

DIRECTCARE COMMUNITY BASED SERVICES, LLC



Client Handbook

Office Location:
668 Withrow Road
Forest City, NC 28043

Office Hours: Monday through Friday 9:00am- 5:00pm

Phone Number: (828)286-4466
Fax Number: (828)286-4450
Crisis Line Number: 828-305-4330

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CLIENT RIGHTS

You have a right to dignity, privacy, human care, and freedom from physical punishment, abuse, neglect, and exploitation.

You have a right to live as normally as possible while receiving care and treatment at this facility.

You have a right to receive care, services and treatment based on a plan written especially for you. Your plan must be implemented within 30 days of your admission and it should help you to regain or increase your capabilities.

You have a right to be informed of the benefits or risks involved in the services you will receive.

You have a right while you are receiving services at this facility, to be free from unnecessary or excessive medication of any kind. You have a right not to have medication used as a punishment, for discipline, or for the convenience of staff.

You have a right not to be treated with electroshock therapy, experimental drugs or procedures, or be given surgery unless it is emergency surgery, without your written permission.

You have a right to agree to or refuse any specific treatment...the ONLY time you can be treated without your consent is:

1. In an emergency;
2. If your treatment has been ordered by the court when more than one professional agrees that you need that specific treatment in order to improve or to prevent harm; or
3. If you are under 18 years old, your parents can give permission even if you object.

You have a right not to be physically restrained unless it is necessary to prevent danger, or if we determine, based on very strict rules, that it is necessary for your care.

You have a right to confidential treatment based on state and federal laws. The very fact that you are receiving services or any other information about your care is confidential. You have a right to see the information in your own record, unless more than one professional determines that it would be harmful for you to have it. The same laws also require us to share information with others under the following conditions:

1. When you give us written permission, we may share information with any person that you name;
2. You next of kin or other family members with a legitimate role in your services may receive certain information about your services, if it is in your best interest; and if you are under 18, you parents may be informed about your care when it is in your best interest and not considered harmful;
3. When a doctor needs information to provide emergency treatment;
4. If we transfer you care to another public agency;
5. If we transfer your car to another public agency;
6. If we are ordered by the court to release your record;
7. If an attorney needs information from your record because of a suit, a commitment proceeding, or Guardianship proceeding;
8. If you become imprisoned, we may share your files with prison officials;
9. When a client advocate has been assigned to work on your behalf;
10. When a staff member suspects abuse or neglect;
11. If we have reason to believe you are a danger to yourself or others, if we believe that you are likely to commit a crime; we may share this information with law enforcement officials;
12. When a child is receiving services and his/her parents are divorced, both biological parents may have access to their child's record unless parental rights have been terminated; and
13. For the purpose of audits and program evaluation by internal or external sources.

You have a right to exercise all civil right, and if you have been declared incompetent, can these rights be restricted.

You have a right to buy or sell property, to sign a contract and vote to sue others, who have wronged you, and to marry or get a divorce.

???? QUESTION????

If you have question about this information, please ask for help. You may ask the person responsible for your care, such as your therapist, or direct support staff, or the facility director.

If you think that you have been denied your rights, you may want to contact the director of the program in your area, the quality assurance coordinator, the agency director, or the Human Rights Committee.

If, at any time, or for any reason, you feel that you cannot get the information or help you need from people in our facility...

Remember, you can get help about your rights from:

**The Governor's Advocacy Council for Persons with Disabilities
1-800-821-6922**

**The N.C Alliance for the Mentally Ill
1-800-451-9682**

**The N.C. Careline
1-800-662-7030**

**Each of these toll-free numbers is open
Monday through Friday
Between
8:00a.m. and 5:00p.m.**

Signature of Client/Legally Responsible Person

Date

Witness

Date

**DirectCare Community Base Services, LLC
668 Withrow Road
Forest City, NC 28043**

Mission Statement

Our mission is to improve the lives of persons with mental health challenges and /or developmental disabilities through quality service provision.

Vision Statement

Our organization strives to be identified as an organization which consistently has measurable success in facilitating changes in individuals that instill them with a sense of value and purpose. This is accomplished when individuals receive supports and services that move them towards achieving their goals and realizing their dreams. We will increase the number of individuals able to successfully function through accessing resources in their communities.

The main office is located at: 668 Withrow Rd, Forest City, NC

Main Office Phone#: 828 286-4466 9am-5pm Monday through Friday

Main Office Fax#: 828 286-4450

Crisis Phone Line: 828-305-4330

After Hour Services

Services are available on an emergency basis 24 hours a day, 7 days per week, and 365 days of the year with the capacity for 24hour face-to-face services when indicated. We have an on-call pager system which will allow you to contact the Qualified Professional on-call after hours. You may reach that clinical professional by calling, **(828)305-4330**. DirectCare Community Base Services, LLC advises every consumer to make their first call to 911 in the event of a life threatening emergency. Following that call, the individual, his caregiver or legal representative should contact the after-hour's crisis on-call clinical professional who will assist as the situation indicates.

Client Rights and Responsibilities

1.01 Client Rights Policy

Each client has the right to expect that he/she will be given the opportunity to play an active role in decisions regarding their care and service. Each client will have the assurance that steps will be taken to allow them to make informed decisions about their care and service. Clients will be empowered with certain rights and responsibilities as described in the Client Rights and Responsibilities. A client may designate another individual to act as his/her client representative to act on his/her behalf in decisions regarding rights, policies and procedures. The policies and procedures are available at all times to agency employees, clients and their representatives and to community stakeholders or interested public. Before or upon admission, the staff will provide each client or their representative with a copy of the Client Rights and Responsibilities.

The Client Rights and Responsibilities will be explained and distributed to client prior to the beginning of agency services and again annually. Language that the client can reasonably understand will be used and can be verbal, written or through use of translator or interpreter.

1.02 Client Responsibilities Policy

Clients are expected to agree to meet certain guidelines that will improve the likelihood of successful treatment outcomes. After intake, all clients will attend all sessions with their assigned staff member who will also develop the treatment schedule. It is required that you arrive on time for services or are available for pick up. Failure to keep the treatment schedule will be considered as noncompliance. Participation in any illegal or suspicious activity or acts of physical or verbal aggression or destruction of DirectCare Community Base Services, LLC property will not be tolerated. Any threat or act of violence towards staff, other clients or visitors on the premises of DirectCare Community Base Services will not be tolerated and are grounds for immediate dismissal from services. Any individual dismissed under these circumstances will be banned from reentry for one (1) year and reentry must be approved by the Executive Director of DirectCare Community Base Services, LLC along with a committee of staff familiar with the case. Selling, using, giving away or other forms of distribution of drugs on DirectCare Community Base Services, LLC property will be determined to be a form of noncompliance and will result in immediate discharge. Stealing from DirectCare Community Base Services, LLC (the agency), its staff or other clients will result in an immediate discharge.

Clients who are known or suspected of abuse or neglect to another individual will be reported immediately. The client must have given prior expressed permission and consent before their spouses, family members or significant others will be permitted to participate in or have information regarding their treatment or services. Clients are encouraged to inform their service provider of any sexual or physical abuse they are experiencing with the expectation that they will receive assistance with referral to the most appropriate service provider or agency to investigate the abuse. Clients are expected to dress appropriately when visiting the premises of DirectCare Community Base Services, LLC and when receiving services in the community with DirectCare Community Base Services, LLC staff. Clothing that is clean, neat, not exposing or does not contain offensive logos or statements is considered appropriate. Clients are expected to abide by the guidelines of the Federal Confidentiality Law. DirectCare Community Base Services, LLC is not responsible for loss or theft of any personal property resulting from clients' failure to abide by policy and guidelines related to stealing.

1.03 Client Grievance Policy

DirectCare Community Base Services, LLC provides a formal process for documenting, reporting and handling all client grievances and/or complaints. It is essential to quality service provision that all clients have a means to openly address, discuss and document issues that interfere with service provision. Clients are assured that filing a grievance will not result in retaliation or barriers to service by DirectCare Community Base Services, LLC. DirectCare Community Base Services, LLC wants to be informed of any client grievance (s) and will make every effort to resolve all issues of the grievance to the best of their ability. A grievance is "any circumstance for which there is just cause for protest" by definition in the Webster Dictionary. Client grievance forms are available at all locations upon request. Grievance should be made directly to the Clinical Director at the main location of DirectCare Community Base Services, LLC. If the complaint is made by telephone, the client or family member will be connected with the Clinical Director. The Clinical Director will document the complaint either by phone or at a scheduled meeting to assure an understanding of the nature of the grievance. If the grievance involves the Clinical Director, the Executive Director or his designee will complete the grievance report. The Clinical Director is required to investigate, review and make a written determination of his/her findings including action to be taken to address the complaint within forty-eight (48) hours of the completion of the written report. A copy of the written report will be given to the client upon its completion. The Clinical Director is required to refer the grievance and the

Client Rights & Responsibilities con't

report to the Executive Director. If the nature of the grievance raises a legal question, the administration shall refer the grievance and the report to the attorney of record for DirectCare Community Base Services, LLC. When advised to do so by the attorney, the appropriate law enforcement authority will be notified of the grievance. In every case, every attempt will be made by all parties to resolve the grievance informally within thirty (30) working days. The client has a right at any point in the process of the grievance review to take his/her complaint directly to:

Concerns/Complaint Line
1-888-757-5726
Smoky Mountain
Asheville, NC

You may also choose to contact AlertLine Customer Service at 1 800-528-5745 or AlertLine Global Compliance at 1800 876-6023 to address your concern with DirectCare Community Base Services, LLC Risk Management Insurance provider. In addition, clients can receive help about their rights by contacting any of the following:

The Governor's Advocacy Council for Persons with Disabilities— 1 800 821-6922

The N.C. Alliance for the Mentally Ill—1 800 451- 9682

The N.C. Careline—1 800 662-7030

Monday through Friday between 8:00 am and 5:00 pm

DirectCare Community Base Services, LLC is required to comply with and adhere to all the Civil Rights Act of 1964 and all subsequent amendments, including religious, age, sex and political affiliation as all relate to any and all civil rights which are granted or implied by statute of law. At the time of intake, each new client will be given a copy of the grievance procedure and have the process explained to his understanding.

Client input on quality of care

DirectCare Community Base Services, LLC is committed to quality service provision. Quality care, goal attainment and client satisfaction are all important parts of effective service provision and effective treatment. Client needs and service objectives are assessed at the time of intake and at the end of each 90 day period. Client input is essential to provide vital and accurate information regarding his/her needs and service objectives. The information gathered through client self report, staff observation or other collateral sources is used to make adjustments to the treatment plan to assure that the goals stated are those desired and needed by the client. Clients are encouraged at any time to inform their service provider of changes in service needs or at any time he/she feels there is an issue related to the quality of care, achievement toward goals or satisfaction of services.

Client Satisfaction

Client satisfaction with services and the performance of the agency is assessed and evaluated through the use of client satisfaction surveys which are performed quarterly. This process measures the performance and quality of services provided to the client and makes suggestions for improvement of services. The results and information provided from these surveys will be made available to the client, client representatives, and community stakeholders and interested public in general.

Services provided

Program services include the following:

- Day Treatment
- Level III Group Home
- Outpatient Therapy

Following are explanations of the services and activities our agency provides. This information will assist you in knowing what to expect or not expect from your services. When you made initial contact with Screening, Triage and Referral, information regarding your personal mental health or other service needs was gathered in order to provide you with a list of agencies in your community that could meet your service needs. After you selected a provider, that provider continued to gather information to be able to effectively meet your mental health or other disability needs. Appropriate authorization for the services indicated by the initial intake and an assessment was requested from the insurance approver (Value Options). The insurance approver (Value Options) determines the amount of service your provider can deliver to you.

DAY TREATMENT

Day Treatment is a setting in which particular programs are designed to provide community-based services for children and adolescents with significant emotional and behavioral difficulties. Treatment includes partnerships with area schools, community resource providers, social services and families. Treatment also includes a wide array of services designed to meet the individual needs of children and adolescents, including but not limited to: individual and group counseling, family interventions, extensive skill building, social skill development medication management, etc. The ultimate goal is to help the students acquire a level of self management that prepares them for the successful return to their assigned school.

Level III Group Home

Program Description

Directcare Community Base Services, LLC Level III group home provides intense, individualized, comprehensive treatment for adolescent ages 12-18 who experience severe emotional behavior problems prohibiting them from living in a less restrictive community environment. DCCBS, LLC group home utilizes Trauma Focused –Cognitive Behavioral Therapy, Systems Of Care and Motivational Interviewing treatment modalities in addition to personalized medication management. Programs of the group home include individual and family therapies, comprehensive clinical assessments, group therapies and recreational therapy. Each residents individual person centered plan will be considered to train residents to develop assertiveness, anger management, social skills, relationships, coping skills, creative expression, forgiveness and self esteem. DCCBS, LLC Level III group home has a primary goal of facilitating the resident's recovery and ability to return to a less restrictive environment.

OUTPATIENT THERAPY

Outpatient Therapy shall be provided to address mental health disorders that interfere with the way children/adolescents and their families think, feel, and that when untreated, can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Outpatient Therapy shall be provided to address the emotional impact of traumatic events which have devastating effects on the mental well-being of children/adolescents and their families. Outpatient Therapy shall be provided to facilitate development of skills to prevent/decrease youth violence, increase the collective involvement of families and other collateral agents in addressing disruptive behaviors which impair functioning of children and adolescent in their homes, schools and communities. Practitioners shall not use controversial or experimental treatment methods in the performance of duties with clients of DirectCare. The Consultant shall utilize Evidence Based Best Practice modalities, i.e. Systems of Care, CBT-Trauma Focused Therapy, Play Therapy, Equine Therapy, DBT, MI or other best practices modalities which address the functional impairment of children/adolescents and their families.

Code of Ethics

DirectCare Community Base Services, LLC is guided by professional ethics. We believe we have an obligation to outline our basic values, ethical principles and ethical standards. Our primary responsibility is to respect the dignity and to promote the welfare of clients.

Our code of ethics serves the following purposes:

- Identifies the core values on which our mission is based
- Summarizes ethical principles that reflect professional values and establishes specific standards that guide service delivery
- Identifies relevant considerations when professional obligations conflict or ethical uncertainties arise
- Provides ethical standards by which the general public can hold the corporation accountable
- Provides a means for the corporation to self evaluate or self assess its professional and ethical conduct
- Provides an avenue for concerns, grievances and complaints to be addressed and adjudicated.

It is our understanding that a code of ethics cannot guarantee ethical behavior or resolve all ethical issues, disputes or encompass the richness and complexity involved in striving to make responsible choices within the social environment. However, the code of ethics is used as a guide to set forth values, ethical principles, and ethical standards to which our employees are expected to aspire in their professional service delivery. The following ethical principles and values guide our service delivery:

1.01 Respect for the dignity and worth of each person served

All staff of DirectCare Community Base Services, LLC is expected to treat each person served in a caring and respectful manner with consideration of individual differences and cultural and ethnic diversity. DirectCare Community Base Services, LLC and its employees promote clients' self determination, social responsibility and seek to enhance each client's capacity and opportunity to change and address their own needs.

1.02 Recognition of the central importance of human relationships

DirectCare Community Base Services, LLC acknowledges that relationships between and among people are important component of change. Each employee is expected to assist clients with strengthening relationships, utilizing natural and community supports which enhance their ability to make desired changes in their lives.

1.03 Commitment to the general interests of clients

The primary responsibility of employees at DirectCare Community Base Services, LLC is to promote the well being of clients and respect their interests. However, in some instances, responsibility to the community or legal obligations may be given priority and clients should be so advised. This may be the case when evidence of risk, threat or intent to harm self or others exists.

1.04 Respect and promotion of self determination

Employees of DirectCare Community Base Services, LLC respect and promote the rights of clients to self determination and assist them in efforts to identify and choose their goals. A client's right to self determination may be limited when the client's actions or potential actions pose a serious, foreseeable and imminent risk to themselves or others based on professional judgment of the DirectCare Community Base Services, LLC employee.

1.05 Assurance of Informed Consent

DirectCare Community Base Services, LLC seeks to provide services and supports to clients based on professional relationships between its employees and the client who has given his or her informed consent to receive services or supports. Clear and understandable language should be used to inform clients of the purpose of the services, risks related to the services, limits to services related to third party payer requirements, costs of service, reasonable alternatives to services, clients' right to refuse or withdraw consent and the time frame covered by the consent. Employees should provide clients with the opportunity to ask questions and make certain that they understand the answers or explanations given. Provisions should be made to accommodate clients, who are not literate, have difficulty understanding the primary language of the corporation or who have a physical or cognitive disability which may affect their comprehension. Arrangements for such cases may include translator, interpreter, legal guardian usage or providing a detailed verbal explanation of services and supports. Legal guardians or other third party representatives are expected to act on behalf of the interests and wishes of the client. Clients should be informed of the risks associated with electronic media communication. Clients' informed consent should be obtained prior to use of video, or audio recording, or permitting observation of services by third party.

Code of Ethics, cont.

1.06 Requirement of employee competence to provide service

Employees are required to provide services only within the boundaries of their education, training, license, certification, consultation received, supervised experience or other relevant professional experience. DirectCare Community Base Services, LLC employees are provided with their job description requirements and a detailed service definition of the service to be provided.

1.07 Demonstration of cultural competence and respect for social diversity

Employees of DirectCare Community Base Services, LLC are committed to understanding culture and its function in human behavior and society and recognizing the strengths that exist in all cultures.

Employees of DirectCare Community Base Services, LLC are expected to have a knowledge base of their client's culture and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. As a part of ongoing training and development, employees receive education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, political belief, religion and mental or physical disability.

1.08 Avoidance of conflicts of interest

Employees of DirectCare Community Base Services, LLC should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion, impartial judgment and service delivery. Employees should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the client's interests primary and protects client's interests to the greatest extent possible. Protecting clients' interests could require termination of the professional relationship or service provision with proper referral of the client to other service providers. Employees will not take unfair advantage of any professional relationship or exploit clients to further their personal, religious, political or business interests. Employees will not engage in dual relationships or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In situations where dual relationships are unavoidable, the corporation and employee will take measures to protect the rights of clients and set clear appropriate culturally sensitive boundaries.

1.09 Assurance of privacy and confidentiality

All employees will respect clients' rights to privacy. No solicitation of private information from clients will occur except that which is necessary to the delivery of service and support by the employee. Standards of confidentiality and HIPPA regulations will apply to any private information that is shared. Disclosure of information will only occur with the required releases, authorizations and documentation in place. Valid consents from the client and/or his or her legally responsible representative must be in place prior to release or disclosure of confidential information prior to its being made.

Whenever possible, clients should be informed of release or disclosure of confidential information prior to its being made. When an individual becomes a client with DirectCare Community Base Services, LLC they are informed during the orientation process of the circumstances that may result in disclosure of confidential information. An accounting of disclosure requests will be maintained in the administrative offices of the corporation. Written, electronic or other forms of information identifying clients will be maintained in a secure manner which protects the confidentiality of the client. Client records will be stored according to federal, state and local regulations in a secure manner and will not be accessible by unauthorized individuals. Protection of privacy and confidentiality will be maintained and considered in events of transfer of service, incapacitation of the employee, and training of new employees, interns or volunteers.

1.10 Providing access to client records

Clients shall have reasonable access to their records and information. When in the professional opinion of the employee, access to information contained in the record by the client will result in serious misunderstanding or harm to the client, the client should be provided with assistance in interpreting the information contained in the record. Any decision to withhold information should be documented in the client record.

1.11 Sexual relationships with clients

Under no circumstances shall an employee of DirectCare Community Base Services, LLC engage in sexual activities or sexual contact with current clients whether consensual or forced. Employees should not engage in sexual activities or sexual contact with clients' relatives or with other individuals the client has a close relationship with when there is a risk of exploitation or potential harm to the client. Employees who disregard this precaution or claim exception to this standard personally assume the burden of demonstrating that the former client has not been exploited, coerced or manipulated intentionally or unintentionally. It is the belief of DirectCare Community Base Services, LLC that it would be difficult to maintain professional boundaries in such relationships.

Code of Ethics, cont.

1.12 Physical contact with clients

Employees should not cradle, caress, hug or engage in other physical contact with clients when there is a possibility of psychological harm to the client as a result of the physical contact. Employees should set clear, appropriate and culturally sensitive boundaries that govern appropriate physical contact such as handshakes or pat on the back.

1.13 Sexual harassment of clients

Employees of DirectCare Community Base Services, LLC shall not sexually harass a current or former client including sexual advances, sexual solicitation, requests for sexual favors or other verbal or physical conduct of a sexual nature.

1.14 Derogatory language

Employees should not use derogatory language in written or verbal communication to or about current or former clients. All communication about or to clients should be accurate and respectful.

1.15 Payment for services

Clients shall not be requested to directly pay for any services that are funded by state, federal, local or waiver programs that the client has been approved to receive services through. Such programs include Community Support Services, Intensive In-Home Services and CAP MR/DD. No services shall be provided to the client prior to his/her approval and authorization for services. No services will be provided in excess of the amount of services approved by the LME or Value Options.

1.16 Interruption of client services

DirectCare Community Base Services, LLC shall make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability or death. The qualified professional shall make an effort to assign the client's service provision to a comparably qualified employee who has received orientation regarding the client's case and needs and who the client has agreed to have provided his or her services. The QP will also be responsible for facilitation of transfer of the client's services to another provider when the client has made a request to do so. The QP will expedite the process following the appropriate protocol in a manner that ensures that the client does not experience an interruption in services.

Confidentiality Policy

Scope: This policy applies to all clients past and present who have signed releases of information to allow DirectCare Community Base Services, LLC to obtain records to determine eligibility to provide services and supports.

Purpose: To assure the confidentiality and privacy of client information.

Policy: All information, written and verbal, regarding client care or services is to be treated as confidential information in accordance with local, state and federal guidelines. DirectCare Community Base Services, LLC will adhere to all HIPPA requirements regarding confidentiality of client information. It must be understood, that all such information is to be discussed only with those individuals participating in the client's care and only as necessary to meet an identified need and only under written authorization of the client or his or her legal representative. All employees or contracted staff of DirectCare Community Base Services, LLC must at all times be aware of the responsibility to maintain client confidentiality. Client information will not be released or discussed without proper written release of information documentation signed by the client or his or her legal representative.

Procedure:

1. Staff will assume responsibility of ensuring the privacy, respect and confidentiality of client information in each unique situation;
2. The information in the client case record and billing records shall be accessible only to authorized staff of DirectCare Community Base Services, LLC or authorized contracted consultant of DirectCare Community Base Services, LLC;
3. Records or copies of the record will be made available for review by licensing, regulatory and/or accrediting bodies authorized by DirectCare Community Base Services, LLC management and/or Executive Director as well as for Quality Assurance reviews. All client information documented Quality Assurance reports will protect the privacy and confidentiality of client information by utilizing client number or initials when possible instead of identifying the client by name.

Financial Obligations of the Client

Clients are obligated to present proof of Medicaid, Medicare or other insurance or funding source such as Health Choice or IPRS upon initial contact for services. Clients must utilize the appropriate route of service entry by contacting the Screening, Triage and Referral telephone number of the LME. Services currently provided by DirectCare Community Base Services, LLC are funded by Medicaid, local, state, federal or waiver funding. Clients are not required to directly pay for these services, must have coverage by one of those funding sources and be authorized by Value Options or the LME to receive services. No employee of DirectCare Community Base Services, LLC shall ask for or accept goods, payments or services in exchange for therapeutic services for which the client has been approved. Clients maintain the responsibility to present a current copy of their insurance card on a monthly basis to their case manager (Qualified Professional-Q), to participate in treatment planning to renew or make revisions to Person Centered Plan for authorization for services requests and to participate in assessment that are determined needed in order to gain authorization of services.

Additional Policies

Some additional policies affecting clients' services will be defined below. In many cases these policies apply to the relationship of all employees of DirectCare Community Base Services, LLC with the client. The additional policies are listed in alphabetical order rather than in order of importance, as DirectCare Community Base Services, LLC considers all policies important for quality and respectful service provision.

Abuse and Neglect Policy

Scope: This policy applies to all employees and contract consultants with DirectCare Community Base Services, LLC.

Purpose: To clearly define abuse and neglect and to prohibit such conduct.

Policy: DirectCare Community Base Services, LLC shall implement an internal investigation procedure to investigate alleged abuse and/or neglect by an employee, parent/caretaker, or other individual associated with a client the organization provides services for. In addition, the allegation will be reported as the law requires to the appropriate legal authority. This policy shall apply to the infliction of physical or mental injury on an individual by other parties, including but not limited to sexual abuse, exploitation, or extortion of funds or other things of value, to such an extent that his/her health, self-determination, emotional well-being is endangered. This policy shall also apply to the refusal or failure of a parent or caregiver to supply the individual with necessary food, clothing, shelter, care, treatment or counseling for any injury, illness, or condition of the individual, as a result of which the individual's physical, mental, or emotional health is substantially threatened or impaired.

Procedure: When the abuser is believed to be an employee:

- Make immediate report to administration and to the proper authorities for investigation
- Individuals (employees) under investigation are not permitted to be part of the investigation team;
- Individuals (employees) under investigation are prohibited from working with or having contact with the client who made the allegation
- Findings will be reviewed and forwarded to the Executive Director, his management team and QA/QI. All substantiated cases of abuse and neglect will be forwarded to the appropriate law enforcement and state agencies and the employee will be terminated
- Any employee or consultant who witnesses, has knowledge of, or otherwise suspects that abuse or neglect has occurred must report such incident to the Clinical Supervisor of that client or to the QA/QI team leader. They must also cooperate fully with the investigation. This includes incidents that occur in the office, community or the client's home;
- The administration and staff are responsible for reporting abuse and neglect to the appropriate state agencies such as Child Protective Services, Adult Protective Services, DSS or local law enforcement agencies;
- Reporting of abuse and neglect where the abuser is believed to be an employee shall immediately be reported to a local or state law enforcement agency;
- The report, verbal or written shall contain the information, if known, found on the Critical Incident Report;
- The report shall name the employee or employees thought to have caused or contributed to the client's condition and the report shall contain the name of such person if the client names him/her;
- If the initial report was in oral form, by a mandatory reporter, there shall be a written report made within 3 business days to the local law enforcement agency.

Reporting Procedure Where Alleged Abuser is not Employee

- Where the abuser is believed to be a parent, family member, caretaker or other individual, immediate report shall be made to the local Child Protective Services, Adult Protective Services, DSS or local law enforcement agency. The report, verbal or written, shall contain the information, if known found on the Critical Incident Report.
- The investigating agency shall make determination regarding alleged abuser's contact with the client or the client removal from the home;
- Any employee or consultant who witnesses, has knowledge of, or otherwise suspects that abuse or neglect of a client has occurred must report such incident to the Clinical Supervisor for that client or the QA/QI team leader. They must also cooperate fully with the investigation. This includes incidents that occur in the office, in the community or in the recipient's home;
- The administration and staff are responsible for reporting abuse and neglect to the appropriate state agencies such as Child Protective Services, Adult Protective Services, DSS and local law enforcement agencies;
- The report, verbal or written shall contain the information, if known, found on the Critical Incident Report;
- The report shall name all individuals thought to have caused or contributed to the client's condition and the report shall contain the name of such person(s) if the client names him or her;
- If the initial report was in oral form, by a mandatory reporter, there shall be a written report made within 3 business days to the local law enforcement agency.

Discharge Policy

Scope: This policy applies to all clients who will be terminating services with DirectCare Community Base Services, LLC through planned or unplanned means.

Purpose: To assure proper completion of treatment goals and effective and efficient discharge to a less intensive service in the community or to independent management of the client's needs.

Policy: Clients may be discharged from DirectCare Community Base Services, LLC for the following reasons:

Client driven -

- Death of the client;
- Voluntary withdrawal or relocation or the client is unavailable for services due to extended hospitalization;
- Repeated no-shows or client/family refusal of services;
- Pattern of non-compliance with program rules;
- Individual behaves in a manner deemed likely to cause physical harm to others or serious harm to self, interferes with the treatment of others in the program, and all other available resources have been used to minimize the behavior without success;
- Non-emergency services may be terminated due to client's unwillingness to provide proof of insurance to pay for services;

Treatment Driven -

- Treatment, habilitation, or rehabilitation goals have been accomplished or treatment is ended by mutual consent. Evaluation and or screening have been completed;
- Improvement of the client's condition to a degree as to warrant a service of less intensity or discontinuation of services;
- The client's condition has deteriorated to the extent that a service of greater intensity is necessary in order to protect the individual's safety and security;
- The client ages out of service;
- The client no longer meets eligibility criteria and or the program in which the client is admitted is no longer the most appropriate, least restrictive service;
- Services appropriate to client needs are unavailable;

Procedure: At the time of discharge, the clinical supervisor (QP) will:

- Discuss the need or purpose for client discharge with the clinical director and/or the treatment team;
- If the discharge request is not coming from the client or legally responsible representative, the Q will discuss the recommendation with the client and/or his legally responsible representative;
- If the client or legally responsible representative is not in agreement with the discharge, he/she will be informed in writing of the reason for discharge within 5 working days of the date service was terminated of the right to appeal the discharge;
- Any client on inactive status and who has not received services for one year should be reviewed by the responsible professional's supervisor and/or treatment team for possible discharge
- A written transfer or discharge summary and other required documentation will be completed according to transition or discharge policy and procedure. The transition or discharge summary must include the designation of alternative service determined to meet the client's needs and a discharge plan;
- The Q will follow up with the discharged client within 72 hours of discharge for unplanned discharges and within 30 days for planned discharges;

******If discharge is to occur for aggressive or assaultive behaviors the Q and the client will meet to discuss the options available within the community or the state. If the client has caused harm to an employee of DirectCare Community Base Services, LLC, the procedure is to immediately contact the local authorities and to have the individual removed from the premises. Under those circumstances the immediate agencies that would be involved would be law enforcement and the court system.***

Removal of Weapons and Drugs Policy

Scope: This policy applies to all employees, clients, family members or other legal representatives.

Purpose: To assure the safety of all employees and clients from dangerous weapons, legal, illegal or prescription drugs.

Procedure:

- If illegal drugs are discovered on any client or employee, the individual making the discovery will attempt to isolate the client or employee from the other clients or employees. Immediate notification will be made to the clinical supervisor (Q) for further instructions.
- Management will call the local authorities and/or the client's legal representative to report the findings. Management of DirectCare Community Base Services, LLC will cooperate fully with local authorities in completing all required reports and questions.
- A critical incident report will be completed within 24 hours of the incident. If legal drugs are discovered on any client or employee, the individual making the discovery will attempt to isolate the client or employee from the other clients or employees, then attempt to remove the legal drugs without confrontation.
- Staff will immediately notify the clinical supervisor (Q) for further instructions. If appropriate, report will be made to the local authorities and/or to the client's legal representative. A critical incident report should be completed within 24 hours.
- If these are medications that have been prescribed for the client or employee, ensure proper storage of the medication which does not place others at risk for accidental consumption of the medication.
- Review agency guidelines for safe handling of medication. Consider re-education for employee through taking the training on Medication Safety and Administration.
- DirectCare Community Base Services, LLC does not permit or tolerate drug abuse on its premises.
- Prescription drugs are allowed for clients and/or employees when the medication is in a prescription bottle with the client's or employee's name on the bottle and is properly stored. Clients or employees who have prescription drugs that are not in a properly labeled bottle will be asked to leave the premises and return with the medication in the appropriate prescription bottle.
- If any weapon is discovered on any client or employee of DirectCare Community Base Services, LLC the staff making the discovery will attempt to isolate the client or employee. Staff will remove all other clients and employees from the agency premises and immediately call the local authorities. Staff will focus on assuring the safety of the clients and other staff members. Staff will avoid attempting to take the weapon and will wait for the proper authorities to arrive.
- The staff should immediately notify the clinical supervisor (Q) and receive any additional instructions on how to handle the current situation. The client's legal representative will be notified immediately regarding the situation.
- DirectCare Community Base Services, LLC may press legal charges along with the local authorities and will participate fully in their investigation.
- A crisis meeting will be held with the client, his or her legal representative, the Q and management within 48 hours if possible of the incident to discuss the client's status in the program for continuation of services and supports.
- A critical incident report should be completed within 24 hours of the incident.

Restraint and Emergency Interventions Policy

Scope: This policy applies to all clients receiving services from DirectCare Community Base Services, LLC.

Purpose: To assure safe and proper methods are utilized when a situation arises to indicate this method to prevent or reduce potential for harm to self or others.

Policy: Restraints or therapeutic holds will only be used when absolutely necessary and will be performed only by staff that have received and have documentation of receipt of NCI training. These procedures of restraint may be performed to protect or control inappropriate violent or aggressive behaviors of children, adolescents or adults. No standing orders are issued to authorize the use of restraint unless the client has a formal approved behavioral plan in place recommending use of restraint. Restraint, when it becomes necessary, will only take place in an environment that can safely and humanely accommodate the practice of restraint. Staff should assess contributing environmental factors that may promote maladaptive behaviors and take actions to minimize these environmental factors. The following forms of restraint may be used:

- Therapeutic holds may be used to redirect inappropriate behaviors without disrupting the therapeutic process;
- Physical escorts involving touching or holding a client without the use of force may be used to redirect a client who is exhibiting aggressive or otherwise inappropriate threatening behavior;
- Physical restraint may be used to provide bodily force to limit a client's freedom of movement;
- Extended restraint is a physical restraint with duration of more than 20 minutes. Extended restraints increase the risk of injury and require additional staff assistance. This form of restraint should be a last resort to promote safety;

Procedure: Determination of when physical restraint may be used should conform to the following guidelines:

- Physical restraint may be used only when non-physical interventions would be ineffective or have proven ineffective. Physical intervention may be used only when the client's behavior poses a threat of imminent, serious, physical harm to self and/or others.
- Physical restraints will be limited to the use of reasonable force as is necessary to protect the client or other clients or staff from assault or imminent serious physical harm.

Physical restraint may not be used in the following circumstances:

- As a means of punishment;
- As an intervention if the client has a known health, emotional, physical or other special needs, which would knowingly exacerbate their condition;
- As coercion, discipline, convenience or retaliation by staff in place of adequate program interventions.

Nothing in this document prohibits:

- The right of an individual to report to appropriate authorities a crime committed by a client or another individual;
- Law enforcement or judicial authorities from exercising their responsibilities including the physical detainment of a client or other persons alleged to have committed a crime or posing a security risk;
- The exercise of an individual's responsibilities as a mandated reporter of abuse/neglect to the appropriate state agency;
- Any employee from using reasonable force to protect clients, other persons or themselves from assault or imminent serious physical harm.

Proper Administration of Physical Restraint

- Only staff that has been trained in physical restraint procedures shall administer it to clients. To the greatest degree possible, another employee who does not participate in the restraint should witness administration of a restraint. However, this policy shall not preclude an employee from using reasonable force to protect clients, other persons or themselves from assault or imminent serious physical harm.
- Use of force should only be used to the extent necessary to protect the client or others from physical injury or harm.
- Restraints will be administered in a manner so as to prevent or minimize physical harm to the client. Restraint will not last over 45 minutes and will be terminated when proper law enforcement officials arrive.
- A restraint will not be used in a manner that prevents the client from speaking or breathing.
- During a restraint, a staff member shall continuously monitor the physical condition of the client including skin color and respiration.
- The simultaneous use of seclusion and restraint is prohibited unless a staff member has been assigned for continual face-to-face monitoring.

Proper Administration of Restraint, cont.

- If at any time during the restraint, the client displays significant physical distress, the restraint will immediately terminate and medical assistance will be sought.
- Staff will review and take into consideration any known medical or psychological limitation and or behavioral intervention plans regarding physical restraint on an individual client.
- During a restraint staff will continuously talk to and engage the client in an attempt to deescalate behavior and to end the restraint as soon as possible. Staff will review for continued need for the physical restraint hold every 15 minutes.
- Staff administering physical restraint will use the safest method available that is appropriate to the situation.
- Floor or prone restraints will only be used when conventional holds are ineffective. This type of restraint may be necessary in order to provide for the safety of the other clients present. In such a situation, the primary staff member administering the restraint will communicate with the client for safety purposes in an attempt to deescalate and end the restraint as soon as possible.
- Immediate termination of the restraint will occur when staff determines that the client is no longer at risk of causing imminent serious physical harm to themselves or others.
- After release of a client from restraint, the incident, when applicable will be reviewed with the client and the behavior that led up to the restraint will be addressed.
- The administrator in charge will review the incident with the staff member who administered the restraint to ensure that proper procedures were followed and to consider if any follow up is appropriate for clients who may have been present during the restraint.
- Immediate medical attention is made available for any injury resulting from seclusion or restraint.

*****Any restraint lasting longer than 20 minutes or results in any injury to a client or staff member, shall be verbally reported to the supervisor as soon as possible and by written report within 24 hours. If the supervisor is the administrator of the restraint, report must be made verbally to the clinical director as soon as possible and in writing to the clinical director within 24 hours. Management and the QA/QI team should maintain an on-going record of all reported instances of physical restraint which shall be made available for review. Adjustments to environmental stimuli or treatment plan program interventions should be made to prevent recurrence of incidents resulting in restraint. Parents, legal representatives or others as applicable should be informed of restraint within 8 hours of occurrence. Discuss with client about the behaviors that caused the seclusion. When the client agrees to behave appropriately, the client is returned to treatment. Seclusion may not last longer than 45 minutes*****

Seclusion Policy

Scope: This policy applies to employees and contract consultants of DirectCare Community Base Services, LLC.

Purpose: To ensure that all incidents of seclusion have been documented and proper procedures have been followed during seclusion implementation.

Policy: Seclusion will be used when absolutely necessary to protect or control inappropriate behaviors from child, adolescent or adult clients. Local law enforcement authorities will be contacted if a child, adolescent or adult client becomes aggressive or violent. Standing orders are not issued to authorize the use of seclusion unless a client has a formal approved behavioral plan which indicates its use. Seclusion will only take place in an environment that can safely and humanely accommodate the practice of seclusion. Staff should examine contributing environmental factors that may promote maladaptive behaviors and take actions to minimize those factors.

Procedure: The following protocol will be utilized when seclusion becomes necessary:

- All non-seclusion redirection interventions will be attempted. The client will be asked to remove him or herself from others and proceed to the seclusion area without assistance. The client will be observed and staff will likely counsel the client about the behaviors that resulted in the seclusion. When the client agrees to behave appropriately, the client is returned to treatment. Seclusion will not last longer than 45 minutes.
- If the client will not proceed to seclusion area unassisted, the staff person will gently assist the client to the seclusion area. The same methods are used to identify and resolve the issues that caused the removal.
- If the client refuses to leave the treatment area and becomes aggressive, multiple staff will escort the client, when possible, safely to the seclusion area. If the client remains aggressive and it is deemed that they are a threat to themselves or others, then restraint may be necessary.
- Seclusion or restraint is not used as coercion, discipline, convenience or retaliation by staff in place of adequate program interventions.
- Seclusion is administered in a safe manner, with consideration given to the physical, developmental and abuse history of the client.
- The simultaneous use of seclusion and restraint is prohibited unless a staff member has been assigned for continual face-to-face monitoring.
- Appropriate trained staff continually assesses, monitor and reevaluate the client to determine whether seclusion continues to be required.
- Face-to-face monitoring with attention to vital signs will occur.
- Parents, legal guardians or other caregivers will be notified promptly by telephone or direct communication of the need for seclusion.
- Immediate medical attention is made available for injury resulting from seclusion or restraint.

Tobacco Use and Smoking Policy

Scope: This policy applies to all clients, family members, legal representatives, and all employees of DirectCare Community Base Services, LLC.

Purpose: To assure a safe and healthy environment for all individuals on the premises of DirectCare Community Base Services, LLC.

Policy: DirectCare Community Base Services, LLC maintains a tobacco free and smoke-free environment. Smoking or tobacco use in the workplace is prohibited. Areas outside of the building have been designated as smoking/tobacco use areas. In situations where the preferences of tobacco users and non-tobacco users are in direct conflict, the preferences of the non-tobacco users will prevail. The policy applies equally to employees, clients and visitors of the building.

Transition Planning Policy

Scope: This policy applies to all clients who transition in or out of services with DirectCare Community Base Services, LLC.

Purpose: To assure proper transition to a less intensive service within the agency, community, to other provider or to independent management of the client's needs.

Policy: It is the policy of DirectCare Community Base Services, LLC to initiate the process of transition planning as early in a client's treatment as possible. Transition planning will allow clients to progress to less intensive levels of care within or outside of the agency. Transition planning will fully involve the client and will result in a written transition plan when exiting the program. The client will be contacted after transition or discharge to gather information about their current status to determine whether additional services are needed and to determine the effectiveness of services rendered.

Procedure: Stages of Transitional Planning:

- **Initial Assessment:** Transition planning will occur within the initial assessment upon entry into the program. Through the process of assessing the client's expectations of participation in programming and overall goals and objectives an initial plan of care that will result in a successful experience in treatment and services is determined, issues related to transition such as length of stay, program goals related to completion and the development of needed community resources and supports for future needs are discussed and agreed upon at this time.
- **Individual Plan:** Transition planning will occur as part of the individual plan through the development of goals and objectives related to successful program completion and goals that are specifically related to assisting the client's transition to another level of care or community aftercare support systems.
- **Progress Review/Plan Revision:** Transition planning will occur within the progress review process through determining the status of the client's achievement of program goals and objectives. Specific transition planning will occur through an analysis of length of stay and the further development of goals specific to the actual transition process.
- **Transition Plan:** A transition plan will be developed prior to a client's exit from DirectCare Community Base Services, LLC programs. It will be developed through consultation with staff members and direct input from the client or guardian. It may also be developed with the input and participation of others when appropriate such as family members, legal representative's referral sources or other community services.

The original transition plan will be placed in the record and a copy will be provided to the client or guardian. Copies may also be provided to others who participated in the development of the plan. Transition plans will be developed for all clients exiting any DirectCare programs. They will be developed for both clients entering other programs within the agency and clients exiting the agency.

Components of a Transition Plan:

- Date of program admission
- Date of program transition
- Strengths
- Needs
- Abilities
- Preferences
- Name of program transitioning from
- Name of program transitioning to
- Presenting condition at the date of entry
- Current diagnosis
- Progress in recovery or move toward well-being
- Gains achieved during program participation
- Referral to assist in supporting continued maintenance or progress toward meeting personal goals and objectives
- Referral source information such as name and telephone number if the client is in need of assistance

Need for additional services and supports

When a transition plan indicates the need for additional services or supports the QP will assist in the transition in the following ways:

- Assist with maintaining the continuity and coordination of needed services by providing follow-up contact with the client or guardian and other programs, services and community resources, should the client or guardian permit such contact.
- Determine through follow up with the client or guardian whether further services are needed.
- Offer or refer the client to needed services if it is determined through follow up after transition that such services may be beneficial to the client's adjustment and well-being.

Unplanned Transitions

If a client leaves a program for any reason other than a planned transition outlined in the client's individual plan, follow up will be provided by the QP to:

- Determine whether further services are needed
- Provide or refer the client to needed services, when possible
- Follow up of unplanned transition will be documented in the client's record
- If a client requires discharge or removal from a program due to aggressive or assaultive behavior follow up will be provided by the QP to ensure linkage has occurred to provide appropriate care within 72 hours of exit from the program. Follow up will be documented in client's record.

DirectCare Community Base Services, LLC
Consumer Grievance Form

Consumer Name: _____

Record # _____

Medicaid # _____

DOB: _____

_____ Initial Review Check One
 Request for Appeal Process

I _____ have the following grievance:

I will accept the following action as sufficient remedy to my grievance:

Consumer Signature

Date

Agency Representative

Date

Decision:

_____ Accept

_____ Not Accepted

DirectCare Community Base Services, LLC

Client Handbook

Information for clients

We, at DirectCare Community Base Services, LLC thank you for your decision to give us the opportunity to provide you with quality services. This brochure answers some questions that clients often ask about the services that they will receive and about our agency in general.

This brochure talks about the following in a general way:

- Your rights and responsibilities as a client
- Our grievance policy
- Your input on quality care
- Satisfaction with services
- Program services and activities
- Service expectations
- Hours of operation
- Access to afterhours services
- Code of ethics
- Confidentiality policy
- Financial obligations of the client
- Other program policies

After you read this brochure, your qualified professional will discuss with you in person how these issues apply to your own situation and the services for which you have been authorized to receive. Please read all of the information contained in this brochure and mark any parts that are not clear to you. Write down any questions you think of and your qualified professional will discuss them with you . Once you have read and understand the information contained in the brochure, the qualified professional will ask you to sign a statement indicating that you have read the brochure and that your questions have been satisfactorily answered.

Acknowledgement of Receipt of Client Handbook

I _____ acknowledge that the client handbook has been discussed with me and that my questions and concerns have been answered satisfactorily. I understand that policies and procedures may change and that I will be notified of such changes in writing. I acknowledge that I have been given a copy of this handbook to keep and to refer to as needed.

Signature of Client or Legal Representative Date

Relationship to Client if signed by Legal Representative

Signature of DirectCare Community Base Services, LLC Employee Date