



OPERATIONS MANUAL
FOR FAMILY CARE PROVIDERS

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The Family Care Provider manual offers reminders from the training sessions, answers to frequently asked questions and tips on how to have a successful Family Care experience.

Your LFSVA Program Manager can assist you with any additional information you need. Every Family Care placement is unique, so there may be questions specific to your situation that are not captured in this manual.

Welcome!

First-Aid Kits

A first-aid kit must be located in your home. According to regulations, the kit must contain the following items

- Plastic Container with Lid
- Instant Ice Pack
- Saline Solution
- Digital Thermometer
- Triple Antibiotic Cream
- Hand Sanitizer
- Waterproof Tape
- Stretch Gauze
- Non-Stick Pads with Adhesive Tabs
- Tweezers
- Assorted Band-Aids
- Gauze (2x2)
- CPR Face Shield

A first-aid kit is given to a new provider. It is then the provider's responsibility to keep the kit stocked with all the mandatory contents. Anything that has been used or has expired **MUST** be replaced. In addition to the mandatory items listed, we recommend that you purchase goggles and emergency thermal blankets. Thermal Blankets can be found in the camping supply section of several retail stores including Walmart and Target.

Individual Records

Primary individual records are kept in the LFSVA Program Manager's office. Secondary individual records will be provided for each individual you are supporting. This folder contains all the necessary paperwork you will use to record the daily documentation. **The secondary record must be in a locked cabinet or locked storage area when it is not being used.**

LFSVA is required to follow HIPAA regulations and protect individual confidentiality at all times. When necessary and with permission from the Program Manager, you may take your individual's chart to medical appointments or meetings. If you do this, it is very important to use discretion and observe confidentiality. For example, turn the book upside down with the individual's name obscured when it is in your vehicle or while you are waiting at the doctor's office. Confidentiality can also be protected by completing documentation in a private, secluded area.

It is important to complete all required support activities as scheduled in your individual's ISP. Write fact-based progress notes, and use a positive or neutral tone in all of your notes. Never use white-out, use black ink only, do not skip lines, sign and date all your notes, and make sure your individual's full name and the page number are filled in at the top of each page. Documentation must be turned in by the deadline established by the Program Manager.

Any documentation written by you or your assistant must be written in accordance with the following standards. Any notes which fall short of these standards will be returned for re-writing.

- 1.) Notes must be legible. Your signature must be legible. If you cannot write legibly in cursive, you must print or type your notes. If your signature is not legible, you must print your name.
- 2.) Put the individual's full name, month/year, page number and type of service at the top of each documentation page.
- 3.) Complete all outcomes that are scheduled that day. If a scheduled outcome does not happen for any reason, explain in the support log.
- 4.) Write a **detailed note** in the support log **EVERY DAY** for **EACH individual** you work with, describing **at least 1-2 outcomes** that occurred that day. Include all these **details**. Do not only write "Worked on Outcome #1. You must also talk about:
 - > how the individual responded to the activity
 - > how willing the individual was to participate in the activity
 - > what the individual and staff did during the activity
 - > any progress or regression the person made with the outcome
 - > how staff supported the individual so that the outcome could take place
- 5.) Write a detailed note in the support log on **all** skill building outcomes every time they are addressed. For example, if a skill building outcome is scheduled to occur three days a week, you should write a detailed note reporting on that outcome three days a week.
- 6.) In addition to #4, address anything **unusual or interesting** (major activities or events) that happened such as:
 - > Family contacts (phone or visit) -> Holidays and birthday parties
 - > Incidents/health and safety needs -> Any unusual/significant events or occurrences
 - > New things learned ->New things tried
- 7.) Do not write opinion. Write only facts. If you need to include your opinion say "In this writer's opinion" or "He/She seemed"
- 8.) Do not mention the name of other individuals.
- 9.) **Do not use white-out or scratch out a mistake**. Any errors should have one line marked through it and the writer must **put their initials and the date** next to the error.
- 10.) **Each entry must be dated by the writer and include either a printed or clearly signed first initial and full last name or full name**. Use black ink only.
- 11.) The person who writes the note **MUST** be the person who provided the service
- 12.) There must be no empty spaces between notes or at the end of a page.
- 13.) If a note continues to the next page write the word "continued", or abbreviated as "con't", at the bottom of the page so that the reader will know the note continues.

Example:

9/21/16	I supported Sally with her bath this morning. With my guidance, she rubbed the soapy
Outcomes # 2&4	washcloth in a circular motion on her arm. She did more than usual this morning. She
	seems to be getting used to my help. With support, she also washed part of her leg. Staff
	supported Sally with washing her face, hair and the rest of her body by providing complete
	physical assistance. Although Sally does not always appear to like her bath, she seemed to
	like the activity today because she smiled the whole time. Later on, I supported Sally
	with dancing to music she chose. I held up two CD's and Sally pointed at the one she
	liked. Sally rocked her body while I held her hands. She clapped and seemed to enjoy the
	fun exercise. Julie Jones-----

Managers

You and your individual(s) are assigned an LFSVA Program Manager. The Program Manager supervises you and oversees service delivery. The Program Manager ensures you are following policy and procedures, human rights, and licensing regulations; ensures your home is in compliance with the established guidelines; acts as a liaison between you and the individual's support coordinator; develops the ISP for your individual(s) and makes sure you follow documentation expectations. The Program Manager or their designee conducts home visits **(and per licensing regulations, some of these visits must be unannounced)**; reviews your monthly paperwork; obtains the necessary information for billing; writes quarterly reports; and attends quarterly meetings with you. Program Managers listen to any input you may have when creating or changing the ISP. The Program Manager is also there to help you determine how you can successfully meet your individual's needs. Call them when you have concerns, need to find resources or need help to figure out strategies or solutions. Use the on-call system to get in touch with a LFSVA staff after hours for emergencies only.

Family Care Provider Agreement

The Family Care Provider Agreement that you reviewed and agreed to outlines the expectations of the relationship between you, this Agency and its services. By signing, you indicated your understanding and agreement to all the information contained within it. This includes your agreement to grant the right of entry to your home to State Licensing Specialists, Human Rights Advocates and LFSVA staff.

As a Family Care Provider, you do not hold your own license to provide family care services. You and your home are licensed under LFSVA's license. If your relationship with LFSVA is severed, you are no longer licensed to provide family care (sponsored provider) services in your home.

As a Family Care Provider, you are responsible for providing your own health insurances, retirement plan, etc.

Policies, Procedures, Human Rights, ID (Licensure) Regulations, and Medicaid Waiver

LFSVA is obligated to follow all policies and procedures as set forth in the Human Rights regulations, DBHDS regulations, and Medicaid Waiver regulations. And, as required, LFSVA has written policies and procedures based on these regulations. LFSVA is required to make sure all Family Care Providers are in compliance with all regulations, policies and procedures.

Family Care Providers are equally responsible for understanding and following all policies and procedures. The ***Family Care Provider Services Policies and Procedures and the Human Rights Policies and Procedures*** are found in the provider notebook. Some of this information will be covered during the initial orientation; however, you are responsible for reading the policies, asking any questions you might have, and ultimately following these policies and procedures. Any policy or procedure violation will be discussed with you and documented in your file. Depending upon the amount and severity, policy and procedure violation(s) can result in termination of your agreement with LFSVA.

LFSVA management has the right to impose additional requirements as deemed necessary beyond what is outlined in the regulations or policies and procedures, particularly when it concerns the health, safety and welfare of the individual being served.

Performance Policy

In order to ensure the quality of services to individuals and effective work relationships with providers, it is the agency's expectation that Family Care Providers will comply with the policies and procedures of the agency and regulatory entities. The performance policy is as follows:

A. PROVIDER PERFORMANCE

As stated in the Family Care Provider Agreement, you have agreed to “maintain such records as the Placement Agent may require, in addition to those required by State, Local, and/or Federal Law” and to “abide by and adhere to any and all laws and regulations, policies and procedures, human rights plans, and all legally-mandated quality of care standards and the Operations Manual of the Placement Agent.”

Should you fail to satisfy these duties and obligations, you will be considered in violation of Agency policies. Violations are classified into categories A, B, and C. Allegations of human rights violations result in an immediate investigation. When a violation occurs, these general guidelines are followed:

I. Violations and Training

- 1.)** Any violation is recorded by the Program Manager on a Provider Performance Form (PPF). A copy of the PPF is given to the provider.
- 2.)** Issues which occur during the first 6 months of the certification are documented and addressed as training. However, certain situations warrant immediate disciplinary action (i.e. Medicaid fraud, human rights violations).

II. Category A

- Documentation problems:
 - Documentation is incomplete
 - Content of documentation is poor
- Any non-compliance with walk-thru items
- Any non-compliance with emergency preparedness drills
- Any infraction on unannounced visits
- Any non-compliance with turning in items following the first request
- Other violation with Family Care Provider Services Policies and Procedures or Operations Manual
- Improperly maintaining individual receipts/spending logs
- Not completing or late turning in Medicaid redetermination forms
- No documentation of individual’s current physical exam
- No documentation of individual’s current dental exam
- Repeated medication documentation errors
- Deficiencies with assistants
 - Incomplete file
 - Services have been provided by assistant in an unlicensed home.

i. CONSEQUENCES

- The first 3 category A violations are documented and reviewed with the provider
- Any 4th category A violation results in a fine equaling 15% of that month's billing
- Any 5th category A violation results in a formal warning and a fine equaling 15% to 25% of that month's billing. The fine is determined by management.
- After the first 6 months, any category A violation that results in a citation by a state authority results in a written PPF and formal warning and a fine equaling up to 15% to 25% of that month's billing. The fine is determined by management.

The count for minor violations starts over every year based on the provider's evaluation date; however, if the same minor violations repeat from year to year, a formal warning may be issued.

III. Category B

- Documentation not completed
- Documentation is turned in late according to the established date
- Uncompleted Training leading to provider being out of compliance with regulations.

i. CONSEQUENCES

- \$500 fine and a PPF is completed. Individual plans for improvement are detailed in the PPF. Continued or repeat non-compliance may lead to increased fines at the discretion of management.

IV. Category C

Any Category C violation results in an immediate formal warning and a fine equaling up to 25% as determined by management.

- Family Care Provider Agreement violation
- Founded human rights violation
- Smoking in non-designated areas
- Non-compliance with the agency's weapons policy
- Health and safety violations such as leaving the individual alone, unless it is part of the approved ISP.
- All formal warnings are documented and result in a meeting with the regional manager and the provider's manager. The formal warning results in a letter of correction with time frames for improvement. Some formal warnings result in immediate termination of the provider's certification with the Agency.

V. FAILURE TO IMPROVE

- Failure to improve as determined by management results in the termination of the certification with the provider

Safety Requirements

The following abuse/prevention and safety controls are in place:

- 1) Prior to working with any individual, all providers and their assistants must receive human rights training including how to recognize the signs of abuse. The Family Care Provider and their assistant must also pass a human rights competency test prior to working with an individual. The provider must also receive human rights training and demonstrate competency in human rights issues each year.
- 2) LFSVA follows all human rights requirements pertaining to the reporting and investigation of abuse, neglect or exploitation allegations. Any report of suspected abuse, neglect or exploitation made to this Agency is **immediately** reported to the human rights advocate, the department of Social Services adult or child protective services department and to the individual's authorized representative or legal guardian. LFSVA conducts an internal investigation of the allegation and reports its findings and any resulting disciplinary action to the human rights advocate and to the individual/authorized representative/legal guardian.
- 3) If your individual, a family member, authorized representative, legal guardian or other external entity makes a complaint about the services your individual received from you or your assistants, LFSVA immediately addresses this by notifying the human rights advocate and the authorized representative or legal guardian. Every attempt is made to resolve the complaint using the informal process. However, if the complaint is not resolved using the informal process, the complaint will be addressed using the formal process. The informal and formal processes are explained in the human rights regulations.
- 4) A female individual is not placed with a male provider. Intimate relationships between a provider or their assistant and an individual are forbidden. This will be monitored by LFSVA via announced and unannounced home visits and regular meetings with support coordinators, families and other service providers.
- 5) One on one meetings or counseling sessions must not occur behind closed doors. Male providers or assistants should not help female individuals with personal care activities.

- 6) The Family Care service is considered by state licensing regulations to be a 24-hour service. You are responsible for your individual's health and safety at all times. Unless it is part of their approved ISP, an individual cannot be left alone under any circumstance. If your individual is to be left alone, the ISP will clearly outline all safety precautions to be taken, how you and the individual can be in contact when needed, and how long the individual can be unsupervised. Human Rights will need to give approval before any individual can be left alone.
- 7) You must provide **your emergency contact number** to your Program Manager prior to you leaving for vacation or if you will be otherwise unavailable. If you are planning a vacation, the Program Manager must be informed of the arrangements you have made for your individual's care. The Program Manager must be informed about where they will be staying, what arrangements have been made to ensure that their needs will be met, the address and phone number where you individual will stay and your emergency contact number.

Provider Performance Reviews

The Program Manager will perform an Annual Provider Performance Review. During this time, you and the Program Manager will have an opportunity to review positive and negative issues which have occurred during the year. Enrichment activities will also be addressed during the review.

Grievance Procedure

A Grievance Procedure is in place to help both the Family Care Provider and LFSVA navigate through the situation. The agency encourages Family Care Providers to schedule a meeting with the Program Manager to discuss any concerns. Sometimes simply having an open discussion can lead to a workable solution for everyone. LFSVA is invested in the continued relationship with Family Care Providers and will make every reasonable effort to make that possible.

If a meeting with the Program Manager does not result in resolution, the provider can schedule a meeting with the Program Manager and the Regional Manager to seek resolution of the issue or concern. The next step in the process is to take the grievance to the Assistant Director or the Director of Developmental Services for review. If the Family Care Provider is not satisfied with the resolution, they can request in writing that the Vice President of Operations make an additional review of the grievance.

This procedure is reviewed with the provider by the Manager during orientation.

Individual Social Security and Room and Board

As a Family Care Provider, you become the representative payee for the individual(s) you are supporting. The Program Manager can provide assistance with this process.

Social Security requires that each individual receive at least \$30.00 for spending cash each month. The remainder minus any patient-pay amount goes to you for room, board and to pay for any other items needed for your individual.

Social Security requires an accounting of each individual's \$30.00 portion of the Social Security benefits. Periodic payee audits are conducted. As payee, licensing requires that you maintain an accounting of this money. **It is strongly recommended that each individual have a checking account.** Family Care Providers **must** keep receipts and a spending log to provide proof of how the individual spent their monthly allotment.

The Department of Social Services (DSS) conducts yearly Medicaid re-determinations. You, the payee, will receive this form in the mail. Medicaid benefits **will be discontinued** if DSS does not receive the completed form and supporting paperwork on or before the due date. Should this happen, reimbursement for your services may be delayed or denied by DMAS. It is extremely important for you to submit the form prior to the due date. Your manager can help you with any questions you may have.

Physical Exams

For new individuals the results of a physical exam that has occurred within the last year must be obtained within 30 days of admission. If no physical exam has occurred within the last year, a new physical exam must occur within the 30 days of admission (move-in). New individuals are required to have a PPD test with their initial physical. A physical examination **must** be completed yearly. PPD tests are not required yearly, only initially. Since we are required to keep a record of the examination in the individual's primary file, you must give your manager a copy of the examination results.

Dental Check-Ups

Dental care for adults is not generally a covered service by Medicare or Medicaid. This service is typically paid for out of pocket. The **individual you are supporting must have a dental check-up and cleaning at least once each year.** Some individuals will require anesthesia in order for the exam and cleaning to be completed. Medicaid will cover some of the costs for the anesthesia. The Program Manager will need a copy of the exam results for the individual's primary file. The Agency can provide forms where the dentist can record his results. Medically necessary oral surgery and associated diagnostic services may be covered under Virginia's dental program: **Smiles for Children**. There may be other low cost dental care resources in your area, for more information contact your manager.

Medication

- Medications must be locked in a closet, filing cabinet, or box when not in use. Medications that require refrigeration must be in a locked container.
- Controlled substances must be double-locked and counted at the end of every shift.
- The Medication Administration Record (MAR) must match the labels on the prescription bottles or bubble packs.
- Any time a physician changes a medication or increases or decreases the dosage amount, a new prescription must be written in order for the MAR and the prescription bottle or bubble pack label to match.
- Notify your manager every time a medication change occurs. Immediately reflect this change on the MAR.
- All PRN and OTC medications must be approved by the individual's physician. You must obtain documentation of this from the physician. All PRN and OTC medications must be recorded and followed on the MAR.
- When a medication error occurs, you must contact the physician, nurse or pharmacist to ask for instructions/direction. Medication errors must be documented on incident reports and immediately reported to your manager.
- Always follow LFSVA Medication Administration Guidelines.

Emergency Preparedness

Licensing guidelines do not specify the number of flashlights, smoke alarms, or fire extinguishers needed in a home, rather it says there should be an ample amount. For safety and security, smoke detectors should be located in or near the following places: individual bedrooms, living areas, hallways, kitchens, laundry and program areas. Check them frequently to make sure they are working properly. There should be a minimum of 2 fire extinguishers in each house. Three or more fire extinguishers are necessary for larger houses or houses with multiple levels. Put flashlights with fresh batteries in accessible areas such as bedrooms, hallways, kitchens, etc. Check them frequently to make sure they are working properly. You must also have a battery-operated radio on-hand. Emergency preparedness drills (evacuation drills) **must** be conducted and recorded quarterly. Program Managers will conduct one drill at the Annual Safety Inspection. The provider is responsible for conducting and documenting the other 3 drills. The provider is also responsible for turning in this completed paperwork with the monthly documentation.

Emergency Numbers

Emergency numbers and instructions for contacting emergency services must be prominently posted near the telephone. At a minimum, emergency numbers must include poison control, police, fire department, rescue squad, primary physician, and psychiatrist. If you do not have a land line phone, post these numbers on your refrigerator.

Emergencies

In cases of emergencies outside of normal business hours, call the toll-free LFSVA on-call number, 855-372-8998. A call center employee will answer and ask what region you are calling from. Please answer with the name of the office you are working with (Lynchburg, Danville, Richmond, Hampton, Charlottesville, NOVA, or Roanoke). You will need to provide the call center representative with your name, the number at which you want to be called, and a brief description of the current situation. It is not necessary to give them any background information or specific demographic information, just a brief description of the emergency (i.e. - the individual placed in my home has run away; the individual placed in my home has broken his leg and is being taken by ambulance to the ER, etc.). The call center has the information regarding who is on call in each region and will contact that person. He/she will then call you on the number you provided.

Please be aware the call center has been provided a list of situations that are and are not considered emergencies. Out of respect for our staff and their “off work” hours, please be aware that if the call does not meet the criteria for an emergency, you will be informed the message will be relayed to the agency on the next business day. It is your right to ask the call be forwarded to a worker immediately if you feel it is, in fact, an emergency.

You are also required to provide (3) emergency contact numbers. A form will be provided for this information.

Respite/Relief

Because you are your individual’s paid primary caregiver, respite services are not available to your individual through Medicaid Waiver Respite funding. Respite services paid thru Medicaid Waiver funding are only available to individuals who have an unpaid primary caregiver.

You are responsible for any costs associated with having someone else provide services to your individual. Many of our providers use each other for assistance. Contact your manager for options.

Assistants

LFSVA must have a complete and up-to-date file on anyone who is left alone with your individual. This person is known as a Family Care Assistant (Assistant). There is an exception: people who are considered to be natural supports to your individual(s) are not required to have a file with LFSVA. Natural supports are defined as people who seek out your individual(s) **solely** for social interaction. Natural supports do not include people you would typically call on to help you supervise or take care of your individual(s). A natural support would most likely be a person who was involved with your individual before you began working with them such as a friend, family member or someone the individual develops a friendship with who is not also used as a caretaker. **An assistant is defined as (1) anyone you pay to help you with your individual(s) or (2) anyone who is not a natural support, who helps you to take care of your individual but is not paid.**

Each provider is required to have at least one assistant. The individual you support can only be left in the care of a trained person or natural support. Securing and maintaining assistants is your responsibility; however, LFSVA can help you with the process.

Any home where services are provided must meet licensing requirements. LFSVA must approve any home before services are provided there. If an assistant intends to provide services to your individual in their home, **LFSVA must first approve the home.**

Licensing requires that evaluations must be completed at least annually on **all** assistants. LFSVA has evaluation forms at the office or you can create your own. If you need one, please contact your Program Manager.

Virginia State Law requires that you have Workman's Compensation insurance any time you have three or more paid assistants (including yourself).

You will also need to decide how much and how you will pay them. You can pay them a gross amount of money and not take taxes out making it their responsibility to report their income or you can have a bookkeeper or an accountant assist you with this. The bottom line is that it is ultimately your decision. It is up to you to decide if you need a full-time or part-time assistant. If you need a full-time assistant, it will be up to you to decide if you will give any benefits such as health, dental, and life insurance. You will also need to decide if you are going to have a retirement plan and if the person will earn sick and vacation time.

It is common for a couple to work as a team to provide services to an individual. However, licensing regulations stipulate that **one** person in the household is designated as the provider. Everyone else is considered an assistant. If a provider has an assistant, LFSVA must have a complete file on that individual. It will be the provider's responsibility to cover any of the

necessary costs associated with completing that file. There are also required documentation items for household members who will not be assistants. The provider is responsible for those costs as well.

Licensing regulations stipulate that LFSVA must have the results of PPD tests, criminal history checks, Department of Motor Vehicle driving record, and Department of Social Services background checks on **any adults** who live in your home or who provide services to your individuals. LFSVA must also have the results of PPD tests on **any minor children** who reside in your home.

LFSVA does not pay for any of the required background checks. The Program Manager will provide the amount due for background checks for you or your assistant. Payment by check or money order, payable to Lutheran Family Services, is made at the time the background paperwork and fingerprinting is performed. ***Please note, if 6 or more months have elapsed from the time of your licensing to the time of an individual placement, you and the members of your household and your assistants will need to redo background checks prior to the placement of the individual. **

LFSVA will not place individuals in the home if any member of the household has been convicted of a barrier crime. If the agency becomes aware that a provider has been convicted of a barrier crime or founded case of abuse and neglect the agency will revoke the provider's license. If the agency becomes aware that a Family Care Assistant or household member has been convicted of a non-barrier or barrier crime or founded case of abuse and neglect, this agency will immediately investigate to determine if the provider can continue to be licensed for Family Care Home services.

Licensing regulations require that LFSVA has a copy of the current valid driver's license and proof of current insurance for any assistant or any member of the provider's home who transports individual(s). Copies of proof of insurance may need to be submitted every three, six or twelve months depending on how often premiums are due.

Changes in or to the Family Care Home

Per DBHDS regulations, the sponsor (Family Care Provider) shall inform the agency (LFSVA) in advance of any anticipated additions or changes in the home or as soon as possible after the unexpected change occurs. You must call the Program Manager to inform them of any changes to make-up of your home. This refers to who is living in your home. LFSVA must keep your Family Care Provider Face Sheet current with the names of all individuals who live in your home and the names of all your assistants. LFSVA **must** also have the results of PPD tests, criminal history checks, and Department of Social Services background checks on **any adults** who live in your home and the results of PPD tests on **any minor children** who reside in your home.

Also, according to the DBHDS Licensing Regulations, building plans and specifications for new construction of locations, change in use of existing locations, and any structural modifications or additions to existing locations where services are provided shall be submitted for review by the department to determine compliance with the licensing regulations. **Since LFSVA is obligated to report this information to the licensing agent you must tell the Program Manager in advance when you decide to make changes to your home.**

When you move, your new home is **not** a licensed service location. If you are planning to relocate you must notify the Program Manager in advance as they will need to license the new home prior to your move in date. You will need to obtain all information including the certificate of occupancy, septic approval, water inspection etc. and the home will need to meet licensing requirements. You may want us to look at the new location prior to purchase or lease to ensure that it will meet regulatory requirements.

Financial Capacity

Licensing regulation 12VAC 35-105-1180 C-4 states that the Agency (LFSVA) shall document the Family Care Provider's ability to meet the needs of the individuals placed in the home by assessing and documenting the financial capacity of the sponsor to meet the sponsor's own expenses for up to 90 days, independent of payments received for residents living in the home. The document you completed prior to licensing which showed your monthly expenses and your financial resources to meet those expenses for 90 days will need to be updated yearly. All supporting documentation of the financial resources must be in your (the FCP's) name.

Recertification, Insurance, and Inspections

- All certifications must remain up-to-date.
- First Aid and CPR expire every two years.
- Safety Care expires every year.
- LFSVA offers training classes that providers can utilize for recertification (at no charge to the provider).
- LFSVA must have copies of your **current** automobile and homeowner's insurances. Send us a copy of your declaration page as soon as you receive it.
- LFSVA must have a copy of the current valid driver's license and proof of current insurance for any assistant or any member of the provider's home who transports individual(s).

- If you are not on a public water system you must have your water tested **every** year for the absence of coliform.
- You are also required to be present for any mandatory trainings or meetings you are asked to attend.

**Please note that finding a good individual match can sometimes take a while. You will not be required to update your water inspections until an individual is identified for you. You will be required to have this updated prior to any individual placement. **

Billing

LFSVA cannot bill if we do not receive your documentation for the period we are billing for. You must get your paperwork turned in by the deadline in order to receive timely payment for your services.

Your contract explains how you are paid for your services. If you have any questions, the Program Manager will be able to answer them.

Medicaid Fraud

As mandated by the Federal Deficit Reduction Act (DRA) of 2005, LFSVA is informing you of the following written policies regarding Medicaid fraud.

According to the Virginia Fraud Against Taxpayers Act, Code of Virginia Title 8.01, Chapter 3 (8.01-216.3), any individual who knowingly presents or causes to be presented to an office or employee of the Commonwealth a false or fraudulent claim for payment or approval; Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Commonwealth; Conspires to defraud the Commonwealth by getting a false or fraudulent claim allowed or paid shall be liable to the Commonwealth for a civil penalty of not less than \$5,000 and not more than \$10,000, plus three times the amount of damages sustained by the Commonwealth.

In accordance with the Virginia Fraud Against Taxpayers Act, LFSVA does not tolerate the falsification of documentation by any employee or contractor. This includes but is not limited to the falsification of progress notes, billing records or other individual-related documentation or family-care-provider-related paperwork.

To prevent the waste, fraud and abuse of Medicaid funds, LFSVA reviews all documentation received checking carefully for any discrepancies between reported time of individual service provision and the actual amount of services provided. LFSVA also conducts random quality assurance reviews. As part of the process, questions may be asked about service provision and reported hours of service. Any discrepancies will be thoroughly investigated by authorized management. Any employee who refuses to comply with an investigation to this policy is subject to discipline up to and including discharge. Family Care

Providers who are found guilty of fraudulently reporting Medicaid services are subject to discipline up to and including discharge.

If it is discovered that LFSVA has billed for Medicaid services based on fraudulent reports, LFSVA immediately retracts the billing. LFSVA will attempt to recoup monies which were paid for time that was fraudulently reported.

Any family care provider who has knowledge of or suspects an act of Medicaid fraud is required to report that to the Program Manager. LFSVA fully investigates all complaints and maintains confidentiality to the extent possible, given the Agency's duty to investigate the complaint. Neither LFSVA nor any family care provider retaliates or discriminates against anyone who reports suspected Medicaid fraud or assists with the investigation of a complaint.

Patient-Pay

When SSA (Social Security Administration) determines that an individual is responsible for contributing toward the cost of their waiver services (based on their monthly income), they are given a patient-pay amount. You will be notified when this happens. At that point, we will explain our system for handling the individual's patient-pay obligation.

General Liability Insurance

According to licensing guidelines, providers licensed under this organization need to have general liability insurance to protect the interests of the individuals being served. Homeowner's insurance generally does not cover general liability when you are providing services to these individuals. You should consult with your individual insurance carrier to determine your coverage needs.

Individual Death

LFSVA is not responsible for any costs associated with death and burial of individuals served.



Operations Manual for Family Care Providers Acknowledgement Page

I have reviewed the Family Care Provider operations manual. I understand its content and have been given the opportunity to ask questions I may have. I agree to abide by all terms contained in this manual. I also understand that I am responsible for making sure my assistants know these policies and follow them.

Family Care Provider Date

Agency representative Date