

Applicant for Employment:

Print Name: _____ Certificate or License # (if applicable):

Social Security Number: _____ Date of
Birth _____ Male or Female

Signature: _____ Date:

The State of Texas prohibits the hiring of an individual who is listed in the Employee Misconduct Registry and the Nurse Aide Registry as having abused, neglected, or exploited a resident of a facility or misappropriated a resident's property.

Before you are hired, your name will be checked against the State of Texas Employee Misconduct Registry, Nurse Aide Registry and the Office of Inspector General. If you are listed on any of these registries, you may be ineligible for employment.

By signing this you are authorizing 1 Care Premier Services to run your name for any misconduct or fraud to qualify for employment.

Employer to complete:

NOTE – All registries and criminal history must be checked. (1-800-452-3934 – both registries)

Employee Misconduct Registry (mark one):

- Employee is not listed on the Employee Misconduct Registry.
- Employee is listed on the Employee Misconduct Registry as unemployable.

Nurse Aide / Certified Med Aide Registry (mark one):

- Employee is not listed on the Nurse Aide Registry.
- Employee is listed on the Nurse Aide Registry but is employable. (complete nurse aide certificate information below)
Nurse Aide's-Certified Med Aide certificate number is _____ It expires
_____ Status _____
- Employee is listed on the Nurse Aide Registry as unemployable.

Certification / License Verification:

- LVN certificate number is _____ Expiration Date _____
- RN certificate number is _____ Expiration Date _____

O.I.G. Exclusion List (mark one) (run through O.I.G. web site <http://oig.hhs.gov>.)

- Employee is not found on the exclusion list and is eligible for employment
 - Employee is found on the exclusion and is not eligible for employment
- Checked by _____ Date _____

CRIMINAL HISTORY VERIFICATION

I, _____, have been notified that a Criminal History Check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. 1 Care Premier Services will be conducting the criminal history check for background screening and is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, it may be requested to enter your social security number to avoid misidentification based on the result of the name and DOB search.

By signing this you are authorizing 1 Care Premier Services to run your criminal history report and thereafter your criminal history will be re-run annually.
(THIS COPY MUST REMAIN ON FILE BY 1 Care Premier Services)

Signature of Applicant or Employee

Date

1 Care Premier Services, LLC.
Agency Name

Agency Representative Name

Date

**Please:
Check and Initial each Applicable
Space**

CCH Report Printed: _____
YES ____ NO ____

Initial _____

Purpose of CCH: _____
Hire ____ Not Hired ____

Initial _____

Date Printed: _____

Person Completing: _____

Retain in your files

Premier Community Care Services Parent Check List

Abuse and Neglect for signed

Confidentiality

Complaint form

Medicaid Fraud Form

Quality Assurance Form

Survey

PREMIER COMMUNITY CARE SERVICES AND 1 CARE PREMIER SERVICES

Texas Home Living and HCS Service Provider
340 N Sam Houston Pkwy E, Suite 247
Houston Texas 77060

(P) 713-594-0469 (F) 713-583-0900

Nicole.mays@yahoo.com

Abuse, Neglect & Exploitation

This information is to inform you of the process for reporting allegations of abuse, neglect, and / or exploitation. Should you become aware of, or suspect any instances of abuse, neglect, or exploitation, you must call to report to the Department of Family and Protective Services (DFPS) immediately, but not later than one hour, after having knowledge or suspicion that an individual has been, or is being, abused, neglected or exploited by: calling the DFPS Abuse Hotline toll-free telephone number 1-800-252-5400, 1-800-647-7418; or using the DFPS Abuse Hotline website at www.txabusehotline.org.

This form is to review the process for reporting abuse, neglect, and exploitation. By signing below, I acknowledge understanding of my responsibility to report such concerns and who to report my concerns to.

Staff Signature: _____

Date: _____

Premier Community Care Services Representative Signature:

Date: _____

**PREMIER COMMUNITY CARE SERVICES AND
1 CARE PREMIER SERVICES**

Texas Home Living and HCS Program

PROTECTION OF CLIENT CONFIDENTIALITY

This information has been disclosed to you from records whose confidentiality is protected By Federal Law. Federal Regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertain, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is not sufficient for this purpose.

Client confidentiality has been explained to me and my signature below evidences my understanding and agreement not to release or disclose protected information regarding any consumer to a third party.

Name

Date

Witness

Premier Community Care Services and 1 Care Premier Services

Texas Home Living and HCS Service Provider
340 N Sam Houston Pkwy E, Suite 247
Houston, Texas 77060
(P) 713-594-0469 (F) 713-583-0900

COMPLAINT PROCESS

Legal Entity: Nicole LaShawn Mays

DBA: 1 Care Premier Services

Contract #: 001029889

Component code: 7DR

Texas department of Family & Protective Services:

Report suspected or known abuse, neglect and/or exploitation immediately, but no later than ONE hour to **1-800-647-7418 or 1-800-252-5400**

Internal Complaint Process:

You may direct all verbal or written complaints regarding program operations, services, procedures, or personnel to Nicole Mays, Program Directors. All complaints will be addressed and you will receive a formal response within 10 business days.

713-594-0469 or 832-713-4400

Office of Consumer Rights & Services:

For assistance with complaints, or rights violations contact Department of Aging and Disability Services.

1-800-252-8154

By Signing, I understand the above information has been given to me, both verbally and in writing, and that I understand who to voice a complaint or concern to, in the event I have any.

LAR/Client signature: _____

Date: _____

Presenter Signature: _____

Date: _____

PREMIER COMMUNITY CARE SERVICES

340 N Sam Houston Pkwy E, Suite 247
Houston, Tx 77060
(P) 713-594-0469 (F) 713-583-0900

Medicaid Fraud Verification, Policy and Reporting

The following has been implemented as a required step to verify that all contractors and employees have not been investigated or convicted for Medicaid fraud and as an TEXAS HOME LIVING or HCS provider; we are obligated to verify that information by:

- *revisions to contract application and enrollment processes;
- *revisions to Medicaid Provider Agreements (contracts) to:
Add language requiring providers to (a) screen their employees and any contractors they may utilize prior to hiring or contracting, and on an ongoing monthly basis, and (b) maintain documentation to support the checks were performed; an
- *inform providers DADS will recoup for services provided by excluded parties;
- *amendments to existing contracts to include the exclusion search requirement, only when an amendment is required for any other reason; and revisions to contract monitoring protocols to:
- *include verification the provider has a written procedure for:
- *screening all employees and contractors prior to hiring or contracting, and on a monthly basis;**
- *searching both the Federal and Texas LEIE websites; and**
- *reporting exclusion information to HHSC-OIG if a positive result occurs from the screening search.
- *review of providers' documentation supporting monthly screenings.
 - All contractors and employees will be trained on Medicaid fraud, and what constitutes fraud.

Various laws provide that individuals and entities may be excluded from participation in federal health care programs because such individuals and entities have engaged in certain activities or have been convicted of certain crimes. **These checks, both state and federally based, will be done on an ongoing, monthly basis.** Should any staff be identified in any of these categories, their employment or contract will be terminated immediately and reported to DADs as instructed.

By signing below, you are agreeing that you are not aware of being on the state or federal list and are authorizing PREMIER COMMUNITY CARE SERVICES to verify this information:

Signature of employee/contractor: _____
Date: _____

Presenter: _____
Date: _____

QUALITY ASSURANCE FOR TXHML

Premier Community Care Services has informed
_____ & LAR _____ of the requirements to
participate in the TXHML program

RULE §9.580

Certification Principles: Quality Assurance

(a) The program provider must:

- (1) assist the individual or LAR in understanding the requirements for participation in the TxHmL Program and include the individual or LAR in planning service provision and any changes to the plan for service provision if changes become necessary;
- (2) assist and cooperate with the individual's or LAR's request to transfer to another program provider;
- (3) assist the individual to access public accommodations or services available to all citizens;
- (4) assist the individual to manage the individual's financial affairs upon documentation of the individual's or LAR's written request for such assistance;
- (5) ensure that any restriction affecting the individual is approved by the individual's service planning team before the imposition of the restriction;
- (6) inform the individual or LAR about the individual's health, mental condition, and related progress;
- (7) inform the individual or LAR of the name and qualifications of any person serving the individual and the option to choose among various available service providers;
- (8) provide the individual or LAR access to TxHmL Program and CFC records, including, if applicable, financial records maintained on the individual's behalf, about the individual and the delivery of services by the program provider to the individual;
- (9) assist the individual to communicate by phone or by mail during the provision of TxHmL Program services or CFC services unless the service planning team has agreed to limit the individual's access to communicating by phone or by mail;
- (10) assist the individual, as specified in the individual's PDP, to attend religious activities as chosen by the individual or LAR;
- (11) ensure the individual is free from unnecessary restraints during the provision of TxHmL Program services or CFC services;
- (12) regularly inform the individual or LAR about the individual's or program provider's progress or lack of progress made in the implementation of the PDP;
- (13) receive and act on complaints about the TxHmL Program services or CFC services provided by the program provider;
- (14) ensure that the individual is free from abuse, neglect, or exploitation by program provider staff members, service providers, and volunteers;
- (15) provide active, individualized assistance to the individual or LAR in exercising the individual's rights and exercising self-advocacy, including:
 - (A) making complaints;
 - (B) registering to vote;
 - (C) obtaining citizenship information and education;
 - (D) obtaining advocacy services; and
 - (E) obtaining information regarding legal guardianship;
- (16) provide the individual privacy during treatment and care of personal needs;

QUALITY ASSURANCE FOR TXHML

Premier Community Care Services has informed
_____ & LAR _____ of the requirements to
participate in the TXHML program

(17) include the individual's LAR in decisions involving the planning and provision of TxHmL Program services and CFC services;

(18) inform the individual or LAR of the process for reporting a complaint to DADS or the LIDDA when the program provider's resolution of a complaint is unsatisfactory to the individual or LAR, including the DADS Office of Consumer Rights and Services telephone number to initiate complaints (1-800-458-9858) or the LIDDA telephone number to initiate complaints;

(19) ensure the individual is free from seclusion;

If you feel unfair treatment or a rights violations has occurred, or if you have complaints about Applied Living Solutions, you should contact Office of Consumer Affairs (1-800-252-8154)

DADS 1-800-458-9858 ADVOCACY INC. 1-800-252-9108 DEPT OF PROTECTIVE SERVICES 1-800-647-7418 OFFICE OF CONSUMER AFFAIRS 1-800-252-8154
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Signature/ Individual

Date

Signature/ LAR/Guardian

Date

Signature/Presenter

Date

Signature/Witness

Date

HCS Rights of Individuals

This program ensures the rights of each individual consumer as described below. The *HCS Rights of Individuals* complies with all rights guaranteed to persons with mental retardation under the Mental Retardation Act and any subsequent revisions including but not limited to the following rights:

It is the right of each consumer or legally authorized representative:

- (a) The program provider shall assist the:
 - (1) Individual, or the LAR on behalf of the individual, in exercising the same rights and responsibilities exercised by people without disabilities; and
 - (2) LAR or family members in encouraging the individual to exercise the same rights and responsibilities exercised by people without disabilities.
- (b) The program provider must protect and promote the following rights of the individual:
 - (1) to manage, be trained to manage, or have assistance in managing financial affairs upon documentation of the individual's written request for assistance;
 - (2) to access public accommodations;
 - (3) to be informed of requirements for participation;
 - (4) to be informed both orally and in writing of all the HCS Program services and CFC services available and rules pertaining to the individual's enrollment and participation in the program provider's program, including those related to the use of restraint, as well as any changes in these that occur;
 - (5) to be informed of the individual's IPC, implementation plan, and transportation plan, including any restrictions affecting the individual's rights;
 - (6) to participate in decisions and be informed of the reasons for decisions regarding plans for enrollment, service termination, transfer, relocation, or denial of HCS Program service or CFC services;
 - (7) to be informed about the individual's own health, mental condition, and related progress;
 - (8) to be informed of the name and qualifications of any person serving or treating the individual and to choose among various available service providers;
 - (9) to receive visitors without prior notice to the program provider unless such rights are contraindicated by the individual's rights or the rights of other individuals;
 - (10) to have privacy in visitation with family and other visitors;
 - (11) to make and receive telephone calls;
 - (12) to send and to receive sealed and uncensored mail;
 - (13) to attend religious activities of choice;
 - (14) to participate in developing a pre-discharge plan that addresses assistance for the individual after he or she leaves the program;
 - (15) to be free from the use of unauthorized restraints;
 - (16) to live in a normative residential living environment;
 - (17) to access free public schooling according to the Texas Education Code;
 - (18) to live where the individual is within proximity of and can access treatment and services that are best suited to meet the individual's needs and abilities and enhance that individual's strengths;
 - (19) to have a personalized IPC, implementation plan, and transportation plan, based on individualized assessments that meet the individual's needs and abilities and enhance that individual's strengths;
 - (20) to help decide what the implementation plan and transportation plan will be;
 - (21) to be informed as to the progress or lack of progress being made in the execution of the implementation plan and transportation plan;

- (22) to choose from the same services that are available to all community members;
- (23) to be evaluated as needed, but at least annually, to determine the individual's strengths, needs, preferences, and appropriateness of the implementation plan and transportation plan;
- (24) to complain at any time to a staff member or service provider;
- (25) to receive appropriate support and encouragement from a staff member or service provider if the individual dislikes or disagrees with the services being rendered or thinks that his or her rights are being violated;
- (26) to live free from abuse, neglect, or exploitation in a healthful, comfortable, and safe environment;
- (27) to participate in decisions regarding the individual's living environment, including location, furnishings, other individuals residing in the residence, and moves to other residential locations;
- (28) to have service providers who are responsive to the individual and, at the same time, are responsible for the overall functioning of the HCS Program;
- (29) to have active personal assistance in exercising civil and self-advocacy rights attainment by provisions for:
 - (A) complaints;
 - (B) voter registration;
 - (C) citizenship information and education;
 - (D) advocacy services; and
 - (E) guardianship;
- (30) to receive counseling concerning the use of money;
- (31) to possess and to use money in personal and individualized ways or learn to do so;
- (32) to access all financial records regarding the individual's funds;
- (33) to have privacy during treatment and care of personal needs;
- (34) to have privacy during visits by his or her spouse if living apart;
- (35) to share a room when both the husband and wife are living in the same residence;
- (36) to be free from serving as a source of labor when residing with persons other than family members;
- (37) to communicate, associate, and meet privately with individuals of his or her choice, unless this violates the rights of another individual;
- (38) to participate in social, recreational, and community group activities;
- (39) to have his or her LAR involved in activities, including:
 - (A) being informed of all rights and responsibilities when the individual is enrolled in the program provider's program, as well as any changes in rights or responsibilities before they become effective;
 - (B) participating in the planning for HCS Program services and CFC services; and
 - (C) advocating for all rights of the individual;
- (40) to be informed of the individual's option to transfer to other program providers as chosen by the individual or LAR as often as desired;
- (41) to be informed orally and in writing of any charges assessed by the program provider against the individual's personal funds, the purpose of those charges, and effects of the charges in relation to the individual's financial status;
- (42) to complain to DADS when the program provider's resolution of a complaint is unsatisfactory to the individual or LAR, and to be informed of the DADS Office of Consumer Rights and Services telephone number to initiate complaints (1-800-458-9858);
- (43) to be free from the use of seclusion; and
- (44) to have a lock on the inside of the individual's bedroom door as described in §9.174(a)(23) of this subchapter (relating to Certification Principles: Service Delivery).

Home and Community-Based Services Program

HCS Rights of Individuals

This is to certify that I have received a copy of, and have had explained, the Home and Community-Based Services (HCS) *Rights of Individuals*. These rights have been explained to me in a language I can understand. I was offered a chance to discuss these rights, and any questions I had have been answered. I know that I can ask more questions later, if needed. In addition, I have been informed that consumer-identifying information about me may be exchanged between components of the DADS service delivery system and other designated providers for continuity of care purposes with my consent.

Consumer Signature

Date

HCS Staff Representative Signature/Presenter

Date

Witness Signature

Date