

# **Macas Home Care LLC**



## **Client Handbook**



## **Your Contact & Location Information**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_

Fire Extinguisher Location: \_\_\_\_\_

After Evacuation Meeting Point: \_\_\_\_\_

## **Emergency & Important Contact Numbers**

Fire: \_\_\_\_\_

Police: \_\_\_\_\_

Non-Emergency Police: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Poison Control: \_\_\_\_\_

Hospital Emergency: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Your Local Emergency Contact Person: \_\_\_\_\_

Your Out-of-Area Contact Person: \_\_\_\_\_

Agency Supervisor: \_\_\_\_\_

Home Care Agency: \_\_\_\_\_

Agency On-Call: \_\_\_\_\_

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## **Welcome**

Thank you for choosing Macas Home Care LLC. It is, indeed, our pleasure to warmly welcome you. Clients are the focus of our operations, so be prepared to be valued and treated with respect and dignity. We are committed to ensuring your rights and privileges, as our client, are recognized. Our compassionate and dedicated Direct Care Workers will deliver high-quality and efficient service to you. Our aim is to help you reach your full potential, so you can live as independently as possible, for as long as possible. It is important to us that you participate in your Care Planning and are satisfied with our service so we can make your experience with us pleasant and effective. We look forward to a long, friendly and therapeutic relationship with you.

## **Who Are We?**

Macas Home Care LLC was established in February 2020 in New Haven CT. We are a Non-Medical Home Care Agency serving the Connecticut State area. We are licensed by the state of Connecticut.

## **How Can You Contact Us?**

Macas Home Care LLC can be reached through any of the following:

Physical Address: 28 Cedar Street New Haven CT 06519

Mailing Address: 28 Cedar Street New Haven CT 06519

Email Address: [info@macashomecare.com](mailto:info@macashomecare.com)

Website Address: [www.macashomecare.com](http://www.macashomecare.com)

Office Telephone Number: 8668062227

Emergency Telephone Number: 8668062227

Agency Administrator's Telephone Number: 8668062227

Supervisor's Telephone Number: 8668062227

Registered Nurse's Telephone: 8668062227



## **What are Our Hours of Operation?**

### **Agency Office Hours**

Our office days and hours of operation are Monday to Friday from 9:00 AM to 5:00 PM. The office is closed on Saturdays, Sundays and regulated Statutory Holidays.

### **Client Services Hours**

We deliver service 24-hours a day, 7-days a week and 365-days per year, including Statutory Holidays.

### **On Call Support**

Should a problem develop, on-call support is available whenever the office is closed. i.e. 24-hours a day, 7-days a week and 365-days a year including weekdays, weekends and statutory holidays. We can be contacted outside office hours by phoning 8668062227

## **What is Our Mission, Our Vision, Our Values?**

### **Mission**

We are committed to providing high quality and client-centered services/care to our clients to enable them to lead dignified and independent lives in the comfort and safety of their own homes. In consultation with the client and/or their family, their individual needs are carefully assessed, understood and met through the selective assignment of qualified, honorable and compassionate Direct Care Workers.

### **Vision**

Our vision is to have a reputation for providing the highest standard of in-home care services by:

- ◆ earning and maintaining our clients' satisfaction, trust and loyalty;
- ◆ keeping current on the home care industry's best practices;
- ◆ complying with relevant government regulations;
- ◆ providing skilled Direct Care Workers who have compassion and integrity;
- ◆ ensuring Direct Care Workers remain competent through regular, ongoing testing and training;
- ◆ being known as the home care agency-of-choice in our area of service.

### **Values**

Our values focus on respecting and acknowledging clients' individuality, rights, choice, privacy, independence, dignity, respect and partnership. We recognize that each person has their own identity, needs, wishes, choices, beliefs and values.



We apply our values by:

- ◆ treating and interacting with our clients with respect, dignity, compassion, empathy, honesty, and integrity;
- ◆ recognizing and maintaining confidentiality of client information;
- ◆ showing respect for all cultures, religions, ethnicities; sexual orientation, ages, gender and disabilities;
- ◆ working as a team with our co-workers and community resources to provide excellent care;
- ◆ keeping our client's health, quality of life and well-being central in our design and delivery of services;
- ◆ applying continuous quality improvement measures throughout our Agency.

## **What are Our Ethical Practices?**

We require all our employees, contractors and volunteers to conduct themselves within ethical frameworks, established by the home care profession and the law, whenever conducting activities with clients and within the community. The principles of ethical behavior and standards of conduct are reviewed and emphasized during orientation, on an as-needed basis and on an annual basis.. Our ethical policies ensure that clients receive the most comfortable, competent and fair care possible.

### **Confidentiality**

We recognize that privacy and confidentiality are part of clients' basic rights and that we have ethical and legal obligations to ensure their personal, private and medical information is kept confidential, secure and accessible only by authorized persons. We require all employees, Direct Care Workers, contractors and volunteers to sign a Confidentiality Statement.

### **Non-Discrimination**

We prohibit discrimination of any kind to respect, protect and promote the rights of individuals without regard to race, color, national origin, religious creed, ancestry, sex, age, handicap, sexual orientation or gender identity. The Agency does not tolerate discriminatory practices in:

- ◆ admittance of clients for service;
- ◆ selecting individual for employment; or,
- ◆ conducting its operations.

### **Cultural Diversity**

We practice an open and tolerant attitude towards different religions, cultures, ethnic groups, races and personal views. We recognize and value the traditions of all clients





and employees. As part of their initial assessment, clients' unique racial, religious, ethnic and cultural needs are documented and, whenever possible, we assign Direct Care Workers who have similar racial, ethnic, cultural, religious and/or linguistic backgrounds.

## **Equal Opportunity**

As we are an Equal Opportunity Agency, we ensure that the rights of job applicants, employees and clients are given full and equal consideration on the basis of merit or other relevant pertinent criteria, regardless of their protected group status. Therefore, if you are a member of a protected group, you will not be denied service on the basis of race, color, national origin or ancestry, sex, religion, age, political belief or affiliation, disability or association with a person with a disability.

## **What is Our Philosophy on Service Delivery?**

### **Independent Living**

We believe in independent living and the right of individuals to:

- ◆ live in their chosen community;
- ◆ make their own choices;
- ◆ direct their own care; and,
- ◆ assume responsibility for their own decisions and choices.

### **Client-Centered Services**

We partner closely with our clients to ensure they are:

- ◆ involved in identifying their own needs and concerns;
- ◆ involved in planning their own care/services;
- ◆ respected and honored for their choices and decisions;
- ◆ involved in determining how effective their care/services have been; and,
- ◆ included in making needed changes to their care/services.

## **What are Our Professional Boundaries?**

It is our duty to maintain a professional relationship with you, which is essential for safe, competent and ethical caregiving. Interactions between us should be on a pleasant and positive level to avoid potential conflicts of interest, which could occur in personal relationships (e.g. friendship or dating). We encourage you to be discreet in sharing personal information with an Agency Representative, as should certain information have an impact on your services, our Administrator must be advised.



## **What are Your Rights & Responsibilities?**

As our client, you have the right to be informed, in writing, of your rights; your responsibilities; and our responsibilities.

### **Your Rights**

Your client rights include the right to:

- ◆ be informed about services, care and treatment available from our Agency;
- ◆ receive service without regard to race, color, age, sex, sexual orientation, creed, religion, disability and familial/cultural factors;
- ◆ be admitted only if your care needs fall within the scope of services we provide;
- ◆ receive service from competent, efficient and properly trained personnel;
- ◆ receive care, services and treatment that are adequate, appropriate and in compliance with state, federal and local regulations;
- ◆ be informed about the cost of all services and procedures, as well as any changes in your services, procedures and fees, as they occur;
- ◆ be informed about the laws, regulations and policies of the Agency as required or as requested;
- ◆ be informed of Advance Directives Planning and receive written information about Advance Directives;
- ◆ know who owns any equipment or supplies used to provide services to you;
- ◆ be treated with courtesy, consideration, respect, and full recognition of your human dignity and individuality, including privacy during treatment and care for personal needs;
- ◆ be free from any actions that would be interpreted as being abusive (e.g., intimidation, physical/sexual/verbal/mental/emotional/material or financial abuse).
- ◆ be free from involuntary confinement, and from physical or chemical restraints;
- ◆ speak freely without fear;
- ◆ be spoken to or communicated with in a manner or language you can understand;
- ◆ have your home and property treated with respect;
- ◆ refuse to participate in experimental research;
- ◆ die with dignity
- ◆ participate in the development of your own Care Plan and in making decisions on services to be implemented or treatment to be given;
- ◆ refuse all or parts of recommended services or treatment and be informed of the consequences of that refusal;
- ◆ receive information on alternative services that may be available;
- ◆ participate in your referral to another service provider or a health care institution;
- ◆ receive reasonable notice of any changes in your service, within an agreed upon amount of time, prior to the changes taking place;



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- ◆ be taught the procedures used to provide your care to enhance your ability to do as much of your own self-care as possible;
- ◆ designate an individual of your choice, to receive instruction on care procedures, which are provided to you in order that the designated individual can assist you as much as possible;
- ◆ receive the name, certification and staff position of all persons supplying, staffing or supervising the care and services you receive;
- ◆ receive written information on your Care Plan, including the names of Direct Care Worker(s), the assigned Supervisor and the Agency's phone number;
- ◆ provide input on who is assigned to you and to request a change in your Direct Care Worker, if you so desire;
- ◆ be briefed on any service, procedure or treatment before it is carried out in order that you can give your informed consent;
- ◆ receive regular nursing supervision of the Direct Care Worker, if medically related personal care is needed;
- ◆ receive notification, within a reasonable amount of time, of the Agency's plans to terminate your care or service; and/or, its intention to transfer your care to another service provider;
- ◆ receive a coordinated transfer when there will be a change in the service provider;
- ◆ have your family or legal representative exercise your rights if the legal representative has legal authorization to do so;
- ◆ have your personal, financial and medical information kept private, in accordance with our Agency policies.
- ◆ have your Protected Health Information kept confidential, in accordance with the HIPAA Privacy Act;
- ◆ access information regarding your health condition and your care records that maintained by this Agency, to the extent required by law;
- ◆ approve or refuse the release of your personal or medical records to any individual/entity other than the Agency except when client records are transferred to another service provider or a health facility or as otherwise authorized by law;
- ◆ report all instances of potential abuse, neglect, exploitation, involving any employee of the Agency, to the Elder Abuse Hotline;
- ◆ make suggestions or complaints or present grievances to the Agency, government agencies or other entities or individuals without fear of the threat of retaliation.
- ◆ receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions or grievances they may have;
- ◆ access procedures for making complaints to the:
  - Authority responsible for health quality;
  - *Adult Protective Services* Program of the local Department of Social Services, if the client is an adult;



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- The *Child Protective Services* Program of the local Department of Social Services, if the client is a child.
- ◆ 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; and,
- ◆ be informed of procedures for initiating complaints about the delivery of service or resolving conflict, without fear of reprisal or retaliation.

## Your Responsibilities

To help your services from being disrupted, delayed, changed, or cancelled, your responsibilities are to:

- ◆ provide accurate and complete information about matters relating to your health and abilities when it could influence the care they are being given;
- ◆ know your medical history and have details on any medications being taken;
- ◆ accept the consequences of your own decisions;
- ◆ report unexpected changes in your condition, such as having suffered a mild stroke;
- ◆ request information about anything you do not understand;
- ◆ contact the Agency with any concerns or problems regarding services;
- ◆ follow Care Plans and/or express any concerns about the Care Plan;
- ◆ accept the consequences, if you don't follow the Care Plan;
- ◆ follow the terms and conditions of the service agreement;
- ◆ notify the Agency, in advance, of any changes to the work schedule;
- ◆ inform the Agency of the existence of, and any changes to, advance directives;
- ◆ report any potential risks that might exist to the Direct Care Worker such as the possibility that a client/family member might have a contagious illness or condition;
- ◆ be considerate of property belonging to the Agency and/or Direct Care Worker;
- ◆ ensure that Direct Care Workers are free from any actions that could be interpreted as being abusive; (e.g., intimidation, physical/ sexual/verbal/ mental/ emotional/ material/financial abuse);
- ◆ respect the dignity and privacy of the Direct Care Worker;
- ◆ avoid asking the Agency Direct Care Workers to act outside the law, in the delivery of service;
- ◆ notify the Agency of any changes being made to your contact information such as address or phone number;
- ◆ advise the Agency of any changes being made to your health care professionals. (e.g., physician, physiotherapist, occupational therapist, dietician, registered nurse).
- ◆ be responsible for payment for charges that are not covered by other parties such as Medicare & Medicaid;
- ◆ notify the Agency of any changes in insurance coverage for home care services;
- ◆ pay bills according to agreed-upon rates and timeframes;



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- ◆ assume financial responsibility for all materials, supplies and equipment required for your care, which are not covered by other parties;
- ◆ provide a safe environment for care and services to be delivered;
- ◆ exercise a reasonable level of discretion and confidentiality in regard to service/treatment records that are kept in the home;
- ◆ give reasonable notice, when possible, if you are planning to cancel service;
- ◆ keep all weapons in the home away from the work area during visits made by the Direct Care Workers;
- ◆ secure aggressive or menacing pets before the Direct Care Worker enters the home;
- ◆ provide a smoke free environment when Direct Care Worker is present;
- ◆ review and sign the employee time sheet, upon completion of shift; and,
- ◆ carry out your responsibilities, as listed.

## **What are Our Responsibilities?**

Our primary responsibilities are to:

- ◆ ensure that Direct Care Workers meet the state's competency requirements;
- ◆ review Direct Care Workers' competency at least annually and more often, if indicated;
- ◆ document face-to-face interviews with all Direct Care Workers and independent contractors;
- ◆ provide ongoing, competent and appropriate supervision of Direct Care Workers.
- ◆ carry bonding for Agency staff;
- ◆ carry general liability, professional liability (if appropriate) and other insurances as necessary;
- ◆ meet the standards of Worker's Compensation;
- ◆ conduct criminal background checks and child abuse clearances , if applicable, on all staff; and maintain documentation confirming these clearances have been done;
- ◆ advise clients whether Direct Care Worker is an employee of the Agency or is an independent contractor;
- ◆ ensure home care service delivery standards are met;
- ◆ ensure federal, state, county & municipal legalities are researched and applied;
- ◆ adhere to labor regulations;
- ◆ develop contingency plans;
- ◆ make deductions for social security, Medicare and other taxes;
- ◆ conduct needs assessments, with your/your family's input;
- ◆ develop Care Plans with your/your family's input;



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- ◆ consult with relative professionals regarding the Care Plan (as required);
- ◆ be part of, or coordinate, a health care team to provide for the client's needs, as indicated;
- ◆ establish goals with client/client's representative's input and strive to meet these goals;
- ◆ provide clients with written documentation of :
  - ◆ the services that will be provided;
  - ◆ names of the Direct Care Workers assigned to deliver service;
  - ◆ hours when services will be provided;
  - ◆ fees for services and total costs
- ◆ maintain the your/your family's confidentiality, privacy and dignity;
- ◆ maintain professionalism and a code of ethics;
- ◆ avoid inflicting its personal values and standards onto clients;
- ◆ be alert for and report signs of elder abuse;
- ◆ obtain immunizations (such as flu shots) when required unless such an act is contrary to personal beliefs and/or medical conditions;
- ◆ ensure Direct Care Workers and Independent Contractors, exposed to clients, undergo screening tests to ensure they do not have an infectious disease such as Tuberculosis and/or Hepatitis;
- ◆ be aware of the cost portion that other parties (e.g., Medicare & Medicaid) will be responsible for, when clients receive third party financial assistance; and, know what charges they will not cover;
- ◆ when requested, ensure clients have access to all service invoices pertaining to your service, regardless of whether the bills are paid out-of-pocket or by another party.
- ◆ provide clients with the Department of Health's telephone number for registering complaints;
- ◆ ensure that staff do not assume Power of Attorney or Guardianship over any client, who is receiving services from the Agency;
- ◆ ensure that clients do not endorse checks over to the Agency;
- ◆ establish and monitor appropriate professional boundaries; and
- ◆ abide by our own policies, procedures and bet practices.

## What Services Do We Offer?

We deliver non-medical services to clients living in their own home and communities to assist in the maintenance and retention of their independence and well-being. Our services include:



## **Personal Care**

We provide assistance to clients to perform their self-care activities, which they normally do on a daily basis including:

- ◆ bathing and washing hair;
- ◆ basic skin care;
- ◆ oral hygiene;
- ◆ grooming and dressing;
- ◆ toileting and incontinence care;
- ◆ mobility assistance;
- ◆ transferring and positioning;
- ◆ feeding and special diets; and,
- ◆ medication reminding.

## **Homemaking**

We help clients with certain key life tasks they need to manage in order to live independently at home including:

- ◆ light housekeeping;
- ◆ laundry;
- ◆ linen changes;
- ◆ meal preparation;
- ◆ transportation for appointments, errands & shopping;
- ◆ medication reminders;
- ◆ transportation;
- ◆ shopping, appointments;
- ◆ recreational activities & outings;

## **Companionship**

Our Companionship services provide non-medical, basic supervision to ensure a client's safety and well-being. Personal or hands-on care is not provided in this category. Some activities Companions perform include:

- ◆ providing friendship and emotional support;
- ◆ talking listening, sharing experiences;
- ◆ playing games/cards, reading to clients;
- ◆ helping to keep clients in contact with family, friends and the outside world;
- ◆ providing transportation and escort assistant to medical appointments, grocery store and errands;
- ◆ accompanying clients to recreational and/or social events;
- ◆ teaching/performing meal planning, preparation and serving;
- ◆ reminding client to take their medication; and,





- ◆ reminding client to start or finish their meals.

## **Caregiver Respite**

Our Respite services provide relief to primary Caregivers (e.g., a spouse, son, daughter, friend or relative) a break from providing supportive and supervisory care to someone who is dependent on their presence or assistance. Respite can be for a few hours or a few days depending on the individual situation. It can be provided occasionally, or periodically on a regular basis.

Respite will enable Caregivers to:

- ◆ deal with a crisis;
- ◆ take a planned, brief absence, such as a vacation;
- ◆ deal with their own medical issues (e.g., appointments, procedures);
- ◆ have an opportunity to rest, relax and catch up on sleep;
- ◆ spend quality time with friends and family; and,
- ◆ take time for themselves to exercise, shop, do personal care, and run errands.

Respite services, which we can provide to when Caregivers are absent include:

- ◆ assistance with personal care activities (e.g., oral care, bathing, dressing, mobility, and grooming);
- ◆ medication assistance (e.g., reminders, removing medications from Blistopax);
- ◆ homemaking (e.g., cleaning, laundry);
- ◆ meal preparation and clean-up;
- ◆ help with exercises (e.g., range-of-motions exercises); and,
- ◆ promote well-being (take out for walks, conversation).

## **Friendly Reassurance**

Friendly Reassurance provides regular contact with homebound people via telephone, digital means or in-home visits to assure their well-being and safety. Generally, contact is made by telephone and/or home visit based on the individual client's Service Plan. The goals of friendly reassurance are to:

- ◆ assure a client's safety, well-being, comfort;
- ◆ provide social interactions; and,
- ◆ provide companionship.

Friendly reassurance promotes peace-of-mind for clients and their families. In the event of an emergency, “9-1-1” is called and relatives are notified.

## **Live-In Care and 24-Hour Care**





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Live-In Care and 24-Hour Care are provided to individuals who cannot be left alone at any time. Often, these people are housebound. Support is provided 24-hours a day, 7-days a week, 365 days per year. Live-In support offers an alternative to Assisted Living Care where services are provided in a facility setting. Generally, people who require Live-In Care, have:

- ◆ temporary health conditions, which will improve in time (e.g., Traumatic Brain Injury);
- ◆ chronic conditions, which require increasing support with age and deterioration of condition (e.g., Multiple Sclerosis);
- ◆ terminal conditions, which result from injury or illnesses and will not improve (e.g. Cancer).

The Direct Care Workers assigned provide personal, social and domestic care and supervision at a level, which is appropriate to the individual client.

### **Transportation**

Transportation services are offered to eligible clients using Agency, private and client-owned vehicles, providing the transportation services are specified in the *Care Plan* and other specific criteria are met.

Before any transportation services are approved, you are required to read, accept and sign the Agency's *Transportation Liability Waiver* form, which absolves our Direct Care Workers or any Agency Representative from all claims, which may arise from operating a Motor Vehicle, in which you are riding.

If you ask an Agency Representative to transport you in a vehicle that you own or provide, you must show proof of valid vehicle insurance prior to being transported. In addition, the Agency Representative will observe the vehicle to ensure its safety equipment is in good operating condition. If the vehicle appears to not be in good working condition, the Agency Representative will refuse to drive it. Prior to being transported, you must ensure that a copy of your Health Insurance information is with you in the vehicle, in case of an emergency.

In addition to our regular service fees, you will be charged a mileage rate for transportation services when a vehicle provided by the Agency or an Agency Representative is used.

### **What Services Don't We Provide?**

- ◆ We do not provide skilled medical services (e.g., Nursing, Speech Therapy, Physiotherapy, Occupational Therapy, Medical Social Worker).



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- ◆ Our Direct Care Workers do not perform any tasks that require heavy lifting, going up ladders or working outdoors.

### What Insurance Coverage Do We Carry?

We carry insurance to cover:

- ◆ General Liability Insurance for protection against bodily injury, property damage and personal injury.
- ◆ Professional Insurance Liability for protection should professionals (e.g., Nurse, Occupational Therapist) cause errors or omissions (mistakes) while performing their duties.
- ◆ Western Surety Bond Liability for protection against fraudulent acts caused by employees.

## Who Can Benefit from Our Services?

Certain segments of the population will find our services especially beneficial including:

- ◆ people who are:
  - frail; elderly; and housebound;
  - terminally, chronically, or acutely ill;
  - physically or mentally challenged;
  - recently discharged from hospital;
  - family Caregivers; and,
  - accident victims;
- ◆ individuals needing assistance with, or guidance in, developing life skills; and,
- ◆ anyone without the time or desire to handle their own home needs and maintenance.

Our services are available to private citizens and a wide range of agencies, institutes, corporations, groups, and all-level governments.

## What are Our Service Rates?

- ◆ We charge a variable rate based on:
  - the type of care or service needed;
  - when it is provided; and,
  - where it is delivered.
- ◆ There are no costs for our initial visit and “non-medical” assessment, but a charge may be levied if a Nursing Assessments is needed.
- ◆ Mileage fees may be applicable in some circumstances.
- ◆ Costs are worked out and discussed with you prior to commencement of service.

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- ◆ In some cases, a deposit is required.
- ◆ We give two weeks written notice of any changes to our service rates.

### Statutory Holidays

- ◆ Statutory Holiday charges are 1 1/2 times our standard rate.
- ◆ We recognize the following U.S. Federal Statutory Holidays:
  - New Year's Day
  - Martin Luther King, Jr. Day
  - George Washington's Birthday
  - Memorial Day
  - Independence Day
  - Labor Day
  - Columbus Day
  - Veterans Day
  - Thanksgiving Day
  - Christmas Day

### Overtime Rates

- ◆ Overtime charges are 1 1/2 the standard rate or as regulated.
- ◆ Our transportation charges, when the Agency or Agency Representative provides a vehicle, are Our Basic Fee Schedule

The following Fee Schedule reflects our basic fees only, i.e., overtime and stat holidays will be higher.

Fee Schedule	
Service	Fee
◆ Companion/Sitter Services	
◆ Errands, Shopping/Appointments	
◆ Home Making Services	
◆ Personal Care	
◆ Overnight Attendant	
◆ 24-Hour Live-In Attendant	
◆ Specialized Care	
◆ Safety & Welfare Checks:	



Fee Schedule	
Service	Fee
○ Home Visits	
○ Phone Calls	
○ Texts or Emails	
◆ Local Transportation Mileage	
◆ Out-of-Town Transportation Mileage	

## What are Our Billings & Payment Policies?

- ◆ Your billing time starts when the Direct Care Worker arrives at your home and ends when he/she leaves your home.
- ◆ Your invoice is created based on the actual hours your Direct Care Worker spent on the jobsite.
- ◆ We bill for a minimum of 4 hours even if you dismissed the Direct Care Worker early.
- ◆ Our billing cycle is weekly
- ◆ Payment is due when you receive our invoice and may be made by direct debit; credit cards, cash, checks, money orders). If you pay by check, please make it out to Macas Home care LLC. Never make a check out to a staff member, as we cannot accept it.
  - We do not accept third-party checks, which have been endorsed to the Agency or to a member of our staff.
- ◆ We follow-up on overdue accounts at 30-day and 60-day intervals after the initial invoice was sent..
  - A finance charge of 1.5% per month will be assessed on all outstanding accounts after 30 days.
  - If after 60-days, the invoice remains unpaid, further services are withheld until the account is paid in full.

## Who Pays for Your Service Costs?

if you do not have coverage from another source, you are ultimately responsible for your own service costs.



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### Self-Payment Options

If you don't qualify for financial assistance or are eligible for only a limited amount of funding, you will need to pay privately. Self-payment options you might consider include:

- ◆ Savings & Investments;
- ◆ Reverse Mortgages & Home Equity Lines of Credit, wherein the home is used as a financial resource;
- ◆ Life Insurance Policy Conversion, wherein a policy is converted into cash or home care services prior to the holder's passing;
- ◆ Home Care Loans, which are intended for short-term needs, while waiting for other financing to become available;
- ◆ Long-Term Care Insurance benefits can be used to pay for home care; and,
- ◆ Family Assistance

### Funding Sources

- ◆ Possible funding sources you may want to check out include:
  - Veterans Programs
  - State Non-Medicaid Programs
  - Worker's Compensation
  - Liability Insurers
  - Long Term Care Insurers
  - Other Options
- ◆ Limited Government Payors, e.g.:
  - Medicare
  - Original Medicare Benefits
  - Medicare Advantage's Benefits
  - Medicaid
  - Medicaid Waiver
  - Medicaid Consumer Directed Services

### Medicare Eligibility Criteria

- ◆ You must be under the care of a doctor, and you must be getting services under a plan of care created and reviewed regularly by a doctor.
- ◆ You must need, and a doctor must certify that you need, one or more of these:
  - Intermittent skilled nursing care; or,
  - Physical therapy, speech-language pathology; or,
  - Continued occupational therapy services.
- ◆ You must be homebound, and a doctor must certify that you're homebound. You may leave home for medical treatment or short, infrequent absences for non-medical reasons, like attending religious services. You can still get home health care if you attend adult day care.



## Eldercare

Eldercare provides a *Financial Assistance Locator*, which accesses 400+ programs that offer financial assistance for seniors. Help comes from federal, state & local governments, non-profit, private organizations and other agencies. It has a challenging 3-step process to work through to determine eligibility. Refer to:

[https://www.payingforseniorcare.com/longtermcare/resources/locator\\_tool.html](https://www.payingforseniorcare.com/longtermcare/resources/locator_tool.html)

## What are Our Staffing Practices?

We apply stringent practices when recruiting employees and comply with state and federal regulations, equal opportunity requirements and non-discriminatory regulations. Applicants must consent to background checks, as part of the hiring process or their applications will not be considered further. Background checks include:

- ◆ Criminal records;
- ◆ Sex and Violent Offenders Record;
- ◆ Child Abuse Clearances (if indicated);
- ◆ currency of licenses,
- ◆ certifications & registrations;
- ◆ medical suitability;
- ◆ drugs and alcohol usage; and,
- ◆ motor vehicle records.

Direct Care Workers have successfully completed the required training courses and been assessed for competency. They have current CPR certificates. They were tested for Tuberculosis; received Tetanus and Diphtheria immunizations and have been offered the Hepatitis B vaccinations. New employees receive a comprehensive orientation, which includes Agency policies, related governmental regulations, industry standards. All employees undertake scheduled, job-related training and development programs on an annual and as needed basis.

## How Do We Set-Up Your Services?

### Provision of Information

Setting up your services starts when we receive a request for information or service from you or someone acting on your behalf such as a family member, a medical professional, a community resource, a concerned neighbor, etc. We respond by providing information about our Agency and our services in-person, via telephone, email, fax, social media or postal mail. This information will help you make a decision as to whether you want to use our Agency's services.



## **Needs Assessment**

If you choose to proceed with us, someone from our Agency will visit you at your home. He/she will work jointly with you and/or your representative to determine:

- ◆ what your needs are;
- ◆ what services you need to meet these needs; and,
- ◆ if we can safely and efficiently deliver the services you need.

If the services you require are not amongst those we provide, with your signed consent, we may make a referral to another service provider.

## **Care Plan**

If your needs fall within our scope of services, our Agency Representative will work with you and/or your representative to develop a Care Plan, which is a written proposal. It will outline your identified needs and will specify the types of services needed to meet your needs. The Care Plan will also list the times and frequency of service visits and document your preferences in service delivery.

## **Informed Consent**

You have the right to be informed about the benefits and risks of the services we offer, as well as the right to decide whether to accept or refuse the recommended services from us. To help you make this decision, we will ensure you understand the information that is being given to you and will encourage you to participate in planning your care. If you refuse the service(s), which we feel are required, it is our responsibility to advise you of potential consequences. We will also offer you the option of being referred to another service provider and/or outside resource.

## **Service Agreement**

Once the Care Plan is mutually developed and you give your informed consent, our Agency Representative and you or your representative will sign a written agreement, called a Service Agreement. It details the services to be provided and the terms & conditions for receiving the services. This Service Agreement must be completed and signed before we can start delivering services to you. You will be given a copy of this signed Service Agreement.

## **Scheduling Service**

Certain things need to be considered when scheduling your service delivery including:

- ◆ type of service you require;
- ◆ degree of expertise required to deliver the service(s);
- ◆ availability of appropriately trained Direct Care Workers; and,
- ◆ priority of the service needed.



## Macas Home Care LLC

While we will do our best to arrange service during your preferred days and hours, we can't promise that we can accommodate your timeframes, as certain hours and days are more popular than others.. Therefore, we will ask you to give us other options.

Our goal is to provide you with regularly scheduled Direct Care Workers. However, there may be occasions when the same Direct Care Worker is not available during the timeframe you want. In these cases, another appropriately trained Direct Care Worker will be provided. You will be advised in advance of the substitution, wherever possible.

### Selecting Direct Care Workers

When we consider which Direct Care Worker will be assigned to you, we place the greatest emphasis on your preferences, needs and wishes. However, we must also consider:

- ◆ the Direct Care Worker's qualifications and preferences;
- ◆ geographical proximity;
- ◆ ethnicity, language and culture;
- ◆ gender;
- ◆ personalities; and,
- ◆ common interests .

## How Do We Handle Communication Challenges?

### If You Have a Disability

We are committed to promoting respectful, courteous and successful communications with all our clients and their families. Our Direct Care Workers are trained on effective ways to communicate with individuals who have a wide range of communication challenges such as hearing or vision impairment, dementia, and aphasia (loss ability to understand or talk due to brain damage, often caused by a stroke). If you have any communication difficulties, we have several options we can consider, including utilizing a:

- ◆ Linguistic Interpreter if you have a different native language;
- ◆ Sign Language Interpreter if you have hearing loss;
- ◆ Captioner (enables words to be displayed on a screen) if you cannot speak; and,
- ◆ Picture if you cannot speak or hear.

### If You Have Limited English

If English is not your native language and you have no knowledge, or a limited knowledge, of English, then it is important that you grasp the concepts of what all is involved when you become our client. This includes an understanding of:





- ◆ your medical conditions and plan of care;
- ◆ information contained in important documents including what:
  - a waiver of rights is and means;
  - giving your informed consent to services means;
  - your financial responsibilities are;
  - financial and/or insurance benefits are available, if applicable;
  - the terms of the service are;
  - your rights and protections are;
- ◆ your responsibilities are;
- ◆ our responsibilities are; and,
- ◆ the terms of our joint *Service Agreement* are.

If you do not have anyone who can serve as translator or interpreter, we will arrange for assistance from one or more of the following:

- ◆ competent, bilingual staff;
- ◆ staff interpreters;
- ◆ arrangements with local interpretation or translation services; and/or,
- ◆ technological and telephonic interpretation services.

## **How Do we Manage Your Service Delivery?**

### **Schedule Changes**

#### **We Need to Change Schedule**

From time to time, unexpected changes may need to be made to your service schedule. If possible, we will notify you the day before your scheduled service to give you an approximate time to expect your Direct Care Worker. If an assigned Direct Care Worker is delayed and anticipates he/she will be one hour or more later than his/her initially scheduled arrival time, he/she will contact you to confirm your acceptance. If the Direct Care Worker will be longer than one hour or is not able to provide service at all on your scheduled day, the Supervisor will follow-up and arrange for another Direct Care Worker or an alternate service timeframe, depending on your wishes. In the event of an emergency or urgent situation, wherein your regular Direct Care Worker is required elsewhere, we will try to assign a replacement worker, providing a suitable one is available.

#### **You Need to Change Schedule**

If you need to make any form of change to your schedule, please give us as much advance notice as possible. Call our office instead of contacting your Direct Care Worker. Only cancel at the last minute if it is absolutely necessary and call our office as soon as you become aware that you need to cancel. If you fail to notify our office



and the Direct Care Worker reports for duty, we have no choice but to charge you for 4 hours of service, as he/she must be paid.

## **You Want Extended Hours**

If you want your Direct Care Worker to stay beyond your scheduled service time, please phone our office for approval. We will try to accommodate your wishes providing he/she does not have other obligations. Should the added hours cause the Direct Care Worker's workday to exceed 8 hours or his/her work week to exceed 40 hours, the overtime hours will be billed at 1 1/2 times the regular rate.

## **Transfers & Referrals**

Sometimes, clients need to be transferred to another Service Provider for a number of reasons including:

- ◆ There is a change in their medical or treatment plan.
- ◆ This agency can no longer provide the required care.
- ◆ Continuation of services with this agency is no longer appropriate.

Should it be in your best interest to be transferred, we will notify you or your representative immediately and give you an opportunity to participate in planning the transfer. If indicated, we will help locate a suitable Service Provider. Before a transfer or referral is made, we will obtain your or your representative's written consent to make the referral and to release information about your case to your new Service Provider(s). We will also coordinate the transfer for you.

## **Termination of Services**

### **You Terminate Our Services**

You or your representative may choose to discontinue your services with us at any time. We ask that you give us as much notice as possible, preferably one month. While notice of termination may be given orally, we would appreciate receiving it in writing, as well. It would also be helpful if you include your reason(s) for discontinuing our services.

### **We Terminate Your Services**

We will terminate your services, with prior notice, if:

- ◆ your condition deteriorates to a level that requires care beyond what we can safely and competently provide;
- ◆ your family assumes responsibility for your care;
- ◆ you lose the supportive care you were receiving at home;
- ◆ your care goals have been met and you no longer require our services;
- ◆ we are reducing the scope and/or level of services that we provide;
- ◆ you relocate to an area beyond our geographical service area;



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- ◆ your home conditions become unsafe for you and/or Direct Care Workers;
- ◆ your Physician has stopped your services or does not renew the order;
- ◆ there is a safety risk to the Direct Care Worker; or,
- ◆ you pass away.

Under certain conditions, we may terminate your services without prior notice if:

- ◆ you or your representative request your services be terminated;
- ◆ your medical needs require urgent and immediate assistance;
- ◆ a disaster occurs, and your health and safety become at risk;
- ◆ your Physician has ordered a termination of services;
- ◆ your and/or your Direct Care Worker's safety becomes a concern; and,
- ◆ you do not pay for your services.

## Disruptions in Your Service Delivery

### Contingency Planning

Occasionally, your service may be disrupted for various reasons. (e.g., adverse weather, loss of power and acts of nature). Wherever possible, we will try to give you advance notice, but there could be situations when we cannot. To prepare for potential service disruptions, we will work with you to develop a Contingency (Backup) Plan:

- ◆ You can determine your service priorities in the event that Direct Care Workers are only available on a limited basis or they are not available at all.
- ◆ We will identify which activities are considered essential and what tasks can be re-scheduled. Some factors we need to consider include:
  - your physical dependence;
  - your access to food, water and medication; and,
  - your ability to communicate.
- ◆ Should the disruption be caused by an emergency, all non-personal care services (i.e. homemaking activities) would not be available.
- ◆ You should keep copies of your emergency contact information, medical condition(s) and history sheets with you at all times.
  - Give a copy of these sheets to a family member as well as to a trusted local contact person.
- ◆ You may wish to look into a personal medical alarm service. This type of service can get you help at the push of a button, 24-hours a day, 365 days a year.

### Adverse Weather Conditions

- ◆ When inclement weather conditions are predicted in advance of your scheduled service:
  - We will make every effort to deliver services to you provided you and/or your Direct Care Worker's health and safety is not put at risk.



- Where necessary, and if possible, we will deliver service to you the day before your scheduled service to ensure you have all necessary food staples and medications on hand.
- If you are a high risk individual, we will do everything we can to ensure your needs are met.
- We will remind you how to contact our on-call staff, emergency medical services and/or law enforcement.
- Be sure to keep your list of Emergency Telephone Numbers handy, should you require ambulance and/or law enforcement assistance.
- ◆ Should unsafe, driving conditions be predicted or develop during your scheduled service hours:
  - If your Direct Care Worker will be delayed, you will be notified of his/her expected time of arrival.
  - If your Direct Care Worker is not able to safely reach your home, we will attempt to find an appropriate replacement.
  - If a suitable substitute is not available or if driving conditions are too dangerous to reach your home, we will reschedule your services for another time.

## **What Information Do We Keep in Your Records?**

We develop, receive and use various documents to help us understand your needs, abilities, strengths and preferences. These records are maintained as part of our general case management activities and are intended to:

- ◆ record services and care provided to you;
- ◆ monitor your response(s) to the services provided;
- ◆ identify if, when and what changes might be needed to your Care Plan; and,
- ◆ record the number of service hours provided to you for billing and payroll purposes.

This means, as our client, we will have information about you on file. The usual types of documents we use are listed below. Depending on the specifics of your case, we may only use some of them and/or we may require additional ones that are not listed:

- ◆ identifying data; (e.g., name, gender, birth date, address, telephone number, next-of-kin, emergency contact number);
- ◆ initial request for service or your initial referral from another source;
- ◆ Assessment details;
- ◆ Care Plan;
- ◆ Consent for Referral & Release Information ;
- ◆ Service Agreement;
- ◆ Progress Notes;
- ◆ Direct Care Worker Notations;
- ◆ Service Schedule (hours, dates & Direct Care Worker assigned);



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- ◆ billing documentation;
- ◆ records of Supervisor's visits;
- ◆ Client Rights information;
- ◆ Physician's orders;
- ◆ documentation on Health Care Directives (if applicable);
- ◆ Complaints;
- ◆ Compliments;
- ◆ Incident Reports; and,
- ◆ Client Satisfaction Questionnaires.

## How Do We Handle Your Confidential Information?

Protecting your confidentiality is critically important to us. Any sensitive, medical, identifying and/or business information, which you disclose, is kept confidential unless we first obtain your written consent to share specific details with specific persons or resources. We will not disclose your personal information on a public platform or allow unauthorized individuals to access it. As part of our protection program, we have the following measures in place:

- ◆ We require all our personnel, independent contractors and volunteers to sign a *Confidentiality & Non-Disclosure Agreement* as a condition of employment, contract or service. In addition, they are required to strictly adhere to our policies to protect:
  - the privacy, confidentiality and security of your records; and,
  - your records from loss, destruction, tampering and unauthorized use.
- ◆ All forms of your personal information are handled in the same confidential and secure manner, whether it is written, electronic or verbal.
- ◆ Your records and information are stored under secure conditions at our Agency office.
- ◆ No one may access your confidential information, unless it is necessary to do so in the performance of their assigned duties.
- ◆ Your sensitive information is protected against unauthorized access or disclosure.
- ◆ We follow established laws and will not divulge, copy, distribute, sell, loan, review, alter or destroy your records, except as properly authorized by our Administrator.
- ◆ All requests to review your sensitive information must be referred to the Supervisor for guidance.
- ◆ None of your information can be released until consent to do so is given by our Supervisor or Administrator.
- ◆ If your confidential or sensitive information needs to be destroyed, it is shredded.
- ◆ We require anyone who suspects or is aware of a confidentiality breach to report it immediately to our Administrator, who will conduct an investigation.



## What is Protected Health Information?

Under the *Health Insurance Portability & Accountability Act* (HIPAA), Protected Health Information is any identifiable health information that is used, maintained, stored, or transmitted by a HIPAA-covered entity. It is not only your past and current health information, but also future information about medical conditions or physical and mental health related to the provision of care or payment for care. The information can be in any form, including physical records, electronic records, or spoken information. Essentially, it includes any health information that can be tied to you, including:

- ◆ full or last name and initial;
- ◆ all geographical identifiers smaller than a state, except for the initial three digits of a zip code;
- ◆ dates (other than year) directly related to an individual;
- ◆ phone numbers;
- ◆ fax numbers;
- ◆ email addresses;
- ◆ social security numbers;
- ◆ medical record numbers;
- ◆ health insurance beneficiary numbers;
- ◆ account numbers;
- ◆ certificate/license numbers;
- ◆ vehicle identifiers (including serial numbers and license plate numbers);
- ◆ device identifiers and serial numbers;
- ◆ web uniform resource locators (URLs);
- ◆ internet protocol (IP) address numbers;
- ◆ biometric identifiers, including fingerprints, retina & iris patterns and voice prints;
- ◆ full face photographic images and any comparable images; and,
- ◆ any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data.

## How We Use & Disclose Your PHI

Health information generally refers to information about your past or present health status, condition, diagnosis, treatment, prognosis, or payment for health care.

Before we use or disclose your Protected Health Information (PHI), you must give us your written authorization.

We may use your or disclose your PHI to:

- ◆ Assist in the planning and developing of your Care Plan to ensure the services and care provided will meet your functional needs.



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- ◆ Determine the skills required to provide the services you need (e.g. skilled services such as Nursing, Physiotherapy) or (e.g., non-skilled services such as Personal Care, Respite, Homemaking).
  - ◆ Refer you to another Service Provider if we are unable to deliver, or do not offer, the services that your health and functional condition(s) require (e.g., 24-hour care, skilled nursing services).
  - ◆ Refer you to a Medical Professional when specialized services are indicated (e.g., Medical Practitioner, Registered Nurse, Occupational Therapist).
  - ◆ Report changes in your condition to an appropriate person (e.g., Supervisor, Registered Nurse, Medical Practitioner).
  - ◆ Determine the service charges for the type(s) of care and services you need.
  - ◆ Obtain payment, where applicable, from your Insurance Plan (e.g., we may need to disclose your diagnosis, treatment and supplies used for billing purposes).
  - ◆ Contact you by phone, address or other means, which you have provided:
    - for operational purposes (e.g., schedule changes, appointment reminders, welfare checks, billing issues)
    - to inform you about related benefits, services and treatment options.
- If you don't want us to communicate with you in any of these ways, contact Amaka Patrick-Anaekwe. Disclose your medical information to family members or others who are involved in your care or payment for your care.
- ◆ You may cancel your written authorizations at any time by notifying Amaka Patrick-Anaekwe. Refer to the *Notice of Privacy Practices* in Appendix "A" for more details about how we use and disclose your PHI information.

## How We Secure Your Protected Health Information

To ensure the confidentiality, integrity, and availability of your Protected Health Information we have implemented physical, technical and administrative security safeguards to protect your PHI against reasonably anticipated threats.

## How You Can Access Your Protected Health Information

- ◆ You have the right to inspect and/or obtain copies of a broad selection of your PHI including:
  - medical records;
  - billing and payment records;
  - insurance information;
  - clinical laboratory test results;
  - medical images such as X-rays;
  - wellness & disease management files; and,
  - clinical case notes
- ◆ There are certain types of PHI that you cannot access including:
  - PHI that is not part of your personal record;





- the personal notes made by a mental health care provider a counsellor summarizing a counselling session; and,
- documentation that is expected to be required for legal purposes (e.g., a civil, criminal, or administrative action or proceeding).
- ◆ You may submit a request to access your PHI e.g., in person, via phone 866 806 2227, email: info@macashomecare.com, fax:8668062227).
- ◆ We may, at our discretion, verify your identity or the identify of your representative before making this information available. Verification may be done in-person, orally or in writing.
- ◆ Your request will be processed as quickly as possible but no later than 30-working days from the time your request is received. The length of time will largely depend on whether the information is provided in person or is sent by certified mail or by electronic means.
- ◆ There may be a fee for providing you with your Protected Health Information (e.g., hardcopies/paper copies, labor, postage).

## **What is a “Notice of Privacy Practices”?**

We are required by the *Health Insurance Portability & Accountability Act* (HIPAA) Privacy Rule to provide a “*Notice of Privacy Practices*” to inform you about:

- ◆ how your medical information may be used and disclosed; and,
- ◆ how you can get access to your health information.

We are also required, by law, to state in writing that you received the notice:

- ◆ The law does not require you to sign the “Acknowledgement of receipt of notice of Notice of Privacy Practices”.
- ◆ Signing the acknowledgment does not mean that you have agreed to any special uses or disclosures (sharing) of your health records.
- ◆ Refusing to sign the acknowledgement does not prevent us from using or disclosing health information as HIPAA permits.
- ◆ If you refuse to sign the acknowledgement, we must keep a record of this fact.

Following is a summary our *Notice of Privacy Practices*:

- ◆ Your Rights:
  - Get an electronic or paper copy of your medical record.
  - Ask us to correct your medical record.
  - Request confidential communications.
  - Ask us to limit what we use or share.
  - Get a list of those with whom we have shared information.
  - Get a copy of this Privacy Notice.





- Choose someone to act for you.
- File a complaint if you feel your rights are violated.
- ◆ **Your Choices**
  - For certain health information you can tell us your choices about what we share.
  - In some cases, we never share your information unless you give us written permission.
- ◆ **Our Uses & Disclosures**
  - Treat you.
  - Run our organization.
  - Bill for your services.
  - Help with public health and safety issues.
  - Do research.
  - Comply with the law.
  - Respond to organ & tissue donation requests.
  - Work with medical examiner or funeral director.
  - Address workers' compensation, law enforcement and other government requests.
  - Respond to lawsuits and legal actions.
- ◆ **Our Responsibilities**
  - Maintain privacy and security of your PHI.
  - Advise you of breaches that might compromise your PHI.
  - Follow the duties & practices of this notice.
  - Not use or disclose your information other than as prescribed

### **Where You Can Find Our “Notice of Privacy Practices”**

- ◆ Our Notice of Privacy Practices can be found:
  - located in *Appendix “A”* of this *Client Handbook*;
  - posted in our Agency office; and/or,
  - displayed on our website: [www.macashomecare.com](http://www.macashomecare.com)
  - usually at your first appointment;
  - in an urgent situation, you will receive notice as soon as possible after the event.

Anyone may request to see our *Notice of Privacy Practices*.

### **How Do We Determine Your Satisfaction Level?**

As your total satisfaction is our priority, we have established procedures and activities to ensure we continually provide you with quality service, e.g.:

- ◆ We conduct formal “Client Satisfaction Surveys” which will enable you to give feedback to us about our agency, staff, services and practices. (You have the option of completing the form anonymously.) Your feedback will help us assess and improve the quality of the services that we provide to you.
- ◆ Our Supervisor will visit your home to:
  - Discuss your overall satisfaction and areas of concern with you;



- observe the effectiveness of your current services and, with your input, determine if any changes need to be made to your Care Plan;
- monitor the safety and quality of the services being provided to you; and,
- observe Direct Care Workers in the performance of their duties.
- ◆ We have client services policies and procedures in place, which incorporate governmental regulations, best practices and industry standards. They are stringently monitored and enforced.
- ◆ We encourage you to contact us (8668062227) at any time for any reason) if :
  - you need clarification on something;
  - you have a complaint;
  - you want to discuss your services; and/or,
  - you want changes made to your schedule.
- ◆ We will address your wishes and concerns and will always do our best to gain and maintain your confidence.

## **How Do You File a Complaint?**

You have the right to bring complaints or recommendations related to safety, staff performance, quality of service and other concerns to our attention without fear of reprisal and without affecting your right to receive services from us. You may submit your complaint verbally, in writing, or electronically (e.g., person-to-person, phone, email, regular mail, fax, or our website (

Your complaint will be taken seriously and will be investigated immediately by our Supervisor or Administrator. It will be reviewed in a fair, consistent and timely manner and, wherever possible, we will resolve it to your satisfaction. The details of your complaint and our findings, resolutions and designated follow-up actions will be documented and handled with the strictest of confidence. You will receive a response to your complaint prior to your next scheduled service visit, or within 2 working days, whichever comes first. On occasion, we may need additional time to thoroughly investigate and resolve the issue, but we will continue to keep you updated throughout the process.

We keep a log of all complaints received and maintain detailed records to support our internal complaint investigations. If for some reason ( e.g., complaint is withdrawn) prior to our investigation, the complaint and reason for non-investigation is also documented in our records.

## **Where You Can Submit a Complaint**

- ◆ Should you have a complaint, with your Direct Care Worker, we encourage the two of you to discuss the issue and, if possible, come to an agreeable resolution. However, if you and the Direct Care Worker are not able to successfully resolve the problem;



and/or if you would be more comfortable submitting your complaint directly to our Supervisor or Administrator, you can contact them at 8668062227

- ◆ If you prefer to submit your initial complaint to an authority other than our Agency, or if you feel we have not resolved your complaint to your satisfaction, you can contact: Amaka Patrick-Anaekwe

- ◆ If you feel your Privacy Rights have been violated, you can submit a written complaint to:

*U.S. Department of Health and Human Services  
Office for Civil Rights*

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

- ◆ If you feel your Civil Rights have been violated, you can submit a written complaint to:

*U.S. Department of Health and Human Services  
Office of Civil Rights*

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

## What is Advance Care Planning?

It is important for you to know about Advance Care Planning. It involves making a plan for your future health and personal care should you lose your decision-making capacity. It will capture your values & wishes and will enable you to continue to influence your treatment and care decisions, even when you can no longer actively participate. Having an Advance Directive in place means your wishes will be recognized under the law. There are four basic types of advance directives:

- ◆ *Medical Power of Attorney* - authorizes someone to make medical decisions on your behalf if you become incompetent. A Medical Power of Attorney can be a separate document or can be part of a Durable Power of Attorney. Other powers can be included in the Durable Power of Attorney authorizing someone to act on your behalf.
- ◆ *Living Will* - states your wishes about the use of artificial life support to keep you alive if you are terminally ill or permanently unconscious. It also may include your wish to donate organs and tissues after your death.



- ◆ *Health Care Surrogate* - you designate a person who will make health care decisions for you if you are unable to do so. This designation can be in a Power of Attorney, a Medical Power of Attorney, Living Will, and/or a Do Not Resuscitate Order.
- ◆ *Do Not Resuscitate (DNR)* - directs that in the event of your cardiac or respiratory arrest, your wishes in the DNR Order be honored. DNR means that if your heart stops beating or if you stop breathing, no medical procedure to restart breathing or heart function will be started by emergency medical services personnel.

Appendix “B” contains information on Advance Directives. If you already have an Advance Directive(s), please advise our Agency Representative so we can discuss how the directive(s) may impact our service delivery.

## What Constitutes Elder Abuse?

Elder abuse, neglect or exploitation can take place in the home, in a residential setting, or in the community. All types of abuse, neglect and exploitation harm the older person. Elder abuse is never acceptable and is often a crime. It can happen to you or it can happen to someone else..

### Abuse

Abuse is any deliberate or threatened act that causes or is likely to cause significant harm to a vulnerable adult’s physical, mental or emotional health. There are several forms of abuse or mistreatment including physical, emotional, sexual, financial, neglect, abandonment and self-neglect. We do not tolerate abuse by anyone, including family, friends, employees or other individuals, and will document, investigate and/or report all suspected cases.

### Neglect

Neglect occurs when a Caregiver fails to meet or protect the needs of elderly persons who cannot care for themselves and depend on others to meet their basic needs. Sometimes neglected individuals do not receive adequate nourishment, medications, clothing, shelter, hygiene, medical or social services. Neglectful incidents can occur once or repeatedly and may result in serious physical or psychological injury or put the vulnerable individual at risk of death.

### Self-Neglect

Self- Neglect may occur when an older adult is no longer able to perform his/her own self-care due to physical or mental impairment or diminished capacity. They may lack basic personal hygiene, appear dehydrated, malnourished, or underweight, live in increasingly unsanitary or dirty conditions, and be unable to pay bills or properly manage their medications



## **Financial Exploitation**

Financial exploitation occurs when a person misuses or takes the assets of a vulnerable adult for his/her own personal benefit. This frequently occurs without the knowledge, consent or authorization of older adults or adults with disabilities, which deprives them of vital financial resources for their personal needs. Assets may be taken through deception, false pretenses, intimidation, harassment, pressure and threats.

There are many forms of financial exploitation including: theft; fraud; misuse of a power of attorney or the abuse of guardianship duties; unauthorized sale or transfer of property; unauthorized taking of personal assets; misappropriation or transfer of money from a personal or joint account; intentional or negligent failure to effectively use vulnerable adults' income and assets for their necessities.

## **Reporting Elder Abuse, Neglect or Exploitation**

- ◆ If you, or another person are in immediate danger of being abused, you need to call:
  - “9-1-1”
  - your local Police Emergency Number 911
  - Hospital Emergency Room
- ◆ If you are being abused, neglected or exploited or suspect somebody else is, and the situation is not immediate or urgent, there are many people who can help including:
  - your Direct Care Worker or our Management Team If we suspect you are being abused in any way, we will ask you for your written consent to report the alleged abuse. If you are not willing to provide your written consent, we will still make a report to the proper authorities;
  - somebody you trust such as your doctor, a friend, or a family member;
  - Eldercare Locator **1-800-677-1116**. Specially trained operators will refer you to a local agency that can help. Their hours are Monday through Friday, 9 a.m. to 8 p.m. Eastern Time.
  - local Adult Protective Services,
  - What Constitutes Child Abuse?

Since children can also be the victims of abuse, neglect and exploitation, each of us should be familiar with the different types of child abuse:

- ◆ Child abuse is any form of physical, emotional and/or sexual mistreatment or lack of care that causes injury, emotional damage or death because of someone's action or failure to act ( e.g., hitting, kicking, burning, tying-up, or holding a child under water).
- ◆ Child neglect is the failure or a parent or Caregiver to provide for a child's basic needs including inadequate food, shelter, clothing, supervision or necessary medical care.
- ◆ Child exploitation is using a minor child for profit, labor, sexual gratification, or some other personal or financial advantage.



## **Reporting Child Abuse, Neglect or Exploitation**

If you suspect a child is suffering from abuse, neglect or exploitation, it's important to speak out.

- ◆ If a child is in immediate danger, dial “9-1-1”.
- ◆ If the child is not in immediate danger, make a direct report by phoning:
  - the Childhelp National Child Abuse Hotline @ 1-800-4-A-CHILD (1-800-422-4453). This hotline is available “24-7” to U.S. & Canadian Territories; or, phoning the State toll-free number for reporting child abuse/neglect @ [https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS\\_ID=%205](https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=%205)

## **How to Protect Your Personal Safety**

Each of us needs to take precautions to guard against becoming a victim of crime. But, elderly people are more vulnerable, as they are not as able to defend themselves as well as younger people can, plus they take longer to recover from their injuries. There are some precautions you can take to reduce your chances of becoming a victim of theft and/or bodily injury when inside and outside your home:

- ◆ If you live a condominium, apartment or other multi-residence complex:
  - Be cautious in elevators (e.g., stand close to the control panel with your back against the wall; get out immediately, if you are feeling uneasy).
  - Walk down the middle of the hallway & avoid alcoves.
  - Keep count of floors when using stairways.
- ◆ Keep your doors locked at all times; if there is a knock at the door:
  - Carry your cell or cordless phone with you when you approach the door.
  - Verify the identity of the person through a peephole before you open it.
- ◆ Do not allow unfamiliar people into your home.
- ◆ Check identification of Direct Care Workers. All Macas Home Care LLC wear Photo Identification Badges which, state the Direct Care Worker's first name and our Agency's name: If you are not sure if he/she is from our Agency, contact us for verification 8668062227. Have the Direct Care Worker wait outside your door while you make your phone call.
- ◆ Be alert for changes in the behavior of people who are in your home, as changes could indicate impending danger.
- ◆ Only allow reputable workers/contractors to enter your home.
- ◆ Place jewelry, money credit cards etc. in a safe place, which is not easily accessible to others.
- ◆ Call “9-1-1” or your local police if you are fearful or concerned about anything you hear or see in your building or neighborhood.



- ◆ If you must carry a purse when out, wear the strap across your body and place your keys, cell phone and identifying documents in your pocket. Unless absolutely necessary, don't carry large amounts of cash with you.

## How to Protect Yourself at Home

As your health and safety is of utmost importance to us, we are providing you with a *Home Safety Checklist* (See Appendix "C") to help you identify areas in your home, which may be hazardous for you.. If you or a family member are not able to complete this checklist, we will be happy to assist you. If red-flag issues are identified, it will be comforting for you to know that many of them can be modified with minor adjustments, thereby considerably reducing your safety risks, especially your risk of falling.

### Physical Objects

#### Kitchen

- ◆ Store food, dishes, and cooking equipment within easy reach. Place the most frequently used items between eye and knee level.
- ◆ Use a foot ladder with a handle to reach upper cabinets. Don't stand on chairs or boxes.
- ◆ Keep cabinet doors and drawers closed.
- ◆ Keep dishcloths, dishtowels, oven mitts and other flammable items away from stove burners and flames.
- ◆ Ensure the ON" buttons work on all appliances.
- ◆ Ensure stove controls are accessible and easy to use.
- ◆ Keep workspace near the cooking area uncluttered.
- ◆ Remove throw rugs.
- ◆ Use non-skid floor wax.
- ◆ Clean up any liquids, grease, or food spilled on the floor immediately.

#### Living Areas

- ◆ Ensure stairs, and hallways are brightly lit.
- ◆ Put nightlights in the hallways.
- ◆ Make light switches accessible so they can be turned on and off:
  - without having to walk across a dark room
  - at the top and bottom of each stairway.
- ◆ Arrange furniture so it doesn't block pathways in halls and rooms.
- ◆ Use sofas & chairs that:
  - are high and firm enough to sit and stand easily.
  - have armrests strong enough for getting in and out.





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- ◆ Remove newspapers and all clutter from pathways and rooms.
- ◆ Secure loose area rugs with double-faced tape or tacks. Or, use area rugs with slip-resistant backing.
- ◆ Keep a list of emergency telephone numbers by the telephone.
- ◆ Keep electric, appliance and telephone cords out of walkways and do not place cords under a rug.
- ◆ Locate heaters at least 12-inches away from furniture and drapes.
- ◆ Keep low-rise coffee tables, magazine racks, footrests, and plants out of the path of traffic.
- ◆ Repair loose, wooden floorboards right away.
- ◆ Remove door sills higher than a 1/2- inch.

### Bathroom

- ◆ Replace glass shower enclosures with non-shattering material.
- ◆ Place a non-skid mat in the bathtub/shower.
- ◆ Mount a liquid soap dispenser on the bathtub/shower wall.
- ◆ Install grab-bars on the bathtub/shower and adjacent to the toilet.
- ◆ Don't hold onto towel bars or soap dishes when you move in the bathroom, as they may not support your weight.
- ◆ If using the toilet is problematic, use a:
  - raised toilet seat, for difficulties getting on and off; or,
  - toilet seat with armrests, for stabilizing difficulties.
- ◆ Use a bath bench and hand-held shower spray if you:
  - are unsteady;
  - are unable to stand; or,
  - have difficulty getting into and out of a bathtub.
- ◆ Set water temperature below scalding (e.g. set it below 120° F); and.
- ◆ Put in a night light.

### Bedroom

- ◆ Sleep on a bed that is easy to get into and out of (e.g., it should not be lower than back-of-the-knee height.).
- ◆ Place a "rug grabber" between the mattress and the box spring to prevent the mattress from sliding.
- ◆ Use bedsheets and covers that are made of non-slippery material (e.g., wool or cotton).
- ◆ Place a chair with armrests & a firm seat in the bedroom to reduce falls while dressing.
- ◆ Avoid using furniture with castors or that tends to roll.
- ◆ Place a lamp next to the bed that can be reached in the dark.
- ◆ Place a flashlight next to the lamp for use during power outages.
- ◆ Put in night lights in the bedroom and hallway leading to the bathroom.
- ◆ Place an accessible telephone next to the bed.





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- ◆ Keep list of emergency telephone numbers by the telephone.
- ◆ Keep clutter off the bedroom floor.
- ◆ Replace scatter rugs with non-skid mats.
- ◆ Position clothes in the closet so they are easy to reach.

### Steps & Stairs

- ◆ Install sturdy handrails on both sides of the stairs, indoors and outdoors. Each handrail should be 30-inches above the stairs and extend the full length of the stairs.
- ◆ Make sure the outdoor steps have a non-skid surface.
- ◆ Consider using motion-detector lights, which will automatically turn on when someone walks by, if:
  - light switches are not installed at the top and bottom of indoor stairs; or,
  - insufficient light is available outside to clearly show entrance steps and walkways.
- ◆ Keep stairs and steps clear of packages, boxes, or clutter.
- ◆ Provide enough light to clearly see each stair and the top and bottom landings.
- ◆ Keep easily accessible flashlights at the top and bottom of the stairs in case there is a power outage.
- ◆ Replace any loose area rugs at the top and bottom of the stairs with non-skid mats.
- ◆ Make sure runner mats, carpeting or other floor covering on your stairs are well fastened.
- ◆ Use solid colored carpeting, instead of patterned, dark, or deep-pile carpeting, to show the edges of steps more clearly.
- ◆ Put non-slip treads on each bare-wood step.
- ◆ Keep stairs and outdoor steps in good condition.
- ◆ Repair loose stairway carpeting or wooden boards immediately.

### Falls

Older adults, especially women, are most at risk for falling, which can result in loss of mobility and independence. Falls can lead to fractures (e.g., broken hip, ankle, ribs), traumatic brain injuries, concussions and hospitalizations. Fractures occurring in the home usually happen while performing regular activities such as walking up & down stairs, tripping, working in the kitchen or going to the bathroom. By choosing a healthy lifestyle and making minor safety adaptations, your risk of falling can be reduced.

### Why Falls Happen

#### *Medical Risk Factors*

- ◆ Acute illness such as infection, flu, pneumonia and surgery;
- ◆ Medical conditions such as Arthritis, Osteoarthritis, Multiple Sclerosis, Stroke, Parkinson's Disease, Heart Disease, Cancer, Dementia and Depression; and,



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- ◆ Medication side effects.

### ***Personal Risk Factors***

- ◆ Insufficient exercise can result in generalized weakness, reduction in muscle strength, poor balance, slower reaction time and coordination difficulties.
- ◆ Lifestyle habits such as smoking and excessive alcohol decrease bone strength.
- ◆ Aging causes deterioration in balance, strength, eyesight, hearing and ability to react to the environment.
- ◆ Dehydration and inadequate nutrition, especially protein, Calcium or Vitamin D, can drain strength and energy.

### ***Lifestyle Choices***

#### Health & Medications

- ◆ Arrange for annual vision, hearing, dental and physical checkups, which include heart and blood pressure exams.
- ◆ Ensure your diet contains the recommended amounts of protein, calcium and Vitamin D.
- ◆ Avoid smoking and excessive alcohol in-take.
- ◆ Have your supplements, prescriptions and over-the-counter medications reviewed regularly by your Health Practitioner or Pharmacist. Ask about possible side effects.
- ◆ Consult a Physiotherapist, Occupational Therapist or a pharmacy, if you feel you need an assistive mobility device.

#### Exercise

- ◆ Consult with your Health Practitioner before starting an exercise program.
- ◆ Perform exercises that will help improve coordination, balance, agility and strength, especially activities that will strengthen your bones (e.g., hiking, jogging, stair climbing and using weights).
- ◆ Choose hobbies that involve exercising (e.g., dancing, bicycling, walking, Yoga, Tai Chi, gardening, bowling and golfing).

#### Footwear

- ◆ Wear weather appropriate footwear with good support (e.g., soles have non-slip treads and have a thickness that will enable you to “feel” how your foot is positioned).
- ◆ Wear shoes and slippers that fit well:
  - Don’t wear loose-fitting shoes or slippers.
  - Tie shoelaces securely.
  - Don’t wear high heels.
- ◆ Don’t wear socks or stockings without also wearing shoes or slippers.

#### Risky Behavior



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- ◆ Climbing ladders or using a chair in place of a stable step stool with a safety rail.
- ◆ Lack of awareness of medication interactions.
- ◆ Not wearing glasses or contact lenses when vision is compromised.
- ◆ Neglecting assistive mobility aids (e.g., walkers or canes) by not:
  - using them when they are needed;
  - using them correctly; or,
  - properly maintaining them.
- ◆ Lifting or trying to carry bags which are too heavy or unevenly loaded.
- ◆ Getting up from a lying or sitting position too quickly.

### Social and Economic Factors

- ◆ Living alone.
- ◆ Limited or no social support or connections available closely.
- ◆ Insufficient income to:
  - choose a healthy lifestyle through diet and physical activity; and/or,
  - cover home adaptations, as age and mobility changes take place.
- ◆ Lack of accessible and safe housing.
- ◆ Lack of access to health care services due to geography, social isolation, language or literacy issues.

## **What to Do if You Fall**

- ◆ Don't panic. Take a moment to catch your breath
- ◆ Assess your situation and determine if you are injured.
- ◆ If you decide to get up:
  - Lie on your side, bend the leg that is on top and lift yourself onto your elbows or hands.
  - Pull yourself toward an armchair or other sturdy object.
  - Kneel, while placing both hands on the chair or object.
  - Place your stronger leg in front, holding onto the chair or object.
  - Stand up.
  - Very carefully, turn and sit down.
- ◆ If you cannot get up:
  - If you feel any discomfort or are unable to get up, try to get help.
  - Call out for help if you think you can be heard.
  - If you have an emergency call device (e.g., Medic Alert) or telephone at hand, use it.
  - If you don't have an emergency call device, try to slide yourself towards a telephone or a place where you will be heard.
  - Make noise with your cane or another object to attract attention.
  - Wait for help in the most comfortable position for you.
  - If you can, place a pillow under your head and cover yourself with a piece of clothing or a blanket to stay warm.
  - Try to move your joints to ease circulation and prevent stiffness.



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- ◆ Report the fall to your Health Care Provider and discuss medical, environmental and lifestyle factors which may have led to the fall and how you might lower your risk of future falls.

### What to Do if Someone Else Falls

- ◆ Should you see someone fall:
  - Resist the urge to get the person up immediately.
  - Check out his/her condition e.g.:
    - Is the person conscious or unconscious?
    - Does the person appear to be injured?
    - Reassure the person.
- ◆ If the individual cannot get up:
  - Call for help and administer First Aid, if you are able to do so.
  - Help the person find a comfortable position.
  - Keep him/her warm using an item of clothing or blanket.
- ◆ If the individual appears able to get up:
  - Bring a chair close by:
    - Help the person turn onto the side and bend the upper leg.
    - Help the person get into a semi-seated position.
  - Place yourself behind the person:
    - Get a firm grip on the person's hips.
    - Help the person to a kneeling position;
    - Get person to place both their hands on the chair.
  - Hold on to the chair:
    - Have the person place his/her stronger leg in front.
    - Help guide the person's leg to the front.
  - Firmly grab the person's hips:
    - Help the person to stand.
    - Help the person to turn and sit on the chair.

### Oxygen Therapy

When oxygen is being used in the home, safety measures must be taken to protect all members of the household. Some precautions you can take are:

- ◆ Do not allow smoking in a room that contains oxygen equipment.
- ◆ Do not store oxygen equipment near a heat source or open flame.
- ◆ Do not use electrical equipment within 5-feet of the oxygen cylinder, which includes the tubing and nasal cannula/mask.
- ◆ Do not use extension cords with oxygen equipment.
- ◆ Do not place any of the following near an oxygen system:
  - aerosol cans or sprays;
  - grease, oil, & petroleum products; and,



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- flammable material.
- ◆ Prevent tripping by securing:
  - loose cords;
  - extra tubing; and,
  - floor mats & throw rugs
- ◆ Ensure functioning smoke detectors and fire extinguishers are kept in the home at all times.
- ◆ Turn cylinder valve off when the oxygen is not in use.
- ◆ Do not store full and empty cylinders together.
- ◆ Keep a back-up supply of oxygen in case of an emergency.

## Medical Equipment

Home medical equipment refers to assistive devices that individuals use to manage their care at home, e.g.:

- ◆ hospital bed;
- ◆ mobility aids (canes, crutches, walkers, scooters, manual & power wheelchairs);
- ◆ floor or ceiling lift devices;
- ◆ oxygen concentrators;
- ◆ pressure relief mattresses;
- ◆ non-conventional glucose monitors;
- ◆ personal care aids (bath chairs, commodes, dressing aids);
- ◆ prostheses (artificial limbs);
- ◆ orthotics (therapeutic footwear); and,
- ◆ oxygen concentrators.

## Safety Measures for Medical Equipment

- ◆ Provide adequate electrical power.
- ◆ Register electrically powered equipment (e.g., oxygen, ventilator) with your local power company.
- ◆ Notify power company if there is a power outage and you are using oxygen, a ventilator, or an IV pump. Check their batteries regularly.
- ◆ Take precautions with electrical outlets, e.g.:
  - Keep appliances and cords clean and in good condition.
  - Avoid “octopus” outlet with several plugs.
  - Use grounded electrical outlets.
  - Unplug electrical outlets before water comes in contact with them.
- ◆ Keep manufacturer’s instructions nearby.
- ◆ Perform routine and preventative maintenance.
- ◆ Contact the supplier for instructions if you have equipment problems.



## Medication Management

- ◆ Keep a list of each medication you take and know the reason for taking it.
- ◆ Advise your doctor about all medications, over-the-counter drugs, vitamins and supplements you take.
- ◆ Don't take medication that was prescribed to another individual.
- ◆ Always read the label before taking a medication.
- ◆ Always follow your doctor's directions on when and how to take the medication.
- ◆ Keep your medication in its original container.
- ◆ Store medication according its instructions, e.g.:
  - Keep in a cool, dry place.
  - Protect from excessive cold or heat, unless instructed otherwise.
  - Keep out of direct sunlight.
  - Keep in refrigerator, if required.
- ◆ Keep medications and cleaning materials out of reach of children, pets and confused individuals.
- ◆ Take expired medication to pharmacy for disposal.

## Food & Water Safety

### Food

The Food & Drug Administration (FDA) supports these basic steps for food safety:

- ◆ Clean
  - Always wash your food, hands, counters, and cooking tools.
  - Wash hands in warm soapy water for at least 20-seconds. Do this before and after touching food.
  - Wash your cutting boards, dishes, forks, spoons, knives, and counter tops with hot soapy water. Do this after working with each food item.
  - Rinse fruits and veggies.
  - Clean the lids on canned goods before opening.
- ◆ Separate Foods Types
  - Keep raw foods to themselves. Germs can spread from one food to another.
  - Keep raw meat, poultry, seafood, and eggs away from other foods. Do this in your shopping cart, bags, and fridge.
  - Do not reuse marinades used on raw foods unless you bring them to a boil first.
  - Use a special cutting board or plate for raw foods only.
- ◆ Cook
  - Foods need to get hot and stay hot. Heat kills germs.
  - Cook to safe temperatures:
    - Beef, Pork, Lamb 145 °F
    - Fish 145 °F
    - Ground Beef, Pork, Lamb 160 °F
    - Turkey, Chicken, Duck 165 °F



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- Use a food thermometer to make sure that food is done. You can't always tell by looking.
- ◆ **Chill**
  - Put food in the fridge right away.
  - 2-Hour Rule: Put foods in the fridge or freezer within 2 hours after cooking or buying from the store. Do this within 1 hour if it is 90 degrees or hotter outside.
  - Never thaw food by simply taking it out of the fridge. Instead thaw food:
    - in the fridge;
    - under cold water; or,
    - in the microwave;
  - Marinate food in the fridge.

### **Contaminated Drinking Water**

Do not use contaminated water to wash dishes, brush teeth, prepare food, wash hands, make ice or make baby formula. In emergency situations, use bottled water, if available. If not:

- ◆ **Boil Water**
  - If the water is cloudy:
    - Filter it through a clean cloth, paper towel, or coffee filter or allow it to settle.
    - Draw off the clear water.
    - Bring the clear water to a rolling boil for 1 minute (at elevations above 6,500 feet, boil for 3-minutes).
    - Let the boiled water cool.
    - Store the boiled water in clean sanitized containers with tight covers.
  - If the water is clear:
    - Bring the clear water to a rolling boil for 1-minute (at elevations above 6,500 feet, boil for 3-minutes).
    - Let the boiled water cool.
    - Store the boiled water in clean sanitized containers with tight covers.
- ◆ **Disinfect Water** (Note: Disinfectants will not make water drinkable, if chemicals caused the contamination.)
  - Filter water through a clean cloth, paper towel, or coffee filter or allow it to settle.
  - Draw off the clear water.
  - To kill bacteria, treat water with:
    - chlorine tablets (follow container's directions);
    - iodine tablets (follow container's directions); or,
    - household chlorine bleach (1/8 tsp./gallon if water is clear; 1/4 tsp/gallon, if water is cloudy, colored or very cold).
  - Stir well and let sit for 30-minutes before drinking.
  - Stored disinfected water in clean, sanitized containers.

### **Child Safety**



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- ◆ Store all medications out of reach of children.
- ◆ Keep cleaners and chemicals out of reach of children, pets and confused individuals.
- ◆ Keep side rails (bed or crib) up. Never leave child unattended on a high surface.
- ◆ Keep emergency numbers near your phone; include your doctor and the Poison control phone numbers. Poison Control Phone: 1-800-222-1222
- ◆ Always use a car seat or restraint appropriate for a child. Install and use it properly.
- ◆ Keep electrical, phone and window cords beyond the child's reach, especially near cribs and on floors.
- ◆ Keep windows closed and locked when children are around.
- ◆ Do not leave children unattended on fire escapes or balconies.

## What to Do in a Medical Emergency

A medical emergency is an event that you reasonably believe threatens your or someone else in such a manner that immediate medical care is needed to prevent death or serious harm to health.

### When to Call “9-1-1”

Examples of medical emergencies include:

- ◆ someone faints/passes out or is found unresponsive;
- ◆ breathing problems (difficulty breathing or no breathing);
- ◆ persistent chest pain or pressure;
- ◆ a rapid heartbeat at rest, especially with shortness-of-breath or feeling faint;
- ◆ no signs of circulation;
- ◆ difficulty speaking, numbness, or weakness of any part of the body;
- ◆ sudden dizziness, weakness or mental changes (e.g., confusion, very odd behavior, difficulty walking);
- ◆ sudden blindness or vision changes;
- ◆ severe bleeding from body cavity or wound that doesn't stop with pressure;
- ◆ vomiting blood or passing blood;
- ◆ convulsions, severe headache, or slurred speech;
- ◆ sudden intense pain ;
- ◆ choking;
- ◆ severe burns;
- ◆ allergic reaction, especially if there is difficulty breathing;
- ◆ extremely hot or cold skin;
- ◆ drowning;
- ◆ suspected poisoning or drug overdose;
- ◆ injuries to head, neck, or back;
- ◆ someone threatening to hurt or kill themselves or someone else;





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- ◆ if the casualty is involved with any of the following:
  - fire or explosion ;
  - poisonous gas;
  - downed electrical wires;
  - swift-moving water;
  - motor vehicle collisions; or,
  - can't be moved easily.

### What to Do During a “9-1-1” Call

- ◆ Stay on the phone until the dispatcher tells you to hang up.
- ◆ Answer all of the “9-1-1” dispatcher’s questions.
- ◆ Follow any instructions provided by the dispatcher, including:
  - care to provide for the person in distress; or,
  - directions for making your location easier for responding Paramedics to locate.
- ◆ If you or the person in distress has *Advanced Directives* or other legal documents with care instructions, have these available when help arrives.
- ◆ If you call “9-1-1” by mistake, do not hang up before the call is answered and you have spoken with a call-taker. Otherwise emergency crews may be sent to investigate your situation.

## How to Deal with Non-Emergency Medical Issues

Non-emergency medical issues are those that do not require care immediately, but care is required for an injury or illness to avoid a health crisis.

### When to Contact your Medical Practitioner

You should contact your Medical Practitioner if:

- ◆ You have a persistent, high fever that is above 103° Fahrenheit (39.4° Celsius) or a fever that lasts more than 3-days.
- ◆ Your cold becomes unusually bad, e.g., you have:
  - a severe cough that lingers more than two weeks;
  - a fever, muscle aches or other flu-like symptoms;
  - extreme difficulty swallowing, chest pain and shortness of breath; and/or,
  - difficulty keeping fluids and food down.
- ◆ You’ve suddenly lost weight and don’t know why (e.g., you have lost more than 10% your body weight in the last 6-months and are not obese.).
- ◆ You are short-of-breath or the symptoms come on suddenly and strongly without:
  - being at a high altitude;
  - doing strenuous exercise;
  - being obese; or;
  - being exposed to extreme temperature.



- ◆ You experience severe and ongoing chest, abdominal or pelvic pain, which could indicate conditions such as heart attack, gallstones, appendicitis or kidney infection.
- ◆ You have changes in your regular bowel or urination habits (e.g., bloody or black stools, diarrhea or constipation, or excessive urination).
- ◆ You experience sudden, bright flashes, which could be a sign of retinal detachment. This condition needs immediate medical attention. (Bright flashes and spots in the vision can also occur during migraine headaches.)
- ◆ You experience confusion or changes in your mood, which can occur with mental health issues and physical conditions (e.g., infection or drug interactions). Be alert for trouble thinking or focusing, irregular sleeping patterns, and feelings of anxiety or depression.
- ◆ You fell on your head or suffered a blow to it, and subsequently detect symptoms of concussion (e.g., difficulty concentrating, headache, irritability and change in sleep pattern).
- ◆ You develop unexpected symptoms after surgery, a procedure or starting a new medication.

## **How to Guard Against Infections**

Infections occur when the body is invaded by microorganisms (e.g., bacteria, viruses, and parasites) which are not normally in the body. These microorganisms can multiply rapidly causing an infection that may or may not have symptoms. It can range from mild inflammation in one person to an epidemic where it spreads rapidly and extensively to many people in an area at the same time (e.g., influenza).

### **Infection Prevention Measures**

There are practices that you can apply in your daily activities to create and maintain a healthy and infection-free home, e.g.:

- ◆ Wash or sanitize your hands frequently:
  - before working with food;
  - between handling uncooked fruit/vegetables and raw meat;
  - before eating;
  - after using the toilet;
  - after sneezing, coughing and blowing your nose; and,
  - after coming home from public places.
- ◆ Apply other hygiene practices consistently (e.g., bathing,/showering, hair care, tooth and mouth care, nail care, foot care).
- ◆ Moisturize skin to prevent cracking.
- ◆ Don't share drinking and eating utensils (e.g., cutlery, cups, glasses) or personal care items (e.g., toothbrushes, towels, razors, handkerchiefs, and nail clippers).
- ◆ Clean home regularly and remove clutter, which can attract dust and dirt.



- ◆ Keep cleaning supplies together and nearby but out of reach of children.
- ◆ Use food-safety practices:
  - Cook food to the correct temperature.
  - Wash fruit and vegetables well.
  - Use different cutting boards for meat products and fruit/vegetables.
  - Clean & disinfect touched surfaces regularly and more often when sickness is present in home.
- ◆ Don't place your purse or other carrying bags on a counter or in areas where food is prepared or served.
- ◆ Keep wounds clean and use an antibiotic ointment (e.g., *Neosporin*, which contains 3 antibiotics; or *Polysporin*, which contains 2 antibiotics).
- ◆ If you have pets:
  - Keep pet environments clean.
  - Wipe up accidents immediately.
  - Ensure pets are bathed and groomed regularly.
  - Keep vaccinations current.
  - Don't allow pets to drink out of the toilet.
  - Protect pet from fleas, ticks and other pests.
- ◆ Get vaccinated against preventable bacterial infections (e.g., whooping cough, tetanus, and bacterial meningitis).
- ◆ Practice safe sex (e.g., wear a condom, have tests for sexually transmitted diseases).

## What to Do in Hazardous Situations

### House Fires

#### Fire Safety Precautions

- ◆ Do not smoke while using oxygen. Do not smoke in bed.
- ◆ Do not use lighted matches or candles around any gas.
- ◆ Do not use frayed electrical cords.
- ◆ Do not store gasoline in your home.
- ◆ Do not place heaters near curtains, furniture or paper.
- ◆ Turn off heating pad before you go to sleep.
- ◆ Store flammable materials away from heat or fire.
- ◆ Keep properly working smoke detectors in your home, hallways and near sleeping areas. Check batteries and replace regularly.
- ◆ Have your heating system checked and cleaned by qualified professionals.
- ◆ Place a fire extinguisher at a convenient location in your home.

#### If a Fire Erupts



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- ◆ If the fire is too large to be smothered by a fire extinguisher, immediately get everyone out.
- ◆ If oxygen is in use, shut it off.
- ◆ If there is a fire alarm, pull it.
- ◆ Close entrance doors and take your keys with you.
- ◆ Avoid using elevators. Use stairs instead.
- ◆ Once outside, call Fire Department.
- ◆ Avoid stopping to gather items.
- ◆ Do not go back inside for any reason.
- ◆ If your fire escape is cut off, or you are unable to leave the house:
  - Remain calm.
  - Close the door and window of the room you are in and stay there.
  - Feel the door and/or doorknob. If the door is hot or there is smoke outside, place towels (wet if possible) under the door to prevent the smoke from getting in.
  - Advise First Responders where you are located.
- ◆ If clothing catches on fire: *“Stop, Drop and Roll”*.

## Power Outages

- ◆ Determine if power outage is limited to your home or is also out in the neighborhood.
- ◆ If power outage is limited to your home, check:
  - fuse box or circuit breaker panel;
  - service wires leading to the house. If they are on the ground or damaged, don't go within 35 feet and notify your electric supply authority.
- ◆ If the power is also out in the surrounding area, contact the utility company.
- ◆ If instructed to do so, cut off your utilities at the main valves.
- ◆ If power outage occurs when you are in an elevator, press the alarm button.
- ◆ If the power outage is expected to be long-term or is widespread:
  - Set up your generator, if you have one
  - Never use charcoal or gas barbecues, camping heating equipment, or home generators indoors or in garages.
  - Collect flashlights and Emergency Kit.
  - Shut off the switches on all electrical items to prevent damage to appliances and equipment once power is turned back on.
  - Turn off stove burners and oven, even if the stove is gas.
  - Turn off the lights.
  - Keep refrigerator and freezer doors closed.
  - Limit phone usage.
  - Stay put and limit driving, as traffic light outages may cause hazardous driving conditions.
  - Dress appropriately for weather conditions.
- ◆ If leaving the premises, each person should tell the others where he/she is going.
- ◆ Attempt to communicate or receive communication via:



- phone (cell or land);
- social media;
- email, if there is a computer/laptop with a battery backup; or,
- radio or television, if have battery backup.

## **Vehicles & Downed Power Lines**

- ◆ If a downed power line touches your vehicle, remain in the vehicle and:
  - Warn others not to touch the vehicle.
  - Phone or ask someone to call “9-1-1” or the utility company.
- ◆ If your vehicle catches on fire, open the door and:
  - Jump free of the vehicle far enough so your body clears the vehicle before it touches the ground.
  - Walk in a shuffling manner to a distance at least 50-feet from the vehicle.
- ◆ Do not step out of the vehicle directly onto the ground.

## **Extreme Heat**

- ◆ Keep you're your home cool, if possible, with air-conditioner.
- ◆ If you do not have an air-conditioning, open windows (if outdoor air quality permits) and use fans.
- ◆ Drink a glass of fluid every 15 to 20-minutes and drink at least one gallon each day.
- ◆ Avoid drinking alcohol and caffeine, as they cause dehydration.
- ◆ Wear light-colored, loose-fitting clothing.
- ◆ Take frequent cool showers/baths or sponge off with a cold, wet cloth.
- ◆ Watch for signs of heat exhaustion: cold, clammy skin, heavy sweating, nausea, weakness.
- ◆ If dizziness or overheating occurs find a cool place; sit or lie down; drink water; wash head and face.
- ◆ Seek immediate medical attention if you show any signs of heat stroke (e.g., hot, dry skin; body temperature above 103° F; fast, strong pulse; confusion).
- ◆ Do chores or work during cooler hours or distribute the workload evenly throughout the day.

## **Extreme Cold**

Hypothermia happens when a person's core body temperature drops at least 2° F. below the normal body temperature of 98.6 ° F.

- ◆ Ways to prevent hypothermia:
  - Ensure adequate food, clothing, shelter, and sources of heat are available.
  - Use electric blankets & heating pads.
  - Wear layers of clothing, which help to keep in body heat.
  - Keep moving, as physical activity raises body temperature.
  - Avoid alcohol & tobacco, which increase susceptibility to cold.



- ◆ If you must go outdoors:
  - Check weather forecast.
  - Dress in layers with a wind-resistant outer layer.
  - Wear a hat, mittens or insulated gloves and something to keep your face warm (e.g., scarf, neck tube, face mask).
  - Wear warm and waterproof footwear.
  - When it is very cold, or wind chill is significant, cover as much of your exposed skin as possible and keep dry.
  - Keep moving and seek shelter if cold weather or windchill become significant.

## **Major Police Incidents**

If you find yourself near a major police incident:

- ◆ Follow the directions of law enforcement and first responders.
- ◆ Do not approach the area and leave the vicinity, unless you are advised by police to shelter-in-place.
- ◆ Limit the use of your cell phone to reduce the burden on the telecommunications network.
- ◆ Avoid posting pictures of law enforcement activities on social media, as it may provide sensitive information to potential criminals and/or endanger first responders.
- ◆ If there are road closures, expect delays for your commute or find an alternative mode or route for transportation.
- ◆ If possible, avoid evacuation areas to permit those attempting to leave the area to do so efficiently and safely.

## **Shelter-in-Place**

If you are instructed to “shelter-in-place”, remain inside wherever you are (e.g., your home, mall or other premise) and:

- ◆ Close and lock all windows and exterior doors.
- ◆ Turn off all fans, heating and air-conditioning systems to avoid drawing in air from the outside.
- ◆ Close the fireplace damper.
- ◆ Get your Emergency Kit and make sure the radio is working.
- ◆ Go to an interior room that is above ground level, preferably without windows.
- ◆ If threats are chemical in nature:
  - avoid retreating to basement, if possible and:
  - Seal all cracks with duct/other wide tape around the door and vents.
- ◆ Continue to monitor your radio or television until you are told all is safe or are advised to evacuate.

## **Evacuation Orders**

Authorities will not order you to evacuate unless they believe you are in danger.



- ◆ If you are ordered to evacuate, take:
  - Emergency Kit,
  - Emergency Plan,
  - essential medications and copies of prescriptions,
  - cellular phone, and,
  - pets.
- ◆ Protect your home:
  - Shut off water and electricity if officials tell you to do so.
  - Leave natural gas service on, unless officials tell you to turn it off.
  - Lock your home.
- ◆ If you have time:
  - Call or e-mail your out-of-town contacts with details of your plans.
  - Leave a note detailing when you left and where you are going.

## What to Do During Natural Disasters

Natural disasters can develop suddenly and without warning. Therefore, you should know the principles of safety and First Aid. All members of the household need to plan survival actions for at least 72-hours, whether you shelter-in-place or evacuate. This *Client Handbook* will provide some general information that applies to many emergencies and some specific details relevant to the most common disasters.. You can find resources online that will provide details on how to prepare and react to specific types of disasters and emergencies.

Following are some useful American and Canadian resources that could apply to either country, with the exception of any information specific to individual states and individual provinces. Your agency can incorporate all of them or just select one or 2 for your customized handbook. You should consider whether to distribute the information in printed form to your clients (in which case you might remove the links in the handbook); or, to provide the website addresses to them (in which case you would leave the links in this handbook). However, the easiest way would be to just leave the links in the Client Handbook, as they are; and, when you want to also give printed information to clients, you can distribute it with the handbook.

Note: The American Red Cross's Disaster Preparedness Information Booklet for Seniors is great for this demographic. (See third bullet "Older Adult below.)

- ◆ United States:
  - The US Government  
<https://www.usa.gov/prepare-for-disasters>
  - American Red Cross  
<https://www.redcross.org/get-help/how-to-prepare-for-emergencies.html>
- ◆ Canada
  - Canadian Government





- <https://www.getprepared.gc.ca/>
- Canadian Red Cross
  - <https://www.redcross.ca/how-we-help/emergencies-and-disasters-in-canada/be-ready-emergency-preparedness-and-recovery>
  - Emergency Preparedness Guide
- [https://www.redcross.ca/crc/documents/3-1-2-1\\_-72-hour-guide.pdf](https://www.redcross.ca/crc/documents/3-1-2-1_-72-hour-guide.pdf)
- ◆ Older Adult

The American Red Cross developed A Disaster Preparedness Information Booklet for Seniors which is used in both the U.S. and Canada:

  - [https://www.redcross.org/content/dam/redcross/atg/PDF\\_s/Preparedness\\_Disaster\\_Recovery/Disaster\\_Preparedness/Disaster\\_Preparedness\\_for\\_Srs-English.revised\\_7-09.pdf](https://www.redcross.org/content/dam/redcross/atg/PDF_s/Preparedness_Disaster_Recovery/Disaster_Preparedness/Disaster_Preparedness_for_Srs-English.revised_7-09.pdf)

## How to Prepare for Natural Disasters

### Determine the Risks

Knowing the risks of potential disasters and emergencies in advance will not only help protect you and household members but also will strengthen your abilities to cope. You should:

- ◆ Become familiar with the types of natural disasters that could strike in your region, community or neighborhood (e.g., flood, hurricane, tornado, earthquake, tsunamis, avalanche, landslide, wildfire, power outages, severe storm, storm surge).
- ◆ Evaluate your vulnerabilities, e.g.:
  - Do you live alone?
  - Do you have any physical, medical, thinking or learning limitations?
  - Has your vision or hearing deteriorated?
  - How is your sense or smell?
  - Do you have or drive a vehicle?
  - Do you rely upon medical equipment or devices?
  - Do you rely on a Caregiver?

### Develop an Emergency Plan

Take time to develop an Emergency Plan and ensure all members of your household participate in its development or knows the plan details. Important specifics to work out include:

- ◆ Determine the best and safest routes to evacuate your home and your neighborhood.
- ◆ Establish meeting places for household members to gather outside the home and outside the area.
- ◆ Make a list of contact persons who are close-by and out-of-town.





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- ◆ If a household member has special needs, incorporate details on how to manage the extra assistance that will be needed in the Emergency Plan and First Aid Kit.
- ◆ Designate an individual to pick up children.
- ◆ Ensure adults and older children know where the home's fire extinguishers, water valve, electrical panel, gas valve and floor drains are located.
- ◆ Make a plan for evacuating pets and determine a place where they can stay.
- ◆ If you can't evacuate your home, prepare to be self-sufficient for 3-days.
- ◆ Have health and insurance information available for all household members.
- ◆ Practice your evacuation plan regularly.
- ◆ Include plans for your house fire:
  - Install smoke detectors on each level of the home.
  - Place fire extinguishers on each floor.
  - Create an escape route.
  - Know where exits are (doors and windows).
  - Check escape windows to ensure they open easily.
  - Place a ladder or rope on all floors above the first level.
  - Hold regular fire drills.

### Compile an Emergency Kit

- ◆ Purchase an Emergency Kit from an organization (e.g., *Red Cross*):
  - *American Red Cross*  
<https://www.redcross.org/store/deluxe-3-day-emergency-preparedness-kit/91052.html>
  - *Canadian Red Cross*  
<https://products.redcross.ca/product/1123/crc-disaster-preparedness-kit>
- ◆ Assemble your own Emergency Kit. A well-stocked Emergency Kit would include:
  - First Aid Kit;
  - your Emergency Plan and contact information;
  - flashlight & extra batteries;
  - wind-up or battery-powered radio (and extra batteries),
  - water:
    - two quarts (liters) per person per day for drinking; and,
    - two quarts (liters) per person per day for cooking and cleaning;
  - household chlorine bleach or water purifying tablets
  - food that doesn't spoil (e.g., canned food, energy bars and dried foods);
  - toiletries and personal hygiene items;
  - hand sanitizer, toilet paper and garbage bags;
  - cash, travellers' cheques and change;
  - extra keys for your car and house;
  - important family documents (e.g., identification, insurance and bank records);
  - prescription medications, medical equipment;
  - candles and matches or lighter;
  - changes of clothing and footwear;
  - sleeping bags or warm blankets;



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- prepaid phone card, mobile phone charger;
- pet food and supplies;
- infant formula, baby food and supplies;
- activities for children like books, puzzles or toys;
- utensils, plates and cups;
- manual can opener;
- basic tools (e.g., hammer, pliers, wrench, screwdrivers, work gloves, pocket-knife);
- small fuel-operated stove and fuel;
- whistle to attract attention; and
- duct tape.

## What to Do During a Natural Disaster

- ◆ Emergency Calls: use “9-1-1” to:
  - report a fire;
  - report a crime; and,
  - save a life.
- ◆ Non-emergency Calls: use the phone numbers listed in your local phone book for:
  - Police;
  - Fire Department; and,
  - Paramedics.
- ◆ Follow your Emergency Plan.
- ◆ Get your Emergency Kit.
- ◆ Make sure you are safe before assisting others.
- ◆ Listen to the radio, television or Internet for information and instructions from local officials.
- ◆ Follow the recommendations provided for specific types of natural disasters.

## Winter Storms

- ◆ Stay indoors during the storm.
- ◆ Have Emergency Kit accessible.
- ◆ Keep your home well heated:
  - Eliminate sources of heat loss.
  - Use safe, supplemental heat (e.g., electric heater, fireplace).
- ◆ Live in one room to conserve heat.
- ◆ Avoid drinking alcohol.
- ◆ Dress warmly even if you do not feel cold:
  - Wear several layers of loose-fitting, lightweight, warm clothing.
  - Wear mittens or gloves and a hat.
- ◆ Seek immediate medical attention if you have any of the following: a body temperature below 96° F.; excessive shivering; loss of coordination; sleepiness; confusion; slurred speech, stiffness in your legs or arms, red skin.



## **Floods**

Floods are most common and widespread natural disaster. Become knowledgeable about your area's geography and its susceptibility to flooding. Homes located in a low valley or near a body of water (e.g., reservoir, lake, river) are more at risk. Know what to expect and be prepared. If the local authorities issue a flood warning, prepare to evacuate. Flash floods are especially dangerous, as they can develop in an instant and cause immense damage very quickly.

### ***When a Flash Flood Strikes***

- ◆ Grab your Emergency Kit.
- ◆ Leave the premises.
- ◆ Follow your Emergency Plan.
- ◆ Evacuate the Area. If evacuation is not possible, move to higher ground.
- ◆ Do not attempt to drive or walk through flood water, as moving water can carry you and your car along its path and may contain hidden debris.
- ◆ Don't return home until authorities advise it is safe to do so.
- ◆ Use caution with flood damaged buildings, as foundation and utilities may be damaged.

### ***Returning Home After a Flood***

- ◆ Do not return home until authorities have advised that it is safe to do so.
- ◆ If the main power switch was not turned off prior to flooding, do not re-enter your home until a qualified electrician has determined it is safe to do so.
- ◆ Do not use any appliances, heating, pressure, or sewage system until electrical components have been thoroughly cleaned, dried, and inspected by a qualified electrician. The main electrical panel must be cleaned, dried, and tested by a qualified electrician to ensure that it is safe.
- ◆ Take precautions against Carbon Monoxide poisoning by not using generators, pressure washers, charcoal grills and other fuel-burning tools indoors or near open doors, windows or air vents.
- ◆ Minimize contact with dirty water, which may be mixed with sewage and hazardous substances, or which could be concealing downed powerlines or sharp objects. Be cautious with open wounds as they increase risk of diarrheal diseases or infections.
- ◆ Dry out homes as soon as possible and thoroughly wash and disinfect clothes, linens and hard surfaces. Discard anything that cannot be cleaned, including contaminated drywall and insulation.
- ◆ Control mold, as its spores can pose a respiratory risk if they enter the air.

## **Wildfire**

### ***If a Wildfire is Nearby***



- ◆ Be prepared to evacuate at any time. Know your escape route.
- ◆ Monitor local radio/tv stations for fire information and road closures.
- ◆ Prepare escape vehicle:
  - Position vehicle so front faces escape route.
  - Close its windows and doors.
  - Place valuables, Emergency Kit & Emergency Plan in vehicle.
- ◆ Move animals, pets and household members to a safe location.
- ◆ Keep all doors, vents and windows closed in your home.
- ◆ Cover windows, vents and other structure openings with duct tape or plywood.
- ◆ Remove flammable drapes, curtains, awnings or other window coverings.
- ◆ Keep lights on in house, porch, garage and yard to aid visibility in case smoke fills your home.
- ◆ If you have a ladder, prop it against the building so you and firefighters have access to its roof.
- ◆ If hoses and adequate water are available:
  - Fill buckets and large containers (e.g., pools, hot tubs, garbage cans, or tubs) with water.
  - Turn sprinklers on to wet roof.
- ◆ Remove combustibles, including lawn furniture, firewood, yard waste, barbecue grills, and fuel cans, from your yard.
- ◆ Shut off natural gas, propane, or fuel oil supplies.
- ◆ If advised or ordered to evacuate:
  - Wear protective clothing and footwear to reduce harm from flying sparks and ashes.
  - Leave immediately.

### ***If You are Caught in a Wildfire***

- ◆ Don't try to outrun the blaze. Instead, look for a body of water such as a pond or river to crouch in.
- ◆ If there is no water nearby, find a depressed, cleared area with little vegetation, lie low to the ground, and cover your body with wet clothing, a blanket, or soil. Stay low and covered until the fire passes.
- ◆ If you are near a road, lie face down along the road in a ditch or depression. Get under the road if you can squeeze into a culvert or drainpipe.
- ◆ Protect your lungs by breathing air closest to the ground, through a mask or moist cloth, if possible, to reduce smoke inhalation.
- ◆ The most dangerous places to be are uphill from the fire and downwind from the flames.
- ◆ Determine which direction the wind is blowing:
  - If it is blowing toward the fire from your position, run into the wind.



- If it is behind the fire and blowing towards you, run in a direction perpendicular to the wind.
- ◆ If you are trapped in your vehicle:
  - Stay in the vehicle.
  - Find a safe place to park with little or no vegetation.
  - Turn on headlights and emergency flashers to make your car more visible in heavy smoke.
  - Close all windows and doors, shut off air vents, and turn off the air conditioner.
  - Get under blankets or coats, preferably wool, and lie on the floor.
  - Wait until the fire front passes and the outside temperature has dropped. Then get out and go to a safe area that has already burned.

## Earthquake

- ◆ If you are indoors:
  - Drop under sturdy furniture (e.g., table, desk).
  - Cover your head and torso for protection against falling debris.
  - Hold onto the object you are under to remain covered.
  - If no object is available to get under, flatten your body or crouch against an interior wall.
  - If you are in a wheelchair, lock its wheels and protect your head and back of neck.
  - If you are in a shopping mall, go into the nearest store.
  - Stay clear of windows, fireplaces, shelves with heavy objects and that could fall over (e.g., appliances).
  - Stay inside to avoid being injured by falling glass or building parts.
  - Ensure utilities are cut off at the main valves, if instructed to do so.
- ◆ If you are outdoors:
  - Move into an open area away from buildings and power lines.

## Hurricane

- ◆ If you are instructed to evacuate, follow the authorities' instructions on where to go and what route to take.
- ◆ If you are in a mobile home or at a low lying/beach front location, leave the home/area immediately to avoid being marooned.
- ◆ If you are not instructed to evacuate:
  - Stay indoors during the hurricane and stay clear of windows, fireplaces, woodstoves, and heavy furniture/appliances that may fall over.
  - Go to the basement or storm cellar. If there is no basement, go to an interior room on the lower level such as closets and interior hallways.
  - If you are in a high-rise building, go to a small, interior room or hallway on the lowest floor possible. Avoid being directly under heavy appliances on an upper floor.

## Tornado



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- ◆ If you are indoors:
  - If you have a tornado safe room or engineered shelter, go there immediately.
  - Go at once to a windowless, interior room, storm cellar, basement, or to the lowest level of the building.
  - If you do not have a basement, go to an inner hallway or a smaller inner room without windows, such as a bathroom or closet.
  - Stay clear of windows, fireplaces, woodstoves, and heavy furniture or appliances that may fall over.
- ◆ If you are outside,
  - If possible, get inside a building.
  - If shelter is not available or there is no time to get indoors, lie in a ditch or low-lying area or crouch near a strong building.
- ◆ Be alert for possible flooding.

### **Tsunami**

- ◆ Be aware there is often little warning that a Tsunami is going to hit, depending on how far out in the ocean the earthquake occurs.
- ◆ Evacuate to higher ground that is at least 50-feet above sea level if:
  - the ground is shaking, and it is evident that an earthquake has occurred; or,
  - if the sea level has suddenly changed.
- ◆ Be aware that successive waves are often stronger than the first one. They can occur minutes apart and can continue for several hours, after the first wave strikes.
- ◆ Stay put until all is safe or until you are ordered to evacuate.

### **What to Do After a Natural Disaster**

These general instructions can be applied to many types of natural disasters, but adaptations may be necessary in some situations.

- ◆ Try to stay calm.
- ◆ Check yourself and others for injuries. Give First Aid to people who are injured or trapped. Take care of life-threatening situations first. Get help if necessary.
- ◆ Confine or secure pets.
- ◆ Check neighbors who are elderly or disabled, if possible.
- ◆ Use the battery-operated radio from your Emergency Kit to listen for information and instructions.
- ◆ Do not use the telephone except to report a life-threatening injury. Leave the lines free for official use.
- ◆ If possible, put on sturdy shoes and protective clothing to help prevent injury from debris, especially broken glass.
- ◆ If you are inside, check the building for structural damage. If you suspect it is unsafe, leave and do not re-enter.



- ◆ Do not turn on light switches or light matches until you are sure that there aren't any gas leaks or flammable liquids spilled. Use a flashlight to check utilities.
- ◆ Do not shut off utilities unless they are damaged, leaking or if there is a fire. If you turn the gas off, don't turn it on again. That must be done by a qualified technician.
- ◆ If tap water is available, fill a bathtub and other containers in case the supply gets cut off.
- ◆ If there is no running water, check your hot water tank, toilet reservoir or ice cube trays.
- ◆ Purify your water supplies, as they may be contaminated.
- ◆ Do not flush toilets if you suspect that sewer lines are broken.
- ◆ If you are in a high-rise building, do not use the elevator in case of power outage. If you are in an elevator, push every floor button and get out as soon as possible.
- ◆ Pick up your children from school or the pre-determined collection point.
- ◆ Stay away from damaged areas unless you are asked to help or are qualified to give assistance.
- ◆ Do not go near loose or dangling power lines. Downed power lines can cause fires and carry sufficient power to cause harm. Report them and any broken sewer and water mains to the authorities.
- ◆ If the power has been off for several hours, check the food in the refrigerator and freezer in case it has spoiled.

## **What is the “Federal False Claims Act”?**

### **Common Types of Fraud**

We comply with the Federal Civil False Claims Act (FCA), which is intended to prevent and detect fraud, waste and abuse of government funds. Some of the most common types of fraud, which have been exposed and prosecuted include:

- ◆ Health Care Fraud;
- ◆ Hospital and Emergency Room Fraud;
- ◆ Pharmaceutical Fraud;
- ◆ Medicare Fraud;
- ◆ Defense Contractor Fraud;
- ◆ Energy Fraud;
- ◆ Construction and Procurement Fraud;
- ◆ Research Fraud; and,
- ◆ Financial Industry Fraud.

### **Fraudulent Practices**

The *Federal False Claims Act* prohibits anyone or any entity from knowingly:





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- ◆ submitting false/fraudulent documentation to the government for payment or approval;
- ◆ making, using, or previously made false/fraudulent documentation pertinent to the claim;
- ◆ conspiring to defraud the government by getting a false/fraudulent claim approved or paid;
- ◆ returning only a portion of government money or property with the intent to defraud the government;
- ◆ making or delivering a document, which certifies receipt of property without completely knowing if the information on the receipt is true;
- ◆ buying public property or accepting it as a pledge or obligation/debt from an officer or employee of the government or a member of the armed forces, who is not authorized to sell or pledge this property; and,
- ◆ using false documentation to avoid or decrease an obligation to pay or transmit money or property to the government.

## Fraudulent Practices in Health & Medical Care

Most *False Claims Act* violations occur in the healthcare and medical industries. Examples include:

- ◆ billing for services that were not delivered;
- ◆ billing twice for the same service;
- ◆ billing for more expensive service than was provided;
- ◆ seeking reimbursement for services that:
  - are not medically necessary for a client's condition; and/or,
  - fail to meet professionally recognized standards for health care;
- ◆ making false statements regarding claims for payment;
- ◆ failing to provide services that are required in the scope of the daily rate;
- ◆ concealing an event affecting initial or continued payments by *Medicaid/Medicare*;
- ◆ misrepresenting Agency credentials;
- ◆ offering financial rewards, which are often unlawful, to individuals who:
  - utilize or promote Agency services;
  - send clients to utilize Agency services,

## Reporting Financial Fraud Against Federal Government

If you believe you know of, or suspect financial fraud against the Federal Government, including fraud against other federally funded entities, you can:

- ◆ Report your suspicions to our Agency, if you are hesitant to contact officials.
- ◆ Report your suspicions directly to officials by:
  - reporting the fraud to the federal agency that has been defrauded,
  - notifying the Federal Bureau of Investigation (FBI; or,





## Macas Home Care LLC

- filing a lawsuit on behalf of the government against the party alleged to have violated the False Claims Act (called “*qui tam*” action).
- ◆ Proof of a specific intent to defraud is not required to report suspected fraud.

## Medicaid Fraud

*Medicaid* fraud is an intentional deception or misrepresentation made by a health care provider or a *Medicaid* recipient with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under federal or state law related to *Medicaid*, e.g.:

- ◆ soliciting, paying or receiving kickbacks, remuneration, or anything of value in exchange for referrals of individuals who will receive treatment paid for by government healthcare programs (e.g., Medicare and Medicaid).
- ◆ accepting referrals of *Medicare* patients when the referring Physician has a financial relationship with the Agency;
- ◆ submitting false statements or certifications of compliance to receive payment by the government health program;
- ◆ falsifying cost reports and other documents to meet eligibility requirements for *Medicare/Medicaid* fund;
- ◆ billing for services not provided;
- ◆ billing for medically unnecessary services;
- ◆ billing for a health service that is more expensive than the service provided;
- ◆ charging for items or services separately instead of one package;
- ◆ double billing.

## Reporting Medicaid Fraud

Suspicions or observations of Medicaid Fraud can be reported to:

- ◆ Office of the Inspector General
  - Phone: 1-800-HHS-TIPS (1-800-447-8477) or
  - TTY 1-800-377-4950; Fax: 1-800-223-8164;
  - Email: [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)
  - Online: <https://forms.oig.hhs.gov/hotlineoperations>
- ◆ Your Medicaid State Agency  
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Downloads/smafraudcontacts-oct2014.pdf>
- ◆ Other State Resources (Add contact information for any other outside resources that your state may have such as:)
  - State Bureau of Investigations
  - Provider Fraud & Fiscal Abuse Hotline
  - State Office of the Inspector General



## **Penalties for Violating False Claims Act**

Anyone who knowingly or intentionally submits a false claim to the federal government is liable for:

- ◆ Civil Penalty
  - three times the amount of damage the government paid for the false claim; plus,
  - up to \$11,000 per false claim.
- ◆ Criminal Penalty
  - \$50,000; and/or,
  - imprisonment.

The term “knowingly,” means:

- ◆ having actual knowledge of the information;
- ◆ acting in deliberate ignorance of the truth or falseness of the information; or,
- ◆ acting in reckless disregard of the truth or falseness of the information.

## **Whistleblower**

A Whistleblower is a person who exposes fraudulent activity or information that has been deemed illegal, unethical, or not correct under the False Claims Act.

### **Whistleblower Protection**

The False Claims Act offers Whistleblower protection, to any individual or non-governmental organization that has evidence of fraud against government contracts and programs to:

- ◆ make reports to the government; or,
- ◆ sue on behalf of the government to recover the stolen funds.

The Statute prohibits retaliation measures (e.g., threats, harassment, discrimination, suspension, demotion or termination of employment) for reporting fraud and abuse.

### **Whistleblower Compensation**

A Whistleblower may be entitled to compensation. The amount depends on whether the government recovers the funds, or the Whistleblower’s own lawsuit recovers the funds. They range from 15 to 30 percent of the total amount recovered by the government.

### **Whistleblower Lawsuit**

To begin a whistle blower lawsuit (called a *qui tam* lawsuit), the Whistleblower must file a sealed complaint in the appropriate court and serve the complaint on the U.S. Attorney for that district. The government then has 60-days to determine whether it will prosecute the case. If the government declines to prosecute the case, the Whistleblower may prosecute it privately.

# Appendix A: HIPAA Notice of Privacy Practices

Macas Home Care LLC

28 Cedar Street New Haven CT 06519.

www.macashomecare.com

info@macashomecare.com

## NOTICE OF PRIVACY PRACTICES



### Your Information. Your Rights. Our Responsibilities.

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.

#### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

##### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

##### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

##### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

*continued on next page*

## Your Rights *continued*

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<b>Treat you</b>	<ul style="list-style-type: none"><li>• We can use your health information and share it with other professionals who are treating you.</li></ul>	<b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.
<b>Run our organization</b>	<ul style="list-style-type: none"><li>• We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li></ul>	<b>Example:</b> We use health information about you to manage your treatment and services.
<b>Bill for your services</b>	<ul style="list-style-type: none"><li>• We can use and share your health information to bill and get payment from health plans or other entities.</li></ul>	<b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone’s health or safety</li></ul></li></ul>
Do research	<ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>
Comply with the law	<ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</li></ul>
Respond to organ and tissue donation requests	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li></ul>
Work with a medical examiner or funeral director	<ul style="list-style-type: none"><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>• For workers’ compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
Respond to lawsuits and legal actions	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>

**Instruction C:** Insert any special notes that apply to your entity’s practices such as “we do not create or manage a hospital directory” or “we do not create or maintain psychotherapy notes at this practice.”

**Instruction D:** The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures. For example, “We will never share any substance abuse treatment records without your written permission.” Insert this type of information here. If no laws with greater limits apply to your entity, no information needs to be added.

**Instruction E:** If your entity provides patients with access to their health information via the Blue Button protocol, you may want to insert a reference to it here.

To leave this section blank, add a word space to delete the instructions.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your Protected Health Information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

***Instruction F: Insert Effective Date of Notice here.***

This Notice of Privacy Practices applies to the following organizations.

***Instruction G: If your entity is part of an OHCA (organized health care arrangement) that has agreed to a joint notice, use this space to inform your patients of how you share information within the OHCA (such as for treatment, payment, and operations related to the OHCA). Also, describe the other entities covered by this notice and their service locations. For example, "This notice applies to Grace Community Hospitals and Emergency Services Incorporated which operate the emergency services within all Grace hospitals in the greater Dayton area."***

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***Instruction H: Insert name or title of the privacy official (or other privacy contact) and his/her email address and phone number.***

## **Acknowledgement of Receipt of “Notice of Privacy Practices”**

Client Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Maiden or Other Name (if applicable): \_\_\_\_\_

I acknowledge that I have been provided a copy of **Macas Home Care LLC’s** *Notice of Privacy Practices*, which describes how they may use and disclose my Protected Health Information during the performance of their operations; and, explains my rights & responsibilities and their responsibilities in respect to my Protected Health Information.

I understand that **Macas Home Care LLC** has the right to change the *Notice of Privacy Practices* at any time and that revised editions will be posted on their Website (**Insert your website address, if you have a website**) and at their Agency Office. I also understand that I may request a copy of the updated version in person, via phone, via email or via regular mail.

\_\_\_\_\_  
Signature of Client or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship/Authority (If signed by Authorized Representative)

**Once client or authorized representative has reviewed & signed this Acknowledgement, detached it and file.**



## **Appendix B: Advance Directives**

### **U. S. Advance Directive(S) Information Sheet for the State of Connecticut.**

#### **Federal Law on Provision of Information on Advance Directives**

Federal law requires that hospitals, skilled nursing facilities, hospices, home health agencies and health maintenance organizations (HMOs) which provide service to clients, who are in receipt of benefits from either Medicare or Medicaid, give you information about Advance Directive(s) and explain your legal choices in making decisions about your medical care. These organizations are required to give you the information about Advance Directive(s) that applies to for the state in which they are located.

#### **Defining Advance Directive(s)**

An Advance Directive(s) is a written set of instructions that outlines your choices for health care and/or states the name of a person who you designate to make such decisions for you should you become incapacitated. Such documentation is recognized under state law, when the individual is incapacitated. State laws vary in their “Advance Directive” requirements. Examples of Advance Directive(s) include, but are not limited to, the following:

##### **1. Living Will**

A living will describes your feelings about what types of care you want or don't want to keep you alive. You can accept or refuse medical treatments such as resuscitation, dialysis, tube feeding, respirators, organ donation, etc.

##### **2. Durable Power of Attorney for Health Care**

A Durable Power of Attorney for Health Care enables you to name a “Patient Advocate” to act on your behalf, should you become incapacitated, by carrying out your wishes. The “Patient Advocate” could be a family member, friend or anyone you trust if the/she is at least 18 years old and is competent.

##### **3. Surrogate Decision Maker Relating to the Provision of Health Care or Health Care Proxy**

A Surrogate Decision Maker or Health Care Proxy speaks on your behalf regarding your wishes for life. The role of the Surrogate Decision-Maker/Health Care Proxy is to try to ensure that any decisions he/she makes about your care are consistent with your wishes and adhere to any documented Advance Directive(s) that you have.

##### **4. Do-Not-Resuscitate Orders**

A “Do-Not Resuscitate” (DNR) order is a request that you not be given cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. If a DNR order is not in place, staff will assist you if your heart stops or you stop breathing. You can use an Advance Directive(s) form or tell your doctor that you don't want to be resuscitated. In this case, a

DNR order is put in your medical chart by your doctor. DNR orders are accepted by doctors and hospitals in all states.

### **5. Advance Instructions for Mental Health Treatment**

An advance instruction for mental health treatment is a legal document which advises that tells doctors and health care providers what mental health treatments you would want and what treatments you would not want if you ever become unable to make that decision.

## **Requirements to have an Advance Directive(s)**

You are not required to have an Advance Directive(s) if you prefer not to have one.

## **Benefits of Having an Advance Directive(s)**

You might choose to prepare an Advance Directive(s) if:

- ◆ You do not want to burden your family and friends with the decisions of what types of medical care to give you, should you become incapacitated.
- ◆ You want your physician or other health care provider(s) to fully understand what types of medical care you want, should you become incapacitated.

## **Number and Types of Advance Directive(s) to Have**

You can have any number of Advance Directive(s), to the extent of what is relevant in your state.

## **Advance Directive Requirements**

Advance Directive requirements in **Connecticut** are as follows:

**Insert the requirements for the state, in which your agency/business is established here.**

## **How to Create an Advance Directive(s)**

Some ways you can obtain an Advance Directive(s) include:

- ◆ writing your wishes on paper;
- ◆ requesting a form from your doctor;
- ◆ contacting your state department on aging;
- ◆ contacting your state's Attorney General's Office
- ◆ contacting your state Department of Health;
- ◆ contacting a lawyer; or,
- ◆ using software specializing in computer documents.

Advance Directive(s) should follow state laws and can be short or long. Regardless of their length, you should ensure that your doctor understands your wishes and it is recommended that your take them to your lawyer for review. It is also a good idea to have your Advance Directive(s) notarized.

### **Where to Keep Advance Directive(s)**

- ◆ Copies of your completed documents should be given to your surrogate decision maker, family, doctor, lawyer and relevant health care professionals/facilities.
- ◆ It is recommended that you advise them, in advance, to avoid conflict later and to give them peace of mind.
- ◆ You should also be aware of the U.S. Living Will Registry. It is a nationwide service that stores your Advance Directive(s) electronically and makes them available 24 hours a day to health care providers across the country. Here is a link to their website:

<http://liv-will1.uslivingwillregistry.com/individuals.html>

### **When Does an Advance Directive(s) Go to Into Effect**

- ◆ Advance Directive(s) become effective when you become incapacitated.
- ◆ A living will goes into effect when you are going to die soon and cannot be cured, or when you are in a persistent vegetative state.
- ◆ The powers granted by your health care power of attorney go into effect when your doctor states in writing that you are not able to make or to make known your health care choices.
- ◆ When you make a health care power of attorney, you can name the doctor or mental health provider you would want to make this decision.
- ◆ An advance instruction for mental health treatment goes into effect when it is given to your doctor or mental health provider.
- ◆ The doctor will follow the instructions you have put in the document, except in certain situations, after the doctor determines that you are not able to make and to make known your choices about mental health treatment.
- ◆ After a doctor determines this, your Health Care Power of Attorney may make treatment decisions for you.
- ◆ An advance instruction for mental health treatment expires after two years.

### **How to Make Changes to Advance Directive(s)**

- ◆ As long as you are thinking rationally and are able to relay your wants clearly, you are able to edit or cancel your Advance Directive(s), whenever you wish to.
- ◆ All changes must be made, signed and notarized according to the laws in your state.
- ◆ It is your responsibility to ensure that all people/organizations that received copies of your original documents are advised of the changes.

- ◆ Should you not have the opportunity to make your desired changes in writing (e.g. you are in hospital), be sure to pass on your new wishes to your doctor, family or other relevant persons and ensure there is complete understanding of your revised instructions.

### **Validity of Advance Directive(s) from Other States**

If you have an Advance Directive(s) from another state, it may not meet all your state's laws and regulations. You could either have your current one reviewed by a lawyer or make up new one that is valid in your state.

## Appendix C: Home Safety Checklist

SAFETY CRITERIA	YES	NO
<b>ENTRANCE TO HOME</b>		
• Are there outside lights covering the sidewalks and/or other entrance ways?		
• Are the steps & sidewalks in good repair and free from debris/material?		
• Is a ramp needed?		
• Are the railings on the steps secured?		
• Is there a functional peephole in the front door?		
• Does the door have a deadbolt lock that does not require a key to open it from the inside (unless client has a tendency to wander)?		
<b>GENERAL</b>		
• Is there an Emergency Plan in place?		
• Are working smoke detectors installed?		
• Is there a “ready-to-use” fire extinguisher(s) on the premises?		
• Are inside halls and stairways free of clutter/debris?		
• Are throw rugs removed?		
• Are there sturdy handrails or banisters by all steps and stairs?		
• Are electrical cords non-frayed and placed in a manner to avoid tripping?		
• Are electric outlets/switches overloaded (e.g. warm to the touch)?		
• Are rugs secured around the edges?		
• Are hazardous products labeled and kept in a secure place?		
• Is there a need for a stool to reach high shelves/cupboards?		
• Is smoking paraphernalia handled safely (e.g. cigarettes put out)?		
• Does anybody smoke in homes where oxygen is in use?		
• Are all animals, on site, controlled?		
• Is the home free from bugs, mice and/or animal waste?		
• Are materials stored safely and at a proper height?		
• Does the client wear an emergency response necklace/bracelet?		
• Are polished floors no waxed or waxed-free?		
<b>MEDICATIONS</b>		
• Are all medications marked clearly?		
• Are medications named?		
• Are medications dated?		
• Are instructions given as to how medications are to be taken?		
• Are instructions given as to when medications are to be taken?		

SAFETY CRITERIA	YES	NO
<b>MEDICAL EQUIPMENT/SUPPLIES</b>		
• Are used needles placed in a sharp container?		
• Is oxygen tubing kept off the walking path?		
• Is medical equipment properly stored?		
<b>LIVING AREAS</b>		
• Are doorways wide enough to carry loads through and get a wheelchair/walker through?		
• Are light switches accessible so they can be turned on/off without walking across a dark room?		
• Are sofas & chairs high and firm enough for easy sitting and rising?		
• Is there a telephone in the room that is easily accessible from the bed?		
• Is list of emergency telephone numbers by the telephone?		
• Do telephone cords/electronic wires run across walking areas?		
• Are there castors or wheels on furniture?		
• Does sitting furniture have armrests which are strong enough for getting in & out?		
• Are phone & extension cords out of the foot traffic area?		
• Is the room clutter-free?		
• Are heaters at least 12 inches from furniture and drapes?		
<b>BATHROOM</b>		
• Are there glass doors on the bathtub/shower?		
• Is there a non-skid surface/mat in the bathtub/shower?		
• Are there grab-bars on the bathtub/shower and adjacent to the toilet?		
• Is there a raised toilet seat (if client has trouble getting on/off toilet)?		
• Is a hand-held shower spray required?		
• Is the water temperature below scalding (e.g. below 120°)?		
• Is there a shower bench/bath seat with a hand-held shower wand available?		
• Does the bathroom have a night light?		
• Are there unsafe loose rugs, carpet or tiles on floor?		
<b>BEDROOM</b>		
• Are there any scatter rugs?		
• Is the bed lower than "back-of-the-knee" height?		
• Is there a chair with armrests & firm seat (to reduce falls while dressing)?		
• Does furniture have castors or roll?		
• Is there a telephone in the room that is easily accessible from the bed?		
• Is list of emergency telephone numbers by the telephone?		
• Is there a flashlight, light switch or lamp beside the bed?		
• Is there a night light?		

SAFETY CRITERIA	YES	NO
<b>KITCHEN</b>		
• Is the floor waxed or in a slippery condition?		
• Are there any flammable items near the heat source?		
• Do the "ON" buttons work on all appliances?		
• Are stove controls accessible and easy to use?		
• Are items used the most stored between eye and knee level?		
• Is there an uncluttered workspace near the cooking area (to avoid having to carry items)?		
• Are dishcloths, dishtowels & oven mitts away from stove burners/flames?		
<b>LIGHTING</b>		
• Is there adequate lighting in all stairways and hallways?		
• Is there a light switch at both the top and bottom of stairs?		
• Is there a night light between bedroom and bathroom?		
<b>CLIENT'S/RESIDENT'S POTENTIAL FOR VIOLENCE</b>		
• Is there a history of violence?		
• Are there violence fantasies or plans of violence?		
• Is there a level of support from significant other?		
• Are there signs & symptoms? i.e.: <ul style="list-style-type: none"> <li>○ staring and eye contact;</li> <li>○ tone &amp; volume of voice;</li> <li>○ pacing</li> <li>○ anxiety;</li> <li>○ mumbling</li> </ul>		
<b>NEIGHBORHOOD HAZARDS</b>		
• Is there sufficient lighting?		
• Can individuals be heard if they call for help?		
• Are there people nearby who can help?		
• Are there improvements that can be made to enhance safety?		
<b>OTHER SAFETY HAZARDS</b>		
•		
•		
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