**Section 240.1510 Provider Administrative Minimum Standards**

The provider shall establish and comply with written policies and procedures. Provider policies shall include the following:

a) Confidentiality of participant records is maintained as required by Section 240.340, including:

1) Ensure access to participant records is limited to specific areas within the office and only available to personnel with need for the information.

2) Establish and maintain current and archived files in a secure and confidential manner.

b) The type and amount of service is provided in accordance with the Participant Agreement – Person-centered Plan of Care as developed and authorized by the CCU in collaboration with the participant/authorized representative.

c) Money handling activities related to necessary shopping/errand activities, including receipt procedures, are monitored.

d) Staff development plans that show each job category and include a job description and a wage range plus personnel policies that include benefits, promotion and evaluation criteria so:

1) Each employee is provided a written job description that applies to his/her job category.

2) A copy of current written personnel policies for the specific job category is available to all employees.

3) Each employee is informed of the wage range for the specific job category at the time of employment and upon any subsequent revisions.

4) Employee benefits and grievance procedures are clearly stated in writing and comply with both State and federal regulations.

5) Personnel records are maintained for each employee and include at least the following:

A) employee application;

B) annual face-to-face performance evaluation;

C) documentation of participation in pre-service, in-service and other pertinent training (orientation in agency policies) in accordance with Department training required by Sections 240.1535 and 240.1555;

D) documentation of supervisory visits, quarterly conferences and evaluations;

E) documentation to support qualifications;

F) documentation of vehicle insurance for those employees who provide participant transportation in their own vehicles;

G) documentation that the websites for the federal Department of Health and Human Services (HHS) and HFS, Office of Inspector General, were checked for excluded providers; and

H) documentation of a criminal background check and waiver, if applicable, as required by the Illinois Healthcare Worker Background Check Act [225 ILCS 46] and an online check of the Adult Protective Services Registry, as required by the Adult Protective Services Act [320 ILCS 20/7.5(c)].

e) All Department required documentation to support units of service requested for reimbursement shall be retained in paper or electronic format for a minimum of six years after the ending year for its creation date or the ending year when it was last in effect, whichever is later.

f) Ongoing quality improvement, reviewed at least annually, through:

1) staff and community agency surveys;

2) program and service reviews; and

3) implementation of changes:

A) based upon program and service review findings and submission of documentation of those changes to the Department, in accordance with Department policy; and

B) to comply with Medicaid waiver quality assurance regulations.

g) U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) Regulation (29 CFR 1910.1030) (2008).

h) National Labor Relations Act (29 U.S.C. 151-169) and any applicable collective bargaining agreements.

i) U.S. Department of Homeland Security, U.S. Citizenship and Immigration Services (8 U.S.C. 1324(a) et seq.).

j) Drug Free Workplace Act [30 ILCS 580].

k) Patient Self-Determination Act (42 U.S.C. 1396(a) et seq.).

l) Health Care Surrogate Act [755 ILCS 40].

m) Control of the spread of infectious diseases and compliance with universal precautions.

n) Assure nondiscrimination in accordance with Section 240.320 and the Department's civil rights program.

o) Develop, maintain and protect administrative and participant records, including observance of confidentiality in the maintenance and transmission of records, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. 1320d et seq.).

p) Receive and resolve complaints as required by Section 240.1650.

q) Develop an all hazards disaster operations plan to respond to emergency situations, including, but not limited to, medical emergencies, home or site-related emergencies, emergencies related to the participant, weather-related emergencies, and vehicle/transportation emergencies.

r) Adequate supervision of all persons, both staff and volunteers, having direct service contact, as required by Section 240.1535 or 240.1555, respectively.

s) Mandated reporting of all conditions or circumstances that place the participant, or the participant's household, in imminent danger (e.g., situations of abuse or neglect), as required by 89 Ill. Adm. Code 270.

t) Prohibiting the use of seclusion and/or restraint against a participant, unless supported by documentation in the person-centered plan of care and the employees have received training on restraint and seclusion practices.

u) Participate in all Department-mandated training for staff and volunteers, including, but not limited to:

1) Training on universal precautions as required by OSHA (29 CFR 1910.1030) (2008);

2) Training on emergency procedures; and

3) Training for abuse, neglect, exploitation and incident reporting required by the Adult Protective Services Act [320 ILCS 20].

v) Develop and adhere to marketing standards for services that:

1) require all persons involved with marketing and sales efforts to refrain from incomplete service comparisons or otherwise misleading representations (twisting) and high pressure sales tactics (playing on explicit or implicit fear and threats);

2) ensure the confidentiality and security of sensitive personal identification, financial and health information of current and prospective program participants that is obtained during discussions;

3) prohibit unsolicited telephone calls (cold-calling) and door-to-door solicitations; sales activities, as opposed to educational or informational activities, at community meetings, educational events and health care facilities; and cross-selling of non-CCP-related services to current and prospective participants in the program;

4) prohibit the use of independent agents for marketing of CCP-related services to participants; and

5) limit the value of any incentives and promotional products offered to current and prospective participants in the program.

w) Documentation that employees having direct contact with participants are annually educated about: the significant risks (including death) frail older adults face when exposed to the influenza virus; the steps homecare aides can take to minimize the risks of exposure, including immunizations; and the locations of resources within the provider's service area where immunizations are available, highlighting those that offer the vaccination for free or nominal costs. The provider shall maintain records of employees with direct participant contact who have received influenza vaccine by January 31 of each calendar year.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)