OPWDD MANDATORY TRAINING

The Center for Family Support Training Department

Course Outline

Creating Positive Relationships.

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Corporate Compliance

Detecting, Reporting and Avoiding Medicaid Fraud and Abuse

Abuse and Incident Reporting

Recognizing, and Reporting Abuse and Creating Positive Relationships

HIPPA

Privacy Laws and Confidentiality

OSHA

Air Borne and Blood Bourne Pathogens

Creating Positive Relationships and Abuse Prevention and Reporting and

Always remember-

Your primary allegiance is to the people you support. All other activities and functions you perform flow from this allegiance
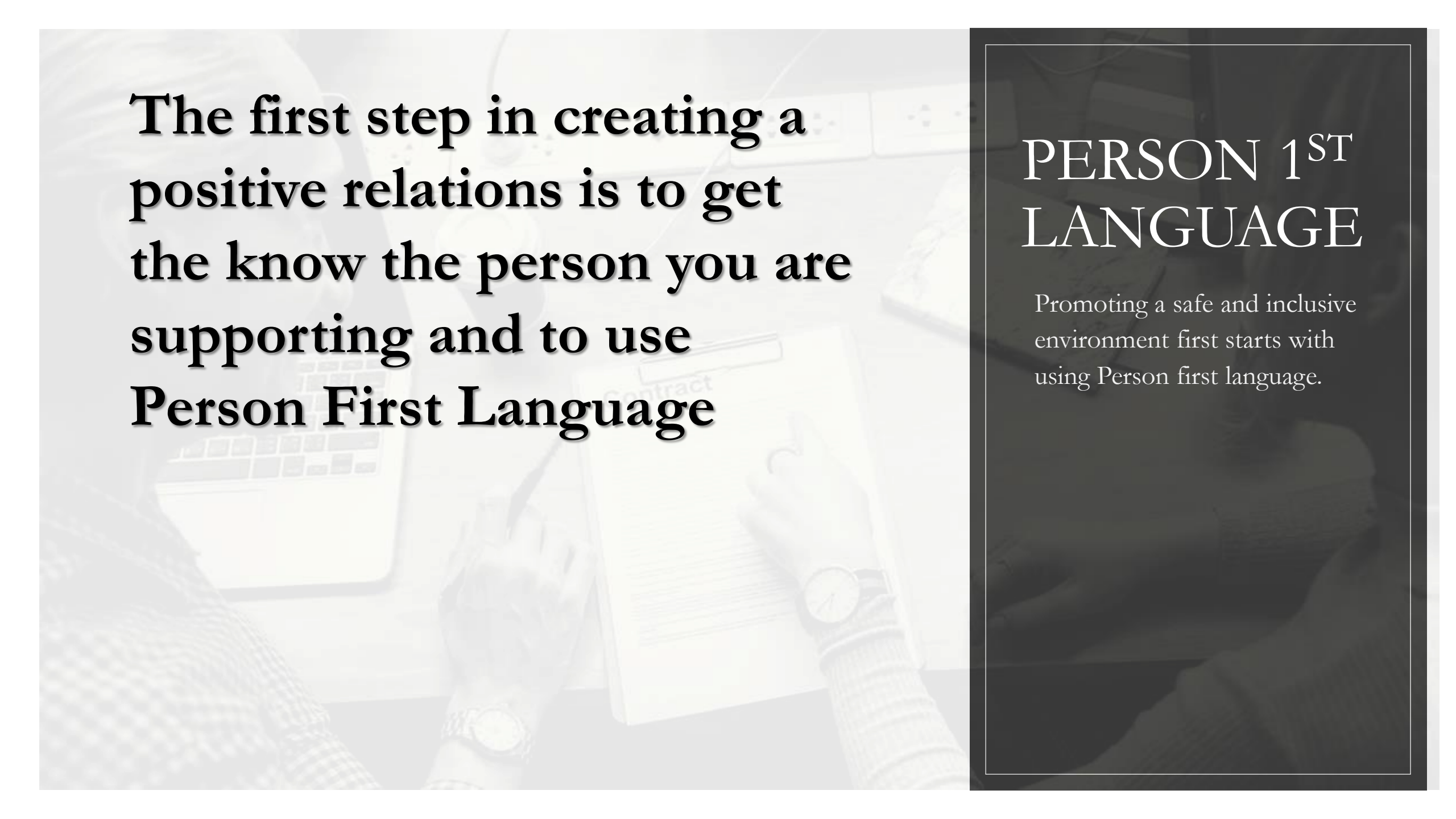
PRAISE

P-romoting

R-elationships

A-nd

I-mplementing

S-afe

E-nvironments

The first step in creating a positive relations is to get the know the person you are supporting and to use Person First Language

PERSON 1ST LANGUAGE

Promoting a safe and inclusive environment first starts with using Person first language.

PERSON 1ST LANGUAGE

Promoting a safe and inclusive environment first starts with using Person first language.

RIGHT: *People first language*	WRONG
People or individuals with disabilities	The handicapped, special needs, challenged, afflicted with a disability, suffers from a disability
Bridget, who uses a wheelchair	The girl in the wheelchair, wheelchair-bound, confined to a wheelchair
A woman with paraplegia, a man that has quadriplegia	A paraplegic, a quadriplegic, crip, crippled
A class for children with disabilities	A handicapped class
Person without a disability	A normal person
Person with mental illness	The mentally ill, the emotionally disturbed, insane, crazy, demented, psycho, lunatic
Accessible bus/parking spot	Handicapped bus/parking spot
People with intellectual disabilities; people with cognitive disabilities	Retarded people, mentally retarded
A person who has Down syndrome or a person with Down syndrome	Downs kid, Mongoloid
She is a little person, or she is of short stature	She's a dwarf/midget
He has a brain injury	He is brain damaged

Promoting Positive Relationships

An important part providing support effectively is to understand your role is in the life of the people support. It is also important to maintain professional boundaries when interacting with these individuals.

The following are the many hats we wear with the individuals you are supporting:

- **Leader**
- **Teacher/Trainer**
- **Guider/Counselor**
- **Role Model**
- **Student**

The goal is to be able to perform your job well by developing a positive relationship with the individuals.

A relationship is not based on the length of time you spent together, it's based on the foundation you built together.

Promoting Positive Relationships

Creating a Positive Relationship with the people you support may make them more comfortable in disclosing to you that they are being abused.

disclose [dɪsˈkləʊz]
verb (tr)
1. to make (information) known
2. to allow to be seen; lay bare

Source: thefreedictionary.com

Abuse Reporting

The role of the Justice Center is to:

1. Implement one consistent and centralized system for reporting incidents
2. Ensure standardized categories of incidents and a consistent approach for dealing with allegations of abuse/neglect and other serious events
3. Protect the people we support
4. Train staff in the Justice Center Code of Conduct which includes an understanding of their role as a **mandated reporter**

Justice Center

YOU ARE A MANDATED REPORTER. WHICH MEANS…

IF YOU SEE SOMETHING, SAY SOMETHING.

Seeing Abuse and NOT Reporting is NEGLECT. You are just as Guilty as the person committing Abuse!!

If you witness abuse or neglect you must:

1. Stop the Abuse by intervening and protecting the individual. Call 911 for medical emergencies.
2. Call the Justice Center at **1-855-373-2122**
3. Report the incident to your supervisor
4. Document the situation

- All "Custodians" (DSPs, clinicians, physicians, visitors, volunteers, contractors, students interns, teachers and administrators) are mandated reporters.
- All Custodians must sign and agree to the Justice Center Code of Conduct.

JUSTICE CENTER

Every direct witness and the first-line supervisor must report unless:

- he or she knows that the report has already been made by another mandated reporter; and
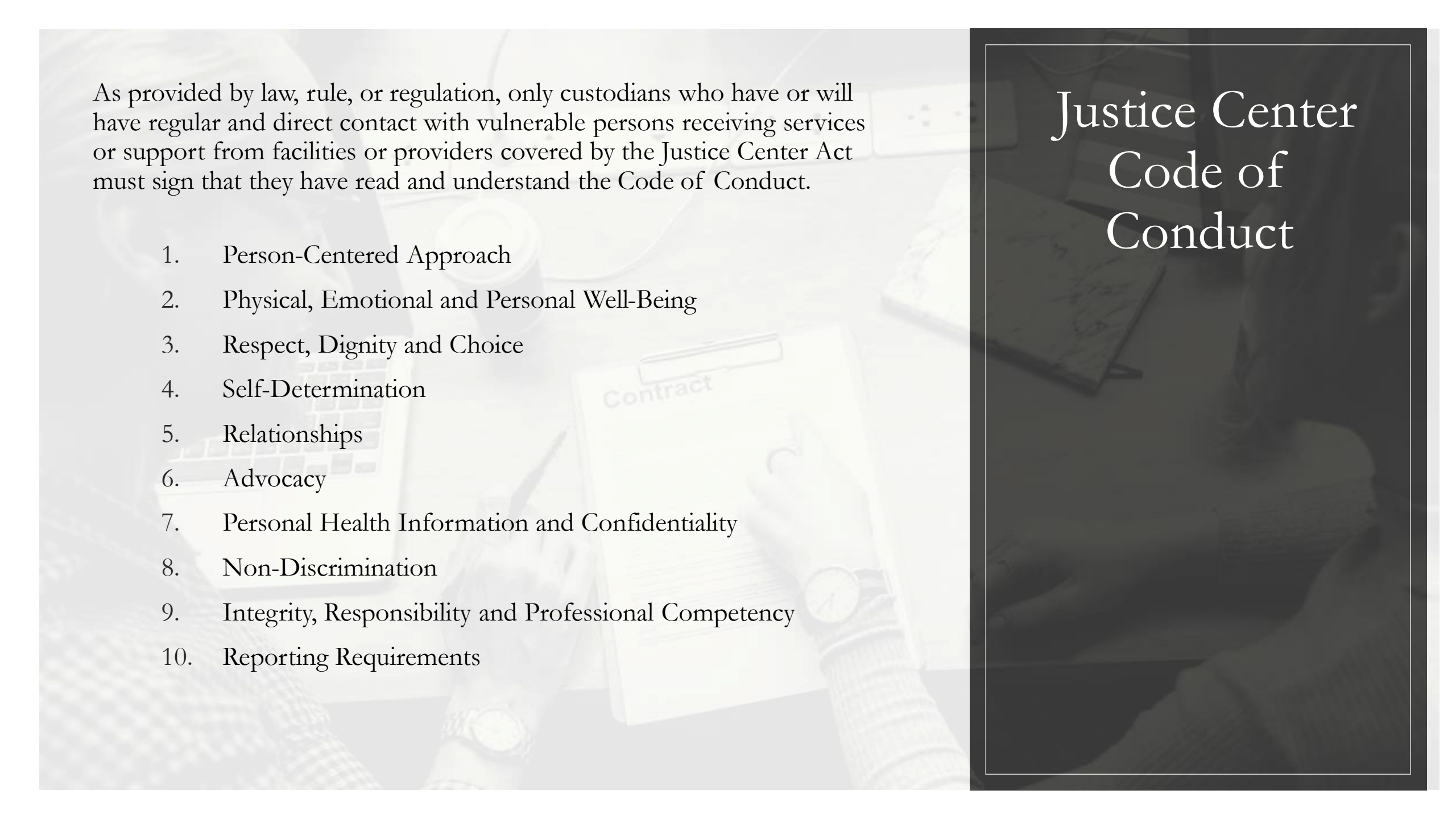- that he or she has been named in that report as a person with knowledge of the incident.

Having knowledge the report was made may include witnessing, reading, or overhearing the report being made to the Justice Center.

This report may be completed one of two ways:

- By phone: Call 1-855-373-2122 (be sure to document the JC Identifier #), or Electronically: https://vpcr.justicecenter.ny.gov/WIRW/#/

Justice Center

The Justice Center is open 24 hours a day, 7 days a week, 365 day a year!

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the Justice Center Act must sign that they have read and understand the Code of Conduct.

1. Person-Centered Approach

2. Physical, Emotional and Personal Well-Being

3. Respect, Dignity and Choice

4. Self-Determination

5. Relationships

6. Advocacy

7. Personal Health Information and Confidentiality

8. Non-Discrimination

9. Integrity, Responsibility and Professional Competency

10. Reporting Requirements

Justice Center Code of Conduct

What are
you reporting

1.Abuse and Neglect

2.Significant Incidents

3.Serious Notable Occurrences

4.Minor Notable Occurrences

5.Agency Occurrences

Physical Abuse	**Intentional contact (hitting, kicking, shoving, etc.) corporal punishment, injury which cannot be explained and is suspicious due to extent, location, and frequency**
Sexual Abuse	**Inappropriate touching, indecent exposure, sexual assault, taking or distributing sexually explicit pictures, voyeurism or other sexual exploitation. All sexual contact between a Custodian and a service recipient is classified as sexual**
Psychological Abuse	**Taunting, name calling, use of threatening words or gestures.**
Neglect	**Failure to provide supervision or adequate food, clothing, shelter, health care; or access to an educational**
Deliberate misuse of restraint or seclusion	**Use of these interventions with excessive force, as a punishment or for the convenience of staff.**
Unlawful use of administration of a Controlled Substances	**Using, administering or providing any controlled substance contrary to law.**
Use of Aversive conditioning	**Unpleasant physical stimulus used to modify behavior without person-specific legal authorization.**
Obstruction of Reports of Reportable Incidents	**Interfering with the discovery, reporting or investigation of abuse / neglect, falsifying records or intentionally making false statements.**

What are you reporting

Classifications of Reportable Events of Abuse and Neglect

Significant Occurrences

- **_MUST_** be reported to the Justice Center and OPW.

- An incident, other than an incident of abuse or neglect, that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety or welfare of a person receiving services and shall include but shall not be limited to:

  - Contact between people served that could constitute abuse
  - Choking with or without known/documented risk
  - Unauthorized use of seclusion
  - Unauthorized use of time out
  - Missing Person IF that person is a danger to themselves or others
  - Self Abuse resulting in treatment beyond first aid
  - •Administration of medication that is inconsistent with a medical order and caused an adverse effect
  - Inappropriate use of restraints
  - Theft or Financial Exploitation over $100 (must also report to police)
  - Unauthorized absence with no risk of injury
  - Injuries requiring hospitalization
  - Mistreatment.

Serious Notable Occurrences -events or situations which must be reported to OPWDD:

- Death;
- Sensitive situations including a crime committed by a person served

Minor Notable Occurrences -events or situations which must be reported to OPWDD:

- Injuries requiring more than first aid;
- Theft or Financial Exploitation under $100.

Notable Occurrences

Laws and Regulations

1. Justice Center
2. Part 624
3. Part 625
4. Part 633.4
5. Jonathan's Law

Applies to all services certified or funded by OPWDD. The Justice Center has oversight authority over OPWDD certified services only.

- if an incident occurs during an OPWDD certified or funded service and the person we support was under our auspices, it falls under Part 624.

- The redesign of Part 624 defined the relationship between OPWDD and the Justice Center by requiring agencies to report allegations of abuse or neglect and significant incidents to the Justice Center.

- The revised Part 624 also redefined the Incident Management Process across the state. The involvement of the Justice Center is meant to put a body of government in place to review all allegations of abuse, neglect and significant incidents.

Laws and Regulations

Part 624

Laws and Regulations

Part 625

Applies to situations when an incident occurs when staff are not providing a service. For example, if a staff person witnesses an incident of abuse/neglect while just visiting a person in the hospital, this should be reported under Part 625, as the staff person was not working at the time.

» The basic intent of Part 624 and Part 625 remains the same:

» To protect people from harm

» To enhance quality of care

» To ensure that people are free from mental and physical abuse

» To identify causes of accidents/abuse in order to prevent reoccurrence

» To identify trends

» To minimize the potential for recurrence of the same or similar events or situations.

The Justice Center does NOT have oversight responsibility for Part 625 events.

Laws and Regulations

Jonathan's Law

Under Jonathan's Law parents and legal guardians (qualified persons) must be informed of all incidents involving their disabled loved one within 24 hours of the initial report. Incident is defined as "an accident or injury that affects the health or safety" of an individual receiving services.

- After the 24 hour notification is made, the Director of the facility must offer to hold a meeting with the qualified person(s) within 3 days, to discuss the incident.
- Within 10 days the Director of the facility shall provide the qualified person(s) with a written report on the actions taken to address the incident.
- Upon the request of the qualified person(s), a redacted (names and identifying information only) copy of the written incident report must be provided.
- Schools, facilities, and all investigative agencies (for example OMRDD, CQC) are required to release records and documents pertaining to all allegations and investigations into abuse, neglect, or mistreatment occurring at a school or facility, upon the written request of a qualified person(s), within 21 days. Only names and identifying information of employees and other persons receiving services may be redacted.

Jonathan's Law applies to all facilities operated or certified by the Office of Mental Retardation and Developmental Disabilities (OMRDD), the Office of Mental Health (OMH), and the Office of Alcohol and Substance Abuse Services (OASAS).

life is full of choice

but if you take control

I have no voice

open
future
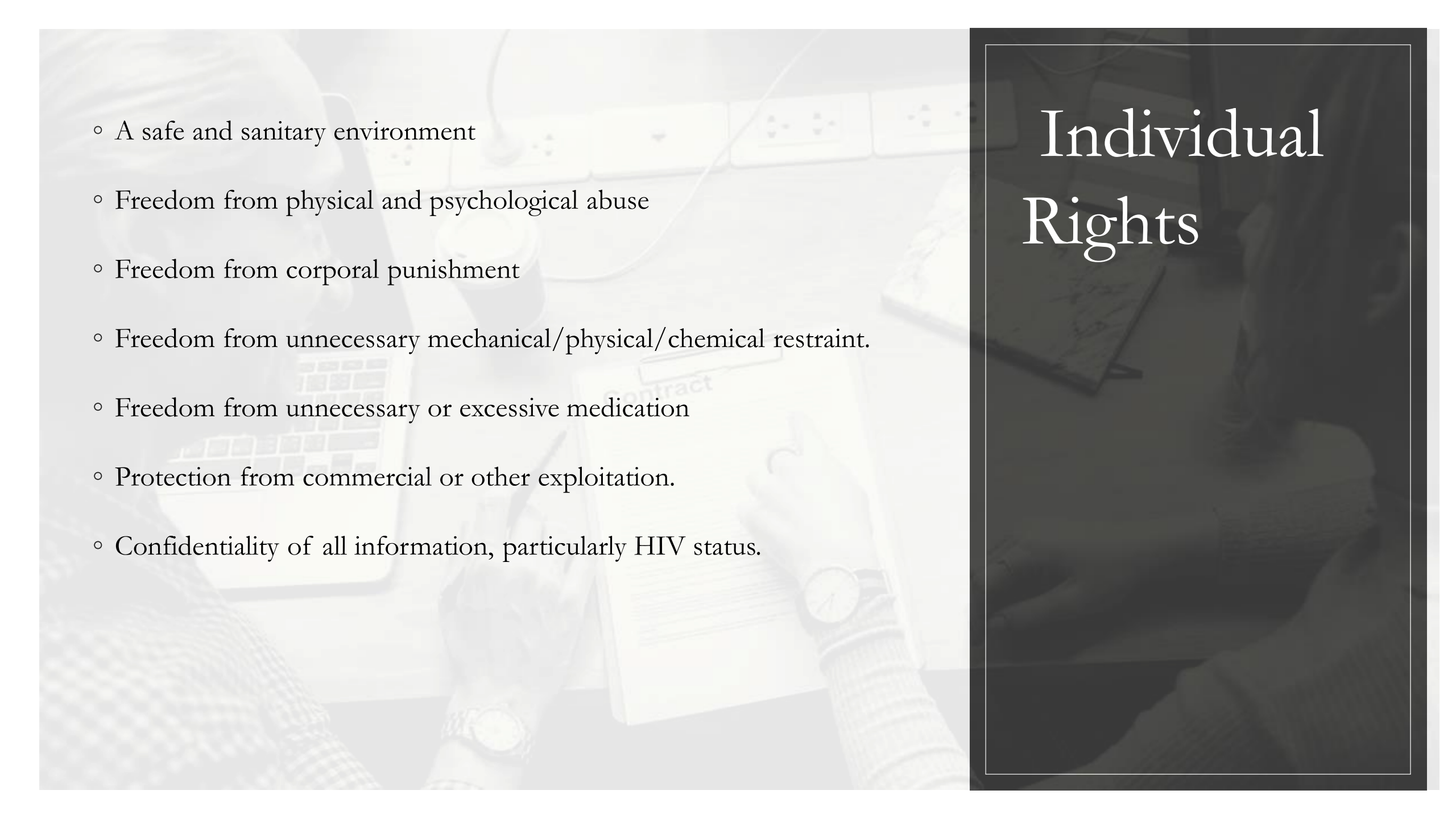learning
.org

Part 633.4 Individual Rights

These regulations outline the rights of the individuals we support and were developed to protect individuals and set guidelines for staff to follow.
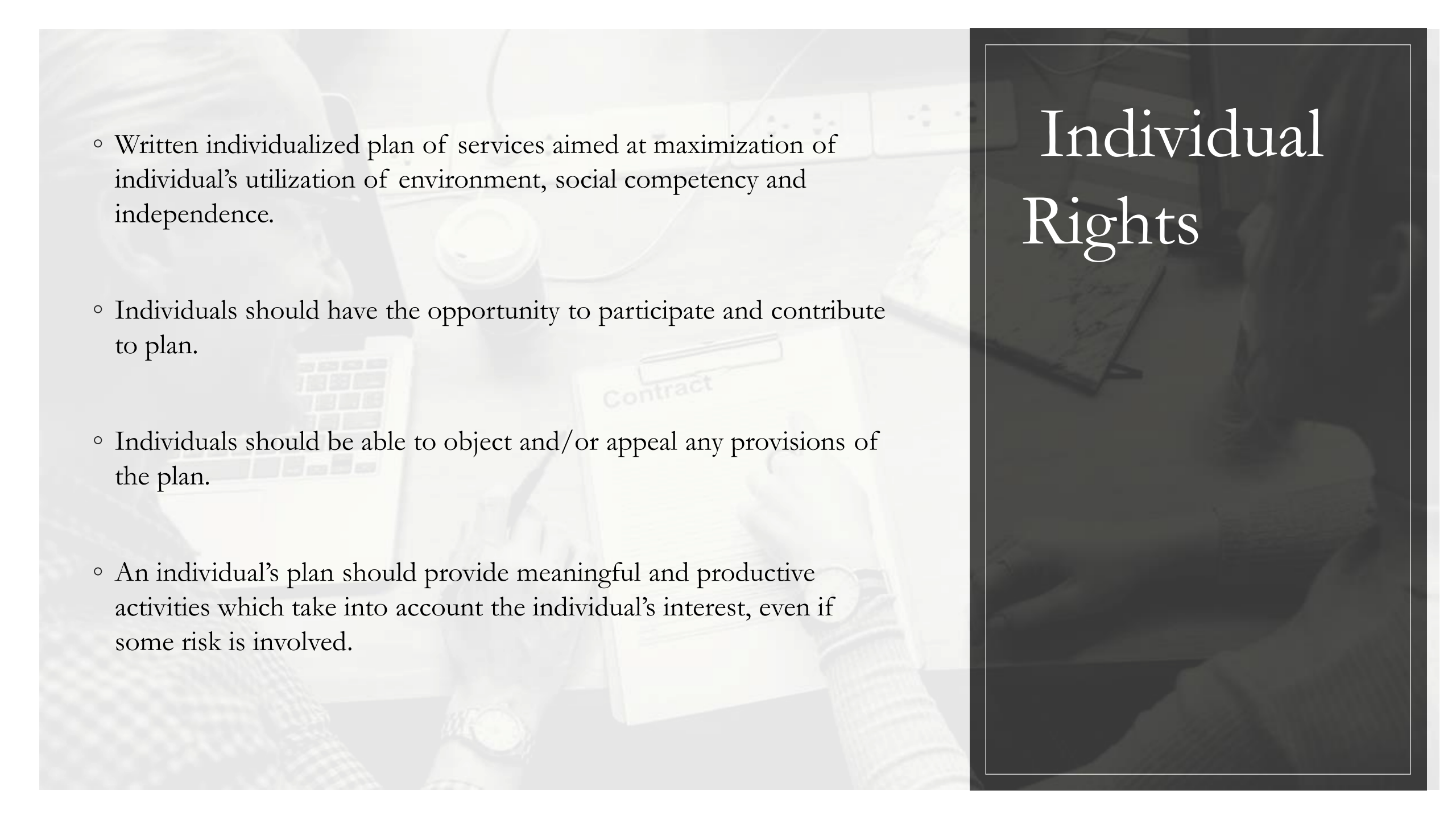
Principles of compliance to 633.4.

(1) No person shall be deprived of any civil or legal right solely because of a diagnosis of developmental disability

(2) All persons shall be given the respect and dignity that is extended to others regardless of race; religion; national origin; creed; age; gender; ethnic background; sexual orientation; developmental disability or other handicap; or health condition, such as one tested for or diagnosed as having an HIV infection. In addition, there shall be no discrimination for these or any other reasons.

(3) The rights set forth in this section are intended to establish the living and/or program environment that protects individuals and contributes to providing an environment in keeping with the community at large, to the extent possible, given the degree of the disabilities of those individuals.

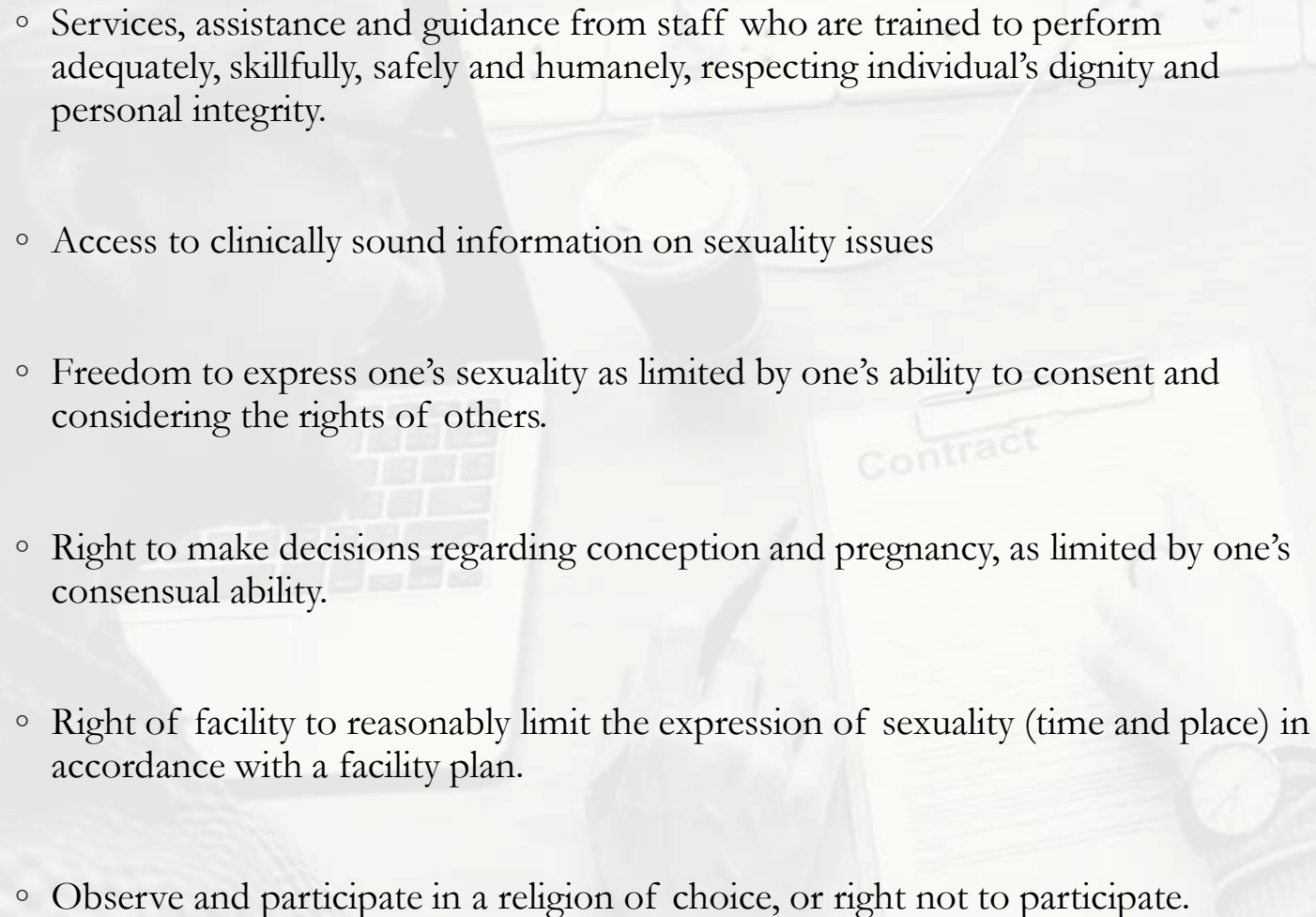**Some of the protected Individual Rights:**

Individual Rights

Individual Rights

- A safe and sanitary environment

- Freedom from physical and psychological abuse

- Freedom from corporal punishment

- Freedom from unnecessary mechanical/physical/chemical restraint.

- Freedom from unnecessary or excessive medication

- Protection from commercial or other exploitation.

- Confidentiality of all information, particularly HIV status.
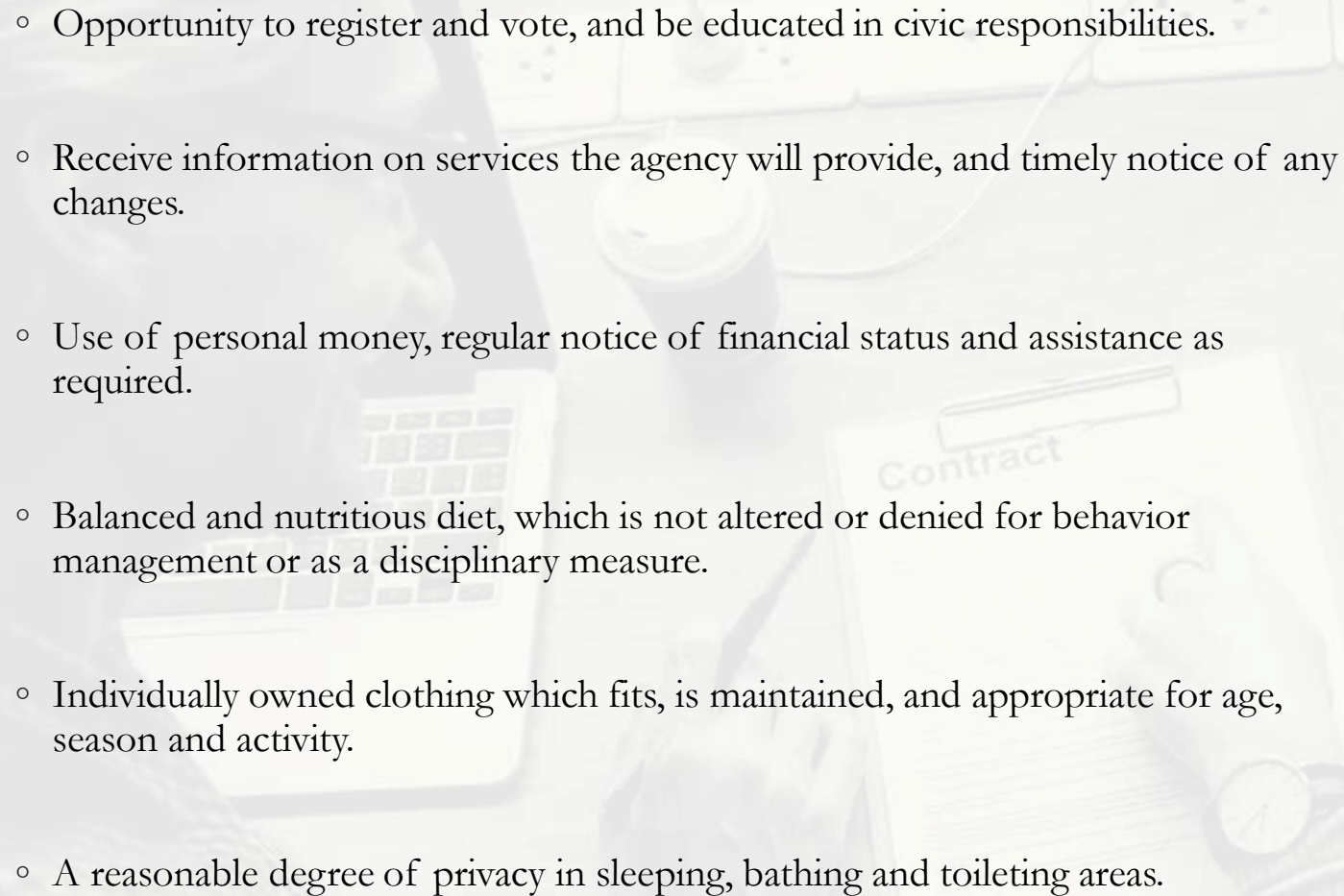
Individual Rights

- Written individualized plan of services aimed at maximization of individual's utilization of environment, social competency and independence.

- Individuals should have the opportunity to participate and contribute to plan.

- Individuals should be able to object and/or appeal any provisions of the plan.

- An individual's plan should provide meaningful and productive activities which take into account the individual's interest, even if some risk is involved.

Individual Rights

- Services, assistance and guidance from staff who are trained to perform adequately, skillfully, safely and humanely, respecting individual's dignity and personal integrity.

- Access to clinically sound information on sexuality issues

- Freedom to express one's sexuality as limited by one's ability to consent and considering the rights of others.

- Right to make decisions regarding conception and pregnancy, as limited by one's consensual ability.

- Right of facility to reasonably limit the expression of sexuality (time and place) in accordance with a facility plan.

- Observe and participate in a religion of choice, or right not to participate.

Individual Rights

- Opportunity to register and vote, and be educated in civic responsibilities.

- Receive information on services the agency will provide, and timely notice of any changes.

- Use of personal money, regular notice of financial status and assistance as required.

- Balanced and nutritious diet, which is not altered or denied for behavior management or as a disciplinary measure.

- Individually owned clothing which fits, is maintained, and appropriate for age, season and activity.

- A reasonable degree of privacy in sleeping, bathing and toileting areas.

Individual Rights

- Adequate and individual grooming and personal hygiene supplies;

  - For females: Staff are not permitted to shave any body part without parental and nurse's consent.

  - For males: Other than the face, staff are not permitted to shave any body part without parental and nurse's consent.

- Reasonable amount of safe, individual, accessible storage space.

- Opportunity to request alternative residence or room and involved in decision making.

- Opportunity to receive visitors at appropriate times, for privacy when visited, and to communicate freely within and without the facility.

- Opportunity to make, or have made, healthcare decisions, i.e. DNR (Do Not Resuscitate order).

- Opportunity to create a health care proxy.

CORPORATE
COMPLIANCE

Purpose Of This Training

◦ **To provide an overview of the CFS Corporate Compliance Plan.**

◦ **To ensure that all CFS employees are educated on the laws, regulations, and CFS policies that apply to their job responsibilities.**

◦ **To provide an understanding of documentation requirements.**

Corporate Compliance is...

○ A working environment that encourages-

➢ Ethical service delivery while promoting a high quality of care

➢ A commitment to comply with all current local, state and federal laws and regulations

➢ The implementation of policies, procedures and systems that focus on preventing and detecting:

  ○ Fraud,

  ○ Misuse,

  ○ Abuse,

  ○ And waste of Medicaid money and benefits

Compliance Oversight at CFS

✓ The Corporate Compliance Officer (CCO) is **Radhina Hernandez** (More information can be found on the CFS Website www.cfsny.org)

✓ CFS has a Corporate Compliance/Risk Assessment Committee (CC/RA)

✓ The CC/RA reports to the CFS Board of Directors who oversee all agency operations

✓ All Staff are trained and management staff are expected to ensure the implementation of all compliance policies & procedures

✓ Internal audits are conducted by the agency's Quality Assurance personnel

✓ Methods to report compliance-related issues are in effect

CFS Enforcement of Compliance Standards

➢ **Ongoing supervision, training and oversight is provided to all staff on an ongoing basis.**

➢ **Disciplinary action is taken against employees for non-compliance with laws & regulations as well as CFS policies and procedures.**

➢ **Disciplinary action will be taken for failing to report actual or suspected non-compliance in a timely manner.**

➢ **There is zero tolerance for fraud. Disciplinary action is termination for intentional fraud.**

CORPORATE COMPLIANCE

The False Claims Act

This law prohibits FRAUD which includes:

➢ Presenting or causing to be presented a false claim for payment.;

➢ Making or using a false record or statement to obtain payment on a false claim;

➢ Allowing a false claim to be paid;

➢ Making or using a false record or statement to hide, avoid, or reduce the responsibility to pay money to the government.
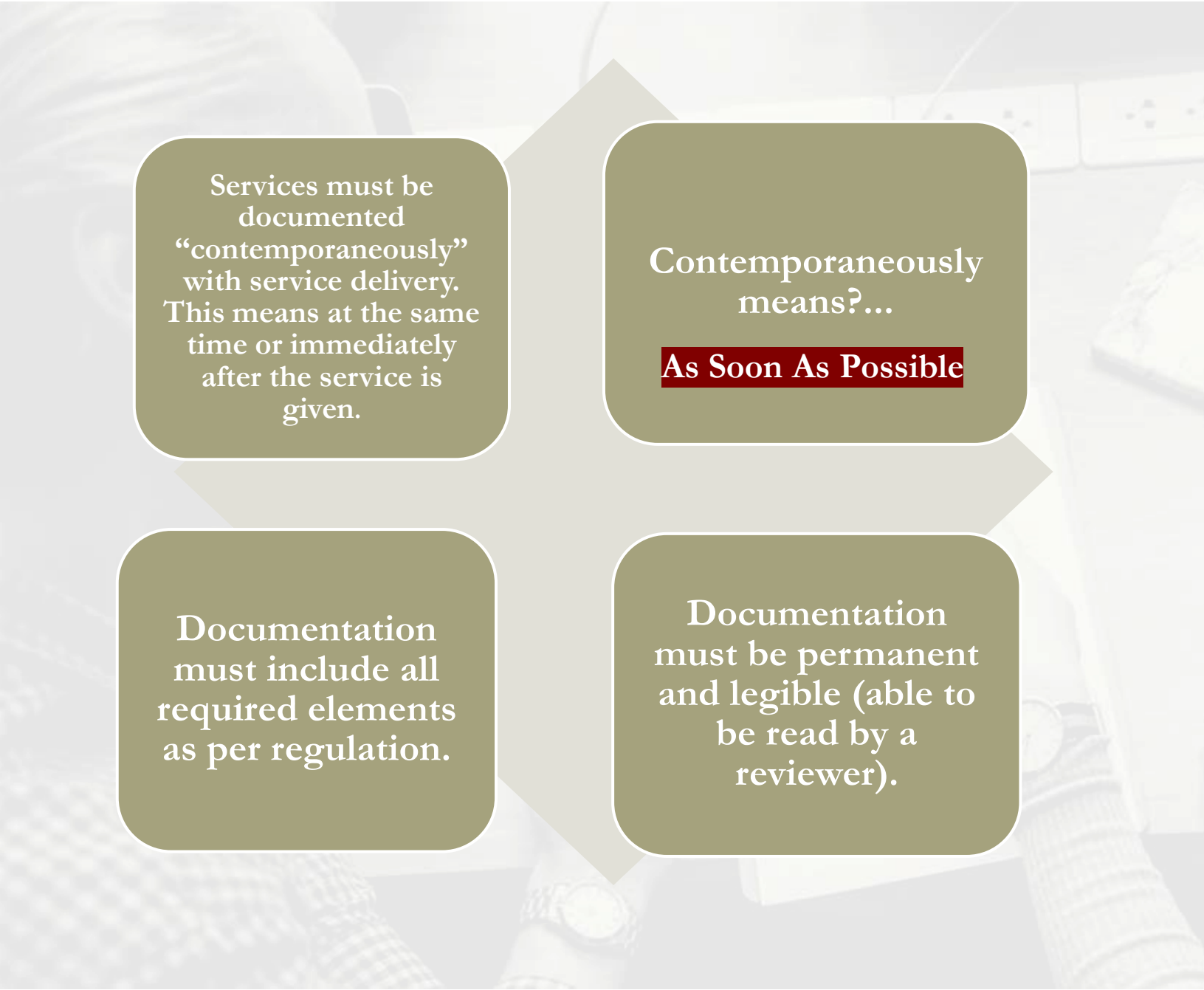
Medicaid only pays for medically necessary services;

- ◦ **Services allowable by law.**
- ◦ **Based on diagnosis or disability.**
- ◦ **Staff actions or Goal driven.**
- ◦ **Measurable & Meaningful to the service recipient.**

✓ <u>Medical necessity must be clearly documented in every plan, note and summary in your program records to someone outside your program.</u>

Service Planning and Delivery

1. **Services MUST be Authorized in the:**
   - • **Service Plan, IEP, Treatment Plan, Habilitation Plan, Rx, MD order…**
   - • **Services & effectiveness must be reviewed on a frequent, regular basis & as required by regulation.**

2. **Services must be delivered by trained and qualified staff and as specified in the plan and current regulations.**

3. **The plan must be reviewed and revised as per regulations and as necessary.**

Services must be documented "contemporaneously" with service delivery. This means at the same time or immediately after the service is given.

Contemporaneously means?...

As Soon As Possible

Documentation must include all required elements as per regulation.

Documentation must be permanent and legible (able to be read by a reviewer).

Service Documentation

Avoiding Medicaid Fraud

• Do's

- Document service delivery promptly (ASAP)
- Document only for services you provided
- Only submit claims/billing for services provided
- Assure that the documentation of services is ACCURATE

• Don'ts

- Bill for a date that you/staff did not work
- Bill for a service that was not provided
- Bill for days that an individual was in the hospital
- Bill for a service provided by an unqualified Staff
- Bill for a service that is not authorized or not medically necessary
- Bill twice for the same service
- Bill for more service or time than provided

Medicaid Fraud Examples:

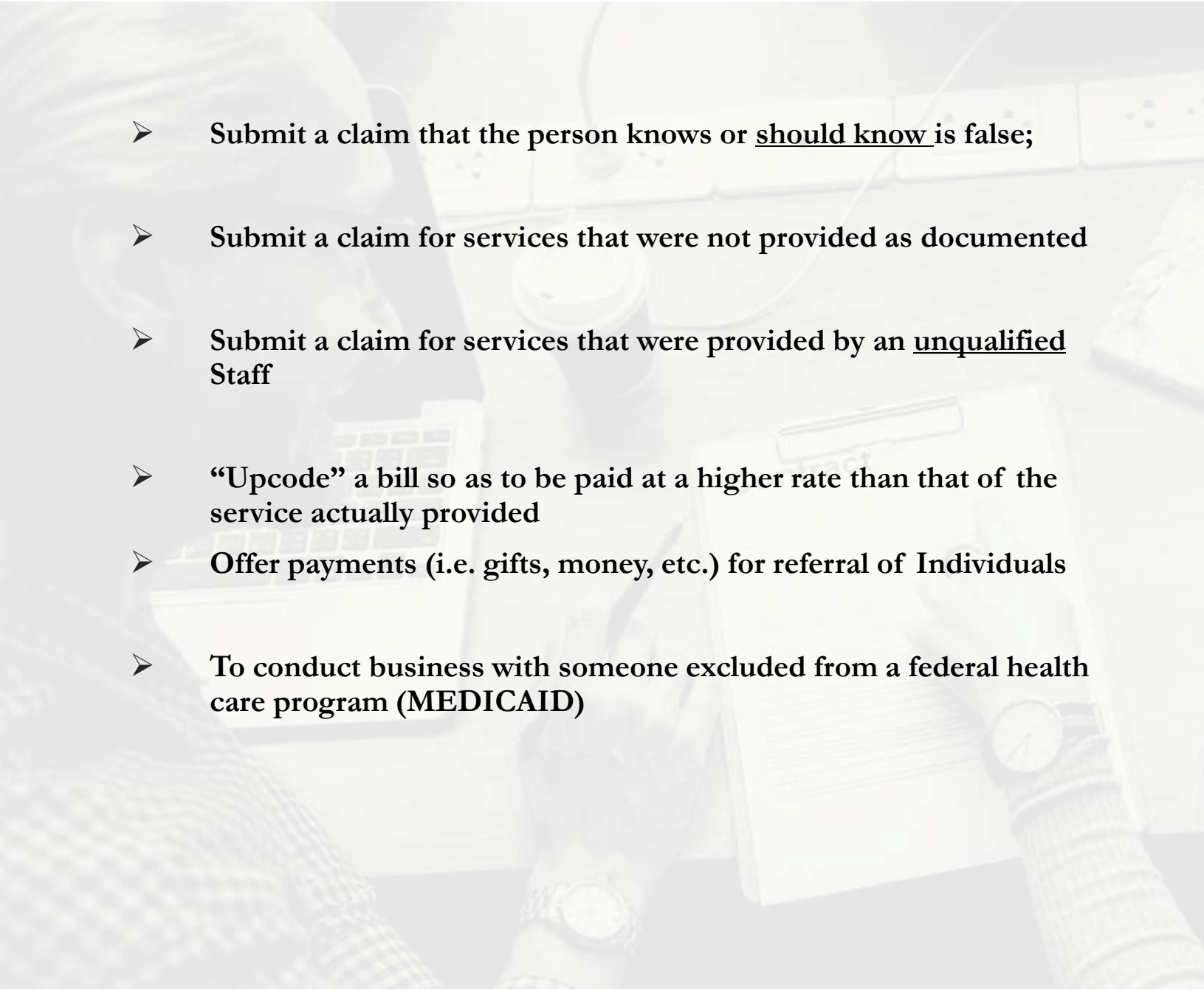|	
Another staff shows up to provide a service while you are there to provide a service	• <u>Duplication of service;</u> can not have more than one service at a time
Completing service delivery documentation for another staff or for services that you did not perform	• False claim
Staff provide 3 hours of services but document 5 hours.	• False claim
Staff provide service to the same individual, at the same time, for two different agencies.	• Fraud
Recording that a goal was done at a specific location in the community and it was not done there.	• Fraud
Provide extra hours of service which you are not authorized to provide and documenting these hours on a different date and time. For example on 9/1 work 5 hours (authorized to work only 3) and document the extra 2 hours on 9/2	• Medicaid Fraud!
Clocking or signing in or out for another staff	• Falsification of time & attendance records
Recording that a goal was done when it really was not done	• Fraud

➢ Submit a claim that the person knows or <u>should know</u> is false;

➢ Submit a claim for services that were not provided as documented

➢ Submit a claim for services that were provided by an <u>unqualified</u> Staff

➢ "Upcode" a bill so as to be paid at a higher rate than that of the service actually provided

➢ Offer payments (i.e. gifts, money, etc.) for referral of Individuals

➢ To conduct business with someone excluded from a federal health care program (MEDICAID)

To Summarize:
It is **ILLEGAL** to…

CFS Employee Responsibilities…

- ✓ Attend all required training(s).

- ✓ Read and follow the Code of Conduct.

- ✓ Comply with laws, regulations, and Agency's policies, procedures, and practices.

- ✓ Provide and document services according to Service/Treatment Plans.

- ✓ Immediately report any issues, concerns, or possible violations. DO NOT WAIT.

- ✓ Speak to your supervisor prior to changing your schedule or agreeing to service delivery changes when requested by individuals or their caretakers/family.

Conflict of Interest

✳A conflict of interest is defined as: Any situation in which financial or other personal considerations may compromise or appear to compromise;

      (1) business judgment;

      (2) the delivery of services or;

      (3) ability to carry out the responsibilities of one's position/role within CFS.

      An actual or potential conflict of interest occurs when an employee or Board member is in a position to influence a decision that may result in a personal gain for that individual or for a friend or relative as a result of business dealings.

✳The CFS Code of Conduct & Conflict of Interest policy aims to insure that all decisions made by employees and Board members are motivated solely for the best interest of CFS.

✳All employees must complete the Disclosure statement form which is intended to provide the Board and CFS management staff with a systemic and ongoing method of disclosing and ethically resolving potential conflicts of interest.

Common potential conflicts of interest are: → You have a family member who works at CFS.

You supervise a friend or family member. → You work at another provider agency.

You provide CFS services to your family member. → If you are not sure, report it to your supervisor or the HR department.

Conflict of Interest Examples

❖ Under this provision, The Center for Family Support will not, and cannot take any retaliatory action against an employee if the employee discloses certain information about CFS policies; practices; or activities to a regulatory, law enforcement, or other similar agency or public official.

❖ *What is a Whistleblower?*

➢ It's a person with knowledge of an organization's activities and provides information about fraud, corruption or other illegal activity.

❖ *What is "Qui Tam"?*

➢ Qui Tam is a provision, under the False Claims Act, that rewards whistleblowers in successful cases where the government recovers funds lost to fraud.

Whistleblower or "Qui Tam" Provisions and Protections, 31 U.S.C. 3730 (h)

What should you do?

Integrity is when you do the right thing even when no one is watching.

If you are unsure, ask your supervisor

Report any possible fraud

Always do the right thing!

Effective & Confidential Communications at CFS

Open Door Policy: You can report fraud to your supervisor(s), administrative staff in your chain of command or Compliance Officer anytime.

You can report actual or suspected non-compliance and fraud confidentially or anonymously anytime.

There is no retaliation for reporting actual or suspected non-compliance.

HIPPA AND PRIVACY LAWS

Privacy

Security

Electronic Billing

HIPAA

HIPAA stands for the Health Insurance Portability & Accountability Act

Federal legislation that protects private health information for all Americans.

3 Major Components of HIPAA

❖ <u>PRIVACY:</u> Establish protections and individual rights for confidentiality & privacy of private/protected health information.

➤ This involves determining who should have access to such information and who can it be disclosed to, on behalf of the individual.

➤ "Minimum Necessary Rule" = limiting the # of persons to have access to information to those absolutely necessary. "*Need to know basis*".

❖ <u>SECURITY</u>: Establish standards for security of protected health information. This involves locking and securing files, use of passwords with limited access to computer files containing private health information. *Don't leave confidential info on your desk or open on your computer or phone screen.*

❖ <u>ELECTRONIC BILLING:</u> Establish standardized forms and code sets for electronic billing and transfers of information related to healthcare services.

◦ **PHI stands for <u>P</u>rotected <u>H</u>ealth <u>I</u>nformation**. This includes any information that could identify a person, including, but not limited to the following:

❖ **Name**

❖ **Address**

❖ **Diagnosis or individual's health condition**

❖ **Medicaid / SS#**

❖ **Age / DOB**

What is PHI?

What is T-P-O?

T, P, O stands for <u>T</u>reatment, <u>P</u>ayment & Other Health Care <u>O</u>perations.

➢<u>T</u>reatment: Services provided by CFS and referrals to services for CFS service recipients.

➢<u>P</u>ayment: Billing documents for reimbursement for treatment / services.

➢<u>O</u>ther Health Care Operations: Any other business related to service delivery such as internal and external audits, emergency health care, etc.

If you wish to use or share private/protected health information (PHI), you need to determine if it falls under TPO.

If it does, you will <u>not</u> need to get an individual's authorization to share their Protected Health Information (PHI) with other staff members at CFS, medical professionals including clinicians, doctors or therapists who have an existing relationship with that particular individual.

When Can You Share PHI?

You can share **PHI** with other service providers who are treating the person unless the person has an objection.

- Example: if the individual lives in a **CFS** residence, you can share this information with their service coordinator, treating physicians and day program staff. You can also discuss and share PHI with other staff who work with the same individual.

You can <u>not</u> discuss with a friend, your family or with **CFS** staff who do not work with the individual.

If you are <u>not</u> sure, ask your supervisor <u>first</u>.

What does this Mean?

Right to Access Records

"According to your HIPAA release form
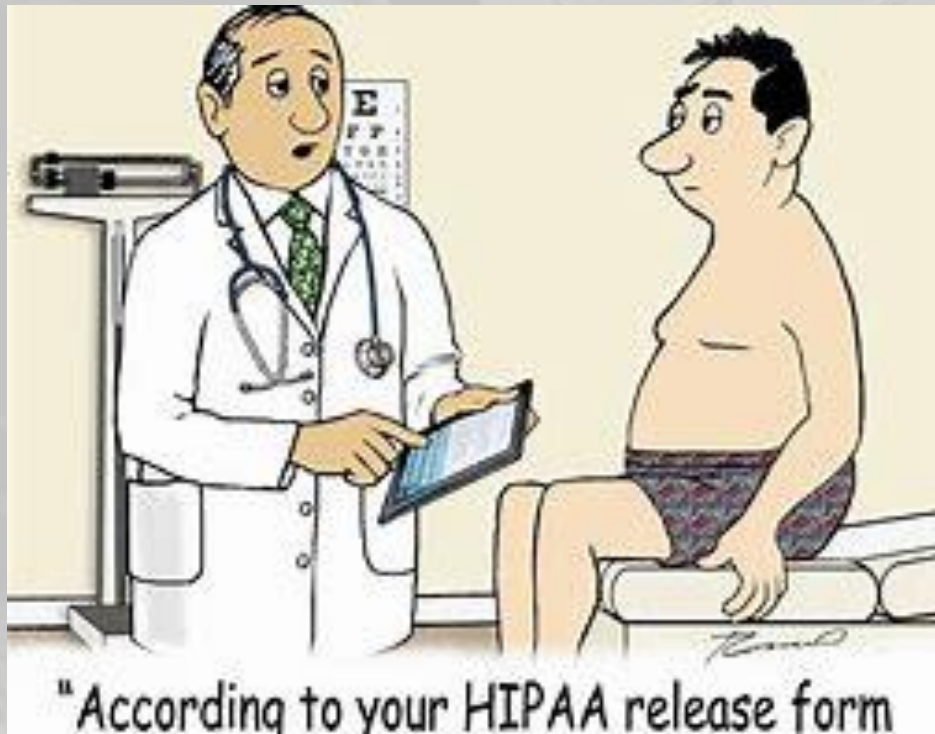
- The individual and their advocate and /or decision makers have a right to read and get a copy of records with **PHI**, unless the individual objects.

- If anyone asks for a copy of a file, or requests that information in the individual's record be changed, you should discuss it with your supervisor or the CFS Privacy Officer , Radhina Hernandez <u>first</u>.

DARTH HIPAA

Finds your foray into Social Media disturbing...

ICANHASCHEEZBURGER.COM

When Should PHI NOT Be Shared?

If it does not fall under TPO, you will have to have an Individual Authorization form signed by the capable, adult individual or their guardian, family member or "personal representative" to share or discuss their private/protected health information.

Examples include: photo releases, marketing and fundraising.

Special Considerations

◦ Specific, <u>written</u> Authorizations <u>must</u> be obtained to share any information related to HIV / AIDS, psychotherapy, mental health and alcohol and substance abuse treatment.

◦ Do not share this type of information without permission from a supervisor.

◦ If you are not sure if you can share information, ask your supervisor or the CFS Privacy Officer, Radhina Hernandez.

What is **Your** Responsibility?

HIPAA – Protecting the health information of the CFS service recipients is **_everyone's_** responsibility.

Ask before sharing any PHI, verbally or by giving someone a document or a copy of a document.

You must report any HIPAA violations to your supervisor or the HIPAA Privacy Officer in a timely manner. You may use Ethics Point to report anonymously.

Who is the HIPAA Officers at CFS?

Radhina Hernandez

Jim Noriega

You can report any HIPAA violations or questions to:

➢ **Your Supervisor**

➢ **Radhina Hernandez is the HIPAA Privacy Officer for CFS**
   ❖ **She may be contacted at 212-629-7939, ext 294 or by email at** rhernandez@cfsny.org
   ❖ **Her office is located at the CFS Main Office in Manhattan: 333 Seventh Avenue, 9th Floor, NY, NY, 10001.**

➢ **Jim Noriega is the HIPAA Security Officer for CFS**
   ❖ **He may be contacted at 212-629-7939 ext 236**
   ❖ **His office is located at the CFS Main Office in Manhattan: 333 Seventh Avenue, 9th Floor, NY, NY, 10001.**

Ethics Point

You can also report any **HIPAA, Corporate Compliance or other concerns to Ethics Point.**

CFS strives to create the safest, positive and best possible work environment for every staff member. In this regard, CFS has a confidential internet based reporting system, where any staff member can call or log on to voice a concern over safety, security or ethical behavior. This allows for the agency to respond to concerns in an immediate and appropriate manner.

Ethics Point Telephone & Internet Based Reporting System allows for anonymous reporting:

- The toll free hotline number: 1-888-206-0027
- The Internet Access site is www.ethicspoint.com, click on "File a New Report" and follow on-screen instructions.

HIPAA-HITECH
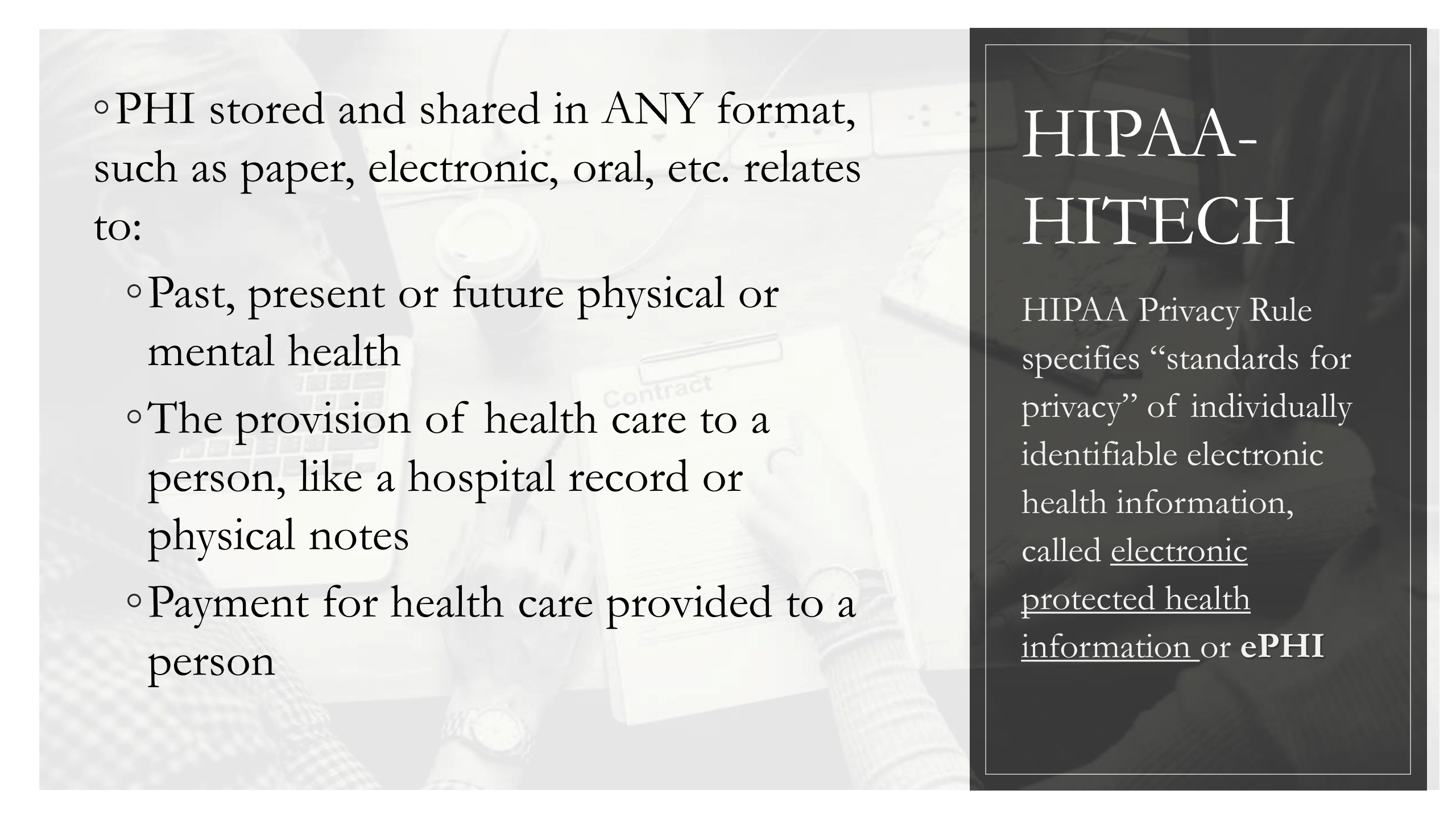
- Computer Security

- Electronic Time and Attendance

HIPAA-HITECH

Health Insurance Portability and Accountability Act of 1996

- Health Information Technology Act for Economic and Clinical Health Act of 2009

- Protecting the privacy of the individuals we serve is a critical part of what we do

- Privacy measures, when put into practice, contribute to the high standard of care and service we deliver to individuals with developmental disabilities

HIPAA-HITECH

- PHI stored and shared in ANY format, such as paper, electronic, oral, etc. relates to:
  - Past, present or future physical or mental health
  - The provision of health care to a person, like a hospital record or physical notes
  - Payment for health care provided to a person

HIPAA Privacy Rule specifies "standards for privacy" of individually identifiable electronic health information, called electronic protected health information or **ePHI**

HIPAA-HITECH

The purpose of HITECH is to set national security standards for protecting certain health information that is **stored or transferred in electronic form.**

Internet/Email - the Internet is not secure! If you need to email PHI or any type of confidential information over the Internet, there are specific protocols that need to be followed.

Internet/Email
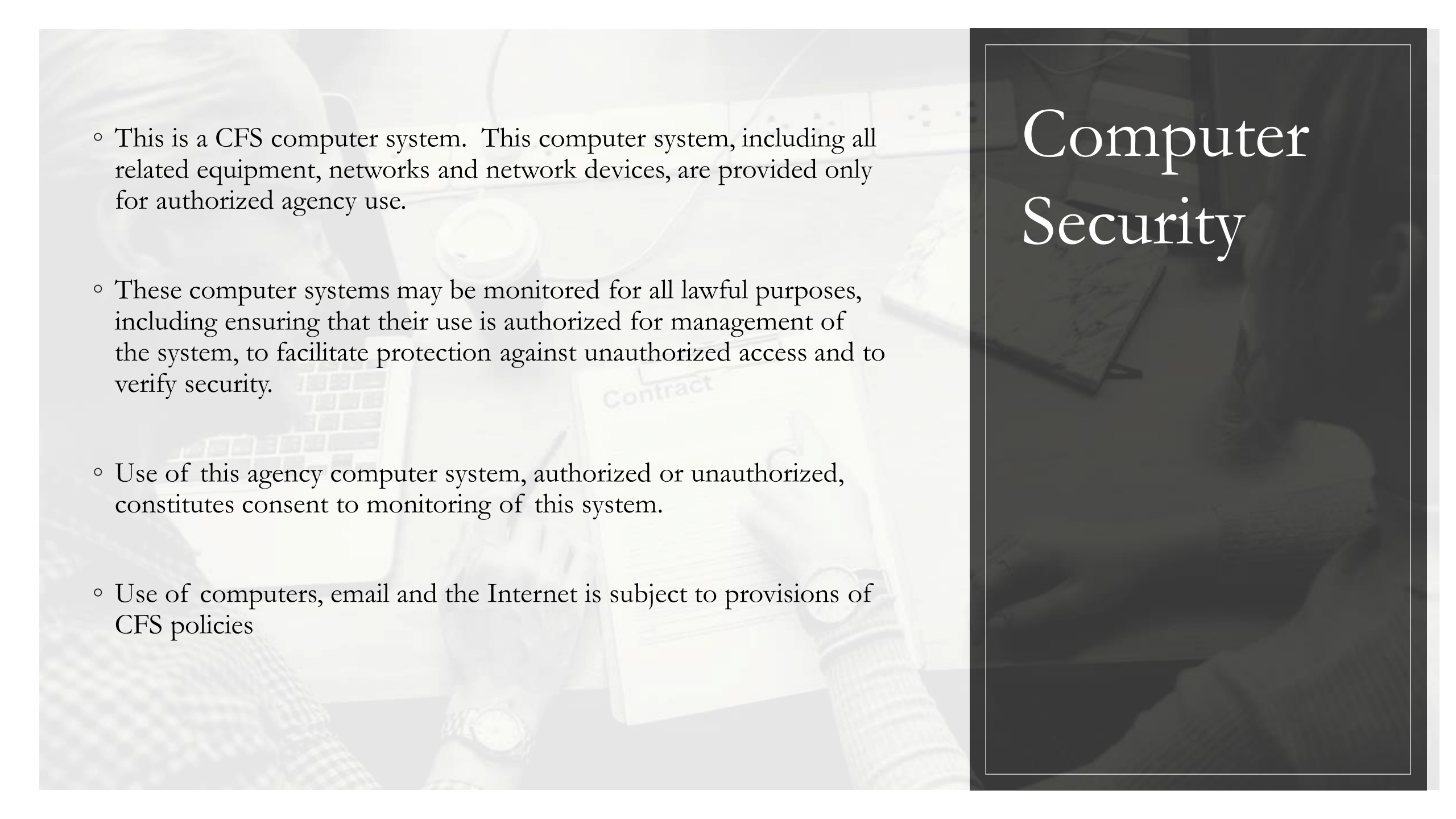
◦ Any email address that does not end with **"@cfsny.org"** delivered over the Internet must be encrypted.

◦ when sending an email over the Internet, you need to add the word **"secure"** {no need to type the quotes} in the <u>subject line</u> of your email.

◦ This will encrypt your email and provide a secure transmission between the recipient and yourself.

HIPAA-HITECH

Internet users shall not use agency facilities to:

➤ Download entertainment software, freeware/shareware, unlicensed software or tools, games, or play games over the Internet

➤ Download images or video unless they is an explicit business-related use for the material

➤ Display any kind of sexually explicit image or document on any agency system. In addition, sexually explicit material shall not be accessed, attempted to be accessed, archived, stored, distributed, edited or recorded using CFS's network or computer resources

➤ Post to public discussion groups, social media sites, chat rooms or other public forums representing CFS on the Internet unless preauthorized by supervisor

HIPAA-HITECH

Computer Security

◦ This is a CFS computer system. This computer system, including all related equipment, networks and network devices, are provided only for authorized agency use.

◦ These computer systems may be monitored for all lawful purposes, including ensuring that their use is authorized for management of the system, to facilitate protection against unauthorized access and to verify security.

◦ Use of this agency computer system, authorized or unauthorized, constitutes consent to monitoring of this system.

◦ Use of computers, email and the Internet is subject to provisions of CFS policies
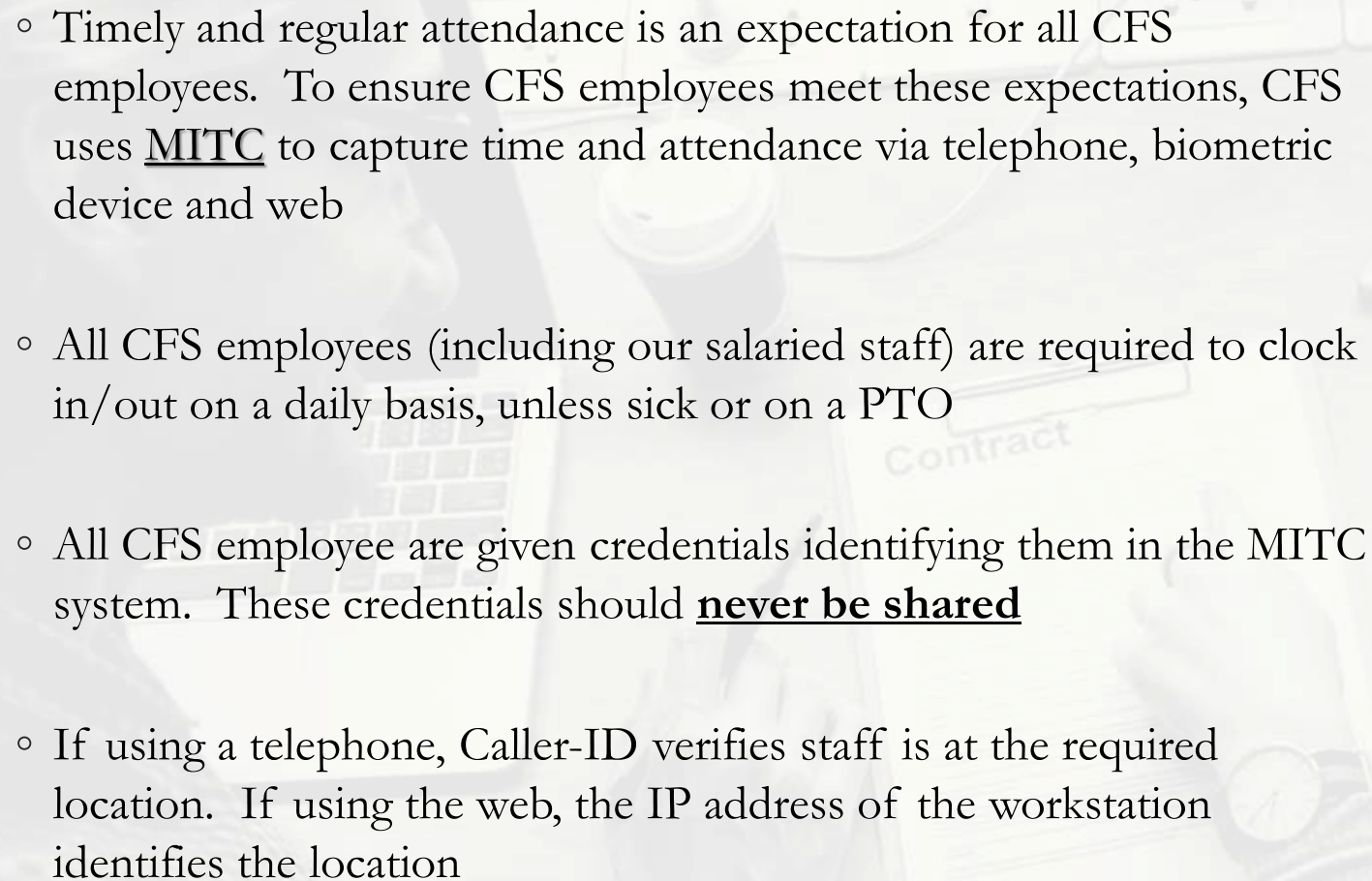
Best Practices:

* Log-off or activate the screen saver on your computer when you are away from your desk

* Use, but do not share, computer passwords

* Keep track of electronic devices which contain PHI. If you remove a paper or electronic file from your workstation, ensure it remains in your possession at all times

* When storing PHI, chose the most secure - CFS network drives and hard drives on your workstations. Portable flash drives which are not encrypted should **never** be used to store PHI.

Computer Security
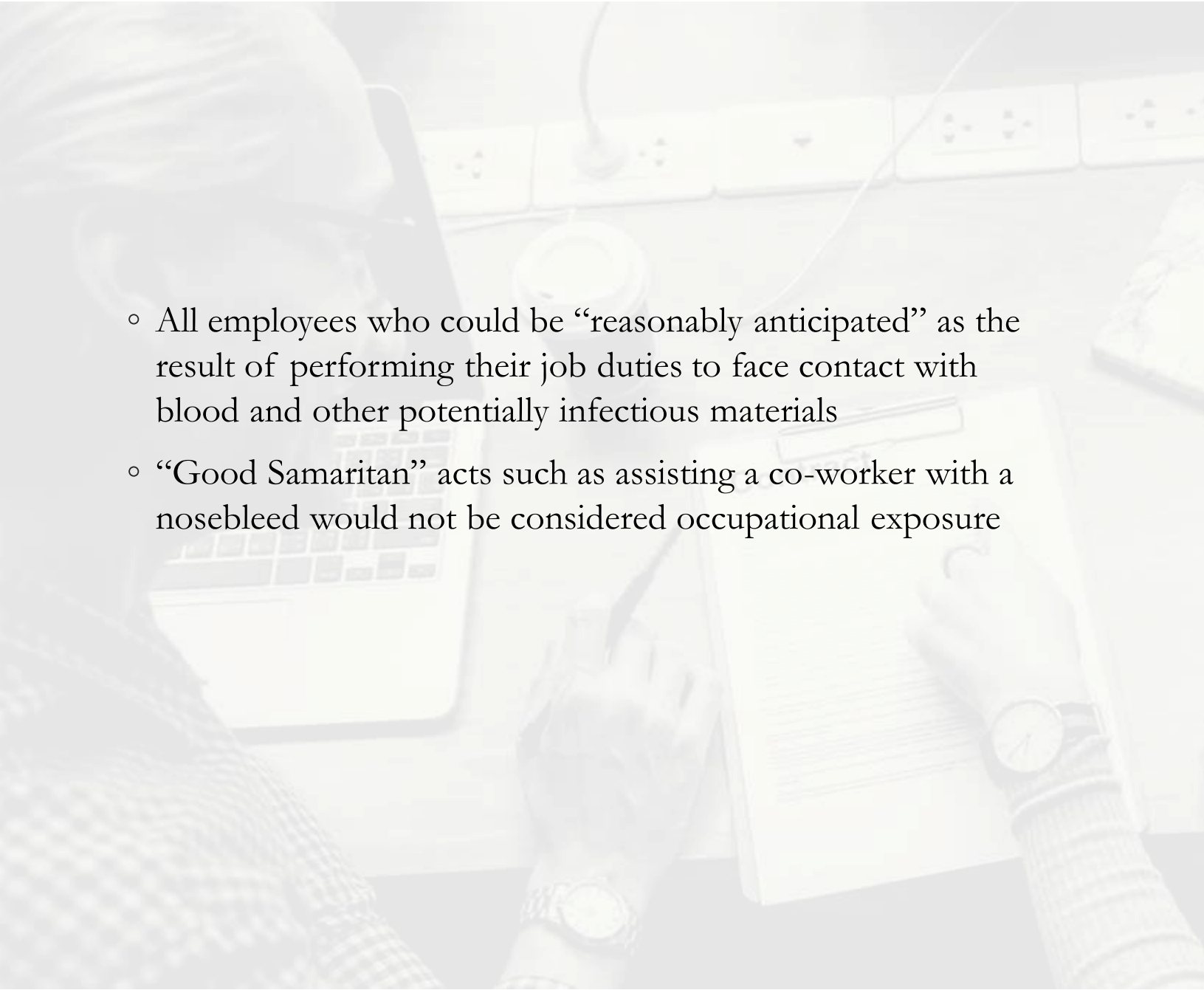
- Timely and regular attendance is an expectation for all CFS employees. To ensure CFS employees meet these expectations, CFS uses MITC to capture time and attendance via telephone, biometric device and web

- All CFS employees (including our salaried staff) are required to clock in/out on a daily basis, unless sick or on a PTO

- All CFS employee are given credentials identifying them in the MITC system. These credentials should **never be shared**

- If using a telephone, Caller-ID verifies staff is at the required location. If using the web, the IP address of the workstation identifies the location

Electronic Time and Attendance

OSHA

Airborne & Bloodborne Pathogens

Who is covered by the standard?

- All employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials

- "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure

Most common: needlesticks
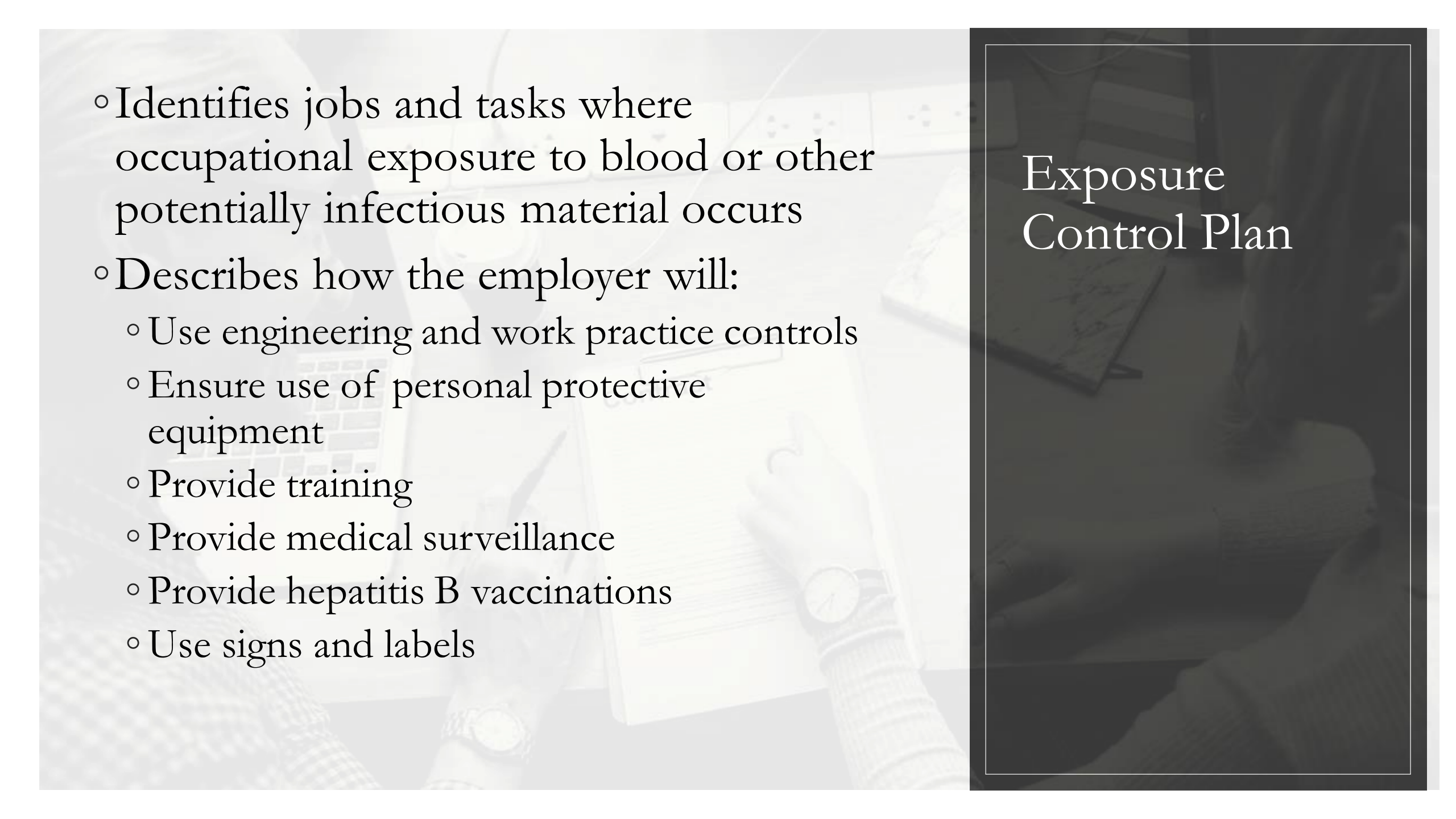
The disease carrying pathogen must enter your body

EXPOSURE

Cuts from other contaminated sharps (scalpels, broken glass, etc.)

Contact of mucous membranes (for example, the eye, nose, mouth) or broken (cut or abraded) skin with contaminated blood

How does exposure occur?
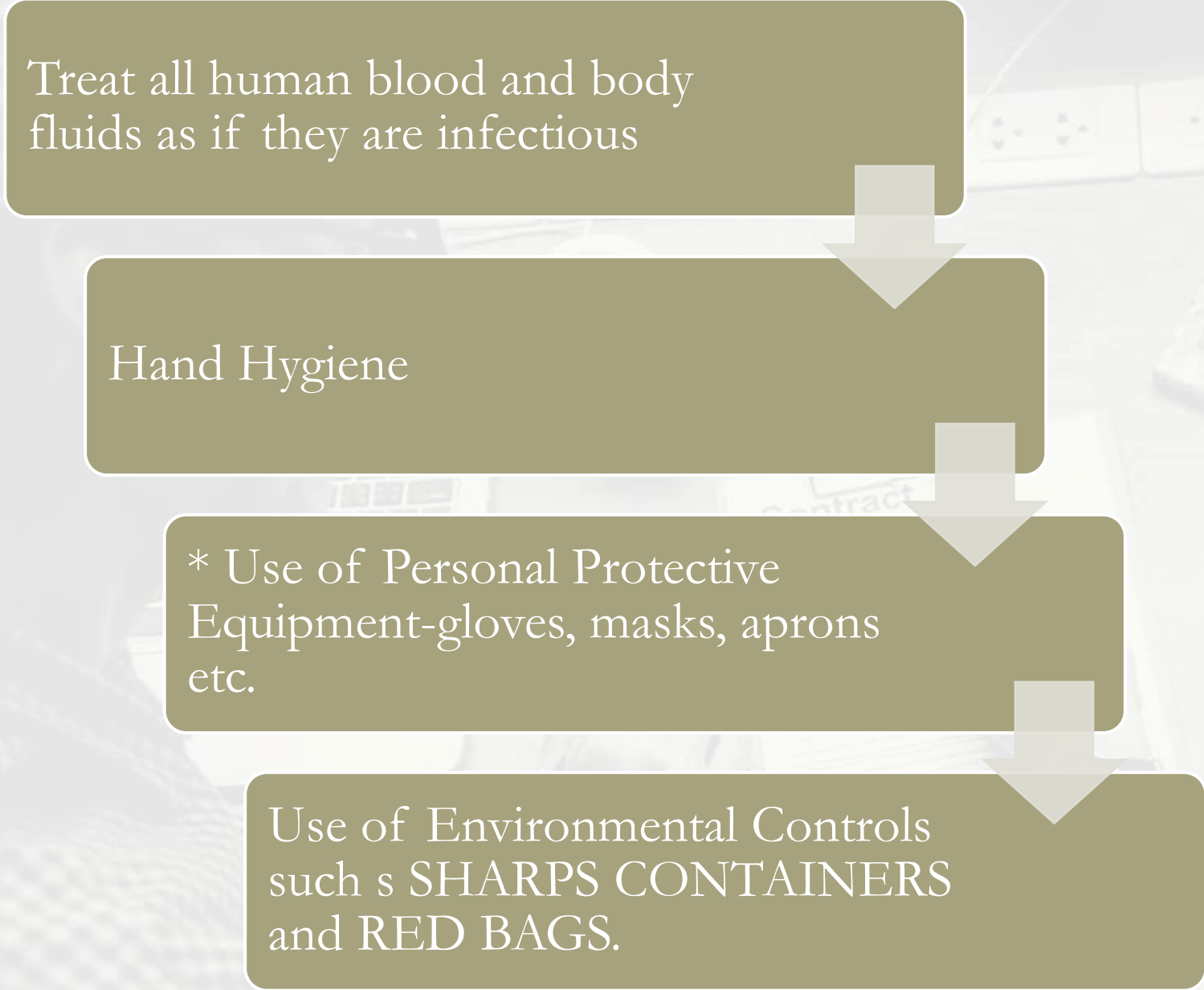
- Identifies jobs and tasks where occupational exposure to blood or other potentially infectious material occurs
- Describes how the employer will:
  - Use engineering and work practice controls
  - Ensure use of personal protective equipment
  - Provide training
  - Provide medical surveillance
  - Provide hepatitis B vaccinations
  - Use signs and labels

Exposure Control Plan

Exposure Control Plan

- Written plan required which contains information and procedures to protect employees from exposure.
- Plan must be reviewed at least annually to reflect changes in:
  - tasks, procedures, or assignments which affect exposure, and
  - technology that will eliminate or reduce exposure
- Annual review must document employer's consideration and implementation of safer medical devices
- Must solicit input from potentially exposed employees in the identification, evaluation and selection of engineering and work practice controls
- Plan must be accessible to employees – ask your supervisor where the plan is located

Treat all human blood and body fluids as if they are infectious

Hand Hygiene

* Use of Personal Protective Equipment-gloves, masks, aprons etc.

Use of Environmental Controls such s SHARPS CONTAINERS and RED BAGS.

Universal Precautions

Must be observed in all situations where there is a potential for contact with blood or other potentially infectious materials

*(this does not mean that you must wear PPE all of the time while in the workplace, but rather to take precautions at all times)

|	
Avoid	Avoid contact with blood and other body fluids
Use	Use CPR breathing barriers when giving rescue breaths
Wear	Wear disposable gloves whenever providing care, particularly when coming into contact with blood or body fluids.
Cover	Cover any cuts, scrapes or sores and remove jewelry when wearing disposable gloves.
Change	Change gloves before providing care to a different person.
Wash	Thoroughly wash your hands and other areas after providing care.

To prevent infection

◦ These controls reduce employee exposure by either removing the hazard or isolating the worker. Examples:

1. Sharps disposal containers
2. Self-sheathing needles
3. Safer medical devices
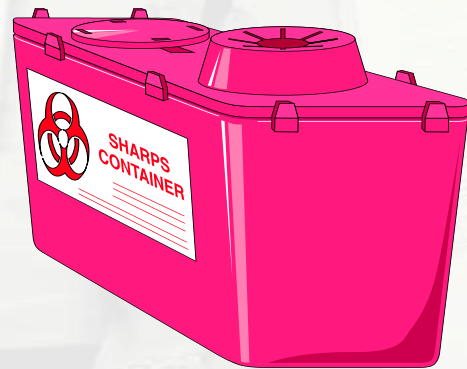
Engineering and Work Practice Controls

- These are the primary methods used to control the transmission of HBV (Hepatitis B) and HIV

- When occupational exposure remains after engineering and work practice controls are put in place, personal protective equipment (PPE) must be used

Hepatitis B Vaccination Requirements

➢ Must be provided even if employee initially declines but later decides to accept the vaccination

➢ Employees who decline the vaccination must sign a declination form

➢ Employees are not required to participate in antibody prescreening program to receive vaccination series

➢ Vaccination booster doses must be provided if recommended by the U.S. Public Health Service
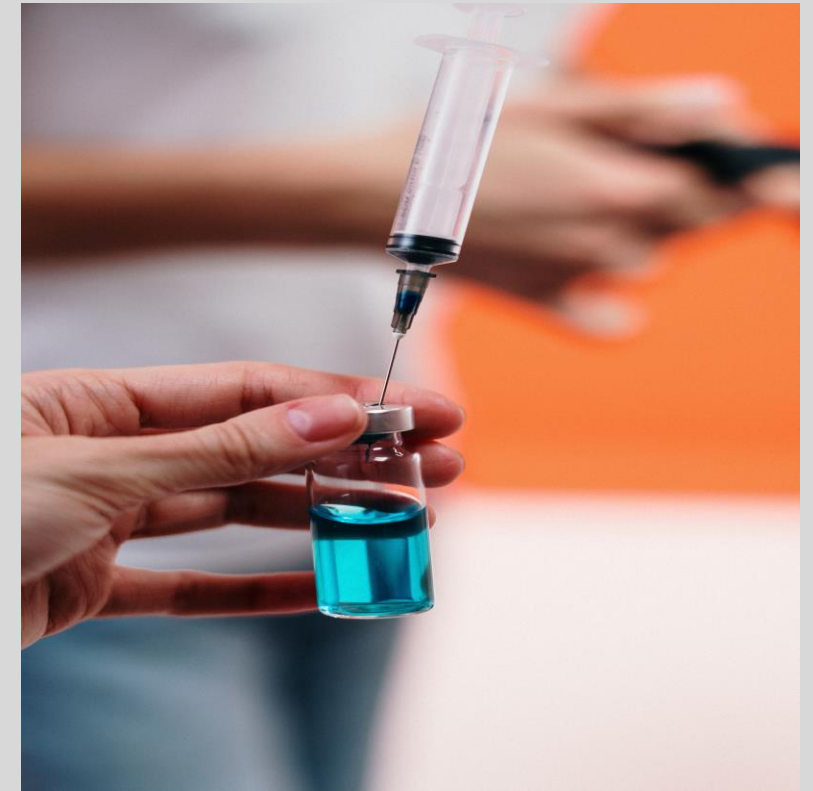
Hepatitis B Vaccination Requirements

- Must make available, free of charge at a reasonable time and place, to all employees at risk of exposure within 10 working days of initial assignment unless:
  - employee has had the vaccination
  - antibody testing reveals immunity
- The vaccination must be performed by a licensed healthcare professional
- Must be provided even if employee initially declines but later decides to accept the vaccination
- Employees who decline the vaccination must sign a declination form
- Employees are not required to participate in antibody prescreening program to receive vaccination series
- Vaccination booster doses must be provided if recommended by the U.S. Public Health Service
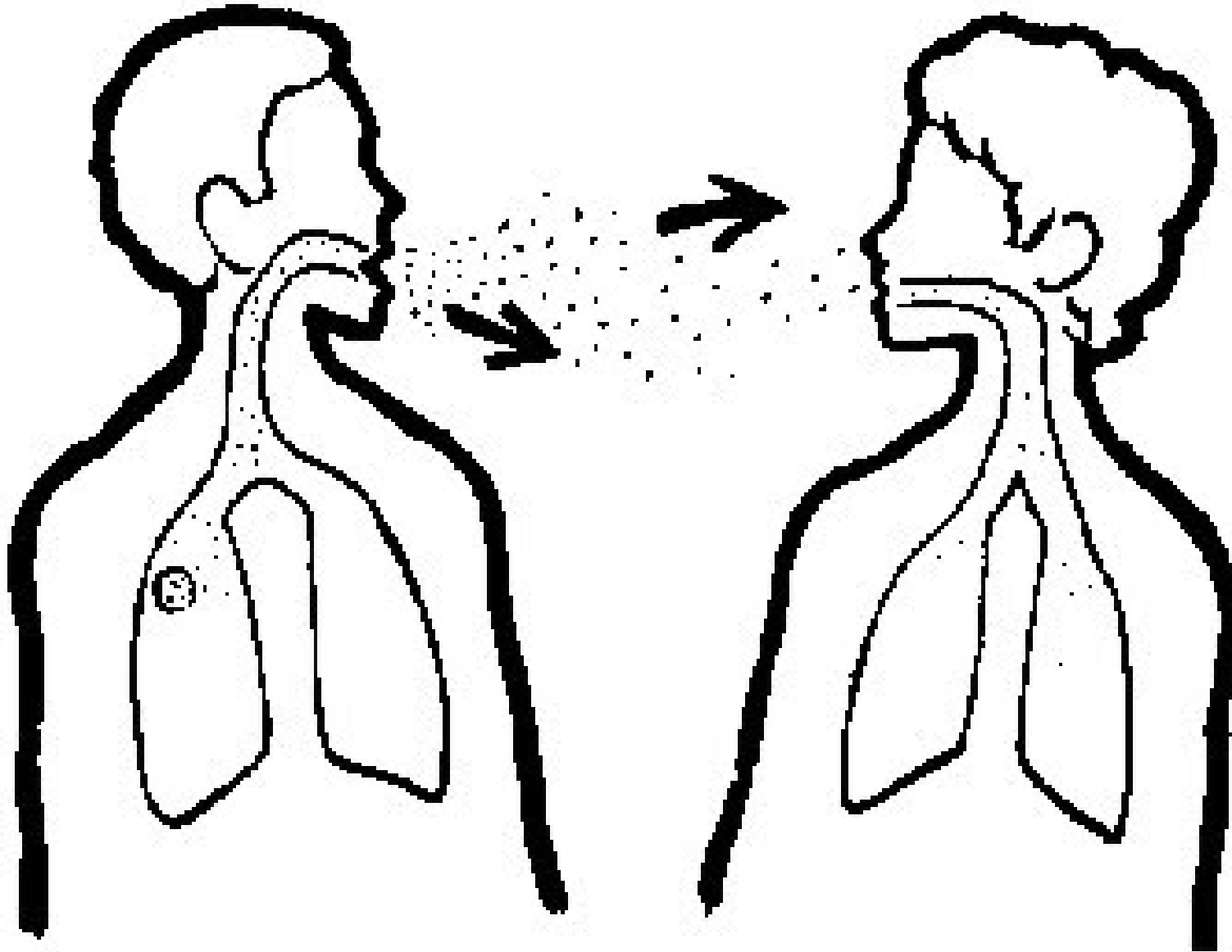
Hepatitis B Vaccination Requirements

◦ All employees were offered a Hepatitis B vaccination at the time of hire. If you declined this vaccine previously and would now like to have the vaccine, please contact Human Resources at 212-629-7939
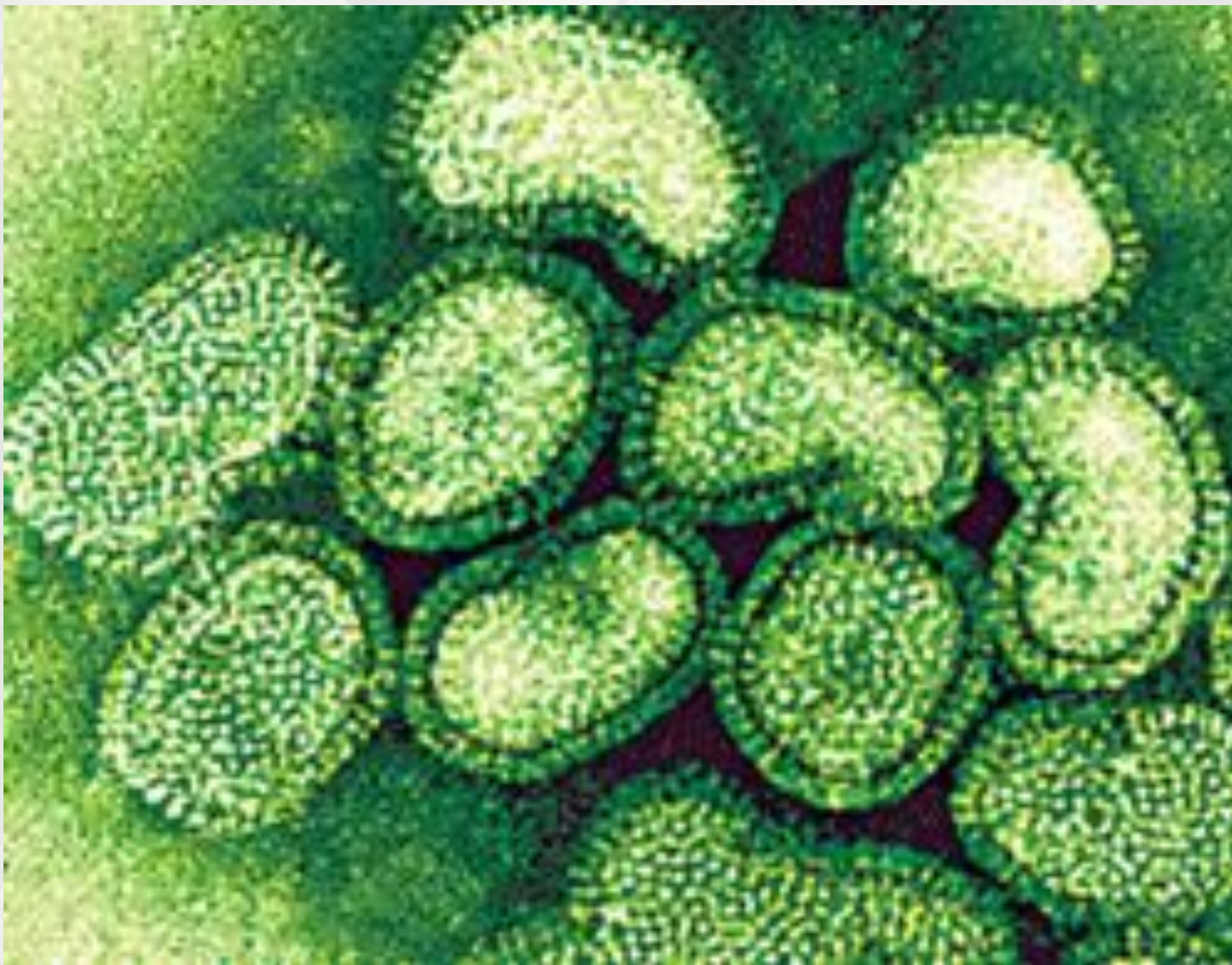
Airborne Pathogens

What are airborne pathogens?

There are three types of airborne pathogens :

Viral

Bacterial

Fungal

Some of the most common airborne pathogens are influenza, pneumonia and tuberculosis.

About The Flu (Influenza)

◦ Influenza (flu) is a viral infection. People often use the term "flu" to describe any kind of mild illness, such as a cold or a stomach virus, that has symptoms like the flu. But the real flu is different. Flu symptoms are usually worse than a cold and last longer. The flu usually does not cause vomiting or diarrhea in adults.

◦ Most flu outbreaks happen in late fall and winter.

What causes the flu?

◦ The flu is caused by influenza viruses A and B. There are different strains of the flu virus every year.

What are the symptoms?

◦ The flu causes a fever, body aches, a headache, a dry cough, and a sore or dry throat. You will probably feel tired and less hungry than usual. The symptoms usually are the worst for the first 3 or 4 days. But it can take 1 to 2 weeks to get completely better.

◦ It usually takes 1 to 4 days to get symptoms of the flu after you have been around someone who has the virus.

◦ Most people get better without problems. But sometimes the flu can lead to a bacterial infection, such as an ear infection, a sinus infection, or bronchitis. In rare cases, the flu may cause a more serious problem, such as pneumonia.

◦ Certain people are at higher risk of problems from the flu. They include young children, pregnant women, older adults, and people with long-term illnesses or with impaired immune systems that make it hard to fight infection.

More About The Flu (Influenza)

How is the flu diagnosed?

○ Your doctor will ask you about your symptoms and examine you. This usually gives the doctor enough information to find out if you have the flu, especially if many cases of a similar illness have occurred in the area and the local health department reports a flu outbreak.

○ In some cases, the doctor may do a [blood] test or take a sample of fluid from your nose or throat to find out what type of flu virus you have.

How is it treated?

○ Most people can treat flu symptoms at home. Home treatment includes resting, drinking plenty of fluids, and taking medicine to lower your fever.

○ If you think you have the flu, your doctor may be able to give you medicine that can make the symptoms milder. But you need to start taking it within 2 days of your first symptoms.

Preventing The Flu (Influenza)

Following are some simple steps you can take to help keep yourself and your family healthy in flu season:

➢**Get vaccinated.**
According to the CDC, influenza vaccination is safe and effective and is the single best way to help protect yourself and your family from the flu each year. Since the virus and the vaccine changes every year, it is important to get a vaccination annually.

➢**Wash your hands.**
Frequent hand washing keeps lots of germs out of our bodies, including the influenza virus. If soap and water are not available, use a hand sanitizer.

➢**Stay home if you don't feel well.**
Should you become infected, keep the germs from spreading by staying home – and don't forget to take care of yourself!

➢**Do the elbow cough.**
Cough into elbows, not hands where it's more likely to spread bacteria and viruses through touch.

➢**Avoid touching your eyes, nose, or mouth.**
Germs spread this way.

➢**Clean and disinfect surfaces or objects.**
Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill.

HAVE YOU EVER HEARD OF TB ?

TB or tuberculosis is a disease caused by a germ. Tuberculosis usually affects the lungs, but can also affect the brain, spine or kidneys. There are two ways of classifying Tuberculosis.

- **TB Infection:** occurs when the TB bacteria enters your lungs. You may have the bacteria but are not sick. This is a result of your body defending itself through your immune system.

- **TB Disease:** occurs when the germs cause you to be sick. You are contagious if not treated.

Symptoms of TB

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB disease symptoms may include:

- A bad cough that lasts 3 weeks or longer
- Pain in the chest
- Coughing up blood or sputum

(phlegm from deep inside the lungs)

- Weakness or fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Sweating at night

Prevention of Tuberculosis

1. Know the symptoms of TB disease

2. **If you think you have been exposed or have any of the symptoms, you should see your health care provider and bring the results to your supervisor.**

3. Keep your immune system strong by staying healthy (eat well, get sufficient rest, take any prescribed medications for illness and exercise)

4. Always cover your mouth and nose with your elbow when you sneeze or cough – encourage others to do the same.

Picture above indicates the correct way of coughing and sneezing

COVID-19
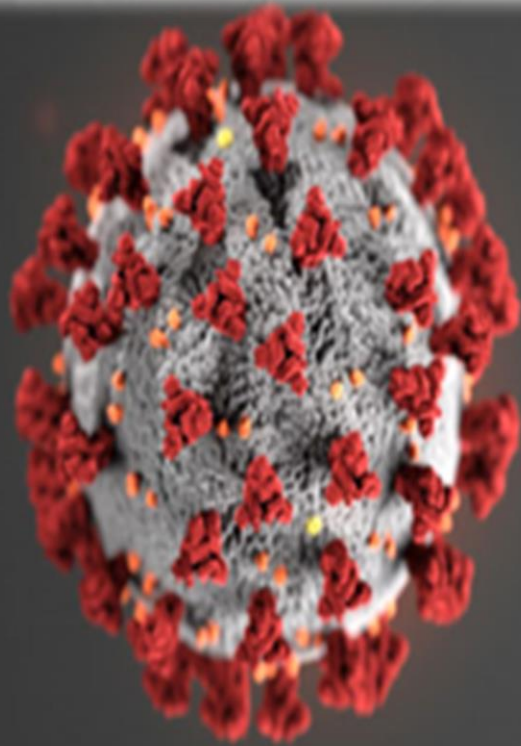
Coronavirus Disease 2019

COVID-19

As we continue to face the challenges of the current Covid 19 crisis, we wanted to give some current information of this particular airborne pathogen.

Where is it?

PEOPLE

This disease can spread from person to person through small droplets from the nose or the mouth when the infected person coughs or exhales

SURFACES

These small droplets can land on surfaces, and stay there for hours to days depending on the material, which means any person that touches these surfaces and then their eyes, nose or mouth can become infected
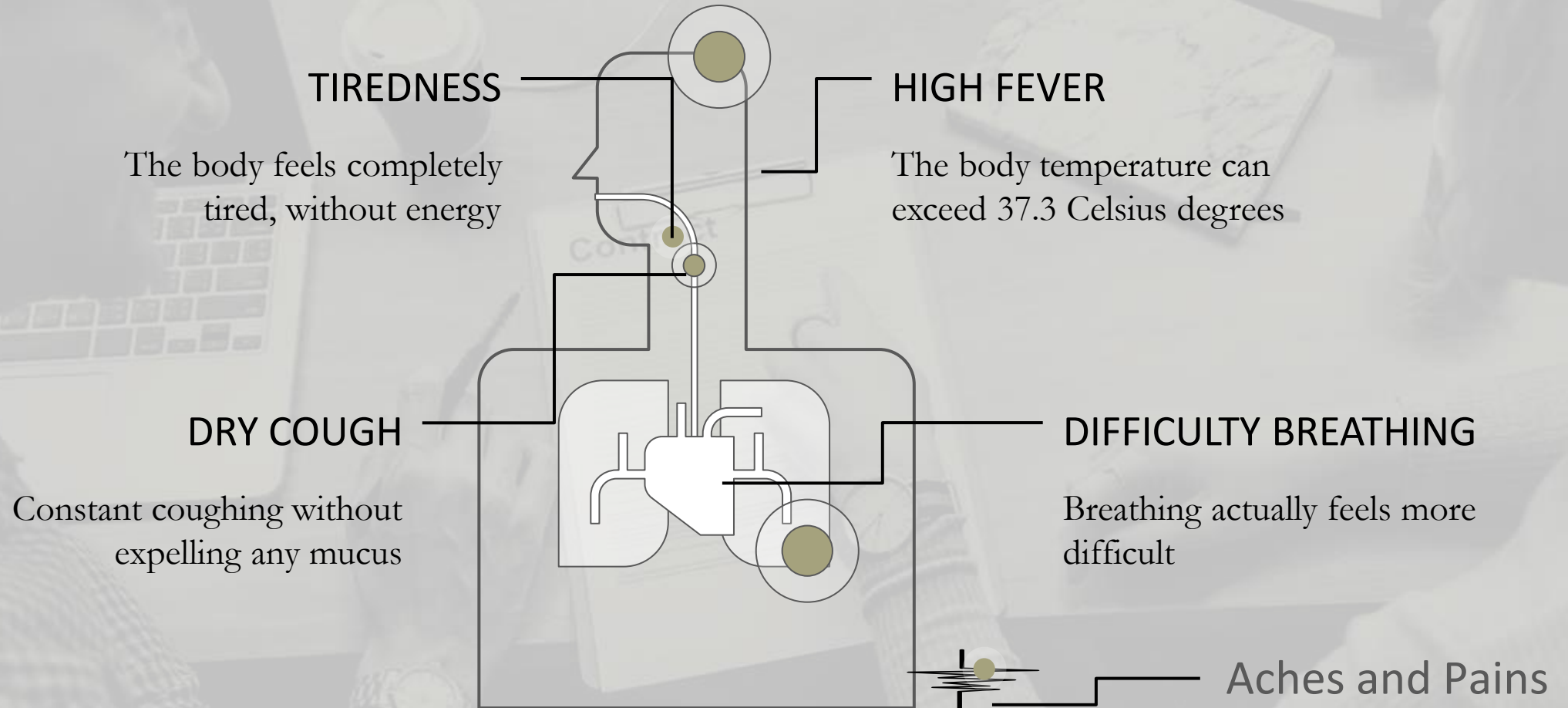
PROTECTING YOURSELF AND PREVENTING THE SPREAD OF THE DISEASE

Wash your hands with an alcohol-based sanitizer with at least 60% alcohol or with soap and water

Keep a social distance of at least 6 feet between yourself and others

Try your best not to touch your eyes, your nose and your mouth

Wear a gloves and a face mask to protect yourself and others. Cover your mouth and your nose with your bent elbow or a tissue when coughing

Seek medical attention if you have difficulty breathing and a high fever

Follow the directions of CFS agency policy and your national, state or local health authorities

Use of Masks

SURGICAL FACE MASKS (TO BE USED BY STAFF, AT ALL TIMES, WHILE SUPPORTING INDIVIDUALS.)

Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching, adjusting, or removing.
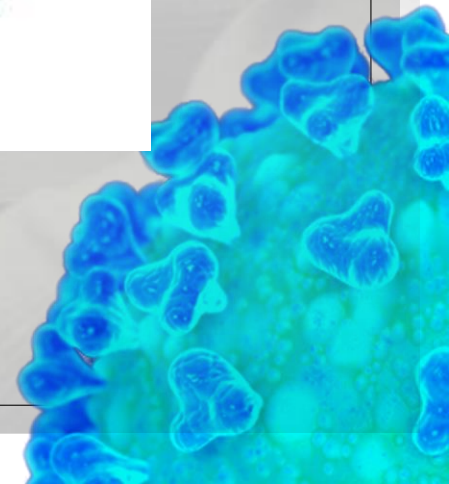
Avoid touching the inside of the mask.

When putting on place mask over nose and mouth and secure elastics or straps.

Avoid touching front of mask when removing.

Use of Mask

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.

- Staff should leave the immediate area where they are caring for an individual if they need to remove the facemask.

- Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

ANY INDIVIDUAL SHOWING ANY SIGNS & SYMPTOMS, REGARDLESS OF TESTING STATUS, SHOULD ALSO WEAR A MASK.

THANK YOU!