

All for Kids Home Health



All for Kids Home Health

Patient Handbook & Admission Forms

My Home Health Team

Case Manager: _____ Phone: _____

OT Name: _____ Phone: _____

PT Name: _____ Phone: _____

ST Name: _____ Phone: _____

Office Phone: 720-456-8054

Owner/Administrator: Andrea Reitzel Email: andrea@allforkidshealth.com

Director of Operations: Holly Fast, MHA, COTA Email: holly@allforkidshealth.com

Clinical Manager: Jennifer COX, PT Email: jennifer@allforkidshealth.com

Nursing Supervisor: Deb Bowman, RN Email: deb@allforkidshealth.com

Billing Manager: Kelsy Johnson Email: kelsy@allforkidshealth.com

HR Coordinator: Lauri Kane Email: Lauri@allforkidshealth.com

Team Coordinator: Terri Hutto, CNA Email: terri@allforkidshealth.com

4155 E. Jewell Ave., #900, Denver, CO 80222 PH: 720-456-8054

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Dear Patients/Guardians,

Welcome to All for Kids Home Health! We look forward to working with you, your family, your physician, and any other health care professionals involved in your care. Home health care is an important part of the continuous health care system, and we strive to provide safe and quality care to our families.

All for Kids Home Health is dedicated to providing the highest quality care in a compassionate and patient/family centered manner. As a skilled home health agency, we offer a variety of services including skilled nursing, occupational therapy, physical therapy, and speech therapy. We are also a provider for non-skilled In-Home Support Services (IHSS) through a Medicaid waiver program. Please let us know if you need any additional services at any time.

We designed this folder to help you become acquainted with our processes and services, and to help you maintain a file of your important agency paperwork. This packet contains a variety of information including information about agency policies and procedures, agency contact information, and copies of your admission paperwork. It is very important for you to maintain a copy of these forms. We request that this folder be kept in a location that it is easily accessible to all who are involved with your care. At least once every 60 days, your clinical case manager will meet with you to update your plan of care. You will be provided with updated copies of all instructions, care plans, and medication lists. We recommend that you use this folder as a place to keep copies of all updated information provided to you by your care team.

Please know that it is our number one priority to meet our patient's needs, and in order to do that, we need to be able to do the following:

- We must be able to contact you in a timely manner. It is our expectation that all phone calls will be returned within 24 hours.
- We expect that there will be compliance with all scheduled visits, and that you will contact your nurse, therapist, or the main office in advance of any cancellations or to inform us that your visit needs to be rescheduled.
- We need to be notified immediately of any hospitalizations and again prior to discharge from the hospital. We will coordinate with the hospital to obtain any new orders or information that may impact your care.
- Some visits may need to be scheduled within a certain time period to allow us to remain in compliance with state and federal regulations. On occasion, this may include scheduling on a weekend or during the evening hours.
- Our ability to provide your care is based upon our ability to justify a clear and predictable need. Therefore, we will work together to assure that care is provided in a timely manner.

If you have any questions, complaints, or concerns about the services you are receiving or would like to look into adding a service, please do not hesitate to contact our main office at 720-456-8054.

Sincerely,

Andrea Reitzel, Owner

OUR STORY

Andrea Reitzel, a former HRIS/Payroll Project manager, created this company to help other families that face the challenges that her family and many others faced. She found that there were companies that specialized in pediatric therapies but not solely pediatric nursing. Here is her story:

Andrea's daughter Madeleine and son Alexander, pictured here, have come a long way. Madeleine (our company's logo designer) is a fabulous big sister who has had Reactive Airway Disease but is now symptom free.



Alexander appeared to be healthy after an easy pregnancy and birth, but his struggles started immediately. He had surgeries at age two and four months and was diagnosed with failure to thrive, multiple food sensitivities, and asthma. Alexander had low tone and was sick and at the doctor weekly. When he was 17 months old, the family Chiropractor, Lisa Goodman from Wash Park Chiropractor, suggested Alexander have an eye checkup due to a progressively worsening lazy eye.

Alexander was diagnosed with retinoblastoma (cancer) and later 13Q deletion (Orbital Syndrome). Alexander was treated and is followed at Memorial Sloan Kettering Cancer Center (MSKCC) in New York City. Andrea and Alexander traveled from Denver, Colorado, to New York frequently on referral from Lyon's Eye Center at University of Colorado Hospital. The best treatment they have found is at MSKCC. Alexander went every four weeks for treatment; over time this was extended to every six weeks and then every eight weeks. His last treatment was 1/30/2013.

Alexander was recently found to be cancer free! He will continue to have the eye tumor, but it has not grown. He continues to have multiple disabilities including apraxia (a motor speech disorder that makes it hard for children to speak) and mild to moderate autism (although he doesn't agree with that autism diagnosis) and has daily therapies and care. He is a smiley, happy little boy.

While Alexander was going through this, Andrea learned of a benefit available in Colorado that would allow her to become a Certified Nurse Aide (CNA) for Alexander. She was referred to a home health agency to obtain the training she needed. Through this journey, Andrea decided that she wanted to be able to offer this valuable benefit to other families in a more family-oriented, less corporate environment. Helping other families has become her mission and passion. Thus, **All for Kids Home Health** was born.

MISSION & PHILOSOPHY

Our Mission

Our mission is to help disabled, medically fragile, and special needs children and their families to live healthy, enriched, and joyful lives.

The Company Philosophy

At All for Kids Home Health, your family is part of our family. We utilize a family-kid-centered approach and partner with the families in their child's health care. In working together, our patients and families experience firsthand our team's shared commitment to compassion, excellence, and reliability — **the core values of All for Kids!**

We use the following principles to guide our care and services:

- Family-oriented emphasis
- Holistic services to address medical, financial, and social needs
- Caring, personal attention

PATIENT RIGHTS

Before receiving any care, you or your authorized representative have the right to be fully informed of:

- Agency ownership and control, any beneficial relationships with referral source and its liability insurance.
- Your rights and responsibilities as a patient.
- The care to be furnished including any changes before they are made and any available alternatives.
- The names, professional qualifications, and disciplines of personnel from whom you will receive care and how frequently they will visit.
- How much your care will cost, what portion will be paid by Medicaid or other sources and how billing is handled.
- Any changes in payment information, before the changes are made, or within a minimum of thirty (30) days after the agency becomes aware of them.

Patient Rights

The patient has the right to:

1. Have his or her property and person treated with respect.
2. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property.
3. You may also report problems, concerns or make complaints to the HHA regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/ or person by anyone who is furnishing services on behalf of the HHA without fear of reprisal or discrimination.
 - Contact the agency Administrator, Andrea Reitzel, at 720-456-8054, or
 - The Accrediting organization, ACHC, with any complaints or concerns at 919-785-1214.
4. All for Kids Home Health has a formal grievance procedure that ensures that your concerns shall be reviewed and investigated. Every attempt shall be made to resolve all concerns/grievances within 14 days. You will be kept informed of the status of the investigation. Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to:
 - Completion of all assessments
 - The care to be furnished, based on the comprehensive assessment
 - Establishing and revising the plan of care
 - The disciplines that will furnish the care
 - The frequency of visits
 - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits
 - Any factors that could impact treatment effectiveness
 - Any changes to the care to be furnished
5. Receive all services outlined in the plan of care.
6. Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with the Code of Federal Regulations.
7. The patient has the right to be provided with the OASIS privacy notice for whom the OASIS data is collected, written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities and if required translation is required,

the translation will be provided to the patient free of charge no later than the completion of the second visit from a skilled professional.

8. Be advised orally and in writing of:
 - The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA
 - The charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA
 - The charges the individual may have to pay before care is initiated; and
 - Any changes in the information when they occur. The HHA must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit
9. Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service May be noncovered care; or in advance of the HHA reducing or terminating on-going care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204.
10. Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs:
 - The patient may call the state hotline (CDPHE) 1-800-842-8826 for complaints/grievances or questions about local home health agencies or implementation of advance directives. Business hours for CDPHE are 8:00 am – 5:00 pm, Monday –Friday.
11. Be advised of the names, addresses, and telephone numbers of the following federally funded and state-funded entities that serve the area where the patient resides:
 - Agency on Aging: 1575 Sherman St, Denver, CO 80203 (303) 866-2800.
 - Center for Independent Living: 4961 W Rowland Ave, Littleton, CO 80128 (303) 948-0555.
 - Protection and Advocacy Agency: 1575 Sherman St # 2, Denver, CO 80203 (303) 866-5932.
 - Aging and Disability Resource Center: 3227 Chase St, Denver, CO 80212 (303) 238-8151.
 - Quality Improvement Organization: KEPRO – 1-888-317-0891 – <https://www.keproqio.com> – 777 East Park Dr., Harrisburg, PA17111.
12. Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.
13. Be informed of the right to access auxiliary aids and language services as described in paragraph (f) of this section, and how to access these services.
14. Be able to identify visiting personnel members through agency generated photo identification.
15. Choose a health care provider, including an attending physician.
16. Receive appropriate care without discrimination in accordance with physician orders.
17. Be informed of any financial benefits when referred to an HHA.
18. Be assured that the agency shall not condition the provision of care or otherwise discriminate against a consumer based upon personal, cultural, or ethnic preference, disabilities, or whether the consumer has an advance directive.
19. The right to exercise their rights without fear of retribution or retaliation.
20. The right to be informed of the full name, licensure status, staff position and employer of all persons with whom the consumer has contact and who is supplying staffing or supervising care or services.

21. The right to be served by agency staff that are properly trained and competent to perform their duties.
22. To live free from involuntary confinement, and to be free from physical or chemical restraints.
23. The right to confidentiality of all records, communications, and personal information. The agency shall advise the consumer of the agency's policies and procedures regarding the disclosure of clinical information and records.
24. The right to be informed in advance about the care and services to be furnished, and of any changes in the care and services to be services to be furnished to enable the consumer to give informed consent.
25. The right to refuse treatment within the confines of the law, to be informed of the consequences of such action and to be involved in experimental research only up the consumer's voluntary written consent.
26. The right to participate in developing the plan of care, to participate in planning changes in the care or treatment, to and receive instruction and education regarding the plan.
27. The right to be informed about the agencies policies on advance directives, including a description of applicable state law, the right to receive information on advanced directives prior to the initiation of care.
28. The right to be informed of the patient's rights in a language and manner the individual understands.
29. The right to be informed of the Agency's policies for transfer and discharge.
30. Be informed about whether the facility or agency is participating in teaching programs, and to provide informed consent prior to being included in any clinical trials relating to the client's care.
31. The right to give informed consent prior to all treatments and procedures.
32. Receive care in a safe setting.
33. To receive a disclosure as to whether referrals to other providers are to entities in which the facility or agency has a financial interest.
34. Request an in-network healthcare provider provide services at an in-network facility or agency if available.

PROTECTED HEALTH INFORMATION RIGHTS

Protected Health Information Rights

You have the right to:

- Request restrictions on the uses and disclosures of your health information.
- Request to receive your confidential communication.
- Request information related to your treatment, plan of care, goals, or medical record as frequently as you wish.
- Access your protected health information for inspection and/or copying.
- Amend your health care information.
- Request an accounting of disclosures of your health information.
- Privacy and to have your clinical/medical records and other information treated confidentially.
- Be informed of the agencies policies and procedures regarding disclosure of clinical information.

PATIENT RESPONSIBILITIES

Patient Responsibilities

Healthcare is a shared responsibility. Engaging in discussion, asking questions, seeking information, and exploring alternatives improves communication and understanding of one's health and treatment.

As a patient of All for Kids Home Health (AFK), you have the following responsibilities:

1. To respect the rights and property of AFK personnel.
2. To cancel and reschedule appointments with your Home Health team if you are ill.
3. To keep appointments with your healthcare provider. If you need to cancel an appointment, you should do so at least 24 hours before your appointment time.
4. To respond in a timely manner to communications from the agency or your home health care providers.
5. To inform the agency prior to changing your place of residence or telephone number.
6. To immediately notify the agency of any hospitalizations, or whenever the physician modifies the care plan by adding or discontinuing medications or treatments.
7. To inform the agency immediately of any changes to your health insurance plans.
8. To assure that your financial obligations for your healthcare fulfilled by paying bills promptly. Late payments increase overall charges. You are responsible for working with your account representative to make payment arrangements and for providing the information necessary to determine how your hospital bill will be paid.
9. To be considerate of AFK facilities and equipment and to use them in such a manner so as not to abuse them.
10. To provide an area for treatment that is clean and free of clutter, and to minimize activities in the home that might be disruptive or distracting to the treatment in progress.
11. To report to your physician, and other healthcare professionals caring for you, accurate and complete information to the best of your knowledge about present complaints, past illness, hospitalizations, medications, unexpected changes in condition and other matters relating to your health as well as to provide a copy of your advance directive to be filed in your medical record, if applicable.
12. To seek information about your health and what you are expected to do. Your healthcare provider may not know when you are confused or uncertain, or just want more information. If you don't understand the medical words they use, ask for a simpler explanation.
13. The most effective plan is the one to which all participants agree and that is carried out exactly. It is your responsibility to tell your health care provider whether you can and want to follow the treatment plan recommended for you.
14. To ask your healthcare provider for information about your health and healthcare. This includes following the instructions of other health team members, including nurses and physical therapists that are linked to this plan of care. The organization makes every effort to adapt a plan specific to your needs and limitations.
15. To continue your care after you leave AFK, including knowing when and where to get further treatment and what you need to do at home to help with your care.
16. To accept the consequences of your own decisions and actions, if you choose to refuse treatment or not to comply with the care, treatment, and service plan offered by your healthcare provider.
17. Voice disagreements, dissatisfactions, and grievances to the appropriate persons. You may reach our administrator, Andrea Reitzel at 720-456-8054.

AGENCY COMPLAINTS & GRIEVANCES

You have the right to express concerns, dissatisfaction, or make complaints about services you receive or do not receive without fear of reprisal or discrimination.

We, at All for Kids Home Health encourage you to discuss all concerns/grievances with us. The agency telephone number is (720) 456-8054. When you call, ask to speak with the Administrator (Andrea Reitzel), or the Alternate Administrator, Director, or the Therapy Practice Manager.

You may also report problems, concerns or complaints to the staff assigned to your case during visits to your home.

All for Kids Home Health has a formal grievance procedure that ensures that your concerns shall be reviewed, and investigation started within 48 hours. Every attempt shall be made to resolve all concerns/grievances within 14 days. You will be kept informed by telephone of the status of the investigation and receive a report when resolution is determined. You may call our main office at (720) 456-8054.

You also may contact the State of Colorado at their toll-free complaint hotline: 1(800) 842-8826 or (303) 692- 2910, any time, 24 hours daily.

A complaint may also be filed in writing or by fax. Write to: Colorado of Public Health and Environment, HFEMSD A-2, 4300 Cherry Creek Drive South, Denver CO 80246 or FAX to (303) 782-4882. Complaints made to the State of Colorado can remain anonymous.

Complaints about billing and insurance coverage are not addressed by the health department and should be addressed with your health insurance carrier.

You also may contact the agency's accrediting organization, Accreditation Commission for Health Care, at (855) 937-2242 or (919)785-1214 and request the Complaints Department.

PATIENT SATISFACTION

Your satisfaction is very important to us and we value your feedback. Please talk with us any time something is unclear, or you have concerns regarding the care you receive, or fail to receive. After your discharge from the agency, and periodically during the course of your care, you will receive a patient satisfaction survey. Your answers to these surveys help us improve our services and assist us in ensuring we meet your needs and expectations.

MEDICARE / MEDICAID FRAUD REPORTING

If you have reason to believe that someone is defrauding the Medicare or Medicaid programs, please contact the agency immediately to report your concerns. The agency will conduct an immediate and thorough investigation and will report any finding to the appropriate agencies. You may also contact the appropriate agency listed below.

Medicare/Medicaid By Telephone: 1-800-HHS-TIPS (1-800-447-8477) TIY Toll-Free 1-877-486-2048 By Fax: 1-800-223-2164	Office of Inspector General Hotline by US Mail: Office of the Inspector General HHS TIPS Hotline PO Box 23489 Washington, DC 20026 By Email: HHSTips@oig.hhs.gov
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HOME HEALTH POLICIES AND PROCEDURES

Patient Admissions

All for Kids Home Health does not discriminate based on age, race, color, religion, sex, sexual orientation, disability, or nation origin with regard to admission, access to care and services or employment. Admission criteria:

- The patient is under the care of a physician who is willing to provide a face-to-face encounter and the required orders for care and services.
- The patient has a need for home care, as defined by the specific payor source
- The patient desires home care services
- The patient resides within the agency's geographic service area
- The patient's home and environment is adequate for safe and effective home care and/or therapy. If not, the patient/authorized representative will be instructed on any corrective measures that are necessary
- The agency is able provide the level of care required
- For Medicare patients, the patient meets the definition of "homebound", as defined by Federal regulations

If a patient does not meet the eligibility criteria, or the agency cannot meet the patient's needs, the patient will not be admitted. The referral source will be notified, along with the patient/family and physician as appropriate.

Consent for Treatment

During the admission process, we ask for your consent to treat you, release information relative to your care, and allow us to collect payments directly from your insurer. This allows us to provide care and services according to your plan of care.

As a patient of his home care agency, you have the right to refuse all or part of your care. Our staff will inform you of the possible outcomes to refusing care and services, so that you fully understand how your health status and condition will be affected.

Office Hours

Our office hours are Monday – Friday, 9:00 to 5:00 p.m. The office is closed on the following observed holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day.

After Hours Access

A qualified nurse is available 24 hours per day, 7 days per week to ensure we meet your health care needs. To reach the on-call nurse, you may call (720) 456-8054.

Agency Services

All for Kids Home Health provides the following services:

- Skilled Nursing – A Registered Nurse (RN) or Licensed Practical Nurse (LPN) with training and experience in providing nursing care in the home. The RN regularly re-evaluates the patient's health status, coordinates services, initiates preventative and rehabilitative nursing procedures, provides patient education, and communicates frequently with your physician to update your plan of care.

- Certified Nurse Aide Services – A Certified Nurse Aide (CNA) works under the supervision of a registered nurse, and can assist with personal care such as bathing, dressing, and oral care, assist with housekeeping activities and meal preparation, and provide some assistance with exercises, transfers, and ambulation. A CNA cannot administer medications.
- In-Home Support Services (IHSS) – lets you direct and manage the attendants who provide your personal care, homemaker, and health maintenance services, with the added support of the agency.
- Therapy Services – Including Occupational Therapy (OT), Physical Therapy (PT), and Speech-Language Pathology (SLP), working under the supervision of the Clinical Manager. Therapists work with the patient, caregiver, and authorized representative to make a therapy plan of care, individualized goals, home program, and provide education and training.

Scheduling of Visits

Once an agreed upon plan of care has been established, you will be notified verbally and in writing of the planned visit schedule. Documentation will include the date, approximate time, and name and discipline of the staff member conducting the visits. Please keep in mind the visit time is approximate and might vary based on elements outside the staff member's control, such as weather, traffic, or visits that take longer than anticipated.

You will be notified of any changes to the schedule in person or via telephone call. This notification will occur as soon as practical. If a staff member is running more than twenty (20) minutes late to your visit, you will be notified via telephone call.

If your scheduled staff member is more than 30 minutes late to your visit, and you have not been contacted by that staff member, please contact the agency at (720) 456-8054.

Plan of Care

A plan of care will be created with you at the time of admission. The plan will be developed using information gathered during an in-depth (comprehensive) assessment and will be based on identified problems, your needs and goals, input from all disciplines providing services and physician orders for treatment and services.

The plan will be updated at least every 60 days, and as frequently as deemed necessary or required by law.

Comprehensive Assessments

A qualified clinician will visit you to conduct a comprehensive assessment at the start of care and every 60 days. This comprehensive assessment will include a physical assessment and an evaluation of your support systems, home environment, and safety needs. Your ability to complete activities of daily living and equipment/supply needs will also be assessed. A review of all of your medications will also be conducted as part of this assessment.

This comprehensive assessment is required under the Federal guidelines for provision of services to Medicare and Medicaid patients. The comprehensive assessment is also a requirement for licensure as a home health agency by the State of Colorado.

Medical Records

All for Kids Home Health maintains a medical record of the care and services you receive, including physician orders, assessments, progress notes and care plans. Your records are kept strictly confidential by our agency staff and are protected against loss, destructions, tampering and unauthorized use. Our Notice of Privacy Practices provides more information on how your protected health information may be used by our agency, disclosed to others, and how you can have access to this information.

Patient Discharge, Transfer, or Discontinuation of Services

Ongoing discharge planning will occur with the patient/authorized representative and will be documented on the clinician visit notes including if no improvement or no discharge is expected.

The agency will notify the patient/authorized representative verbally and in writing (in person or via certified mail) of the agency's intent and reason for discharge, at least thirty (30) days prior to the intended discharge date. In the case of emergency discharge to protect the safety and welfare of the patient or staff, the agency can discharge the patient with less than thirty (30) days' notice. Prior notice is not required when services are discontinued by the patient or physician.

If a discharge for cause will occur, the agency will work to advise the patient/authorized representative and physician who will be responsible for providing care and services to the patient after discharge from the agency. The agency will make efforts to resolve any problems presented by behavior and will provide contact information of other agencies. Documentation of the problem and efforts made to resolve the issue will be made in the medical record.

If a patient occasionally declines a service, the agency will educate the patient /representative about the potential risks. The agency may consider discharge if the patient's declination of services compromises the agency's ability to deliver safe and effective care.

Patients will be considered eligible for discharge, transfer, or discontinuation of services as appropriate if they meet the agency's eligibility criteria, which includes:

- A change in the patient's condition that requires care or services that cannot be provided by the agency.
- The patient's home care goals have been achieved.
- The patient's full therapy potential has been achieved.
- The patient no longer meets the Medicare Home Care Benefit, as defined by Federal regulatory requirements.
- The patient/authorized representative refuses or discontinues care.
- The patient/authorized representative does not provide sufficient notice for cancelling therapy visits, see Patient Responsibilities. Specifically, greater than 3 "no show" or "no call" cancellations.
- The patient/authorized representative cancels greater than 4 consecutive therapy sessions.
- The physician discontinues home care services, will not provide orders, or the patient is no longer under the care of a physician.
- Conditions in the home are no longer safe for the patient or agency staff.
- A caregiver has been prepared and is willing and capable of assuming responsibility for the patients' care.
- The patient relocates outside of the agency's geographic service area.

- The patient’s plan of care expires during an inpatient stay.
- The patient fails to pay for services.
- The patient expires.
- The agency ceases to operate.

Missed Visits

When a visit cannot be completed as scheduled, the visit is considered missed. Missed visits may occur for a number of reasons including: patient/clinician illness, doctor appointments, vacations, or other scheduling conflicts. The patient/legal guardian should notify the clinical case manager as soon as they are aware that a visit will be missed so that appropriate arrangements can be made.

When appropriate or applicable, visits can be rescheduled to an alternate time. If the visit will be missed due to the unavailability of the primary caregiver, the patient/legal guardian has the right to request an alternate caregiver from the agency. The patient/legal guardian may also decline an alternate caregiver because the patient will be cared for by another family member or person appointed by the guardian. Offers of assistance for coverage and the patient/legal guardian responses will be documented in the patient’s medical record.

Abuse and Neglect Policy

All patients admitted to the agency are assessed for abuse, neglect, and exploitation. Suspected abuse of at-risk adults will be reported to Adult Protective Services (APS) by calling the intake number of the department of human services specific for the county where the adult lives. For further questions contact Colorado APS Office at: cdhs_aps_questions@state.co.us

Suspected abuse of children will be reported to The Colorado Child Abuse and Neglect Hotline at: 1(844) CO-4-KIDS or 1 (844) 264-5437.

Critical Incident/Occurrence Reporting

The agency administration will initiate the investigation of any complaint/occurrence. The agency will conduct the investigation and attempt to seek resolutions. The agency must report within 24 hours to CDPHE any critical incident or occurrence. Please report ASAP any suspected occurrence.

An Occurrence is an incident that includes any of the following:

- | | |
|--|--|
| <ul style="list-style-type: none"> • unexplained deaths, • spinal cord injuries, • life-threatening complications of anesthesia, • life-threatening transfusion errors/reactions, • severe burns, • missing persons, | <ul style="list-style-type: none"> • brain injuries, • physical abuse, • verbal abuse, • sexual abuse, • neglect, • misappropriation of property, • diverted drugs, • malfunction/misuse of equipment. |
|--|--|

HOME SAFETY

Medication Safety

- Keep all medications in their original containers, with clear labels.
- Store medications according to the package instructions. Most medications can be stored at room temperature in a cool, dry, and secure place out of reach of children, preferably not in the bathroom (due to the warm, moist environment). Some medications have to be stored in the refrigerator. Ask your nurse if you aren't sure where to store your medications.
- Don't leave the cotton plug in a medicine bottle. This can draw moisture into the container.
- Check the expiration date before taking medications. Replace any medicines that are out of date.
- Never use a medication that has changed color, texture, or odor, even if it has not expired. Throw away capsules that stick together, are harder or softer than normal, or are cracked or chipped.
- Only take your medications as prescribed. This includes how much medicine you take and how often you take it. If you're having trouble remembering to take your medications, you may benefit from having your medications set up in a medication reminder box. Your nurse will discuss this with you if appropriate.
- Read and follow all warning labels. Your nurse will help you identify medications that may have side effects or interact with other drugs or foods.
- Never share or sell your prescription drugs.

Household Chemicals

- Always read the label before using any product that may be poisonous.
- Keep chemical products in their original bottles or containers. Do not use food containers such as cups, bottles or jars to store chemical products such as cleaning solutions or beauty products.
- Never mix household products together. For example, mixing bleach and ammonia together can result in toxic gases.
- Turn on the fan and open windows if using chemical products such as household cleaners.
- Store cleaning products away from food and medicines, and out of reach of children.

Fire Safety

- Have smoke detectors properly located, preferably on every floor of the house. Make sure the batteries are changed often. If you hear a periodic "chirp" or "beep" it means the battery is low and must be changed immediately.
- Keep at least one fire extinguisher and check the charge often. Be cautious around open flames.
- Make an escape plan and practice it.
- Store flammables properly.
- Avoid use of space heaters if possible. If you must use one, ensure you allow plenty of space around the heater, at least 3 feet from flammable objects such as curtains, upholstered furniture, blankets, etc.
- Keep electrical appliances away from water and unplug after use.
- Make sure your electrical wiring is not frayed and free of shorts.
- Never overload electrical sockets and avoid extension cords if possible.
- Ensure usage of the proper watt bulb in lamps and light fixtures. Use a 60 watt or lower if you are unsure what watt to use.
- Never leave cooking food unattended.
- Keep cooking areas clean and the stovetop clear of items that could catch fire such as dish towels, potholders, and paper towels.

Burn Prevention

- Always check hot water for temperature.
- Keep pot handles turned to the back of the stove.
- Open lids away from you to prevent steam burns.
- Use heating pads with caution. Use on low settings, check skin frequently for redness, do not apply directly to skin and use extreme caution, or do not use, if unable to feel heat, pain or burning.

Carbon Monoxide Safety

Carbon monoxide is an invisible, odorless, colorless gas that can be created by heating and cooking equipment used in homes.

- Carbon monoxide alarms should be installed on every floor of the house. Some carbon monoxide alarms are combined with smoke detectors.
- Have your heating system inspected and serviced annually.
- Never use portable generators inside homes or garages, even with the doors or windows open.
- Gas and charcoal grills can produce carbon monoxide and should only be used outdoors.
- Do not leave a car running in the garage, even with the door open. Make sure the exhaust pipe of a running car is not blocked or covered in snow.
- Know the symptoms of carbon monoxide poisoning: headache, dizziness, weakness, nausea, vomiting, sleepiness, and confusion.
- If the carbon monoxide alarm sounds, or you suspect carbon monoxide poisoning, immediately move to a fresh air location outdoors or by an open window or door. Call for help from a fresh air location and stay there until emergency personnel arrive.

Medical Equipment Safety

- The company that supplies your medical equipment should instruct you on the safe use of each item. If you have a question or are unsure of how to use a piece of equipment, ask your nurse for help.
- If a piece of equipment breaks or seems to not be working correctly, notify the company that delivered the item immediately. You can also ask for help from your nurse.
- Do not use an item unless you are sure it is working properly.

Oxygen Safety

- Oxygen canisters should be kept at least 10 feet away from gas stoves, lighted fireplaces, woodstoves, candles, or other sources of open flames.
- Do not use electric razors while using oxygen as they can create sparks.
- Do not use oil, grease or petroleum-based products on the equipment or yourself while you use oxygen. Avoid petroleum-based lotions or creams, like Vaseline, on your face or upper chest. Instead, consider using moisturizers with cocoa butter, aloe vera, or similar products.
- Post signs in every room where oxygen is in use. Make sure absolutely no smoking occurs in the home or car when oxygen is in use.
- Secure oxygen cylinders to a solidly fixed object to avoid creating a missile out of the tank. This might happen if it was accidentally knocked over.
- While traveling with oxygen, it should be transported in the passenger compartment of the vehicle. You should ensure containers are secure and positioned properly.
- Use caution with oxygen tubing so you do not trip over it or become entangled.

FALL PREVENTION

The agency will take appropriate steps to reduce the risk of patient harm due to falls.

At the time of admission, and periodically thereafter, a fall risk assessment will be conducted. The results of the assessment will be maintained in the patient's medical record. The assessment will be evaluated objectively, and a plan will be implemented as appropriate.

The following are some things that you can do to help prevent falls in your home:

Vision

- Keep eyeglasses within reach.
- Ensure eyeglasses and contact lenses are kept clean.
- Apply a color strip to the first and last steps of stairs or changes of levels in the home, if necessary.
- Schedule regular appointments with your optometrist or ophthalmologist (eye doctor).

Hazards in the Home

- Keep home free of clutter.
- Remove or tape down throw rugs.
- Ensure carpet is tacked down. Repair loose, wooden floorboards and carpeting.
- Use non-skid mats inside and outside the tub.
- Consider installing grab bars in and around the tub and toilet.
- Store commonly used items within easy reach.
- Use step stools for items that are out of reach.
- Avoid floor polishes or waxes.
- Use handrails that are sturdy and strong.
- Ensure sufficient lighting.
- Place a nightlight in the bedroom and bathroom.
- Avoid sharp-cornered furniture.

INFECTION CONTROL

Infectious illnesses are caused by germs—usually bacteria or viruses. Germs can be spread by touching, eating, drinking, or breathing something that contains a germ. Germs can also spread by animal and insect bites, kissing, or sexual contact.

Handwashing

Handwashing is one of the most effective methods to prevent the spread of disease. At a minimum, you should wash your hands:

- Before you eat.
- Before and during food preparation, especially when handling meat, eggs, or poultry.
- Before handling contact lenses.
- After using the bathroom.
- After coughing, sneezing or blowing your nose.
- After changing diapers.
- After touching animals or pets.
- Any time your hands are visibly dirty.

You should also do the following:

- Cover your mouth and nose when sneezing or coughing.
- Use a tissue! Keep tissues hand at home, at work and in your pocket. Be sure to throw away used tissues and then clean your hands.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, wash them right away.
- Control pests that can transmit disease, such as insects and rodents, by using fewer pesticides
- If you are sick, avoid close contact with others.
- Get vaccinated. Both children and adults need immunizations. Check with your doctor or nurse to see what shots you and your family might need.

Universal Precautions

The use of protective equipment such as gloves, gowns, masks, and protective eyewear can help protect you from the spread of germs. Consider using:

- Gloves and gowns when cleaning body fluid spills.
- Always wear gloves when changing diapers.
- If performing a task that may result in splashing, wear protective eyewear.

Flu Prevention

Unless otherwise advised by a physician, everyone in the family should get a flu shot annually at the beginning of flu season which usually begins in early fall and lasts through Spring. Hand washing and disinfecting surfaces is a key prevention strategy. Refer to the Center of Disease Control (www.Cdc.gov) for more information.

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our Privacy Officer, Holly Fast, at 720-456-8054.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment - We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment - We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations - We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services - We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care - When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such

as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research - Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law - We will disclose Health Information when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety - We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates - We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation - If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans - If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation - We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks - We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes - We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement - We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors - We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities - We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others - We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief - We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy - You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to the Privacy Officer. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records - If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach - You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend - If you feel that the health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the Privacy Officer.

Right to an Accounting of Disclosures - You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations or

for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the Privacy Officer.

Right to Request Restrictions - You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments - If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. A paper copy of this notice has been provided to you along with your other admission paperwork. To obtain a paper copy of this notice, please contact the main office of All for Kids Home Health at 720-456-8054.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, please contact All for Kids Home Health at 720-456-8054. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit ACOG’s web site, www.acog.org, or call (202) 863-2584.

PRIVACY ACT STATEMENTS

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

**THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).
THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.**

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your

health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment, and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may **request** you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the
HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-877-486-2048.

Home Health Agency Outcome and Assessment Information Set(OASIS) **STATEMENT OF PATIENT PRIVACY RIGHTS**

As a home health patient, you have the privacy rights listed below.

- You have the right to know why we need to ask you questions.

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

- You have the right to have your personal health care information kept confidential.

You may be asked to tell us information about yourself so that we will know which home health services will be best for you.

We keep anything we learn about you confidential.

This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- You have the right to refuse to answer questions.

We may need your help in collecting your health information.

If you choose not to answer, we will fill in the information as best we can.

You do not have to answer every question to get services.

- You have the right to look at your personal health information.

- We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
- If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.



Home Health Agency Outcome and Assessment Information Set (OASIS)

NOTICE ABOUT PRIVACY

For Patients Who Do Not Have Medicare or Medicaid Coverage

- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.
 - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
 - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
 - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.



SURPRISE BILLING DISCLOSURE – Know Your Rights

If you are seen by a provider or use services in a facility or agency that is not in your health insurance plan's provider network, referred to as "out-of-network," you may receive a bill for additional costs associated with that care. Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. Under Colorado law this is defined as balanced billing and is commonly called surprise billing.

On Jan. 1, 2020, a new state law went into effect to protect you from surprise billing. These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado.
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado.

This law only applies if you have a "CO-DOI" on your health insurance ID card and you are receiving care and services provided at a regulated facility in Colorado.

When you cannot be surprise billed:

Emergency Services

If you are receiving emergency services, you can only be billed for your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be billed for anything else. This applies only to services related to and billed as an "emergency service."

Non-Emergency Services at an In-Network Facility by an Out-of-Network Provider

Facility or agency staff must tell you if you are at an out-of-network location or if they are using out-of-network providers, when known. Staff must also tell you what types of services you will be using that might be provided by an out-of-network provider.

You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is unavailable. If your insurer covers the service, you can only be billed for your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance.

Additional Protections

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services toward your in-network deductible and out-of-pocket limit.
- The provider, facility, hospital, or agency must refund any amount you overpay within 60 days of being notified.
- No one, including a provider, hospital, or insurer, can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency in any other situation, you may still be surprise billed, or you may be responsible for the entire bill. If you intentionally receive nonemergency services from an out-of-network provider or facility, you may also be surprise billed.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the facility's or agency's billing department or the Colorado Division of Insurance at 303-894-7499 or 1-800-930-3745.

AFK Fee Schedule & Reimbursement rates

AFK Fee Schedule		
Service Type	Agency Fee	Unit Type
RN	\$128.28	One visit up to 2 ½ hours
RN Brief 1 st of Day	\$85.90	One Visit
RN Brief 2 nd or >	\$60.12	One Hour
CNA Basic	\$40.64	One Visit
CNA Extended	\$12.14	For visit lasting more than one hour, extended units of 15-30 minutes
Physical Therapy	\$140.22	One visit up to 2 ½ hours
Occupational Therapy	\$141.19	One visit up to 2 ½ hours
Speech Therapy	\$152.43	One visit up to 2 ½ hours
PDN-RN	\$52.53	One Hour
RDN-LPN	\$39.69	One Hour
IHSS (outside of Denver)	\$8.88	Per 15 minutes
IHSS (within Denver)	\$9.05	Per 15 minutes

2022 Reimbursement Rates (Effective July 1, 2022)							
Service Type	Medicaid	Anthem/Blue Cross	CHP +	Denver Health	United Healthcare	Aetna/Humana	Kaiser
RN	\$128.28	\$124.54	\$128.28	\$128.28	\$120.00	Out of Network	Out of Network
RN Brief 1 st of Day	\$85.90	\$83.40	\$85.90	\$85.90	\$60.00		
RN Brief 2 nd or >	\$60.12	\$58.36	\$60.12	\$60.12			
CNA Basic	\$40.64	\$39.45	\$40.64	\$40.64	\$23.00		
CNA Extended	\$12.14	\$11.79	\$12.14	\$12.14			
Physical Therapy	\$140.22	\$136.14	\$140.22	\$140.22	\$120.00		
Occupational Therapy	\$141.19	\$137.08	\$141.19	\$141.19	\$120.00		
Speech Therapy	\$152.43	\$147.99	\$152.43	\$152.43	\$120.00		
PDN-RN	\$52.53	\$51.00	\$52.53	\$52.53			
RDN-LPN	\$39.69	\$38.54	\$39.69	\$39.69			

NOTE: Reimbursement Rates for insurances for which AFK is out of network will be determined on a case-by-case basis based upon the client's individual insurance plan and benefits.

RESOURCES

CONSUMER RESOURCES

Additional resources may be located in the ADP library

Assistive Technology

Resource	Information
Center For Inclusive Design and Engineering – Formerly: Assistive Technology Partners (ATP) 1224 5 th St. Denver, CO 80204 Main: (303)315-1280 TTY: (303)837-8964 GeneralInfo@AT-Partners.org http://www.ucdenver.edu/academics/colleges/Engineering/research/AssistiveTechnologyPartners/about-us/Contact-Us/Pages/Contact%20Us.aspx	Our mission is to empower individuals with disabilities to achieve their highest potential through the use of assistive technology, by providing exemplary clinical services, consultation, education, research and innovative technology development. ATP now has two main locations on the UC Denver Auraria Campus, and one satellite location at the Anschutz Medical Campus.
Ability Connect Colorado 801 Yosemite St. Denver, Colorado 80330 303-691-9339 www.abilityconnection Colorado.org	Support and information for families

Disability Rights

Resource	Information
Americans with Disabilities Act (ADA) U.S. Department of Justice 950 Pennsylvania Avenue, NW Civil Rights Division- NYA Disability Rights Division Washington D.C., 20530 Voice: (800)514-0301 Section Phone #: (202)307-0663 http://www.ada.gov/	The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. ADA Specialists are available to provide ADA information and answers to technical questions.
Denver Office of Disability Rights (DODR) 201 W. Colfax Avenue, Dept. 1102 12th floor Denver, CO 80202 Phone: (720)913-8450 TTY:(720)913-8475 https://www.denvergov.org/content/denvergov/en/human-rights-and-community-partnerships/our-offices/disability-rights.html	One of the primary purposes of the DODR is to coordinate and spearhead the City of Denver's efforts to ensure compliance with the ADA. Our role is to ensure that all Denver city services and programs are accessible to people with disabilities.
Protection and Advocacy Agency Colorado http://www.cocaf.org 455 Sherman Street, Suite 130 Denver, CO 80203 303.722.0300, 1.800.288.1376 E-mail: tlcmail@thelegalcenter.org	The Legal Center for People with Disabilities and Older People One of the primary missions of The Legal Center is to protect and promote the rights of all people with disabilities in Colorado

Independent Living

Resource	Information
Atlantis Community 420 W. Cedar Ave. Denver, CO 80223 Phone :(303) 733-9324 Fax:(303) 733-6211 http://atlantiscommunity.org/	The mission of Atlantis Community, Inc. is to provide direct services, and to empower people with disabilities integrating, with full and equal rights, into all parts of society including employment, affordable, accessible, housing, transportation, recreation, communication, education, and public places while exercising and exerting choice and self -determination.

<p>Colorado Centers for Independent Living Colorado Statewide Independent Living Council (CO-SILC) 633 17th Street, 15th Floor Denver, CO 80202 Phone: (303) 733-9324 http://coloradosilc.org/</p>	<p>CO-SILC's mission is to pave the pathways to full participation in communities for people with disabilities and supporting Colorado's Centers for Independent Living. CO-SILC envisions a Colorado that offers equal and full participation in professional and community life to all people with disabilities. This site list multiple locations in carious neighborhoods.</p>
<p>Center for Disabilities Address(es): 1304 Berkley Avenue Pueblo, CO 81004 Email: ilcpueblo@yahoo.com Phone Numbers: Local: (719) 546-1271 Accessible: (719) 546-1867</p>	<p>Proudly serving Southeast Colorado: Alamosa, Baca, Bent, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Las Animas, Otero, Prowers, Pueblo, Rio Grande and Saguache Counties. Providing services, support networks and resources for independent living to individuals with disabilities.</p>
<p>Center for People With Disabilities (CPWD) Address(es): 1675 Range Street Boulder, CO 80301 http://www.cpwd.org Email: info@cpwd.org Phone Numbers: Local: (303) 442-8662 Accessible: (303) 442-8662</p>	<p>The Mission of the Center for People with Disabilities is to provide resources, information and advocacy to assist people with disabilities in overcoming barriers to independent living. Counties Served: Boulder, Broomfield, Adams, Jefferson, Gilpin</p>
<p>Center for People with Disabilities - North Metro Address(es): 10351 Grant Street Thornton, CO 80229 www.cpwd.org Email: northmetro@cpwd.org Phone Numbers: Local: (303) 790-1390 Accessible: (720) 459-5341</p>	<p>The Mission of the Center for People with Disabilities is to provide resources, information and advocacy to assist people with disabilities in overcoming barriers to independent living. Counties Served: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Gilpin, Jefferson, Weld.</p>
<p>Mile High ILC Address(es): 110 16th Street Suite 603 Denver, CO 80202 http://www.milehighilc.org/ Email: mhilc@gmail.com Phone Numbers: Local: (303) 534-5695</p>	<p>Center for Independent Living provide four core services: advocacy, peer support, information and referral, and independent living skills training. Counties Served: Denver, Adams, Jefferson, Arapahoe, Clear Creek, Douglas, Elbert, Gilpin</p>
<p>The Thrive Center- Center for Independent Living http://www.thrivectr.org/centers-for-independent-living/ 2600 S. Parker Road, Building 3-332, Aurora, CO 80014 Phone: (303) 632-6840 Español: (303) 923-3532</p>	<p>Provide parents with information and training about disabilities and the rights of children</p>
<p>KEPRO (Medicare Quality Improvement Organization) 844-430-9504 http://www.keproqio.com/</p>	<p>Contracts with Medicare-Medicaid to support the Beneficiary and Family Centered Care in Colorado</p>
<p>BFCO-QIO (Beneficiary and Family Centered Care-Quality Improvement) 1-800-Medicare</p>	<p>People with Medicare and their representatives who have a complaint or quality of care concern can get help.</p>
<p>Colorado Department of Health 4300 Cherry Creek Drive South Denver, Colorado 80246 303-692-2000 or 1-800-842-8826</p>	<p>Oversees quality of care for the State of Colorado</p>

Aging Resources

Resource	Information
<p>DRCOG Area Agency on Aging 1290 Broadway, Suite 700 Denver, CO 80203 303-455-1000 www.drcog.org www.DRCOG.NetworkofCare.org</p> <p>Aging & Disability Resource Center ADRC services are provided at no cost by calling 303-480-6700.</p>	<p>The Network of Care for Seniors & People with Disabilities Denver Regional Council of Governments, Colorado The DRCOG Aging and Disability Resources Center for Colorado (ADRC) is the place where older adults (60+) and people with disabilities (18+) can get help accessing long-term services and supports to remain independent in the community. The ADRC helps people make informed choices about their care.</p>
<p>Long-Term Care Ombudsman Program Counties Served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson. 303-486-6734</p>	<p>The ombudsman program is a free advocacy program that protects the rights of residents of long-term care communities and assists these individuals in obtaining the assistance necessary to maintain an appropriate quality of life of their choosing.</p>

Advocacy Contacts

Resource	Information
<p>ADAPT Denver 1208 S. Logan Street Denver, CO 80210 Voice Phone: (303)733-9324 http://www.adapt.org/</p>	<p>ADAPT is a national grass-roots community that organizes disability rights activists to engage in non-violent, direct action, including civil disobedience, to assure the civil and human rights of people with disabilities to live in freedom.</p>
<p>The ARC of Colorado 1580 Logan Street, Ste 730 Denver, CO 80203 Phone: (303)864-9334 http://www.thearcofco.org/</p>	<p>The Arc of Colorado is a private not-for-profit 501 (c) (3) statewide volunteer organization dedicated to support and advocacy for people with intellectual and developmental disabilities and their families. The Arc of Colorado and all local chapters are affiliated with The Arc of the United States, the nation's oldest and largest grassroots advocacy organization for people with intellectual and developmental disabilities. The Arc of Colorado, with local chapters, provides crucial educational information for people with intellectual and developmental disabilities and their families. We connect clients to community resources, help them to understand and access government services, and stand with them when they need an advocate.</p>
<p>Colorado Cross-Disability Coalition (CCDC) The Empire Building 1385 S. Colorado Blvd., Ste 610-A Denver, CO 80222 Voice: (303)839-1775 Fax: (303)648-6262 Legal Program Fax: (720)420-1390 http://www.ccdconline.org/</p>	<p>The CCDC is Colorado's only statewide organization run by and for people with all types of disabilities. Members consist of people with disabilities and their non-disabled allies (coworkers, employers, family members, and neighbors), working together to support disability rights. Cross-disability means our members have all types of disabilities. We have the most power if all disability groups work together for our common good.</p>
<p>Family Voices of Colorado</p>	<p>Family Voices of Colorado is a chapter of the</p>

733 S. Alton Way, Unit A Centennial, CO 80112 Telephone: (303)733-3000 Toll-Free: (800)881-8272 Fax: (303)733-3344 info@familyvoicesco.org http://www.familyvoicesco.org	national, grassroots organization composed of families and friends who care for and about our children with special health care needs. The mission of Family Voices of Colorado is to improve access to and quality of healthcare for children and youth with special health care needs.
JFK Partners (University of Colorado at Denver) 13121 E.17th Ave.C234 Aurora, CO 80045 Main: (303)724-5266 Clinical Services: (303)724-7643 Fax: (303)724-7661 http://jfkpartners.org	The mission of JFK Partners is to promote the independence, inclusion, contribution, health, and well- being of people with developmental disabilities and special health care needs and their families through consumer, community, and university partnerships.
Parent to Parent of Colorado (P2P) 801 Yosemite St. Denver CO 80230 Phone: (303) 691-9339 http://www.abilityconnectioncolorado.org/p2p-co/ Para mas informacion sobre Padre a Padre de Colorado llame al 1-877-472-7201	P2P offers encouragement to each other on the journey of parenting our sons and daughters with disabilities or special health care needs. We do this by providing emotional and informational support and resources by matching parents seeking support with a support parent.
Ability Connection Colorado Organization (ACCO) 801 Yosemite Street Denver, CO 80230 Phone: 303.691.9339 Fax: 303.691.0846 info@abilityconnectioncolorado.org http://www.abilityconnectioncolorado.org/about-ability-connection-colorado/	ACCO provides inclusive education, pathways to employment, and statewide family support programs to create opportunities and sustainable change for families across Colorado. We are a Guidestar, best practice organization and work hard to ensure .89 cents on every dollar directly supports thousands of individuals and families every year.

Mental Health, Therapy and Counseling

Resource	Information
The Child and Family Therapy Center of Denver 6099 S Quebec St. Ste. 200 Englewood, CO 80111 Phone: (720) 442-2720 Fax: (720) 458-3926 info@childfamilytherapyofdenver.com http://childfamilytherapyofdenver.com/	The Child and Family Therapy Center of Denver is compassionately dedicated to improving the lives of each family we serve. We are walking the journey with your family, one step at a time. We provide family, child, adolescent, music, and massage therapy. The Child and Family Therapy Center of Denver tailors each session based on the needs and therapeutic goals of the client. Our therapists have worked with hundreds of clients to successfully implement actions plans for sustainable growth and change. Our therapists focus on building healthy coping mechanisms, changing dysfunctional family patterns and building a healthy support system to have the tools for sustainable change.
Mental Health Colorado (MHA) 1120 Lincoln Street, Denver, CO 80222 Phone: (720)208-2220 Toll Free: (720) 456-3249 Fax: (720) 208-2250 http://mhacolorado.org/	MHA of Colorado provides mental health and wellness information, resources and referrals for parents and families.
Mental Health Center of Denver (MHCD)	MHCD is Denver's source of comprehensive

<p>4141 E Dickenson Place, Denver, CO 80222 Phone: (844)493-8255 http://www.mhcd.org/</p>	<p>and accessible mental health and substance abuse treatment. MHCD offers treatment, housing, education, and employment services for adults, and we are the leading resource of treatment for families and children. MHCD's mission is to enrich lives and minds by focusing on strengths and well-being.</p>
<p>Maria Droste Counseling Center (MDS) 1355 South Colorado Blvd. Ste C-100 Denver, CO 80222 Phone: (303)867-4600 http://www.mdscounseling.org/</p>	<p>MDS Counseling Center is a community-based, private, non-profit counseling agency. Our mission is to provide counseling services to children, families and adults, regardless of their ability to pay. During the past 15 years, our agency has continued to grow to meet the increasing mental health needs of our community.</p>
<p>Colorado National Alliance on Mental Illness (NAMI) 2280 S. Albion Street Denver, CO 80222 Phone:(303)321-3104 http://www.namicolorado.org/</p>	<p>NAMI offers education classes for parents and caregivers to help better understand, communicate, and work with behaviors of adults and children with mental illness.</p>
<p>Suicide.org Denver's Lis'n Crisis Hotline Suicide Depression Hotline: (800) 784-2433 http://www.suicide.org/hotlines/colorado-suicide-hotlines.html</p>	<p>Suicide.org is a 501c3 non-profit organization and website. It has support in many of Colorado's counties to provide suicide prevention through professional psychologist. Therapists are available 24 hours/7 days per week. Visit the website directly for county by county contact information.</p>
<p>Behavioral Health Services of the Rockies www.bsotr.com 720-837-2348</p>	<p>Behavior Services of the Rockies (BSOTR) is a group of dedicated behavior analytic practitioners located in the Mountain West region of the United States. We strive to deliver the best quality behavior supports to improve the independence, inclusion, and overall quality of life for our clients by providing evidence-based, pragmatic treatment, consultation and teaching based on the principles of Applied Behavior Analysis (ABA). Our goal is to transfer and teach skills to clients and caregivers, and to develop top-quality practitioners to expand the availability of high quality services throughout the region.</p>

PATIENT AND FAMILY EMERGENCY / DISASTER PLAN

Patient and Family Emergency Preparedness Plan

Critical to patient preparedness is the need to have a well-developed patient and family emergency preparedness plan. This Patient and Family Emergency Preparedness Plan is a tool that is designed for you to complete according to your own personal and specific needs. The Plan is divided into two sections. The first section is the Patient Emergency Preparedness Plan which contains general instructions for emergency preparedness that is applicable to all patients. The second section is the Family Emergency Plan that is a comprehensive worksheet that will help you and your family develop a customized plan that will meet your individual needs.

Part I – Patient Emergency Plan

EMERGENCY PHONE NUMBERS		
Description	Name	Phone Number
Hospital of choice		
Primary Physician		
Physician, back up		
Primary Nurse		
Equipment Company		
Pharmacy		
Home Health Agency	All for Kids Home Health	720-456-8054
FAMILY PHONE NUMBERS		
Description	Name	Phone Number
Spouse Phone		
Child's Phone		
Child's Phone		
Child's Phone		
Parent's Phone		
Neighbor's Phone		
Other Relatives		
WHO SHOULD I CALL AND WHEN?		
Who	When	
Call 911	Call to report life or limb threatening emergencies	
Physician	Call to report fever, vomiting, diarrhea, or any unusual / new symptoms or changes in condition	
Local Red Cross	Call in the event of a natural disaster or regional emergency (flood, tornado, severe snow, terrorist attack, bombing...etc.). This agency can help you to locate shelters and supplies. Denver – 303-722-7474 Colorado Springs - 719-632-3563 Ft. Collins 970-226-5728	
FEMA	Federal Emergency Management Association – 303-235-4800 Call for local instructions for shelters and supplies and other resources.	

ADDITIONAL EMERGENCY INSTRUCTIONS

In the event of a regional disaster, crisis, or emergency, we will attempt to contact you within the first 12 hours to determine your safety and needs. If you are displaced from your regular residence or if you have alternate communication, please contact us as soon as you are able. If the agency phones are not in service, check with your local Red Cross. The agency will be in contact with the Red Cross, and further instructions will be available from them.

If you have the ability to text, you can:

- Text 4FEMA and then enter the word “shelter” plus your zip code – This will direct you to a shelter close to you.

If you can access internet, you can do one of the following:

- Contact your local Red Cross
- www.coemergency.com for information about local disasters and what to do
- www.disasterassistance.gov for information on how to locate a shelter near you, how to get safe drinking water, and much more.

If you have access to phone:

- Contact family members to arrange a meeting place
- Call your local red cross for shelter locations and supplies
- Call FEMA at 303-235-4800

If you have access to battery powered radio:

- Tune into local stations for instructions

In the event that phone systems or internet systems are inoperable, get into contact with emergency responders in any way possible. They will be able to direct you to safety.

Part II – Family Emergency Plan

If a crisis, regional disaster or emergency situation were to occur, it is important for you and your family to have a plan that you have thought about and discussed in advance. It is important for you to have a kit of essential items to take with you, and for you to know how to reconnect in the event that you were separated. You should have additional plans in place if you have a child or family member with special needs. Finally, you should have a plan for what you will do with your family pets in the event of an evacuation.

Completing this worksheet may seem like an unnecessary activity, but taking the time to develop a well thought out plan may make the difference between life and death. If phones and internet services are down, you and your family need to know how to get into contact with each other. The following worksheet will guide you through these steps. Once this workbook is complete, you should keep it in a safe place with your other important evacuation documents so that you can access it when you need to. Taking time to review and update this plan annually is also an important step so that the entire family can review what they should be doing if the time comes.

After a disaster, let your friends and family know you are okay by registering at “Safe and Well” at <https://safeandwell.communityos.org/com//> or by calling 1-800-733-2767. You can also give them a call, send a quick text or update your status on social networking sites.

6. If your child is at school/daycare, your children will be evacuated to the following location:

Child’s Name	School/Daycare Name	Planned Evacuation Site

7. Our plan for a family member with a disability or special need:

Equipment Needed:

Supplies Needed:

Medications Needed: (you should maintain a current medication list)

Transportation Needs:

Who to contact:

8. During certain emergencies, local authorities may direct us to shelter in place in our home. You should pick an area of your home that is accessible by all family members, where you can seal windows, vents and doors, and can listen to emergency broadcasts for further instructions.

The designated place in our home is: _____

9. The Pet Shelters near my home are:

Shelter Name & Location	Phone Number

Emergency Preparedness Took Kit

Consider having a “GO BAG” assembled and ready to go at all times. Items that you should place in this kit might include:

<input type="checkbox"/> Minimum of 3-day water supply	<input type="checkbox"/> Minimum of 3-day non-perishable food supply
<input type="checkbox"/> 3-5 day medication supply (2 weeks preferred)	<input type="checkbox"/> Emergency Plan with phone numbers
<input type="checkbox"/> Flashlight with batteries (keep batteries outside of flashlight so that they do not run down)	<input type="checkbox"/> Medical supplies with phone numbers for suppliers / vendors
<input type="checkbox"/> Battery operated radio (batteries outside)	<input type="checkbox"/> Important documents – This should include birth certificates, citizenship papers, immigration papers, medical records, adoption or guardianship papers, medical power of attorney documents, insurance cards, physician information, bank statements or utility bills other items to prove residency when applying for assistance
<input type="checkbox"/> Extra supply of batteries	
<input type="checkbox"/> Basic First Aid Kit	
<input type="checkbox"/> Extra Diapers (if applicable)	

Congratulations on completing your family disaster plan!

**THE FOLLOWING
PAGES CONTAIN
COPIES OF YOUR
ADMISSION
PAPERWORK AND
DOCUMENTS.**

**PLEASE KEEP
THESE RECORDS IN
A SAFE PLACE**



ADMISSION CONSENT

PATIENT INFORMATION		AGENCY INFORMATION
Client Name:	SOC:	Location: All for Kids Home Health
MR#:	DOB:	Visit Date:
Insurance ID:	Age:	Completed by:
Gender:		

INSTRUCTIONS: This form is used to acknowledge receipt of our Patient Handbook and confirm your understanding and agreement with its contents as well as the below information. Your signature below indicates your approval.

PATIENT RIGHTS & RESPONSIBILITIES

I acknowledge receipt of my rights and responsibilities as a patient (including OASIS rights) and I understand them. The State home health hotline number, its purpose and ours of operation have been provided and explained to me. I acknowledge that I have chosen this agency to provide home health care. No employee of this agency has solicited or coerced my decision in selecting a home health agency.

CONSENT FOR TREATMENT

I hereby give my permission for authorized personnel of your agency to perform all necessary procedures and treatments as prescribed by my physician for the delivery of home health care. I understand that the agency will supervise services provided, I may refuse treatment or terminate services at any time and the agency may terminate their services to me as explained in my orientation. I agree and consent to the home care plan and payment as outlined in this admission consent form. I have been informed and understand the information provided on emergency, medication, and safety instruction. I understand that this is the initial plan of care. I will be notified by the agency in advance each time there is a change made to my plan of care. The initial service(s) and visit frequencies are as follows:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> SN: _____ | <input type="checkbox"/> OT: _____ |
| <input type="checkbox"/> CNA: _____ | <input type="checkbox"/> PT: _____ |
| <input type="checkbox"/> IHSS Attendant: _____ | <input type="checkbox"/> ST: _____ |

RELEASE OF INFORMATION

I acknowledge receipt of the Notice of Privacy Practices and was given an opportunity to ask questions and voice concerns. I understand that the agency may use or disclose protected health information about me to carry out treatment, payment, or health care operations. The agency may release information to or receive information from insurance companies, health plans, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of my bill for services; any person or entity affiliated with or representing for purposes of administration, billing and quality and risk management; any hospital, nursing home, or other health care facility to which I may be/have been admitted; any assisted living or personal care facility of which I am a resident; any physician providing my care; family members and other caregivers who are part of my plan of care; licensing and accrediting bodies, and other health care providers in order to initiate treatment. This consent for release of information shall remain effective throughout the duration of admission to the agency unless specifically revoked in writing at any time.

Name: _____

Relationship: _____

Phone: _____

AUTHORIZATION FOR PAYMENT

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I consent to the release of all records required to act on this request. I request that payment of authorized benefits from Medicare, Medicaid or other responsible payer be made in my behalf to **All for Kids Home Health Services**.

If I have Medicare part A benefits, I understand that Medicare payments will be accepted as payment in full and I have no financial liability, unless I have been notified in writing that service(s), will not be covered by Medicare and wish to receive the care or service. I understand that while I am under the agency's plan of care, the agency will coordinate all medically necessary therapy services and medical supplies for me. Should I arrange for these services or supplies on my own, I understand that Medicare will not reimburse me, or my supplier and I will be responsible for their cost.

If I have other insurance, I may be responsible for the co-payment and any charges that my insurance will not cover. I will refer to the Rates for Service Schedule for maximum dollar amounts that I may be required to pay. I understand that I am responsible for all amounts not paid by my insurance. If I am a Private Pay patient, I agree to pay for all services rendered by the agency.

LIABILITY FOR PAYMENT

I certify that all the information given by me to the organization is correct for requesting and applying for payment under Title XVIII (Medicare), Title XIX (Medicaid) of the Social Security Act and/or from any third-party payer. I understand and agree to pay deductibles, co-payments, spend downs, and any amount due after payment of benefits on my behalf by any and all third-party payers.

I verify that I am I am not a participating member of an HMO (Health Maintenance Organization)

I verify that I am I am not covered by any private insurance.

If I enroll in an HMO or obtain private insurance, I will notify the agency immediately.

I understand that services provided to me by this organization will be billed as follows:

- Medicare fee for service (Project 100% covered)
- Medicaid (Project 100% covered after meeting spend down and/or other requirements)
- Private Insurance (Coverage varies with individual policy). The patient's anticipated payment amounts per visit will be provided in writing when the insurance company informs the organization of the patient's financial liability. See organization's separate Visit Rate information. When known at time of Admission:

Project _____% of charges to be covered after deductible met. Specify amounts: _____

- Private Pay (See private pay rate sheet. Patient is responsible for the timely payment of all charges)

CONSENT TO FILM OR RECORD

I hereby consent for the agency to record or film my care, treatment and services and allow the agency to use the photographs / recordings for their internal use, for documenting my medical condition, or for insurance providers to document my condition for payment purposes.

ADVANCE DIRECTIVES

I understand that the Federal Patient Self-Determination Act of 1990 requires that I be made aware of my right to make healthcare decisions for myself. I understand that I may express my wishes in a document called an Advance Directive so that my wishes may be known when I am unable to speak for myself.

1. I have made a Living Will No Yes (If yes, provide a copy to the agency)
2. I have made a Patient Advocate Designation No Yes- Name and Phone of Advocate: _____
 I was informed of my rights to designate an advocate and will consider later
3. I have a DNR order No Yes (If yes, provide a copy to the agency)
4. Do you have a "Medical Durable Power of Attorney" for Health Care? No Yes- Name: _____

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

I have received verbal and written information, and been given the opportunity to ask questions, on the following:

- Agency Mission, Philosophy, and Vision
- Written Notice of Home Care Consumer Rights
- Agency Disclosure Notice
- Patient Rights and Responsibilities including information on the agency complaint process and phone numbers for the State hotline
- HIPAA Notice of Privacy Practices and Privacy Act statements
- Information on Emergency Plan, Emergency Acuity Rating, Emergency Preparedness, Infection Control, and basic home safety education
- Eligibility requirements for Medicare/Medicaid and other payers
- Payment, scheduling, and supervision requirements
- Agency phone number, hours of operation, and after-hours information
- Medicare/Medicaid Fraud detection and prevention
- Abuse and neglect policies
- Information on Agency policy and procedure
- Participated in developing the plan of care
- Patient Handbook

This admission Agreement is applicable to this admission to the organization. I understand what I have read and what was explained to me and agree to the terms and conditions as above. Additionally, I understand that either party may terminate for any reason and/or at any time.

SIGNATURES

Patient Printed Name:			
Patient Signature (if applicable):		Date:	
Responsible Person / Legal Guardian Signature:		Date:	
Agency Representative Signature:		Date:	

I understand that I may request a copy of this documents at any time.

Written Notice of Home Care Consumer Rights

As a consumer of home care and services you are entitled to receive notification of the following rights both orally and in writing. **You have the right to exercise the following rights without retribution or retaliation from agency staff:**

1. Receive written information concerning the agency's policies on advance directives, including a description of applicable state law;
2. Receive information about the care and services to be furnished, the disciplines that will furnish care, the frequency of proposed visits in advance and receive information about any changes in the care and services to be furnished;
3. Receive care and services from the agency without discrimination based upon personal, cultural or ethnic preference, disabilities or whether you have formulated an advance directive;
4. Authorize a representative to exercise your rights as a consumer of home care;
5. Be informed of the full name, licensure status, staff position and employer of all persons supplying, staffing or supervising the care and services you receive;
6. Be informed and participate in planning care and services and receive care and services from staff who are properly trained and competent to perform their duties;
7. Refuse treatment within the confines of the law and be informed of the consequences of such action;
8. Participate in experimental research only upon your voluntary written consent;
9. Have you and your property to be treated with respect and be free from neglect, financial exploitation, verbal, physical and psychological abuse including humiliation, intimidation or punishment;
10. Be free from involuntary confinement, and from physical or chemical restraints;
11. Be ensured of the confidentiality of all of your records, communications, and personal information and to be informed of the agency's policies and procedures regarding disclosure of clinical information and records;
12. Express complaints verbally or in writing about services or care that is or is not furnished, or about the lack of respect for your person or property by anyone who is furnishing services on behalf of the agency.

If you believe your rights have been violated, you may contact the agency directly:

All for Kids Home Health
4155 E. Jewell Avenue, Suite 900, Denver, CO 80222
Office: 720-456-8054 Fax: 303-733-7696
Hours of Operation: Monday - Friday from 9:00am to 5:00pm
Contact Persons: Andrea Reitzel, Administrator *or* Holly Fast, Director *or*
Jennifer Cox, Clinical Manager

You may also file a complaint with the Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment via mail or telephone:

4300 Cherry Creek Drive South
Denver, CO 80246
303-692-2910 or 1-800-842-8826

Hours of operation: Monday – Friday from 8:00am to 5:00 pm

I attest to verbal and written receipt of the aforementioned notice of rights:

Consumer or Authorized Representative Signature

Date

Agency Representative Signature

Date

All for Kids Home Health

AGENCY DISCLOSURE NOTICE

Agency Type: Home Care Placement Home Health Care Personal Care or Non-Medical

Each home care agency or home care placement agency is required to provide the consumer information as to the responsibilities of the agency, the home care worker, and the consumer regarding the employment and duties of each.

Agency is the employer of record for all staff providing direct care services and is responsible for all items listed below.

Responsibilities are delineated below:

Consumer	Worker	Agency	
		X	Employer of the home care worker.
		X	Supervision of the home care worker.
		X	Scheduling of the home care worker.
		X	Assignment of duties to the home care worker.
		X	Hiring, firing and discipline of the home care worker.
X			Provision of supplies or materials for use in providing services to the consumer.
		X	Training and ensuring qualifications that meet the needs of the consumer.
		X	Liability for the home care worker while in the consumer's home.
Consumer	Worker	Agency	Payment of:
		X	Wages to the home care worker.
		X	Employment taxes for the Home Care Worker.
		X	Social Security taxes for the Home Care Worker.
		X	Unemployment insurance for the Home Care Worker.
		X	General liability insurance for the Home Care Worker.
		X	Worker's Compensation for the Home Care Worker.
		X	Bond Insurance (if provided).

The above information and areas of responsibility have been explained and any questions have been answered in regard to responsibilities held by the consumer, the home care worker and the agency.

Consumer/Authorized Representative: _____ Date: _____

Home Care Worker: _____ Discipline: _____ Date: _____
(if not employee or contractor to the agency where the agency holds full responsibility)

All for Kids Representative: _____ Title: _____ Date: _____

Printed Name of Consumer: _____ Start of Care Date: _____

Colorado Advanced Directives

Federal law directs that any time you are admitted to a healthcare organization which provides medically based services that receive Medicare or Medicaid money, you must be told about Colorado laws concerning your right to make health care decisions.

You have the right to consent to or refuse any medical care or treatment, unless ordered by a court. In an emergency, if Advanced Directives are not in place, your consent to resuscitation and medical treatment is assumed.

Advanced Directives are written instructions concerning the clients wish regarding medical treatment. These instructions are used in the event the client is unable to make health care decisions for him / herself.

In Colorado the following medical directives are recognized:

1. “**Medical Durable Power of Attorney**” allows your appointed or named agent to make health care decisions for you if you become unable to make them for yourself. In the absence of advanced medical directive or guardian, Colorado law requires the healthcare provider to make reasonable efforts to contact those close to the patient for the purpose of seeking a substitute decision maker (proxy).
2. “**Living Will**” which applies in cases of terminal illness.
3. “**Advanced Directive to Withhold CPR** (cardiopulmonary resuscitation)” or “**DNR**” (do not resuscitate) which indicates to all healthcare providers in the event of cardio-pulmonary failure you do not want to have CPR (resuscitation / chest compressions) performed. After a physician issues a “DNR” for a minor child, and only then, the parents, custodial parent or legal guardian may execute a “CPR Directive” for the child.
4. **Medical Proxy** (Substitute Decision Maker) is selected by close family or friends to make medical decisions for you if you do not have an Advanced Directive or Guardian.
5. **Guardian** is a person appointed by the court to assist with personal affairs of an individual who is unable to make their own decisions.

It is not required to have an Advanced Directive in order to receive services.

Additional information concerning Colorado Advanced Directives is available by contacting:
All for Kids Home Health
720-456-8054.

ALL FOR KIDS HOME HEALTH

HIPAA PRIVACY FORM
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

I, _____, have received a copy of All for Kids Home Health Notice of Privacy Practices.

Patient/Caregiver Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

* You May Refuse to Sign This Acknowledgement*

ALL FOR KIDS HOME HEALTH
Home Environment Safety Evaluation



Consumer Name:	Date:		
	YES	NO	N/A
Emergency numbers are accessible and there is a working phone.			
Inside and outside door handles and locks are easy to operate. Access to outside exits free from obstruction.			
Windows open easily from the inside, but they have a secure locking system that can prevent someone from entering from the outside.			
Medications are stored in a safe place according to instructions on the label of the package or container.			
Carpeting and rugs are not worn or torn. Small, loose rugs have non-skid backing and are not placed in traffic areas of the home.			
Appliances, lamps, and cords are clean and in good condition.			
There are no exposed, glaring bulbs in lamps or fixtures.			
Extension cords do not carry more than their proper load as indicated on the cord or appliance and appear to be in good condition.			
Electrical cords are placed out of the flow of traffic and out from underneath rugs and furniture.			
Smoke and Carbon Monoxide detector alarms are present in the home and are in working order.			
Fire extinguisher is available and accessible.			
Alternate exits are accessible in case of fire.			
Doorways, walking pathways, porches, and steps are level, uncluttered, have non-skid surfaces and have good lighting.			
Handrails are sturdy and securely fastened.			
Kitchen is safe for the provision of care (i.e. working appliances, hygienic for food prep, etc.).			
Bathroom is safe for the provision of care (i.e. tub seat, grab bar, non-skid surface in tub, etc.).			
Environment is safe for effective use of oxygen; oxygen in use signage present.			
Overall environment is adequately sanitary for the provision of care.			
Other			
For all items checked "NO" above, specify action plan and document date consumer was instructed.			
Evaluated by:			



Colorado Medicaid Change of Provider Form

This form must accompany the new Prior Authorization Request (PAR) Form when a client has a current and active **PAR** with another provider.

Client Information

Client Name:	Medicaid ID#:
Date of Birth:	Current PAR Number (if known):

Previous Provider Information

Name:	Last Date of Service:
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New Provider Information

Name: Our Father's Consulting, Inc. (DBA: All for Kids Home Health)	Provider ID#:
Client Start Date of Service:	Provider Signature:

This notice is to inform you that I, _____
(Client's name)

have changed providers effective: _____
(Date)

I am changing from provider: _____
(Provider's name)

to provider: _____
(New provider's name)

The following services/equipment will be affected by this change:

Client's Signature or (Guardian if client cannot sign) (Date)

Client's address: _____
(Address line 1)

(Address line 2)

(City, State and Zip Code)