

CRT Children Services, LLC

Developmental Disability Services

Policy and Procedure Manual

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These manuals will be reviewed and updated annually by the management team and distributed for employee review and signature. The acknowledgment pages must be submitted upon hire and annually thereafter.

Company Philosophy

It is the purpose of CRT Children Services to provide services designed to create appropriate options to individuals with intellectual disabilities/developmental disabilities. Services will be individualized to address the needs of each person receiving services.

Mission Statement

CRT Children Services, LLC is dedicated to providing quality services to children and adolescents. We are committed to promoting independence and a better quality of life to all those we serve.

Service Area

CRT Children Services, LLC will initially provide community-based services in Region 1 and Region 2.

Code of Ethics

CRT Children's Services has adopted the Code of Ethics of the National Association of Social Workers (see attached)

The Code of ethics will be trained to all staff at time of hire and annually. Staff, clients and guardians are aware of the right to file complaints of violations to the code of ethics for internal investigation and resolution.

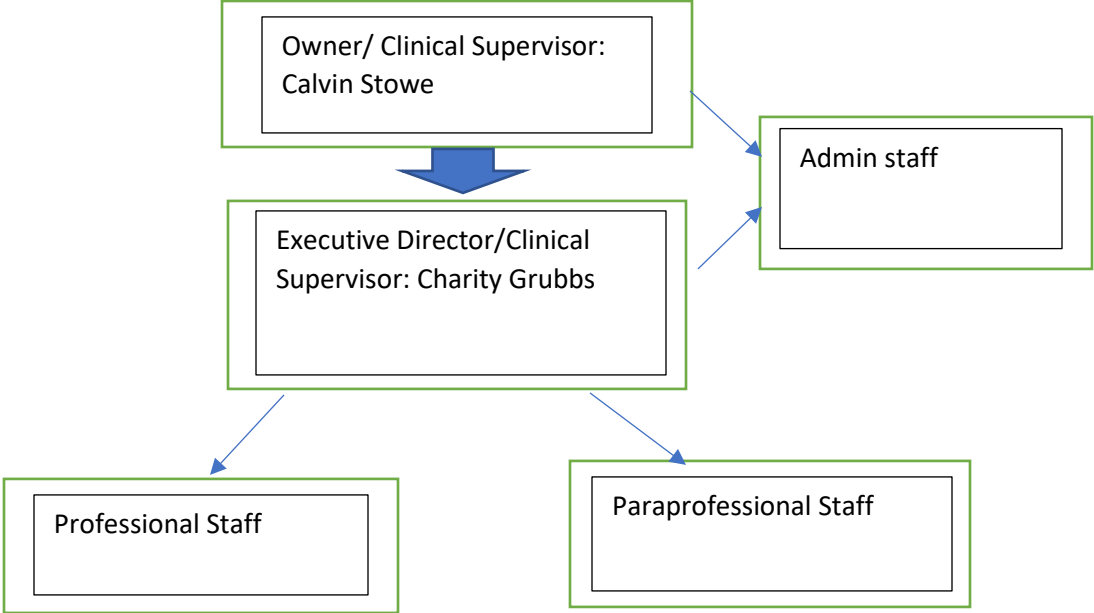
All complaints of ethics violations will be reviewed by the staff person's immediate supervisor within 2 business days of the report with corrective action, if necessary being completed within 2 days of finalizing the investigation. Outcomes may be retraining, revising programs, or termination of employment depending on the severity or recurrence of violation.

All ethics violations will be reviewed annually by the administrator to determine if further internal changes need to be made to reduce episodes of violations.

Personnel Record

Refer to Primary agency manual for the specifics of where, how and what will be maintained in the Personnel Record.

Organizational Chart



Staff Training

Policy: CRT Children's staff are required to meet certain initial and ongoing training requirements. CRT meets those requirements in a variety of methods.

Procedure: Team Meetings

- Direct care staff are required to participate in regularly scheduled team meetings.
 - At such meetings cases will be supervised clinically and peer-reviewed in accordance to confidentiality standards, and will be given follow up attention by the next weekly staff review meeting.
 - The purpose of these meetings is to discuss client progress and concerns, and develop on-going treatment strategies, make treatment decisions, and to provide on-going supervision.
 - The Clinical supervisor will determine the date and time of these meetings and he/she will inform all employees of when they will take place.
 - Any employee not able to attend team meetings must indicate when they can make up the meeting material on their own time.

Procedure: DD Policy & Procedures

- Each employee will participate in a policy and procedure training at hire and annually thereafter. At the end of the training staff will sign off stating that they have received and reviewed the policy and procedures.

Procedure: Continuing Education/Staff Development

- A continuous educational plan shall be provided to keep professional staff informed of significant and administrative developments, and to improve skills.
 - The plan shall address the results of quality assurance activities, including client care evaluations.
 - Adhering to this plan, all treatment staff will be required to obtain continuing education and training from an approved resource on a yearly basis.
 - The individual's degree/licensing requirements set forth by their specific governing body, as well as by the state Administrative Code, will determine the minimum number of hours of continuing training/education required.
 - Continuing education/training activities may require prior approval from the program manager to determine their relevance to treatment programs.
 - **Each direct care employee will be required to participate in ongoing staff development activities either conducted in-house or via other appropriate educational or community resources at a minimum of 20 hours per year.**
 - Verification and documentation of completed education and training will be required and maintained in the employee's personnel file.
 - Throughout the year and prior to the employee's annual review, the direct supervisor will ensure that the employee is maintaining his/her continuing education.

- **Each staff will be required to have all CEUs completed by TWO (2) WEEKS prior his/her Hire Date Anniversary. Any employee failing to meet these guidelines may be terminated without notice.**

Procedure: HIPPA training

- As part of ongoing staff development, each employee will participate in a basic HIPAA training at hire and annually thereafter.

Procedure: Ethics Training

- Each year will conduct mandatory staff meetings that will include comprehensive ethics training. This will ensure that all direct treatment employees participate in an ethics training within their first year of employment and at least annually thereafter.
- Any employee who is unable to attend the all staff ethics training must find an alternative training outside the agency that will ensure they maintain their ethics-training requirement of at least one per year.
- During each employee's annual review, the direct supervisor will ensure that the employee has attended an ethics training during the past twelve months.

Procedure: CPR and first aid

- All employees will obtain an age appropriate CPR and first aid certification prior to working with any clients. A copy of the certification card must be submitted and kept on file.
- It is the employee's responsibility to ensure that there is no lapse in certification.
 - The date will be noted and the employee will be informed of an upcoming expiration and the potential of loss of service hours if not completed and submitted timely.

Procedure: Special Health Care needs of participants served

- In order to prevent duplication or error, refer to health requirements policy and procedure for how and where this training will be documented.

Procedure: Client specific training

- Prior to being assigned to work with a client, staff will be trained on their Profile sheet, Authorized plan, Assessments, implementation plans and instructed on data keeping according to each.
 - This training intends to cover topics of: Optimal independence, correct use of assistive technology, accurate record keeping, correct and consistent implementation of program and implementation plans, and consistent use of behavioral and developmental program principles and positive behavior intervention.
 - This training will be documented on (state form) by client initial.
- During monthly observations, if it is identified that the staff needs retraining or further instruction on proper implementation of the programs and objectives, the training will be provided at that time and documented on the observation form.

- This training will be signed by the staff.
- If programs, including instructions are revised at any time, staff will be informed of these changes (state how/when- ie. Staff meeting, communication log, note of change on program)
 - Staff will acknowledge having received this new information by dated initials.

Procedure: Participant rights, advocacy resources, confidentiality, safety and welfare.

- At time of hire and annually, all employees will receive training on participant rights using the Participant rights form. This will include examples of provision and restriction of each right as it might pertain to service delivery.
 - Staff will sign an acknowledgement of training and responsibility to ensure rights.
- At the time of hire and annually, staff will be made aware of the advocacy resources that are available to the clients we serve.
 - The advocacy resource list that is provided to the clients will be the primary source of this training.
 - Explanation of what each resource does will be provided to help staff have a greater understanding, and if asked, be able to help the client access the appropriate advocacy resource for their needs.
 - At the time of hire and annually, staff will be trained on client confidentiality. This will be paired with the ethics training, but will have added detail about confidentiality in handling records out in the community.
- At the time of hire and annually, staff will be trained on client safety and welfare.
 - In order to ensure a safe environment for CRT staff and clients, we will have no greater than a 1:3 ratio of staff to clients in the community.
 - No client under the age of 18 will be left alone.
 - ⊖ No firearms are permitted for any reason at any time.
 - Always be aware of and avoid any physical or environmental dangers to yourself and the client. This includes being aware of other clients that may be receiving services in the office.
 - Keep the best interest of the family and child in mind at all times, during all interactions.
 - Stay away from one-on-one situations if at all possible. Always be within ear and eyeshot of another adult, if possible.
 - Stay on task and work on approved treatment issues during hours billed with a client.

Emergency Procedures

The following guidelines should be followed in the event of any emergency, accident or other incident that arises. All employees working with any client must have the following documentation on file while engaging in any activity with an CRT client:

- Childcare authorization form that enables staff to transport and seek medical attention, if necessary.
- Emergency contact information: phone numbers, address (home and work).*

*(All of this information must be kept in the client's file and copies are available to treatment staff before starting services with any new client.)

What to do in case of any emergency or other incident:

- Ensure client safety. Remove from harmful area and/or stabilize.
- Provide CPR/First Aid if qualified.
- Call 911 for ambulance or other appropriate emergency service.
- Give location of where you are and phone number to anyone contacted.
- Give copies of all relevant emergency releases to appropriate parties.
- Contact guardian, relative or other responsible and notify of incident.
- Contact immediate supervisor and notify of incident.
- Call collect if unable to use other methods.
- Write incident report and submit to supervisor within 24 hours.

In the event of an incident involving assault, aggression or other immediate risks, CRT employees will abide by the following protocol:

- To the extent that it is possible/reasonable, ensure the safety of yourself, the client, and other people in the immediate vicinity by removing from the situation.
- Call 911 to request appropriate assistance.
- Maintain visual contact at a safe distance until situation is resolved.
- Advise authorities as appropriate.

Transportation Policy

Transportation of clients should only take place when it directly supports the individual client's treatment plan or otherwise is authorized by the clinician. When transportation is determined to be vital and valuable to the treatment of the client, the client must be secured in the employee's vehicle.

Procedure: All employees who transport CRT clients must adhere to the following transportation procedures:

- Clients and CRT employees must wear their seatbelts at all times.
- Children under 12 years of age must always ride in the rear seat of the vehicle.
- Children under 4 years, 40 lbs. must be secured in an approved car seat.
- CRT employees should use cellular phones only when parked.
- CRT employees must obey all road signs, speed limits and traffic signals, signs etc.
- CRT employees will not leave clients unattended in a vehicle at any time.
- CRT employees will carry medical and liability release forms in a secure place.
- CRT employees will only transport clients for approved purposes; all other travel is unauthorized.
- All CRT employees will carry current proof of liability insurance and have a valid Driver's license.
- Any traffic infraction, misdemeanor or felony charge may result in the CRT employee's transportation privileges (with a client in the car) being revoked. CRT employees are encouraged to have additional insurance coverage for client transportation.
- CRT employees must maintain vehicles used for client transport and be certain that the vehicle is functional and safe (i.e. working blinkers, brakes, lights, etc.). In addition, tires must be appropriate for the season and in good condition.
 - If at any time your vehicle should fall into disrepair or become unsafe for any reason, you are immediately suspended from transporting clients.
- CRT employees must maintain all licenses and certifications required by the government to operate the types of vehicles used to transport clients.
- All employees who transport clients for any reason must have liability coverage on their vehicles and submit a copy of their insurance card to the HR Manager at time of hire, and at the time of policy renewal.
 - We highly recommend full coverage for every employee who transports clients as well as listing CRT as an additional insured if you will be transporting clients in your personal vehicle.
 - If at any time your auto insurance should lapse for any reason, you are immediately suspended from transporting clients until your insurance is back in place and documentation has been provided to CRT.
- CRT employees will adhere to all laws, rules and regulations applicable to drivers and vehicles of the type used.
- No inappropriate or inflammatory messages are permitted on your person or vehicle.

Health Requirements

Policy: CRT Children's Services, strives to protect the health of the clients we serve.

Procedure:

1. Personnel who have a communicable disease, infectious wound or other transmittable condition and who provide care or services to clients or have access to clients, or those personnel who provide care to clients with a communicable disease, are required to implement protective infection control techniques according to the Centers for Disease Control and Prevention (CDC) guidelines. These guidelines may be accessed on the CDC website at <http://www.cdc.gov/niosh/topics/bbp/universal.html>.
2. If protective infection control techniques are not implemented, personnel or clients who have a communicable disease, infectious wound or other transmittable condition must not enter CRT premises until the infectious state is corrected and non-infectious; or be reassigned to other areas where contact with others is not expected and the likelihood of transmission of infection is absent; or seek other remedies that will avoid spreading the infection.
3. Staff will sign a communicable disease form stating they are free from communicable diseases.
4. Clients who have a communicable disease, infectious wound, or other transmittable condition will have services cancelled until their condition is cleared or all reasonable infection control procedures are implemented in order to continue services.

Although services will be provided in the community staff will have a kit available to them in order to assist clients in handling Hazardous Materials/Bodily Fluid Spills

Procedure: Cleaning Up BODY FLUIDS from Hard Surfaces

Exposure Potential: Vomit, urine, feces, saliva, and any other body fluid may contain blood or other potentially infectious material. Dried bodily fluids remain potentially infectious (hepatitis B) for up to 7 days. If dried bodily fluids could flake off during handling, the contaminated object must be disposed of as regulated waste.

Personal Protective Equipment: Gloves (mandatory)

Face Shield (optional)

Shoe Covers (optional)

Apron (optional)

Face Mask (optional)

1. Obtain Blood & Bodily Fluid Clean-up Kit
2. Prevent people from walking through the area
3. Open up kit and cuff the Red Biohazard Bag (so that it stays open) placing it close to spill
4. Put on Gloves and other protective equipment as needed
5. If in contact with items such as sheets, pillows, towels, etc., place these items in a
6. Biohazard bag
7. Sprinkle Absorbent Powder over the bodily fluid to form a solid/gel
8. If the bodily fluid has dried water may be added to facilitate clean-up
9. Use provided scraper to pick up the solid and dispose of in the biohazard bag

10. Drop the scraper in to the biohazard bag
11. Use paper towel and disinfectant spray to clean up the remainder of visible bodily fluid.
Place paper towels in bag.
12. Spray the entire area with disinfectant spray. Leave for the required amount of time
(approximately 10 minutes)
13. Remove gloves and place them in the biohazard bag
14. Use antiseptic towelettes to clean hands and discard into the biohazard bag
15. Unroll the top of the biohazard bag and secure the top
16. Wash hands with warm water and soap for at least 30 seconds

Procedure: Cleaning Up BODY FLUIDS from Carpet or Upholstery Surfaces

Exposure Potential: Vomit, urine, feces, saliva, and any other body fluid may contain blood or other potentially infectious material Prepared by: EH&S Date of issue: 12/20/10 21 of 28
 Approved by: Cabinet Supersedes: 4/1/08
 Protective Equipment: Gloves (mandatory)
 Face Shield (optional)
 Shoe Covers (optional)
 Apron (optional)
 Face Mask (optional)

1. Prevent people from walking through the area
2. Obtain the following:
 - a. Blood & Bodily Fluid Clean-up Kit
 - b. Carpet Extractor
 - c. Carpet Disinfectant
 - d. Water
3. Open up kit and cuff the Red Biohazard Bag (so that it stays open) placing it close to spill
4. Put on Gloves and other protective equipment as needed
5. If in contact with items such as sheets, pillows, towels, etc., place these items in a biohazard bag
6. Sprinkle Absorbent Powder over any bodily fluid that has not absorbed to form a solid/gel
7. Use provided scraper to pick up the solid and dispose of in the biohazard bag
8. Drop the scraper in to the biohazard bag
9. Add plenty of water to the soiled area
10. Use the carpet extractor over the entire area
11. Spray area with carpet disinfectant following manufacturer's directions for amount and time of contact
12. Use the carpet extractor over the entire area again
13. Empty carpet extractor and disinfect it
14. Remove gloves and place them in the biohazard bag
15. Use antiseptic towelettes to clean hands and discard into the biohazard bag
16. Unroll the top of the biohazard bag and secure the top
17. Wash hands with warm water and soap for at least 30 seconds

Procedure: Hazardous Waste Spills

1. Evacuate the area. Keep everybody from the area at a safe distance, especially if the spill is giving off fumes.
2. Contact the authorities at 911.
3. Determine if anybody has been contaminated by the spill. Refer to the Material Safety Data Sheet of the spilled hazard. It should be located near the area of the hazard or available online. Administer first aid if necessary to the person afflicted, taking into account MSDS instructions. Call 911 for an ambulance if necessary.

Procedure: Special Medical or health care needs of participants being served.

1. AT intake, with the clinical supervisor, guardians will be asked if the client has any special medical or health care needs. Further, all required assessment information will be reviewed to determine if other special medical or health care needs need to be addressed with guardian for purposes of providing safe services.
2. All special medical and health care needs will be documented on (name form).
3. All staff will be trained in any special medical or health care needs and will fill out a form stating that they had training in the specific need and for which client. The form is kept on file electronically in the participant's EMR file.

Procedure: Services that require licensed professionals:

1. CRT Children's services does not provide health services that would require a licensed nurse or other health professional.
2. In the event that a client is found to require such services, a referral will be made to the parents to seek such services from another provider.

Procedure: Incident reports

1. All staff will be trained at time of hire and annually on when, where, why and how to complete and submit incident reports.
2. The clinical supervisor will review all submitted incident reports within 1 business day to determine if any immediate changes or training needs to take place to prevent repeated incident.
 - a. If it is determined that changes or training need to take place, that will be completed within another business day and documented in the 'follow up' section of the incident report.
3. Incident reports will be placed in an incident binder by participant last name.
4. Annually, the administrator and Clinical supervisor(s) will review all incidents considering individual and agency wide issues.
 - a. A report will be written of the number and type of incidents and if any recommendations and changes were made due to the incidents.
5. Any concerns of abuse, neglect or exploitation will be reported to the appropriate authority and the Department, Family and Children' Services
 - a. upon learning of any potential concerns of abuse, neglect, or exploitation, staff are to immediately report to the appropriate authority. At this time, CRT only serves children. Therefore, the obligated reporting agency is Child Protective Services.
 - b. Subsequent to making this report, staff must complete a reporting form and submit it immediately to the Clinical Supervisor and Administrator.

- c. If the alleged concern involves an employee of the agency, the administrator will make every effort to protect the clients served by the agency while the investigation is occurring. This will be documented on the reporting form.

Medication Policies

It is the policy of CRT Children's Services to not administer or assist clients with medication.

Procedure: If a client requires medication during the time of service delivery, either

1. the client will have been determined, and have on record the ability to self-medicate, or
2. arrangements will be made with the client's family member to assist with medications.
3. If a client is deemed capable of self-administering their medication, they will be responsible for maintaining the medication in their possession at all times.
 - a. Written documentation by their physician will be maintained on file that that the client is capable of self-administering their medication in accordance with IDAPA 16.03.21.511.03 and
 - b. acknowledgement that they are responsible for keeping it safe during times of service delivery.
4. Requirements for a client to need medication assistance will be documented on the profile sheet under special medical or health care needs.
5. If there is an emergency medication, the staff must be trained and delegated by appropriate licensed professional before administering medication. Documentation will be in client's file.

Admission, transfer and transition

Procedure: CRT will do a formal intake process with all individuals who seek our services.

- Prior to acceptance of a new client, CRT will meet with the individual and their guardian, if applicable to discuss the individual's needs and expectations from services.
 - If it is felt that that CRT has the staff available to meet the needs and the expectations of the individual, they will be referred to Family and Children's services for a Plan or addendum to change agencies.
 - When CRT has been chosen as a DDA provider and receives a referral from the Department of Health and Welfare, the program manager will contact the family and set up initial meeting. During the initial meeting, the program manager will explain the services, answer any questions, and the participant and his/her guardian will be given a verbal explanation of their rights and also supplied with a packet of information that includes the follow:
 - Participant's Rights
 - Client Grievance Policy
 - List of Protection and Advocacy Services
 - Client Intake Packet
 - Client Profile
 - Releases of Information for relevant agencies
 - HIPAA privacy act
 - Personal Health Information Informed Consent
 - Childcare Authorization
 - Duplication of Services and Notification
- All documents except the client intake packet will be supplied annually to the participant and his/her parent or guardian.

- The Clinical supervisor will also complete any assessments that are necessary to develop Individual Program and Implementation Plans.
- The IPP will be completed by a clinical supervisor after obtainment or completion of all applicable assessments,
 - PIP will be written by the clinical supervisor,
 - **Program Implementation Plan (PIP)** The PIP will be written by the Clinical supervisor.
 - The PIP will be completed within 14 days after the first day of ongoing programming, and will be revised whenever the participant's needs change.
 - The PIP must include: The participant's name, baseline statement, objectives, written instructions to staff, service environment, target date, and results of psychological or psychiatric assessment.
 - the IPP must include the participant and his/her parent and legal guardian.
 - The parent or legal guardian must be provided a copy of the complete IPP. During the intake process the parent or guardian will sign the "certification of receipt from" upon receipt of the IPP and this document will be kept in the participant's EMR file.
 - The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age appropriate.
- The Individual Program Plan (IPP) must include:
 - Type of service (discipline; group, individual, or family; and home, community, or center-based)
 - The name of the assigned DS, the data of the planning meeting, and the name and titles at the meeting;
 - The dated signature of the physician or other practitioner of the healing arts indicating his/her recommendation of the services on the plan;
 - The type, amount, frequency, and duration of therapy to be provided. The amount and frequency of the type of therapy must not deviate from the IPP more than 20% over a period of four weeks, unless there is a documentation of participant-based reason;
 - An accurate and relevant list of the participant's specific developmental and behavioral strengths, and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority needed;
 - A list of measurable behaviorally stated objectives which correspond to a list of priority needs; a PIP must be developed each objective;
 - The discipline professional and clinical supervisor responsible for each objective;
 - The target date for completion of each objective;
 - The review date;
 - And a transition plan.
 - The client/guardian will be informed of the staff that are available and allowed to choose from available staff.

- Staff are then fully trained on the client based on all information available and will begin working with the client.
 - Revisions to the IPP requiring a change in type, amount, or duration of the service provided must be documented and recommended by the case manager at the department of health and welfare. This document must also be signed by the parent or legal guardian and maintained in the client's file. The document must include the reason for the change; documentation of coordination of other service provider, where applicable; the date the change was made; and the signature of the professional making the change complete with date, credential, and title.
 - The planning process for the IPP must occur at least annually, or more often if necessary, to review and update the plan to reflect any changes in the need or status of the participant.
-

Procedure: CRT will make every effort to safely transfer services to a different entity if it is determined that CRT is unable to meet the needs and expectations of the client.

- The clinical supervisor observes services and meets with staff regularly.
- The clinical supervisor is also available to meet with the client/guardian to review progress, regression and any concerns.
- If all measures taken, are not able to alleviate concerns or impact progress, CRT will provide the client/guardian with a list of other providers that may be able to meet the needs of the client. If no other list is available, or options have been exhausted, CRT will refer the client/guardian back to Family and Children's Services for assistance with transferring to a different provider.
- If necessary, CRT will provide a written 30-day notice of intent to discontinue services.

Community Requirements

Policy: It is important that the clients we serve have the best available community services that meet their needs for helping them interact in their community with their family and friends and others.

Procedure:

1. At initiation of services, the clinical supervisor will address any access issues that the prospective client might have.
 - a. These will be identified on the profile under adaptive or special health care needs. (to include any adaptive devices- such as glasses, ambulation or communication devices)
2. At initiation of services, the clinical supervisor will gather any information needed to ensure the environment meets the participant needs considering space, equipment, lighting and noise control.
 - a. Any special accommodations will be identified on the profile under special health care needs. (such as no places with strobe type lighting, lowered lighting, reduced noise areas, not crowded environments, etc.)
3. The clinical supervisor will ensure that all programs and plans address any access or environmental issues and that all staff are trained on these prior to service delivery.
 - a. This training will be documented on ... (name form)
4. The clinical supervisor will ensure that community-based settings are being followed in service delivery through documentation on monthly observation forms.

Policy: It is important that the clients we serve are perceived by others as equals and fully capable of participating with others.

Procedure:

1. All programs will be developed to ensure that community locations consider how to enhance the participant's social image and personal competency. This will be done through incorporating the participant's strengths and interests into their programs and service locations.
2. All programs will be developed to promote inclusion into natural events and activities with those they share interests.
3. All programs will be developed where one staff works with one individual to encourage normal integration with family, friends, and others.
4. The clinical supervisor, will verify all of these variables during monthly observations.

Participant Record Requirements

A participant record must contain the following in a consistently organized and labeled system:

- An Authorized plan of service
- Program Implementation Plans
- Psychiatric assessment if one is indicated as having been conducted
- Profile sheet which contains: current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care
- Medical Social and developmental information and assessments that reflect the current status of the participant
- Intervention Evaluations/ACT-P
- Status review or ACT-P progress update
- Progress data that corresponds with services delivered.

All CRT employees and associates will maintain records of any and all activities involving a client. Records or incidents that are of a non-billable nature will be kept in client files if requested by your supervisor. All records that are billable to a funding source must have the following information and be recorded on an CRT note sheet (referred to commonly as log notes, case notes, or treatment notes):

- Name of client
- Description of client: Client's affect upon arrival
- Location of Service: **Community** (specific location), **Home**, or **Office**
- Duration of Service
- Time of Service (AM or PM)
- Date of Service
- Service performed
- A brief narrative of services delivered and client response
- Specific justification for the length of time billed.
- Domain and Objectives targeted
- Signature, Printed Name, and Credentials of Provider*
- Notes must be completed at the end of each session and up to date at all times.

*The employee who delivered the service must sign the documentation. At no time should a provider "sign off" on documentation for a service or training which they did not themselves complete.

Participant Rights Policy

Policy: CRT believes that all individuals have the same rights. To support this, at a minimum, the agency will ensure that clients, their guardian and all staff are aware of and make every effort to ensure the provision of client rights at all times.

Procedure: The following list of rights is adopted directly from IDAPA 16.03.21.905 to be used for purposes of training all parties as well as for reference in ensuring during service delivery through observation or investigating any rights related grievances.

- a. Humane care and treatment;
- b. Not be put in isolation;
- c. Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others;
- d. Be free of mental and physical abuse;
- e. Voice grievances and recommend changes in policies or services being offered;
- f. Practice his own religion;
- g. Wear his own clothing and retain and use personal possessions;
- h. Be informed of his medical and habilitative condition, of services available at the agency, and the charges for the services;
- i. Reasonable access to all records concerning himself;
- j. Refuse services; and
- k. Exercise all civil rights, unless limited by prior court order.
- l. Privacy and confidentiality;
- m. Receive courteous treatment;
- n. Receive a response from the agency to any request made within a reasonable time frame;
- o. Receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community;
- p. Refuse to perform services for the agency. If the participant is hired to perform services for the agency the wage paid must be consistent with state and federal law;
- q. Review the results of the most recent survey conducted by the Department and the accompanying plan of correction;
- r. All other rights established by law; and
- s. Be protected from harm.

Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner:

- a. Upon initiation of services, the DDA must provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms.
- b. The DDA must provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights.

Restraint Policy

CRT employees must abide by a **no-contact policy** in regard to restraints, unless they work in the Developmental Disability Services program and have been certified in restraint training according to state regulations. In the event of an emergency involving assault, aggression or other immediate safety risks, CRT employees will abide by the following protocol:

1. To the extent that it is possible and reasonable, ensure the safety of yourself, the client, and any other people in the immediate vicinity by removing from the situation.
2. Call 911 to request appropriate assistance.
3. Maintain visual contact at a safe distance until situation is resolved.
4. Advise authorities as appropriate.

Policy: Client Complaints/Grievances. CRT believes that the best way to maintain quality services as well as to improve services offered is to provide an opportunity for clients or their guardians to file complaints, grievances or suggest changes in services.

Procedure: Client Complaints/Grievances will be handled in the following manner:

- Upon intake clients will be given all agency contact information including: agency phone number, as well as the crisis number. Clients will also receive contact information for the Program Manager and understand his/her role within the agency.
- If a client calls the agency and wishes to express a complaint/feedback their contact information is taken and then given to either the Program Manager or Director of Client Services. The Program Manager or Director of Client Services will then contact the client within 24 hours and the issue is discussed.
- During this contact the designated staff will hear all concerns from the client and make note of the issues.
- This information is then informally relayed to the Director if necessary (via email or phone) and potential resolutions are identified.
- Once a resolution is created it is then presented to the client for approval.
- Once all parties involved approve of said resolution it is then implemented.
- Documentation of the complaint, subsequent discussions, and resolution will be placed in the Client Complaint Notebook maintained on site by each Program Manager.
- The Program Manager will follow up with the client after a suitable time period to ensure the resolution was effective.

Policies Regarding Development of Social Skills and Appropriate Behavior

Policy: CRT believes that it is important that all people develop social skills and appropriate behavior in order for successful interactions with others in their community.

Procedure: Positive Social Skills

- When social skills and behavior are identified as a barrier to community involvement and integration a functional behavior assessment (if you have a specific name it) will be completed by the clinical supervisor or obtained from another credentialed source.

- This assessment will be used for creating objectives on the clients implementation plan for increasing or developing social skills.
- The clinical supervisor will ensure the presence of a social skills objective during the observations and through data review.

Procedure: Ensuring Prevention Strategies, Function of Behavior, and Behavior Replacement

- Positive approaches to increase social skills and decrease inappropriate behavior will be utilized in each implementation plan, while utilizing the least restrictive alternatives and consistent, proactive responses to behaviors.
- Using the functional behavior assessment, the Clinical Supervisor will ensure that the implementation plan will address the possible underlying causes or function of the behavior and identify what the participant may be attempting to communicate by the behavior.
- This information will be used to guide the implementation plan, which will utilize an appropriate replacement behavior that teaches alternative adaptive skills that replace the inappropriate behavior.
- The clinical supervisor will ensure the presence of least restrictive alternatives, proactive consistent responses, and replacement behaviors during the.

Procedure: Ensuring Objectives and Plans address severe maladaptive behaviors

- CRT ensures that client objectives addresses any self-injurious, aggressive behavior, inappropriate sexual behavior, or any other behaviors that significantly interfere with the participant’s independence or ability to participate in the community.
- The clinical supervisor will ensure the presence of these objectives during observation.
- Any incidents of this nature that occur during service delivery will be immediately addressed through either program revision and/or training to staff.

Procedure: Participant Involvement in behavior program development

- CRT will involve the participant and parents/legal guardian in developing the plan to increase social skills and to manage inappropriate behavior.
 - If it is not practical for a client or parent to participate, the file will clearly reflect the circumstances that prevented their involvement.
- The services provided must promote the participation and person choice of the participant and/or the parents/legal guardian.
- Bi annually parents or guardians, as part of quality assurance, will be asked to complete a client satisfaction survey (see Appendix G) by the administrator or designee which will monitor whether or not they felt as though their participation and feedback was sought during plan development.

Procedure: Written Informed Consent prior to implementing behavior programs

- Programs developed by the agency to assist participants with managing inappropriate behavior are conducted only with the written informed consent of the participant and guardian, where applicable.
- When programs used by the agency are developed by another service provider the agency must obtain the copy of the informed assessment used to develop the program.

- Programs will **NEVER** be implemented without a signature from the parent or legal guardian.
 - The clinical supervisor will also check to ensure that a signature was received on the IPP and implementation plan before implementation.

Procedure: Ensuring Appropriate Use of Interventions

- Interventions to manage inappropriate behavior are **never** used:
 - For disciplinary purposes,
 - The convenience of staff
 - As a substitute for a needed training program
 - Or by untrained or unqualified staff
- The Clinical supervisor will ensure that programs and instructions are developed in a manner that prevents any inappropriate use of interventions.
- The clinical supervisor will train staff on correctly implementing the interventions prior to staff implementing behavior intervention programs.
- The clinical supervisor will observe service delivery to ensure that interventions are not used inappropriately.
- Any violation of this policy will result in a minimum of staff suspension and the possibility of termination. **Restraint** training will be provided and kept current for all DD staff. See **Restraint Training**.

Quality Assurance Policy

Policy: In order to ensure and maintain the highest quality service to our clients, CRT may monitor any or all employee activities for quality assurance.

Procedures: Staff/Personnel Quality assurance

In order to ensure that sufficient staff are available to meet the needs of each participant served the following will take place:

1. At time of hire the HR employee will ensure that all required employment documentation is on file.
2. At the time of hire and at each annual performance review, the Clinical supervisor and HR employee will ensure that all required training and licensure is complete and current and documented on (name of form that checks all required documents)
3. At time of assignment, the Clinical supervisor will ensure each direct care staff is trained on all participant information and documented on (name form(s))
4. Monthly, Clinical supervisor will ensure all direct care staff are observed providing direct services according to the types of services for which they are qualified and assigned. The observation will be documented on (name form) and will be kept (state where/how will be kept ie. Observation file).
 - a. IF, at the time of observation, training is necessary to improve quality of services, training will be provided and documented on the observation form and signed by the CS and staff.

Procedures: Material resources

1. At the time of program development, the clinical supervisor will determine what materials will be necessary to run programs and ensure it is indicated in instructions to staff.
2. AT time of service delivery, staff will ensure they have the materials indicated in the instructions.
3. At time of observation, the clinical supervisor will indicate if materials were available to meet the needs of the participant.
 - a. IF the materials were not present, it will be documented, and determined why and how this can be corrected.
 - b. Observations will be used to determine if there needs to be a change to programs.

Policy: In order to ensure and maintain the highest quality service to our clients, CRT may monitor administrative components of operations.

Procedures:

1. In order to minimize ethical concerns the agency follows (state ethics policy that the agency has adopted ie. NASW, DDA, MH, etc)
 - a. The agency maintains a (type of document- such as a spreadsheet) that indicates all ethical components.
 - b. If there is a complaint of an ethical violation, the involved parties are identified including the type of ethical violation and date.
 - i. An internal investigation will take place regarding the violation and may result in

1. Retraining
2. Program changes
3. Termination of employee
- ii. The investigation will be documented and kept (state where)
- iii. If the investigation results in an issue needing further reporting, the report will be made according to reporting requirements (refer to health policy)
- c. Annually, a review of all ethics violations will be completed by (name of position), any systematic corrections will be made to reduce further ethical violations.
- d. Annually, staff will be trained on the agency's code of ethics including any updates to the adopted ethics policy. Documentation of this training will be kept (state where) and signed and dated by staff.
2. In order to ensure that the agency's policies and procedures are current to match rule requirements and to ensure that they are meeting the needs of the agency,
 - a. the (state position) will review the agency's policy and procedure manual.
 - b. Any revisions that are made will be documented on (state form) including the reason for the update and
 - c. training to staff on the updated policies and procedures.
3. In order to ensure compliance with certification:
 - a. (position) will ensure that any changes of administration, ownership, location or service types are submitted to Licensing and Certification of DHW in accordance with any timeframes spelled out in rule.
 - b. (position) will ensure that requests for recertification are submitted to Licensing and Certification no later than 90 days prior to certification expiration.
 - c. (position) will ensure needs assessments or other requests for information by the Department are submitted within the requested timeframes.
 - d. All correspondence with the Department will be kept on file to ensure compliance and reference as needed.

Policy: In order to ensure and maintain the highest quality service to our clients, CRT may monitor any or all participant files for quality assurance.

Procedures:

1. AT time of initiation of services, the (stated position) will ensure that all required documents are complete and on file in the participant's record.
 - a. Clinical Supervisor will meet with the guardian and ensure that they and the participant are fully involved in the development of the program plans. This will be documented by dated signature of all attendees of the program planning meeting/or signed statement of participation and agreement of the program (implementation) plans.
 - b. The clinical supervisor will ensure that the plans are developed to meet the individuals developmental and chronological age.
 - i. This will be further ensured through documented monthly observation of direct service.
 - c. The clinical supervisor will ensure that the plans are developed to ensure they promote inclusion, integration into the their community per Community policy and ensured through the use of the monthly observation form.

- d. The clinical supervisor will ensure that the plans are developed to ensure the rights of the participant are protected and promoted in service delivery. This will be ensured through documented monthly observation of direct services.
 - e. The clinical supervisor will ensure that the plans are developed to clearly be observable in practice and will ensure this through documented observation of direct services.
2. Monthly, The CS will review participant progress data and observational information and determine if any procedural changes are needed.
3. The CS will document progress and changes in the updates to the ACT-P.
4. The CS will train all assigned staff on any changes that are made and document this on (form or document).
 - a. Staff will initial acknowledgement of training.
5. Annually, the CS will update all required program documents complete with dated, credentialed signature.
6. Annually, all updated documents will be sent to required parties or requested and filed from required parties (see 600 and 601).
7. To ensure ongoing compliance the (name form) will be completed initially and on an annual basis.

APPENDIX A

Client Rights and Responsibilities

Client Bill of Rights

1. The client has the right to choose from among many providers in the region. A complete list of providers is available from the Department of Health and Welfare.
2. The client has the right to terminate services, or any portion of services, and transfer to another provider at any time.
3. The client has the right to impartial access to treatment, regardless of race, religion, gender, ethnicity, age or handicap.
4. The client deserves respect for personal dignity in the provision of all care and treatment.
5. The client has the right to adequate and human services, regardless of the source of financial support.
6. The client has the right to receive services within the least restrictive environment possible.
7. The client has the right to an individualized treatment plan, based on assessment of current needs.
8. The client has the right to participate in the planning of the treatment.
9. The client has the right to request that Department of Health and Welfare staff review the treatment plan or the services provided.
10. Each client's personal privacy shall be assured and protected within the constraints of the individual treatment plan.
11. In accordance with the agency's policy, a written, dated and signed informed consent form shall be obtained from the client, the client's family or the client's legal guardian, as appropriate, prior to initiation of treatment.
12. The client has the right to qualified staff and to terminate/transfer services at any time without notice.
13. The client has the right to protection and advocacy services, and legal assistance.

Client Responsibilities

Participation: Clients are expected to work with treatment recommendations and decisions as much as possible. Clients and family members of clients, particularly when children are receiving services, will be required to participate in order to ensure progress. Parents are usually expected to be present or available during most treatment sessions. Failure to participate or work with treatment recommendations may result in the need to release the client from services. In addition, the Department of Health and Welfare may not reauthorize services or allow access to similar programs in the future.

Financial Obligation: It is our policy to submit billing claims directly to your insurance company, including Medicaid. If you are responsible for a co-pay, we must receive payment prior to your session. **If you lose your benefits at anytime or they change in any way, you must notify our office immediately.**

I, _____, have read the above information and have been given the opportunity to understand it completely and ask questions. I understand my rights and responsibilities as a client of CRT Children Services LLC.

Client/Guardian Signature Date

APPENDIX B

Informed Consent and Confidentiality Policy

CRT Children Services LLC offers developmental services for children. The agency will work with you to develop an individualized treatment plan outlining your goals and tasks to achieve those goals. Your participation in this process is vital to achieving these goals. However, all clients have the right to refuse services or any portion of treatment at anytime. We will assist you to find another more suitable provider in the community if necessary.

Confidentiality Statement and Policy

At CRT Children Services LLC cares about protecting your privacy and we believe that developmental services is most effective when clients feel comfortable speaking openly with their staff. It is our hope this information will clarify confidentiality.

The law requires us to provide our clients with the following information concerning confidentiality at the initiation of our professional contract. It is important you understand these issues as we begin our work together. Please review this material carefully so we may discuss any questions or concerns you might have regarding confidentiality.

In general and in the usual course of events, the law protects the confidentiality of all communications between a client and staff. This means we can only release information about our work to others with your written permission. However, there are exceptions.

Situations in which there is potential risk of harm to yourself or others.

There are some situations in which we are legally required to take actions to protect others from harm even though it requires revealing some information about a client. These situations are rare. Should such a situation occur, we would make every effort to fully discuss the situation with a client and the client's parents before action is taken.

If we believe that a child or a person with a disability is being abused, we must file a report with the appropriate state authority/agencies. If a client reveals information that constitutes professional misconduct, we are required to report the professional to the appropriate state board; however, we would not reveal the client name or give any information that would allow the client to be identified unless he/she is in agreement.

If we believe a client is threatening serious bodily harm to another person, we are required to take protective actions which may include notifying the potential victim, the police, or seeking the client's hospitalization. If a client threatens to harm himself/herself, we may be required to seek hospitalization or to contact appropriate family members and others who can help provide protection and safety.

Professional records

We are required to keep appropriate records. Because these records may be misinterpreted by a non-clinician, it is our general policy to allow a client desiring to review them only in the presence of their supervisor after the matter has been fully discussed and where both agree that such a review would not interfere with services. If we decide that reviewing the record would be emotionally damaging, we would forward a summary to a client's designee.

Legal Proceedings

It is not the general role of a clinician to be involved in court proceedings unless there is agreement at the onset of a professional contract for services. There is a fee our agency charges for staff to testify in court. These charges are not covered by insurance. It will be your responsibility to pay the fee and the amount will be discussed at the onset of our contract.

In most judicial proceedings, clients have the right to prevent us from providing any information about them. However, in child custody proceedings, adoption proceedings, and proceedings in which the clients' emotional condition is an important element, a judge may require a staff's testimony if he/she determines that resolution of the issues before him/her requires it. Testimony may also be ordered in 1) a legal proceeding relating to psychiatric hospitalization; 2) in malpractice and disciplinary proceedings

brought against clinician/agency; 3) court-ordered psychological evaluations; and 4) certain legal cases where a client has died.

Signing this document below is an indication that we have had the opportunity to discuss questions or any confusion you might have regarding confidentiality and that you understand the above statements. I have read this statement about confidentiality and I have been given the opportunity to discuss it with staff. I understand that I may discuss any concerns or questions regarding confidentiality at any time during our work together.

APPENDIX C

CRT Children Services Child Care Authorization

The undersigned parent/legal guardian(s) _____, hereby grant(s) CRT Children Services LLC of 111 N. Washington St., Suite #12, Moscow, Idaho, 83834, the authority to take temporary care of the following child for the purposes of transporting him/her to and from appointments:

_____ This grant of temporary authority shall begin on _____, and shall remain effective until terminated by the undersigned.

While my child is in the care of CRT Children Services LLC staff, those personnel shall have the following power:

- The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including but not limited to medical doctor and/or hospital visits.
- The power to authorize medical treatment or medical procedures in an emergency situation.
- The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.
- The power to transport my child to and from authorized treatment activities, school and any other location related to treatment.

Legal Guardian Signature Date

Print Name

APPENDIX D

Emergency Procedures

In the event of an emergency the qualified CRT Children Services LLC staff are authorized to follow CRT Children Services LLC emergency procedures:

1. Ensure client safety. Remove from harmful area and/or stabilize.
2. Call **911** for ambulance or other appropriate emergency service. Give location of where you are and phone number to anyone contacted.

CRT Children Services staff are not authorized to release information regarding specific client services to medical personnel or any other authority who may respond to an emergency.

3. Provide CPR/First Aid if qualified.
4. Contact legal guardian in the event of an incident involving a minor.
5. Contact immediate supervisor and notify of incident.
6. Call collect if unable to use other methods.
7. Write incident report and submit to supervisor within 24 hours.

All staff will have an easily accessible phone available for client use with emergency numbers posted nearby. **In the case of an emergency always call 911.**

Sandpoint & Priest River: (208)

Bonner General Hospital 263-1441

City Police 265-1482

County Sheriff 263-8417

Moscow (208)

Gritman Medical Center 882-4511

City Police 883-7054

County Sheriff 882-2216

APPENDIX E

HIPAA SECURITY INCIDENT REPORT/ RESPONSE FORM

1. Describe the security incident. Please indicate what was observed, where and when it occurred, and who was involved.
2. Describe how the incident was discovered—that is, result of observation, review of audit trails, external complaint, and so forth.
3. Indicate the status of the security incident. Is the incident over? Is it currently ongoing? Has it been recurring?
4. Describe how you think the security incident occurred or how unauthorized access or disclosure happened—that is, hacker, virus, employee misconduct, and so forth.
5. Is the system still at risk of attack?
6. Classify the severity of the incident—high, medium, or low—and indicate whether the response time should be immediate, prompt, or as soon as possible.
7. Describe your assessment of possible systems affected, the clinical, business, and/or administrative functionalities affected, and whether any data, including protected health information (“PHI”), financial information, and/or information that could lead to identity theft, may have been compromised.
8. Please estimate the following or state that not enough information is available for such an estimate:
 - a. System downtime:
 - b. Damage to the system:
 - c. Nature and extent of data lost:
 - d. Nature and extent of data improperly disclosed:
 - e. Harm, such as financial loss, cost of repairs, possible lawsuits, and so forth:
9. Were the systems of other organizations affected? If so, were they contacted?
10. Indicate the persons that have been notified and the measures taken to address the problem.
11. Indicate your name, title/position, phone number, and email addresses below in case we need to contact you for further information:
 - a. Name:
 - b. Title/position:
 - c. Work phone number:
 - d. Work email address:
 - e. Home phone number:
 - f. Home email address:
12. Date and time of this report:

RESPONSE

1. List persons receiving this report, such as security officer, privacy officer, and others.

2. List any immediate action taken, such as suspended suspect's access pending investigation.
3. Who investigated?
4. Results of investigation?
5. Mitigation taken, such as notified the victim, called the party receiving the data in error, and so forth.
6. Action taken to prevent recurrence, such as tightened up email policy.
7. Disciplinary action taken, if any.

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: October 20, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please call (208) 265-5049.

WHO WILL FOLLOW THIS NOTICE. This notice describes our agency's practices and that of:

- Any health care professional authorized to enter information into your file.
- All departments and units of the agency.
- All employees, staff and other agency personnel.
-

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from our agency. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the agency.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use health information about you to provide you with treatment or services. We may disclose health information about you to health care professionals, or other agency personnel who are involved in the services you receive at the agency. Different departments of the agency also may share health information about you in order to coordinate the different things you need, such as counseling, PSR, chemical dependency treatment, etc. Your treatment team will include information in your record for the purpose of diagnosing and determining the most appropriate services.

For Payment. We may use and disclose health information about you so that the treatment and services you receive at the agency may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about counseling you received at the agency so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose health information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many agency clients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to health care professionals, and other agency personnel for review and learning purposes. We may also combine the health information we have with health information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We will disclose information in weekly team meetings which may involve staff members who do not have direct contact with your family (i.e. consulting clinicians, office personnel, any other person employed by the agency) may be present. The information disclosed in these meetings is used for the purpose of insuring quality of treatment.

Appointment Reminders. We may use and disclose health information to contact you as a reminder that you have an appointment for treatment at the agency.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may release medical information about you to a friend or family member, that you identify, who is involved in your health care. We may also give information to someone who helps pay for your care.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the outcomes of treatment for different diagnoses or conditions. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific treatment needs, so long as the health information they review does not leave the agency. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the agency. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

As Required By Law. We will disclose health information about you when required to do so by federal, state or local law, as in the case of a referral to Child Protective Services. CRT North, Inc. and all its agents are mandatory reporters. Health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report deaths;
- to report child abuse or neglect;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the agency; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, Psychosocial Rehabilitation notes generated by Psychosocial Rehabilitation workers, and documents not created by CRT North, Inc. (i.e. psychological reports, hospital records).

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Tracey Lange. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency.

To request an amendment, your request must be made in writing and submitted to Tracey Lange. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or

CRT Children Services LLC Policy & Procedure Manual

Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Tracey Lange. Your request must state a time period which may not be longer than six years and may not include dates before October 20, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a service you received.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Tracey Lange. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Tracey Lange. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. For a paper copy of this notice, contact CRT North, Inc.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our Policy and Procedures Manual; you may request copies of this manual.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Regional Mental Health Authority. To file a complaint with the Regional Mental Health Authority, contact the Department of Health and Welfare, 1250 Ironwood Drive, Coeur d'Alene, ID 83814. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to

APPENDIX F

CRT Children Services LLC Policy and Procedure: Employee Consent/Agreement

I, _____, have received a copy of the CRT Children Services LLC policy and procedure manual and have been given the opportunity to ask any questions and clarify any information that I did not understand. I understand that signing this form indicates that I will be held responsible for following all policies and procedures outlined in this guide. Further, I understand that failure to adhere to the policies and procedures in this manual may result in termination of my employment with CRT Children Services LLC and possible legal action. CRT Children Services LLC and any of its agents assume no responsibility for anything that is not directly outlined in this manual. I have read, understand, and will comply with the policies and procedures of CRT Children Services LLC. I have reviewed the HIPAA security policy, and CRT Children Services LLC privacy and confidentiality policies. I have read and understand each policy that applies to me and will comply with HIPAA and CRT Children Services LLC policies and procedures. I further understand that I may face disciplinary action, up to and including termination, if I fail to comply.

Signature of Employee *Date*

Printed Name