



# Personal Accounting Services, Inc.

An AssuranceSD family company

YOUR PARTNER FOR SUCCESS - PROVIDING FISCAL INTERMEDIARY SERVICES/EMPLOYER  
AGENT SERVICES

- *Grounded in Self-direction*
  - *MI Choice Waiver*
  - *MI Health Link*

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# INTRODUCTION

## Introduction

### ABOUT US

Personal Accounting Services was established August 1, 1999, as a Fiscal Intermediary Employer Agent. Our management team combined has over 150 years of experience in accounting, payroll, and collaborating with individuals and families with special needs.

No matter how big or small, our team believes in empowering individuals' by utilizing a variety of supports and choices.

We know that when you support individuals and families, their lives are enhanced.

As an FMS Agency and Employer Agent, it is a privilege to support individuals and families through the Home and Community-Based Waivers.

### MISSION

Our mission is to empower our aging and disabled neighbors to live their best lives by self-directing when, how, and where they receive their personal care services.

### OUR VALUES

**Empathetic:** Everyone is working through their own sets of challenges. We recognize that words and actions have consequences, and we strive to maintain an environment where our members and colleagues feel understood and supported.

**Ambitious:** We never accept the status quo. The best member experiences are created by questioning, pushing, and testing assumptions.

**Accountable:** We demand the best from ourselves and our teammates. We will never compromise on quality, expectations, and experience.

**Empowered:** We give people the support and resources they need to act for themselves to live their best lives and do their best work.

**Ethical:** We take action and make decisions that never compromise the strength of our moral compass.

# WHAT IS SELF-DETERMINATION

## What is Self-Determination

The Michigan Department of Health and Human Services identifies Self-Determination as value that people served by the public mental health system must be supported to have a meaningful life in the community. The components of meaningful life include activities chosen by the individual, embracing relationships with other people in the community, and daily activities chosen by the individuals and support the individual to connect with others within the community.

Self-Determination provides individuals to have control over funding for their mental health services and supports to live and control their life in the community.

Person Centered planning (PCP) is the main element of self-determination. PCP is the means for expressing and transmitting personal needs, wishes, goals, and ambitions.

The principles of self determination

- ❖ Freedom to plan your life with the needed supports
- ❖ Support to help you arrange your resources and staff
- ❖ Responsibility of accepting an active role in your community through jobs, clubs, churches and helping others. It also means carefully using public dollars to meet your needs and make your life better.
- ❖ Authority to control a set budget based on the supports and services you need

# FISCAL INTERMEDIARY EMPLOYER AGENT

## Fiscal Intermediary Employer Agent

Fiscal Intermediary Services is defined as services that assist individuals and their families to meet the individual's goals and dreams outlined in the Person-Centered Plan.

As a part of the services of a Fiscal Intermediary, it is becoming more prevalent for individuals and their families to direct their own care by hiring staff directly, rather than through an agency. The Internal Revenue Service (IRS) regulations allow the Fiscal to act as an Employer Agent under section 3504 of the IRS code.

The Fiscal Intermediary's role as an Employer Agent allows the individual to direct his or her own care without having to manage the payroll process. Families and individuals utilizing the program will gain more control over the services they receive by hiring, training, supervising, and when necessary, terminating their own staff.

Personal Accounting Services, Inc. provides Fiscal Intermediary Services to various governmental agencies that participate in the Self-Determination Initiative Program, Children's Waiver Program/Choice Voucher System, and MI Health Link. Through the Self-Determination Program, the public mental health system provides services and support to help disabled adults and the aging population gain independence. The Children's Waiver Program is a federal entitlement program that provides the services and support necessary to assist parents in keeping disabled children at home. (For more information, visit) [http://www.michigan.gov/documents/SelfDeterminationPolicy\\_70262\\_7.pdf](http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf)

These programs empower the individual to control the resources available for their care. It allows them to determine which services and supports they will need, from whom and under what circumstances. It is about choice and control. For example, an individual may choose to hire their family and/or friends to provide the services and support they require rather than participating in a predefined program.

Personal Accounting Services (PAS) functions as a "financial administrator" who provides "fiscal management services" to governmental agencies who provide services and supports to individuals and families. The governmental agency working with the individual and family completes a person-centered plan or assessment which identifies the supports and services needed.

Through the individual's plan of service, a budget is created between the governmental agency and the individual. The individual will direct PAS on how the resources are to be spent in accordance with his/her plan of service. In summary, the financial administrator has a fiduciary role with the following responsibilities:

## Vendor Fiscal Employer Agent Role

1. Maintaining complete and current financial records and supporting documentation in accordance with generally accepted accounting principles.
2. Acting as the Employer Agent on behalf of Employers for Employment taxes.
3. Maintaining required payroll forms, reports, and statements.
4. Abiding by all Federal and State laws regarding payroll tax withholdings and filing requirements.
5. Timely payments of payroll wages, withholding taxes, tax levies, garnishments, court ordered deductions, unemployment and workers compensation insurance and other vendor invoices.
6. Preparing and filing of monthly, quarterly, and annual Federal and State forms and reports.
7. Alerting the governmental agency and the individual when problems occur with the use of funds and/or meeting budget constraints.
8. Preparing monthly expenditure reports and financial statements for the governmental agency and the individual.
9. Assurance that all records, for each individual, are available for financial and worker's compensation audits.
10. Compliance with all insurance requirements specified by the governmental agency to safeguard the funds being transferred to PAS and to limit any potential liabilities.
11. Continually educate the individual on the fiscal management of their resources, (e.g., budgeting of hours, labor laws, employee relations, etc.
12. Billing of all authorized expenses through the governmental agency.

# INDIVIDUAL, FAMILY AND LEGAL REP ROLE

## Individual, Family and Legal Rep Role

The Family or individual, with support from their Support Coordinator, Care Manager or Care Coordinator, must agree to conduct the following activities:

1. If necessary, identify to Medicaid Funding Agency and FI a designated representative to be responsible for handling schedules, documentation, timesheets, and any other employer duty.
2. Orientation
3. Program Agreement, if applicable (Self Determination)
4. Medicaid Provider Agreement
5. Employer and Employee Agreement
6. Employer to Interview and hire staff
7. Determine salary (within approved rates)
8. Determine training needs of staff, above regulatory guidelines
9. Schedule Staff
10. Ensure only to schedule your employee for the number of hours you authorized by your plan of service or assessment. If your authorization is more than 40 hours in a week, do not schedule an employee for more than 40 hours in a week, even if the employee works for multiple Household Employers. Work weeks consist of Sunday through Saturday.
11. Verify the accuracy of the EVV punches and submit to FI Employer Agent
12. Make sure all relevant paperwork and documentation is completed.
13. Designate a backup worker if the regular employee is unable to work.

***IMPORTANT - One of the most important jobs for you, the employer is only to schedule your employee for the number of hours authorized in your plan of service and or assessment. Your employees' time record and services provided should only reflect the authorized Medicaid covered services hours.***

***Under the Department of Labor an Employer is required to pay his\her employee for all hours' work including regular and overtime including all employer taxes.***

# STEPS TO BECOMING AN EMPLOYER

## Steps to becoming an Employer

1. Registration and Orientation of Employer and or Representative
2. Interview with individual and family
3. Educate, train on Employer and FI Employer Agents responsibilities
4. Completions of Household Employer tax forms and obtain signature
5. Complete all necessary program forms and documents
6. Ensure all documentation is completed, received and retained
7. Set up account with IRS, and State agencies
8. Set up vendor's and employee accounts





# STEPS FOR HIRING NEW EMPLOYEE

## Steps for Hiring New Employee

Each perspective employee must be interviewed by the Employer and will be credentialed by the FI following each governmental agency guideline. The potential employee must complete all necessary employment documents. If the potential employee is not present at the time of the Employers enrollment meeting it is the employee's responsibility to schedule an appointment either in person or by phone to review application, documentation, forms, and procedures.



### DIRECT HIRE - EMPLOYMENT REQUIRED FORMS AND SCREENING

The State of Michigan, Department of Health and Human Services, DHHS regulations state laws and federal laws require that each time employee have the following forms on file with the employer.

1. Interview with potential Employer
2. Employer-Employee Agreement
3. Employment Application
4. Employment Orientation
5. I-9 Employment immigration eligibility form
6. Identification (Examples listed below) please reference I9 listing of identification.
  - a. Michigan Driver's license (copy of) or Michigan Identification card (copy of)
  - b. Passport (copy of)
  - c. Social Security Card (copy of)
7. Criminal Record Checks – May included the following and or other identified by CMH or funding agency,
  - a. ICHAT or 52 State Record Check
  - b. Office of Inspector General (OIG)
  - c. System for Award Management (SAM)
  - d. Sex Offender
  - e. Registry Clearance
8. References
9. Federal and State withholding tax forms.
10. Training Certificates - identified by funding agency, if applicable

# STEPS FOR HIRING NEW EMPLOYEE

11. Each funding agency's requirements may vary. An employee employment agreement will contain the training requirements, please refer to these documents for these requirements. Recommended trainings may consist of one of more of the following:
  - a. American Heart Association or American Red Cross CPR/First Aid/AED training kit, if applicable
  - b. Universal Precautions/Blood Borne Pathogens/Infection Control, if applicable
  - c. Medicare Fraud & Abuse, if applicable
  - d. Emergency Preparedness, if applicable

An employee cannot begin work until all employment documents are completed, submitted, and processed and notification is received.

# EMPLOYEE PERSONNEL RECORD

## Employee Personnel Record

For the purpose of maintaining complete and accurate personnel records, employees are required to report any changes in their personal status to the Fiscal Intermediary Employer Agent.

The information needed is:

Change of address or telephone number

Any change affecting your tax withholding status.

Legal change of name

Change of persons designated to call in case of emergency.

### EMPLOYEE ACCESS TO FILE

You may see your personnel file by submitting a written request to Personal Accounting Services payroll office. Your request should include your name, social security number, dates of employment, and the name of the employer which you worked for. The examination of your personnel file will be done during regular business hours unless other arrangements are necessary. If you would like photocopies there may be a charge, please inquire at the time of making request.

### EMPLOYEE ELIGIBILITY START DATE

Once the employee completes interview with Employer, and all necessary employment documents including employment screenings and completion of required trainings the Employer and Employee will receive credentialing notice for employee to begin work.

An employee cannot begin work until all employment documents, screenings and required trainings are completed, submitted, and processed and you receive notification for your employee to begin work.

If you have any questions, please contact our Onboarding Department regarding employee credentialing status.

# PARTICIPANT AUTHORIZED SERVICE HOURS

## **Participant Authorized Service Hours**

Each individual received a Plan of Service and/or Assessment through a Medicaid funding agency. The Plan of Service and or Assessment identifies the number of support hours authorized to the participant.

# ATTENDANCE SYSTEM

## Attendance System

Personal Accounting Services, Inc. utilizes August System's CareWhen Attendance System which is HIPAA and Electronic Visit Verification (EVV) compliant.

Each participant and employee are provided with logon information and instructions and guidelines for the program.

The six elements which are entered into the attendance system is:

1. Type of service performed
2. Individual receiving services
3. Date of the Service
4. Location of service delivery
5. Individual providing the service
6. Time the service begins and ends

CareWhen allows for the following clocking methods:

1. Mobile app
2. Telephone
3. Computer or Tablet

The Mobile app is the most common and extremely friendly to use. This allows for clocking in and out, recording service tasks and visit notes. It is important to remember that recording of tasks and visit notes are completed at the end of the shift (when clocking out).



The telephone allows for clocking in and out and recording service tasks completed each day. Because the telephone system does not allow for the progress notes, the daily Visit Progress Note Report must be completed and submitted for each pay period.

The Computer or Tablet allows the same options as the mobile app listed above.

The following forms are used with the CareWhen Attendance System.

1. Employer Pay Authorization form (EPA), this form is completed after the participant\employers reviews with the employee hours worked for pay period. This form is signed by both the participant\employer or legal representative and employee.

# ATTENDANCE SYSTEM

2. Attendance Incident Report form (AIR), this form is completed only when an incident occurs and modification of a clock in or out is needed. (An example of an incident is when the support staff reported to work and saw the needed to attend to the participant before clocking in). Once the situation is attended to then the employee will clock in and complete the Attendance Incident Report and submit for processing.
3. Visit Progress Note form, this is used to record the daily visit and progress notes when using the telephone to clock in or out.

# OVERTIME GUIDELINES

## Overtime Guidelines

Medicaid Funding does not allow for an employee to work overtime. If your service authorization allows for more than 40 hours per week, additional employees must be hired. Also note an employee cannot be scheduled or work more than 40 hours for multiple Household Employer under the same funding agency.

You as the Employer, hire and create the schedule for each of your employees. **As the Employer it is your responsibility to ensure overtime is NOT being scheduled or worked.**

Information on overtime pay is regulated by the Federal Department of Labor and the Michigan Department of Labor. Please note Employee's working as a support staff do not fall under the category of a companion, Michigan does not acknowledge this term. If you the Employer authorizes your employee to work more than 40 hours in a week, you are responsible to compensate your employee at time and a half. If the employee provides services to another employer who is under the same funding agency any hours combined over 40 in a week would be compensated at time in a half.

Please discuss with your Support Coordinator or Care Coordinator, support staff, representative and any other party assisting with your support of hiring another employee or Staffing Agent to avoid overtime cost.

# REPORTING MEDICARE AND MEDICAID FRAUD

## Reporting Medicare and Medicaid Fraud

Healthcare fraud and abuse affects all of us. Healthcare fraud significantly impacts the Medicaid program by using up valuable public funds needed to help vulnerable children and adults access health care. Everyone can take responsibility by reporting fraud and abuse. Together we can make sure taxpayer money is used for people who really need help.

### Examples of Medicaid Fraud

- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same medical service
- Dispensing generic drugs but billing for brand-name drugs
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i. e., kickbacks)
- Falsifying cost reports

#### **Or When Someone:**

- Lies about their eligibility
- Lies about their medical condition
- Forges prescriptions
- Sells their prescription drugs to others

### YOU CAN REPORT SUSPECTED MEDICARE FRAUD IN ANY OF THESE WAYS:

- Call us at 1-800-MEDICARE (1-800-633-4227).
- [Report it online to the Office of the Inspector General.](#)
- Call the Office of the Inspector General at 1-800-HHS-TIPS (1-800-447-8477). TTY: 1-800-377-4950.

Have this information before you report fraud:

- The provider's name and any identifying number you may have
- The service or item you're questioning
- The date the service or item was supposedly given or delivered
- The payment amount approved and paid by Medicare
- The date on your MSN
- Your name and Medicare Number



# REPORTING MEDICARE AND MEDICAID FRAUD

- The reason you think Medicare shouldn't have paid
- Any other information you have showing why Medicare shouldn't have paid for a service or item



**855-MI-FRAUD (643-7283)**

SUBMIT AN  
**ONLINE COMPLAINT**

WRITE TO INSPECTOR GENERAL  
**SEND A LETTER**

CONTACT AGENCY SUPPORT COORDIANATOR\CARE MANAGER  
CONTACT PERSONAL ACCOUNTING SERVICE, INC.  
**TELEPHONE (734) 729-3100**

**SEND A LETTER**

**20500 EUREKA RD SUITE 112 TAYLOR, MI 48180**

# CONTACT THE OFFICE OF INSPECTOR GENERAL

## Contact the Office of Inspector General

The Office of Inspector General (OIG) audits and investigates suspected misuse of Michigan's Medicaid program. We recover overpayments, issue administrative sanctions, and refer cases of suspected fraud for criminal investigation and prosecution. The OIG works to ensure that Medicaid money spent is used for the best care of the beneficiaries.

### Contact the Office of Inspector General

**Office Hours: Monday - Friday, 8:00am to 5:00pm**

Submit an [Online Complaint Form](#)

**Phone:** 855-MI-FRAUD (643-7283) (voicemail available for after hours)

### Send a letter to:

Office of Inspector General  
PO Box 30062  
Lansing, MI 48909

The following information is preferred when reporting suspected fraud or abuse:

- Nature of the complaint
- The names of those involved in the suspected fraud and/or abuse, including their address, phone number, Medicaid identification number, date of birth (for beneficiaries), and any other identifying information if available/applicable.

### Fighting Fraud Can Pay Up to \$1,000

You may be eligible for a reward of up to \$1,000

If you want to know more about the Fraud Incentive Program, call 1-855-MI FRAUD (643-7283) or report online.

# FALSE CLAIMS ACT

## False Claims Act

(DEFICIT REDUCTION ACT 6032)

### PURPOSE

The purpose of this policy is to educate PAS-employees, volunteers, contractors, agents, and members on the requirements of the Deficit Reduction Act (DRA) of 2005 which contains provisions to combat fraud and abuse in government health care programs. Under the Deficit Reduction Act, PAS is required to provide employees, volunteers, contractors, and members with information regarding federal and state false claims laws, administrative remedies under those laws, whistle-blower protections to employees who report incidents of false claims, and PAS programs for detecting and preventing fraud, waste, and abuse in Medicaid programs.

### POLICY

The policy is intended to cover the following Acts:

#### FEDERAL FALSE CLAIM ACT

The False Claims Act prohibits any person from knowingly presenting or causing to be presented, a false or fraudulent claim to the United States government for payment. The False Claims Act imposes civil liability on any person who:

Knowingly presents a false or fraudulent claim for payment of approval.

Knowingly makes or uses a false record or statement to get a false or fraudulent claim paid or approved.

Conspires with another to get a false or fraudulent claim paid or allowed.

Knowingly makes or uses a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property.

Commits other fraudulent acts enumerated in the statute.

#### MEDICAID FALSE CLAIM ACT

The State of Michigan has a companion law known as the Medicaid False Claims Act. This act imposes prison terms of up to four (4) years and fines up to \$50,000 for:

# FALSE CLAIMS ACT

- Knowingly making a false statement or false representation of a material fact in any application for Medicaid benefits or for use in determining rights to Medicaid benefits.
- Soliciting, offering, or receiving kickbacks or bribes for referrals to another for Medicaid-funded services (fine up to \$30,000).
- Entering an agreement with another to defraud Medicaid through a False Claim; or
- Making or presenting to the State of Michigan a False Claim for payment.

## SAFEGUARDS

The federal False Claims Act includes a “qui tam.” or whistleblower provision to report misconduct involving false claims. The qui tam provision allows any private person (Qui Tam Relater) with actual knowledge of allegedly false claims to file a lawsuit on behalf of the United States government.

The federal government has the opportunity to intervene in the lawsuit and assume primary responsibility for prosecuting, dismissing or settling the action. If the federal government decides to intervene, the private person (Qui Tam Relater) who initiated the action may be eligible for a portion of the proceeds of the action or settlement of the claim. If the federal government does not proceed with the action, the Qui Tam Relater may continue with the lawsuit or settle the claim and he or she may receive a portion of the proceeds of the action or settlement. The Qui Tam Relater may also receive an amount for reasonable expenses, including reasonable attorney fees and cost incurred in connection with bringing the lawsuit.

Violations of the federal false claims act can result in penalties of not less than \$5,500 and not more than \$11,000 per claim, plus three times the amount of damages that the government sustains.

# MICHIGAN MEDICAID FALSE CLAIMS ACT

## Michigan Medicaid False Claims Act

Any person (Qui Tam Relater) may bring a civil action on behalf of the State of Michigan to recover losses that the State suffered from a person violating the Michigan Medicaid False Claims Act, and the Michigan Attorney General is to be notified and has an opportunity to appear and intervene in the action brought on behalf of the State of Michigan. If the Michigan Attorney General intervenes, in addition to the person (Qui Tam Relater) receiving his or her expenses, costs and reasonable attorney fees, the person may also receive a portion of the monetary proceeds resulting from the action or any settlement. If the Michigan Attorney General does not intervene, the Qui Tam Relater may receive a portion of the monetary proceeds.

### WHISTLEBLOWER PROTECTION LAWS

In addition to PAS's Whistleblowing policy, both the federal and state laws protect individuals who investigate or report possible False Claims made by their employers against discharge or discrimination in employment because of such investigation. Employees who are discriminated against based on whistleblower activities may sue in court for damages. Under either the federal or state law, any employee who violates the whistleblower protection law is liable to the employee for (1) reinstatement of the employee's position without loss of seniority (2) two times the amount of loss back pay, (3) interest and compensation for any special damages, and such other relief necessary to make the employee whole.

Protection is also available under the Michigan Whistleblowers' Protection Act which prohibits an employer from discharging, threatening or otherwise discriminating against an employee in his or her terms and conditions of employment because the employee reported, or is about to report a suspected violation of law to a public body.

### DETECTION OF POTENTIAL FRAUD OR ABUSE

PAS combats Medicaid fraud, waste, and abuse by investigating complaints, raising awareness of anti-fraud initiatives, and assuring compliance with state and federal laws. Quality measures are also used to detect and prevent potential fraud, waste or abuse that includes the following:

Proactive review of claims and other types of data

# MICHIGAN MEDICAID FALSE CLAIMS ACT

Recommending and implementing claims processing safeguards  
Conducting employee education on fraud and abuse prevention, recognition, and reporting  
Encourage and promote the reporting of fraud or abuse by employees and contractors.

## TYPES OF FRAUD PROSECUTED UNDER THE FCA AND MFCA:

Billing for goods or services that were not delivered or rendered.  
Submitting false service records or sample to show better-than-actual performance  
Performing inappropriate or unnecessary medical procedures  
Providing inappropriate or unnecessary medical equipment  
Billing in order to increase revenue instead of billing to reflect actual work performed.  
Up coding, or inflating bills by using diagnosis billing codes that suggest a more expensive illness or treatment or pharmaceutical companies  
Billing for unlicensed or unapproved drugs  
Forging physician signatures when such signatures are required for reimbursement from Medicare or Medicaid  
Billing for work or test that were not performed.  
Phantom employees and doctored time slips; charging for employees that were not actually on the job, or billing for make-up hours in order to maximize reimbursements  
A grant recipient charging grantor for costs not related to the program

## NOTICE/INFORMATION

PAS prohibits the actions listed above, and any other action (or in action) that results in fraud, waste, or abuse of public resources.

Please refer to the following websites to review the provisions of the Acts:

Federal False Claims Act:

[https://www.justice.gov/sites/default/files/civil/legacy/2011/04/22/C-FRAUDS\\_FCA\\_Primer.pdf](https://www.justice.gov/sites/default/files/civil/legacy/2011/04/22/C-FRAUDS_FCA_Primer.pdf)

## MICHIGAN'S THE WHISTLEBLOWERS' PROTECTION ACT:

<http://www.legislature.mi.gov/documents/mcl/pdf/mcl-Act-469-of-1980.pdf>

## MICHIGAN'S THE MEDICAID FALSE CLAIM ACT:

<http://legislature.mi.gov/doc.aspx?mcl-act-72-of-1977>

# MICHIGAN MEDICAID FALSE CLAIMS ACT

## RESPONSE/REPORTING

To the extent that PAS becomes aware or suspects fraud or abuse, it is obligated to respond in accordance with Federal and State regulations.

## TO REPORT MEDICAID FRAUD:

[http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546\\_42551-220188-,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-220188-,00.html)

## ENFORCEMENT

The Board of Directors, Chief Executive Officer, and supervisors are responsible for enforcing this policy. All employees, volunteers, contractors, and members will be given a copy of this policy. PAS reserves the right to modify or amend this policy at any time as it may deem necessary.

# ACCIDENT/INCIDENT PROCEDURE

## Accident/Incident Procedure

1. Life Threatening Medical Emergencies - injuries or illnesses that need immediate medical care.

- A. If an employee is faced with a medical emergency, he/she or a coworker may call 911 for emergency medical treatment to dispatch; or
- B. Go to the closest emergency room; and
- C. Contact Accident Fund Claim Express (866) 206-5851

Fax: (866) 814-5595 for designated health care provider for follow-up care to emergency treatment as soon as reasonably possible.

2. Non-Life-Threatening Injuries or Illnesses. The following procedure must be followed in case of work-related injury or illness.

- A. Injured workers must report the workplace injury to PAS Workers Compensation Specialist. (734) 729-3100 as soon as possible, within one business day; and complete the Accident Report from and Fax to (734) 729-3101.

3. Reporting Accident/Incident to the Onboarding Department

- A. Provide the employee with additional Accident Incident forms to document and information.
- B. Assist in reporting accident to Accident Fund Claim Express at (866) 206-5851. – Fax (866) 814-5595.
- C. Report accident to funding agency
- D. Report accident to Personal Accounting Services HR Department
- E. Complete OSHA form and file if necessary
- F. Monitor records with the insurance carrier regarding employee status, treatment, restrictions, appointments, etc.



# PRIVACY NOTICE

## Privacy Notice

### THIS NOTICE DESCRIBES HOW

Personal Accounting Services, Inc. (PAS) may use and disclose personal and medical information about you that we have collected.

It also explains how you can get access to this information.

### PLEASE REVIEW IT CAREFULLY

### RECIPIENT RIGHTS AND HIPAA

A Federal Act called the Health Insurance Portability and Accountability ACT (HIPAA) gives you some additional rights to those you have through the Michigan Recipient Rights System. This privacy Notice explains those additional rights under HIPAA.

If you have any questions about this Privacy Notice, please contact our Privacy Officer Lena Cervantes at (734) 729-3100 Ext 1110.

### YOUR PRIVACY RIGHTS

You have the following rights regarding the private information that we have about you. Your requests must be made in writing to the Privacy Officer. We may charge you a fee to copy information from your records.

### RIGHT TO INSPECT AND COPY

In most cases you have the right to look at and receive a copy of information in your record.

### RIGHT TO AMEND

If you think that any of the information that we have about you is incorrect, you have the right to request a change. If your request is denied, we will notify you in writing as to why your request was denied.

# PRIVACY NOTICE

## RIGHT TO DISCLOSURE LIST

You have the right to request a list of disclosures made (by us) after April 14, 2003. This list will include the private information that we shared for treatment, payment, or healthcare operations. The list will also not include information provided directly to you or your family, or information that was shared with your written permission.

## RIGHT TO REQUEST RESTRICTIONS

You have the right to ask for limits on how we share your private information. We are not required to agree with your request.

## RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we share information with you in a specific way or a specific place. For example, you can request that we call you at your work instead of at your home.

## QUESTIONS/REQUESTS

If you have a question regarding this privacy notice or a request regarding your privacy rights, you may contact:

### PRIVACY OFFICER

Lena Cervantes – 20500 Eureka Rd Suite 112, Taylor, MI 48180  
Telephone (734) 729-3100 Ext: 1110 Email: [lcervantes@1-pas.com](mailto:lcervantes@1-pas.com).

### **YOU MAY ALSO FILE A COMPLAINT WITH THE FEDERAL GOVERNMENT AT:**

Secretary of Health and Human Services  
200 Independence Avenue, SW Washington, DC 20201  
Phone: 866-927-7748  
TTY: 886-788-4989  
Email: [ocrprivacy@hhs.gov](mailto:ocrprivacy@hhs.gov)

# PRIVACY NOTICE

## **YOU WILL NOT BE PENALIZED FOR FILING A COMPLIANT**

### CHANGES TO THIS PRIVACY NOTICE

We may make changes to this notice in the future. If the changes are material, a new notice will be available to you before your next service.

You have the right to receive an additional copy of this notice at any time.

We are required by law to give you notice of our privacy practices and to follow the terms of the current notice.

### PROTECTED HEALTH INFORMATION

In order to provide services to you, we need to collect private information from you. The private information that we collect from you is known as Protected Health Information under the HIPAA regulations.

“Protect Health Information” (referred to as “private information” in the remainder of this Notice) is Information about you that may identify you and relates to your past, present or

- Future physical or mental health condition, and
- Health care services related to your health or condition

### ROUTIEN DISCLOSURES:

#### (WAYS THAT WE MAY USE AND DISCLOSE YOUR PRIVATE INFORMATION)

The following section of this Notice explains the ways in which we may routinely use and disclose your private information.

“Use and disclose” be referred to as “share” in the remainder of this Notice.

There are times that we will need to share your private information with other people and/or entities. We may do so in instances necessary for:

- (1) treatment
- (2) payment
- (3) healthcare operations

# PRIVACY NOTICE

## TREATMENT

We may share private information about you during your course of treatment. For instance, we may share your private information with another provider to coordinate your services.

Examples: Of the private information that we may have to share regarding your treatment includes:

- Your diagnosis (the condition for which you are receiving treatment).
- Your treatment plan and goals.
- Your progress toward those goals.

## PAYMENT

We may share private information about you so the services that you receive can be billed and paid for correctly. Examples of the private information that we may have to share regarding payment for treatment include:

- Your name, address, telephone number and date of birth.
- Your insurance information (including medication authorizations).
- Your diagnosis (the condition for which you are receiving treatment).
- The date(s) that you received treatment.

## HEALTHCARE OPERATIONS

We may share private information about you in order to carry out our business operations. Examples when we may have to share your private information with regards to our daily Business operations include:

- Reviewing the quality of services that you are receiving.
- Maintaining your clinical records.
- Reminding you of a scheduled appointment
- Fulfilling a contract/licensure requirement

# PRIVACY NOTICE

## DISCLOSURES WHICH REQUIRE AN AUTHORIZATION:

### **(OTHER WAYS THAT WE MAY SHARE YOUR PRIVATE INFORMATION)**

The following section of this Notice explains the ways in which we may share your private information with your prior authorization.

There are times that we will need to share additional private information with other people and/or entities. We will then ask you to sign an authorization allowing us to do so. We may do so in instances necessary for:

- Coordination with another agency (such as a Funding Agency, Nursing Home, or Department of Human Services)
- Communication with an individual involved in your care (such as a legal representative family member or a friend, Agency-Support Coordinator/Care Manger /Care Coordinator)
- Collaboration with another professional.

The following section of this Notice explains the way in which we may share your private information as required by law. We may share private information about you when we are required by law to do so.

## WE MAY DO SO FOR THE FOLLOWING REASONS:

Law Enforcement Purposes (such as subpoenas or court order).

Public Health Risks (such as communicable diseases).

To Avert a Serious Threat to Health or Safety (such as harm to yourself or someone else, suspected abuse of children or adults).

Other emergencies (such as disaster relief or security threats).

# YOUR PARTNER FOR SUCCESS!

## Your partner for success!

### REMEMBER

*Ensuring you follow the program guidelines, submitting true and accurate information. Not exceeding your service plan authorization or assessment.*

*Establishing a healthy and successful relationship and promoting good communication between all parties.*

*Partnering with individuals, families, and support staff by creating excellent communications and quality services.*

*Looking for ways to improve our services to better support all parties and maintain a more positive approach.*

*Our continual goal is to provide Individuals with the support necessary to be successful in navigating their best lives.*



# YOUR PARTNER FOR SUCCESS!

Personal Accounting Services, Inc.

Fax: (734) 729-3101

20500 Eureka Rd Suite 112 Taylor, MI 48180

Toll Free: (877) 729-3181

**Telephone:** (734) 729-3100

**Toll Free:** (877) 729-3181

**Fax:** (734) 729-3101

**TDD:** (734) 729-3100

**Website:** <https://1-pas.com>



PLEASE CONTACT THE FOLLOWING DEPARTMENTS FOR THE FOLLOWING NEEDS....

## ONBOARDING DEPARTMENT

1. Onboarding of a new participant
2. Onboarding a new employee (caregiver)
  1. Employee application
  2. Change of employee information
  3. Employee eligibility
  4. Direct Deposit information



## BILLING DEPARTMENT

1. Participant's authorization
2. Employee hours
3. Employer Pay Authorization form (EPA)
4. Attendance Incident Report (AIR)
5. Visit Progress Note form (VPN)

## PAYROLL PROCESSING CENTER

1. Payroll
2. Employment verification
3. Garnishments or Friend of the Court payments