



*For people with intellectual
and developmental disabilities*

The Arc Mid-South Policy Manual

The Arc Mid-South Policy Manual

Table of Contents

I.	Purpose of Program	1 - 2
	a. Mission Statement	
	b. Program Operation	
II.	Advocacy Policy	2
III.	Program Design and service Description	3 - 10
	a. Personal Assistance	2 - 3
	b. Transportation Services	3 - 4
	c. Personal Assistance Services Program Restrictions	4
	d. Respite Care Services.....	4 - 6
	e. Hospital Sitter	6
	f. Community Based Day Services.....	6 - 7
	g. Health / Safety, Health Care Needs	7 - 8
	h. Family Caregiver Program -Choices)	8 - 9
	i. Person-Centered Plan of Care.....	8 - 9
IV.	Eligibility & Enrollment	10 - 12
	a. Procedures for Requesting Services	11
	b. Responsibilities of Person Supported / Guardian	11 - 12
	c. Payment of Services	12
	d. Payment Procedures	12 - 13
	e. Service Cancellations	13
V.	Dignity / Rights	13 - 15
	a. Modification / Limitations of Person Supported Rights.....	14
	b. Modification / Limitations of Individual Person Supported's Rights.....	15
VI.	Title VI Policy	15
VII.	Discharge Policy	15 - 16
VIII.	DSP Hiring Eligibility	16 - 26
	a. Training Policy	19
	b. Fraud & Prevention Policy	19 - 20
	c. Records Maintenance / Confidentiality of Records	20 - 21
	Employee Records Management Policy.....	20
	Person Supported Records Management	20
	HIPAA.....	20 - 21
	d. Procedures for Assignments	21 - 22
	Back Up Policy	22
	e. Supervision of Direct Support Staff.....	22 - 23
	f. Direct Support Call Procedures.....	23
	g. Responsibilities of Direct Support Staff	23 - 25
	h. Disciplinary Procedures	25 - 26
	i. Suspension.....	26
	j. Staff Recruitment.....	26
	k. Smoking Policy.....	26
IX.	Volunteer Policies and Responsibilities	26

X.	Health Management and Oversight	27 – 42
	a. Records Maintenance.....	27
	b. Risk Management.....	27
	c. Accident Reporting and Vehicle Breakdown Protocol.....	27 - 28
	d. Protection from Harm.....	28 - 29
	e. Psychotropic Medication Process / Review.....	29
	f. The Medicine Administration Record (MAR).....	29
	g. Reportable Event Form.....	30
	h. Tennessee Department of Mental Health and Substance Abuse Reporting System.....	33 - 35
	i. Incident Management Review / Medication Variances.....	35 - 36
	j. Choices Critical Incident Reporting System.....	36 - 42
XI.	Electronic Visit Verification (EVV)	42 - 43
XII.	Grievance Procedure (Complaint & Appeal)	43 - 44
XIII.	Self-Assessment Process	43 – 44
XIV.	Deficit Reduction Act of 2005 (DRA) & Federal and State False Claims Act	44 – 47
	a. Federal False Claims Act.....	46
	b. Federal Fraud Civil Remedies.....	46
	c. State False Claims Acts.....	46
	d. Whistleblower and Whistleblower Protections.....	46
	e. Managers Responsibilities.....	47
	f. Background.....	47
XV.	Crisis Intervention	48 - 50
XVI.	Healthcare Acknowledgement	50
XVII.	Receipt of Acknowledgement	51

FAMILY SUPPORT SERVICES PROGRAM POLICIES & PROCEDURES

I. Purpose of Program

Family Support Services is a program designed to provide assistance to individuals with intellectual and developmental disabilities in areas of activities of daily living, communication, socialization, community outings, and as otherwise tailored to the specific needs of the individual in accordance with agency policies and procedures. This support includes respite services (in and out of home), personal assistance, community-based day services, transportation. The Family Support Services program is also designed to provide in-home services (homemaker, personal care, and adult care) to individuals ages 65 and older through the Aging Commission of the Mid-South Home and Community Services Program.

The Family Support Services Program at The Arc Mid-South employs Direct Support Professionals to work with person supported in their family/guardians' private residential homes. The FSSP services are based on the principle of our mission statement as listed below.

The Arc Mid-South provides services in privately owned, residential settings, in a public community. The Arc Mid-South is NOT located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment; The Arc Mid-South is NOT located in a building on the grounds of, or immediately adjacent to, a public institution; The Arc Mid-South does NOT own or operate multiple locations on the same street; The services are NOT provided in a gated/secured community for individuals with disabilities; The services are NOT provided in a farmstead or disability specific community; The services are NOT provided in the same building as an educational program or school; The services are NOT designated specifically for individuals with disabilities; and The services are NOT primarily or exclusively for individuals with disabilities.

Mission Statement

The Arc Mid-South's mission statement is "Empowering People with Intellectual and Developmental Disabilities to Achieve their Full Potential."

Program Operation

The FSSP is a program within The Arc Mid-South, which is a non-profit organization.

The day-to-day operation of the Family Support Services Program shall be managed by the Operations Manager, Team Leader, Community Advocate, Respite Coordinator, Case Managers, and Administrative Assistant. The Arc Mid-South's Executive Director supervises the above staff. Refer to the organization chart attachment for department positions. Job descriptions for the FSSP staff are located in The Arc Mid-South's Human Resources office. Direct Support Professionals employed by The Arc Mid-South provides services to person supported.

The Board of Directors consists of nine members, who are three parents, three professionals, and three community-at-large members. The Arc Mid-South's Board of Directors reviews policies implemented in FSSP. In the absence of the executive director, operation of The Arc Mid-South will be delegated to the Operations Manager/Business Manager.

The Arc Mid-South, located at 3485 Poplar Avenue, Suite 210, Memphis, TN 38111 maintains licensure from the Department of Mental Health and Department of Intellectual and Developmental Disabilities. Categorization of the majority (over 50%) of the population base of persons receiving services under TDMHSAS license is tracked and maintained throughout the year and located in the agency administrative office.

II. ADVOCACY POLICY

The Arc Mid-South advocates for people with intellectual and developmental disabilities (I/DD) and their families.

PROCEDURE:

- The Arc Mid-South provides people with I/DD and their families the tools they need to become their own best advocate.
- The Arc Mid-South directly supports people with I/DD and their families to advocate for their needs when appropriate.
- The Arc Mid-South supports self-advocates to become involved in activities that maximize their advocacy skills.
- The Arc Mid-South encourages staff to share any concerns about persons supported and their families with their supervisors, in group staff meetings and other meetings of the organization as appropriate without fear of adverse reaction.
- The Arc Mid-South works with the Circle of Support to identify and build a natural support network outside the paid service delivery system.
- The Arc Mid-South has procedures in place to ensure that proper training and paperwork is completed prior to engaging a natural support network with the person supported, including consent to release information.

III. Program Design

Personal Assistance

Personal Assistance is defined per Department of Intellectual and Developmental Disabilities provider manual as, "the provision of direct assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, eating meal preparation excluding cost of food), household chores essential to the health and safety of the enrollee (person supported), budget management, attending appointments and interpersonal and social skills building to enable the enrollee to live in a home in the community. It may also include medication administration as permitted under Tennessee's Nursing Practice Act for respite services, i.e. summer retreat."

Direct Support Professionals and volunteers are trained per The Department of Intellectual and Developmental Disabilities' training requirements. This service is delivered on a one-to-one basis during the day or night at the person supported's permanent or temporary residence as well as in the community as specified in the person supported's Individual Support Plan; however, is not provided in any school or day program setting, in a hospital setting (refer to hospital sitter), supported living or residential settings, or Intermediate Care Facilities. Prior to providing services in a person supported/guardian's residence, an inspection is conducted utilizing the Department of Intellectual and Developmental Disabilities' personal assistance environmental checklist for assurance of both Direct Support Professionals' and person supported's health, safety, and welfare. If a person supported/guardian chooses to private pay for personal assistance, the services can be provided in the Direct Support Professionals' residence after it has been inspected and all components have been met on the environmental checklist. (See attached personal assistance environmental checklist for specifications of items reviewed.) Personal assistance is provided accordance with therapeutic goals and objectives as specified in the person supported's plan of care. Except for personal assistance reimbursed on a per diem basis, Direct Support Professionals are not permitted to sleep when on duty.

Family members who are employed by The Arc Mid-South as Direct Support Professionals are expected to meet the same standards as Direct Support Professionals who are unrelated to the person supported. Personal assistance service is billed to the Department of Intellectual and Developmental Disabilities or to person supported/guardians directly (private pay), depending on the funding source. Personal assistance for private pay is provided based upon availability of Direct Support Professionals. Direct Support Professionals are trained in all DIDD mandated training; applicable therapy plans/staffing instructions, applicable behavior/crisis plans, needs specific to the individual, HIPAA, as well as any additional applicable critical health issues-Wheelchair transfer, gait belt, range of motion, Hoyer Lift, etc. These can be located in the administrative office in each person supported's electronic file. Direct Support Professionals are trained in applicable ISP amendments and receive mandatory training annually in the person supported's personal profile, in accordance with annual ISP changes.

All needed supplies applicable to support the person supported will be provided by the guardian including but not limited to diapers/adult briefs, wipes, and any other needed supplies, however The Arc Mid-South does supply gloves as applicable to safeguard universal precautions for direct care professionals.

****NOTE: policy due to CO-VID 19, the timeframe in which home visits were suspended was March 13, 2020 through May 18, 2020 due to the pandemic. ****

Transportation Services

Individual transportation services are offered by The Arc Mid-South and provided by Direct Support Professionals' private vehicles on the condition that the service is approved by a funding source. Prior to transportation by Direct Support Professionals, a vehicle inspection is conducted as well as proof of current driver's license and liability insurance. See attached vehicle inspection form for specification of items checked. Vehicle inspections are conducted annually as well as randomly on Direct Support Professionals' vehicles throughout the year. Requirements applicable to individual transportation services include vehicles used to transport person supported have operable seat belts, Direct Support Professionals ensure that person supported are transported using seat belts, mobility support needs applicable to transportation is met in accordance with the person supported's Individual Support Plan, and each vehicle contains first aid supplies. Restrictions pertaining to transportation services includes transportation to and from day services, supported or

competitive employment, school aged children to and from school, and to and from medical services covered by Medicaid State Plan/Tenn Care program.

****NOTE: policy due to CO-VID 19, the timeframe in which vehicle inspections were suspended was March 13, 2020 through May 18, 2020 due to the pandemic.****

Personal Assistance Services Program Restrictions

Personal assistance services offered by Family Support Services Program do **not include** any budget management/personal funds, medical appointment assistance (with the exception that direct support staff accompanying the person supported with the guardian/family member present), medication administration, residential setting, or out-of-state personal assistance services.

The Arc Mid-South does not employ Direct Support Professionals who are the spouse or the person supported's parent if the person supported is a minor or to any other individual who is a conservator unless so permitted on the Order for Conservatorship. Documentation of the conservatorship papers must be submitted prior to employment of a conservator.

Personal assistance services will not be provided in the person supported's residence if any significant health hazards exist as reported by the Direct Support Professional or FSS staff if it is determined that the home may place the Direct Support Professional/person supported in any physical danger or present a health/safety/environmental hazard.

Personal assistance services are not provided for person supported(s) that require specialized medical care/attention. Examples of specialized care include but not limited to catheter, G tube, peg tube, any type of tubal feedings, or tracheotomies. Personal assistance services are also not provided for person supported that have extreme behavioral patterns.

Respite Care Services – In Home

Respite care is defined per Department of Intellectual and Developmental Disabilities provider manual as, "services provided to an enrollee when unpaid caregivers are absent or incapacitated due to death, hospitalization, illness, or injury, or when unpaid caregivers need relief from routine care giving responsibilities. The respite provider may accompany the enrollee on short outings for exercise, recreation, shopping or other purposes while providing respite care."

Respite care services approved by the Department of Intellectual and Developmental Disabilities is provided in the person supported's families' home by Direct Support Professionals. Prior to providing services in a person supported/guardian's home, an inspection is conducted utilizing the Department of Intellectual and Developmental Disabilities' personal assistance environmental checklist for assurance of both Direct Support Professionals' and person supported's health, safety and welfare.

If a person supported/guardian chooses to private pay for respite care services, the services can be provided in the Direct Support Professionals' home after it has been inspected. (See attached personal assistance environmental checklist for specifications of items reviewed.) Conditions which must be met in the person supported's home include but aren't limited to health and sanitation, adequate furnishing, and equipment for meeting the person supported's needs, and adequate food and nutrition for the person supported. Respite care services are provided in accordance with therapeutic

goals and objectives as specified in the person supported's plan of care. Respite care services for in-home assignments are designed to be delivered on a one-to-one basis. Person supported are never to be left alone. If siblings are to be present during in-home respite assignments, care for siblings must be pre-arranged by the family and not the responsibility of Direct Support Professionals. The Arc Mid-South will not provide respite care services prior to the approval by the Department of Intellectual and Developmental Disabilities based upon availability of direct care professionals. All requests for respite care must be coordinated and approved by Family Support Services staff prior to the submission for approval of services through the Department of Intellectual and Developmental Disabilities.

All needed supplies applicable to support the person supported will be provided by the guardian including but not limited to diapers/adult briefs, wipes, and any other needed supplies, however, The Arc Mid-South does supply safeguards for universal precautions for direct care professionals.

Respite Care Services – Out of Home

If a person supported/guardian chooses to private pay, respite care services can be provided in the home of the Direct Support Professional rather than in the home of the person supported. The Direct Support Professional's home is inspected and thoroughly reviewed prior to any service being delivered at that location. All conditions that must be met include all items listed on the Department of Mental Retardation's personal assistance environmental checklist as well as adequate furnishing and equipment for meeting the person supported's needs, and adequate food and nutrition in order to ensure health and sanitation within the home.

In accordance with Tennessee state law, unlicensed personnel are not allowed to administer medication unless they have their certification in medication administration.

All needed supplies applicable to support the person supported will be provided by the guardian including but not limited to diapers/adult briefs, wipes, and any other needed supplies, however The Arc Mid-South does supply safeguards for universal precautions for direct care professionals.

Respite Care Services

Respite care services are also provided during weekend retreats once a month or at summer camps at designated facilities by direct care professionals under the supervision of the Operations Manager, Respite Coordinator, and Lead Weekend Retreat Staff. Respite weekend retreat person supported must be at least eight years of age.

Person supported who wishes to participate in the weekend retreat/summer camp who choose to private pay must submit a deposit to The Arc Mid-South office to secure participation. Unless payment has been waived, a reservation for the retreat will be considered valid only when The Arc Mid-South has received the deposit by the designated deadline. If full payment is not paid prior to the retreat by the 3:00pm on the Friday before services begin, services will not be provided. Refunds will only be made (less the deposit) when the FSS Department is notified PRIOR to the retreat of a cancellation.

In accordance with Tennessee state law, unlicensed personnel are not allowed to administer medication unless they have their certification in medication administration. All needed supplies applicable to support the person supported will be provided by the guardian including but not limited to diapers/adult briefs, wipes, and any other needed supplies, however The Arc Mid-South does supply safeguards for universal precautions for direct care professionals.

Person supported who are funded by Medicaid Waiver; approved service/cost plan must be received in the office by the designated deadline in order to attend. Financial assistance in the form of a scholarship may be available to person supported/guardian who meet qualifications. This request is to be coordinated through FSSP respite coordinator. This financial assistance is dependent of the availability of funds.

Respite staffing ratio consists of 1:3 where one DSP is assigned to 3 people supported. Any medical instances not rising to the level of a reportable medical incident is reported immediately to the respite coordinator by respite staff. Guardians are notified ASAP but within 1 hour of notification of the medical instance.

Respite Care Restrictions

Respite care services are not provided for person supported(s) that require specialized medical care/attention. Examples of specialized care include but not limited to catheter, G tube, peg tube, any type of tubal feedings, or tracheotomies. Respite care services are also not provided for person supported(s) that have extreme behavioral patterns. Respite care will not be provided in the person supported's home if any significant health hazards exist as reported by the Direct Support Professional or FSS staff if it is determined that the home may place the Direct Support Professional/person supported in any physical danger or present a health hazard according to the Department of Intellectual and Developmental Services.

Hospital Sitter

Hospital sitter services are provided by direct care professionals upon approval by the Department of Intellectual and Developmental Disabilities. All hospital sitter service requests must be coordinated through FSSP case managers and/or FSSP Manager and are provided on an as needed basis depending on availability of direct care staff. Hospital sitter services provide the same care as defined in personal assistance services and are not allowed to provide any care out of the scope of direct care staff training. Restrictions of this service include that hospital sitter services are not to be provided to a person supported admitted in the ICU as well as protocol restrictions set by DIDD.

Community Based Day Services/In Home Day Services

Day Services is defined per Department of Intellectual and Developmental Disabilities provider manual as, "individualized services and supports that enable an enrollee to acquire, retain or improve skills necessary to reside in a community-based setting; to participate in community resources; to acquire and maintain.; and to participate in retirement activities. Therapeutic goals and objective shall be required for enrollees receiving Day Services." It is to be noted that FSS Department is referring to Community Based Day Services, which is a category of Day Services. This specific service is defined per Department of Intellectual and Developmental Disabilities as, "CB day services enable the person supported to participate in meaningful and productive activities in integrated settings with other community members who may or may to have disabilities. CB day services may be provided in a person supported's home if there is a health, behavioral or other medical reason or if the enrollee has chosen retirement. Supports provided may facilitate job exploration activities, volunteer work, educational activities and other meaningful, measurable community activities that promote developing relationships and maintain ongoing relationships with friends and family members."

An integral part of FSS philosophy is to strongly encourage and support person supported to form meaningful relationships with individuals who are not paid to provide support, to be active participants in community life, hold a valued role in the

community. The person supported is supported in having opportunities for membership in community clubs, organizations, or groups (formal or informal) of his or her choosing, as desired and indicated in the Individual Support Plan. There is a staffing plan developed for each person supported receiving CB day services which is in Arc office as well as in the in-home binder at the person supported's residence.

Process for gathering information about persons served interest in employment is conducted during each annual ISP meeting and via employment memo. (See attachment for additional information).

Day Services are provided in the community or at the person supported's residency, as specified in the Individual Support Plan. It is standard to be provided only on the weekdays (Monday-Friday) between the hours of 7:30 am- 6:00 pm) as

specified in the Individual Support Plan. CB Day Services are limited to a maximum of 6 hours per day and 5 days per week up to a maximum of 243 days per the person supported's Individual Support Plan's year. Any revisions to the standard days/times/hours must be documented in the person supported's ISP. There is flexibility to the schedule which can be provided and everyone's services are identified via circle of support and/or annual ISP meetings. Transportation is provided by the direct support staff to and from sites in the community, unless otherwise noted in the person supported's ISP. (Ex. MATA plus, etc.). Transportation/mileage isn't reimbursed for DSP staff for CB Day services. Day services are monitored in the community by monthly home visits conducted by Case Managers. (See monthly home visit form for items monitored.)

In-Home Day Services, while available to meet specific and well documented needs, are to be used only in exceptional circumstances. These circumstances may include limited provision of these supports due to behavioral or psychiatric destabilization, medical concerns/necessity, or other infrequent and exceptional circumstances. Extended in-home services related to medical concerns shall require a physician's order and accompanying documentation in the ISP supporting the provision of in-home services as the most appropriate and viable option. The BSP for a person with extended in-home services related to behavioral concerns should be time limited and include a plan to fade out in-home services with increasing community services. If the reason for the request for In-home Day Services is retirement, then the information in the ISP should indicate that the person was employed and has chosen retirement. It is not necessary that the person be official retirement age according to Social Security guidelines.

Community Based Day Services Restrictions

Community Based Day Services is not provided in inpatient hospitals, nursing facilities and Intermediate Care Facilities. CB Day services are not provided on weekends or out of state. CB Day services are not provided with any staffing ratio other than 1:1.

Health/Safety, Health Care Needs

First Aid Kits are supplied by The Arc Mid- South at each home in a secure location, as applicable which receives personal assistance, community-based day services/in home day services, and on site at respite weekend retreats/summer camps. The contents of the kits are as follows: gauze pads and roller gauze, triangular bandage, Band-Aids, non-allergenic tape, plastic bags (red bio-hazardous), disposable gloves, hand cleaner (prep soap pads), small flashlight with extra batteries,

scissors, tweezers, and liquid anti-bacterial soap. Ointments are monitored for expiration dates as applicable. Periodic review and restocking as applicable are conducted by case managers/respite coordinator.

The Arc promotes the maintenance and enhancement of each individual's health and wellness by helping individuals comply with prescribed/advised medical protocols and by helping individuals identify ways to achieve and maintain greater health through good nutrition, exercise/activity, and education.

1. The Arc will maintain positive collaborative relationships with MCOs, involved family members, friends, or other natural supports critical in the life of the individual; and other providers, including outside healthcare providers such as physicians, dentists, therapists, and behavioral/mental health professionals to maximize the quality and effectiveness of health care supports for the individual.
2. The Implementation Plan developed for everyone will reflect all health and wellness goals reflected in the PCSP.
3. The Implementation Plan will include goals/outcomes/strategies for health and wellness based on interests and informal goals as stated by the individual. The Arc will encourage that everyone has at least one activity goal and one good nutrition goal except for those only receiving employment supports.
4. Support staff will be trained on specific health protocols/concerns for everyone.
5. Support staff will be trained to help everyone pursue an active and healthy lifestyle to the degree possible.
6. Support staff will document and communicate any known or suspected new injury, illness, and change in health status to their supervisor on the day that such is noticed.
7. The individual's emergencies, emerging health issues, injuries, illnesses, or other health concerns are identified and reported to the MCO Support Coordinator within 24 hours.
8. The Arc Mid-South resolves emergencies and notifies the legal representative/family member, if applicable, immediately.
9. Support staff will immediately address, as appropriate, document and communicate any change in medical protocol that results from any health-related appointment during which the staff person accompanied the individual and became aware of such.
10. The Arc will communicate any health-related concern to the Support Coordinator within 48 hours of discovery and family if appropriate.
11. Incident reports will be completed as required.

Family Caregiver Program/Older Americans Act/Options Program (Aging Commission/CHOICES)

Personal Care Services

Personal Care Services are defined as services provided to assist with activities of daily living, and related essential household tasks (e.g. making the bed, washing soiled linens or bedclothes that require immediate attention), and other activities that enable the person supported to remain in the home, as an alternative to Nursing Facility care, including:

- Assistance with activities of daily living (e.g. bathing, grooming, personal hygiene, toileting, feeding, dressing, ambulation),
- Assistance with cleaning that is an integral part of personal care and is essential to the health and welfare of the enrollee,
- Assistance with the maintenance of a safe environment.

Homemaker Services

Homemaker Services are defined as general household activities and chores such as sweeping, mopping, dusting, changing linens, making beds, washing dishes, doing personal laundry, ironing, mending, meal preparation and/or education about preparation of nutritious appetizing meals, assistance with maintenance of safe environment and errands such as grocery shopping and having prescriptions filled. Homemaker services are to be provided when the person supported is unable to perform such activities and the individual (or caregiver) regularly responsible for these activities is unable to perform such activities for the enrollee. The goal of homemaker services is to provide assistance with general household activities or errands as defined above as deemed by the case manager to be appropriate, efficient, and effective in allowing the person supported to maintain or achieve the maximum amount of independence desired.

Adult Care/Sitter (Respite)

Respite Care services are defined as and provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The intent of respite care is to provide short-term relief for caregivers for vacations and emergency situations that may involve the temporary loss of a caregiver (e.g. hospitalization, illness of another relative).

Person-Centered Plan of Care

The PCSP process is directed by the consumer and the people they choose (including family members and/or conservators) to provide the information and support to guide the planning process as much as possible. The process is timely and the place to hold the meeting is also chosen by the consumer. The consumer understands the process and the service plan written by their designated care coordinator, chooses their residence and where they receive their services, understands the services in which they choose as well as their service provider, and can always ask for a revision to their plan which includes ways to solve any issues that may be identified. The requirement of the plan includes the consumer's strengths and preferences, clinical and support needs, goals and desired outcomes, services and supports (paid and unpaid) that will help them to meet their goals, risk factors and how those risks will be prevented, back-up plans, residence, which was chosen by them and which supports their opportunities to live and work in their community, understandable to them, and to all the people important in supporting them. The PCSP process also identifies the care coordinator, is signed by the consumer and The Arc Mid-South, and is distributed to all parties involved in the plan. It includes the chosen services to self-direct (as applicable) but does not include services which aren't needed or appropriate to support the consumer. In the event the consumer requests a revision to a plan of care, the Case Manager will inform their Care Coordinator via email of the specific changes and request that they contact the consumer directly to review the changes. DSP are trained on components of the specific consumer's plan of care initially by the Case Manager face to face upon assignment of the case and the PCSP general policy training is conducted initially and annually via power point and face to face training. Training documentation is in employee training files as well as consumer files. Acknowledgement of plan of care receipts and acceptance of providing services is conducted via the attestation process in the EVV system completed by the Case Manager. If the Case Manager is unable to conduct the attestation process, the Programs Manager will complete the process. Reports are run on a weekly basis in an effort to track and identify any outstanding POC attestations. Services are provided and controlled by the choices of the consumer to the extent possible authorized by the plan of care. Family members and/or conservators are consulted and included in all aspects of service delivery also to the extent possible as mandated by the consumer/plan of care and/or legal aspects.

Home & Community Based Setting Rule

These are defined as federal standards to ensure that Medicaid-funded HCBS are provided in settings that are not institutional in nature and apply to both residential and non-residential services and settings. The rules focus on the experience of each person receiving services and supports and the goal is to ensure that every person has access to benefits of community living, full opportunity to be integrated in their community, and has enhanced protections. Settings which are excluded are nursing homes, hospitals, institutions for mental diseases, and intermediate care facilities for individuals with intellectual disabilities. HCBS, including respite or assisted living cannot be provided in these settings in Medicaid HCBS programs. Standards that apply to all HCBS Settings are integration with community, support full access the persons to the community, choice-the consumer must be able to choose the setting from other options, rights-the consumer must have the rights to privacy, dignity, respect and freedom from coercion and restraint, independence-setting must maximize the consumer's ability to make life choices. These standards are implemented by monitoring processes including conducting an initial home visit prior to accepting new cases to ensure the above standards are complying, meeting with the consumers and family members/conservator (as applicable) along with an environmental checklist is conducted to explore the environment of the setting in which the services will be delivered. DSP who delivers services in the settings are trained through power point in a classroom face to face setting on the HCBS setting rule and will notify their Case Manager of any lack of access and/or use in their community including employment and public transportation restrictions. Emphasis on the importance of the member's experience is reiterated in the training process both initially and ongoing. Anytime some part of the rule can't be followed for a consumer, the below steps are followed:

1. Alternative strategies are utilized are documented that they didn't work
2. Specific part of rule not followed is listed in the service plan, along with the justification
3. Consumer or conservator agrees
4. Exception will not cause harm to
5. Data collected indicated the change is successful
6. Care coordinator reviews the plan at initially and annually to ensure necessity

IV. Eligibility/Enrollment

Prior to services being provided, a person supported/guardian must complete a Family Support Services Program application. Upon FSSP receiving a completed application for services, an initial home visit will be conducted by Operations Manager in order to assess the needs of the person supported and explain our program to the person supported/guardian. A start date for services, as applicable, will be assigned by Operations Manager after the above has been completed.

The conservator/person supported will receive a copy of the policies and procedures to be followed while the Direct Support Professional is rendering services. The conservator/guardian must not request the Direct Support Professional to provide services that are not outlined in the Individual Support Plan and/or cleared by the Case Manager/Supervisor. The conservator/person supported must read, sign and date they understand the policies set forth during the tenure of services. Person supported have the right to use various communication methods that are conducive to him/her to communicate about activities occurring in the community and to describe how he/she accesses the community (e.g., gestures, sign language, facial expression, body language, accessibility equipment, pictures). Person supported have the

right to receive interpreter services. In order to remain active with the program, each person supported/guardian must annually update the application for services and other information as applicable (medical information, photo, etc.)

If a person supported is funded by Medicaid Waiver, a service plan/cost plan must be approved and sent to The Arc Mid-South via the Independent Support Coordinator or the Department of Intellectual and Developmental Disabilities. No services can be provided without the proper documentation unless the family has agreed to private pay for the services received. They will be required to arrange payment procedures with the direct support staff for services received.

Procedures for Requesting Services

Services may be requested by calling The Arc Mid-South office between 8:00 a.m. and 5:00 p.m. Monday through Friday. A toll-free number (1-866-838-1598) is also available to person supported and their guardians for emergency requests after business hours and on weekends. Calls are made once per month to ensure that the toll-free number is working properly and remains updated with current Case Manager's after hours contact numbers. Case Managers maintain a 24-hour mobile number to receive calls from family members / guardians in the event of an after-hour emergency. ALL service requests MUST be coordinated through FSSP case managers, respite coordinator, or Operations Manager. If a request is made by a person supported/guardian without notifying the FSSP staff, The Arc Mid-South assumes no responsibility for the arrangements of or for providing financial payment.

The minimum request for services is four consecutive hours, unless otherwise approved by Operations Manager or Executive Director. Person supported/guardians are to allow 2 weeks' notice between the initial requests and the desired time frame/dates for the requested service to allow ample time to arrange for staffing.

The person supported/guardian are strongly encouraged to be involved in the selection process of Direct Support Professionals in the following ways: refer Direct Support Professional to be hired by The Arc Mid-South, participate in pre-hire and/or post interview process, interview direct support staff in their home, and have the direct support staff work with the person supported in the presence of trained staff on a trial basis in their home.

Responsibilities of Person Supported/Guardian

Adequate food, nutrition, environmental standards, and needed supplies applicable to support the person supported will be provided by the person supported/guardian including but not limited to diapers/adult briefs, wipes, gloves, additional meals and any other needed supplies at all times, including out-of-home placement (private pay).

Any decision to transport the person supported by the Direct Support Professional during private pay services will be made through FSSP department and between the person supported/guardian and the Direct Support Professional. The Arc Mid-South assumes no responsibility or liability in transportation or service arrangements not made through FSSP.

The Arc Mid-South expects the person supported/parent/guardian to supply monetary funds for outings for person supported's portion of the cost. Any meals that are purchased during community outings, the result of purchasing food, or the cost of an event will be the responsibility of the person supported/parent/guardian.

The parent/guardian will not ask the Direct Support Professional to perform housework except for those duties associated with the care of the person supported as referenced in the Individual Support Plan (e.g., cleaning the kitchen after serving a meal or tidying a bathroom after giving a bath) or any other duties outside of the scope/training of a Direct Support Professional.

The Arc Mid-South assumes no responsibility whatsoever for any lost, damaged, or broken personal belongings, under any circumstance, including theft, vandalism, or malicious mischief, of such belonging.

Person supported/guardians are strongly encouraged to be involved in the evaluation process of direct support staff via using the comments/suggestions from parent surveys, home visits, and communication via phone/email.

Payment for Services

Families, who do not receive funding through the Medicaid Waiver program, may request services by signing an agreement with The Arc Mid-South to employ a Direct Support Professional to provide services. A minimum of \$8.00/hour is the suggested pay by The Arc Mid-South office. There is also a minimum of 4 hours of Personal Assistance services that must be requested. If a Direct Support Professional completes an assignment, he/she is entitled to be paid even if the performance on the job was not satisfactory to the family. Non-Medicaid Waiver funded person supported/guardians shall pay Direct Support Professionals directly immediately following the completion of an assignment. In case of long-term assignments, the person supported/guardian will negotiate payment acceptable to both parties. Fees or partial fees may be paid to the Direct Support Professional by The Arc Mid-South office if a family qualifies for financial assistance. Documentation of the request for financial assistance and the family's income and particular circumstances will be given by the family on a signed form. Further documentation of the need may be required. This financial assistance is dependent of the availability of funds. The FSS Department will determine the amount of the financial assistance provided through The Arc Mid-South. The annual allowance for a family to receive financial assistance provided through The Arc Mid-South is 100 hours. However, financial assistance is available only if the budget for financial assistance has sufficient funds. In the event of an emergency and if the budget allows, the allowance may be extended. The Executive Director and the FSSP will make determination of an "emergency situation." See attached fee schedule for more information.

Payment Procedures

Payment for Respite Care Provider services will be made via one of the following procedures:

Families using The Arc Mid-South services for individuals receiving Tennessee Family Support Services will pay the rate agreed upon by The Arc Mid-South and the Direct Support Professional. A signed Authorization for Payment form (AFP) needs to be sent to The Arc Mid-South office in the beginning of the month in which services are required. The forms must be signed completely to be processed or services may be slowed or undeliverable.

The Arc Mid-South families currently paying respite provides directly may do so at the rate of \$7.50/hour for a minimum of at least 4 hours.

Service Cancellations

Cancellations by person supported/guardian should be made 24 hours before the service is to be rendered. This courtesy will benefit other families by allowing us to use the Direct Support Professional for an alternate request. Repeated cancellations will be addressed on an individual basis. Weekend retreat cancellations are to be made as early as possible to give families on the waiting list an opportunity to attend. Since spots are NOT reserved without the deposit, it is still important to contact the office to notify the FSSP of your status. Once deposit has been paid, it is lost if a cancellation comes into effect. If full payment has been made and the family would like to cancel, they may do so and will be penalized the deposit amount. The full amount will be lost if parents do not cancel by 3:00 p.m. on the day of the retreat start date and they do not show to the retreat.

V. Dignity Rights

Persons supported are supported to exercise the same rights as all other citizens (freedom of speech, association, religion, vote, equal opportunity, and equal protection under the law). The following rights are given to all person supported by all licensees and are not subject to modification.

Persons supported are informed before and/or upon admission about their rights and responsibilities and about any limitations on these rights imposed by The Arc Mid-South. We ensure that the person supported is given oral and/or written rights on information that includes at least the following:

- A statement of the specific rights guaranteed the person supported by these rules and applicable state laws;
- A description of the facility's grievance procedures.
- A listing of available advocacy services; and
- A copy of all-general facility rules and regulations for person supported.

The Arc Mid-South presents the rights to the person supported in a manner that promotes understanding, and an opportunity is given to the person supported to ask questions about the information. If a person supported who is unable to understand this information at the time of admission later becomes able to do so, the information is presented to that person supported at that time. If a person supported is likely to continue indefinitely to be unable to understand this

information, The Arc Mid-South promptly attempts to provide the required information to a parent, guardian, or other appropriate person or agency responsible for protecting the rights of the person supported.

Person supported have the right to voice grievances to staff of facility, to the license, and to outside representatives of their choice with freedom from restraint, interference, coercion, discrimination, or reprisal.

Person supported have the right to be treated with consideration, respect, and full recognition of their dignity and individuality.

Person supported have the right to be protected by the licensee from neglect; from physical, verbal, and emotional abuse (including corporal punishment), and from all forms of exploitation.

Person supported have the right to be assisted by the facility in the exercise of their civil rights.

Person supported have the rights to be free of performing services, which are ordinarily performed by staff.

Person supported are prohibited from having the responsibility of providing care of other person supported.

Person supported are prohibited from the responsibility for the supervision of other person supported unless on-duty/on-site staff is present.

Person supported are prohibited from the responsibility requiring access to confidentiality information.

Person supported have the right to participate in the development of their individual program plans and to receive sufficient information about proposed and alternative interventions and program goals to enable the participation effectively.

Person supported have the right to participate in community activities, as they choose. Person supported have the right to participate fully, to refuse, and to make decisions regarding their participation in community activities including cultural, educational, religious, community services, vocational, recreational, and medical appointments accompanied by the legal guardian (Ref. Health Management Oversight, page 25). Person supported have the right to visit family, and friends. Person supported have the right to dine out at restaurants of their choice, and to participate in shopping. Person supported have the right to express their feelings regarding services, including community participation. Person supported have the right to participate in Circle of Support meetings to choose to participate in activities that are of interest. Person supported have the right to receive assistance from a family member, friend, or the Direct Support Professional in facilitating community activities. Person supported have the right to use various communication methods that are conducive to him/her to communicate about activities occurring in the community and to describe how he/she accesses the community (e.g., gestures, sign language, facial expression, body language, accessibility equipment, pictures). Person supported have the right to receive interpreter services. Person supported have the right to be given choices of activities occurring in the community to determine how they would like to spend their day. Person supported have the right to access materials to become aware of activities occurring in the community (e.g., online communication, library resources, newspapers, magazines, mass communication). Person supported have the right to employment of their choosing, or to

participate in other options made available to them. The person supported has the right to be provided opportunities available to them for employment.

Person supported have the right to receive services regardless of sexual orientation or ethnicity.

Modification/Limitations of Person supported Rights

The rights of person supported may only be modified or limited under the following conditions:

It is demonstrated and documented that a legitimate program purpose cannot reasonably be achieved without such modification or limitation; No modification or limitation may be made solely for the convenience of facility staff or be more stringent than is necessary to achieve the demonstrated purpose.

Person supported or representatives of person supported, as appropriate, must be fully informed of proposed policies and procedures modeling or limiting client rights, and of the reasons and must be given an opportunity to object; to propose alternatives; and to consult with family, friends, and/or advocacy agencies prior to their implementation.

Modification/Limitations of Individual Person Supported's Rights

The rights of an individual person supported may only be modified or limited under the following conditions:

- It is demonstrated and documented that such modification or limitation is necessary because of the individual's physical or mental condition
- To achieve a legitimate goal in the individual program plan
- No modification or limitation may be made solely for the convenience of staff or be more stringent than is necessary

The person supported or a representative, as appropriate, must be fully informed of the proposed limitation or medication and must be given an opportunity to object, to propose alternatives, and to consult with family, friends, and/or advocacy agencies prior to implementation of the modifications or limitations

Any modifications or limitations and the reasons therefore must be documented in the individual's Individual Program Plan.

VI. Title VI - Policy Statement

It is the policy of The Arc Mid-South to ensure compliance with Title VI of the Civil Rights Act of 1964; 49 CFR. Persons supported are informed of their Title VI rights annually via documentation containing these rights at home visits by FSS staff and by their Individual Support Coordinators. Title VI posters are prominently displayed at The Arc Mid-South and display the name and contact information of our local Title VI Coordinator to whom complaints should be referred. The Arc Mid-South complies with all Title VI guidelines including discriminating against persons with limited proficiency.

Persons supported is provided assistance in the event that they wish to file a grievance appeal due to a denial of waiver benefits or services.

VII. Discharge Policy

The Arc Mid-South implements a consumer discharge to reflect the cessation of services upon the following stipulations:

1. Denial of services from the person supported's guardian, caregiver, or legal conservator.

2. Unsanitary or unsafe living environment in the location in which the services are being utilized which would jeopardize a Direct Support Professional's general health.
3. Denial of services based on a Direct Support Professional's gender, race, or sexual preference.

If the agency withdraws as a VSHP CHOICES provider, all enrollee records will be rendered to VSHP within 30 days of discontinuing as a CHOICES provider, as applicable. If services are no longer able to be provided to a CHOICES enrollee, VSHP Care Coordinator is provided a 60 (business) day written notice to stop services.

VIII. Direct Support Professionals (DSP) Hiring Eligibility

ELIGIBILITY REQUIREMENTS

Each Direct Support Professional must be interviewed in person and complete an on-line application for employment. A minimum of three acceptable personal references (one of whom shall have known the applicant for at least 5 years) and each employment reference hired more than 6 months in the last five years are required to be on file for each applicant prior to having direct contact with persons supported. Direct Support Professionals also must pass background checks prior to employment in Tennessee and other states as appropriate and applicable registries (TN and national sexual offender, abuse, felony offender, DIDD SIRI, ICOTS, System for Award Management (SAM) registry and OIG Fraud & Detection Search on LEIE Exclusions) before having direct contact with persons supported. General Sessions search is also conducted and reviewed which includes but not limited to motor vehicle violations. OIG List of Excluded Individuals/Entities and System for Award Management (SAM) are conducted monthly. TN and national sexual offender, abuse registry, felony offender, and ICOTS are confirmed on an annual basis. HR department reviews prospective employee's background checks. Any background result that contains questionable results or fails a background check are provided to the Executive Director for further review which determines the acceptance or denial of employment based on three factors relating to nature of work to be performed, nature and gravity of offense, and time when offense was committed. A background check which lists any of the below offenses are automatically deemed not eligible for hire: Physical, sexual, or emotional abuse, neglect, financial exploitation or misuse of funds, misappropriation of property, theft/violence from any person, manufacture, sale, possession, or distribution of any drug, present on abuse registry, state or national sexual offender registry, felony offender registry, and if a felony is present on the results of the background check. The specific process for an individualized assessment for each potential employee is for HR or ED to discuss with them the questionable results listed on the

background checks to inquire if they have any additional information to share to dispute the results. For example: documentation the charges have been expunged or any other forms of proof that can be submitted.

HR department maintains a Criminal Background Check Roster that evidence and details background checks of employees that support CHOICES/ECF CHOICES persons support and is shared with each MCO, upon request. Employees are categorized as direct contact and/or incidental contact with a person supported.

All Direct Support Professionals are hired entering the PRN pool unless they are referred with a case. All assignments/jobs are a case-by-case basis based upon the need of families and will be treated as temporary employment and unemployment may not be recommended by agency.

Direct Support Professionals are required to attend orientation and complete a wide variety of training topics on the population they support via a combination of classroom face to face training, power point presentations, web based/computer training, and handouts. As part of The Arc Mid-South's training process and to ensure that all employed staff and volunteers are trained in accordance with contractual/credited mandated training time frames and requirements, Direct Support Professionals shall complete all required training courses initially and ongoing including CPR/1st Aid pre- hire, training specific to meeting individual person supported needs (in areas of self-care, household management and community living, and methodologies for service delivery), protection from harm/abuse and neglect prevention-annually, critical incident reporting-annually, fire safety, environmental safety, risk management, physical safety in the workplace, people with disabilities building relationships-annually, standard precautions, mock fire drill, ethics and confidentiality - HIPAA/HITECH, person centered planning and supports-annually, supporting quality of life of person with developmental disabilities, assisting people with intellectual disabilities in choice making-annually, overview of principles of positive behavior support (behavior health including behavior support challenges individuals with I/DD or other cognitive limitations (including Alzheimer's Disease, dementia, etc.) may face; understanding behavior as communication; potential causes of behavior, including physiological or environmental factors; and person-centered supports for individuals with challenging behaviors, including positive behavior supports) for DSP, principles and practices of effective direct supports, Title VI, healthcare needs for people with IDD (formerly seizure), systematic instruction strategies, FFCA&FDRA, TDMHSAS reporting, crisis intervention, natural disaster, documentation of service delivery/reporting, GPS, eldercare, EVV, APS, person centered planning, cultural competency-annually, DSP promotion of healthy lifestyle choices/supports in self-management of chronic healthcare conditions, disability awareness and cultural competency training, including person first language, etiquette when meeting and supporting a person with a disability, and working with individuals who use alternative forms of communication such as sign language or non-verbal communication, or who may rely on assistive devices for communication or who may need auxiliary aids or services in order to effectively communicate-annually, and HCBS setting-annually. DSPs are required to complete annual refresher courses, as applicable prior to expiration dates. Direct Support Professional shall pass with at least an 80% on the exam of material covered in the training course. An employee being assigned to CHOICES cases are trained initially and ongoing in EVV System, Documentation of Service Delivery, and Caring for the Elderly and Disabled Population, and any other training requirements specified by TENNCARE in State rule, the Contract Risk Agreement (CRA), or in policies or protocols. Topics contained in Documentation of Service Delivery include but are not limited to recording service requirements of date, place of service, time of service as well as that services rendered for each visit are documented via tasks in a checklist style that is signed by the enrollee and the employee, and then initialed by the employee's supervisor and submitted on a weekly basis.

Topics contained in Caring for the Elderly and Disabled Population include but are not limited to Alzheimer's Disease, dementia care, activities of daily living, brain/memory, aging process, behaviors, communication, risk factors, abuse, reporting, medications, and disease management.

All training records/transcripts are kept in binders for each Direct Support Professionals to serve as the documentation of completed training and is located at the administrative office at The Arc Mid-South. The Arc Mid-South's training policy states the Direct Support Professionals (DSP) is to stay abreast of any needed training and/or documentation. DSP's will be given a 90-day notice about upcoming training by mail/email. If the DSP has not completed any training and/or documentation by the 59th day, the DSP will be immediately suspended from present and future assignments until all training and/or documentation is current. The DSP will be notified by phone or by mail/email about their overdue status and the details of their suspension. Once this violation has reached two weeks past due, the DSP will be subject to termination. If an applicant has experience and/or previous training, the requirement for additional training may be waived if the proper paperwork is submitted and/or is accessible on website. Direct Support Professionals must be at least 18

years old and possess language skills sufficient to read and understand instructions and communicate with person supported; prepare and maintain written reports and records (staff notes, timesheets...).

All Direct Support Professionals must receive a pre-employment tuberculosis skin test (with a negative diagnosis) and provide documentation, as applicable of influenza shot or declination form and annually thereafter as required by Department of Health and Environment and American Lung Association. Upon receipt of employed for 90 days. Any direct support staff contracting infectious diseases do not provide services until they are febrile, and no symptoms of the illness exists. Any exposure to TB or positive TB test or any other applicable reportable diseases are reported to TN Commission on Aging and Disability, Area Aging on Aging and Disability, and the local health department. All Direct Support Professionals must comply with universal precautions procedures and prevention of communicable diseases according to procedures of the TN Department of Health.

Prior to direct contact with person supported, Direct Support Professionals and volunteers will have and must pass a criminal background check prior to employment or a change of responsibilities that includes direct contact with or direct responsibility for person supported, Abuse Registry (TN and other states as applicable), Sexual Offenders Registry (both TN and national), TN Felony Offenders Registry, DIDD Substantiated Investigation Search, System for Award Management (SAM) registry and records of any charge, arrest, indictment, or conviction of any employee is subject to review by Human Resources. Direct Support Professionals convicted of a felony will result in immediate termination. Direct Support Professionals have access to consultation regarding services provided by Family Support Services via their case managers, Operations Manager, QA manager, and HR staff.

Direct Support Professionals and volunteers ensure the confidentiality of all person supported's information and any member of said person supported's family. No information is to be disclosed unless written consent from The Arc Mid-South and a parent/guardian is furnished. Disclosing any information to anyone outside of The Arc Mid-South staff without consent constitutes a breach of confidentiality which Direct Support Professional will be liable for. Confidentiality laws consist of but are not limited to the following: (1). The person supported must not be required to make public statements which acknowledge gratitude to the licensee or for the licensee's facility services. (2.) The person supported must not be required to perform in public gatherings, and identifiable photographs of the person supported must not be used without the written and signed consent of the person supported or the person supported's guardian.

Any Direct Support Professionals transporting person supported must pass a vehicle inspection including as applicable any adaptive equipment used in the vehicle prior to transporting and annually as well as random thereafter and submit proof of current liability insurance and driver's license from the Tennessee Department of Safety. Liability insurance and driver's license must be kept current, and updates must be submitted prior to expiration. These are maintained in the personnel files of the direct support staff. Any identified concerns resulting from vehicle inspection will result in not passing the inspection and signing a transportation waiver stating that the Direct Support Professional will not transport any person supported. All vehicles must be maintained and operated in a safe manner.

Direct Support Professionals are required, upon hire, to disclose of any legal conservatorship or power of attorney status they may have over a person supported to which they are assigned to provide direct services to via a form which can be accessed in their HR file. Any Direct Support Professional having legal conservatorship or power of attorney must have a paid caregiver clause approved by the courts to be employed to provide direct services. Any Direct Support

Professional having legal conservatorship or power of attorney over a person supported is prohibited from providing any services to that person supported per DIDD Provider Manual.

Training Policy

As part of The Arc Mid-South's training process and to ensure that all employed staff and volunteers are trained in accordance with contractual/credited mandated training time frames and requirements, Direct Support Professionals shall complete all required training courses initially and ongoing including CPR/1st Aid pre- hire, training specific to meeting individual person supported needs (in areas of self-care, household management and community living, and methodologies for service delivery), protection from harm/abuse and neglect prevention-annually, critical incident reporting-annually, fire safety, environmental safety, risk management, physical safety in the workplace, people with disabilities building relationships-annually, standard precautions, mock fire drill, ethics and confidentiality -HIPAA/HITECH, person centered planning and supports-annually, supporting quality of life of person with developmental disabilities, assisting people with intellectual disabilities in choice making-annually, overview of principles of positive behavior support (behavior health including behavior support challenges individuals with I/DD or other cognitive limitations (including Alzheimer's Disease, dementia, etc.) may face; understanding behavior as communication; potential causes of behavior, including physiological or environmental factors; and person-centered supports for individuals with challenging behaviors, including positive behavior supports) for DSP, principles and practices of effective direct supports, Title VI, healthcare needs for people with IDD (formerly seizure), systematic instruction strategies, FFCA&FDRA, TDMHSAS reporting, crisis intervention, natural disaster, documentation of service delivery/reporting, GPS, eldercare, EVV, APS, person centered planning, cultural competency-annually, DSP promotion of healthy lifestyle choices/supports in self-management of chronic healthcare conditions, disability awareness and cultural competency training, including person first language, etiquette when meeting and supporting a person with a disability, and working with individuals who use alternative forms of communication such as sign language or non-verbal communication, or who may rely on assistive devices for communication or who may need auxiliary aids or services in order to effectively communicate-annually, and HCBS setting-annually. DSPs are required to complete annual refresher courses, as applicable prior to expiration dates. Direct Support Professional shall pass with at least an 80% on the exam of material covered in the training course. An employee being assigned to CHOICES cases are trained initially and ongoing in EVV System, Documentation of Service Delivery, and Caring for the Elderly and Disabled Population, and any other training requirements specified by TENNCARE in State rule, the Contract Risk Agreement (CRA), or in policies or protocols.

Fraud and Prevention Policy

It is the policy of The Arc Mid-South to comply with all applicable Federal and State laws pertaining to fraudulent activity, waste and abuse in Federal Health Care Programs. All employees are informed of the Code of Ethics that The Arc Mid-South staff is expected to adhere to and has been established to dictate a code of integrity, honesty, and a high standard of ethics. Direct Support Staff with questions regarding The Arc Mid-South policies and procedures should contact the Operations Manager or Executive Director.

The Arc Mid-South adheres to compliance procedures that are designated to detect fraud, prevent occurrences of fraudulent activity, detects potential false claims, errors or impermissible services that can result in fraud, waste, or abuse. Timesheets that are submitted by Direct Support Professionals are reviewed and approved by parents/guardians to verify the hours and day worked. Upon receipt in The Arc Mid-South's Administrative offices, timesheets are reviewed by administrative staff, which in turn logs the timesheets received. Timesheets are submitted to H/R Assistant and compared to Direct Support Professional schedule forms that are submitted by the Case Managers. The Accounting Department reviews the timesheets for accuracy based on Cost Plan and the authorization for services form. Prior to submitting for processing, the Business Manager reviews to ensure accuracy of accounting processing. The Operations Manager reviews

the entire process upon completion and prior to obtaining signatures for purposes of check signing. Employees have been properly trained in the required documentation necessary prior to submitting claims for payment.

Any employee of The Arc Mid-South knowingly submitting false documentation regarding reporting and recording time worked or services provided is subject to disciplinary actions, up to and including termination of employment.

The Quality Assurance Manager ensures compliance in the areas of allowable services, employee training, and conducts a quarterly review to determine areas of improvement or areas of concern.

Records Maintenance/Confidentiality of Records

FSSP staff (those working with person supported files and those working directly with the person supported) are aware of the person supported's confidentiality and their right of privacy per HIPAA. Person supported and their representative are informed about exactly what information is to be disclosed and to whom and for what purpose when a person signs a consent form allowing FSSP to share information. This is important because before an enrollee can make an informed decision if he/she wants information revealed, he/she must understand exactly what information is to be released. All information to be released is explained in terms that the enrollee can understand and that the release of information is time-limited and revocable. The enrollee is advised that he/she can withdraw his/her consent at any time, and of the process for withdrawing the permission. It is explained how information gathered is used and why it is necessary, e.g., to determine eligibility for services, in order to authorize services and in order to provide reimbursement for services.

Per HIPAA regulations, FSSP utilizes records only for the purposes of FSSP programs and for the coordination of other related services only. Disclosure of information in files for purposes of coordinating related services shall be limited to the information that is directly relevant to and required by the other related services. The use of electronic mail (e-mail) is a part of the normal business process. All e-mail originating within or received into FSSP, an Area Agency on Aging and Disability or the Commission on Aging and Disability is the property of that office.

When e-mail is used for communication of individually identifiable health information:

- a. A notation referring to the confidential nature of the information is contained in the message.
- b. The information is distributed only to those with a legitimate need to know.

Often, e-mail messages are non-vital and may be discarded routinely. However, some e-mail may be considered a formal record and will be retained. If necessary, those messages are printed and placed in the person supported's record. No one can guarantee the privacy of e-mail messages. Management staff has the right to access any e-mail received or sent by an employee at the workplace. All facsimiles sent include a confidentiality notice and the cover letter specifies the addressee and sender. Staff members make reasonable efforts to ensure that they send the facsimile to the correct destination. Staff members limit the information sent to that necessary to meet the requester's needs.

The following procedures cover most day-to-day situations involving records and office procedures and protect the enrollee's right to confidentiality:

- a. All files are locked during non-working hours. During working hours, files may be unlocked if staff is present in the area. If staff is out of the office, even if in the building, the files should be locked.

- b. Access to the key to the file cabinet(s) is strictly controlled in each office.
- c. The original enrollee files do not leave the office, if possible.
- d. When copies of records are taken away from the office, they are locked somewhere in an environment secure from unauthorized view. If work is being completed at home by a FSSP staff, care is taken to prohibit access to the person supported's information by family members or others.
- e. Absolutely NO information from the person supported's file is released to any other agency or individual without the specific written authorization of the person supported, with his/her signature on the consent form or with documentation of verbal approval in the record. An exception to this restriction exists for the TBI MFCU during an active investigation of possible Medicaid fraud.
- f. Discretion in discussing person supported information is always employed. Files are not left on desks in open view. No lists of names are to be left in view on bulletin boards. Discussion of service recipient information is not held in common areas or hallways or with staff not authorized to be involved with the person supported.
- g. Data that is transferred electronically is adequately secured to avoid unauthorized access.
- h. All electronic data is maintained on agency controlled or authorized computer systems.

Separate records are maintained for each person supported who receives services. Specific provisions include Maintaining the confidentiality of person supported files and records at all times. Such files and records shall not be disclosed except:

1. To the person supported or his or her representative.
2. To the Tennessee Commission on Aging and Disability, TennCare or the Centers for Medicare & Medicaid Services for the specific purpose of monitoring and securing home and community-based services.
3. To a Tennessee Department of Human Services, Adult Protective Services Division (APS) worker pursuant to investigation of an active case
4. To the TBI Medicaid Fraud Control Unit during an active investigation of possible Medicaid fraud; or under specific court order.

Records maintained in the home of the person supported receiving personal assistance; transportation, in-home respite, and community-based day services are regularly purged on monthly home visits by case managers to ensure usability of the record for direct support staff and to protect the confidentiality of the records. Records and emails, which are maintained electronically, are backed up weekly as a safeguard to the maintenance of all records. Records are also maintained in locked areas in the office at The Arc Mid-South specifically in the FSSP department to maintain confidentiality of the information and preventing inappropriate access to the records. Records are maintained for 10 years after all matters are resolved pertaining to all agreements are in accordance to applicable federal and state laws, regulations and policies and are accessible in approximately 2 hours from storage and on-site. Disclosure of records is released as requested by VSHP or the Bureau of TennCare.

Procedures for Assignments

When The Arc Mid-South office receives a request for services, the FSSP Department will refer to the pool of Direct Support Professionals to fill the request. The person supported and his/her legal representative is

strongly encouraged to be involved in the selection of staff to work in their home by interviewing various staff as well as being involved in the evaluation process of their staff via staff evaluations being mailed periodically as well as with case managers on their monthly home visits to assess their satisfaction of their staff and services provided by The Arc Mid-South.

Direct Support Professionals are encouraged to call The Arc Mid-South office regularly to inquire about available openings and PRN assignments. All changes in assigned work schedules by direct support staff are coordinated through the

appropriate case managers. Cancellations/Absences or notice that a Direct Support Professional will be late is reported to their case manager within 2 hours of scheduled shift as much notice as possible. The case manager will notify the person supported/guardian immediately upon notification from direct support staff of the cancellation/absence/lateness in regard to replacement/back-up staff. **Back up** staff is obtained by case managers by utilizing the pool of staff on file. If all attempts by the case manager to provide coverage fail, the case manager will report to shift and provide the coverage. All attempts are made to arrange for coverage prior to the start of the scheduled shift. The normal administrative office hours are between 8:00 AM until 5:00 PM, Monday – Friday. The Case Management and Direct Support Professional services are on a 24-hour, 7 day a week basis. In the event of an after-hour emergency, a toll free number (after hours emergency answering service) as well as cell phone for each case manager, as applicable, is made available to all direct support staff, parents/guardians, and person supported to be able to reach The Arc Mid-South staff after business hours and on weekends.

All time off/leave requests and assignment resignation requests must be documented on the direct care professional leave form and submitted to case managers prior to taking leave. (See attached leave form) In addition, if a Direct Support Professional cannot complete an assignment for emergency reason, the case manager will work on finding replacement staff immediately. FSSP utilizes the pool of staff on file as well as back-up staff as applicable. If all attempts fail to provide coverage, FSSP case managers will report to shift.

Direct Support Professionals are to supply The Arc Mid-South office with completed and signed documentation of assignment time sheets, staff notes, and mileage sheets on a weekly basis- every Monday by 5pm. Late or incomplete time sheets staff notes and/or mileage sheets without approval by case manager will result in delayed payment.

Repeated/Excessive late or incomplete time sheets, staff notes, and/or mileage sheets will result in disciplinary action. It is the responsibility of the Direct Support Professional to report to procure all documentation necessary.

Supervision of Direct Support Staff

The Family Support Services Program is managed by the Program Manager. Direct Support Professionals are under the direct supervision of the Case Managers and /or Respite Coordinator. Any concerns determined by the Direct Support Professional should be communicated to the Case Manager or Respite Coordinator. If the concern is not addressed by your immediate supervisor, the Lead Case Manager will assist the Case Managers in resolution of the noted concerns. Any concerns that are not addressed in a timely manner will be brought to the attention of the Program Manager.

Requests made to Direct Support Professionals by the Case Managers, Lead Case Manager, or other members of the management team are to be responded to in a 24-hour timeframe. Direct Support Professionals are to maintain

professionalism at all times and are to refrain from insubordinate behaviors as it relates to their immediate supervisor, Lead Case Manager, and or other members of the management team. Any insubordinate action will be subject to the progressive disciplinary action steps as noted in the Direct Support Policy Manual.

Direct Support Call Procedures

Direct professionals are required to return all telephone calls received from The Arc Mid-South staff no later than 4 hours from the time the initial call was received.

Responsibilities of Direct Support Staff

- Direct Support Professional will be responsible for their own transportation to and from assignments.
- All accidents or injuries that require medical attention that occur must be reported to The Arc Mid-South office upon notification. The direct care professional must report the incident to all applicable parties (Refer to the Reportable Incident Notification Grid, and complete a reportable event form, which must be submitted to the FSS Department and DIDD per applicable time frames. (See protection from harm policy).
- Direct Support Professionals will not have friends or family members in the home of the person supported or while out in the community with the person supported.
- Direct Support Professionals will not care for other person supported or individuals from another family or within the same family while on assignment for one-on-one service.
- Housework is not to be performed during assignment except for those duties associated with the care of the person supported e.g., cleaning the kitchen after serving a meal or tidying a bathroom after giving a bath or as otherwise specified in the person supported's ISP.
- Direct Support Professionals will respect the privacy of the person supported and their family and will maintain a strict code of confidentiality regarding the compliance of HIPAA and confidentiality laws and regulations.
- Direct Support Professionals will not leave the person supported during an assignment at any time. If care is being given in the personal assistant / respite provider's home, family members may help with care if appropriate, but the direct support staff is at all times responsible for the care provided.
- Direct Support Professional will respect and follow individual family policies and household rules as applicable.
- Any use of alcohol or illegal drugs during an assignment will result in immediate termination of the Direct Support Professional.
- Any instance of suspected abuse, neglect or exploitation should be reported immediately to the Incident Manager, immediate supervisor, and the appropriate parties.

- Inappropriate sexual behavior or harassment toward person supported from The Arc Mid-South staff, or Direct Support Professionals will not be tolerated. Any instance of the above will result in immediate termination.
- Direct Support Professionals are responsible for reading the FSSP policies and procedures. They are expected to be familiar with position responsibilities, behavior management techniques, emergency procedures, Individual Support Plan of person supported in care, and grievance procedures.
- Direct Support Professionals are required to sign FSSP policies and procedures to confirm that they have read and are familiar with these policies that they agree to adhere to these policies, and that they will keep records pertaining to their assignments.
- In the event of an emergency (fire evacuation, natural disaster) call 911 and The Arc Mid-South office. Information to be utilized and is on file are the specific 2 emergency numbers, contacts, medical information and care, and emergency transportation supplied by the parent/guardian of person supported. This information is also present on everyone's health passport and is specified what to do in case of an emergency. The information on file is to be utilized by each Direct Support Professional and person supported/guardian. Staff is never to leave person supported unattended in such emergencies and/or natural disasters. Staff coverage in the event of an emergency and/or natural disaster will depend upon availability.
- In the event that a Direct Support Professional is involved in an investigation, they will be suspended from all assignments pending the final investigation results, excluding reportable staff misconduct investigation as applicable.
- If person supported display behaviors, refer to their behavior support plan for the specific behavior techniques to be followed.
- All Direct Support Professionals are prohibited from borrowing money from person supported and parents/guardians.
- In the event of an emergency that may occur to the person supported, staff is expected to work over their assigned shifts and will be reimbursed for this time. **(Example:** Seizures, etc.)
- Direct Support Professionals who are CMA (Certification of Medical Administration) will administer medication for respite services only.
- All Direct Support Professionals will have annual performance evaluations conducted by their immediate supervisors.
- In the event that a Direct Support Professional does NOT work in a 90-day period, they will be subject to termination unless documentation has been submitted regarding medical leave, maternity leave, FMLA, etc.
- Any Direct Support Professional transporting person supported must pass a vehicle inspection including as applicable any adaptive equipment used in the vehicle prior to transporting and annually as well as random thereafter and submit proof of current liability insurance and driver's license from the Tennessee Department of Safety. Liability insurance and driver's license must be kept current, and updates must be submitted prior to expiration. Any identified concerns resulting from vehicle inspections will result in not passing the inspection and signing a transportation waiver stating

- that the Direct Support Professional is unable to transport any person supported. All vehicles must be maintained and operated in a safe manner.
- Direct Support Professionals do not receive reimbursement for transportation when providing Community Based Day services.
- All Direct Support Professionals are expected to attend quarterly meetings to obtain updates, address issues, and concerns, discuss services provided by Family Support Services Department, participate in trainings, etc.
- Direct Support Professionals is required to display agency identification badges on all cases/assignments.

Disciplinary Procedures

REVIEW OF NON-COMPLIANCE:

It is the policy of The Arc Mid-South to provide each employee every opportunity to strengthen his or her professional growth. As part of that process, when necessary, The Arc Mid-South will review areas of non-compliance with the employee. Such review will provide opportunities for correction and enhancement of skills on the professional level.

Anytime an employee is non-compliant with policy or specific rules at The Arc Mid-South, the employee's supervisor will verbally bring the violation to the employee's attention unless the violation is one of such a serious nature that it must be in written form. Notation will always be made of the violation. If there is a second occurrence, the employee will receive a violation notice in which all the facts will have been set forth.

Violations include but are not limited to:

- Violations of confidentiality
- Unreported absence/No call no show
- Dishonesty
- Leaving an assignment without prior approval
- Destruction of property
- Insubordination

- Failure to maintain training compliance
- Refusal of cases (permanent and/or PRN)
- Carelessness
- Falsifying records
- Uncooperative
- Tardiness and/or excessive absences (More than 3 in a 6-month period without documentation)
- Failure follow FSSP policies
- Reporting to work under the influence of alcohol or narcotics
- Quality of work
- Improper conduct toward person supported, co-worker, supervisor, or general public
- Repeated late timesheets, staff notes, mileage forms

Depending on the seriousness of the violation, an employee is subject to **suspension** and/or termination after one or more instances. It will be necessary for the employee to indicate by their signature that a violation has been brought to their attention and at the same time on the same form the employee can either agree or disagree with the information contained in the notice. If an employee does not agree with the contents of the violation notice

or an employee feels they have been treated unfairly, that employee has the right to exercise the grievance and appeals procedures.

Suspension

Suspension is the release from job responsibilities for a designated period as specified by the Family Support Services Program staff not to exceed five working days unless there are extenuating circumstances. This suspension is to be viewed as a cooling off period and a review of the individual's performance will be made at that time. At the completion of suspension, a decision will be made by the employee's direct supervisor regarding continuation or termination notice or the terms under which employment is to continue. Days of suspension are to be without pay.

Staff Recruitment

Staff recruitment strategies utilized by The Arc Mid-South include attending job fairs, networking with university, colleges, community colleges, and other agencies, posting flyers at universities, colleges, community colleges, posting ads in newspapers, websites, and The Arc Mid-South's website. Staff recruitment strategies for person \supported in rural counties include posting flyers at local stores, agencies, and churches. Current staff is also encouraged to refer applicants for employment. Managerial staff submit request to hire forms to HR to ensure staff coverage in applicable areas throughout Tennessee areas.

Smoking Policy

Effective August 16, 1999, The Arc Mid-South Board of Directors voted to establish a no smoking policy for the agency.

IX. Volunteer Policies

Individuals must be 18 years of age or older and pass all applicable background checks, training, and registries. Direct Support Professional who works on a volunteer basis receives instruction regarding their specific job duties and responsibilities. Volunteer Direct Support Professionals must be always under the supervision of trained staff.

Responsibilities

Volunteers are required to follow the same policies and procedures as direct support professionals apart from not having sole responsibility of providing services to any person supported. They work in conjunction with paid staff. No volunteer or visitor will be present during a respite service without approval of Family Support Services Program Department.

X. Health Management and Oversight Policy

The Arc Mid-South is not responsible for any health management or health oversight. It is the responsibility of the guardian/family to manage all medical & health issues pertaining to the person supported. Direct care professionals can accompany person supported/guardians to a medical appointment but are not allowed to participate in any activities at the medical appointments. Direct care professionals are knowledgeable of person supported medical information via the health passport, needs specific to the individual, staff instructions, and therapy plans as applicable.

Records Maintenance

Records maintained in the home of the person supported are regularly purged on monthly home visits by case managers to ensure usability of the record for direct support staff and to protect the confidentiality of the records. Records, which are maintained electronically, are backed up weekly as a safeguard to the maintenance of all records. Records are also maintained in locked cabinets in the office at The Arc Mid-South specifically in the FSSP department by case managers and respite coordinator to maintain confidentiality of the information and preventing inappropriate access to the records. Records are maintained for 11 years and as accessible in approximately 2 hours from storage and on-site.

Risk Management Policy

Staff is responsible for identification and management of risk assessment for all persons supported in the FSS department. The risk assessment provides a process for identifying individualized risk factors. Once risk factors are identified, management becomes an integral part of the overall individual support planning process. Risk assessment and planning are addressed during the overall annual ISP/PCSP/POC update process and as needed throughout the year. Risk assessment is intended to provide a way to identify individual risk. create an environment which provides appropriate safeguards and necessary supports for risk management while promoting personal growth and independence, as well as, respect of personal choices, are comprehensive and address desires for the future, support and services needed to address barriers and to address skill building.

Risk factors are identified using the Risk Issues Identification Tool during the pre-planning phase of the individual support/PCSP/POC planning process and throughout the year as applicable. The completed form is submitted to the independent support coordinator 90 days prior to the ISP effective date. Risks are identified by completing the form as well as reviewing available information (medical, clinical assessments) and identified risks with the person supported and/or designated family members/legal representatives. Risk assessment is an ongoing process and staff report any environmental or person specific safety needs to their direct supervisor and if applicable as a reportable incident/critical incident.

Accident Reporting and Vehicle Breakdown Protocol Policy

In the event Direct Support Professional should be involved in a vehicle accident or a Direct Support Professional's car should breakdown or malfunction while transporting a person supported, the following protocol must be followed:

1. Contact emergency officials as applicable (911, Law enforcement, etc.)

2. Contact direct supervisor/case manager
3. Direct supervisor/case manager will notify person supported's guardian/parent (If guardian/parents inaccessible, the case manager will meet staff and person supported at the scene of the accident/breakdown or at medical facility, as applicable).
4. Direct care professional will stay with the person supported until guardian is present.
5. Direct care staff will complete a reportable event form as applicable according to protection from harm policies.

Protection from Harm Policy

The Arc Mid-South implements a prevention plan and complaint resolution policy in accordance with DIDD and agency requirements.

The Arc Mid-South requires that all staff ensure that reportable events are reported timely (immediately/within 4 hours/within 1business day) according to the specific category of the event to the appropriate parties including DIDD Investigation Hotline, TDMHSAS, VSHP and other applicable parties including but not limited to AOD, ISC, TENNCARE, parent/guardian/legal representative/person supported, child protective services, adult protective services, and law enforcement in an appropriate manner according to DIDD, TDMHSAS, and MCO-BlueCare/UHC Amerigroup policies which occur involving persons supported including but not limited to all incidents leading to serious harm or significant risk of serious harm and all allegations of abuse, neglect, exploitation of persons supported, and reportable staff misconduct. Persons supported and/or their legal representatives are notified within 24 hours if the decision is made to investigate an incident both internally and/or externally. If, despite diligent efforts, legal representative notification is not achieved within twenty-four hours, documentation reflects efforts made and the date/time of notification and method whereby notification was achieved.

The Arc Mid-South requires initial training of Protection from Harm and initial review of the timeframe requirements, and requires an annual ongoing training of the reporting timeframe requirements of Protection from Harm.

The following are the main components of this policy:

- Immediate response to the safety and/or health risks associated with each reportable incident
- Incidents that are defined are reported to DIDD Central Office
- Incidents are reported immediately (within 4 hours) to the DIDD Investigative Hotline
- Incidents are reviewed monthly (unless there are none reported), but within 7 days of a reported incident for follow-up and closure. Follow up and review with incident management members can also occur via email and/or conference call. Exemption approval/expiration dates are monitored by IMC to ensure compliance with annual approval by Central Office.
- All required notifications of external entities of the occurrence of reportable incidents and DIDD investigative findings and recommendations occur.
- Timely response to the findings associated with reportable incidents and DIDD investigations of allegations of abuse, neglect, exploitation, and serious injuries of unknown origin.
- Trend studies of reportable incidents and substantiated reports of abuse, neglect, and exploitation are present on a database and reviewed on DIDD Data Mgmt Reports.

- Risk assessment/reviews of persons supported, which trend studies identify as presenting high protection and safety risks, are conducted as applicable.

Psychotropic Medication Process/Review

The functions of the Incident Review Committee concerning **medications** is as follows:

1. Ensure for the use of psychotropic medications (i.e., routine, not PRN or emergency) informed consent is obtained from the person supported, or if applicable, legal representative prior to the administration of said medication.
2. Ensure submission of a REF to DIDD if it is discovered that psychotropic medication (not PRN or emergency) was administered without the person's or, if applicable, legal representative's consent, for follow-up by DIDD.
3. Concerns about the psychotropic medications prescribed for a person supported may be recommended, as applicable for submission of an initial inquiry to the Regional Psychopharmacology Review Team (RPT). Referrals are made to the RPT even if the person and/or, if applicable, legal representative has consented to the medication.

Review process for Incident Review Committee to review the following:

SIGNED CONSENT

1. Consents are good until revoked or a medication is added or increased, and the increase is outside the higher limits on a range given by the doctor provided on the consent form.
2. The consent lists the name of the medicine, the dose, the frequency it is given and the diagnosis for which it is given.
3. The diagnosis should be a DSM diagnosis. There should be no statements such as "for treatment of my illness", behaviors, agitation, etc. Statements like anxiety or mood are not a diagnosis; these are symptoms.
4. The consent is signed (with title) by agency staff that obtains the consent and discusses the medicine and its side effects with the person supported or conservator. The conservator or person supported must sign.
5. The consent has the agency's name at the top.
6. The consent matches the Medication Administration Record (MAR) for dose and frequency. See number one above for exceptions.

THE MEDICINE ADMINISTRATION RECORD (MAR)

1. Current MAR is reviewed.
2. The MAR matches the consent with dose and frequency of medicine. See number one undersigned consent for exceptions.
3. All psychotropic medicines listed on the MAR is also on the consent form.

CHANGES IN MEDICATIONS

When changes are made to a person supported's medications, ALL psychotropic medications are again listed on the consent and MAR, not just the changes, and submitted for review. If medication is reduced or removed, this does not require a new IRC review.

Reportable Event Form:

The purpose of the event report is as follows:

- Protection of the person supported and prevention of accidents/incidents
- Identification and prompt correction of problems with service(s)
- Compliance with established standards of practice and care
- Identification and documentation of changes to improve the delivery of care

The Arc Mid-South requires that the following categories of incidents are reported on DIDD Reportable Event Form (REF):

Death of person supported- regardless of the cause or location of where the death occurred.
Allegations of abuse and neglect in accordance with the definitions below.

Abuse- knowing infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.

The three specific subcategories of abuse:

- 1) **Emotional/Psychological Abuse**: Actions including, but not limited to humiliation, harassment, threats of punishment or deprivation, intimidation towards persons supported, or the use of oral, written, or gestured language either directed to the person supported or within eyesight or audible range of the person supported that is demeaning or derogatory to person with intellectual disabilities. Emotional/psychological abuse may cause the person supported physical harm, pain, or mental anguish (To determine mental anguish the following question should be considered, "Would a member of the general public react negatively to the alleged incident of emotional/psychological abuse?").
- 2) **Physical Abuse**: Actions including but not limited to any physical motion or action by which physical harm, pain or mental anguish is inflicted or caused. The use of any unauthorized restrictive or intrusive procedure to control behavior or punish. Corporal punishment, takedowns, prone and supine restraints are prohibited and considered abuse.
- 3) **Sexual Abuse**: Any type of sexual activity or contact with sexual intent or motivation between a person supported and a staff person or anyone affiliated with DIDD as a contracted entity staff person or volunteer is prohibited. Prohibited sexual activity includes, but not limited to actions whereby a person supported is forced, tricked, threatened, or otherwise coerced into sexual activity, is exposed to sexually explicit material or language unless otherwise specified in a plan, and has any contact with sexual intent. Sexual abuse occurs whether a person supported can give consent to such activities. Sexual battery by an authority figure as defined in T.C.A 39-13-527 is also considered sexual abuse.

Neglect-failure to provide goods or services necessary to avoid physical harm, mental anguish, or illness, which results in injury or probable risk of serious harm. Neglect towards a person supported includes being on duty while

impaired or under the influence of illegal substances or prescription drugs without a valid current prescription for the drug. If a staff person has a valid current prescription for a drug and is impaired while on duty from the prescription drug, this too shall be considered neglect.

Exploitation- Actions including but not limited to the deliberate misplacement, misappropriation or wrongful, temporary, or permanent use of belongings or money with or without the recipient's consent. DIDD will investigate allegations of exploitation involving an amount \$50 or more per incident, allegations of exploitation involving individual amounts totaling \$50 or more within a sixty (60) calendar day period or exploitation involving significant risk or serious adverse consequences to a person supported. (See the RSM definition for further clarification) Arc of the Mid-South is required to reimburse the person supported regardless of the amount of money involved.

Serious Injury - Any injury to a person supported that requires assessment and treatment beyond basic first aid that can be administered by a lay person.

Serious Injury of Unknown Cause: an injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person, the cause of which is unknown.

Suspicious Injury: injury (whether minor or serious) to a person supported possibly involving or resulting from abuse or neglect. This would also include an injury that does not coincide with the explanation given for the injury. Not knowing how an injury occurred is not reason enough to say the injury is suspicious. There must be further reason to believe the injury may have resulted from abuse or neglect.

Reportable Medical Incidents: Any medical incident (illness, accident, etc.) resulting in one or more of the following – medical illness that results in emergency medical interventions, i.e. cardiopulmonary resuscitation (CPR) x-ray to rule out a fracture or the Heimlich Maneuver/abdominal thrust; assessment or treatment by emergency medical technicians or paramedics, or by personnel in a hospital emergency room; medical hospital admission.

Reportable Behavioral or Psychiatric Incidents: Any behavioral incident (physical aggression, self-injurious behavior, swallowing inedible substance, etc. resulting in one or more of the following: serious injury to a person supported or others, use of mechanical or manual restraint for more than 59 seconds, takedowns or prone restraint of any duration for any reason are reportable and prohibited, administration of psychotropic medication as a response to the incident, property destruction over \$100, assessment or treatment by emergency medical technicians/paramedics or in a hospital emergency room, in person involvement of law enforcement (police) or a Mental Health Mobile Crisis Team, or psychiatric hospital admission.

Person supported missing for longer than 15 minutes: any person receiving services, unless the absence is specified in a plan, whose whereabouts are unknown for longer than 15 minutes.

Sexual Aggression: Acts of sexual aggression by a person receiving services towards another person supported, a staff person or another community member.

Criminal Conduct or Probable Criminal Conduct- acts which lead to or can reasonably be expected to lead to police involvement, arrest or incarceration of a person using services.

Hospitalization: a medical or psychiatric admission whether planned or unplanned.

Use of Cardiopulmonary resuscitation (CPR) or an automated external defibrillator (AED).

X-ray to Rule Out a Fracture: use of any imaging technique to determine whether a person supported has a fracture. This does not include imaging techniques used to diagnose illness.

Use of Abdominal Thrust or Heimlich Maneuver: techniques used for dislodging food or foreign objects from the windpipe.

Any Use of Crisis Services: including 911 Call, emergency room visit, mobile crisis services, EMT, fire or police on scene, or the use of an urgent care facility for emergency services.

Serious Injury to Another by a Person Supported: any injury to another person that requires assessment and treatment beyond basic first aid and was the result of a challenging behavior by a person supported.

Manual Restraint: holding the limbs or body of a person supported in response to an imminently harmful behavior using an approved manual restraint procedure so that movement is restricted or prevented, not to exceed fifteen (15) continuous minutes. Take downs and prone and supine restraints are prohibited.

Protective Equipment: the application of a device to any part of a person's body that prevents tissue damage or other physical harm due to a person's behavior. Protective equipment shall not restrict or prevent movement or the normal use/functioning of the body or body part to which it is applied because of an ongoing risk of harm, not to exceed forty-five (45) minutes. Protective equipment shall not impair or inhibit visual or auditory capabilities or prevent or impair speech or other communication modalities. Unless, when appropriate, a reporting variance has been requested and approved.

Mechanical Restraint: the application of a device to any part of a person's body that restricts or prevents movement or normal use/functioning of the body or body part to which it is applied because of an ongoing risk of harm, not to exceed forty-five (45) minutes. Mechanical restraint shall not impair or inhibit visual or auditory capabilities or prevent or impair speech or communication modalities.

PRN Administration of Psychotropic Medication: psychotropic medications administered on an as needed (PRN) basis.

Property Destruction Exceeding \$100 in Value.

Reportable Staff Misconduct- actions or inactions contrary to sound judgment and/or training, related to the provision of services and/or the safeguarding of the person supported's health, safety, general welfare, and/or

individual rights. Staff misconduct does not rise to the level of abuse, neglect, or exploitation, in that there is no resulting injury or adverse effect, and the risk for harm is minimal. Exploitation involving amounts of \$250.00 or less is addressed by The Arc Mid-South as reportable staff misconduct as well as the reimbursement to the person supported regardless of the amount of money involved. DIDD will open investigations for exploitation of more than \$250.00. Reportable events involving staff misconduct that are not the result of level of abuse, neglect or exploitation is investigated internally by The Arc Mid-South's Human Resources Department. Documentation of the internal investigation report is maintained as an addendum to the DIDD event report. This includes the RSM report as well as any recommendations, disciplinary actions, etc. as deemed necessary. These investigations are completed within 30 days of the date that incident was discovered.

Medication Variances and Omissions: the submission of categories E to I on the Medication Variance Form requires a REF accompanied by the DIDD Medication Variance Report. In all cases, medication administration by a person who was not trained and certified or was not licensed by the State of Tennessee to administer medications requires notification to the DIDD Investigations Hotline.

Tennessee Department of Mental Health and Substance Abuse Reporting System

The Arc Mid-South will utilize the Reportable Incident Form guidelines and reporting timelines to notify the West Tennessee Regional Licensure Office (901) 543-7442 of incidents that occur. All pertinent attachments will be provided that is requested by the investigating party regarding the incident.

The following incidents are reportable according to the Tennessee Department of Mental Health and Substance Abuse, and PSSA requirements, and shall be reported no later than the close of business (the next business day after the event).

- All seclusion, mechanical or physical holding restraint incidents resulting in the death, serious injury, or suicide attempts of a person supported or staff injury.
 - Injuries to person supported that require more than basic first aid.
“Basic first aid” is defined, as minor medical assistance rendered to a person supported such as application of a Band-Aid, application of antiseptic or anti-itch cream, application of cold or heat compress or a compression bandage, or issuance of aspirin, naproxen sodium, ibuprofen, or other over-the-counter pain medication.
 - Death or suicide attempt of a person supported who is a client of a residential facility.
 - Death or suicide attempt of a person supported while the individual supported is in the care or custody of the non-residential licensed agency.
 - Sexual activity or attempted sexual activity between staff and residents.
 - Physical or sexual incidents involving 2 or more persons supported.
-
- Incidents involving staff and individual supported including, but not limited to, verbal aggression, threats or harassment by staff of person supported; and intentional or negligent failure to provide or withholding of services or treatment of person supported by staff.
 - Staff theft of person supported's property. This includes theft of medicine prescribed to a person supported; theft of or improper use of person supported's funds; including an unauthorized use of a

- person supported's ATM cards or checking accounts; and theft of a person supported's property (jewelry, clothing, guns, etc.)
- A person supported's leaving the grounds of any residential treatment facility or mental health hospital against clinical advice or a person supported's escaping from the custody of facility staff during a public outing.
- Mental Health Supportive Living Facilities and Adult Supportive Residential Facilities shall report to the Regional Licensure office the absence of any resident who is unaccounted for at least 8 hours.
- A person supported's damage to an agency's equipment or physical site costing \$250 or more to repair.
- Loss of heating, air conditioning, water, sewer/septic system, gas or electric service in a facility for more than 8 hours.
- Structural problems with the facility building (s) – including but not limited to, broken windows, door, floors, foundation movement – that impacts the living conditions of the residents or the ability of the person supported's to receive services.
- Damage to a facility building resulting from natural disaster (wind, flood, fire, tornado, earthquake) that impacts the living conditions of the residents or ability of persons supported's to receive services.
- Infestations of rodents, insects (examples include lice, bed bugs), or pests.

The Arc Mid-South adheres to the specific time frames for reporting all incidents according to DIDD (see DIDD attachment) and TDMHSAS notification requirements. When any of the above listed types of incidents occur, IMC ensures the completion of REF and electronic submission of the front page of the REF to DIDD, TDMHSAS and to the ISC within (1) business day. If additional information is needed by DIDD or TDMHSAS, it is submitted within one business day of receiving the request.

To ensure immediate response to safety and health risks of person supported, staff and others associated with each reportable incident perform the following actions including but not limited to as applicable to the specific incident:

Obtain needed medical attention for person supported within the scope of health management policy/in conjunction with conservator/guardian, staff, or others who are injured or harmed immediately correcting any physical hazard that may have contributed to the incident immediately attend to staff's conduct that may have contributed to the incident.

Notify the persons' supported support coordinator/case manager of the incident including the need to obtain approval for additional service or supports or the need for funding to complete physical plant or adaptive equipment repairs, adaptations or replacement, as warranted, and consulting with support coordinator/case manager regarding initiating planning to arrange for any counseling or psychiatric care that may be needed by the person supported due to the trauma of being the victim of an incident.

No staff will experience any adverse consequences if they choose to report an incident directly to DIDD investigation Hotline or to the West Tennessee Regional Office of TMDHSAS first and then contact their immediate supervisor. Any

person subject to this policy who retaliates against another person for his or her involvement as a reporter, witness, or in any other capacity related to incident management and/or investigations of abuse, neglect or exploitation shall be subject to disciplinary action, including possible termination. Such actions may also result in legal or other administrative measures as appropriate. The Arc Mid-South cooperates fully with the investigator and respects the investigation process. Staff is

instructed that the facts and circumstances being investigated are not to be discussed with anyone except the DIDD investigator, TMDHSAS Regional Office or law enforcement officers. To ensure that no staff interferes with or compromises the investigative process and the above-mentioned components, DIDD Protection from Harm training module is a mandatory annual refresher.

If there is an allegation of physical or sexual abuse, The Arc Mid-South places all staff whose conduct may have contributed to the alleged physical or sexual abuse on leave, which does not involve any direct contact or supervision with person supported, pending the completion of the DIDD or the TMDHSAS investigation. Depending upon the severity of the incident, the mandated leave may result in an unpaid leave, as determined by the Executive Director. The staff is instructed that the circumstances of the leave/reassignment are not to be discussed with anyone except the assigned DIDD or TMDHSAS investigator. Corrective/disciplinary action taken because of reporting and substantiated investigations of abuse, neglect, or exploitation, and reportable staff misconduct range from re-training, oral warning, written warning, suspension, and up to termination as determined by their immediate supervisor, recommended by HR, and approved by OM/ED, according to the specific case. If it is contended that the staff involved in physical or sexual abuse investigations should not be placed on unpaid leave, a written request for an exception to this requirement is filed as a written request to DIDD Director of Investigations or designee. In such circumstances, the staff must be placed on unpaid leave pending approval or denial of the request.

A zero-tolerance policy is present for infractions of falsification of incident reports; the making of false allegations; providing false or misleading information during an investigation; or the withholding of information during an investigation.

Incident Management Review/Medication Variances

There is a designated Incident Management Coordinator. Specific responsibilities include serving as the chair of incident review committee, ensuring that incidents have been reported or referred to the DIDD investigative Hotline, CHOICES, TennCare, APS, CPS, ECF entities as required, ensuring that recommendations associated with reportable events and investigations are addressed, completing, or ensuring the completion of trend studies and tracking and analyzing incidents, and ensuring that risk assessments/reviews are conducted. As a result of the specific incidents, prevention and quality assurance/improvement recommendations are addressed. Incident Management coordinator also reviews the front page of Event Form (or agency designee in the absence of IMC). Following review of the REF Form, it is submitted to DIDD Central Office, ISC Agency/Support Coordinator/MCO/TennCare/CHOICES/APS/CPS within the timeframe required for the specific type of incident. If an additional provider agency witnesses a reportable event and adheres to DIDD policy, the provider with primary responsibility for the person receiving services at the time of the incident is obligated to report to all applicable parties. Written confirmation from the primary provider is obtained to ensure that the event report has been submitted to DIDD.

An established incident review committee consists of the Incident Manager Coordinator/Quality Assurance Manager, Case Managers, and Executive Director or representative of the Executive Director. Bi-weekly meetings are held as applicable and incident review committee minutes are kept on file. Any follow up items, recommendations, and/or updates to PFH

policy or process are distributed via email to IMC. The functions of The Arc Mid-South incident review committee include monitoring to ensure appropriate reporting of events, reviewing and providing recommendations as necessary regarding event reports, DIDD completed investigation reports and provider incident reviews, ensuring implementation of corrective

actions and recommendations pertaining to reportable events, providing information to support coordinator/case managers for individual person supported risk assessments and participating in review along with staff and identifying trends regarding reportable events. Plan of corrections are completed within 14 days of the receipt of a substantiated DIDD final investigation report.

The Arc Mid-South **only** conducts medication administration during weekend retreats and summer camps and conducts reviews of medication administration variances as part of the Incident Management Committee Meetings and input from committee members is used to address any systematic concerns. Medication variances (occurs any time medication is given in a way that is inconsistent with how it was ordered and in accordance with the “Eight Rights” (i.e. right dose, right drug, right route, right time, right position, right texture, right person and right documentation). Medication variances are monitored by Incident Management Coordinator and Incident Management Committee members to ensure appropriate reporting, recommendations are reviewed as necessary, corrective actions and recommendations are implemented as evidenced in Incident Management Committee Meeting minutes and information is provided to ISC/Case Managers for risk assessments as applicable. Trends are identified as applicable also in the incident management meetings. Review of trends related to risk reviews as applicable are also discussed in Incident Management meetings.

Documentation of Medication Variances

Medication Variance Form is completed immediately upon discovery. All medication variances are tracked to include compilation of trend reports. Variances meeting criteria are reported by incident management requirements. Non certified staff (never certified or certification expired) who administer medication are also be reported to DIDD investigator.

The medication variance form is not distributed to DIDD **unless** it is requested for follow up for whatever reason (Example: investigation).

CHOICES Critical Incident Reporting System

To monitor the safety of consumers and their homes as well as a component of Critical Incident Reporting as a preventative measure of any abuse, neglect and exploitation, a case manager performs home visits to routinely access the living conditions for any possible health, safety, or environmental risks. The Direct Support staff is also required to report any possible health, safety, or environmental risks to their Case Managers. Any issues identified which meet the criteria of a critical incident are identified and the case manager proceeds to the reportable incident process as stated below. Support staff must visually confirm consumers at the beginning and end of their shifts to ensure the enrollee is aware of the DSP’s presence as well as their current physical state. Addition of the visual confirming of consumers will increase any instance of critical incident reporting. The process in place to conduct and document initial and ongoing annual education to employees on Critical Incident Reporting includes review of timeframe requirements and is in staff training files.

Critical Incident record maintenance and management are located at the agency office as well as maintained via computer records. Reporting records and management are submitted in a time frame and format as specified by MCO. Any suspected abuse, neglect or mistreatment must be reported to APS and Care Coordinator. As incidents occur, they are tracked and reported by dates and time of discovery; nature of incident; people involved; immediate and follow-up actions taken; investigation and conclusions drawn; current status; and resolution of incident. This is sent to Care Coordinator and MCO.

The **defined critical incident categories** consist of Known or Suspected:

- **Suspected Physical or Mental/Emotional Abuse**-infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain or mental anguish.
 - **Suspected Abuse and/or Suspected Sexual Abuse** – infliction of injury, reasonable confinement, intimidation, or punishment of a sexual nature with resulting harm, pain or mental anguish.
 - **Abuse and Neglect and/or Suspected Abuse**-failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness, which results in injury or probable risk of serious harm.
 - **Medication Error**- Any incorrect or wrongful administration of a medication to a member
 - **Financial Exploitation**- unauthorized, improper or failure to use the member’s funds, property, or other resources according to a member’s desires or well-being and care. This can include fraud/coercion, forgery, and unauthorized use of banking accounts and/or cash.
 - **Theft of Property/Medication:** “Knowingly obtaining or exercising control over the property/medication of another without their consent.” May include (but is not limited to) credit cards, medication, possessions, valuables, etc.
 - **Severe Injury**- injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person.
 - **Unexpected Death**-any unexpected death of the member, regardless of whether it occurs while services are being provided or not being provided in HCBS setting. Also includes the sudden death of a consumer which doesn’t relate to pre-existing medical diagnosis.
 - **Medication Error**-Incorrect or wrongful administration of a medication to a member.
 - **Non-Reportable Events**-allegations that agency personnel engaged in and any instance of disrespectful or inappropriate communication, e.g., humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) or any other acts pertaining to a person supported that is not directed to or within eyesight or audible range of the person supported and that does not meet the definition of emotional or psychological abuse. This also includes failure to provide goods or services when such failure does not result in injury or probable risk of serious harm (i.e., does not meet neglect threshold). Minor injury not requiring medical treatment beyond first aid by a lay person and not associated with abuse or neglect and staff misconduct that falls outside the definitions for Tier 1, Tier 2 or Tier 3 Reportable Events and does not result in serious injury or probable risk of serious injury. Examples would include failure to follow the PCSP /BSP/Dining Plan etc. when such action (or inaction) poses no probable risk of serious injury; staff convenience (e.g., taking a person with you to run personal errands etc., rather than supporting the person in the activities they choose); or minor traffic violation while transporting person.
- Tier 1 Reportable Event Types:** Allegations or suspicion of abuse (physical, sexual, and emotional/psychological), neglect or exploitation resulting in physical harm, pain, or mental anguish. Abuse, neglect, and exploitation shall be defined as in TCA 33-2-402 and implemented as specified in TennCare protocol. Sexual abuse includes but is not limited to actions by which a person is coerced into sexual activity (forced, tricked, induced, or threatened) or exposed to sexually explicit material or language. Sexual battery by an authority figure as defined in T.C.A. § 39-13-527 is also considered sexual abuse. Sexual abuse in this situation occurs whether a person can give consent to such activities.
- All unexplained or unexpected deaths (including suicide).
- Serious injury, including serious injury of unknown cause. Serious Injury is any injury requiring medical treatment beyond first aid by a lay person, and includes, but is not limited to: fractures, dislocations, concussions, cuts, or lacerations requiring sutures, staples, or Dermabond.
- Torn ligaments (i.e., a severe sprain) or torn muscles or tendons (i.e., a severe strain) requiring surgical repair.
- 2nd and 3rd degree burns
- Loss of consciousness
- Vehicle accident while transporting person resulting in injury or serious traffic violation with significant risk of harm (e.g., reckless, careless, or imprudent driving; driving under the influence, speeding more than 15 miles per hour over the speed limit)
- A suspicious injury (an injury in which abuse or neglect is suspected or does not coincide with explanation of how injury was sustained)

Theft of more than \$500 (Class E felony)

Medication error resulting in the need for face-to-face medical treatment based on injury or probable risk of serious harm, including physician services, emergency assistance or transfer to an acute care facility for stabilization. Such errors include administration of the wrong drug or wrong dose; medication omission; administration to the wrong person, at the wrong time, at the wrong rate; or administration involving wrong preparation or wrong route of administration.

Tier 2 Reportable Event Types-Allegations of disrespectful or inappropriate communication, e.g., humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) or any other acts that do not meet the definition of emotional or psychological abuse, but which are directed to or within eyesight or audible range of the person supported. Please note that these event types must also be reported to MCO's Non-Discrimination Compliance Coordinator in writing.

member whose whereabouts are unknown, and which likely places the person in a dangerous situation for himself/herself or others. This is reportable as a Tier 2 Reportable Event if the whereabouts of the member are unknown for sixty (60) minutes or more if the absence is unusual, unless a shorter time is specified in the person's PCSP or Behavior Support Plan (BSP) or the absence is a known risk as specified in the person's PCSP or the BSP. Reporting that a member's whereabouts are unknown is in addition to, and not a substitute for, actively looking for the member and contacting law enforcement if necessary.

NOTE: This requirement should not result in persons supported not having freedom to come and go without staff supervision, except when such restrictions are necessary and are documented in the PCSP in accordance with the federal HCBS rule. Unsafe environment (uncleanliness or hazardous conditions), victim of fire, minor vehicle accident not resulting in injury, use of manual or mechanical restraint or protective equipment approved for use in the person's PCSP or BSP but used incorrectly or in a manner other than intended. Reportable Events determined to be outside of an approved PCSP or BSP or intentionally inappropriate or in violation of guidelines specified in the person's PCSP or BSP shall be referred to DIDD as a Tier 1 Reportable Event shall be considered Tier 1 and therefore, Tier 1 reporting requirements must be followed. The deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of belongings or money valued at less than \$500, i.e., less than the threshold for misappropriation

Medication variance resulting in the need for observation, which may include the need to seek practitioner care or advice, but does not require face-to-face treatment as there is no injury or identified and probable risk of serious harm, including physician services, emergency assistance, or transfer to an acute inpatient facility for stabilization. Such variances include administration of the wrong drug or wrong dose; medication omission; administration to the wrong person, at the wrong time, at the wrong rate; or administration involving wrong preparation or wrong route of administration.

Tier 3 Reportable Medical Events- deaths (other than those that are unexpected/unexplained), ER visits, any inpatient observation or admission (acute care, LTAC, or SNF/NF), Use of CPR or an automated external defibrillator (AED); choking episode requiring physical intervention (e.g., use of abdominal thrust or Heimlich maneuver; Fall with injury (including minor or serious), Insect or animal bite requiring treatment by a medical professional, Stage II and above pressure ulcer, Staph, progressing to status epilepticus, Severe dehydration seizure requiring medical attention, fecal impaction, Severe allergic reaction requiring medical attention

Pneumonia, Victim of natural disaster (natural disasters affecting multiple individuals do not require multiple individual reports).

Tier 3 Reportable Behavioral Events-criminal conduct or incarceration, engagement of law enforcement, Sexual aggression if not specifically being addressed through a BSP or if being addressed in BSP but instance of

sexual aggression is considered new or unusual for the person, Physical aggression if not being addressed through a BSP or if being addressed in BSP but instance of physical aggression is considered new or unusual for the person, Injury to another person as a result of a behavioral incident of a person supported. Suicide attempt

Property destruction greater than \$100 Swallowing inedible/harmful matter if not specifically being addressed through a BSP or if being addressed in BSP but instance of swallowing inedible/harmful matter is considered new or unusual for the person Behavioral crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or

approved by PCSP (all take-downs and prone restraints are prohibited), Self-injurious behavior if not specifically being addressed through a BSP or if being addressed in BSP but instance of self-injurious behavior is considered new or unusual for the person, Behavioral crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by PCSP (all take-downs and prone restraints are prohibited), Behavioral crisis requiring PRN psychotropic medication, Behavioral crisis requiring crisis intervention (i.e., call), Behavioral crisis requiring in-home stabilization (SOS participants only), Behavioral crisis requiring out-of-home therapeutic respite, Psychiatric admission (or observation), including in acute care hospital.

At least one of the following conditions must have been met to qualify as a Critical Incident:

- Incident occurred in a HCBS setting including the member's home or any other community setting
- Incident happened to a CHOICES member
- Incident occurred within the provision of covered CHOICES HCBS, regardless of if The Arc Mid-South is believed responsible
- Any incident that is witnessed or discovered by FEA, The Arc Mid-South staff or MCO
- Any incident reported to APS
- Incident is one of the Critical Incident types as stated above

Reporting

MCO critical incident form

Date of Discovery: The **date** and **time** the **first** person/entity discovered the reportable event, whether that be the MCO (BlueCare, United Healthcare, Amerigroup) or the provider (The Arc Mid-South).

Within 24 hours of detection or notification, any death and/or critical incident that could significantly impact the health and safety of a CHOICES member must be reported to TennCare. Due to this requirement, it is important these types of incidents are reported to MCO as soon as possible.

- Reporting required as soon as possible to MCO but no more than **24 hours** of discovery. 24-hour report may be verbal via telephone at 1-888-747-8955- 24 hours a day, 7 days a week the phone lines are monitored nights, weekends, and holidays by the After-Hours Nurse Line. 24-hour report may be written via email at CHOICESQuality@bcbst.com or via fax 855-292-3715. (*Measured in actual hours not business day(s)*) Delay in APS/CPS reporting should not occur while waiting to report to Supervisors and/or Provider Office staff. Copy of transmitted email and/or fax confirmation is retained in Arc of the Mid-South's administrative office and electronically. Copies of documentation for any subsequent requested information are provided to MCO/CHOICES Quality Department ASAP. IF abuse, neglect or exploitation is suspected Adult Protective Services (APS/Child Protective Services/CPS-as applicable) is also notified within 24 hours.

If Abuse, Neglect, or Exploitation

- Report immediately but within 24 hours of discovery regardless of 'who' is suspected to APS and MCO and a full investigation is conducted according to MCO guidelines.

- **APS Phone: 1-888-277-8366**

- **APS FAX: 1-866-294-3961.**

– Forward fax confirmation receipt to MCO with time and date

If an incident is reported to APS, it is also be submitted to MCO and CHOICES Quality as an incident.

All reports of abuse, neglect, or exploitation of a child must be reported to Child Protective Services

CPS Phone:1-877-237-0004

If member is in **Imminent Danger**:

- Involve Law Enforcement or EMS immediately
- Attempt to speak to a live representative with APS/CPS
- If voice mail or no answer: leave a message or send a fax
- Continue to call every few business hours until a person can be reached or a call-back is received.
- Use the words “Imminent Danger” in your message to APS/CPS only when applicable.

All **staff training** and procedures reflect:

– Each employee is responsible for reporting suspected abuse, neglect or exploitation to Adult Protective Services/Child Protective Services immediately (always within 24 hours).

○ Delay in APS/CPS reporting should not occur while waiting to report to Supervisors and/or Provider Office staff.

• When reports conflict regarding a suspected abuse, neglect or exploitation report ALWAYS err to the side of caution and make a report to APS/CPS. APS/CPS is responsible for making the decisions.

Staff Training completed with all staff members include:

- ALL persons are required to report suspected abuse, neglect, or exploitation in the state of Tennessee
 - Any incident reported to APS/CPS must be reported to CHOICES Quality as a critical incident.
 - Any person who knowingly fails to report as required by Adult Protection Acts is guilty of a **Class A misdemeanor** and upon conviction may be fined not more than twenty-five hundred dollars (\$2,500) or imprisoned for not more than eleven (11) months and twenty-nine (29) days or both.
- Reporting time frame is 24 hours from 1st discovery – **Date of discovery** is defined as date and time the **first** person/entity discovered the Critical Incident, whether that be MCO or the provider. All timelines are calculated from the first “Date of Discovery.”
- Reports MUST be made EVEN if the member and/or family member requests report not be made
- Education for staff on what to expect once a report is made. Fear of job loss and investigation by authorities may be a deterrent for reporting if you do not clearly communicate the requirement.
- Include APS educational video “Unheard Cries” in staff training and retraining. (Video is available on the APS website or can be requested from APS. http://tn.gov/humanserv/adfam/afs_aps.html)
- Repercussions for failure to follow agency critical incident policy include job coaching, verbal warning, written warning, suspension, re-training, and termination.

- Training upon assignment of working with members as well as annually is provided to all applicable DSP staff and management to ensure compliance with critical incident requirements. Documentation of training is in the DSP training files.
- Members are provided a copy of the critical incident policy and it is reviewed with them by their Case Manager. Documentation of this can be found in their case binder on the FSS Policy Acknowledgement Form.
- Training materials utilized is the TNCare CHOICES Critical Incidents: Determining and Reporting (2016) Power Point as well as agency policy.
- Reporting, and cooperating with investigations of critical incidents

IMMEDIATE ACTIONS

– The following are performed “Immediately” and documentation is provided on the following on the incident form:

- Emergency Medical Services –Assistance is obtained if indicated.
- Law Enforcement – Contacted if indicated (member can refuse).
- The member may be offered alternate placement or a higher level of care
- Allegations of physical or sexual abuse relating to DSP staff result in mandatory placement of DSP on administrative leave and they have no direct contact with or supervisory responsibility for a member until the conclusion of the investigation. For other type of incidents, the agency Incident Management Committee members will review the specific circumstances and determine if it warrants DSP removal from assignments with members. This is reviewed on a case-by-case basis. Documentation of DSP training on administrative leave is in training binders and accessible for review as requested.
- New DSP has been assigned or that member’s back-up plan has been initiated and MCO is aware if additional service support is needed.
- IF medication theft, HR department initiates a drug screen which is performed within 24 hours of discovery for the medication in question on the DSP.
- Documentation is maintained for when MCO was notified and with whom was spoken to at MCO and TennCare in the agency office records.
- Immediately and no more than 24 hours after an incident is discovered, actions are taken to prevent further harm to member(s) and respond to any emergent needs of members.

Contract Timelines:

Written report required within 48 hours of discovery by email to MCO/CHOICESQuality@bcbst.com- or fax 855-292-3715.

BlueCare TN’s CHOICES Incident Report (Pages 1-2) contents include:

- Critical Incident Type and Date of Discovery
- Documentation of Immediate Actions
- Service Provision

24 or 48 hour written report includes the full completion of pages 1 and 2 of the MCO Critical Incident form.

Comprehensive Follow-Up report is within 20 calendar days of discovery and all information received no later than **30 calendar days** from discovery:

Critical Incident Provider Follow-Up Report (Pages 3-4 of MCO Critical Incident form) (It is reviewed prior to admission to ensure all sections are completed)

Contents include:

- Findings of The Arc Mid-South’s investigation.
- The Arc Mid South’s conclusion.
- Actions taken by The Arc Mid-South (Preventative and/or Corrective) including re-training, as applicable
- Worker statement and supporting documents is forwarded and included on The Arc Mid-South’s follow up report. If the information isn’t included, the reasoning is documented.

Critical Incident Reporting

Employees are instructed to NOT delay reporting a Critical Incident while waiting for more information such as replacement staff information or investigation information and to ensure that all TennCare and MCO contract timeframe requirements are met. MCO is supplied with additional information as it becomes available.

XI. Electronic Visit Verification (EVV)

The electronic system utilized by DSP to clock in at the beginning and end of each period of service delivery for CHOICES cases is referred to as the electronic visit verification. This system is used to monitor member’s receipt of specified CHOICES HCBS and also to generate claims for submission. One full time case manager is designated to EVV monitoring and two staff persons (billing department and management) are fully trained and knowledgeable of the system and its functionality including billing, exception handling, scheduling, and late and missed visit reporting. Each member’s eligibility is verified by reviewing the authorization confirmation prior to any services being provided. On call process outlined for after-hours monitoring of EVV is included in the case manager’s role. In the event there were to be an issue with EVV after hours, DSP would contact the designated case manager and they would determine if it was for a table or a phone, verify with the family/guardian that staff was on shift and then the DSP’s timesheet with schedule/clock in/clock out would be uploaded to EVV system. Refer to “procedures for assignments” section of FSS Policy for details of staffing procedures which include back up staff procedures. The accounting department submits claims (and corrected claims for revisions to the original claim) to MCO within 120 days from the actual date of service and MCO remittance. Reporting is required as soon as possible to MCO in the event there are any changes from the members’ plan of care and report may be made via email or phone. A 90% compliance rate is mandated to be maintained in EVV.

The following items are performed and/or coordinated by the assigned case manager:

- Schedule visits in advance in EVV
- Ensure all EVV exceptions are worked within 24 hours of occurrence
- Member’s visit status and any other pertinent information is relayed in a timely fashion as applicable

- Update staff contact information in EVV and with Sandata as applicable upon notification from DSP
- Notify MCO of member's status change/deviations to the plan of care including but not limited to vacations, nursing facility stays, and hospitalization are completed via email, telephone, and fax at the time of notification of the specific circumstance.

Training on EVV for the DSP consists of procedures regarding how to clock in and out, enter task performed in the member's home, what to expect if the system is not utilized in the correct fashion, and completing the survey on the GPS tablet prior to clocking out. It is emphasized during training that clocking in and out via telephone is ONLY to be performed if the GPS is unavailable.

Availity

CHOICES case manager is responsible for submitting claims through the web portal. Training occurs within 30 days of employment and retraining occurs as needed and determined by managerial staff or as revisions occur to the process. Documentation of training is contained both by training conductor and in employee files, as applicable. All claims for services are submitted no later than 120 days of the date of service. Corrected claims/bills are also submitted no later than 120 days of the BCBS remittance. Corrections to claims are only submitted if the original claim information was incorrect/incomplete. Any deviations from members' plan of care are processed by contacting the appropriate MCO to obtain the correct/revised authorization for the services provided.

XII. Grievance Procedure

The Arc Mid-South has an internal policy and procedure for receiving and responding to complaints including but not limited to Title VI complaints. The procedures below explain the procedures for hearing and reviewing complaints. This policy and procedure is subject to revision at any time:

The Arc Mid-South's designated staff to address complaint resolution/Title VI coordinator is the Business Manager. The Arc Mid-South assures that person supported, their families and legal representatives receive information concerning the internal agency complaint resolution system, TDMHSAS, CHOICES, and DIDD Complaint Resolution System upon admission and annually.

This information identifies The Arc Mid-South's complaint representative/Title VI coordinator's (HR Professional, and /or Business Manager) and DIDD contact person (Yolanda Beason) and their contact information (See attached letter). If the complainant and The Arc Mid-South are unable to resolve the issue, either party may contact the DIDD Regional Office Complaint Resolution Coordinator (CRC, Yolanda Beason)/DIDD Regional Office, TDMHSAS, CHOICES for assistance. The Arc Mid-South prohibits retaliation against anyone reporting a complaint to the agency or any other outside entity (DIDD, TDMHSAS, CHOICES).

Maintenance of the logging system includes the following information:

- Date Complaint Received
- Contact information (Telephone numbers)
- Name of Complainant (Person supported, family, legal representatives, paid advocates, and

- concerned citizens)
- Name of Person supported
- Agency and ISC/MCO involved
- Person supported's funding source
- Description of Complaint
- Description of Resolution
- Date of Resolution
- Date Provider confirmed resolution with complainant

The Arc Mid-South shall confirm resolution with the complainant no later than 30 days from receipt of complaint. If satisfaction is not achieved, the agency will present the complainant with contact information for the TDMHSAS Regional Office, CHOICES representative, and DIDD Regional Complaint Resolution Coordinator.

Management staff reviews the complaint resolution system to track and identify trends and patterns and initiate actions as indicated as applicable but at minimal annually.

Self-Assessment Process

The Arc Mid-South monitors satisfaction of person supported/guardians who receive services through Family Support Services program on a continuous basis via monthly home visits, surveys of services, communication with case managers, and staff evaluation services. As part of The Arc Mid-South's internal quality improvement system, the above stated tools are utilized throughout the year to monitor consumer satisfaction. The satisfaction survey process is designed to receive input from person supported and their family members. Any issues/concerns noted are reviewed by management and any trends related to these are addressed. No minimum acceptable percentage or return rate has been established on the surveys since they are done by parents/guardians/person supported on a voluntary basis. The summary of annual satisfaction surveys is monitored by quality assurance manager and FSS program. Any issues and areas of concerns concluded from the above satisfaction tools identified from consumer and family satisfaction surveys are addressed immediately until they are resolved.

Documentation of these can be found in person supported's individual communication logs. The QA Manager and FSS staff routinely monitors the person supported binders for updating records in a timely manner via specific person supported QA tool and Case Training Spreadsheet created by the QA manager via emails and spreadsheets. All monitoring is completed utilizing components from the DIDD provider manual, licensure requirements, as well as FSSP in house policies and procedures. Review of processes is intended to ensure timely access to health-related documentation ISP amendments, and any follow-up activities as applicable.

The QA Manager routinely monitors services provided through FSS Eldercare Program to ensure components from HCBS provider manual, as well as FSSP in house policies and procedures are followed. Specific components are included within FSSP policy as well as QA checklists. (See Attachments)

Review of external monitoring reports (HCBS rules, DIDD policy revisions, protocols, surveys, etc.), any sanctions as applicable, are discussed during FSSP departmental meetings, managers meetings, and board of director meetings. They

are also addressed via email. Policies are amended as necessary to ensure compliance and effectiveness. Additional topics which are discussed include review of personnel practices, including staff recruitment and hiring, staff training and staff

retention/ turnover (Relias/Agency Checklists/DSP Schedules/DSP list), as well as review of current policies and management plan, including success in implementing policies / plans and the degree to which policies / plans ensured compliance with program requirements and evaluation of the effectiveness of the management plan and modification as needed to achieve quality assurance and compliance outcomes during agency managers and staff meetings, as applicable.

Case managers and accounting staff review staff notes from direct care professionals on a weekly and monthly basis in order to determine staff performance in assisting person supported to complete action steps and outcomes. Progress towards goals and any amendments needed are monitored and discussed in monthly review notes which are forwarded to independent support coordinators by the 20th of each month.

As part of the self-assessment process, The Arc Mid-South assesses the effectiveness of the training program provided by the agency trainer/HR/Relias in a variety of ways. The effectiveness of the training program is also monitored by reviewing staff competency testing scores, and various reports in Relias. As part of the training program direct care professionals are not cleared to begin employment until all three phases of training are completed. This is an effort to reduce any timeliness issues which may arise in regards to completion of the training phases in the allotted time frame set by DIDD. Retention and application of information presented during training are monitored in the monthly review process by the case managers as well as during quarterly staff meetings.

XIV. Emergency Precaution and Emergency Urgent Care Policy

The company will be prepared to respond to emergencies as defined in agency policies that occur while providing services, to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all emergencies according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation to comply with licensing requirements on reporting and to assist in developing preventative measures, if applicable. For incident response procedures, staff will refer to the Policy and Procedure on Responding to and Reporting Incidents. All staff will be trained on this policy and the safe and appropriate response to and reporting of emergencies. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the home and is provided to all staff including each person's representative, physician, and dentist are in the individual's binder. If in the community, staff will contact the person supported parent, legal represented, supervisor and 911.

Fire Prevention

Safety is the responsibility of every employee of The Arc Mid-South. Every reasonable precaution is taken to provide a safe environment for employees. Safety rules are for your protection and for the protection of our patients and co-workers. The Arc needs your support and cooperation to maintain a good fire safety program.

Natural Disaster / Safety Procedures

The Case Managers will notify the Direct Support Professionals on duty once a disaster has been declared. It is the responsibility of the Direct Support Professionals to ensure safety of the person supported.

Staff coverage in the event of an emergency and/or natural disaster will depend upon availability.

XIV. Deficit Reduction Act of 2005 (DRA) & Federal and State False Claims Acts

The Arc Mid-South adheres to the Deficit Reduction Act of 2005 (DRA) and Federal and State False Claims Acts. All employees are advised of the following policies and required to acknowledge and follow these guidelines.

Federal and state governments have adopted a number of statutes to deter and punish misrepresentations with regard to health care programs. Failure to comply with these laws could result in civil and criminal sanctions imposed on individuals and providers by government entities. In addition to sanctions imposed by the government, employees' noncompliance with this policy (and any state or federal law designed to detect and prevent fraud, waste and abuse) may result in discipline up to and including termination of employment.

- **Federal False Claims Act:** The federal False Claims Act prohibits knowingly submitting (or causing to be submitted) to the federal government a false or fraudulent claim for payment or approval. It also prohibits knowingly making or using (or causing to be made or used) a false record or statement to get a false or fraudulent claim paid or approved by a state Medicaid program, the federal government or its agents, such as a carrier or other claims processor.

Civil penalties can be imposed on any person or entity that violates the federal False Claims Act, including monetary penalties of \$5,500 to \$11,000 as well as damages of up to three times the federal government's damages for each false claim.

- **Federal Fraud Civil Remedies:** The Program Fraud Civil Remedies Act of 1986 also allows the government to impose civil penalties against any person who makes, submits or presents false, fictitious or fraudulent claims or written statements to designated federal agencies, including the U.S. Department of Health and Human Services, which is the federal agency that oversees the Medicare and Medicaid Programs.

- **State False Claims Acts:** Several states also have enacted broad false claims laws modeled after the federal False Claims Act or have legislation pending that is similar to the federal False Claims Act. Other states have enacted false claims laws that have provisions limited to health care fraud.

- **Whistleblower and Whistleblower Protections:** The federal False Claims Act and some state false claims acts permit private citizens with knowledge of fraud against the U.S. Government or state government to file suit on behalf of the government against the person or business that committed the fraud.

Individuals who file such suits are known as a "qui tam" plaintiff or "whistleblower." The federal False Claims Act and some state false claims acts also prohibit retaliation against an employee for investigating, filing or participating in a whistleblower action.

Managers Responsibilities

Managers must inform their employees that The Arc Mid-South does not tolerate or condone activities that result in or contribute to the submission of false claims to any federal health care programs, including Medicare and Medicaid, and a manager must take appropriate action if he or she learns about possible fraudulent or abusive activities.

Background

The HHS Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and all Federal health care programs (as defined in section 1128B(f) of the Social Security Act (the Act)) based on the authority contained in various sections of the Act, including sections 1128, 1128A, and 1156.

When the HHS-OIG has excluded a provider, Federal health care programs (including Medicaid and SCHIP programs) are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities. (Section 1903(i)(2) of the Act; and 42 CFR section 1001.1901(b)) This payment ban applies to any items or services reimbursable under a Medicaid program that are furnished by an excluded individual or entity, and extends to:

- all methods of reimbursement, whether payment results from itemized claims, cost reports, fee schedules, or a prospective payment system.
- payment for administrative and management services not directly related to patient care, but that are a necessary component of providing items and services to Medicaid recipients, when those payments are reported on a cost report or are otherwise payable by the Medicaid program; and
- payment to cover an excluded individual's salary, expenses, or fringe benefits, regardless of whether they provide direct patient care, when those payments are reported on a cost report or are otherwise payable by the Medicaid program.

In addition, no Medicaid payments can be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the services either knew or should have known of the exclusion. This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or

supplier that is not excluded. (42 CFR section 1001.1901(b)) The listing below sets forth some examples of types of items or services that are reimbursed by Medicaid which, when provided by excluded parties, are not reimbursable*:

Services performed by excluded nurses, technicians, or other excluded individuals who work for a hospital, nursing home, home health agency or physician practice, where such services are related to administrative duties, preparation of surgical trays or review of treatment plans if such services are reimbursed directly or indirectly (such as through a pay per service or a bundled payment) by a Medicaid program, even if the individuals do not furnish direct care to Medicaid recipients.

Services performed by excluded pharmacists or other excluded individuals who input prescription information for pharmacy billing or who are involved in any way in filling prescriptions for drugs reimbursed, directly or indirectly, by a Medicaid program.

Services performed by excluded ambulance drivers, dispatchers and other employees involved in providing transportation reimbursed by a Medicaid program, to hospital patients or nursing home residents.

Services performed for program recipients by excluded individuals who sell, deliver or refill orders for medical devices or equipment being reimbursed by a Medicaid program.

Services performed by excluded social workers who are employed by health care entities to provide services to Medicaid recipients, and whose services are reimbursed, directly or indirectly, by a Medicaid program.

Services performed by an excluded administrator, billing agent, accountant, claims processor or utilization reviewer that are related to and reimbursed, directly or indirectly, by a Medicaid program.

Items or services provided to a Medicaid recipient by an excluded individual who works for an entity that has a contractual agreement with, and is paid by, a Medicaid program; and

Items or equipment sold by an excluded manufacturer or supplier, used in the care or treatment of recipients, and reimbursed, directly or indirectly, by a Medicaid program.

Final Note:

Agency staff is dedicated to the children and adults that we serve and have on occasions provided service when parents call them directly. We ask that all parents respect the agency policies and guidelines regarding the reporting/requesting of assignments. Our entire person supported/families deserve the same opportunities for services.

Remember, the more hours we can document for services provided make a difference in potential state funding in the future. That is essential to the health of the program and our ability to properly train and maintain a qualified pool of Direct Support Professionals for all person supported/families that is important to not only The Arc Mid-South, but invaluable to our person supported/families.

XV. CRISIS INTERVENTION POLICY

The Arc Mid-South prohibits the use/administration of PRN psychotropic medications as stated in the agency Medication Administration Policy. Components as stated in DIDD Provider Manual, 12.7 relating to use of PRN medications are not

applicable to the agency Crisis Intervention Policy. Behavioral safety interventions as defined by DIDD (e.g., supported recovery, safety delay, or

manual restraint) are procedures that prevent harm to the person or others and shall only be used when alternative strategies are ineffective and a person's behavior poses an imminent risk of harm to self or others. Restraints are used as a last resort. The following components are utilized when addressing behavioral safety interventions.

Behavioral safety interventions are only performed by staff that are trained in person served behavior support plan by the behavior analyst or designated trainer.

- Behavior safety interventions which are a component of a person served behavior support plan procedures are only used in response to behaviors that pose a risk of harm to self or others, as applicable.

- Use of the procedures is in alignment with DIDD procedural definitions which include:

Unrestricted Interventions: used to teach, train, increase behavior, or maintain desired behaviors and design environments to support the person. In some cases, the procedures involve mild forms of negative feedback, such as social disapproval.

Restricted Interventions: involve the use of a consequence that has the objective of decreasing the frequency, intensity, or duration of challenging behavior.

Restricted procedures require a BSP developed by a behavior analyst in conjunction with the person's COS. Restricted procedures/interventions may include mechanical restraint, response cost, or exclusion time out.

- A. Mechanical Restraint – means the application of a device to any part of a person's body that restricts or prevents movement or normal use/functioning of the body or body part to which it is applied because of an ongoing risk of harm, not exceed forty-five (45) minutes. Mechanical restraint shall not impair or inhibit visual or auditor capabilities of prevent or impair speech or communication modalities.
- B. Response Cost: removal of tokens, points, preferred items, scheduled events, and other reinforces or restricting activities or outings following a behavior with the objective of decreasing its occurrence. Activity delays of greater than two (2) hours shall be considered Response Cost.
- C. Exclusion Time Out: Directing an individual to any designated time-out location and requiring the individual to remain in this location without positive reinforcement and other activities for a specified period of time.

Special Individualized Interventions: interventions that involve the delivery of an aversive stimulus, vary from provider manual requirements, or are not defined in the classification system.

- De-escalation and redirection techniques that prevent the need for behavioral safety interventions are utilized via the specific training techniques as described in person's served BSP which are applicable to each person served.
- Behavior safety interventions are used only when they are the safest, most appropriate response for a given crisis, and other less intrusive alternatives are considered in making the decision to use them.
- Safeguards to prevent misuse of behavioral safety interventions include the requirement of only being prohibited to implement behavior interventions to staff which have been trained by the person served behavior analyst or designated trainer.
- Mechanisms for recording and reviewing the provider agency's use of behavior safety interventions that are not otherwise, reportable incidents as applicable (e.g., supported recovery, safety delay and supported recovery-separation) are the review of the persons' served staff notes (compiled by their DSP) and monthly review notes by each designated case manager. This information would be brought to the attention of management for documentation of reviewing the information. This recording process of non-reportable use of behavior safety interventions is monitored on consistent basis by case managers, administrative staff, and the agency Incident Management Coordinator as well as the Incident Management Committee.
- Safety training requirements are addressed in a person supported's Individual Support plan and/or Behavior Support Plan. Requirements may consist of but aren't limited to Professional Crisis Management and/or training of a specific BSP conducted by a behavior analyst. DSP are trained in the agency crisis intervention policy by their designated case manager. Documentation of all safety training requirements are contained in DSP training files.

- Mechanisms for ensuring that a behavior assessment is requested when a person has had three (3) uses of a behavioral safety intervention includes the policy in which case manager/respice coordinators are mandated to inform management of the use of all behavioral safety interventions monthly. This information is tracked by management to ensure a behavior assessment is requested as applicable through documentation contained in MRN and records of documentation review of behavior safety interventions.
- Procedures for managing crisis situations involving external entities (e.g., police, mobile crisis, etc.) include the practice of using reportable incident forms to notify all applicable parties. The internal Incident Management Committee reviews this information as applicable for needed recommendations, policy change, needed revisions in ISP and/or BSP, and requesting circle of support meeting to discuss any critical behavior information (including behavior analyst).
- In the event of psychiatric hospitalization, each individual Cross-Systems Crisis Plan mandates that staff must monitor the person’s status and remain close by until the person has been admitted to the hospital, regardless of if the assigned shift has ended with approval from their case manager. Staff may be relieved of duty by a family member of the person served. Tele-health options may be used to minimize the necessity for extensive travel by staff, as applicable.
- Crisis Intervention Team, if needed is contacted if verbal prompts and de-escalation efforts included in a BSP and/or Cross System Plan have been exhausted and the person supported presents a dangerous situation in which the staff, person supported, and others are at risk of or are put in a situation in which physical harm/aggression can/will occur.

XVI. Healthcare Acknowledgment

My signature acknowledges that as a Direct Support Professional and/or Parent, The Arc Mid-South is not authorized to provide services that require specialized medical care/attention for persons supported by The Arc Mid-South. Examples of specialized care include but not limited to catheter, G tube, peg tube, any type of tubal feedings, or tracheotomies.

I acknowledge that The Arc-Mid-South is not responsible for any health management or oversight, and Direct Support Professionals are prohibited from administering medication without **written** authorization from The Arc Mid-South’s management.

I understand that my signature below indicates that I have read and understand The Arc Mid-South’s health management policy.

Printed Name

Position (*Parent or Employee*)

Signature

Date

Agency Staff Signature

Date

Receipt of Acknowledgment

I understand that, should the content be changed in any way, The Arc Mid-South may require an additional signature from me to indicate that I am aware of and understand any new policies.

I understand that my signature below indicates that I have read and understand the above statements and received a copy of The Arc Mid-South Family Support Services Manual.

Printed Name

Position *(Parent or Employee)*

Signature

Date

Agency Staff Signature

Date

The signed original copy of this agreement will be filed in The Arc Mid-South Office.