

## METRO Solutions HCBS, Fiscal Employer Agent

18000 W. 9 Mile Rd. ,Ste 360  
Southfield, MI 48075

Phone: (313) 963-8383

Fax: (313) 488-0563

### HOURS OF OPERATIONS

Monday—Friday 9:00 am –5:00 pm

### WE WELCOME YOUR FEEDBACK

Metro Solutions works hard to serve you in a professional and efficient manner. Your feedback and suggestions are very valuable in assisting our efforts to continue providing the best services possible.

If you are happy with our service please feel free to share your testimony of your experience with Metro Solutions via email to:

**Courtney Brinkley**

Metro Solutions Director of Operations

*Courtneyb@Metrosolutions.us*

### ACCIDENT & INCIDENT REPORTING

All member and/or employee related accidents/incidents must be reported to Metro Solutions immediately.

**Emergency situations should be handled by calling 911 first, and then reporting to Metro Solutions once the situation has stabilized.**

Please call **(313) 963-8383** between 9:00am - 5:00pm (Monday - Friday).  
If calling after hours, please leave a detailed message on the company's voicemail system.

### GRIEVANCES & COMPLAINTS

If you are having problems or are unhappy with Metro Solutions or with the service of care provided to you, you have the right to let us know.

If you would like to file a grievance, you may contact our Director of Operations and Finance who will assist you with your grievance or complaint.

Metro Solutions will not retaliate against you for filing a grievance and/or complaint.

**Courtney Brinkley**

Metro Solutions Director of Operations

*Courtneyb@Metrosolutions.us*

**313-963-8383**

# Member & Caregiver Information Booklet

## Metro Solutions HCBS Fiscal Employer Agent

*Administrator of Home & Community Based Services*



**My Life**  
**My**



## “Self Directed”

### What is Self-Direction?

Self-direction gives you the freedom to choose the services and supports you need to live independently, in your own home.

With self-direction you are the employer and have the responsibility for managing all aspects of service delivery in a person-centered planning process.

**YOU** can hire the caregivers you want.

**YOU** decide the type of services you need.

**YOU** determine the best schedule of care for you.

*Self-Direction gives **YOU** more control over how you structure your life!*

### Metro Solutions HCBS, Fiscal Employer Agent

On the participant’s behalf, Metro Solutions will serve as Fiscal Intermediary/Payroll Agent handling the paperwork, and processing the billing and payment of those services identified and authorized in the participant’s budget.

## UNIVERSAL PRECAUTIONS

Universal precautions are practices that help protect against many infectious diseases, such as AIDS or Hepatitis B. Universal precautions can help people avoid contact with blood and certain other bodily fluids. Universal precautions must be followed with all people one comes in contact with, since one cannot be sure who is infected.

### Universal precautions should be taken with:

- \*Blood
- \*Sweat
- \*Urine
- \*Feces
- \*Salvia
- \*Sputum
- \*Tears
- \*Semen
- \*Cerebrospinal fluid
- \*Breast milk
- \*Wound drainage
- \*Vaginal secretions or discharge
- \*Anything wet that comes of the body

### DO’ s and DON’T’s of Universal Precautions

1. Wear gloves when coming in contact with body fluids, blood, and when handling contaminated articles such as lab specimens, dressings, and linens.
2. Wear masks, gowns, and/or goggles in addition to gloves, to protect yourself during procedures that may involve splashing of blood and/or contaminated body fluids.
3. Wash your hands with soap and running water prior to contact, immediately following contact, and after removing gloves. Wash hands immediately after contact with blood or any body fluids.
4. Place used disposable syringes, needles, and sharp items into a puncture resistant container.

### How to wash your hands

1. Consider the sink, including the faucet controls, contaminated. Avoid touching the sink.
2. Turn water on using a paper towel and then wet your hands and wrists.
3. Work soap into a lather.
4. Vigorously rub together all surfaces of the lathered hands for 15 seconds. Wash around and under rings, cuticles, and fingernails.
5. Rinse hands thoroughly under a stream of water. Point fingers down so water and contamination won't drip toward elbows.
6. Dry hands completely with a clean, dry paper towel.
7. Use a dry paper towel to turn faucet off.
8. To keep soap from becoming a breeding place for microorganisms, thoroughly clean soap dispensers before refilling with fresh soap.
9. When hand washing facilities are not available at a remote work site, use appropriate antiseptic hand cleaner or antiseptic towelettes. As soon as possible, rewash hands with soap and running water.

**Remember: Intact skin is your best defense against bacteria. Treat your hands well!**

### What to avoid when washing your hands

- DONT** use a standing basin of water to rinse hands
- DONT** use a common hand towel. Always use disposable towels.
- DONT** use sponges or non-disposable cleaning cloths unless you launder them on a regular basis, adding chlorine bleach to the wash water.

**Remember: Germs thrive on moist surfaces!**

# HIPAA

## Health Insurance Portability Accountability Act

HIPAA is the Health Insurance Portability and Accountability Act of 1996. This law protects the privacy of a person's medical information and makes sure that it is treated confidentially. The information includes the reason the person is sick, the treatments and medications they receive, Social Security Number and any other personal information. Do not pass this information on unless it involves information professional staff need to know to do their jobs.

The Participant-Beneficiary needs to trust you before they will feel comfortable enough to share any personal information with you. For you to provide quality care you may need this information. The Participant-Beneficiary must know that whatever they tell you will be kept private and limited to those who need the information for treatment, payment and health care procedures. The Participant-Beneficiary will have control over who will be told any personal information with or without their permission.

### HOW TO SAFEGUARD INFORMATION

- Watch what you say, where you say it, and to whom
- Close doors when talking about private information
- Do not talk about health information in front of others
- If someone asks you a question involving personal information make sure that person has a "need to know" before answering

## MEDICARE/MEDICAID FRAUD PREVENTION

Maintaining and improving program integrity is one of the most important aspects of the self-directed program. Program integrity including fraud prevention is critical to sustaining this program model. Participants (Beneficiary), Guardians, Representatives and Personal Care Attendants are vital to preventing fraud and maintaining program integrity.

As a participant, guardian, representative, care provider, you must comply with all State and Federal laws and prevent misuse or fraud. Honesty and integrity are expected of all who participate in any Medicaid programs.

**Definition:** Fraud is to intentionally misrepresent, cheat or deceive in order to benefit or gain something of value. Medicaid fraud is knowingly falsifying or misrepresenting the truth to obtain unauthorized benefits. Abuse includes any practice inconsistent with acceptable practices that will unnecessarily increase costs.

- ⇒ Recording hours on a timesheet that weren't worked
- ⇒ Approving hours that employees didn't actually work
- ⇒ Stating different times than you actually work
- ⇒ Changing hours on a timesheet after it has been approved
- ⇒ Not providing the services the participant needs
- ⇒ Falsifying a worker's compensation claim
- ⇒ Falsifying or misrepresentation on applications or documentation
- ⇒ Billing for services while in the member was in the hospital or other care facility
- ⇒ Duplicate billing (for multiple participants)

If Metro Solutions become aware of Medicaid or Medicare fraud, the information received will be reported to the Office of Inspector General.

***YOU CAN HELP  
STOP  
MEDICAID OR  
MEDICARE  
FRAUD!***

If you suspect or know of fraud or abuse occurring, it is your duty and responsibility to report this immediately to the Office of Inspector General at :  
**855-MI-FRAUD (643-7283)**

or

**Send a letter to:**

Office of Inspector General  
PO Box 30062  
Lansing, MI 48908

# “NOTICE OF PRIVATE PRACTICES”

## HIPAA Privacy Notice

This notice describes how Metro Solutions may collect, use and disclose personal and medical information about you. It also describes your rights to access and control your protected health information.

Metro Solutions is committed to ensuring the privacy and confidentiality of your Protected Health Information (PHI) and supports the provisions of the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### 1. Use and disclosures with your permission

Metro Solutions will use and disclose your personal health information when that information is used in the areas of treatment, payment and operations. We will not use or disclose your health information for other purposes, unless you give your written authorization. If you give your written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your health information Metro Solutions maintains, unless Metro Solutions has acted in reliance on your authorization.

### 2. Use or disclosures without your consent or authorization

The following categories describe when your medical or health information may be used or disclosed without your consent or authorization. Each category includes general examples of the type of use or disclosure, but not every use or disclosure that falls within a category will be listed:

- **Required by Law:** We may use or disclose your protected health information to the extent that the law requires its use or disclosure.
- **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.
- **Health Oversight:** We may disclose protected health information to a health oversight agency authorized by law to conduct activities such as audits, investigations, and inspections, or any process for ensuring compliance with the rules of government health programs, such as Medicare or Medicaid.
- **Abuse or Neglect:** If we have cause to believe you are a victim of abuse or neglect, we may disclose your protected health information to a governmental authority that is authorized by law to receive reports of abuse or neglect. In this case, the disclosure will be made in full compliance with the requirements of applicable federal and state laws.
- **Judicial & Administrative Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** We may also disclose protected health information so long as applicable legal requirements are met for law enforcement purposes.
- **Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

- **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Workers Compensation:** We may disclose your protected health information as authorized to comply with workers’ compensation laws and other similar legally established programs.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel.
- **Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR section 164.500 et. seq.

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

- **Your rights**
- You may request in writing that Metro Solutions does the following concerning your health information that Metro Solutions maintains. Metro Solutions does not have to agree to your request:
- You have the right to request a restriction of your protected health information.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
- Amend your health information. If you think 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 why your request was denied.
- You have the right to obtain a paper copy of this notice from us.

### 4. Complaints

- If you believe your privacy rights have been violated by Metro Solutions, you have the right to complain in writing to Metro Solutions or to the Secretary of the United States Department of Health and Human Services. You may file a complaint with us by notifying Courtney Brinley, Metro Solutions Director of Operations at ([Courtneyb@metrosolutions.us](mailto:Courtneyb@metrosolutions.us)) or by calling **(313)963-8383**. We will not retaliate against you if you choose to file a complaint with Metro Solutions or the Department of Health and Human Services.

### 5. Metro Solutions may also use and disclose your health information as follows:

- To a family member, friend or other person, to help with your health care or payment for your health care, if you are unable to provide consent due to a emergency.
- To your personal representatives appointed by you or designated by applicable law.
- Coordination with another agency (such as school, nursing home, or Department of Human Services).