CALLING POISON CONTROL PER POLICY.**

MEDICATION ERRORS INCIDENT REPORTS

1. All staff will report all incidents immediately to their supervisor and document the incident on the incident report form provided by the agency
2. Once an incident is reported, and document supervisor will then notify the Az management team which includes Field supervisor, HSBC Coordinator, Assistant Director, Director, and Owner
3. The Az management team will notify the parent / responsible person of member(s)
4. The AOS management Team will review all fact-finding of the incident and *AZ Ohana Services* will electronically submit the incident report on the Focus system within 24 hours of the incident or the next business day. AOS will also submit the hard copy to the proper district for the members.

Medication errors, misuse, and abuse of medication are serious occurrences that can cause injury or death to the member (giving a member the wrong medication is considered neglect and will be investigated as such)

Behavioral Management

DEFINITION AND APPLICABILITY

Arizona Administrative Code R6-6-901 is titled Managing Inappropriate Behavior. Commonly referred to as Article 9, it governs the Division of Developmental Disabilities (DDD) administration and agencies of a comprehensive statewide system for behavioral interventions and establishes the structure for developing, approving, implementing, and monitoring these plans.

INDIVIDUAL SUPPORT PLAN TEAM RESPONSIBILITIES

Responsibilities The Individual Service Planning Team (Planning Team) must submit to the Program Review Committee (PRC) and the Independent Oversight Committee (IOC) any behavior treatment plan that includes:

- A. Techniques that require the use of force.
- B. Programs involving the use of response cost. This means a procedure often associated with token economies, designed to decrease inappropriate behaviors, in which reinforcers are taken away because of inappropriate behavior.
- C. Programs that might infringe upon the rights of the individual.
- D. The use of behavior-modifying medications; and,
- E. Protective devices used to prevent an individual from self-injurious behavior.

Upon receipt of the PRC's response, and as part of the plan development process, the Planning Team must either:

- A. Implement the approved behavior treatment plan.
- B. Accept the PRC recommendation, and incorporate the revised behavior treatment plan into the Individual Service Plan (ISP); or,
- C. Reject the PRC recommendation and develop a new behavior treatment plan. All revised behavior treatment plans must be re-submitted to the PRC and the IOC for review and approval. No implementation shall occur before approval

Agency will develop and submit a BTP to PRC within 90 days of placement and the identified need, if applicable. To make sure BTP is effective AOS management will monitor by

- A. Quarterly medication review
- B. Review monthly progress notes and send them to support coordinator
- C. Home visit
- D. Updating PSPC and BTP plan in AOS yellow folder

- E. Meeting with ISP team quarterly or as needed
- F. Provide training to all staff upon hiring and annually thereafter
- G. Follow all members BTP and PSPC

Staff is trained in prevention and support prerequisites based on a member's service plan.

BTP Emergency Measures

When an emergency measure, including the use of behavior-modifying medications, is employed to manage a sudden, intense, and out-of-control behavior, the staff employing the measure must:

1. Report the circumstances to their immediate supervisor and the responsible person
2. Write an incident report and submit it to the supervisor and the supervisor will submit it electronically and email it to the members' Division office.
3. Request that the Support Coordinator reconvene the Planning Team to determine the need for a new or revised behavior treatment plan when any emergency measure is used two or more times within 30 days, or with an identifiable pattern if applicable

Drugs, Alcohol, and Smoking

Any staff means if you are getting paid to provide services, you are prohibited from drinking alcohol and doing any illegal or legal substance I drugs while on AZ Ohana time. If you smoke cigarettes, you must ensure the family permits you to smoke and only delegate smoking breaks at appropriate times on AZ Ohana time.

Smoking must be in a designated area. All members have the right to live in a smoke-free environment. Smoking Regulations in Arizona Smoking is prohibited in all public places and places of employment within the State of Arizona. The term "public place" refers to all enclosed areas to which the public is invited or to which the public is permitted.

For Members: If members are their guardians and are of the legal age to smoke and drink, they have that right per Article 9, but they must follow the same laws as everyone else. If members are not impaired for services due to alcohol, marijuana, or any substances provider will stop services that day and report to AOS, and responsible parties and write an incident report. If there are any issues or concerns about a member that you or your guardian have Per article 9, The ISP team shall submit to the PRC and Human rights Committee for review that might infringe the right of the members. Please report to the agency right away. Members/family have their choice to store any alcohol, marijuana, and any other substances in their home unless per the planning document You must consult with a legal guardian and agency if members have a legal guardian.

If anyone is using any illegal drugs, please contact the police and agency asap! Always make sure you and your members are safe.

Failure to comply with the policy will be terminated, and law enforcement will be called to involve any drugs/ alcohol.

Member Article 9 Rights

As a Direct Care Provider for Arizona, you are required by law to uphold the rights of individuals we support. Any disrespectful or unprofessional conduct by an AOS provider will immediately terminate.

All staff will be trained on Article 9 and follow all member rights of individuals with disabilities.

Individuals with developmental disabilities have the same rights and privileges guaranteed to all citizens by the constitution and laws of the United States and the constitution and the laws of the State of Arizona. A.R.S. 36-

551.01 enumerates additional rights of those with developmental disabilities, including, but not limited to: • Protection from physical, psychological, verbal or sexual abuse; • Publicly supported educational services; • Equal employment opportunities; • Fair compensation for labor; • Right to own, sell or lease property; • Presumption of legal competency; • Right to marry; • Right to petition; • Right to have placement evaluations; • Right to a written plan of services and supports [Individual Support Plan (ISP) or Individualized Family Service Plan (IFSP)]; • Right to notes “documenting progress on the plan; • Right to participate in the planning process and placement decisions; • Right to be free from unnecessary and excessive medications; • Individuals in residential programs have the right to a humane and clean physical environment, the right to communication and visits and the right to personal property; • Individuals in residential programs have the right to live in the least restrictive alternative. • Right to withdraw from services; • Right to be informed of their rights upon service admission.

Failure to comply with any part of this Article 9 may be grounds for suspension or revocation of a license, termination of the contract, employment, or any other applicable administrative or judicial remedy.

Article 9 Prohibited Techniques

Per Article 9, any prone or seated restraint is prohibited. UNDER NO CIRCUMSTANCES SHOULD THESE TECHNIQUES EVER BE USED for behavioral intervention techniques: use of locked time-out rooms, use of overcorrection, application of noxious stimuli, and physical, mechanical, or pharmacologic restraints used as a negative consequence to behavior. Prevention and Support training is required before using any restraints and working alone with an individual in the Early Childhood-Autism program and with any individual with this requirement mentioned in their ISP.

Harassment

All forms of harassment are forbidden. This includes, but is not limited to, conduct that demeans or belittles any individual based on race, religion, national origin, sexual preference, age, disability, or gender that results in a hostile or offensive workplace. You cannot harass members, members' families, or co-workers. We also will not tolerate members of the family harassing you. If you feel you are being harassed, you must immediately notify your supervisor or another company official with whom you feel comfortable. This would include any Program Supervisor, Area Supervisor, Human Resources, Director, and CEO.

Pandemic Plan:

If an employee of AOS has been exposed and or is experiencing symptoms of COVID-19, it is the individual's responsibility to inform their immediate supervisor. Employees must get a COVID-19 test to ensure the safety of themselves, the members, and the families they work with. To resume work, AOS employees must inform their immediate supervisor and or HR of their COVID-19 results and or provide notice of no longer experiencing symptoms.

Suppose the member and or family have exposed an AOS employee, or an AOS employee has told the member and or family. In that case, the Employee and Family will be notified, and an incident report will be documented.

If an employee is vaccinated, a copy of your vaccination card will be obtained to implement within your file.

Cultural Competency Plan

AZ Ohana Services has developed a Cultural Competency Program (CCP) to support creating a culturally competent system of care that embraces and supports individual differences to achieve the best possible outcomes for individuals receiving services. Cultural considerations include but are not limited to the following: Race, Age, Gender Identity, Ethnicity, Geographic Location, Sexual Orientation, Primary Language English Proficiency, Family Roles, Physical Abilities/Limitations, Spiritual Beliefs and Practices, Economic Status Literacy, Community Networks Diverse Populations. AOS encourages participation in culture in the community!

Family Feedback/ Satisfaction Survey

Agency will send out annual Satisfactory Surveys to Families/ Members. Agency Director and Owner will track and trend all formal and informal feedback on surveys to improve and address any issues and areas of improvement with fewer complaints etc. AOS will compare and log each survey annually to track how the agency is doing each year and will keep on file for 10 years.

Reference form: Agency customer satisfaction survey

AOS will solicit input and encourage from members/families or member representative by:

1. Annually surveys
2. PCSP meeting
3. ATC visits

Members/families/representative will have input for hiring a provider by:

1. Family/ Member Referral of direct staff applicant
2. Meet and greet and interview with any direct staff applicant before any placement
3. Member/families have choice to hire provider or not and change provider at any time of services
4. Member/families will be given an evaluation for their provider annually and will be reviewed and filed in employee /member file.

All Members/ Families /Representatives will receive a copy of AOS policy and procedures and AOS management will go over policy and answer any question and solicit any feedback. AOS members/families/representatives can opt in to the Marco Polo app to hear any AOS updates and can input feedback. AOS will share improvement activity results with members/families'/ representatives by email or mail.

IDLA Homes:

All staff schedules will be submitted to the Division for review and approval 5 days before moving into a home or all known/ planned event(s) within 2 days after unplanned event(s). If any changes occur to the member schedule *Az Ohana Services* will submit the change to the Division accordingly. If staffing range changes *Az Ohana* will notify the Network Manager, the next business day and the Support Coordinator as soon as possible but no later than the next business day. All staff ratios will be determined based on the collective need(s) of members. For any emergency *Az Ohana* will staff home as appropriate for the immediate circumstance. All staffing schedule(s) will be logged on our selected EVV system "Spokechoice" with member(s) information. All IDLA homes will also have a yellow folder with member(s) ISP/PCSP, Medication log(s), Incident report form(s) and any additional information needed. *Az Ohana* will submit a staffing schedule annually for approval for all homes and for any temporary staffing scheduling, *Az Ohana* will also be submitting new staff schedule(s) and date when the temporary schedule ends within 14 calendar days following the annual review.

Person-Centered Services Plan " PCSP"

Person-Centered Service Planning will help ensure members' voices and choices are heard. Members will have greater independence and input on the services they receive. It will also improve timely and appropriate care coordination, so their needs are met. The goal is to help members achieve their goals and live the life they want. PCSP helps providers and agencies to meet and understand the members' needs like their risk assessment, and

backup plans/ contingency plans. Medication, and behavioral needs, Doctors, staff or enhanced ratio, who are the PSCP team, choice of provider preferences, etc.

AOS management roles:

1. Reviewing and requesting changes to the planning document
2. Completing and sending Progress Reports
3. Completing Planning Document assignments and team agreements

AOS will carry out the objectives and assignments specified by the PSCP including

- A. Documentation
- B. Barriers to implementation AOS staff training:

1. AOS management will train all staff on members needs and go over PCSP like risks assessment, back up plans, medication if applicable, etc.
2. AOS management will demonstrate any needs of the member like feeding, transferring, Hoyer lifts, medication, transportation, and understanding all services duties from DDD: ATC DDD policy - H007-BW, HAH DDD policy - HP16-00, RSP DDD policy - H048-JN and IDLA DDD policy -HP16-00.

Az Ohana staff is responsible for reviewing and signing off on all member PCSP prior to services, thereafter 30 days, 60 days, and annually or any revision made. The PCSP is reviewed by all AOS staff at least annually and when revisions are made. Any progress notes will be completed through spoke choice and AOS management will upload through spoke choice to their Support Coordinator 1st each month.

Staff to Members Ratio

AOS will follow members' PCSP staff level ratio to be consistent with member's needs like:

1. 2:1 enhanced ratio means 2 staff to 1 member
2. 1:1 means 1 staff to 1 member

All enhanced ratios must be approved by the Division before implemented.

AOS will maintain appropriate staff levels to members ratio when:

1. Staff absenteeism or unexpected absenteeism
2. Emergencies
3. Community activities

If any member has the unsupervised time, it must be in the member's PCSP. All unsupervised time is not to be used for the convenience of AOS staff and the Agency.

All AOS staff are trained and oriented to the specialized needs of the member(s) before working with members. AOS will follow the members' rights to personal care provided by the staff of their choosing including gender.

Abuse and Neglect and Exploitation

PURPOSE: To establish posting of signage requirements and training requirements for AOS staff and members/family on identifying, reporting, and preventing member abuse, neglect, and exploitation. All staff will receive instructor-led classes within 90 days of the hire date and all staff receive annual training which may be delivered computer-based training. All members/family are not required to take the class, but AOS will offer the class. AOS is committed to providing a safe environment for all members. All AOS staff are mandatory reporters and must call AOS to report any abuse, neglect, or exploitation. All reports will be required to be incident reports

and will be reviewed by AOS and AOS will follow all Division protocols /policies. Failure to report will follow in disciplinary action.

To set forth all AOS staff responsibilities for reporting suspected abuse and neglect of members to the Department of Child Safety (DCS) and Adult Protective Services (APS).

What is Abuse, Neglect and Exploitation?

Everyone has the right to be safe.

Consent means saying yes or that a person agrees. Personal space is the private area around a person's body.

People need to ask first before they do anything in a person's personal space.

Abuse can be many things. Not all abuse can be seen. Abuse is unwelcomed touch or entering personal space without consent. All of these can be Abuse:

- Physical abuse is unwelcomed contact like hitting or touching and hurting someone on purpose
- Sexual abuse or sexual assault is unwanted, forced touching and actions in a person's private parts.
- Unreasonable confinement is using unnecessary restraints of any kind or isolation.
- Verbal abuse includes using words that hurt someone's feelings and are mean. Others use pressure to make a person do something they don't want to do. Using words to hurt someone because of their race, culture, disability, or life choices.

Neglect is not giving someone what they need to live. This includes:

- Food
- Water
- Medication - The pills and treatments a person needs to stay healthy and manage their medical needs.
- Home and Community Based Services including the help from people and agencies to make sure you feel safe, healthy, and living the life you want.
- Physical and Mental Health care services like doctors, nurses, therapy, hospitals, social workers, counselors.
- Shelter, a safe place to stay or live. It could be a house, group home, apartment, or motorhome.
- Cooling - Air Conditioning (AC)
- Heating
- Supervision - When a person who is responsible to keep someone safe ignores them or their needs.

Exploitation is when someone uses another person or their things without asking to only help themselves.

This can include:

- Misusing or spending money, credit cards or bank accounts on things for themselves or things you don't need.
- Stealing or taking money, things or property.
- Forced begging for things or money to give to them.
- Prostitution, forcing someone to have sex to get money or things.

Abuse, neglect and exploitation can occur for a variety of reasons. Also, individuals can be victimized by friends, family members or strangers. Below are factors that can cause abuse, neglect or exploitation:

- **Caregiver stress:** People who do not have the needed skills or resources and who are not prepared to be a caregiver may suffer from stress which may lead to abuse, neglect or exploitation.
- **Dependency:** People in poor health are more likely to be abused than those who are in relatively good health. Caregivers who rely on the monetary resources of the older adult are also more likely to abuse.
- **External stress:** Experiencing money problems, job stress and family problems can trigger people to abuse or neglect others upon whom they rely.
- **Social isolation:** Social isolation is both a sign of potential abuse and a contributing cause.
- **Intergenerational violence:** When violence is a learned form of normal behavior in childhood, it can be expressed in adulthood. This means if a person grew up around violence, they may be more likely to be violent with their own family or someone for whom they are caring.
- **Personal problems of the abuser:** People who have problems like alcoholism, substance abuse or behavioral health problems are more likely to become an abuser than those who do not.

Recognizing Abuse, Neglect and Exploitation

Some examples of abuse, neglect and exploitation are easy to see, while many are not visible.

Physical Signs

- Bruises - black and blue marks on a person's body that sometimes hurt to touch.
- Burns - burns happen when something hot touches a person and leaves a painful mark on their body.
- Body injuries including binding marks caused by being tied up, bite marks, bone breaks, bed sores and stomach injuries.

Behavioral Signs

- Withdrawal from friends or usual activities. A person may stop doing things they like to do or things that make them feel good about themselves.
- Anger is a strong feeling. It may cause a person to yell or be mad at people. Anger can make a person feel like they are not in physical control and do bad things to people or things they love.
- Hyperactivity means having a lot of energy that is hard to control.
- Suicidal thoughts or attempts. A person may feel the only way to make painful feelings stop is to end their life.
- Change in appetite. A person's desire or want to eat food has changed and they eat more, less or not at all.
- Low self-esteem means a person does not see themselves in a good way. Their thoughts about themselves are not nice.
- Depression means a person feels deeply sad all the time. Depression makes it hard to do daily things. It can be hard to change these thoughts to feel better or happy.
- Use/Abuse of alcohol or other drugs. A person may use too much alcohol, medication or illegal drugs to make themselves feel better.
- Obsessive or compulsive behavior are repeated and unwanted thoughts or urges.
- Sleep disturbances are changes in how or when a person goes to sleep or stays asleep.
- Fear of a particular place.
- Fear of being with a specific person

Environmental Signs

- Odors if someone stops taking baths or stops taking trash out.
- Dirty and cluttered living space if someone becomes messy and stops cleaning.
- Infestations of large amounts of bugs or pests in your home.
- Safety concerns like needing to have certain items in your room to make you feel safe or a new need to keep the door locked.
- Hoarding - Buying or collecting things you don't need to make yourself feel better or safe.
- Absence of food in refrigerator or cupboards
- No running water

- No utilities like air conditioning, heat, or electricity in the home.

PRN/As Needed and Behavior Modifying Medication

Per Article 9: The use of behavior modifying medication is prohibited, except as specified in R6-6-909

- b. They are administered on an “as needed” or PRN basis or
 - 3. PRN - An abbreviation indicating “as needed”.
 - 4. The decision to administer and / or increase the dosage of the behavior modifying medication is based on the paid provider’s discretion B. They are in doses which interfere with the individual’s daily living activities; or

C. They are used in the absence of a behavior plan.

- 2. R6-6-909. B.2 states behavior modifying medications shall be prescribed and administered only as part of a behavior plan in the annual plan (ISP, IFSP)

Medication errors, misuse, and abuse of medication are serious occurrences that can cause injury or death to the member (giving a member the wrong medication is considered neglect and will be investigated as such)

Article 9 Prohibited Techniques

Per Article 9, any prone or seated restraint is prohibited. UNDER NO CIRCUMSTANCES SHOULD THESE TECHNIQUES EVER BE USED for behavioral intervention techniques its consideration ABUSE:

1. Use of locked time-out rooms
2. Use of overcorrection
3. Application of noxious stimuli
4. Physical
5. Mechanical
6. Pharmacological restraints used as a negative consequence to behavior.

Definitions Abuse, Neglect, Exploitation and Incapacity

Definitions Abuse (Of a Child) – abuse of a child is defined as follows: A. The infliction or allowing of physical injury, impairment of bodily function or disfigurement, or the infliction of or allowing another person to cause serious emotional damage, as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual who has the care, custody, and control of a child. Abuse includes

1. Inflicting or allowing sexual abuse, sexual conduct with a minor, sexual assault, molestation of a child, commercial sexual exploitation of a minor, sexual exploitation of a minor, incest, or child sex trafficking as those acts are described in the Arizona Revised Statutes, Title 13, Chapter 14.
2. Physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found, or equipment is possessed by any person to manufacture a dangerous drug, Unreasonable confinement of a child.

Abuse (Of a Vulnerable Adult) -

- A. intentional infliction of physical harm,
- B. injury caused by negligent acts or omissions,
- C. unreasonable confinement,
- D. sexual abuse or sexual assault,
- E. emotional abuse

Child, youth, or juvenile - A member who is under the age of eighteen years.

Exploitation (of a vulnerable adult) - The illegal or improper use of a vulnerable adult or his/her resources for another's profit or advantage.

Incapacity - An impairment because of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, or other cause to the extent that the person lacks sufficient understanding or capacity to make or communicate informed decisions concerning his/her person.

Neglect (of a child) - the inability or unwillingness of a parent, guardian, or custodian of a child to provide that child with supervision, food, clothing, shelter, or medical care if that inability or unwillingness causes unreasonable risk or harm to the child's health or welfare unless the inability of a parent or guardian to provide services to meet the child with a disability is solely the result of the unavailability of reasonable services.

Neglect (of a vulnerable adult) - without the person's informed consent, the deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health or safety. Neglect - the deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health or safety.

Neglect also means any of the following as defined:

- A. Intentional lack of attention to physical needs of members such as toileting, bathing, meals, and safety.
- B. Intentional failure to report health problems or changes in health condition to an immediate supervisor or nurse.
- C. Sleeping on duty or abandoning the workstation.
- D. Intentional failure to carry out a prescribed treatment plan for a member.

Physical injury - The impairment of physical condition, including, but not limited to any of the following: skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ, or any physical condition which imperils health or welfare.

Serious injury - Any type of injury requiring medical care or treatment beyond first aid, including, but not limited to: assessment/treatment in an emergency room, treatment center, physician's office, urgent care, or admission to a hospital.

Vulnerable adult - a member who is eighteen years of age or older who is unable to protect himself/herself from abuse, neglect, or exploitation by others because of mental or physical impairment. A vulnerable adult includes an incapacitated person.

Abuse and Neglect Reporting/Process

Immediate intervention

1. If any members or NON DDD members are in danger call 9-1-1 always ensure the members/NON DDD members are safe!
2. AOS staff will follow law enforcement instruction
3. AOS staff will call agency right after contacted law enforcement
4. When reported to AOS:
AOS management will review, investigate and submit incident reports of abuse and neglect to the Division
Reporting any suspect of abuse and neglect:
All AOS staff must report suspected abuse and neglect of DDD members or any other non DDD individuals to AOS management immediately by both
 1. verbally
 2. written incident report When reported to AOS:
 1. AOS staff / management will review, investigate and submit incident reports of suspected abuse and neglect to the Division
 2. AOS will report to APS and DCS
 3. AOS will cooperate with investigations conducted by DCS and APS.

NOTE: Failure to report any abuse or neglect may result in immediate grounds for termination

A. Reports to Department of Child
Safety

1. As mandated reporters, when AOS staff /administration suspects abuse or neglect of a child member, they must immediately report to the Department of Child Safety (DCS) following Division A.R.S. §13-3620. Reports must be made to DCS, within 24 hours, as per instructions provided on the DCS website, <https://dcs.az.gov/>, including notification by phone: 1-888-SOS-CHILD (1888-767-2445) and documenting the member's file.

B. Reports to Adult Protective Services

1. As a mandated reporter, AOS staff must immediately report any suspicions/allegations of abuse, neglect, or exploitation of an adult member to Adult Protective Services (APS). APS responds to allegations of abuse, neglect, or exploitation according to the following requirements when the person is: A. 18 years of age or older, and B. Is a vulnerable adult. APS phone number : (602) 542-0010

Fraud, Waste, and Abuse

Purpose: It is the policy of Arizona Ohana Services (AOS) to detect and prevent fraud, waste, and abuse in the delivery of services. Many federal and state laws are designed to prevent healthcare fraud. Some of these laws are intended to prevent any kickback or payment for referring patients, particularly in federally or state-funded programs. A violation of the False Claims Act ("FCA") can entail any employee knowingly presenting (or causing to be presented) a false or fraudulent claim for payment. The False Claims Act covers fraud involving any federally funded contract or program, except for tax fraud. This policy is established to facilitate the development of controls that aid in the detection and prevention of fraud, waste, and abuse. AOS intends to promote consistent organizational behavior by providing guidelines and assigning responsibility for the development of controls and conducting investigations. This policy applies to any irregularity, or suspected irregularity, involving employees, persons receiving services, guardians, consultants, vendors, contractors, outside agencies doing business with employees of such agencies, and/or any other parties with a business relationship with AOS.

Reporting Responsibilities Fraud, Waste, and Abuse

All AOS employees/members/families will report to the AOS management team. Once AOS management becomes aware of an incident of potential/suspected fraud, waste, or abuse, AOS shall report the incident to the Division within one business day of becoming aware of the incident.

Fraud Contact Information To report suspected fraud, waste, or abuse of the program, the provider shall make contact with one of the following:

1. DDD Corporate Compliance Unit A. Phone: 1-877-822-5799.
- b. Online: <https://des.az.gov/how-do-i/report-suspected-fraud/developmental-disabilities-fraud>
- c. Email: DDDFWA@azdes.gov
- d. Or Write to:
- e. DES/DDD Attn: Corporate Compliance Unit 1789 W. Jefferson Street Phoenix, AZ 85007 2. AHCCCS OIG Fraud Prevention Unit
- a. Phone: 602-417-4193
- b. Online: <https://azahcccs.gov/Fraud/ReportFraud/onlineform.aspx>
3. Provider Fraud:
- a. Maricopa County: 602-417-4045
- b. Outside Maricopa County: 1-888-487-6686
4. Member Fraud:
- a. Maricopa County: 602-417-4193
- b. Outside Maricopa County: 1-888-487-6686
5. General Questions:
- a. Email: AHCCCSFraud@azahcccs.gov

Health and Medical Care

When an incident occurs, all staff will take whatever actions are necessary to resolve the emergency, implement protective measures immediately, and ensure all members' health and safety, including calling 9-1-1 or taking other emergency action. All staff when calling 9-1-1 will perform CPR if needed till a licensed professional arrives, even when an advance directive is in place. Any emergency agency will notify the responsible person right away and the agency will submit an incident report. If any members are hospitalized per DDD policy ATC, HAI, HAH, and Respite cannot be provided. AHCCCS audits hospital stays and if we determine you have billed hours after a member has been admitted to the hospital you may be subject to disciplinary action and will be required to pay the hours back to AOS. Employees can bill when they accompany an individual to a therapy session (e.g., Occupational, Physical, or Speech Therapies) AND the ISP team has approved this. If therapy is billed privately (i.e., not through AHCCCS or Medicare) the hours may be billed.

When providing services all staff will provide

1. First aid and appropriate attention to injury and illness.
 2. Carry out any programs identified in the member's planning document and/or routine plan of care.
 3. Assist the member in utilizing transportation to support the member in all daily living activities, e.g., day treatment and training, employment situation, and all medical and dental appointments.
- All staff will notify the agency and the agency will notify family/ members that have an injury and or/illness, change in health status, infectious disease, and response to a non-emergency that requires medical care.

Any documentation for medical appointments, emergency room, lab work, professional consultants and treatments will be kept in members yellow folder and in members' file.

All members/families/legal representatives will sign a general consent for any routine medical visit approving Az Ohana employees to take them to visit and obtain any information for the members. General Consent will be done before services can be done and annually thereafter. Members/Families/legal Representatives can revoke consent at any time.

Workforce Development

Introduction:

AOS goal is to ensure all members receive DDD services and achieve their potential. AOS is committed to meet this goal by working with DDD support coordinator, Members/Families, DCW provider and any subcontractors to ensure members receive services from a workforce that is qualified, competent, and sufficiently staffed in an interpersonally, clinically, culturally, and technically effective manner. AOS is continuing working with the Division to develop a standardized set of metrics for measuring workforce stability to support by providing surveys on employee turnover, retention and average time filling in.

Description of the Workforce Development Operations

Management & Organization: Key Succession and Performance Planning

Key management position: Angela Harper CEO, Director, Supervisor

Email: azohanasvcs@gmail.com Ph: 623-277-0978

- CEO: Oversee all management
- Financial budgets
- Operations
- HR
- Billing/Payroll

Director Wanda Fairrow: Staffing

Email: wanda.azohanasvcs@gmail.com Ph: 623-277-0845

- Client/Provider recruiting
- Meetings
- Training
- Record Keeping
- HR
- Billing/Payroll

Admin Assistant Mariah Aguilar: Staffing

Email: mariah.azohanasvcs@gmail.com Ph: 623-229-9044

- Client/Provider recruiting
- Meetings
- Training
- Record Keeping

Assistant Director: Deryck White: Staffing

Email: asstdir.azohanasvcs@gmail.com Ph: 623-206-8996

- Client/Provider recruiting
- Meetings
- Training
- Record Keeping

Home Base Supervisor: Keanaloha Covington: Monitor home visits

Email: keanaloha.azohanasvcs@gmail.com PH: 623-277-0269

- Provider / Member Pairing
- Time Keeping / Schedules
- Training
- Record Keeping
- Meetings

Field Supervisor: vacant Monitor home visits

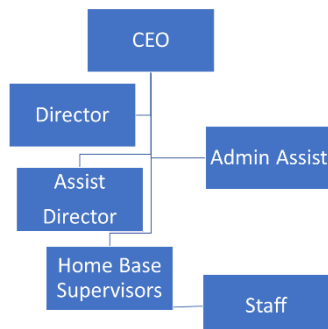
Email: spvisor.azohanasvcs@gmail.com PH: 623-205-7101

- Provider / Member Pairing
- Time Keeping / Schedules
- Training
- Record Keeping
- Meetings

Home Base Staff: HCBS Provider

- Companionship
- Home Helper
- Personal Services
- Record Keeping

Company Organization Chart



Workflow Diagram:



AOS Workforce and the Workforce Capacity Assessment

Staff stability	2022	2023	2024	2025	2026	2027	2028	2028	2029
Forecast Total employees	150	180							
Year actually									
Total employees	101								
Applied	1010								
Hired	151								
Quit/Fired	82								

Stakeholders, Members, Families, and the General Public's Involvement in the Plan:

AOS is developing strategies to involve and collaborate with contractors, stakeholders, members, families, and the public (Industry, Education and Community Groups) in the development and implementation of the Workforce Development Plan. AOS participated in quarterly HCBS provider meetings and Division surveys, PCSP meetings.

Workforce Capacity Assessment:

AOS continues to follow the Division and AOS assessment for our resources to develop improved data that will include the number of direct service personnel, the age of the workforce, retention rate, turnover rate, and difficult to fill positions.

Workforce Capacity Development Goals:

AOS continues to assess its processes and infrastructure to determine the resources needed to advance its workforce development efforts. AOS established the following short and long-term goals:

Short term goals: AOS adding HAI to contract project goal met 2023

Long term goal: AOS will continue to explore improvement methods to identify current workforce including a.

The number of DCW provider

b. Age of the workforce

c. Retention rate

d. Turnover rate

e. Difficult to fill positions

f. Recruitment

Short term goals: AOS adding DTA to contract project goal 2024

Long term goal: AOS will continue to explore improvement methods to identify current workforce including a.

The number of DCW provider

- b. Age of the workforce
- c. Retention rate
- d. Turnover rate
- e. Difficult to fill positions
- f. Recruitment

AOS Quality Management

The purpose of Quality Management is to monitor and assure the quality of all care and services provided to individuals through a coordinated, comprehensive, continuous effort and effectiveness of services. The Quality Management plan will be shared within AOS policy and procedures and given to all AOS staff and Members/ Families at the start of services and will be given an updated copy thereafter. Quality Management plans will be reviewed annually or updated as needed.

The goals of Quality Management include

1. Ensuring services are available, accessible, timely, safe, supportive, and appropriate.
2. Providing ongoing, objective, and systematic measurement, analysis, and trending to AOS performance improvement efforts.
3. Oversight for determining quality, efficiency, and effectiveness of service delivery
4. Review the monthly log and meet quarterly (or sooner if applicable) with the support coordinator & family member to review the outcome of meeting goals in their planning document.
5. Maintain Ledger of member expenditures and will give member's representative payee monthly statement if applicable
6. Maintain and update all Division's policies when applicable.
7. Follow all division and agency policies and procedures. Monitoring and evaluation of all incident reporting (refer to AOS incident report policy page 17-19), complaints, and grievances (refer to AOS Grievance/Complaint Notice page 7), recruitment and training and gap in services.
8. Solicitation input from members, families, and/or member representatives including input on member satisfaction (refer to AOS Family Feedback/ Satisfaction Survey page 28-29), the hiring and/ or evaluation of direct staff, Cultural Competency Plan and Network Plans and Quality Management by annual survey and at team planning meetings.
9. Providing ongoing, objective, and systematic measurement, analysis, and trending to facilitate performance improvement efforts. Oversight for determining quality, efficiency, and effectiveness of service delivery.
10. Encouragement of members and families to self-directed and manage their own services to the extent they wish
11. Financial integrity by ensuring all timecard is accurate and timely submission for billing information
12. Ensuring the health and safety of members in placement settings or service sites that are found to have survey deficiencies that may impact the health and safety of members.

All training programs are evaluated by:

- Surveys in class
- Parents reviews
- Drop in assessment

AOS staff/management will make sure when providing any services that AOS will elevate the environment for cleanliness, safety and any potential risk factor for members/families/ AOS staff by reporting to AOS if:

1. Equipment not working properly: Hoyer lift, shower chair, wheelchair, medical devices etc.
2. Environment is unsafe to provide any services
3. Any new health risk that is not listed
4. in the PCSP

If there was a natural disaster or public emergency AOS staff will make sure all members are always safe. AOS staff will support members /families' choice in where they choose for emergency shelter or go to the nearest shelter or hospital.

Management & Organization: Key Succession and Performance Planning

Key management position: Angela Harper CEO, Director, Supervisor

Email: azohanasvcs@gmail.com Ph: 623-277-0978

- CEO: Oversee all management
- Financial budgets
- Operations
- HR
- Billing/Payroll

Director Wanda Fairrow: Staffing

Email: wanda.azohanasvcs@gmail.com Ph: 623-277-0845

- Client/Provider recruiting
- Meetings
- Training
- Record Keeping
- HR
- Billing/Payroll

Admin Assistant Mariah Aguilar: Staffing

Email: mariah.azohanasvcs@gmail.com Ph: 623-229-9044

- Client/Provider recruiting
- Meetings
- Training
- Record Keeping

Assistant Director: Deryck White: Staffing

Email: asstdir.azohanasvcs@gmail.com Ph: 623-206-8996

- Client/Provider recruiting
- Meetings
- Training
- Record Keeping

Home Base Supervisor: Keanaloha Covington: Monitor home visits

Email: keanaloha.azohanasvcs@gmail.com PH: 623-277-0269

- Provider / Member Pairing
- Time Keeping / Schedules
- Training
- Record Keeping
- Meetings

Field Supervisor: Monitor home visits

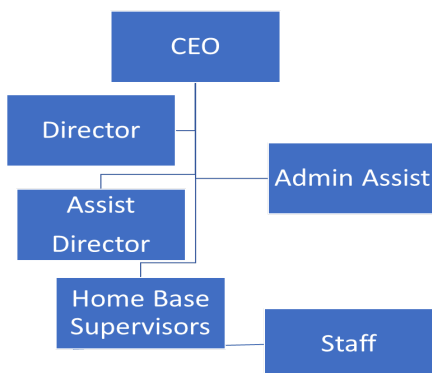
Email: spvisor.azohanasvcs@gmail.com PH: 623-205-7101

- Provider / Member Pairing
- Time Keeping / Schedules
- Training
- Record Keeping
- Meetings

Home Base Staff: HCBS Provider

- Companionship
- Home Helper
- Personal Services
- Record Keeping

Company Organization Chart



CULTURAL COMPETENCY PLAN

ARIZONA OHANA SERVICES LLC

Effective Date: 12/2019

CEO/OWNER: ANGELA HARPER

INTRODUCTION

a. AOS has developed a Cultural Competency Program (CCP) to support the creation of a culturally competent system of care that embraces and supports individual differences to achieve the best possible outcomes for individuals receiving services. Culturally competency cultural considerations that include, but are not limited to the following:

Race Age Gender Identity Ethnicity Geographic Location Sexual Orientation Primary Language English

Proficiency Family Roles Physical Abilities/Limitations Spiritual Beliefs and Practices Economic Status Literacy
Community Networks Diverse Populations

AOS encourages participation in culture in the community!

MISSION:

WE MAKE THE DIFFERENCE!

In everything we say and do, our goal is to “make a difference” in people’s lives, a positive difference! ‘The’ difference is a step above ‘a difference. It is going the ‘extra mile’ to make sure that you make a very positive impact on people’s lives. Our mission defines the “why” of “Why are we here?” to Make the Difference; a very positive difference in people’s lives!

VALUE:

We Value P.E.O.P.L.E.

People: see People as a “whole person”, first.

Environment: build an Environment of H.O.P.E., trust, and healthy relationships.

Opportunities: Create Opportunities for growth and making G.O.O.D. decisions.

Provide: Provide gentle interactions to show you C.A.R.E.

Learn: Learn to appreciate differences in a team and treat all people with dignity and respect.

Empower: Empower by using S.O.U.L. and positive, open communication.

Member Demographic Considerations:

The Division tracks member ethnicity, as reflected in the following charts, and uses the information to guide the CCP. Francine Waiters is the Cultural Competency Coordinator and is responsible for gathering and aggregating the data quarterly and overseeing the development of the CCP.

The ’s membership breaks down as follows:

- White non-Hispanic (52%)
- Hispanic or Latino (31%)
- American Indian/Alaska Native (5%)
- Black or African American (Non-Hispanic) (6.5%)
- Other/Unknown (3%)
- Asian/Pacific Islander (2%)

With 31% of the Division’s membership identifying as Hispanic/Latino, the AOS is committed to the continued need for a culturally competent workforce that matches the racial and ethnicity of its members.

Population Assessment

Goals

“Cultural competency” refers to AOS staff:

Acknowledge, understand, respect, and apply the influence of the following when assessing, treating, and interacting with any individual and/or families:

Cultural history

Life experiences

Language differences

Values

Customs

Cultural differences among diverse racial, ethnic, and other minority groups Customs Beliefs. Ensure the use of “disability etiquette” when establishing rapport and working with individuals with developmental disabilities. Disability etiquette is a set of guidelines dealing specifically with how to approach people with disabilities.

- Ensure communication of progress in implementing and sustaining the goals of the CCP to stakeholders, members, and the public.

Ensure that staffing supports are provided in a culturally competent manner to all people, including those with limited English proficiency, through the training provided at the time of hire and ongoing evaluations of compliance grievances/complaints, and the person-supported satisfaction survey results on cultural competency.

- AOS staff will effectively provide support to all people regardless of their ages, cultures, races, ethnicities, gender identification, gender expression, and religions. • Review the demographic profiles of the service areas (Refer to Population Assessment, Census data for AOS support locations in Appendix A.

- Appendix A. Population Assessment- United States Census Bureau Quick Facts An important element in developing and maintaining culturally aware services is to understand the demographic composition of both the population of the individuals the organization serves, but also the demographic composition of the population in the catchment area(s) of the organization. Link to United States Census Bureau quick facts:

<https://www.census.gov/quickfacts/fact/table/calhouncountymichigan,vanburencountymichigan,berriencountymichigan,casscountymichigan/LFE046217>

<http://www.census.gov/quickfacts/table/LFE046215/26025,2609950480,26125,26159,26021,26027>

- United States Census Bureau quick facts are in Appendix A. An important element in developing and maintaining culturally aware services is to understand the demographic composition of the individuals the organization serves.
- Link to United States Census Bureau quick facts:
<https://www.census.gov/quickfacts/fact/table/calhouncountymichigan,vanburencountymichigan,berriencountymichigan,casscountymichigan/LFE046217>

Agency background and services provided

We are contracted and funded by the AZ Division of Developmental Disabilities. Our agency provides home-based services to adults and children with disabilities. promotes a culture of respect when working with members and their families. AOS values a competent and diverse workforce capable of effectively addressing the needs and preferences of members with diverse cultures and languages.

Training

All Employee training AOS incorporates philosophical and historical information regarding the disability community, behaviors, attitudes, skills, policies, and procedures in its staff development program. Developing cultural competence in developmental disabilities is a primary focus of these training sessions.

The Division issues to its provider and all AOS staff follow standardized training materials such as Managing Inappropriate Behaviors, Positive Behavioral Support, and the AHCCCS Direct Care Worker modules. One purpose of this training is to develop cultural competence in working with individuals with developmental disabilities.

AOS staff will be trained on the Division Cultural Competency Plan

Communication/ Recruitment of staff

AOS will use for language/ document translation

Onsite Bilingual staff

All documents are available in English and Spanish.

Provide Spanish training classes

Will match staff with members/ family language preference

ARIZONA OHANA SERVICES, LLC CONTINGENCY ACTION PLAN / Back up plan

Facility Name: Arizona Ohana Services LLC
Facility Address: 3508 s 237th lane Buckeye az

DATE PREPARED: 08/30/19

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

DESIGNATED RESPONSIBLE OFFICIAL

Name: Angela Harper Office Phone: 623-277-0978 or Personal 623-308-6640

EMERGENCY COORDINATOR:

Name: Angela Harper Office Phone: 623-277-0978 or Personal 623-308-6640

Name: Wanda Fairrow Office Phone: 623-277-0845 or Personal 623-261-8602

CONTINGENCY / PANDEMIC PLAN /Backup plan

This plan is ensuring the health and safety members and staff. This plan maintains adequate staffing levels, food, water, prescribed medications, and equipment that meet the needs of the member for not less than 3 days and for the duration of the emergency/ disaster.

Loss of facilities/site – Company will find a temporary site to resume business and continue all services

Electronic/ Telephone failure- Company will have a backup cell phone and if cell phone is unavailable will have landline

Loss of computer/records- Company will have a backup system to save any records and a paper copy of records.

For any emergencies, our company will assess and contact all necessary parties.

EMERGENCY PHONE NUMBERS

FIRE DEPARTMENT: Buckeye 623-349-6700

PARAMEDICS: 911

AMBULANCE: 911

POLICE: 911

FEDERAL PROTECTIVE SERVICE: 520-670-4720

UTILITY COMPANY EMERGENCY CONTACTS

ELECTRIC: APS 602-371-7171

WATER: City of Buckeye 623-349-6000

Az DDD Offices: see list

TELEPHONE COMPANY: Cox 480-292-7166

EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

- Medical
- Fire
- Severe Weather
- Bomb Threat
- Structure Climbing/Descending
- Extended Power Loss
- Other (specify) _

(e.g., terrorist attack/hostage taking)

MEDICAL EMERGENCY

Call medical emergency phone number:

- Paramedics
- Ambulance
- Fire Department
- Other (specify tourist attack, bomb, etc.)

Provide the following information:

- a. Nature of medical emergency,
- b. Location of the emergency (address, building, room number), and
- c. Your name and phone number from which you are calling.

Do not move the victim unless necessary. Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:

- If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:
 1. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
 2. Clear the air passages using the Heimlich Maneuver in case of choking.
- In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

FIRE EMERGENCY

When the fire is discovered:

- Activate the nearest fire alarm
- Call 911
- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means:

Voice
Communication
Phone/Cell Phone

Radio
Other (specify)

Fight the fire ONLY if:

- The Fire Department has been notified.
- The fire is small and is not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes.
- Assemble in the designated area (By mailbox):
- Remain outside until the competent authority (Supervisor) announces that it is safe to reenter.

Designated Official, Emergency Coordinator or supervisors must (underline one):

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
- Coordinate an orderly evacuation of personnel.
- Perform an accurate head count of personnel and consumers reported to the designated area.
- Determine a rescue method to locate missing personnel.
- Provide the Fire Department personnel with the necessary information about the facility.
- Perform assessment and coordinate weather forecast office emergency closing procedures

Area/Floor Monitors must:

- Ensure that all employees /members have evacuated the area/floor.
- Report any problems to the Emergency Coordinator at the assembly area.

EXTENDED POWER LOSS

In the event of extended power loss to a facility certain precautionary measure should be taken depending on the geographical location and environment of the facility:

- Unnecessary electrical equipment and appliances should be turned off if power restoration would surge causing damage to electronics and affecting sensitive equipment.
- Facilities with freezing temperatures should turn off and drain the following lines in the event of a long-term power loss.
 - Fire sprinkler system · Standpipes
 - Potable water lines
 - Toilets
- Add propylene-glycol to drains to prevent traps from freezing
- Equipment that contains fluids that may freeze due to long-term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.

Upon Restoration of heat and power:

- Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
- Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and the water is turned back on.

PREVENTING MEMBER ABUSE, NEGLECT, AND EXPLOITATION⁵

SCOPE: This policy applies to Qualified vendors and their staff, whether employed or contracted, who provide day treatment and residential services to members of the Division of Developmental Disabilities (Division). Residential services include all group homes (group homes, nursing-supported group homes, and community protection group homes) and all developmental homes.

PURPOSE: To establish posting of signage requirements and training requirements for Qualified Vendor staff and Division members on identifying, reporting, and preventing member abuse, neglect, and exploitation.

DEFINITIONS

Abuse (of a child) is the infliction or allowing of physical injury, impairment of bodily function or disfigurement, or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual who has the care, custody, and control of a child. As specified in A.R.S. §8-201(2), abuse includes

1. Inflicting or allowing sexual abuse, sexual conduct with a minor, sexual assault, molestation of a child, commercial sexual exploitation of a minor, sexual exploitation of a minor, incest, or child sex trafficking as those acts are described in the Arizona Revised Statutes, A.R.S. Title 13, Chapter 14.

2. Physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found, or equipment is possessed by any person for the purpose of manufacturing a dangerous drug as defined in A.R.S. 13-3401.

3. Unreasonable confinement of a child. Abuse (of member) is the abuse of a vulnerable adult or the abuse of a child who is a member as specified in A.R.S. §46-451(A)(1), A.R.S. §8-201(2). A.R.S. §46-451(A)(10). Abuse (of a vulnerable adult) is the intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, and sexual abuse or sexual assault as specified in A.R.S. §46-451(A)(1). Emotional Abuse is a pattern of ridiculing or demeaning a vulnerable adult; making derogatory remarks, verbally harassing, or threatening to inflict physical or emotional harm on a vulnerable adult. Exploitation is the illegal or improper use of a vulnerable adult or the vulnerable adult's resources for another's profit or advantage as specified in A.R.S. §46-451(A)(5).

Neglect is a pattern of conduct without the individual's informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health as specified in A.R.S. §46-451(A)(7), and includes:

1. Intentional failure to report health problems or changes in health condition to immediate supervisor or nurse.
2. Sleeping on duty or abandoning the workstation.
3. Intentional failure to carry out a prescribed treatment plan for a member.

Retaliation is an adverse action taken against an individual for raising a concern about a possible violation or allegation of a potential act of abuse, neglect, or exploitation; or participating in the investigation or other matters related to said act. Staff are expected to report concerns about possible violations or allegations of a potential act of abuse, neglect, or exploitation as soon as they become aware of possible violations. Discipline or termination for staff failure to report or intervene is not considered retaliation under this policy.

Vulnerable Adult is an individual who is 18 years of age or older and who is unable to protect himself/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment as specified in A.R.S. § 46-451. Vulnerable adults include an incapacitated person as specified in A.R.S. §14-5101.

Whistleblower is an individual, or two or more individuals acting jointly, who reports abuse, neglect, or exploitation of members to someone in a position to rectify the wrongdoing. Whistleblowers are protected from retaliation under federal whistleblower laws.

POLICY

AZ Ohana Services is committed to providing a safe environment for its most vulnerable members. As part of that commitment AOS requires to post signage in areas accessible to all staff, AOS members, and families, illustrating how to identify and report member abuse, neglect, and exploitation, anonymously or otherwise. AOS also requires training to staff and to offer training to members.

A. SIGNAGE

1. Vendors are required to post the DES/DDD approved sign, “Everyone Has the Right to be Safe,” in the service setting’s telephone location and/or near posted emergency numbers. The signage is provided by the Division and can be found on the DES Website, in the Document Center, available in English and Spanish. There are two versions: One for individuals under 18 years of age (child) and one for individuals 18 years of age or older (adult). The vendor must post child or adult signage appropriate for the age of the members receiving service in the setting.
2. Vendors are responsible for providing interpretation or translation of the signs into other non-prevalent languages at the request of the member or responsible person.
3. Signage should be maintained in good condition and be easily readable.

B. STAFF TRAINING

1. Vendors shall provide staff training on identifying and reporting member abuse, neglect, and exploitation as follows:

- a. Newly hired staff shall receive instructor-led training within 90 days of the hire date, and
- b. All staff shall receive annual training which may be delivered through computer-based training.

NOTE: Staff hired on or after the effective date of this policy must be trained within 90 days of their hire date. Staff hired before the effective date of this policy must be trained within 180 days of the effective date of this policy using instructor-led training.

2. Vendors may use the DES/DDD published curriculum, “Recognizing and

Reporting Abuse, Neglect, and Exploitation of Vulnerable Populations,” available on the Division’s training webpage, or use the alternative curriculum with minimum components below:

- a. Definitions of abuse (physical, emotional, programmatic), neglect and exploitation (including social media and photography).
- b. Recognizing the physical, behavioral, and environmental signs of maltreatment.
- c. List the common characteristics of perpetrators.
- d. Identify the disability, environmental and cultural factors that increase vulnerability and how to decrease them.
- e. Reasons why maltreatment is not reported and the impact of not reporting.
- f. Defining and modeling boundaries with personal space.
- g. Maintaining professional relationships when providing intimate care.
- h. Modeling how to say “no” to unwanted touching.

- i. Rules for necessary touch and understanding how individuals may give permission.
 - j. List the methods for reporting maltreatment to protective agencies.
 - k. Identify key differences between police, Adult Protective Services, and the Department of Child Safety.
 - l. Whistleblower protections for reporting and protection against retaliation.
3. Conduct annual testing for staff responses to potential acts of exploitive, abusive, and neglectful behavior to verify their understanding of the reporting requirements. This requirement can be met by establishing and reviewing case studies or scenarios of potential exploitive, abusive, and neglectful behavior with staff and documenting their responses.
4. Maintain records of all staff training offered and delivered under this policy.

Using the following roster format:

- Last Name
 - First name
 - DOB
 - Staff Fingerprint clearance number or Fingerprint application number
 - Vendor name
 - Vendor Assists ID
 - Trainer name
 - Date training completed
5. Issue a training certificate to each staff trained, signed, and dated by the trainer, and maintain a copy in vendor files.

Arizona Ohana Services LLC False Claims Act Policy

Purpose: It is the policy of Arizona Ohana Services (AOS) to detect and prevent fraud, waste, and abuse in the delivery of services. Many federal and state laws are designed to prevent healthcare fraud. Some of these laws are intended to prevent any kickback or payment for referring patients, particularly in federally or state funded programs. A violation of the False Claims Act ("FCA") can entail any employee knowingly presenting (or causing to be presented) a false or fraudulent claim for payment. The False Claims Act covers fraud involving any federally funded contract or program, except for tax fraud. This policy is established to facilitate the development of controls that aid in the detection and prevention of fraud, waste, and abuse. It is the intent of AOS to promote consistent organizational behavior by providing guidelines and assigning responsibility for the development of controls and conducting of investigations. This policy applies to any irregularity, or suspected irregularity, involving employees, persons receiving services, guardians, consultants, vendors, contractors, outside agencies doing business with employees of such agencies, and/or any other parties with a business relationship with AOS.

"Deficit Reduction Act (DRA)" means the DRA of 2005 is a United States Act of Congress concerning the budget. It addresses deficit reductions ranging from education to housing and Medicare to Medicaid. In addition, any entity that receives or makes annual Medicaid payments, under the State plan, of at least \$5 million shall implement written policies for its employees, management, contractors, and agents regarding the FCA.

The Physician Self-Referral Law, commonly referred to as the **Stark law**, prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies. Financial relationships include both ownership/investment interests and compensation arrangements. For example, if

you invest in an imaging center, the Stark law requires the resulting financial relationship to fit within an exception or you may not refer patients to the facility and the entity may not bill for the referred imaging services.

"Designated health services" are:

- clinical laboratory services.
- physical therapy, occupational therapy, and outpatient speech-language pathology services.
- radiology and certain other imaging services.
- radiation therapy services and supplies.
- DME and supplies.
- parenteral and enteral nutrients, equipment, and supplies.
- prosthetics, orthotics, and prosthetic devices and supplies.
- home health services.
- outpatient prescription drugs; and
- inpatient and outpatient hospital services.

Anti-Kickback Statute [42 U.S.C. § 1320a-7b(b)]

The AKS is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal healthcare programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies. In some industries, it is acceptable to reward those who refer business to you. However, in the Federal healthcare programs, paying for referrals is a crime. The statute covers the payers of kickbacks-those who offer or pay remuneration- as well as the recipients of kickbacks-those who solicit or receive remuneration. Each party's intent is a key element of their liability under the AKS.

Criminal penalties and administrative sanctions for violating the AKS include fines, jail terms, and exclusion from participation in the Federal healthcare programs. Under the CMPL, physicians who pay or accept kickbacks also face penalties of up to \$50,000 per kickback plus three times the amount of the remuneration.

Safe harbors protect certain payment and business practices that could otherwise implicate the AKS from criminal and civil prosecution. To be protected by a safe harbor, an arrangement must fit squarely in the safe harbor and satisfy all of its requirements. Some safe harbors address personal services and rental agreements, investments in ambulatory surgical centers, and payments to bona fide employees.

For additional information on safe harbors, see "OIG's Safe Harbor Regulations."

As a physician, you are an attractive target for kickback schemes because you can be a source of referrals for fellow physicians or other health care providers and suppliers. You decide what drugs your patients use, which specialists they see, and what health care services and supplies they receive.

Many people and companies want your patients' business and would pay you to send that business their way. Just as it is illegal for you to take money from providers and suppliers in return for the referral of your Medicare and Medicaid patients, it is illegal for you to pay others to refer their Medicare and Medicaid patients to you.

Kickbacks in health care can lead to:

- Overutilization
- Increased program costs
- Corruption of medical decision making
- Patient steering
- Unfair competition

The kickback prohibition applies to all sources of referrals, even patients. For example, where the Medicare and Medicaid programs require patients to pay copays for services, you are generally required to collect that money from your patients. Routinely waiving these copays could implicate the AKS and you may not advertise that you will forgive copayments. However, you are free to waive a copayment if you make an individual determination that the patient cannot afford to pay or if your reasonable collection efforts fail. It is also legal to provide free or discounted services to uninsured people.

Besides the AKS, the beneficiary inducement statute (42 U.S.C. § 1320a-7a(a)(5)) also imposes civil monetary penalties on physicians who offer remuneration to Medicare and Medicaid beneficiaries to influence them to use their services.

The Government does not need to prove patient harm or financial loss to the programs to show that a physician violated the AKS. A physician can be guilty of violating the AKS even if the physician rendered the service and the service was medically necessary. Taking money or gifts from a drug or device company or a durable medical equipment (DME) supplier is not justified by the argument that you would have prescribed that drug or ordered that wheelchair even without a kickback.

Definitions:

Fraud: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to oneself or other persons. It includes any act that constitutes fraud under applicable State or Federal law, as defined in 42 CFR 455.2.

Waste: Over-utilization or inappropriate utilization of services, misuse of resources, or practices that result in unnecessary costs to the Medicaid Program

Abuse of the Program: Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Division or any AHCCCS funded program. 42 CFR 455.2.

Any irregularity that is detected or suspected must be reported immediately to the Human Resources Department.

Penalties for violating anti-fraud laws include fines, criminal or civil actions or exclusion from the Medicare and AHCCCS programs or other federal programs and termination from employment. Liability for violating the FCA is equal to three times the dollar amount that the government is defrauded and civil penalties of \$11,665 to \$23,331 (adjusted from time to time for inflation) for each false claim.

Az Ohana employees acknowledge the following to comply with AOS policy

Actions Constituting Fraud

An employee who knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay money or transmit property to the Federal Government can constitute a violation of the FCA.

Conspiring with others to get a false or fraudulent claim paid by the Federal Government can constitute a violation of the FCA.

Employees also shall comply with all Arizona statutes regarding civil or criminal penalties for false claims and statements.

Examples of fraud Include but are not limited to:

- Any dishonest or fraudulent act
- Submitting claims (known incorrect timecards) for services that were not provided, including the inflation of the hours expended.
- Falsely documenting and coding claims to reflect the services that were not provided
- Impropriety in the handling or reporting of money or financial transactions
- Making or offering payments or any other benefits to physicians or others for referrals of patients or the ordering of services

- Accepting payments or any other benefits from vendors or suppliers in return for additional business
- Participating in the destruction, removal, or inappropriate use of records, furniture, fixtures, and equipment
- Disclosing confidential and proprietary information to outside parties.

If there are any questions as to whether an action constitutes fraud, waste or abuse, Human Resources should be contacted, immediately

If fraudulent activity is identified, AOS is responsible for the following:

- Correcting an inaccurate bill
- Notifying payors of overpayments for services and refunding overpayments, as applicable
- Cooperating with authorized investigators seeking information about potential billing or fraud concerns
 - AOS is prohibited from and will not retaliate against someone who, in good faith, makes a complaint or participates in the investigation of a complaint concerning false or fraudulent statements or claims of payment. Any AOS team member who reports allegations of fraudulent activity will not be held liable unless these allegations are made with malicious intent. No sanctions will be placed on team members who report these allegations. An individual can share in a percentage of a government recovery in an FCA action or settlement if they bring an action on behalf of the United States as a “qui tam relator.” Qui tam relator is a private citizen who successfully brings a suit against those who have defrauded the government. AOS employees are covered by the Whistleblower Act, which prohibits employers from taking any sanctions (i.e., discharge, demotion, harassment, or other discrimination) against an employee for filing a complaint under the False Claims Act

If an investigation establishes that fraudulent activity has been conducted by an employee, the employee will be terminated. If an investigation establishes fraudulent activity on the part of a contractor, agent or business associate, the relationship will be terminated.

Prevention of Fraud, Waste, and Abuse:

- AOS reviews timesheets for accuracy prior to submittal for billing
 - AOS utilizes an Electronic Visit Verification system (EVV) that verifies date, time, and place of service provision
 - Member hours are utilized only in accordance with authorizations received from funding sources and tracked in the EVV system
- How to Report a Compliance Concern:** If you have compliance concerns or questions regarding AOS, you may:
- Call the Human Resource Department at 623-277-0845. The Human Resource Department is located at 3508 S 237th lane Buckeye Az 85326.
 - Alternatively, you may present a compliance concern to the Human Resource Department by written communication. The Human Resource Department will respond promptly to all compliance calls and

reports. Compliance calls and reports will be treated confidentially, to the extent permitted by law, unless you agree otherwise. You can make an anonymous call or report, although it is sometimes harder for the Compliance Department to investigate concerns without being able to contact you for follow-up information

REFERENCES: Public Law 101-12 (Whistleblower Protection Act), Public Law 109-171 (Deficit Reduction Act of 2005); 31 U.S.C. 3729-3733 (False Claims Act)

Form NPS 1A-1B:

Arizona Ohana Services, LLC

NPS Log (Non – Provision of Services) *also known as GAP*

Member's name: _____ Date: _____

Full Address: _____

Member's _____ Case Manager: _____ AHCCCS ID # _____

Services type (circle services): Attendant care Habilitation Respite other: _____

Member's service level at the time of notice (check box)

- 1. Needs services within 2 hours ☐
- 2. Needs services today ☐
- 3. Needs services within 48 hours ☐
- 4. Can wait until next schedule day ☐

Member's service Preference Level at time last case manager visits (check box)

- 5. Needs services within 2 hours ☐
- 6. Needs services today ☐
- 7. Needs services within 48 hours ☐
- 8. Can wait until next schedule day ☐

NPS 1B

Reason for NPS:

Resolution:

Original hours Auth _____
Hours Provided on NPS day _____
Member time frame met: YES or NO
If no reason why

If an unpaid caregiver used (circle one):
1. Consumer choice
2. No agency staff available
3. Other ____

Person Filling out form: _____ **Date** _____

Form MARs:

ARIZONA OHANA SERVICES LLC Medication Administration Record (MAR)

MO/YR:		Start/Stop Date		Member's Name:																														
Medication		Time		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Start																																	
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Diagnosis:		DIET (Special Instructions, e.g. Texture, Bite-Size, Position, etc.)																Comments																
Allergies:		Physician Name																A. Put initials in the appropriate box when medication is given. B. Circle initials when not given. C. State the reason for refusal/omission on the back of the form. D. PRN Medications are prohibited must have time E. Legend: <i>H</i> = Home visit <i>P</i> = Program																
		Phone Number																																
Responsible person:										Phone Number:										Provider signature:					Date:									

Form Vehicle Inspection:



Vendor Agency: <u>Arizona Ohana Services</u>	Date: _____	Provider: _____		
Inspector: _____	Make/Model Vehicle: _____			
REQUIREMENTS (STAFF ONLY)	YES	NO	N/A	
1. Vendor Policy Page Reference #####				
a. Each vehicle is equipped with a cellular phone.				
b. Maintenance records and safety inspection documentations are provided to the agency for filing.				
c. The employee drives their own vehicle or a qualified AZOS vehicle.				
d. Driver's license / vehicle registration / insurance is valid and provided to the agency.				
e. Health and safety information of all member's being transported have been provided prior to attending outings.				
f. Process for transporting members in wheelchairs (shall be equipped with floor-mounted seat belts and wheelchair lockdowns or comparable safety equipment).				
2. All Vehicles Must Have: <i>(Section B)</i>				
a. Functional seat belts.				
b. Functional wheelchair mounts/lifts (if applicable).				
c. Age, Size, and weight appropriate car seats are available if appropriate or needed to transport.				
d. Cell phones are always required when transporting a member.				
e. Ensure ALL personal belongings have been removed.				
f. Ensure ALL members have exited from the vehicle. (Double check process)				

Form Vehicle Inspection pg. 2:

g. Current valid registration and license plates mounted to the front or back of the vehicle.			
h. Equipped with an operational heating and air conditioning system.			
i. A first Aid kit			
3. All vehicles used to transport DDD members (<i>AZOS contracted vehicles and/or personal vehicles,</i>) must maintain and provide records regarding normal/regular service and maintenance of the vehicles. (<i>Section C</i>)			
a. Normal and regular service/maintenance of vehicle(s) records on file.			
Comments:			

Driver's Name: _____

Diver's Signature: _____

Date of Acknowledgement: _____

Inspection Completed by: _____

Date of Inspection: _____

Administrator Signature: _____

Date of Acknowledgement: _____

Form Incident Report: Pg 1

DDD-0191A FORFF (3-23)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

Page 1 of 10

INCIDENT REPORT

Confidential Information

(This form must be filled electronically. Handwritten forms are not accepted.)

Qualified Vendors are required to use this form to report all incidents to the Division.

DDD USE ONLY:

Member's Assigned District: ☐ North ☐ South ☐ East ☐ West ☐ Central ☐ State Operated
District Where Incident Occurred: ☐ North ☐ South ☐ East ☐ West ☐ Central ☐ State Operated

Date of Incident: _____ Time of Incident: _____

Member's Name (Last, First, M.I.): _____

Member's Date of Birth: _____ Member's AHCCCS ID: _____

Is this Member in Foster Care? ☐ Yes ☐ No

Is a Behavior Plan required? ☐ Yes ☐ No

• If yes, is the Behavior Plan current? ☐ Yes ☐ No ☐ N/A Expiration Date: _____

Is there a current Person-Centered Service Plan (PCSP)? ☐ Yes ☐ No PCSP Date: _____

• Does the PCSP identify the need for an enhanced ratio? ☐ Yes ☐ No

◦ If yes, select appropriate supervision level: ☐ 1:1 ☐ 2:1 ☐ 1:2 ☐ Other: _____

Vendor or Independent Provider Name Responsible for Member at the time incident occurred:

• Vendor Name: Arizona Ohana Services

• Site Name: Arizona Ohana Services Vendor AHCCCS ID: 003876

• Site Address: 3508 S. 237th Ln. Buckeye AZ 85326
City State ZIP Code

Location Type:

☐ Group Home ☐ Day Treatment Adult (DTA) ☐ Day Treatment Teen (DTT) ☐ Family Home

☐ Individually Designed Living Arrangements (IDLA) ☐ Developmental Home ☐ School (public, private, charter)

☐ Community (please provide a brief description): _____

☐ Other: _____

Describe Service provided at time of incident:

Reporting Vendor or Independent Provider Name (If different from above): Same as above

Title: _____ Contact Information: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Form Incident Report: Pg 2

INDIVIDUAL / STAFF INVOLVED #1

Individual / Staff involved in incident (Last, First, M.I.): _____

Immediate Supervisor: _____ Phone Number: _____ N/A

INDIVIDUAL / STAFF INVOLVED #2

Individual / Staff involved in incident (Last, First, M.I.): _____

Immediate Supervisor: _____ Phone Number: _____ N/A

INDIVIDUAL / STAFF INVOLVED #3

Individual / Staff involved in incident (Last, First, M.I.): _____

Immediate Supervisor: _____ Phone Number: _____ N/A

Is this incident report related to medication or medication administration? ☒ Yes ☐ No

- If yes, complete the additional medication questions
- If no, continue to Incident Type - Death and/or Incident Type - Other Section

INCIDENT TYPE – MEDICATION:

Provide a description of the event and how was it detected?

Does this incident involve more than one medication? ☐ Yes ☒ No

Provide a list of the Medication(s) involved in incident:

[illegible]

Form Incident Report: Pg 3

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How many doses were administered in error? ☐ None ☐ 1 ☐ 2 ☐ 3 or more

How many doses were missed in error? ☐ None ☐ 1 ☐ 2 ☐ 3 or more

Does the Member administer their own medications? ☐ Yes ☐ No

Did the Member refuse to take or report not taking their medication? ☐ Yes ☐ No

- If yes, was the Member able to explain why they refused or did not take their medication?

Was the medication incident related to a failure to administer medication by staff? ☐ Yes ☐ No

- If yes, why was the medication not administered? *Check all that apply:*

☐ Medication not available ☐ Medication order expired ☐ Medication available does not match order

☐ Medication order unclear ☐ Medication past expiration date ☐ Other, explain: _____

- If no, was the medication administration incident a result of any of the following? *Check all that apply:*

☐ Incorrect medication ☐ Incorrect member ☐ Incorrect dose ☐ Incorrect time

☐ Incorrect route ☐ Incorrect or no documentation ☐ Other, explain: _____

Did the Member vomit or spit out their medication after it was given? ☐ Yes ☐ No

- If yes, was the prescriber contacted for further instructions? ☐ Yes ☐ No

- Provide name of prescriber contacted: _____

- Describe instructions received: _____

Describe the Member's condition before the medication incident:

Describe the Member's condition after the medication incident:

Was any action taken? ☐ Yes ☐ No

- If no, please explain why action was not taken / not needed? _____

- If yes, were any of the following individuals contacted? *Check all that apply:*

☐ Pharmacist ☐ Primary Care Physician ☐ Nurse Practitioner/Physician Assistant ☐ Poison Control

☐ Nurse Line ☐ Other _____

- Were instructions provided? ☐ Yes ☐ No

- If yes, please provide a detailed description of the instructions received:

- Were the instructions followed? ☐ Yes ☐ No

- If no, why not? _____

- Was 911 called? ☐ Yes ☐ No

- Was the Member transported by ambulance to an Emergency Department? ☐ Yes ☐ No

If yes, Name of Hospital: _____ City: _____ State: _____

- Was the Member then discharged from the Emergency Department?

☐ Yes ☐ No ☐ Not known at time incident report was completed by staff

- Was the Member then admitted to the hospital?

☐ Yes ☐ No ☐ Not known at time incident report was completed by staff

- Was the Member taken to Urgent Care? ☐ Yes ☐ No

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Possible Cause of Contributing Factors: *(Select all that apply)*

- | | | |
|---|-----------------------------------|-------------------------------------|
| Lack of knowledge | Use of unapproved abbreviations | Illegible prescription |
| Miscommunication | Look alike/sound alike medication | Failure to adhere to work procedure |
| Wrong labeling/instruction | Missing documentation | |
| Order not checked against medication administration record (MAR) prior to medication administration | | |
| Other _____ | | |

Interventions Taken: *(Select all that apply)*

- Medical services provided Communication process improved Member Education/training provided
Policy / procedure reviewed, revised Informed staff who made error Staff education / re-education provided
Corrected dose/frequency Behavioral Health Services Provided
Other _____
No action taken, provide a detailed explanation:

Medication administered by: Name _____ Title _____

Medication error identified by: Name _____ Title _____

Prescriber Name: _____ Contact information: _____

Prescriber Type: ☐ MD / DO ☐ Nurse Practitioner ☐ Physician Assistant ☐ Other _____

Pharmacy Name: _____

Pharmacy Address:			
	City	State	ZIP Code

Is this incident report related to a Member's death? ☐ Yes ☒ No

- If yes, complete the additional Member death questions
- If no, continue to Incident Type - Other Section

INCIDENT TYPE - DEATH:

Description of the event and how was it detected?

Date of Death:

- Member's Diagnoses: *(List all diagnosis)* _____

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Was the Member enrolled in Hospice? ☐ Yes ☐ No

- If yes, Date Hospice services started: _____
- If the Member was receiving Hospice, were they contacted? ☐ Yes ☐ No ☐ N/A

Member Hospice Diagnosis:

Code	Description

Did the Member have advanced directives? ☐ Yes ☐ No ☐ Unknown

- Code status: ☐ Full code ☐ Do not resuscitate ☐ Unknown

Where was the Member at the time of death?

☐ Hospital ☐ Hospice Inpatient Unit ☐ Group Home ☐ Own Home ☐ Other _____

What type of day was the Member having?

- Normal Routine: ☐ Yes ☐ No ☐ Unknown due to Member location at time of death
- Interruptions to Normal Routine: ☐ Yes ☐ No ☐ Unknown due to Member location at time of death
 - If yes, describe the interruptions: _____

Did the Member complain about any unusual symptoms or were any unusual symptoms observed prior to death?

☐ Yes ☐ No ☐ Unknown due to Member location at time of death

- If yes, describe the symptoms: _____
- When were symptoms first noticed? _____ Time: _____ am ☐ pm ☐

What activity was the Member engaged in prior to the Member's death? _____

Was anything unusual happening in the environment prior to the Member's death?

☐ Yes ☐ No ☐ Unknown due to Member location at time of death

- If yes, describe: _____

Were there similar incidents that occurred during the week before the Member's death?

☐ Yes ☐ No ☐ Unknown due to Member location at time of death

- If yes, describe: _____

Was the Member showing signs of agitation prior to the incident?

☐ Yes ☐ No ☐ Unknown due to Member location at time of death

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- If yes, describe: _____

Were emergency personnel notified? ☐ Yes ☐ No

- If yes, complete the following:
 - Was 911 called? ☐ Yes ☐ No ☐ Unknown due to Member location at time of death
 - Was the member transported by ambulance to an Emergency Department?
☐ Yes ☐ No ☐ Unknown due to Member location at time of death
If yes, Name of Hospital: _____ City: _____ State: _____
 - Did the Member pass away in the Emergency Department?
☐ Yes ☐ No ☐ Unknown due to Member location at time of death
 - Was the Member admitted to the hospital?
☐ Yes ☐ No ☐ Unknown due to Member location at time of death
 - If yes, did the Member pass away while in the hospital?
☐ Yes ☐ No ☐ Unknown due to Member location at time of death
 - Was the Member taken to Urgent Care?
☐ Yes ☐ No ☐ Unknown due to Member location at time of death
If yes, Name of Urgent Care: _____ City: _____ State: _____
 - Was any first aid provide to the Member by staff?
☐ Yes ☐ No ☐ Unknown due to Member location at time of death
 - If yes, describe the measures taken: _____
 - If no or not needed, describe reason why: _____
 - Name of individual making the determination: _____ Title: _____

Prior to the Member's death, in the last 6 months,
when was the last time the Member was treated at an Urgent Care? _____

- Reason for Hospital Admission? _____
Name of Hospital: _____
Address: _____ City: _____ State: _____

Prior to the Member's death, in the last 6 months,
when was the last time the Member was treated at an Urgent Care? _____

- Reason for Urgent Care Visit? _____
Name of Urgent Care: _____
Address: _____ City: _____ State: _____

Prior to the Member's death, within the last 6 months,
when was the last time the Member was treated in an Emergency Department? _____

- Reason for Emergency Department visit? _____
Name of Hospital: _____
Address: _____ City: _____ State: _____

Prior to the Member's death, within the last 6 months,
when was the last time the Member received first aid from the staff providing services to the Member? _____

- Reason for first aid was administered by staff? _____
- Describe the measures taken: _____

Form Incident Report: Pg 7

INCIDENT TYPE – OTHER:

Complete this Section for all other incidents. Write clearly, objectively and in order of occurrence, without reference to the writer's opinion. Provide a detailed description for each question.

Provide a detailed description of the incident, including all known facts:

What happened before the incident?

- What type of day was the Member having? _____
 - Normal Routine? ☐ Yes ☐ No
 - Interruptions to Normal Routine? ☐ Yes ☐ No
 - If yes, describe the interruptions: _____
- What activity was the Member engaged in before the incident occurred? _____
- Was anything unusual happening in the environment before the incident occurred? ☐ Yes ☐ No
 - If yes, describe what was unusual in the environment: _____
- Were there similar incidents that occurred during the week before this one? ☐ Yes ☐ No ☐ Unknown
- Was the Member displaying signs of agitation prior to the incident? ☐ Yes ☐ No
- Were techniques or steps taken to de-escalate the situation? ☐ Yes ☐ No
 - If yes, describe the techniques utilized: _____

What happened during the incident?

- Was the Behavior Plan followed? ☐ Yes ☐ No ☐ N/A
 - If yes, specifically, what techniques were implemented based on the plan? _____
 - If no, please explain why not: _____
 - Were emergency measures utilized during this incident? ☐ Yes ☐ No
 - If yes, what type of Prevention & Support was utilized during the event: _____
Name of staff involved in the technique: _____
 - Did the technique result in an injury to the Member? ☐ Yes ☐ No
 - If yes, please describe the injury: _____
 - Did the technique result in an injury to staff? ☐ Yes ☐ No
 - If yes, please describe the injury: _____
 - Does this incident require a change to the Member's BTP? ☐ Yes ☐ No

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- ☐ Were there any recent changes to the BTP due to prior incidents? ☐ Yes ☐ No
 - ☐ If yes, related to incidents that occurred in the past: ☐ 30 days ☐ 60 days ☐ 90+ days
- ☐ Was the Member injured? ☐ Yes ☐ No ☐ N/A
 - ☐ If yes, describe injuries: _____
 - ☐ How was the Member injured: _____
- ☐ Was the Behavioral Health Crisis Line called? ☐ Yes ☐ No ☐ N/A
 - ☐ If yes, please describe the outcome: _____
- ☐ Was 911 called? ☐ Yes ☐ No ☐ N/A
 - ☐ If yes, to request: *Check all that apply*
 - ☐ Support from Law Enforcement
 - Name Responding Law Enforcement Entity: _____
 - City: _____ State: _____ ZIP Code: _____
 - Name of the Responding Officer: _____ Badge # _____
 - Enforcement Report # _____
 - ☐ Support from Paramedic Evaluation / Transport
 - ☐ Was Member taken transported by ambulance to an Emergency Department? ☐ Yes ☐ No
 - ☐ If yes, Name of Hospital: _____ City: _____ State: _____
 - ☐ Was Member then discharged from Emergency Department?
 - ☐ Yes ☐ No ☐ Not known at time incident report was completed by staff
 - ☐ Was Member then admitted to the hospital?
 - ☐ Yes ☐ No ☐ Not known at time incident report was completed by staff
 - ☐ Was Member taken to Urgent Care by staff? ☐ Yes ☐ No ☐ N/A
 - ☐ If yes, Name of Urgent Care: _____ City: _____ State: _____
 - ☐ Was any first aid provided by staff? ☐ Yes ☐ No ☐ Not needed
 - ☐ If yes, describe the measures taken: _____
 - ☐ If no or not needed, describe reason why: _____
 - ☐ Name of individual making the determination: _____ Title: _____

NOTIFICATIONS

Incidents must be reported to the Division no later than 24 hours after the occurrence of the incident. Sentinel incidents must be reported to the Division immediately using the after-hours phone line at (602) 375-1403 or 1-(855) 375-1403 and a hard copy of the incident report submitted no later than 24 hours after the occurrence of the incident.

PARENT / GUARDIAN NOTIFIED: ☐ Yes ☐ No ☐ N/A – No appointed Guardian

- ☐ If yes, name of person notified: _____
 - Relationship to Member: ☐ Parent ☐ Guardian ☐ Public Fiduciary ☐ TSS Case Worker
 - Date of Notification: _____ Time of Notification: _____ am ☐ pm
- ☐ If no, explain why: _____

SUPPORT COORDINATOR NOTIFIED: ☐ Yes ☐ No

- ☐ If yes, name of person notified: _____
 - Date of Notification: _____ Time of Notification: _____ am ☐ pm
- ☐ If no, explain why: _____

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NOTIFICATIONS

This Section applies to all Incident Types - Medication, Death and Other

Incidents must be reported to the Division no later than 24 hours after the occurrence of the incident. Sentinel incidents must be reported to the Division immediately using the after-hours phone line at (602) 375-1403 or 1-(855) 375-1403 and a hard copy of the incident report submitted no later than 24 hours after the occurrence of the incident.

PARENT / GUARDIAN NOTIFIED: ☐ Yes ☐ No ☐ N/A – No appointed Guardian

- If yes, name of person notified: _____
Relationship to Member: ☐ Parent ☐ Guardian ☐ Public Fiduciary ☐ TSS Case Worker
Date of Notification: _____ Time of Notification: _____ am _____ pm
- If no, explain why: _____

SUPPORT COORDINATOR NOTIFIED: ☐ Yes ☐ No

- If yes, name of person notified: _____
Date of Notification: _____ Time of Notification: _____ am _____ pm
- If no, explain why: _____

PROTECTIVE SERVICES NOTIFIED: ☐ Yes ☐ No ☐ N/A

- If No or NA, explain why: _____
- If yes, please indicate all agencies notified:
☐ Adult Protective Services (APS) ☐ Department of Child Safety (DCS) ☐ Tribal Protective Services
☐ Other _____
Date of Notification: _____ Time of Notification: _____ am _____ pm
Report made via: ☐ On-Line ☐ Telephone ☐ Fax
 o If made via telephone, name of person receiving the report: _____
Report #: _____

LAW ENFORCEMENT NOTIFIED: ☐ Yes ☐ No ☐ N/A

- If No, explain why: _____
- If yes, how was Law Enforcement notified? ☐ 911 call ☐ Non-Emergent call
Date of Notification: _____ Time of Notification: _____ am _____ pm
Name Responding Law Enforcement Entity: _____
City: _____ State: _____ ZIP Code: _____
Name of the Responding Officer: _____ Badge # _____
Enforcement Report #: _____

OTHER AGENCY NOTIFIED: ☐ Yes ☐ No ☐ N/A

- If yes, please indicate all agencies notified:
☐ Arizona Center for Disability Law ☐ Probation ☐ DES Case Worker ☐ Primary Care Provider
☐ Behavioral Health Provider ☐ Dept. of Health Services
☐ Other _____
Date of Notification: _____ Time of Notification: _____ am _____ pm

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CORRECTIVE ACTION/COMMENTS

This Section applies to all Incident Types - Medication, Death and Other

As a result of this incident, what steps were taken to prevent an incident of this type from happening again?

Provide detailed information including the following:

- In retrospect, what could have been done to better support the Member?

- If the incident was a result of the Member's escalating behavior(s), what de-escalation techniques could have been implemented in this situation to provide support to this Member?

- Were safety risks in the environment identified that have been removed? ☐ Yes ☐ No

- If yes, describe the environmental safety risks that contributed to this incident?

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- Was additional staff training provided as a result of this incident? ☐ Yes ☐ No

- If yes, describe the training provided:

Name of person completing this form:

Signature: _____ Date: Time: ☐ am ☐ pm

Supervisor's name:

Signature: _____ Date: Time: ☐ am ☐ pm

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1

INCIDENT TYPE	IMMEDIATE INCIDENT NOTIFICATION REQUIRED Call your designated District Reporting Number Submit a hard copy incident report NO LATER <u>THEN</u> the close of business the next business day via Email or Fax.	NORMAL INCIDENT REPORTING PROCESS Submit hard copy of incident report by the close of the next business day via Email or Fax.
Abuse, Neglect and/or Exploitation <i>NOTE: Requires mandatory reporting to law enforcement, Adult Protective Services (APS), Child Protective Services (CPS), or Tribal Social Services.</i>	• ALL INSTANCES of physical and sexual abuse and/or exploitation • OTHER TYPES OF ABUSE – report when an incident poses an immediate and serious threat toward an individual(s) enrolled with the Division • SEVERE RISK of immediate death, serious impairment or disfigurement with immediate medical emergency and/or law enforcement intervention • Newsworthy or widespread media coverage • Emergency residential placement assistance needed	• Incidents without serious physical injury or widespread media for the following: • VERBAL/EMOTIONAL ABUSE • NEGLECT • PROGRAMMATIC ABUSE • EXPLOITATION • Emergency residential placement assistance is NOT needed
Accidental Injury or Injury of Unknown Origin	• SEVERE RISK of immediate death, serious impairment or disfigurement with immediate medical emergency and/or hospitalization necessary • Newsworthy or widespread media coverage	• ALL OTHER INJURIES whether medical intervention is required
Behavioral Events	• POSES AN IMMEDIATE AND SERIOUS THREAT directed toward self, others and/or individuals enrolled with the Division • Community is at risk of harm • Newsworthy or widespread media coverage	• OTHER BEHAVIORAL EVENTS – events that did not involve use of emergency measures/physical restraints and do not have a separate behavior data tracking process approved by the ISP team or designated in the behavior plan

INCIDENT TYPE	IMMEDIATE INCIDENT NOTIFICATION REQUIRED Call your designated District Reporting Number Submit a hard copy incident report NO <u>LATER THAN</u> the close of business the next business day via Email or Fax.	NORMAL INCIDENT REPORTING PROCESS Submit a hard copy of the incident report by the close of the next business day via Email or Fax.
Community Complaint or Disturbance	• POSES AN IMMEDIATE AND SERIOUS THREAT directed toward self, others and/or individuals enrolled with the Division • Community is at risk of harm • Newsworthy or widespread media coverage	• All other community complaints or disturbances
Death	• ALL DEATHS REQUIRE IMMEDIATE NOTIFICATION	• NOT APPLICABLE: Immediate notification is required
Emergency Measures <i>Note: Clearly identify the emergency physical intervention technique used and the responsible staff involved.</i>	• SEVERE INJURIES related to the use of emergency physical intervention techniques (risk of immediate death, serious impairment or disfigurement with immediate medical intervention necessary)	• All other uses of any emergency physical intervention technique
HIPAA Violation	• POSES AN IMMEDIATE AND SERIOUS THREAT directed toward individuals enrolled with the Division • Community is at risk of harm • Newsworthy or widespread media coverage	• All other HIPAA-related incidents or allegations
Hospitalization or Medical Attention by Emergency Personnel	• SUDDEN HOSPITALIZATION OR EMERGENCY ROOM/URGENT CARE VISIT WITH SEVERE CONSEQUENCES (risk of immediate death, serious impairment or disfigurement)	• All other instances of hospitalization, urgent care or medical attention by emergency personnel

INCIDENT TYPE	IMMEDIATE INCIDENT NOTIFICATION REQUIRED Call your designated District Reporting Number Submit a hard copy incident report NO <u>LATER</u> <u>THEN</u> the close of business the next business day via Email or Fax.	NORMAL INCIDENT REPORTING PROCESS Submit hard copy of incident report by the close of the next business day via Email or Fax.
Human Rights Violations	• POSES AN IMMEDIATE AND SERIOUS THREAT directed toward individuals enrolled with the Division • Community is at risk of harm • Newsworthy or widespread media coverage	• All other allegations of human rights related incidents
	• Emergency residential placement assistance needed	
Individual Missing	• Individual is STILL MISSING AND PRESUMED TO BE IN IMMINENT DANGER • Media has been alerted • HIGH RISK OF DANGER FACTORS: Community at Risk, Foster Care, Probation, Health Issues, No Safety Skills, Missed Critical Medication that may impact the health or safety of the individual.	• Individual has been located and is currently safe • Individual is still missing and has been determined to a LOW RISK for injury to self or others
Medication Error <i>Note: Clearly identify the name of the medication and the staff responsible for the error.</i>	• HOSPITALIZATION REQUIRED DUE TO SEVERE PHYSICAL REACTION	• All other medication errors

Medicaid Fraud	• POSES AN IMMEDIATE AND SERIOUS THREAT directed toward individuals enrolled with the Division • Community is at risk of harm • Newsworthy or widespread media coverage • Emergency residential placement assistance needed	• All other allegations of Medicaid fraud
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Form Incident Report Pg.7

Provider Quick Guide for Incident Reporting Developed by the Division of Developmental Disabilities Central Office Quality Assurance Unit June 2013 (REV February 2016)

INCIDENT TYPE	IMMEDIATE INCIDENT NOTIFICATION REQUIRED Call your designated District Reporting Number Submit a hard copy incident report NO LATER THEN the close of business the next business day via Email or Fax.	NORMAL INCIDENT REPORTING PROCESS Submit a hard copy of the incident report by the close of the next business day via Email or Fax.
Media Involvement	- EXTRAORDINARY EVENT involving an individual(s) enrolled with the Division, facility, or employees/contractor personnel that will be reported in the newspaper, television, radio, etc. - Widespread media coverage	Any other media event involving an individual(s) enrolled with the Division, facility, or employees/contractor personnel
Provider or Individual Drug Use	- POSES AN IMMEDIATE AND SERIOUS THREAT directed toward self, others and/or individuals enrolled with the Division and is being reported to law enforcement due to possession or use - Newsworthy or media coverage - Requires need for emergency residential placement	All other instances of provider or individual drug use
Suicide Attempt/Threat	SEVERE RISK if immediate death, serious impairment or disfigurement with immediate medical emergency intervention necessary	All other instances of suicide attempts/threats
Theft or Loss/Damage to Individual's Property	Theft or Loss/Damage of an individual's money or property THAT EXCEEDS \$1,000	Theft or Loss/Damage of an individual's money or property of \$1,000 OR LESS
Emergency Change of Operations	ENVIRONMENTAL CIRCUMSTANCES, UNUSUAL WEATHER CONDITIONS, OR NATURAL DISASTERS WHICH RESULT IN AN EMERGENCY CHANGE OF OPERATIONS (e.g. fire, flood, windstorm, snow, loss of necessary utilities, etc.)	NOT APPLICABLE: IMMEDIATE NOTIFICATION ALWAYS REQUIRED (Phone Call Required for All Incidents)

The PROVIDER QUICK GUIDE FOR INCIDENT REPORTING is designed to assist with identifying incidents that may require immediate notification to the Division during or after business hours, weekends, and holidays. It is provided as a tool only and not intended to be all inclusive. Each incident is different which causes the outcome of the incident to vary from one circumstance and to the next. Please use this guide in conjunction with Division Policy Chapter 2100 related to incident reporting located at <https://www.azdes.gov/main.aspx?menu=96&id=2844>.

DDD Incident Report Policy 961 - INCIDENT, ACCIDENT, AND DEATH REPORTING

Division of Developmental Disabilities Administrative Services Subcontractors Medical Policy Manual Chapter 900 Quality Management and Performance Improvement Program

961 - INCIDENT, ACCIDENT, AND DEATH REPORTING EFFECTIVE DATE: May 11, 2022, REFERENCES: A.R.S. §8-201(2), §14-1501, §36.551.01, §46-451(A)(1), §46-451(A)(5), §41-3801, §41-3803, §41-3804, §8-201, §46-451(A)(7), §46-451(A)(10) A.A.C. R9-10- 101, R9-21- 105. AMPM Policies 962, 1020, ADSS Medical Policy Manual 960, 1230-A, ADSS Operations Manual Policy 417.

Purpose

This policy applies to the Division of Developmental Disabilities' (Division) Administrative Services Subcontractors (ADSS). It establishes requirements for the reporting, reviewing, and monitoring of Incident, Accident, and Deaths (IAD) in a consistent manner across the delivery system.

Scope

This policy applies to the ADSS and their responsibilities related to any reported incident, accident, and death from any source.

Definitions

Abuse (Of a Child) – As specified in A.R.S. §8-201(2), abuse of a child is defined as follows:

A. The infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage, as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts of omissions of an individual who has the care, custody and control of a child. Abuse includes:

1. Inflicting or allowing sexual abuse, sexual conduct with a minor, sexual assault, molestation of a child, commercial sexual exploitation of a minor, sexual exploitation of a minor, incest, or child sex trafficking as those acts are described in the Arizona Revised Statutes, Title 13, Chapter 14.

2. Physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found, or equipment is possessed by any person for the purpose of manufacturing a dangerous drug as defined in section 13-3401.

3. Unreasonable confinement of a child.

Abuse (Of a Vulnerable Adult) - As specified in A.R.S. §46-451(A)(1), (i) intentional infliction of physical harm, (ii) injury caused by negligent acts or omissions, (iii) unreasonable confinement, or (iv) sexual abuse or sexual assault.

Community Complaint – A complaint from the community that puts a member or the community at risk of harm.

Death – “Expected” (natural), “unexpected” (unnatural), or “no provider present”

A. Expected Deaths: May include deaths from long-standing, progressive medical conditions, or age-related conditions, e.g., end-stage cancers, end-stage kidney or liver disease, end-stage HIV/AIDS, end-stage Alzheimer’s/Parkinson’s disease, severe congenital malformations.

B. Unexpected Deaths: Includes motor vehicle accidents, suicides accidental drug overdoses, homicides, acute myocardial infarction or strokes, trauma/abuse, sudden deaths from undiagnosed conditions, or generic medical conditions (e.g., seizures, pneumonia, falls) that progress to rapid deterioration.

C. No Provider Present: Refers to deaths of members living independently or with family and no provider is being paid for service provision at the time of death. The “expected” or “unexpected” categories must be used if a paid provider is present at the time of death.

Exploitation (Of a Vulnerable Adult) - As specified in A.R.S. §46-451(A)(5), the illegal or improper use of a vulnerable adult or his/her resources for another’s profit or advantage.

Human Rights Violation – A violation of a member’s rights, benefits, and privileges guaranteed in the constitution and laws of the United States and the State of Arizona. Human rights are defined in A.R.S. §36.551.01 as a violation of a member’s dignity or personal choice, violations of privacy, the right to open mail, send and receive phone calls, access to one’s own money, choosing what to eat, etc.

Incident, Accident, Death (IAD) – An unexpected occurrence that harms or has the potential to harm a member and is:

A. On the premises of a health care institution, or

B. Not on the premises of a health care institution and directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution as specified in A.A.C. R9-10-101.

Independent Oversight Committee (IOC) - A committee established by state statute to provide independent oversight and to ensure the rights of certain individuals with developmental disabilities and persons who receive behavioral health services are protected as defined in A.R.S. §§41-3801, 41-3803, 41-3804, and A.A.C. R9-21- 105.

Medication Error - Means that one or more of the following has occurred: a member is given the wrong medication or the wrong dosage, the medication is given at the wrong time or not given at all, or the medication is given via the wrong route or to the wrong person.

Member – An individual receiving developmental disabilities services administered by the Division.

Neglect (Of a Child) - As specified in A.R.S. §8-201, the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter, or medical care.

Neglect (Of a Vulnerable Adult) - As specified in A.R.S. §46-451(A)(7), a pattern of conduct without the person's informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.

Provider - For the purposes of this Policy, any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by AHCCCS or an AHCCCS Contractor.

Serious Injury - Any type of injury requiring medical care or treatment beyond first aid, including, but not limited to: assessment/treatment in an emergency room, treatment center, physician's office, urgent care or admission to a hospital.

Vulnerable Adult - As specified in A.R.S. §46-451(A)(10), an individual who is eighteen years of age or older and who is unable to protect himself/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment. Vulnerable adult includes an incapacitated person as defined in A.R.S. §14-1501.

Policy The ADSS shall develop and implement policies and procedures that require providers to identify and report IADs to the appropriate authoritative agencies, in accordance with the requirements specified in this policy.

Minimum Requirements for IAD Reporting

A. The ADSS shall ensure that reportable IADs and Internal Referrals (IRF)s are submitted within 48 hours of the occurrence or within 48 hours of when the ADSS or provider receives notification of the occurrence via the AHCCCS QM Portal.

1. An IAD is reportable if it includes any of the following:

- a. Allegations of abuse, neglect, or exploitation of a member
- b. Allegations of human rights violations
- c. Substance use disorders/opioid-related concerns
- d. Death of a member
- e. Delays or difficulties in accessing care (e.g., outside of the timeline specified in the Division's ADSS Operations Manual Policy 417)
- f. Healthcare acquired conditions and other provider preventable conditions (see the Division's ADSS Medical Manual Policy 960 and Policy 1020)

g. Serious injury

h. Injury resulting from the use of a personal, physical, chemical, or mechanical restraint or seclusion (see AMPM Policy 962) 961 Incident, Accident, and Death Reporting Page 3 of 7 --- DEPARTMENT OF ECONOMIC SECURITY Your Partner For A Stronger Arizona Division of Developmental Disabilities Administrative Services Subcontractors Medical Policy Manual Chapter 900 Quality Management and Performance Improvement Program

i. Medication error occurring at a licensed residential provider site including Behavioral Health Residential Facility (BHRF), Division of Developmental Disabilities (DDD) Group Home, DDD Adult Developmental Home, DDD Child Developmental, Assisted Living Facility (ALF), Skilled Nursing Facility (SNF), Adult Behavioral Health Therapeutic Home (ABHTh), or Therapeutic Foster Care Home (TFC), and any other alternative Home and Community Based Service (HCBS) setting as specified in the Division's Medical Manual Policy 1230-A. A medication error may include any one or more of the following:

i. Inappropriate wastage of a Class II substance

ii. Administration of medication to the wrong member

iii. Wrong method of medication administration

iv. Wrong dosage administered

v. Missed medication

j. Vulnerable adult or child missing person from a licensed Behavioral Health Inpatient Facility (BHIF), BHRF, DDD Group Home, ALF, SNF, ABHTh, or TFC k.

k. Member suicide attempt

l. Suspected or alleged criminal activity involving or affecting a member

m. Community complaint about a resident or the setting

n. Provider or member fraud

o. Allegations of physical, sexual, programmatic, verbal/emotional abuse

i. Physical abuse means intentional infliction of pain or injury to a member.

ii. Sexual Abuse means any inappropriate interactions of a sexual nature toward or solicited from a member with developmental disabilities.

iii. Programmatic Abuse means aversive stimuli techniques not approved as part of a person's plan. This can include

isolation, restraints, or not following an approved plan and/or treatment strategy.

iv. Verbal/Emotional Abuse means remarks, or actions directed at a member enrolled in the Division that are ridiculing, demeaning, threatening, derogatory, or profane.

- p. Allegations of inappropriate sexual behavior
- q. Theft or loss of member's money or property less than \$1,000
- r. Property damage estimated to be less than \$10,000
- s. Community disturbances in which the member or the public may have been placed at risk
- t. Serious work-related illnesses or injuries of Division employees
- u. Threats to Division employees or state property and accidents on state property involving non-members/non-employees
- v. Environmental circumstances which pose a threat to health, safety or welfare of members such as loss of air conditioning, loss of water, or loss of electricity
- w. Unplanned hospitalization or emergency room visit in response to an illness, injury, medication error
- x. Unusual weather conditions or other disasters resulting in an emergency change of operations
- y. Provider drug use
- z. Any other incident that causes harm or has the potential to cause harm to a member

2. Sentinel IADs include:

- a. Member death or serious injury associated with missing vulnerable adult or child
- b. Member suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting
- c. A 9-1-1 call due to a suicide attempt by a member
- d. Member death or serious injury associated with a medication error
- e. Member death or serious injury associated with a fall while being cared for in a healthcare setting

- f. Any stage 3, stage 4, and any unstageable pressure ulcers acquired after admission or presentation to a healthcare setting or any other setting where the ADSS has oversight responsibility
- g. Member death or serious injury associated with the use of seclusion and/or restraints while being cared for in a healthcare setting
- h. Sexual abuse/assault of a member during the provision of services
- i. Death or serious injury of a member resulting from a physical assault that occurs during the provision of services
- j. Homicide committed by or allegedly committed by a member
- k. A circumstance that poses a serious and immediate threat to the physical or emotional well-being of a member or staff member
- l. Severe physical injury that does any of the following:
 - i. *Creates a reasonable risk of death*
 - ii. Causes serious or permanent disfigurement
 - iii. Causes serious impairment of a member's or worker's health
- m. Reporting to law enforcement officials because a member is missing and presumed to be in imminent danger
- n. Reporting to law enforcement officials due to possession and/or use of illegal substances by members or staff/providers
- o. An incident or complaint from the community that could be or is reported by the media
- p. Property damage estimated more than \$10,000
- p. Theft or loss of a member's money or property of more than \$1,000

3. ADSS shall implement policies and procedures that include the following requirements:

- a. The ADSS shall submit and require its network of providers to submit sentinel IADs into the AHCCCS QM Portal within 24 hours of the occurrence. The ADSS shall notify the Division and AHCCCS of all sentinel events via email at CQM@azahcccs.gov as soon as possible, and no longer than 24 hours after notification of the occurrence.
- b. The ADSS shall conduct an initial review of all IADs within 24 hours of provider submission. An initial review shall include the following:

- i. Identification of any immediate health and safety concerns and ensure that safety of the individuals involved in the incident, which may include that immediate care and recovery needs are identified and provided.*
- ii. Determination if the IAD report needs to be returned to the provider for additional information (e.g., report is assigned to the wrong Contractor, enrollment category is not selected, incident type is not correct or not selected, information is missing or incorrect through the report).*
- iii. Determination if the IAD report requires further investigation through a Quality of Care (QOC) investigation (see the Division's ADSS Medical Manual Policy 960).*
- iv. Determination if the IAD report does not need further documentation or review and closure of the report.*
- c. The ADSS is required to follow up on all IADs returned to the provider within 24 hours to ensure the provider is aware that the report has been returned and are addressing the required corrections.
- d. The ADSS is required to take prompt actions to ensure the immediate safety of members where allegations of harm, potential harm, or immediate jeopardy exists regardless of status assigned to the IAD, including those returned to a provider.
- e. The ADSS is required to ensure that all suspected cases of abuse, neglect, and exploitation of a member shall be reported to all appropriate authorities, by the provider directly or by the ADSS if not completed by the provider, including but not limited to: Adult Protective Services (APS), Department of Child Safety (DCS), Tribal Social Services, and the Arizona Department of Health Services (ADHS).
- f. The ADSS is required to track and trend all IADs to identify and address systemic concerns or issues within their provider network. The ADSS must submit reports to the Division describing its track and trend activities as well as any systemic concerns or issues identified and how they were addressed.
- g. The ADSS shall provide IAD reports to the appropriate Independent Oversight Committee (IOC) as specified in the Division's ADSS Medical Manual Policy 960 and A.R.S 41-3801 et seq.

PAPERTIMESHEET ATTESTATION



AHCCCS MEDICAL POLICY MANUAL POLICY 540, ATTACHMENT B – PAPER TIMESHEET ATTESTATION

ELECTRONIC VISIT VERIFICATION– PAPER TIMESHEET ATTESTATION

I talked with my provider about Electronic Visit Verification (EVV) devices and how my DCW can use those devices to record their time. I want my DCW to use a paper timesheet with a device that only documents the date and the time they started and ended the service because:

1. The DCW and I live in places with:
 - ☐ No phone in the home
 - ☐ No cell phone service
 - ☐ No internet service
2. ☐ If I use an electronic device it would make me sick, nervous, or scared.
3. ☐ My religious beliefs will not let me use an electronic device.
4. ☐ My DCW lives with me.
5. ☐ I can get services from my caregiver whenever I want because my caregiver is always around to help me when I need it.
6. ☐ My address must be kept secret for my health and safety.

*MEMBER/HEALTH CARE DECISION
MAKER NAME*

DATE

*MEMBER/HEALTH CARE DECISION
MAKER SIGNATURE*

MEMBER ID

PROVIDER REPRESENTATIVE NAME

DATE

*PROVIDER REPRESENTATIVE
SIGNATURE*

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Effective Date: 01/01/21
Approval Date: 11/19/20

PAPER TIMESHEET ATTESTATION PG 2



AHCCCS MEDICAL POLICY MANUAL POLICY 540, ATTACHMENT B – PAPER TIMESHEET ATTESTATION

PROVIDER TALKING POINTS

The purpose of this form is to assist and document the conversation between the provider agency and the member about the member's electronic visit verification options and their decision to utilize a paper timesheet. Below are helpful talking points to assist in the conversation:

1. The provider shall explain the EVV device options available to the member. EVV device options will vary depending on the EVV system the provider utilizes.
2. Per AMPM Policy 540, paper timesheets may be allowable under the following circumstances:
 - a. Individuals for whom both the DCW and the member live in geographic areas with limited intermittent or no landline, cell, and internet service,
 - b. Individuals for whom the use of electronic devices would cause adverse physical or behavioral health side effects/symptoms,
 - c. Individuals electing not to use other visit verification modalities on the basis of moral or religious grounds, and
 - d. Individuals with a live-in caregiver or caregiver accessible on-site 24 hours and for whom the use of other visit verification modalities would be burdensome.
 - e. Individuals who need to have their address and location information protected for a documented safety concern (i.e. witness protection or domestic violence victim).
3. This attestation shall be reviewed at least annually to ensure the member's circumstance and EVV device decision has not changed. The member can make a change to begin using a different EVV device at any time without waiting for the annual review.

EVV PAPER TIMESHEET



AHCCCS MEDICAL POLICY MANUAL

POLICY 540, ATTACHMENT C – AHCCCS ELECTRONIC VISIT VERIFICATION (EVV) PAPER TIMESHEET

AHCCCS ELECTRONIC VISIT VERIFICATION PAPER TIMESHEET

It is permissible for provider agencies to utilize their own paper timesheet as long as the minimum data elements are captured.

PROVIDER AGENCY NAME		WEEK ENDING			
		AHCCCS PROVIDER ID			
EMPLOYEE INFORMATION					
LAST NAME		FIRST NAME		DCW ID*	
MEMBER INFORMATION					
LAST NAME		FIRST NAME		MEMBER MEDICAID ID	
DAY	SERVICE FILL OUT LINES BY SERVICE PROVIDED	DATE	TIME IN	INDEPENDENT VERIFICATION**	TIME OUT
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					

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Effective Date: 01/01/21
Approval Date: 11/19/20

EVV PAPER TIMESHEET



THURSDAY									
FRIDAY									
SATURDAY									

**Any agency ID specific to the worker*
***The actual date, start and end time of the service provision must be independently verified through the EVV system, for example, a code that represents a time and date stamp.*
****Refer to Appendix A below for task list*

*MEMBER/HEALTH CARE DECISION MAKER, OR
DESIGNEE SIGNATURE****

SIGNER PRINTED NAME (IF NOT MEMBER)

*EMPLOYEE SIGNATURE****

MANAGER SIGNATURE

****By signing this timesheet, I attest that the information contained within is correct and true.*

EVV PAPER TIMESHEET



AHCCCS MEDICAL POLICY MANUAL POLICY 540, ATTACHMENT C – AHCCCS ELECTRONIC VISIT VERIFICATION (EVV) PAPER TIMESHEET

APPENDIX A

TASK DESCRIPTION (**)	SANDATA EVV TASK ID	ALTERNATIVE EVV TASK ID
Shopping	0110	
Meal/Snack Preparation and Clean Up	0120	
Errand	0130	
Medical Appointment	0140	
Self-Administration of Medication	0150	
Bathing	0160	
Eating	0170	
Assisting with Mail	0180	
Dressing and Grooming	0190	
Housekeeping - Bedroom	0200	
Housekeeping - Bathroom	0210	
Housekeeping - Kitchen	0220	
Housekeeping – Common Living Areas	0230	
Laundry	0240	
General Supervision	0250	
Turning, Positioning or Transferring	0260	

TASK DESCRIPTION (**)	SANDATA EVV TASK ID	ALTERNATIVE EVV TASK ID
Toileting	0270	
Cognitive/Academic	0280	
Communication	0290	
Continence Support and Hygiene (bowel, bladder, catheter)	0300	
Emergency and Safety Skills	0310	
Health/Medical	0320	
Independent Living Skills	0330	
Leisure Time Recreation Skills	0340	
Medication Administration	0350	
Mobility	0360	
Personal Health Care	0370	
Range of motion/exercise	0380	
Sensorimotor	0390	
Socialization	0400	
Vital Signs	0410	

Providers using Sandata's EVV system must use the Sandata EVV Task ID. Providers using an alternative EVV system can create an ID in the Alternative EVV Task ID column that aligns with their manual EVV system entry.

Form Survey:

ARIZONA OHANA SERVICES LLC.

CUSTOMER ANNUALLY SATISFACTION QUESTIONNAIRE

As part of our ongoing evaluation of our services please would you complete the following questions. The information will be treated confidentially.

Member Name:	
Legal Guardian:	
Email Address:	
Contact Tel :	Date:

Please score on a scale of 1-5, where 1 = "Not" and 5 = "Very"

Communications

1. How satisfied are you with the ease of contacting the person you needed?	1	2	3	4	5
2. When you left a message did your phone call get returned within a reasonable time?	1	2	3	4	5
3. When you called in, how was the person's customer service?	1	2	3	4	5
4. Was all your needs met whenever you called in?	1	2	3	4	5
5. How satisfied are you with the time taken to respond to written/postal inquiries?	1	2	3	4	5
6. Overall experience within our communication?	1	2	3	4	5

Provider

7. Does your provider show up on time?	1	2	3	4	5
8. How satisfied are you with the professionalism of your provider?	1	2	3	4	5
9. How satisfied are you with the helpfulness of your provider?	1	2	3	4	5
10. Does your provider meet all your expectations?	1	2	3	4	5
11. Overall are you happy and satisfied with your provider?	1	2	3	4	5

If you had any problems, please fill this portion out:Problem-Solving

12. How satisfied are you with the way problem was resolved?	1	2	3	4	5
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Agency

13. Overall are you happy with our Agency ?	1	2	3	4	5
14. Please use the space below for any further comments to your responses, or any suggestions on how we could improve our services. May we take this opportunity in thanking you for taking the time to complete this questionnaire.					

HIPAA/ CONFIDENTIALITY/PRIVACY POLICY

Arizona Ohana Services (“we” or “us” or “our”) respects the privacy of our users (“user” or “you”). This Privacy Policy explains how we collect, use, disclose, and safeguard your information when you visit our website, <https://azohanasvcs.com>, including any other media form, media channel, mobile website, or mobile application related or connected thereto (collectively, the “Site”). Please read this privacy policy carefully.

We reserve the right to make changes to this Privacy Policy at any time and for any reason. We will alert you about any changes by updating the “Last Updated” date of this Privacy Policy. Any changes or modifications will be effective immediately upon posting the updated Privacy Policy on the Site, and you waive the right to receive specific notice of each such change or modification.

You are encouraged to periodically review this Privacy Policy to stay informed of updates. You will be deemed to have been made aware of, will be subject to, and will be deemed to have accepted the changes in any revised Privacy Policy by your continued use of the Site after the date such revised Privacy Policy is posted.

COLLECTION OF YOUR INFORMATION

We may collect information about you in a variety of ways. The information we may collect on the Site includes:

Personal Data Personally identifiable information, such as your name, address, email address, and telephone number, and demographic information, such as your age, gender, hometown, and interests, that you voluntarily give to us when you choose to participate in various activities related to the Site, such as online chat and message boards. You are under no obligation to provide us with personal information of any kind, however your refusal to do so may prevent you from using certain features of the Site.

Derivative Data Information our servers automatically collect when you access the Site, such as your IP address, your browser type, your operating system, your access times, and the pages you have viewed directly before and after accessing the Site.

Facebook Permissions The Site may by default access your Facebook basic account information, including your name, email, gender, birthday, current city, and profile picture URL, as well as other information that you choose to make public. We may also request access to other permissions related to your account, such as friends, check-ins, and likes, and you may choose to grant or deny us access to each permission.

Data from Social Networks User information from social networking sites, such as Facebook, Instagram, Pinterest, and Twitter, including your name, your social network username, location, gender, birth date, email address, profile picture, and public data for contacts, if you connect your account to such social networks.

Mobile Device Data Device information, such as your mobile device ID, model, and manufacturer, and information about the location of your device, if you access the Site from a mobile device.

Third-Party Data Information from third parties, such as personal information or network friends, if you connect your account to the third party and grant the Site permission to access this information.

USE OF YOUR INFORMATION

Having accurate information about you permits us to provide you with a smooth, efficient, and customized experience. Specifically, we may use information collected about you via the Site to:

- Assist law enforcement and respond to subpoenas.
- Compile anonymous statistical data and analysis for use internally or with third parties.
- Create and manage your account.
- Enable user-to-user communications.
- Generate a personal profile about you to make future visits to the Site more personalized.
- Increase the efficiency and operation of the Site.
- Monitor and analyze usage and trends to improve your experience with the Site.
- Notify you of updates to the Site.
- Perform other business activities as needed.
- Protect against criminal activity.
- Process payments and refunds.
- Request feedback and contact you about your use of the Site.
- Troubleshoot problems.
- Respond to product and customer service requests.
- Send you a newsletter.
- Solicit support for the Site.

DISCLOSURE OF YOUR INFORMATION We may share information we have collected about you in certain situations.

Your information may be disclosed as follows:

By Law or to Protect Rights If we believe the release of information about you is necessary to respond to legal process, to investigate or remedy potential violations of our policies, or to protect the rights, property, and safety of others, we may share your information as permitted or required by any applicable law, rule, or regulation.

Third-Party Service Providers

We may share your information with third parties that perform services for us or on our behalf, data analysis, email delivery, hosting services, customer service, and marketing assistance.

Marketing Communications-With your consent, or with an opportunity for you to withdraw consent, we may share your information with third parties for marketing purposes, as permitted by law.

Online Postings- When you post comments, contributions or other content to the Site, your posts may be viewed by all users and may be publicly distributed outside the Site in perpetuity.

Affiliates We may share your information with our affiliates, in which case we will require those affiliates to honor this Privacy Policy. Affiliate other companies that we control or that are under common control with us.

Social Media Contacts If you connect to the Site through a social network, your contacts on the social network will see your name, profile photo, and descriptions of your activity.

Other Third Parties

We may share your information with investors for the purpose of conducting general business analysis. We may also share your information with such third parties for marketing purposes, as permitted by law.

TRACKING TECHNOLOGIES

Cookies and Web Beacons

We may use cookies, web beacons, tracking pixels, and other tracking technologies on the Site to help customize the Site and improve your experience. When you access the Site, your personal information is not collected using tracking technology. Most browsers are set to accept cookies by default. You can remove or reject cookies but be aware that such action could affect the availability and functionality of the Site. You may not decline web beacons. However, they can be rendered ineffective by declining all cookies or by modifying your web browser's settings to notify you each time a cookie is tendered, permitting you to accept or decline cookies on an individual basis.

Website Analytics

We may also partner with selected third-party vendors to allow tracking technologies and remarketing services on the Site using first-party cookies and third-party cookies, to, among other things, analyze and track users' use of the Site, determine the popularity of certain content and better understand online activity. By accessing the Site, you consent to the collection and use of your information by these third-party vendors. We do not transfer personal information to these third-party vendors.

You should be aware that getting a new computer, installing a new browser, upgrading an existing browser, or erasing or otherwise altering your browser's cookies files may also clear certain opt-out cookies, plug-ins, or settings.

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The Site may contain links to third-party websites and applications of interest, including advertisements and external services that are not affiliated with us. Once you have used these links to leave the Site, any information you provide to these third parties is not covered by this Privacy Policy, and we cannot guarantee the safety and privacy of your information. Before visiting and providing any information to any third-party websites, you should inform yourself of the privacy policies and practices (if any) of the third party responsible for that website, and should take those steps necessary to your discretion, to protect the privacy of your information. We are not responsible for the content or privacy and security practices and policies of any third parties, including other sites, services or applications that may be linked to or from the Site.

SECURITY OF YOUR INFORMATION

We use administrative, technical, and physical security measures to help protect your personal information. While we have taken reasonable steps to secure the personal information you provide to us, please be aware that despite our efforts, no security measures are perfect or impenetrable, and no method of data transmission can be guaranteed against any interception or other type of misuse. Any information disclosed online is vulnerable to interception and misuse by unauthorized parties. Therefore, we cannot guarantee complete security if you provide personal information.

POLICY FOR CHILDREN

We do not knowingly solicit information from or market to children under the age of 13. If you become aware of any data, we have collected from children under the age of 13, please contact us using the contact information provided below.

CONTROLS FOR DO-NOT-TRACK FEATURES

Most web browsers and some mobile operating systems include a Do-Not-Track (“DNT”) feature or setting you can activate to signal your privacy preference not to have data about your online browsing activities monitored and collected. No uniform technology standard for recognizing and implementing DNT signals has been finalized. As such, we do not currently respond to DNT browser signals or any other mechanism that automatically communicates your choice not to be tracked online. If a standard for online tracking is adopted that we must follow in the future, we will inform you about that practice in a revised version of this Privacy Policy. Most web browsers and some mobile operating systems include a Do-Not-Track (“DNT”) feature or setting you can activate to signal your privacy preference not to have data about your online browsing activities monitored and collected. If you set the DNT signal on your browser, we will respond to such DNT browser signals.

OPTIONS REGARDING YOUR INFORMATION

Emails and Communications

If you no longer wish to receive correspondence, emails, or other communications from us, you may opt out of contacting us using the contact information provided below. Additionally, if you no longer wish to receive correspondence, emails, or other communications from third parties, you are responsible for contacting the third party directly.

[CONTACT US](#)

If you have questions or comments about this Privacy Policy, please contact us at:

Arizona Ohana Services

3508 s 237th Lane Buckeye Az 85326

623-277-0978

AZOS SPENDING LEDGER



AZOS MEMBER’S SPENDING LEDGER

Members Name:

Month/Year:

All receipts need to be attached to the spending ledger and submitted at the end of each month

Receipt	Items purchased	Total / Cash/ Card/Check	Date	Time	Family/ Member Signature
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					

By signing this document, you are acknowledging all information above is accurate and correct.

Staff signature: _____

Date: _____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities**MEMBER FUNDS MONTHLY LEDGER**

First and Last Name of Member: _____ Reporting Month/Year: _____

Qualified Vendor Name: _____ Provider/Guardian/Individual Name: _____

Note: Ensure you maintain a clear legible copy of all the receipts for your own record. All legible receipts submit with the monthly ledger to DES/DDD Client Funds.

Date	Merchant Name or Source Funds Received From	Description of Purchase or Deposit of Funds	Supervisor/Manager Signature	Deposit	Debit	Daily Balance
STARTING BALANCE:						\$
1				\$	\$	\$0.00
2				\$	\$	\$
3				\$	\$	\$
4				\$	\$	\$
5				\$	\$	\$
6				\$	\$	\$
7				\$	\$	\$
8				\$	\$	\$
9				\$	\$	\$
10				\$	\$	\$
End of Month Balance: balance cannot exceed \$200.00. Excess amount returned to DES/DDD Client Funds with the ledger.				\$0.00	\$0.00	\$0.00

See reverse for EOE/ADA disclosures

1. Submit a **monthly ledger**, receipts and excess funds to the DES/DDD Client Funds Systems office by the 15th of each month.

Note: The member's monthly spending funds will be **suspended** if the monthly ledgers, receipts and excess funds are not submitted by the 15th of each month. (See Calendar.)

Mailing Address: DES/DDD Client Funds
400 West Congress #500
Tucson, AZ 85701

Calendar	
At the end of month:	Submit the ledger by:
January	February 15 th
February	March 15 th
March	April 16 th
April	May 15 th
May	June 15 th
June	July 15 th
July	August 15 th
August	September 15 th
September	October 15 th
October	November 15 th
November	December 15 th
December	January 15 th

2. Provide the ledger for review at each Planning Meeting or as frequently as requested by the Division, and/or the member, or the responsible person.
3. Ensure that the member's monthly spending funds are used to meet acceptable day-to-day personal needs as agreed in the planning documents, including recreation and miscellaneous expenses as required by the Social Security Administration.
4. Monthly ongoing spending funds do NOT have SSA approval and should never be used to pay for another person's expenses.
5. Ensure that the member's funds are not used to purchase items that are required to be supplied by the Qualified Vendor, Independent Provider, Individual/Guardian or the Division.
6. Keep member funds in a secure locked location.
7. Do not allow the member to have direct access to funds.
8. Ensure that the monthly ledgers are closed, the receipts and unspent funds are returned, and any required documentation is submitted to the DES/DDD Client Funds Systems office within 15 days from the date a member returns home, is no longer receiving services, or is deceased.
9. Two supervisor/manager sign off when funds are given directly to a member and receipts will not be available. Any funds given directly to a member must be noted in the spending plan. Spending plan must note the frequency and amount of funds a member may be given directly.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1

Form Statement of Understanding:

STATEMENT OF UNDERSTANDING: I, the undersigned, have read and understand the Policies and Procedures Updated 06-2024 contained in this document and agree to act by them. I attest that I agree to follow the above required policies.

I acknowledge that I have contacted my supervisor and asked any questions that I may have regarding any of the issues listed above.

Employee Name _____

(Please print)

Employee Signature

 _____ Date _____

The policy statements above do not supersede statements made in the AZOS Policy and Procedure Manual, the Employment Agreement, or the Code of Conduct. The Employee Agreement is designed to amplify and clarify those documents and provide staff with guidance about resolving issues that may arise while performing their job duties.