

1. GOVERNANCE & ORGANIZATIONAL OVERSIGHT

1.1 Purpose

TDS Behavioral Health shall maintain a governance structure that promotes accountability, ethical conduct, quality service delivery, and compliance with all applicable federal and state behavioral health laws and regulations.

1.2 Governing Authority

TDS Behavioral Health shall be governed by its executive leadership and governing body, which shall oversee:

- Organizational compliance
- Fiscal accountability
- Clinical oversight
- Risk management
- Quality improvement activities
- Strategic planning
- Client safety and rights protections

1.3 Organizational Structure

TDS Behavioral Health shall maintain an updated organizational chart identifying:

- Executive leadership
- Clinical leadership
- Compliance personnel
- Qualified Professionals
- Direct support staff
- Peer support staff
- Administrative staff

1.4 Delegation of Authority

The Chief Executive Officer may delegate operational responsibilities to qualified administrators while maintaining ultimate accountability for regulatory compliance and organizational performance.

GOVERNANCE & ORGANIZATIONAL OVERSIGHT POLICY

TDS Behavioral Health

Policy Number:

GOV-100

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Governance & Organizational Oversight Policy is to establish the framework for organizational leadership, accountability, compliance, quality oversight, and operational governance for TDS Behavioral Health. This policy ensures that the organization operates in accordance with applicable federal and state laws, North Carolina Department of Health and Human Services (NC DHHS) requirements, NC Medicaid standards, ethical principles, and behavioral health best practices.

POLICY

TDS Behavioral Health shall maintain an effective governance and oversight structure that promotes:

- Ethical and lawful operations

- Quality behavioral health service delivery
- Fiscal accountability
- Regulatory compliance
- Client safety and rights protections
- Risk management
- Continuous quality improvement
- Organizational transparency
- Trauma-informed and person-centered practices

The governing authority of TDS Behavioral Health shall ensure the organization maintains sufficient administrative, clinical, and compliance oversight necessary to operate behavioral health programs safely, effectively, and in accordance with all applicable standards.

GOVERNING AUTHORITY

The governing authority of TDS Behavioral Health shall consist of executive leadership, designated administrators, and/or governing board members responsible for organizational oversight.

The governing authority shall:

1. Approve organizational policies and procedures
 2. Ensure compliance with federal and state laws
 3. Monitor organizational performance
 4. Ensure financial integrity and accountability
 5. Oversee quality improvement activities
 6. Promote client safety and rights protections
 7. Monitor risk management activities
 8. Ensure sufficient staffing and operational resources
 9. Maintain ethical standards of conduct
 10. Support culturally competent and trauma-informed care
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ORGANIZATIONAL STRUCTURE

TDS Behavioral Health shall maintain a current organizational structure identifying:

- Chief Executive Officer
- Clinical Director
- Compliance Officer

- Quality Management Director
- Qualified Professionals
- Program Supervisors
- Direct Support Staff
- Peer Support Specialists
- Administrative Personnel

An updated organizational chart shall be reviewed annually and revised as organizational changes occur.

DELEGATION OF AUTHORITY

The Chief Executive Officer may delegate operational authority to qualified personnel while maintaining overall responsibility for organizational compliance and performance.

Delegated authority shall include clearly defined responsibilities for:

- Clinical oversight
- Staff supervision
- Compliance monitoring
- Quality improvement
- Incident management
- Financial oversight
- Human resources administration
- Emergency preparedness

Delegation of authority shall not relieve executive leadership of accountability for organizational operations.

CORPORATE COMPLIANCE OVERSIGHT

TDS Behavioral Health shall maintain a Corporate Compliance Program designed to:

- Prevent fraud, waste, and abuse
- Promote ethical conduct
- Ensure accurate billing and documentation
- Detect compliance risks

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- Support corrective action implementation
- Monitor regulatory adherence

The Compliance Officer shall be responsible for:

- Compliance education and training
- Internal monitoring and auditing
- Investigating compliance concerns
- Reporting significant compliance issues
- Maintaining confidentiality protections
- Coordinating corrective action plans

Employees shall be protected from retaliation for good-faith reporting of compliance concerns.

QUALITY MANAGEMENT OVERSIGHT

The organization shall maintain an ongoing Quality Management Program focused on:

- Service effectiveness
- Client outcomes
- Safety and risk reduction
- Regulatory compliance
- Staff competency
- Client satisfaction
- Incident trend analysis
- Performance improvement

Quality management activities may include:

- Internal audits
- Documentation reviews
- Service utilization reviews
- Incident monitoring
- Medication error reviews
- Client satisfaction surveys
- Corrective action monitoring

Leadership shall review quality management findings regularly and implement corrective action when necessary.

ETHICAL STANDARDS

TDS Behavioral Health shall conduct all operations with integrity, professionalism, and accountability.

Employees, contractors, and leadership shall:

- Maintain professional boundaries
- Avoid conflicts of interest
- Protect confidential information
- Provide honest documentation
- Report unethical conduct
- Adhere to applicable professional standards

Falsification of documentation, fraudulent billing, abuse, neglect, exploitation, or unethical conduct shall result in disciplinary action up to and including termination and reporting to applicable authorities.

CLIENT RIGHTS OVERSIGHT

The governing authority shall ensure protection of client rights including:

- Dignity and respect
- Privacy and confidentiality
- Informed consent
- Freedom from abuse, neglect, and exploitation
- Access to grievance procedures
- Participation in treatment planning
- Services in the least restrictive environment

The organization shall maintain procedures for investigating complaints and grievances promptly and fairly.

RISK MANAGEMENT

TDS Behavioral Health shall maintain a risk management process designed to identify, assess, and reduce organizational risks.

Risk management activities shall include:

- Incident reporting and review
- Safety monitoring
- Emergency preparedness planning
- Infection control oversight
- Medication management review
- Staff training and competency verification
- Environmental safety inspections

Critical incidents shall be reviewed by administration to determine necessary corrective actions.

FINANCIAL OVERSIGHT

The governing authority shall ensure responsible financial management practices including:

- Accurate accounting practices
- Compliance with Medicaid billing requirements
- Internal financial controls
- Budget oversight
- Prevention of fraud and misuse of funds
- Financial record retention

The organization shall maintain financial records in accordance with applicable laws and regulations.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS requirements
 - NC Medicaid standards
 - Tailored Plan requirements
 - HIPAA regulations
 - Federal behavioral health regulations
 - Accreditation standards
 - Organizational operational needs
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REFERENCES

- North Carolina DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- HIPAA Privacy and Security Rules
- Americans with Disabilities Act (ADA)
- Olmstead v. L.C.
- NC Client Rights Rules
- NC Medicaid Tailored Plan Requirements

2. MISSION, VISION, AND VALUES

2.1 Mission

TDS Behavioral Health is committed to providing person-centered, trauma-informed, community-based behavioral health services that promote recovery, independence, dignity, safety, and community integration.

2.2 Vision

To create safe and supportive environments where individuals experiencing behavioral health challenges can stabilize, recover, and thrive within their communities.

2.3 Core Values

- Dignity and respect
 - Recovery-oriented care
 - Community integration
 - Accountability
 - Equity and inclusion
 - Trauma-informed service delivery
 - Client self-determination
 - Safety and wellness
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3. CLIENT RIGHTS & PERSON-CENTERED CARE

3.1 Client Rights

All clients shall receive services in accordance with applicable federal and state laws, including:

- The Americans with Disabilities Act (ADA)
- HIPAA Privacy Rule
- Olmstead v. L.C.
- NC Client Rights Rules
- NC Medicaid service requirements

Clients have the right to:

- Be treated with dignity and respect
- Participate in treatment planning
- Receive services in the least restrictive environment
- Refuse treatment unless legally ordered

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- Confidentiality of records
- File grievances without retaliation
- Access culturally competent care
- Receive informed consent regarding services and medications

CLIENT RIGHTS POLICY

TDS Behavioral Health

Policy Number:

CR-101

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Client Rights Policy is to ensure that all individuals receiving services from TDS Behavioral Health are treated with dignity, respect, fairness, and compassion while protecting their legal, civil, and human rights in accordance with applicable federal and state laws, North Carolina Department of Health and Human Services (NC DHHS) regulations, NC Medicaid requirements, and behavioral health best practices.

POLICY

TDS Behavioral Health is committed to protecting and promoting the rights of all clients receiving behavioral health, supported living, crisis stabilization, peer support, and community-based services.

All services shall be delivered in a manner that:

- Promotes self-determination

- Protects dignity and privacy
- Supports recovery and independence
- Encourages community integration
- Prevents abuse, neglect, exploitation, and discrimination
- Ensures informed participation in services and treatment planning

No client shall be denied rights except as specifically permitted by law.

CLIENT RIGHTS

All clients receiving services from TDS Behavioral Health shall have the following rights:

1. Right to Dignity and Respect

Clients have the right to:

- Be treated with dignity, respect, and compassion
 - Receive services in a safe and humane environment
 - Be free from humiliation, retaliation, harassment, intimidation, and discrimination
 - Receive culturally responsive and trauma-informed services
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2. Right to Privacy and Confidentiality

Clients have the right to:

- Privacy during treatment and personal care
- Confidentiality of records and protected health information
- Receive services in accordance with HIPAA Privacy and Security Rules
- Authorize or refuse release of information except as required by law

Protected information shall only be disclosed:

- With valid consent
 - For treatment, payment, or healthcare operations
 - As otherwise permitted or required by law
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3. Right to Informed Consent

Clients have the right to:

- Receive information about services, medications, risks, benefits, and alternatives
- Participate in decisions regarding treatment and supports
- Refuse services or treatment unless legally mandated
- Receive explanations in understandable language

Informed consent shall be documented when required.

4. Right to Participate in Treatment Planning

Clients have the right to:

- Participate in development of service plans
- Identify personal goals and preferences
- Request changes to services
- Include family members, advocates, or support persons when appropriate

Service planning shall be person-centered and recovery-oriented.

5. Right to Services in the Least Restrictive Environment

Clients have the right to receive services in the least restrictive environment appropriate to their needs consistent with:

- The Americans with Disabilities Act (ADA)
- Olmstead v. L.C.
- NC behavioral health regulations
- Person-centered planning principles

TDS Behavioral Health shall promote community integration and independent living whenever possible.

6. Right to Freedom from Abuse, Neglect, and Exploitation

Clients have the right to be free from:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Financial exploitation
- Retaliation
- Excessive restraint or seclusion

All allegations or suspicions of abuse, neglect, or exploitation shall be reported and investigated in accordance with applicable laws and organizational policy.

7. Right to Access Records

Clients have the right to:

- Review their records as permitted by law
 - Request amendments to records
 - Receive copies of records pursuant to organizational procedures and legal requirements
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8. Right to Religious and Cultural Freedom

Clients have the right to:

- Practice their religion
 - Refuse participation in religious activities
 - Receive culturally competent services
 - Maintain personal cultural identity and beliefs
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9. Right to Communication and Visitation

Clients have the right to:

- Communicate with family, legal representatives, advocates, and support persons
- Send and receive mail
- Access communication accommodations as needed

Restrictions may only occur when required for safety or legal reasons.

10. Right to Voice Complaints and Grievances

Clients have the right to:

- File complaints or grievances without fear of retaliation
- Receive assistance in filing grievances
- Receive timely responses to complaints
- Appeal decisions when applicable

Clients shall be informed of grievance procedures upon admission and throughout service delivery.

11. Right to Non-Discrimination

TDS Behavioral Health prohibits discrimination based on:

- Race
- Color
- National origin
- Religion
- Sex
- Disability
- Age
- Sexual orientation
- Gender identity
- Veteran status
- Source of payment

Services shall be delivered equitably and fairly.

CLIENT RESPONSIBILITIES

Clients are encouraged to:

- Participate actively in services

- Treat others respectfully
- Follow program rules and safety expectations
- Provide accurate information
- Report concerns or unsafe conditions

Client responsibilities shall not diminish or restrict client rights.

STAFF RESPONSIBILITIES

All employees, contractors, volunteers, and providers shall:

- Protect client rights at all times
- Maintain confidentiality
- Report suspected rights violations
- Complete required client rights training
- Promote dignity and recovery-oriented care
- Prevent abuse, neglect, and exploitation

Violation of client rights may result in disciplinary action up to and including termination and reporting to licensing or regulatory authorities.

CLIENT RIGHTS EDUCATION

TDS Behavioral Health shall:

- Provide written and verbal explanation of client rights upon admission
 - Post client rights information in accessible locations
 - Provide language or communication accommodations when needed
 - Document acknowledgment of receipt of client rights information
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REPORTING RIGHTS VIOLATIONS

Clients, staff, guardians, or advocates may report concerns regarding client rights violations to:

- Program Supervisor
- Clinical Director

- Compliance Officer
- State or local oversight agencies
- Disability Rights organizations
- Adult Protective Services when applicable

All reports shall be investigated promptly and confidentially.

RETALIATION PROHIBITED

TDS Behavioral Health strictly prohibits retaliation against any individual who:

- Files a grievance
- Reports abuse or neglect
- Reports compliance concerns
- Participates in investigations
- Exercises protected rights

Retaliation may result in disciplinary action.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - HIPAA regulations
 - Americans with Disabilities Act (ADA)
 - Olmstead v. L.C.
 - Federal behavioral health regulations
 - Accreditation standards
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REFERENCES

- North Carolina Client Rights Rules
- HIPAA Privacy Rule
- Americans with Disabilities Act (ADA)

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- Olmstead v. L.C.
- NC Medicaid Clinical Coverage Policies
- North Carolina DHHS Behavioral Health Regulations
- Federal Civil Rights Laws

3.2 Person-Centered Planning

Services shall be developed in partnership with the client and, when appropriate, legally responsible persons.

Treatment and support plans shall:

- Reflect client preferences
- Identify measurable goals
- Promote independence
- Support community integration
- Include crisis planning
- Address social determinants of health

PERSON-CENTERED PLANNING POLICY

TDS Behavioral Health

Policy Number:

PCP-102

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Person-Centered Planning Policy is to establish standards and procedures for developing, implementing, monitoring, and reviewing individualized, person-centered service plans for individuals receiving services from TDS Behavioral Health.

This policy ensures that services are designed to support client choice, dignity, recovery, independence, community integration, and self-determination in accordance with applicable federal and state laws, NC Medicaid requirements, and behavioral health best practices.

POLICY

TDS Behavioral Health shall provide person-centered, recovery-oriented, trauma-informed services that prioritize the individual's strengths, preferences, goals, needs, and desired outcomes.

All treatment, habilitation, and support planning shall:

- Be individualized
- Promote client self-determination
- Reflect informed choice
- Support community integration
- Encourage independence and recovery
- Be culturally responsive
- Be developed collaboratively with the client and support system when appropriate

Person-centered planning shall comply with:

- NC Medicaid Clinical Coverage Policies
- NC DHHS behavioral health regulations
- Home and Community-Based Services (HCBS) requirements
- Americans with Disabilities Act (ADA)
- Olmstead v. L.C.
- Trauma-informed care standards

DEFINITIONS

Person-Centered Planning

A collaborative process that identifies and organizes services and supports based on the individual's goals, strengths, preferences, needs, and desired life outcomes.

Recovery-Oriented Care

A service approach focused on promoting hope, empowerment, wellness, independence, and meaningful community participation.

Support Team

Individuals selected by the client who may assist in planning and support services, including family members, guardians, advocates, providers, or other natural supports.

POLICY STANDARDS

1. CLIENT PARTICIPATION

Clients shall actively participate in all aspects of service planning unless legally prohibited or clinically unable to participate.

Clients have the right to:

- Choose who participates in planning meetings
 - Express goals and preferences
 - Refuse specific services or supports
 - Request modifications to service plans
 - Receive information in understandable language
 - Participate without coercion or intimidation
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2. STRENGTHS-BASED APPROACH

Planning shall focus on:

- Individual strengths
- Personal preferences
- Skills and abilities
- Natural supports
- Recovery potential
- Community resources

Planning shall avoid deficit-focused or restrictive approaches whenever possible.

3. LEAST RESTRICTIVE ENVIRONMENT

Services shall be delivered in the least restrictive environment appropriate to the client's needs.

TDS Behavioral Health shall support:

- Community integration
- Independent living opportunities
- Competitive employment when appropriate
- Community participation
- Social inclusion

Restrictions on personal rights or freedoms shall only occur when clinically justified, legally authorized, documented, and reviewed regularly.

SERVICE PLANNING REQUIREMENTS

4. INITIAL ASSESSMENT

An initial assessment shall be completed prior to or shortly after admission and may include:

- Behavioral health history
- Medical history
- Trauma history
- Substance use history
- Risk assessment
- Functional abilities
- Housing and social needs
- Educational and vocational needs
- Cultural and spiritual preferences
- Strengths and support systems

5. DEVELOPMENT OF THE PERSON-CENTERED PLAN

The Person-Centered Plan (PCP) shall:

- Be developed within required regulatory timeframes
- Be individualized to the client's needs and goals
- Include measurable objectives
- Identify interventions and supports
- Identify responsible staff/providers

- Include frequency and duration of services
- Address crisis and safety planning
- Include discharge or transition planning when appropriate

The client and/or legally responsible person shall participate in plan development whenever possible.

6. CLIENT GOALS AND OUTCOMES

Service plans shall include goals that are:

- Meaningful to the client
- Realistic and achievable
- Recovery-oriented
- Measurable
- Time-limited when appropriate

Examples may include:

- Housing stability
 - Improved mental wellness
 - Medication adherence
 - Independent living skills
 - Employment goals
 - Substance use recovery
 - Community engagement
 - Social support development
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7. TRAUMA-INFORMED PLANNING

Staff shall utilize trauma-informed principles during planning processes by promoting:

- Physical and emotional safety
 - Trust and transparency
 - Collaboration
 - Empowerment
 - Cultural sensitivity
 - Avoidance of re-traumatization
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8. CULTURAL AND LINGUISTIC CONSIDERATIONS

Service planning shall respect:

- Cultural identity
- Religious beliefs
- Language preferences
- Communication needs
- Family dynamics
- Gender identity and sexual orientation

Interpretation or communication accommodations shall be provided when necessary.

PLAN REVIEW & UPDATES

9. REGULAR REVIEW OF PLANS

Person-centered plans shall be reviewed:

- At intervals required by applicable regulations
- When significant changes occur
- Following crises or hospitalizations
- Upon client request
- During annual reviews

Reviews shall evaluate:

- Progress toward goals
 - Effectiveness of interventions
 - Changes in needs or preferences
 - Continued medical necessity
 - Community integration progress
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10. DOCUMENTATION REQUIREMENTS

All service planning documentation shall be:

- Accurate

- Timely
- Complete
- Signed and dated
- Consistent with NC Medicaid documentation standards

Documentation shall include:

- Assessment findings
- Client participation
- Goals and objectives
- Service interventions
- Review dates
- Progress updates

SUPPORT TEAM INVOLVEMENT

11. NATURAL SUPPORTS

Clients may invite participation from:

- Family members
- Guardians
- Advocates
- Friends
- Peer supports
- Community supports

Participation shall occur only with client consent unless otherwise legally authorized.

RIGHTS PROTECTION

12. CLIENT RIGHTS IN PLANNING

Clients have the right to:

- Make informed choices
- Refuse services
- Request changes to plans

- File grievances
- Receive services free from coercion
- Participate in planning meetings

No individual shall be retaliated against for exercising these rights.

STAFF RESPONSIBILITIES

13. STAFF RESPONSIBILITIES

Staff involved in person-centered planning shall:

- Promote client choice and autonomy
 - Respect client dignity
 - Maintain confidentiality
 - Encourage meaningful participation
 - Provide accurate documentation
 - Utilize trauma-informed approaches
 - Support community integration goals
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QUALITY MANAGEMENT

14. QUALITY OVERSIGHT

TDS Behavioral Health shall monitor person-centered planning processes through:

- Documentation audits
- Service plan reviews
- Client satisfaction surveys
- Compliance monitoring
- Staff supervision
- Outcome tracking

Corrective action shall be implemented when deficiencies are identified.

NON-DISCRIMINATION

15. EQUITABLE SERVICES

Person-centered planning shall be provided without discrimination based on:

- Race
- Color
- National origin
- Religion
- Sex
- Disability
- Age
- Sexual orientation
- Gender identity
- Source of payment

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC Medicaid Clinical Coverage Policies
- NC DHHS regulations
- HCBS requirements
- HIPAA regulations
- ADA requirements
- Olmstead standards
- Accreditation standards

REFERENCES

- NC Medicaid Clinical Coverage Policies
- Home and Community-Based Services (HCBS) Settings Rule
- Americans with Disabilities Act (ADA)
- Olmstead v. L.C.
- NC DHHS Behavioral Health Regulations
- HIPAA Privacy Rule

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- Trauma-Informed Care Best Practices

3.3 Trauma-Informed Care

All services shall incorporate trauma-informed principles including:

- Safety
- Trustworthiness
- Peer support
- Collaboration
- Empowerment
- Cultural responsiveness

TRAUMA-INFORMED CARE POLICY

TDS Behavioral Health

Policy Number:

TIC-103

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Trauma-Informed Care Policy is to establish organizational standards for delivering trauma-informed, recovery-oriented, person-centered behavioral health services that recognize the widespread impact of trauma and promote healing, safety, empowerment, and resilience.

TDS Behavioral Health is committed to creating an environment that minimizes re-traumatization and supports the emotional, physical, psychological, and social well-being of all individuals receiving services.

POLICY

TDS Behavioral Health shall provide trauma-informed services throughout all programs, services, policies, procedures, and organizational practices.

All staff shall recognize that trauma may significantly affect:

- Emotional regulation
- Behavioral responses
- Physical health
- Interpersonal relationships
- Decision-making
- Engagement in services
- Recovery outcomes

The organization shall incorporate trauma-informed principles into all aspects of service delivery, supervision, crisis response, environmental safety, and organizational culture.

DEFINITIONS

Trauma

Trauma refers to events, experiences, or circumstances that are physically or emotionally harmful or life-threatening and that have lasting adverse effects on an individual's functioning, mental health, physical health, emotional well-being, or sense of safety.

Examples may include:

- Physical abuse
 - Emotional abuse
 - Sexual abuse
 - Domestic violence
 - Community violence
 - Neglect
 - Homelessness
 - Incarceration
 - Medical trauma
 - Human trafficking
 - Grief and loss
 - Racism and discrimination
 - Substance use-related trauma
 - Childhood adversity
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Trauma-Informed Care

An organizational approach that recognizes the prevalence and impact of trauma and responds by integrating knowledge about trauma into policies, procedures, practices, and interactions while actively working to avoid re-traumatization.

Re-Traumatization

Situations, interactions, environments, or practices that trigger traumatic stress responses or recreate experiences of fear, helplessness, or loss of control.

CORE PRINCIPLES OF TRAUMA- INFORMED CARE

TDS Behavioral Health shall incorporate the following core principles into all services and operations:

1. SAFETY

The organization shall promote physical and emotional safety for clients, staff, and visitors.

This includes:

- Safe environments
- Respectful communication
- Predictable interactions
- Crisis prevention strategies
- Protection from abuse, neglect, and exploitation

Clients shall be treated in a manner that promotes trust and emotional security.

2. TRUSTWORTHINESS & TRANSPARENCY

Staff shall:

- Communicate honestly and clearly
- Explain policies and procedures
- Maintain appropriate professional boundaries
- Follow through on commitments
- Promote consistency in service delivery

Organizational operations shall be transparent whenever possible.

3. PEER SUPPORT

TDS Behavioral Health recognizes the value of peer support and lived experience in promoting recovery and resilience.

Peer support services shall:

- Promote empowerment
 - Foster hope and connection
 - Encourage self-advocacy
 - Support community integration
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4. COLLABORATION & MUTUALITY

Staff shall work collaboratively with clients and avoid power-based or coercive interactions whenever possible.

Clients shall be encouraged to:

- Participate in decision-making
 - Identify personal goals
 - Express preferences
 - Advocate for their needs
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5. EMPOWERMENT, VOICE & CHOICE

Services shall emphasize client strengths, autonomy, and self-determination.

Clients shall be supported in:

- Making informed decisions
 - Developing coping skills
 - Identifying strengths
 - Setting recovery goals
 - Exercising personal choice
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6. CULTURAL, HISTORICAL & GENDER RESPONSIVENESS

TDS Behavioral Health shall provide culturally responsive and inclusive services that recognize the impact of:

- Historical trauma
- Systemic inequities
- Racism and discrimination
- Gender-related trauma
- Community violence
- Poverty and social marginalization

Services shall respect each individual's cultural identity, beliefs, and lived experiences.

TRAUMA-INFORMED SERVICE DELIVERY

7. PERSON-CENTERED SERVICES

All services shall be:

- Person-centered
- Recovery-oriented
- Strengths-based
- Non-coercive whenever possible
- Focused on dignity and respect

Staff shall avoid labeling, shaming, or punitive approaches.

8. SCREENING & ASSESSMENT

Trauma-related information shall be gathered sensitively and only when clinically appropriate.

Assessments shall consider:

- Trauma history
- Safety concerns
- Triggers
- Coping strategies
- Protective factors
- Emotional and behavioral responses

Clients shall not be forced to disclose traumatic experiences.

9. CRISIS INTERVENTION

Crisis response procedures shall prioritize:

- De-escalation

- Emotional regulation
- Client safety
- Least restrictive interventions
- Prevention of re-traumatization

Physical restraint or restrictive interventions shall only be used as a last resort and in accordance with applicable laws and organizational policy.

STAFF TRAINING REQUIREMENTS

10. REQUIRED TRAINING

All employees, contractors, volunteers, and direct service staff shall receive trauma-informed care training during orientation and annually thereafter.

Training topics may include:

- Understanding trauma and adverse childhood experiences
 - Trauma responses and triggers
 - De-escalation techniques
 - Compassion fatigue and burnout prevention
 - Cultural responsiveness
 - Person-centered communication
 - Avoiding re-traumatization
 - Crisis intervention strategies
 - Self-care and resilience
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STAFF WELLNESS & SECONDARY TRAUMA

11. STAFF SUPPORT

TDS Behavioral Health recognizes that staff may experience:

- Secondary traumatic stress
- Compassion fatigue
- Burnout

The organization shall promote staff wellness through:

- Supervision and support
- Training opportunities
- Debriefing following critical incidents
- Wellness resources
- Safe workplace practices

ENVIRONMENTAL SAFETY

12. PHYSICAL ENVIRONMENT

Facilities shall promote:

- Calm and welcoming environments
- Privacy and dignity
- Reduced environmental stressors
- Safe and clean conditions
- Accessible spaces

Staff shall minimize environmental conditions that may contribute to distress or trauma responses.

CLIENT RIGHTS & PROTECTIONS

13. RIGHTS PROTECTION

Trauma-informed care shall support the protection of client rights including:

- Privacy and confidentiality
- Informed consent
- Freedom from abuse and neglect
- Participation in treatment planning
- Services in the least restrictive environment
- Access to grievance procedures

Retaliation against clients for reporting concerns is strictly prohibited.

QUALITY MANAGEMENT & MONITORING

14. QUALITY IMPROVEMENT

TDS Behavioral Health shall monitor trauma-informed care implementation through:

- Staff training compliance
- Client feedback
- Incident reviews
- Documentation audits
- Quality improvement activities
- Environmental safety reviews

Corrective action plans shall be implemented when deficiencies are identified.

NON-DISCRIMINATION

15. EQUITABLE SERVICES

Trauma-informed services shall be provided without discrimination based on:

- Race
 - Color
 - Religion
 - National origin
 - Sex
 - Disability
 - Age
 - Sexual orientation
 - Gender identity
 - Source of payment
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REPORTING REQUIREMENTS

16. REPORTING ABUSE, NEGLECT & SAFETY CONCERNS

All staff are mandated reporters and shall immediately report:

- Abuse
- Neglect
- Exploitation
- Safety threats
- Rights violations

Reports shall be made in accordance with applicable laws and organizational policies.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS behavioral health regulations
 - NC Medicaid requirements
 - Trauma-informed care best practices
 - Federal behavioral health standards
 - Accreditation standards
 - Organizational operational needs
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REFERENCES

- SAMHSA Trauma-Informed Care Principles
- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Americans with Disabilities Act (ADA)
- Olmstead v. L.C.
- HIPAA Privacy Rule
- Trauma-Informed Organizational Best Practices

4. ADMISSIONS, ELIGIBILITY & DISCHARGE

4.1 Admission Criteria

TDS Behavioral Health shall admit individuals who:

- Meet medical necessity criteria
- Require behavioral health services
- Can be safely served within program capacity
- Meet applicable NC Medicaid eligibility requirements where applicable

4.2 Screening & Assessment

All referrals shall undergo screening to determine:

- Service appropriateness
- Risk factors
- Behavioral health needs

- Safety considerations
- Community support needs

4.3 Admission Documentation

Required documentation may include:

- Referral information
- Clinical assessments
- Demographic information
- Emergency contacts
- Consent forms
- Service authorizations
- Medical information

4.4 Discharge Criteria

Discharges may occur due to:

- Achievement of goals
- Transfer to higher or lower level of care
- Client request
- Safety concerns
- Non-engagement with services

4.5 Discharge Planning

Discharge planning shall include:

- Transition planning
- Medication continuity
- Referrals to community providers
- Crisis resources
- Follow-up recommendations

ADMISSION CRITERIA POLICY

TDS Behavioral Health

Policy Number:

ADM-104

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

PURPOSE

The purpose of this Admission Criteria Policy is to establish standardized procedures and eligibility requirements for admission into services provided by TDS Behavioral Health.

This policy ensures that admissions are conducted fairly, safely, consistently, and in accordance with applicable federal and state laws, North Carolina Department of Health and Human Services (NC DHHS) regulations, NC Medicaid requirements, Tailored Plan standards, and behavioral health best practices.

POLICY

TDS Behavioral Health shall admit individuals into services based on:

- Medical necessity
- Service appropriateness
- Individual needs and preferences
- Program capacity
- Safety considerations
- Regulatory requirements
- Ability of the organization to safely and effectively meet the individual's needs

Admissions shall occur without discrimination and shall support person-centered, trauma-informed, recovery-oriented care.

NON-DISCRIMINATION

TDS Behavioral Health shall not deny admission based on:

- Race
- Color
- Religion
- National origin
- Sex

- Disability
- Age
- Sexual orientation
- Gender identity
- Source of payment
- Housing status
- Criminal justice involvement when legally permissible

Admissions decisions shall be based solely upon clinical appropriateness, safety, eligibility requirements, and service capacity.

GENERAL ADMISSION ELIGIBILITY

1. ELIGIBILITY REQUIREMENTS

Individuals seeking services must:

- Demonstrate behavioral health, developmental, substance use, or supportive service needs appropriate for the program
 - Meet applicable medical necessity criteria
 - Require services provided by TDS Behavioral Health
 - Be willing to participate in services unless services are court-ordered or otherwise mandated
 - Be medically stable enough for the level of care provided
 - Not present risks that exceed the organization's ability to safely manage within program limitations
-

REFERRAL SOURCES

2. ACCEPTED REFERRALS

Referrals may be accepted from:

- Hospitals
- Managed Care Organizations (MCOs)
- Tailored Plans
- Behavioral health providers
- Social services agencies

- Courts and criminal justice agencies
 - Schools
 - Family members
 - Guardians
 - Self-referrals
 - Community organizations
 - Crisis response teams
-

SCREENING PROCESS

3. INITIAL SCREENING

All referrals shall undergo a screening process to determine:

- Service appropriateness
- Program eligibility
- Immediate safety concerns
- Medical necessity
- Level of care needs
- Behavioral health stability
- Housing or environmental risks
- Need for emergency intervention

The screening may include review of:

- Clinical records
 - Referral documentation
 - Medication history
 - Risk assessments
 - Behavioral history
 - Medical history
 - Substance use history
-

ASSESSMENT REQUIREMENTS

4. INITIAL ASSESSMENT

An initial assessment shall be completed within required timeframes and may include:

- Behavioral health assessment
- Mental status evaluation
- Substance use screening
- Trauma history
- Medical history
- Risk assessment
- Functional assessment
- Housing and social needs
- Strengths and supports
- Cultural and linguistic needs

Assessments shall support person-centered planning and service development.

MEDICAL NECESSITY

5. MEDICAL NECESSITY DETERMINATION

Admission into services shall require documentation supporting medical necessity consistent with:

- NC Medicaid Clinical Coverage Policies
- Tailored Plan requirements
- Service definitions
- Behavioral health best practices

Medical necessity determinations shall consider:

- Severity of symptoms
 - Functional impairment
 - Risk factors
 - Need for supervision or support
 - Community stability
 - Recovery needs
 - Safety concerns
-

ADMISSION APPROVAL

6. ADMISSION DECISION

Admissions shall be approved only when:

- The individual meets eligibility criteria
- Services are clinically appropriate
- Program capacity exists
- The organization can safely meet the individual's needs
- Required documentation has been obtained when possible

Admission decisions shall be documented in the client record.

DENIAL OF ADMISSION

7. DENIAL CRITERIA

Admission may be denied when:

- Medical necessity criteria are not met
- The requested service is not appropriate
- The individual requires a higher level of care
- Safety risks exceed program capabilities
- Required staffing or resources are unavailable
- The organization cannot safely meet the individual's needs

Whenever possible, individuals denied admission shall receive referrals to alternative providers or services.

URGENT & EMERGENCY ADMISSIONS

8. CRISIS OR EMERGENCY ADMISSIONS

TDS Behavioral Health may prioritize admissions involving:

- Behavioral health crises
- Risk of homelessness
- Psychiatric instability
- Hospital diversion needs
- Safety concerns
- Community stabilization needs

Emergency admissions shall follow applicable safety and clinical protocols.

CLIENT RIGHTS DURING ADMISSION

9. RIGHTS PROTECTION

Individuals seeking admission have the right to:

- Be treated with dignity and respect
 - Receive information regarding services
 - Participate in admission decisions
 - Receive services without discrimination
 - Confidentiality of information
 - Request accommodations for disabilities or language needs
 - File grievances regarding admission decisions
-

INFORMED CONSENT

10. CONSENT REQUIREMENTS

Prior to admission or initiation of services, clients and/or legally responsible persons shall receive information regarding:

- Available services
- Risks and benefits
- Client rights
- Confidentiality practices
- Program expectations
- Grievance procedures
- Emergency procedures

Required consents and releases shall be documented in the client record.

SPECIAL POPULATIONS

11. SPECIAL CONSIDERATIONS

Admission procedures shall address the unique needs of:

- Individuals with co-occurring disorders
- Individuals with developmental disabilities
- Individuals experiencing homelessness
- Justice-involved individuals
- Individuals with trauma histories
- Individuals with limited English proficiency
- Individuals requiring accessibility accommodations

Reasonable accommodations shall be provided whenever possible.

TRANSITION & DISCHARGE PLANNING

12. CONTINUITY OF CARE

Admission processes shall include planning for:

- Continuity of care
 - Medication continuity
 - Community supports
 - Crisis prevention
 - Transition planning
 - Discharge coordination when appropriate
-

DOCUMENTATION REQUIREMENTS

13. REQUIRED DOCUMENTATION

Admission documentation may include:

- Referral information
- Assessments
- Medical necessity documentation
- Consent forms

- Emergency contacts
- Medication information
- Insurance or Medicaid information
- Service authorizations
- Risk assessments

Documentation shall comply with NC Medicaid and organizational requirements.

STAFF RESPONSIBILITIES

14. STAFF RESPONSIBILITIES

Staff involved in admissions shall:

- Maintain confidentiality
 - Conduct screenings professionally and respectfully
 - Utilize trauma-informed approaches
 - Ensure accurate documentation
 - Protect client rights
 - Promote person-centered care
 - Communicate admission decisions appropriately
-

QUALITY MANAGEMENT

15. QUALITY OVERSIGHT

TDS Behavioral Health shall monitor admission practices through:

- Documentation audits
- Quality reviews
- Incident monitoring
- Staff supervision
- Client feedback
- Compliance monitoring

Corrective action plans shall be implemented when deficiencies are identified.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid Clinical Coverage Policies
 - Tailored Plan requirements
 - Federal behavioral health regulations
 - Accreditation standards
 - Organizational operational needs
-

REFERENCES

- NC Medicaid Clinical Coverage Policies
- NC DHHS Behavioral Health Regulations
- Tailored Plan Requirements
- Americans with Disabilities Act (ADA)
- HIPAA Privacy Rule
- Olmstead v. L.C.
- Trauma-Informed Care Best Practices

5. CLINICAL ASSESSMENTS & SERVICE PLANNING

5.1 Initial Assessments

Comprehensive assessments shall include:

- Behavioral health history
- Medical history
- Substance use history
- Functional assessment
- Risk assessment
- Trauma history
- Strengths and supports

- Housing and social needs

5.2 Service Plans

Service plans shall:

- Be completed within required timeframes
- Include measurable objectives
- Identify interventions and responsible staff
- Be reviewed regularly
- Include client participation and signatures when appropriate

5.3 Documentation Standards

All documentation shall be:

- Accurate
- Timely
- Legible
- Complete
- Signed and dated
- Consistent with NC Medicaid requirements

CLINICAL ASSESSMENTS & SERVICE PLANNING POLICY

TDS Behavioral Health

Policy Number:

CASP-105

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Clinical Assessments & Service Planning Policy is to establish standards and procedures for conducting comprehensive clinical assessments and developing individualized, person-centered service plans for individuals receiving services from TDS Behavioral Health.

This policy ensures that assessments and service planning activities are clinically appropriate, trauma-informed, recovery-oriented, medically necessary, and compliant with applicable federal and state laws, NC Medicaid requirements, Tailored Plan standards, and behavioral health best practices.

POLICY

TDS Behavioral Health shall conduct timely, comprehensive, and individualized clinical assessments to identify each client's behavioral health needs, strengths, risks, preferences, and goals.

Assessment and service planning activities shall:

- Support person-centered care
- Promote recovery and independence
- Address medical necessity
- Protect client rights
- Utilize trauma-informed approaches
- Promote community integration
- Ensure continuity of care
- Comply with applicable documentation standards

All service plans shall be developed collaboratively with the client and, when appropriate, legally responsible persons or identified support systems.

DEFINITIONS

Clinical Assessment

A structured evaluation process used to gather information regarding a client's behavioral health, medical, social, functional, emotional, and environmental needs.

Service Plan

A written, individualized, person-centered plan that identifies goals, interventions, services, supports, and expected outcomes designed to address the client's assessed needs.

Medical Necessity

Services that are clinically appropriate and necessary to diagnose, treat, or support an individual's behavioral health condition or functional impairment in accordance with NC Medicaid and applicable service definitions.

ASSESSMENT REQUIREMENTS

1. INITIAL CLINICAL ASSESSMENT

A comprehensive clinical assessment shall be completed within required regulatory timeframes and prior to or shortly after the initiation of services.

The assessment may include:

- Presenting concerns
- Behavioral health history
- Psychiatric history

- Medical history
- Substance use history
- Trauma history
- Current symptoms
- Mental status examination
- Risk assessment
- Medication history
- Functional impairments
- Strengths and abilities
- Family and social supports
- Housing status
- Educational and vocational needs
- Legal or criminal justice involvement
- Cultural and linguistic considerations
- Spiritual preferences when relevant

Assessments shall be appropriate to the client's age, developmental level, and service needs.

2. RISK ASSESSMENT

Clinical assessments shall evaluate risks including:

- Suicide risk
- Homicidal ideation
- Self-harm behaviors
- Aggression or violence risk
- Substance use risks
- Abuse or neglect concerns
- Medical instability
- Housing instability
- Safety concerns

Appropriate safety planning and interventions shall be initiated when risks are identified.

3. TRAUMA-INFORMED ASSESSMENT

Assessment processes shall utilize trauma-informed approaches that:

- Promote emotional safety
- Avoid re-traumatization

- Respect client boundaries
- Encourage collaboration
- Recognize the impact of trauma on functioning and engagement

Clients shall not be forced to disclose traumatic experiences.

4. CULTURAL RESPONSIVENESS

Assessments shall consider:

- Cultural identity
- Language preferences
- Religious beliefs
- Communication needs
- Gender identity
- Sexual orientation
- Historical and systemic trauma

Interpretation services or communication accommodations shall be provided when necessary.

MEDICAL NECESSITY DETERMINATION

5. MEDICAL NECESSITY

Services shall only be authorized or provided when medical necessity criteria are met consistent with:

- NC Medicaid Clinical Coverage Policies
- Tailored Plan requirements
- Service definitions
- Professional standards of practice

Medical necessity determinations shall consider:

- Severity of symptoms
- Functional impairments
- Risk factors

- Need for supervision or support
- Clinical stability
- Ability to function safely in the community
- Potential benefit from services

SERVICE PLANNING REQUIREMENTS

6. DEVELOPMENT OF SERVICE PLANS

A person-centered service plan shall be developed within required timeframes following assessment completion.

The service plan shall:

- Reflect client preferences and goals
- Identify measurable objectives
- Address assessed needs
- Include interventions and supports
- Identify responsible staff/providers
- Include frequency and duration of services
- Address safety and crisis planning
- Promote recovery and independence
- Support community integration

The client and/or legally responsible person shall participate in service planning whenever possible.

7. CLIENT GOALS

Goals included in the service plan shall be:

- Individualized
- Measurable
- Strengths-based
- Recovery-oriented
- Relevant to assessed needs
- Meaningful to the client

Examples may include:

- Improved emotional stability
 - Reduced psychiatric symptoms
 - Increased independent living skills
 - Improved medication adherence
 - Housing stability
 - Employment readiness
 - Reduced crisis utilization
 - Substance use recovery
 - Improved coping skills
-

8. CRISIS & SAFETY PLANNING

Service plans shall include crisis prevention and safety planning when appropriate.

Plans may address:

- Warning signs
 - Triggers
 - Coping strategies
 - Emergency contacts
 - Crisis response procedures
 - Hospital diversion strategies
 - Safety interventions
-

REVIEW & UPDATE OF SERVICE PLANS

9. SERVICE PLAN REVIEWS

Service plans shall be reviewed:

- At intervals required by regulation
- When significant changes occur
- Following crises or hospitalizations
- Upon client request
- During annual reviews

Reviews shall evaluate:

- Progress toward goals

- Continued medical necessity
 - Effectiveness of interventions
 - Client satisfaction
 - Changes in functioning or needs
-

10. PLAN MODIFICATIONS

Service plans shall be modified when:

- Goals are achieved
- Client needs change
- Risks increase or decrease
- New services are needed
- Clinical conditions change
- Discharge planning begins

All modifications shall be documented appropriately.

DOCUMENTATION REQUIREMENTS

11. CLINICAL DOCUMENTATION

Assessment and service planning documentation shall be:

- Accurate
- Timely
- Complete
- Legible
- Signed and dated
- Consistent with NC Medicaid requirements

Documentation shall support:

- Medical necessity
- Service authorization
- Continuity of care
- Quality monitoring
- Billing compliance

12. REQUIRED DOCUMENTATION ELEMENTS

The clinical record may include:

- Assessments
 - Diagnoses
 - Risk assessments
 - Service plans
 - Progress notes
 - Crisis plans
 - Medication information
 - Consent forms
 - Referrals
 - Discharge summaries
-

CLIENT RIGHTS

13. CLIENT RIGHTS IN SERVICE PLANNING

Clients have the right to:

- Participate in planning
- Make informed choices
- Refuse services unless legally mandated
- Request modifications to plans
- Include support persons
- Receive information in understandable language
- File grievances regarding services

Retaliation against clients for exercising these rights is prohibited.

STAFF QUALIFICATIONS & RESPONSIBILITIES

14. STAFF RESPONSIBILITIES

Clinical assessments and service planning activities shall be conducted by qualified personnel acting within their scope of practice and credentialing requirements.

Staff shall:

- Maintain confidentiality
 - Utilize trauma-informed practices
 - Protect client rights
 - Promote person-centered care
 - Complete documentation accurately
 - Participate in required supervision and training
-

QUALITY MANAGEMENT

15. QUALITY OVERSIGHT

TDS Behavioral Health shall monitor assessment and service planning practices through:

- Documentation audits
- Clinical supervision
- Utilization review
- Quality improvement activities
- Client feedback
- Compliance monitoring

Corrective action shall be implemented when deficiencies are identified.

CONFIDENTIALITY

16. CONFIDENTIALITY PROTECTIONS

All assessment and service planning information shall be protected in accordance with:

- HIPAA Privacy Rule
- Federal confidentiality laws

- NC confidentiality requirements
- Organizational privacy policies

Information shall only be disclosed as authorized or required by law.

DISCHARGE & TRANSITION PLANNING

17. DISCHARGE PLANNING

Discharge and transition planning shall begin as early as clinically appropriate and may include:

- Referrals to community resources
- Medication continuity
- Follow-up care recommendations
- Housing coordination
- Crisis prevention planning
- Recovery support services

Discharge summaries shall be completed in accordance with applicable requirements.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC Medicaid Clinical Coverage Policies
 - NC DHHS behavioral health regulations
 - Tailored Plan requirements
 - HIPAA regulations
 - Accreditation standards
 - Professional standards of practice
-

REFERENCES

- NC Medicaid Clinical Coverage Policies
- NC DHHS Behavioral Health Regulations

TDS Behavioral Health
Policy & Procedure Manual
Community Behavioral Health & Supported Living Services

- Tailored Plan Requirements
- HIPAA Privacy Rule
- Americans with Disabilities Act (ADA)
- Olmstead v. L.C.
- Trauma-Informed Care Best Practices
- Person-Centered Planning Standards

6. DOCUMENTATION & RECORD MANAGEMENT

6.1 Client Records

A confidential client record shall be maintained for each individual served.

6.2 Record Content

Records may include:

- Demographics
- Assessments
- Service plans
- Progress notes
- Incident reports
- Medication records
- Releases of information
- Consent forms
- Billing documentation

6.3 Record Security

Records shall be protected against:

- Unauthorized access
- Loss or destruction
- Alteration
- Improper disclosure

6.4 Retention Requirements

Records shall be retained in accordance with state and federal retention requirements.

DOCUMENTATION & RECORD MANAGEMENT POLICY

TDS Behavioral Health

Policy Number:

DRM-106

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Documentation & Record Management Policy is to establish standards and procedures for the creation, maintenance, storage, protection, retention, access, and disposal of client, personnel, operational, and organizational records maintained by TDS Behavioral Health.

This policy ensures compliance with:

- NC Medicaid documentation requirements
- North Carolina Department of Health and Human Services (NC DHHS) regulations
- HIPAA Privacy and Security Rules
- Federal and state confidentiality laws
- Accreditation standards
- Behavioral health best practices

The organization is committed to maintaining accurate, secure, timely, and confidential records that support quality care, continuity of services, regulatory compliance, and operational accountability.

POLICY

TDS Behavioral Health shall maintain complete, accurate, secure, and confidential records for all clients, personnel, and organizational operations.

All documentation shall:

- Support medical necessity
- Reflect services provided
- Promote continuity of care
- Protect client rights
- Comply with billing requirements
- Support quality improvement activities
- Be maintained in accordance with applicable laws and regulations

Records shall be protected from unauthorized access, disclosure, loss, alteration, or destruction.

DEFINITIONS

Documentation

Any written, electronic, audio, visual, or digital information created, received, or maintained by TDS Behavioral Health in the course of operations or service delivery.

Client Record

The official record containing information regarding services provided to an individual receiving services from TDS Behavioral Health.

Protected Health Information (PHI)

Individually identifiable health information protected under HIPAA.

CLIENT RECORD REQUIREMENTS

1. CLIENT RECORDS

A confidential record shall be maintained for every client receiving services.

The client record may include:

- Demographic information
- Referral information
- Assessments
- Diagnoses
- Service plans
- Progress notes
- Crisis plans
- Medication information
- Incident reports
- Consent forms
- Releases of information
- Service authorizations
- Billing documentation
- Discharge summaries
- Correspondence related to services

2. REQUIRED DOCUMENTATION STANDARDS

All documentation shall be:

- Accurate
- Complete
- Timely
- Legible
- Objective
- Signed and dated
- Consistent with services rendered
- Consistent with NC Medicaid documentation requirements

Documentation shall reflect:

- Medical necessity
 - Client participation
 - Interventions provided
 - Client response to services
 - Progress toward goals
 - Safety concerns when applicable
-

3. PROGRESS NOTES

Progress notes shall:

- Be completed within required timeframes
- Reflect actual services provided
- Identify interventions utilized
- Describe client participation and response
- Include date, time, duration, and staff signature
- Support billing and reimbursement requirements

Falsification of documentation is strictly prohibited.

ELECTRONIC RECORD MANAGEMENT

4. ELECTRONIC HEALTH RECORDS (EHR)

Electronic documentation systems shall include safeguards designed to protect confidentiality and integrity of records.

Security measures may include:

- Password protection
 - User authentication
 - Access controls
 - Encryption
 - Audit trails
 - Automatic logoff features
 - Secure backup procedures
-

5. ACCESS CONTROL

Access to records shall be limited to authorized personnel with a legitimate business or clinical need.

The organization shall:

- Assign user access levels
- Monitor access activity
- Restrict unauthorized viewing or disclosure
- Terminate access promptly upon employee separation

Sharing passwords or unauthorized access to records is prohibited.

CONFIDENTIALITY & HIPAA COMPLIANCE

6. CONFIDENTIALITY REQUIREMENTS

All records containing confidential or protected information shall be maintained in accordance with:

- HIPAA Privacy Rule
- HIPAA Security Rule
- Federal confidentiality laws
- NC confidentiality regulations
- Organizational privacy policies

Staff shall maintain confidentiality during:

- Documentation
 - Conversations
 - Electronic communication
 - Record storage
 - Record transmission
 - Disposal of records
-

7. RELEASE OF INFORMATION

Protected information shall only be disclosed:

- With valid authorization
- For treatment, payment, or healthcare operations
- As required by law
- In emergencies as permitted by law

All disclosures shall follow organizational Release of Information procedures.

RECORD STORAGE & SECURITY

8. RECORD STORAGE

Records shall be stored in secure environments that protect against:

- Unauthorized access
- Theft
- Damage
- Fire
- Water loss
- Tampering
- Environmental hazards

Physical records shall be maintained in locked areas with controlled access.

9. TRANSPORTING RECORDS

When records are transported outside organizational facilities:

- Confidentiality shall be maintained
 - Records shall remain secured
 - Electronic devices shall be encrypted when applicable
 - Records shall not be left unattended in unsecured locations
-

RECORD RETENTION

10. RETENTION REQUIREMENTS

Records shall be retained in accordance with applicable federal and state retention requirements, payer requirements, and accreditation standards.

Retention periods shall apply to:

- Client records
- Personnel records
- Billing records
- Incident reports
- Training records
- Financial records
- Compliance records

Records subject to litigation, audits, investigations, or legal holds shall not be destroyed until authorized.

RECORD DISPOSAL

11. DESTRUCTION OF RECORDS

Records shall be destroyed in a manner that protects confidentiality and prevents unauthorized disclosure.

Approved destruction methods may include:

- Shredding
- Secure disposal services
- Permanent electronic deletion
- Destruction of electronic media

Disposal procedures shall comply with HIPAA and applicable regulations.

DOCUMENTATION CORRECTIONS

12. CORRECTIONS & AMENDMENTS

Documentation corrections shall:

- Preserve the original entry
- Include the date of correction
- Identify the person making the correction
- Avoid obliteration or deletion of original entries

Backdating or falsifying documentation is prohibited.

INCIDENT DOCUMENTATION

13. INCIDENT REPORTS

Incident documentation shall be completed for events involving:

- Injuries
- Medication errors
- Abuse or neglect allegations
- Behavioral emergencies
- Safety concerns
- Property damage
- Law enforcement involvement
- Rights violations

Incident reports shall be maintained confidentially and reviewed according to organizational policy.

STAFF RESPONSIBILITIES

14. STAFF RESPONSIBILITIES

Employees and contractors responsible for documentation shall:

- Maintain confidentiality
- Complete documentation accurately and timely

- Protect electronic and physical records
- Follow HIPAA requirements
- Report suspected breaches or documentation concerns
- Complete required documentation training

Failure to comply with documentation standards may result in disciplinary action.

RECORD ACCESS REQUESTS

15. CLIENT ACCESS TO RECORDS

Clients may request access to records in accordance with applicable laws and organizational procedures.

The organization shall:

- Respond to requests within required timeframes
 - Verify identity before release
 - Document disclosures
 - Protect confidential third-party information when applicable
-

BREACH REPORTING

16. PRIVACY & SECURITY INCIDENTS

Potential breaches involving confidential information shall be:

- Reported immediately
- Investigated promptly
- Documented appropriately
- Addressed through corrective action when necessary

Notification requirements shall be followed in accordance with applicable laws.

QUALITY MANAGEMENT & AUDITING

17. DOCUMENTATION AUDITS

TDS Behavioral Health shall conduct periodic reviews of documentation practices including:

- Clinical documentation audits
- Billing documentation reviews
- HIPAA compliance reviews
- Security monitoring
- Quality improvement activities

Corrective action plans shall be implemented when deficiencies are identified.

TRAINING REQUIREMENTS

18. REQUIRED TRAINING

All staff shall receive training regarding:

- Documentation standards
- HIPAA compliance
- Confidentiality requirements
- Electronic record security
- Incident reporting
- Record retention procedures

Training shall occur during orientation and annually thereafter.

NON-RETALIATION

19. REPORTING CONCERNS

Employees who report documentation concerns, privacy violations, or compliance issues in good faith shall be protected from retaliation.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC Medicaid Clinical Coverage Policies
- NC DHHS regulations
- HIPAA regulations
- Federal confidentiality laws
- Accreditation standards
- Organizational operational needs

REFERENCES

- HIPAA Privacy Rule
- HIPAA Security Rule
- NC Medicaid Clinical Coverage Policies
- NC DHHS Behavioral Health Regulations
- Federal Confidentiality Laws
- Americans with Disabilities Act (ADA)
- Health Information Technology Standards
- Accreditation Documentation Standards

7. CONFIDENTIALITY, HIPAA & INFORMATION SECURITY

7.1 HIPAA Compliance

TDS Behavioral Health shall comply with all applicable HIPAA Privacy and Security Rules.

7.2 Minimum Necessary Standard

Only the minimum necessary information shall be disclosed for authorized purposes.

7.3 Electronic Security

The organization shall maintain safeguards including:

- Password protections
- Access controls
- Secure data storage
- Encryption where applicable
- Confidential disposal procedures

7.4 Breach Reporting

Potential breaches of protected health information shall be immediately reported to administration and investigated promptly.

CONFIDENTIALITY, HIPAA & INFORMATION SECURITY POLICY

TDS Behavioral Health

Policy Number:

HIPAA-107

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Confidentiality, HIPAA & Information Security Policy is to establish standards and procedures for protecting confidential information, protected health information

(PHI), electronic protected health information (ePHI), and organizational data maintained by TDS Behavioral Health.

This policy ensures compliance with:

- Health Insurance Portability and Accountability Act (HIPAA)
- HIPAA Privacy Rule
- HIPAA Security Rule
- HIPAA Breach Notification Rule
- North Carolina confidentiality laws
- NC Medicaid requirements
- Federal behavioral health confidentiality regulations
- Information security best practices

TDS Behavioral Health is committed to protecting the privacy, confidentiality, integrity, and security of all client and organizational information.

POLICY

TDS Behavioral Health shall maintain administrative, physical, and technical safeguards designed to:

- Protect confidential information
- Prevent unauthorized access or disclosure
- Ensure secure use and transmission of information
- Protect electronic systems and records
- Maintain compliance with HIPAA and applicable laws
- Promote client privacy and trust

All workforce members, contractors, volunteers, interns, and business associates are responsible for protecting confidential information and complying with organizational privacy and security standards.

DEFINITIONS

Protected Health Information (PHI)

Individually identifiable health information maintained or transmitted in any form, including verbal, written, or electronic information.

Electronic Protected Health Information (ePHI)

Protected health information stored, transmitted, or maintained electronically.

Confidential Information

Any non-public information related to clients, employees, operations, finances, services, or organizational activities.

Workforce Member

Any employee, contractor, volunteer, intern, consultant, or individual performing work on behalf of TDS Behavioral Health.

CONFIDENTIALITY REQUIREMENTS

1. PROTECTION OF CONFIDENTIAL INFORMATION

All confidential information shall be protected against:

- Unauthorized access
- Improper disclosure
- Loss or theft
- Alteration or destruction
- Misuse
- Unauthorized transmission

Confidential information shall only be accessed, used, or disclosed for legitimate business, clinical, legal, or operational purposes.

2. MINIMUM NECESSARY STANDARD

Workforce members shall only access or disclose the minimum necessary information needed to perform assigned duties.

Access to records and systems shall be limited based upon job responsibilities and legitimate need.

3. CLIENT PRIVACY RIGHTS

Clients have the right to:

- Privacy and confidentiality
- Receive Notice of Privacy Practices
- Request restrictions on disclosures
- Request confidential communications
- Access their records
- Request amendments to records
- Receive an accounting of disclosures when applicable
- File privacy complaints without retaliation

TDS Behavioral Health shall protect these rights in accordance with HIPAA and applicable laws.

AUTHORIZED DISCLOSURES

4. PERMITTED DISCLOSURES

Protected information may only be disclosed:

- With valid authorization
- For treatment purposes
- For payment activities
- For healthcare operations
- As required by law
- During emergencies when permitted by law
- For mandatory reporting obligations

Unauthorized disclosures are prohibited.

5. RELEASE OF INFORMATION

All releases of confidential information shall:

- Be properly authorized
- Be documented when required
- Comply with federal and state confidentiality laws
- Follow organizational procedures

Authorization forms shall include:

- Specific information to be released
 - Purpose of disclosure
 - Recipient information
 - Expiration date when applicable
 - Signature of client or legally authorized representative
-

ELECTRONIC INFORMATION SECURITY

6. INFORMATION SECURITY SAFEGUARDS

TDS Behavioral Health shall implement technical safeguards designed to protect electronic systems and data.

Safeguards may include:

- Password protection
- Multi-factor authentication when applicable
- Access controls
- Encryption
- Secure backups
- Antivirus protection
- Firewall protection
- Audit logs
- Automatic screen locking
- Secure wireless networks

7. PASSWORD SECURITY

Workforce members shall:

- Maintain secure passwords
- Protect login credentials
- Avoid sharing passwords
- Change passwords when required
- Report suspected compromise immediately

Unauthorized sharing of login credentials is prohibited.

8. EMAIL & ELECTRONIC COMMUNICATIONS

Electronic communications containing confidential information shall:

- Be transmitted securely
- Follow encryption requirements when applicable
- Be limited to authorized recipients
- Avoid unnecessary disclosure of PHI

Workforce members shall not use personal email accounts or unauthorized applications for transmitting confidential information unless specifically approved.

MOBILE DEVICES & REMOTE ACCESS

9. MOBILE DEVICE SECURITY

Mobile devices containing confidential information shall:

- Be password protected
 - Utilize encryption when applicable
 - Be secured from theft or loss
 - Be reported immediately if lost or stolen
-

10. REMOTE ACCESS

Remote access to organizational systems shall only occur through approved secure methods.

Users accessing systems remotely shall:

- Maintain confidentiality
- Use secure internet connections
- Avoid public or unsecured networks
- Log off systems when not in use

PHYSICAL SECURITY

11. PHYSICAL RECORD SECURITY

Physical records containing confidential information shall be:

- Stored in secure locations
- Protected from unauthorized access
- Maintained in locked storage areas when unattended

Confidential records shall not be left unattended in public or unsecured areas.

12. VISITOR ACCESS

Visitors shall not have unauthorized access to confidential information, records, systems, or restricted operational areas.

BREACH REPORTING & INCIDENT RESPONSE

13. PRIVACY & SECURITY INCIDENTS

All workforce members shall immediately report:

- Suspected HIPAA violations
- Unauthorized disclosures
- Lost or stolen devices
- Security breaches
- Improper access to records
- Phishing attempts or cybersecurity concerns

Reports shall be made to administration or the Compliance Officer immediately.

14. BREACH INVESTIGATION

TDS Behavioral Health shall investigate suspected breaches promptly and implement corrective action when necessary.

Investigations may include:

- Risk assessment
- Mitigation efforts
- Notification requirements
- System reviews
- Staff retraining
- Disciplinary action when appropriate

15. BREACH NOTIFICATION

When required by law, TDS Behavioral Health shall provide breach notifications in accordance with:

- HIPAA Breach Notification Rule
- State reporting requirements
- Contractual obligations
- NC Medicaid requirements

BUSINESS ASSOCIATES

16. BUSINESS ASSOCIATE AGREEMENTS

TDS Behavioral Health shall maintain Business Associate Agreements (BAAs) with vendors or entities that access, maintain, or transmit protected information on behalf of the organization when required by law.

Business associates shall be required to maintain appropriate privacy and security protections.

STAFF TRAINING & RESPONSIBILITIES

17. REQUIRED TRAINING

All workforce members shall receive training regarding:

- HIPAA Privacy Rule
- HIPAA Security Rule
- Confidentiality requirements
- Information security practices
- Breach reporting procedures
- Password security
- Phishing and cybersecurity awareness
- Secure communication practices

Training shall occur during orientation and annually thereafter.

18. WORKFORCE RESPONSIBILITIES

All workforce members shall:

- Protect confidential information
- Maintain professional boundaries
- Follow security procedures
- Report privacy concerns immediately
- Access information only as authorized
- Complete required training

Failure to comply with confidentiality or HIPAA requirements may result in disciplinary action up to and including termination and legal reporting.

RECORD RETENTION & DISPOSAL

19. RECORD RETENTION

Confidential records shall be retained in accordance with:

- Federal laws
 - State laws
 - NC Medicaid requirements
 - Organizational retention schedules
-

20. SECURE DISPOSAL

Records containing confidential information shall be destroyed securely through:

- Shredding
- Secure disposal services
- Permanent electronic deletion
- Approved destruction methods

Improper disposal of confidential information is prohibited.

CLIENT COMPLAINTS

21. PRIVACY COMPLAINTS

Clients may file complaints regarding privacy or confidentiality concerns without fear of retaliation.

Complaints may be directed to:

- Program administration
- Compliance Officer
- Federal or state oversight agencies

All complaints shall be investigated promptly.

SANCTIONS & ENFORCEMENT

22. SANCTIONS

Violations of confidentiality, HIPAA, or information security requirements may result in:

- Corrective action
 - Retraining
 - Suspension of access privileges
 - Disciplinary action
 - Termination
 - Reporting to licensing or regulatory agencies
 - Civil or criminal penalties when applicable
-

QUALITY MANAGEMENT & SECURITY MONITORING

23. SECURITY MONITORING

TDS Behavioral Health shall conduct ongoing monitoring activities including:

- Access audits
- Security reviews
- Risk assessments
- HIPAA compliance reviews
- System vulnerability reviews
- Incident trend analysis

Corrective action plans shall be implemented when deficiencies are identified.

NON-RETALIATION

24. GOOD FAITH REPORTING

TDS Behavioral Health prohibits retaliation against individuals who report privacy, security, or compliance concerns in good faith.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- HIPAA regulations
 - NC confidentiality laws
 - NC Medicaid requirements
 - Cybersecurity standards
 - Federal behavioral health regulations
 - Accreditation standards
-

REFERENCES

- HIPAA Privacy Rule
- HIPAA Security Rule
- HIPAA Breach Notification Rule
- NC Medicaid Clinical Coverage Policies
- NC DHHS Behavioral Health Regulations
- Federal Confidentiality Laws
- Health Information Technology Standards
- Cybersecurity Best Practices

8. STAFFING, SUPERVISION & PERSONNEL REQUIREMENTS

8.1 Hiring Standards

All staff shall:

- Meet minimum qualifications
- Pass required background checks
- Complete orientation requirements
- Maintain required credentials

8.2 Background Checks

The organization shall conduct:

- Criminal background checks
- Healthcare registry checks
- Motor vehicle checks where applicable
- Credential verification

8.3 Supervision

Staff providing direct services shall receive supervision appropriate to their roles and credentials.

8.4 Personnel Records

Personnel files shall include:

- Applications
- Licenses/certifications
- Training documentation
- Evaluations
- Background checks
- Disciplinary actions

HUMAN RESOURCES (HR) & STAFFING, SUPERVISION & PERSONNEL REQUIREMENTS POLICY

TDS Behavioral Health

Policy Number:

HR-108

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Human Resources (HR) & Staffing, Supervision & Personnel Requirements Policy is to establish standards and procedures governing workforce recruitment, hiring, staffing, supervision, credentialing, personnel management, employee conduct, and workforce development at TDS Behavioral Health.

This policy ensures compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
- NC Medicaid requirements
- HIPAA regulations
- Federal and state labor laws
- Occupational safety standards
- Behavioral health staffing standards
- Accreditation requirements
- Human resource best practices

TDS Behavioral Health is committed to maintaining a qualified, competent, ethical, culturally responsive, and trauma-informed workforce capable of delivering safe and effective behavioral health services.

POLICY

TDS Behavioral Health shall employ sufficient qualified staff to provide safe, effective, person-centered, trauma-informed behavioral health and community-based services.

The organization shall:

- Recruit qualified personnel
- Verify staff qualifications and credentials
- Provide orientation and ongoing training
- Maintain supervision and performance oversight
- Promote workforce safety and professionalism
- Protect employee rights

- Promote equal employment opportunity
- Maintain personnel records in compliance with applicable laws

All workforce members shall adhere to professional, ethical, and organizational standards of conduct.

EQUAL EMPLOYMENT OPPORTUNITY

1. NON-DISCRIMINATION

TDS Behavioral Health is an equal opportunity employer.

Employment decisions shall not discriminate based on:

- Race
- Color
- Religion
- National origin
- Sex
- Disability
- Age
- Sexual orientation
- Gender identity
- Veteran status
- Genetic information
- Any protected characteristic under applicable law

The organization shall provide reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) and applicable laws.

STAFFING REQUIREMENTS

2. STAFFING LEVELS

TDS Behavioral Health shall maintain staffing levels sufficient to:

- Ensure client safety
- Meet service demands

- Comply with regulatory requirements
- Maintain continuity of care
- Support crisis response needs
- Provide supervision and oversight

Staffing patterns shall consider:

- Client acuity
 - Service type
 - Program size
 - Risk levels
 - Operational hours
 - Licensing and credentialing requirements
-

3. QUALIFIED PERSONNEL

Employees shall possess qualifications appropriate to their assigned duties including:

- Required education
- Experience
- Licensure or certification
- Training
- Competencies
- Professional skills

Personnel shall work within their scope of practice and credentialing requirements.

RECRUITMENT & HIRING

4. HIRING PROCEDURES

TDS Behavioral Health shall utilize hiring procedures designed to recruit qualified, ethical, and competent personnel.

Hiring processes may include:

- Employment applications
- Interviews
- Reference checks

- Credential verification
 - Background checks
 - Drug screening when applicable
 - Skills assessments
-

5. BACKGROUND CHECK REQUIREMENTS

Prior to employment, applicable checks may include:

- Criminal background checks
- Healthcare Personnel Registry checks
- Office of Inspector General (OIG) exclusion checks
- Medicaid exclusion checks
- Motor vehicle record checks when applicable
- License verification
- Employment verification

Individuals with disqualifying findings may be excluded from employment consistent with applicable laws and organizational policy.

6. LICENSURE & CREDENTIALING

Staff requiring licensure, certification, registration, or credentialing shall maintain active and valid credentials.

The organization shall monitor:

- Expiration dates
- Continuing education compliance
- Credential status
- Disciplinary actions when applicable

Employees shall immediately notify administration of any licensing or credentialing issues.

PERSONNEL RECORDS

7. PERSONNEL FILES

A personnel file shall be maintained for each employee and may include:

- Employment application
- Resume
- Background check documentation
- Credential verification
- Licenses and certifications
- Training records
- Performance evaluations
- Disciplinary actions
- Signed policies and acknowledgments
- Payroll documentation
- Health and safety documentation when applicable

Personnel records shall be maintained confidentially.

ORIENTATION & TRAINING

8. NEW EMPLOYEE ORIENTATION

All employees shall complete orientation prior to or shortly after beginning job duties.

Orientation topics may include:

- Organizational policies and procedures
 - Client rights
 - HIPAA and confidentiality
 - Trauma-informed care
 - Emergency procedures
 - Incident reporting
 - Infection control
 - Workplace safety
 - Cultural competency
 - Documentation requirements
 - Abuse, neglect, and exploitation prevention
 - Fraud, waste, and abuse prevention
-

9. CONTINUING EDUCATION & TRAINING

Employees shall complete ongoing training consistent with job duties and regulatory requirements.

Required training may include:

- CPR/First Aid
- Crisis intervention
- Medication administration
- Behavioral health competencies
- De-escalation techniques
- Suicide prevention
- Infection prevention
- Information security
- Professional ethics
- Person-centered planning

Training completion shall be documented.

SUPERVISION REQUIREMENTS

10. STAFF SUPERVISION

All staff shall receive supervision appropriate to their role, responsibilities, and credentials.

Supervision may include:

- Clinical supervision
- Administrative supervision
- Field supervision
- Performance coaching
- Documentation review
- Case consultation

Supervision shall support:

- Service quality
- Professional development
- Client safety
- Compliance

- Staff wellness

11. CLINICAL SUPERVISION

Clinical staff shall receive supervision from appropriately qualified professionals consistent with:

- NC licensure rules
- Scope of practice requirements
- Medicaid requirements
- Organizational standards

Clinical supervision activities may include:

- Case review
- Treatment planning review
- Documentation review
- Crisis consultation
- Ethical guidance
- Competency development

PERFORMANCE MANAGEMENT

12. PERFORMANCE EVALUATIONS

Employees shall receive periodic performance evaluations assessing:

- Job performance
- Professional conduct
- Documentation compliance
- Service quality
- Attendance and reliability
- Teamwork
- Client interactions
- Compliance with policies

Performance deficiencies may result in corrective action plans.

13. CORRECTIVE ACTION

Corrective action may occur for:

- Policy violations
- Documentation deficiencies
- Attendance problems
- Professional misconduct
- Safety violations
- Confidentiality breaches
- Performance concerns

Corrective action may include:

- Coaching
 - Retraining
 - Written warnings
 - Suspension
 - Termination
-

EMPLOYEE CONDUCT

14. PROFESSIONAL CONDUCT

Employees shall maintain professional and ethical conduct at all times.

Employees shall:

- Treat clients respectfully
 - Maintain confidentiality
 - Avoid conflicts of interest
 - Maintain professional boundaries
 - Report safety concerns
 - Follow organizational policies
 - Promote a safe and respectful workplace
-

15. PROHIBITED CONDUCT

The following conduct is prohibited:

- Abuse or neglect
- Harassment
- Discrimination
- Retaliation
- Falsification of records
- Theft or fraud
- Substance use while working
- Violations of confidentiality
- Workplace violence
- Unauthorized disclosure of protected information

Violations may result in disciplinary action up to and including termination.

EMPLOYEE HEALTH & SAFETY

16. WORKPLACE SAFETY

TDS Behavioral Health shall maintain a safe work environment consistent with OSHA standards and applicable laws.

Safety practices may include:

- Emergency preparedness
- Infection control
- Violence prevention
- Safe driving practices
- Environmental safety
- Hazard reporting procedures

Employees shall report unsafe conditions immediately.

17. FITNESS FOR DUTY

Employees shall be physically and emotionally capable of safely performing assigned duties.

The organization may require fitness-for-duty evaluations when appropriate.

WORKPLACE VIOLENCE PREVENTION

18. ZERO-TOLERANCE POLICY

TDS Behavioral Health prohibits workplace violence, threats, intimidation, or aggressive behavior.

Incidents involving violence or threats shall be investigated promptly and may result in disciplinary action or law enforcement involvement.

STAFF WELLNESS & SUPPORT

19. EMPLOYEE WELLNESS

TDS Behavioral Health recognizes the importance of workforce wellness and may provide:

- Debriefing following critical incidents
 - Supportive supervision
 - Trauma-informed workplace practices
 - Burnout prevention strategies
 - Employee assistance resources when available
-

REPORTING REQUIREMENTS

20. MANDATORY REPORTING

Employees shall immediately report:

- Abuse or neglect allegations
- Safety concerns
- HIPAA breaches
- Fraud or compliance concerns
- Workplace injuries
- Criminal charges affecting employment eligibility

- Licensing or certification issues

Failure to report required information may result in disciplinary action.

TERMINATION OF EMPLOYMENT

21. EMPLOYEE SEPARATION

Upon separation from employment:

- Access to systems shall be terminated promptly
 - Organizational property shall be returned
 - Confidentiality obligations shall remain in effect
 - Personnel records shall be maintained according to retention requirements
-

QUALITY MANAGEMENT & HR OVERSIGHT

22. QUALITY MONITORING

TDS Behavioral Health shall monitor staffing and personnel practices through:

- Personnel file audits
- Training compliance reviews
- Supervision monitoring
- Credential tracking
- Incident reviews
- Performance evaluations
- Compliance audits

Corrective action plans shall be implemented when deficiencies are identified.

NON-RETALIATION

23. GOOD FAITH REPORTING

TDS Behavioral Health prohibits retaliation against employees who report concerns regarding:

- Client safety
- Compliance violations
- Discrimination
- Harassment
- Fraud
- Workplace safety

Reports made in good faith shall be protected.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - HIPAA regulations
 - OSHA standards
 - Federal and state labor laws
 - Accreditation standards
 - Organizational operational needs
-

REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- HIPAA Privacy Rule
- Americans with Disabilities Act (ADA)
- Occupational Safety and Health Administration (OSHA)
- Equal Employment Opportunity Laws
- Workforce Safety Standards
- Professional Licensing Standards

9. STAFF TRAINING & COMPETENCY REQUIREMENTS

9.1 Required Training

Staff shall complete orientation and annual training in:

- Client rights
- HIPAA/confidentiality
- Trauma-informed care
- CPR/First Aid
- Medication administration
- Infection control
- Cultural competency
- Crisis intervention
- Incident reporting
- Fraud, waste, and abuse prevention
- Workplace violence prevention
- Emergency preparedness

9.2 Competency Verification

Competency shall be verified through:

- Observation
- Testing
- Skills demonstration
- Clinical supervision

STAFF TRAINING & COMPETENCY REQUIREMENTS POLICY

TDS Behavioral Health

Policy Number:

TRN-109

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Staff Training & Competency Requirements Policy is to establish standards and procedures for employee orientation, training, competency development, continuing education, supervision, and workforce readiness at TDS Behavioral Health.

This policy ensures that all workforce members possess the knowledge, skills, abilities, and competencies necessary to provide safe, ethical, trauma-informed, person-centered behavioral health services in compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
- NC Medicaid requirements
- Tailored Plan standards
- HIPAA regulations
- Occupational safety standards
- Professional licensing requirements

- Accreditation standards
 - Behavioral health best practices
-

POLICY

TDS Behavioral Health shall provide comprehensive orientation, ongoing training, competency development, and supervision to ensure workforce members are qualified to perform assigned duties safely, ethically, and effectively.

All staff shall:

- Complete required orientation training
- Demonstrate competency before performing assigned duties independently
- Maintain required certifications and credentials
- Participate in ongoing continuing education
- Complete mandatory annual training
- Work within their scope of practice and competencies

Training activities shall promote:

- Client safety
 - Quality service delivery
 - Compliance
 - Professional development
 - Trauma-informed care
 - Recovery-oriented practices
 - Cultural competency
-

DEFINITIONS

Competency

The demonstrated knowledge, skills, judgment, and ability required to perform assigned job responsibilities safely and effectively.

Orientation

Initial training provided to new employees regarding organizational policies, procedures, expectations, safety practices, and job duties.

Continuing Education

Ongoing professional development and training activities designed to maintain or improve workforce competencies.

GENERAL TRAINING REQUIREMENTS

1. ORIENTATION REQUIREMENTS

All new employees, contractors, interns, volunteers, and applicable workforce members shall complete orientation training prior to or shortly after beginning assigned duties.

Orientation shall include training appropriate to the individual's role and responsibilities.

2. REQUIRED ORIENTATION TOPICS

Orientation training may include:

- Organizational mission and values
- Client rights
- Person-centered care
- Trauma-informed care
- HIPAA and confidentiality
- Documentation standards
- Emergency procedures
- Incident reporting
- Infection prevention and control
- Workplace violence prevention
- Cultural competency
- Professional boundaries
- Ethics and compliance
- Fraud, waste, and abuse prevention
- Safety procedures

- Behavioral health service standards
- Crisis intervention procedures
- Mandated reporting requirements

Orientation completion shall be documented.

STAFF COMPETENCY REQUIREMENTS

3. COMPETENCY VERIFICATION

Employees shall demonstrate competency before independently performing assigned duties.

Competency verification methods may include:

- Skills demonstration
- Observation
- Written testing
- Scenario-based exercises
- Clinical supervision
- Return demonstration
- Documentation review
- Performance evaluation

Employees who fail to demonstrate competency shall receive additional training and supervision.

4. ROLE-SPECIFIC COMPETENCIES

Training and competency requirements shall be specific to employee roles including:

- Direct support professionals
 - Qualified professionals
 - Peer support specialists
 - Supervisors
 - Administrative staff
 - Medication administration staff
 - Crisis response personnel
 - Drivers or transportation staff
-

CLINICAL TRAINING REQUIREMENTS

5. CLINICAL STAFF TRAINING

Clinical personnel shall receive training appropriate to their scope of practice including:

- Behavioral health interventions
 - Clinical documentation
 - Suicide prevention
 - Crisis de-escalation
 - Risk assessment
 - Person-centered planning
 - Trauma-informed care
 - Co-occurring disorders
 - Medication monitoring awareness
 - Ethical standards
 - Cultural responsiveness
-

6. PEER SUPPORT TRAINING

Peer support staff shall maintain required peer support certifications and receive training regarding:

- Recovery principles
- Professional boundaries
- Documentation
- Crisis response
- Advocacy
- Self-care
- Ethics and confidentiality

Peer support services shall comply with applicable NC Medicaid requirements.

MANDATORY ANNUAL TRAINING

7. ANNUAL TRAINING REQUIREMENTS

All applicable workforce members shall complete annual refresher training including:

- HIPAA and confidentiality
- Client rights
- Trauma-informed care
- Infection control
- CPR/First Aid when applicable
- Medication administration when applicable
- Crisis intervention
- Workplace violence prevention
- Fraud, waste, and abuse prevention
- Emergency preparedness
- Cultural competency
- Mandated reporting requirements
- Safety procedures

Additional training may be required based on job responsibilities or regulatory changes.

CPR, FIRST AID & SAFETY TRAINING

8. CPR & FIRST AID

Employees designated by program requirements shall maintain current certification in:

- CPR
- First Aid
- AED use when applicable
- Seizure response when applicable

At least one appropriately trained staff member shall be available as required by applicable regulations and program operations.

9. CRISIS INTERVENTION & DE-ESCALATION

Direct care and crisis response staff shall receive training in:

- Verbal de-escalation
- Crisis prevention
- Behavioral intervention

- Trauma-informed crisis response
- Suicide prevention
- Safety procedures

Restrictive interventions shall only be utilized in accordance with organizational policy and applicable laws.

MEDICATION ADMINISTRATION TRAINING

10. MEDICATION TRAINING

Only trained and authorized personnel may administer medications.

Medication administration training shall include:

- Medication safety
- Proper administration procedures
- Documentation requirements
- Medication storage
- Side effect awareness
- Medication error reporting
- Infection prevention practices
- Controlled substance procedures

Competency shall be verified before staff administer medications independently.

CULTURAL COMPETENCY & TRAUMA-INFORMED TRAINING

11. CULTURAL RESPONSIVENESS

Employees shall receive training regarding:

- Cultural humility
- Diversity and inclusion

- Bias awareness
- Effective communication
- LGBTQ+ sensitivity
- Historical trauma
- Community-specific needs

Services shall be delivered respectfully and equitably.

12. TRAUMA-INFORMED CARE TRAINING

Employees shall receive trauma-informed care training designed to promote:

- Emotional safety
 - Trust and transparency
 - Collaboration
 - Empowerment
 - Avoidance of re-traumatization
-

SUPERVISION & COACHING

13. SUPERVISION REQUIREMENTS

Staff shall receive ongoing supervision appropriate to their role and experience.

Supervision may include:

- Clinical supervision
- Administrative supervision
- Documentation review
- Field observation
- Coaching and mentoring
- Corrective guidance

Supervision activities shall be documented when required.

14. REMEDIATION & CORRECTIVE TRAINING

Employees demonstrating performance or competency deficiencies may receive:

- Additional training
- Increased supervision
- Skills remediation
- Performance improvement plans
- Corrective action when necessary

TRAINING DOCUMENTATION

15. TRAINING RECORDS

TDS Behavioral Health shall maintain documentation of:

- Orientation completion
- Annual training
- Certifications
- Competency verification
- Continuing education
- Licensure and credentialing
- Supervision activities when required

Training records shall be maintained in personnel files or approved electronic systems.

CONTINUING EDUCATION

16. PROFESSIONAL DEVELOPMENT

Employees are encouraged to participate in continuing education activities to support professional growth and service quality.

Continuing education opportunities may include:

- Workshops
- Webinars
- Conferences
- In-service training
- Certification programs

- Professional development courses
-

CONTRACTORS & TEMPORARY STAFF

17. CONTRACT STAFF REQUIREMENTS

Contractors, interns, volunteers, and temporary staff shall complete training and competency requirements appropriate to assigned duties prior to service delivery.

STAFF RESPONSIBILITIES

18. WORKFORCE RESPONSIBILITIES

Employees shall:

- Complete required training timely
- Maintain required certifications
- Participate in supervision
- Report competency concerns
- Follow organizational policies
- Work within scope of practice
- Protect client rights and confidentiality

Failure to complete required training may result in disciplinary action or suspension of duties.

QUALITY MANAGEMENT & TRAINING OVERSIGHT

19. TRAINING MONITORING

TDS Behavioral Health shall monitor training compliance through:

- Personnel file audits

- Competency reviews
- Training tracking systems
- Supervision reviews
- Incident trend analysis
- Performance evaluations

Corrective action plans shall be implemented when deficiencies are identified.

NON-RETALIATION

20. REPORTING CONCERNS

Employees reporting concerns regarding training deficiencies, unsafe practices, or competency issues in good faith shall be protected from retaliation.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - HIPAA regulations
 - OSHA standards
 - Accreditation standards
 - Professional licensing standards
 - Organizational operational needs
-

REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Tailored Plan Requirements
- HIPAA Privacy Rule
- Occupational Safety and Health Administration (OSHA)

- Professional Licensing Standards
- Trauma-Informed Care Best Practices
- Person-Centered Planning Standards

10. QUALITY MANAGEMENT & PERFORMANCE IMPROVEMENT

10.1 Quality Management Program

TDS Behavioral Health shall maintain an ongoing quality management program focused on:

- Client outcomes
- Service effectiveness
- Regulatory compliance
- Risk reduction
- Continuous improvement

10.2 Performance Indicators

The organization shall monitor:

- Service utilization
- Incident trends
- Client satisfaction
- Staff training compliance
- Documentation compliance
- Medication errors
- Health and safety concerns

10.3 Corrective Action

Corrective action plans shall be implemented when deficiencies are identified.

QUALITY MANAGEMENT & PERFORMANCE IMPROVEMENT POLICY

TDS Behavioral Health

Policy Number:

QMPI-110

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Quality Management & Performance Improvement Policy is to establish a comprehensive Quality Management and Performance Improvement (QM/PI) Program for TDS Behavioral Health that promotes continuous quality improvement, client safety, regulatory compliance, service effectiveness, operational efficiency, and positive client outcomes.

This policy ensures compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
- NC Medicaid requirements
- Tailored Plan standards
- Behavioral health quality standards
- HIPAA regulations
- Accreditation standards
- Federal and state healthcare regulations

TDS Behavioral Health is committed to maintaining a culture of continuous improvement that supports person-centered, trauma-informed, recovery-oriented behavioral health services.

POLICY

TDS Behavioral Health shall maintain an ongoing Quality Management & Performance Improvement (QM/PI) Program designed to:

- Improve client outcomes
- Promote client safety
- Ensure regulatory compliance
- Enhance service quality
- Reduce organizational risk
- Improve operational effectiveness
- Promote accountability
- Identify opportunities for improvement
- Support ethical and evidence-informed practices

Quality management activities shall be integrated throughout all organizational operations, programs, and services.

DEFINITIONS

Quality Management (QM)

A systematic organizational process used to monitor, evaluate, and improve service quality, compliance, and operational performance.

Performance Improvement (PI)

Ongoing activities designed to improve processes, outcomes, service delivery, and organizational effectiveness.

Quality Indicator

A measurable outcome or process used to evaluate performance, compliance, safety, or effectiveness.

QUALITY MANAGEMENT PROGRAM

1. QUALITY MANAGEMENT STRUCTURE

TDS Behavioral Health shall maintain a Quality Management Program that includes:

- Leadership oversight
- Defined quality goals
- Performance monitoring
- Data collection and analysis
- Risk management activities
- Corrective action planning
- Continuous improvement activities

The organization may designate a Quality Management Director, Compliance Officer, or Quality Committee responsible for oversight of the program.

2. QUALITY MANAGEMENT RESPONSIBILITIES

The Quality Management Program shall:

- Monitor service quality and outcomes
- Evaluate regulatory compliance
- Monitor documentation standards

- Review incident trends
- Identify performance improvement opportunities
- Promote client safety
- Monitor staff competency and training compliance
- Evaluate client satisfaction
- Monitor organizational risk

Leadership shall review quality findings regularly and support corrective actions when needed.

PERFORMANCE IMPROVEMENT ACTIVITIES

3. CONTINUOUS PERFORMANCE IMPROVEMENT

TDS Behavioral Health shall implement ongoing performance improvement activities designed to:

- Improve effectiveness of services
- Improve access to care
- Enhance client satisfaction
- Reduce critical incidents
- Improve documentation quality
- Increase staff competency
- Improve coordination of care
- Promote recovery-oriented outcomes

Performance improvement activities may involve:

- Root cause analysis
 - Corrective action plans
 - Staff education
 - Process redesign
 - Policy revision
 - Increased monitoring
-

QUALITY INDICATORS

4. PERFORMANCE MEASURES

The organization shall identify and monitor quality indicators which may include:

- Client satisfaction
- Service utilization
- Critical incident rates
- Medication error rates
- Staff training compliance
- Documentation compliance
- Timeliness of assessments
- Timeliness of service plan reviews
- Hospitalization rates
- Crisis stabilization outcomes
- Housing stability outcomes
- Community integration outcomes
- Compliance audit findings
- Employee retention
- Response times for services

Performance indicators shall be reviewed regularly.

CLIENT OUTCOMES & SATISFACTION

5. CLIENT SATISFACTION

TDS Behavioral Health shall seek feedback from clients regarding:

- Service quality
- Staff professionalism
- Safety and respect
- Responsiveness to needs
- Participation in treatment planning
- Overall satisfaction

Feedback may be collected through:

- Surveys
- Interviews
- Grievance reviews
- Client meetings

- Satisfaction questionnaires

Feedback shall be used to improve services.

6. CLIENT OUTCOME MONITORING

The organization shall monitor client outcomes related to:

- Recovery progress
- Behavioral health stabilization
- Community integration
- Independent living skills
- Crisis reduction
- Medication adherence
- Housing stability
- Employment or educational progress when applicable

Outcome data shall support service improvement and planning.

COMPLIANCE MONITORING

7. REGULATORY COMPLIANCE REVIEWS

TDS Behavioral Health shall conduct ongoing reviews to ensure compliance with:

- NC Medicaid requirements
- NC DHHS regulations
- Tailored Plan requirements
- HIPAA standards
- Documentation requirements
- Licensing standards
- Accreditation standards

Compliance activities may include:

- Internal audits
- Documentation reviews
- Credential verification
- Training compliance reviews

- Billing reviews
- Incident investigations

DOCUMENTATION AUDITS

8. CLINICAL DOCUMENTATION REVIEW

The organization shall periodically review documentation for:

- Completeness
- Timeliness
- Accuracy
- Medical necessity
- Service authorization compliance
- Person-centered planning compliance
- Billing support
- Progress toward goals

Deficiencies shall be addressed through corrective action and staff training when necessary.

INCIDENT MANAGEMENT & RISK REDUCTION

9. INCIDENT TREND ANALYSIS

Incident reports shall be reviewed regularly to identify:

- Safety concerns
- Abuse or neglect risks
- Medication errors
- Behavioral crisis trends
- Environmental risks
- Training deficiencies
- Operational concerns

Trend analysis shall support prevention and corrective action efforts.

10. RISK MANAGEMENT

Risk management activities shall include:

- Environmental safety monitoring
- Emergency preparedness reviews
- Workplace safety reviews
- Infection control monitoring
- Transportation safety reviews
- HIPAA and information security monitoring
- Fraud prevention oversight

The organization shall implement corrective action to reduce identified risks.

STAFF PERFORMANCE & TRAINING MONITORING

11. STAFF COMPETENCY MONITORING

The Quality Management Program shall monitor:

- Staff training completion
- Competency verification
- Performance evaluations
- Supervision compliance
- Credentialing status
- Corrective action trends

Training deficiencies shall be addressed promptly.

QUALITY IMPROVEMENT COMMITTEES

12. QUALITY COMMITTEE

TDS Behavioral Health may maintain a Quality Management Committee responsible for:

- Reviewing quality data
- Evaluating performance trends
- Reviewing incidents
- Monitoring corrective actions
- Recommending policy revisions
- Supporting organizational improvement initiatives

Committee meetings and activities shall be documented.

CORRECTIVE ACTION PLANS

13. CORRECTIVE ACTION PROCESS

When deficiencies or risks are identified, corrective action plans may include:

- Staff retraining
- Increased supervision
- Policy revisions
- Additional audits
- Operational changes
- Process improvement initiatives

Corrective actions shall be monitored for effectiveness.

CLIENT RIGHTS & QUALITY

14. CLIENT RIGHTS PROTECTION

Quality management activities shall support:

- Client dignity and respect
- Safety
- Confidentiality

- Freedom from abuse and neglect
- Access to grievance procedures
- Person-centered care

Retaliation against individuals reporting concerns is prohibited.

DATA COLLECTION & CONFIDENTIALITY

15. DATA SECURITY

Quality management data shall be maintained confidentially and protected in accordance with:

- HIPAA regulations
- Confidentiality laws
- Organizational information security policies

Only authorized personnel shall access confidential quality management data.

STAFF RESPONSIBILITIES

16. WORKFORCE PARTICIPATION

Employees shall participate in quality improvement activities including:

- Incident reporting
- Compliance monitoring
- Documentation improvement
- Training activities
- Corrective action implementation
- Safety initiatives

Employees are encouraged to identify opportunities for organizational improvement.

REPORTING & NON-RETALIATION

17. REPORTING CONCERNS

Employees, clients, and stakeholders may report concerns regarding:

- Service quality
- Compliance issues
- Safety concerns
- Fraud or abuse
- Rights violations

Reports made in good faith shall be protected from retaliation.

ANNUAL PROGRAM REVIEW

18. ANNUAL QUALITY REVIEW

The Quality Management Program shall be reviewed annually to evaluate:

- Program effectiveness
- Performance trends
- Outcome measures
- Compliance activities
- Corrective action effectiveness
- Organizational improvement needs

Annual reviews shall support strategic planning and policy development.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
- NC Medicaid requirements
- Tailored Plan standards
- HIPAA regulations

- Accreditation standards
 - Behavioral health best practices
 - Organizational operational needs
-

REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Tailored Plan Requirements
- HIPAA Privacy Rule
- Accreditation Quality Standards
- Behavioral Health Quality Improvement Standards
- Risk Management Best Practices
- Performance Improvement Guidelines

11. INCIDENT REPORTING & RISK MANAGEMENT

11.1 Incident Reporting

All incidents shall be reported promptly according to policy.

11.2 Critical Incidents

Critical incidents include but are not limited to:

- Abuse or neglect allegations
- Serious injury
- Medication errors
- Elopement
- Death
- Suicide attempts
- Law enforcement involvement
- Behavioral emergencies

11.3 Investigation Procedures

All reportable incidents shall be:

- Documented
- Reviewed
- Investigated when required
- Reported to applicable authorities
- Monitored for corrective action

INCIDENT REPORTING & RISK MANAGEMENT POLICY

TDS Behavioral Health

Policy Number:

IRM-111

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Incident Reporting & Risk Management Policy is to establish standards and procedures for identifying, reporting, investigating, monitoring, and reducing incidents, risks, hazards, and safety concerns involving clients, employees, contractors, visitors, and organizational operations at TDS Behavioral Health.

This policy supports:

- Client safety and protection
- Staff safety
- Risk reduction
- Regulatory compliance
- Continuous quality improvement
- Trauma-informed care
- Prevention of abuse, neglect, and exploitation
- Organizational accountability

This policy is intended to ensure compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - HIPAA regulations
 - OSHA standards
 - Behavioral health best practices
 - Accreditation standards
-

POLICY

TDS Behavioral Health shall maintain an Incident Reporting & Risk Management Program designed to:

- Promote a safe environment
- Identify and reduce organizational risks
- Protect client rights
- Prevent harm and injury
- Ensure timely incident reporting
- Monitor incident trends

- Support corrective action and quality improvement
- Promote regulatory compliance

All incidents, accidents, safety concerns, and unusual occurrences shall be reported promptly, documented accurately, reviewed appropriately, and addressed through corrective action when necessary.

DEFINITIONS

Incident

Any event or occurrence that threatens or causes harm, injury, risk, disruption, rights violations, or safety concerns involving clients, staff, visitors, or organizational operations.

Critical Incident

A serious event requiring immediate attention, investigation, notification, or intervention due to significant safety, legal, clinical, or operational concerns.

Risk Management

A systematic process used to identify, evaluate, reduce, monitor, and prevent risks that may negatively impact clients, staff, services, or organizational operations.

INCIDENT REPORTING REQUIREMENTS

1. REPORTABLE INCIDENTS

Incidents requiring documentation and reporting may include:

- Abuse, neglect, or exploitation allegations

- Client injuries
 - Staff injuries
 - Medication errors
 - Suicide attempts or self-harm
 - Behavioral crises
 - Aggressive or violent behavior
 - Elopement or missing persons
 - Deaths
 - Falls
 - Property damage
 - Motor vehicle accidents
 - Emergency medical events
 - Rights violations
 - Law enforcement involvement
 - Fire or environmental emergencies
 - HIPAA breaches
 - Workplace violence
 - Unsafe conditions
 - Infectious disease exposures
 - Suspected fraud or theft
-

2. MANDATORY REPORTING

All workforce members are mandatory reporters and shall immediately report:

- Abuse or neglect allegations
- Safety threats
- Serious injuries
- Client rights violations
- Criminal conduct
- Suspected exploitation
- HIPAA violations
- Threats of harm to self or others

Failure to report required incidents may result in disciplinary action.

INCIDENT RESPONSE PROCEDURES

3. IMMEDIATE RESPONSE

Staff responding to incidents shall prioritize:

- Protection of life and safety
- Medical intervention when necessary
- Crisis stabilization
- Emergency response activation
- Protection of affected individuals
- Preservation of evidence when applicable

Emergency services shall be contacted immediately when appropriate.

4. INCIDENT DOCUMENTATION

Incident reports shall be completed as soon as possible following the event and include:

- Date and time of incident
- Individuals involved
- Description of the event
- Immediate actions taken
- Witness statements when available
- Injuries or damages
- Notifications made
- Follow-up actions
- Staff completing report

Incident documentation shall be factual, objective, and accurate.

5. NOTIFICATION REQUIREMENTS

Administration or designated personnel shall be notified immediately for critical incidents including:

- Death
- Serious injury
- Abuse allegations
- Suicide attempts
- Behavioral emergencies
- Missing persons
- Criminal activity
- Media-sensitive events

- Significant safety threats

Notifications to guardians, families, agencies, licensing authorities, or Tailored Plans shall occur as required by law or policy.

INCIDENT INVESTIGATION

6. INVESTIGATION PROCEDURES

Incidents requiring investigation shall be reviewed promptly to determine:

- Contributing factors
- Policy compliance
- Safety concerns
- Risk reduction opportunities
- Corrective actions needed

Investigations may include:

- Interviews
- Documentation review
- Environmental review
- Policy analysis
- Staff consultation
- Clinical review

Investigations shall be documented appropriately.

7. ABUSE, NEGLECT & EXPLOITATION INVESTIGATIONS

All allegations or suspicions of abuse, neglect, or exploitation shall be:

- Reported immediately
- Investigated promptly
- Protected from retaliation
- Reported to appropriate authorities when required

Clients shall be protected from further harm during investigations.

RISK MANAGEMENT PROGRAM

8. RISK IDENTIFICATION

TDS Behavioral Health shall proactively identify risks involving:

- Client safety
 - Staff safety
 - Medication management
 - Environmental hazards
 - Transportation safety
 - Infection control
 - Information security
 - Workplace violence
 - Operational compliance
 - Crisis response systems
-

9. RISK REDUCTION STRATEGIES

Risk reduction efforts may include:

- Staff training
 - Environmental safety inspections
 - Supervision and oversight
 - Policy revisions
 - Emergency preparedness planning
 - Crisis prevention strategies
 - Documentation audits
 - Incident trend analysis
 - Corrective action plans
-

INCIDENT TREND ANALYSIS

10. QUALITY & TREND MONITORING

The organization shall regularly review incident data to identify:

- Patterns and trends
- Recurring safety concerns
- Training deficiencies
- Environmental risks
- Policy gaps
- Systemic operational concerns

Trend analysis shall support quality improvement and prevention efforts.

CLIENT RIGHTS & PROTECTION

11. CLIENT RIGHTS PROTECTION

Incident management procedures shall support:

- Dignity and respect
- Confidentiality
- Safety
- Trauma-informed care
- Freedom from abuse and neglect
- Least restrictive interventions
- Access to grievance procedures

Retaliation against clients or staff reporting concerns is prohibited.

CRISIS & EMERGENCY RESPONSE

12. BEHAVIORAL HEALTH CRISIS RESPONSE

Staff shall receive training regarding:

- De-escalation
- Suicide prevention

- Crisis intervention
- Trauma-informed response
- Emergency procedures
- Behavioral stabilization

Restrictive interventions shall only be used as a last resort and in accordance with applicable laws and policies.

13. EMERGENCY PREPAREDNESS

Risk management activities shall support emergency preparedness involving:

- Fire safety
- Natural disasters
- Severe weather
- Infectious disease outbreaks
- Active shooter incidents
- Utility failures
- Community emergencies

Emergency response procedures shall be reviewed regularly.

STAFF SAFETY

14. WORKPLACE SAFETY

TDS Behavioral Health shall maintain procedures designed to promote workforce safety including:

- Workplace violence prevention
- Safe transportation practices
- Infection prevention
- Environmental hazard reporting
- Injury reporting procedures
- Emergency communication systems

Employees shall report unsafe conditions immediately.

CONFIDENTIALITY & RECORD SECURITY

15. CONFIDENTIALITY OF INCIDENT REPORTS

Incident reports and investigation records shall be maintained confidentially and protected in accordance with:

- HIPAA regulations
- Confidentiality laws
- Organizational privacy policies

Access shall be limited to authorized personnel.

STAFF TRAINING REQUIREMENTS

16. REQUIRED TRAINING

All workforce members shall receive training regarding:

- Incident reporting procedures
- Risk management practices
- Abuse and neglect reporting
- Emergency procedures
- Crisis response
- Workplace safety
- HIPAA breach reporting
- Documentation standards

Training shall occur during orientation and annually thereafter.

CORRECTIVE ACTION

17. CORRECTIVE ACTION PLANS

Corrective action plans may be implemented following incidents involving:

- Policy violations
- Safety concerns
- Repeated incidents
- Documentation deficiencies
- Training deficiencies
- Compliance failures

Corrective action may include:

- Retraining
- Increased supervision
- Policy revisions
- Environmental modifications
- Disciplinary action
- Process improvement initiatives

QUALITY MANAGEMENT OVERSIGHT

18. QUALITY MANAGEMENT REVIEW

Incident and risk management activities shall be incorporated into the organization's Quality Management Program.

Quality reviews may include:

- Incident trend analysis
- Safety monitoring
- Risk assessments
- Compliance reviews
- Corrective action monitoring
- Performance improvement planning

Leadership shall review quality findings regularly.

NON-RETALIATION

19. GOOD FAITH REPORTING

TDS Behavioral Health prohibits retaliation against any individual who reports incidents, safety concerns, abuse allegations, compliance issues, or risks in good faith.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - HIPAA regulations
 - OSHA standards
 - Accreditation standards
 - Behavioral health best practices
 - Organizational operational needs
-

REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Tailored Plan Requirements
- HIPAA Privacy Rule
- Occupational Safety and Health Administration (OSHA)
- Abuse, Neglect & Exploitation Reporting Standards
- Behavioral Health Risk Management Standards
- Emergency Preparedness Best Practices

12. MEDICATION MANAGEMENT & ADMINISTRATION

12.1 Medication Orders

Medications shall only be administered pursuant to valid provider orders.

12.2 Medication Administration

Only trained and authorized personnel may administer medications.

12.3 Medication Storage

Medications shall be:

- Securely stored
- Properly labeled
- Protected from contamination
- Monitored for expiration dates

12.4 Medication Documentation

Medication administration shall be documented immediately on the MAR.

12.5 Medication Errors

Medication errors shall be:

- Reported immediately
- Assessed for client safety
- Documented
- Reviewed for corrective action

MEDICATION MANAGEMENT & ADMINISTRATION POLICY

TDS Behavioral Health

Policy Number:

MMA-112

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Medication Management & Administration Policy is to establish standards and procedures governing the safe prescribing, ordering, handling, storage, administration, monitoring, documentation, and disposal of medications at TDS Behavioral Health.

This policy is designed to:

- Protect client safety
- Prevent medication errors
- Ensure medication accountability
- Promote proper medication monitoring
- Support compliance with medication regulations
- Promote person-centered and trauma-informed care
- Maintain compliance with applicable laws and standards

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
- NC Medicaid requirements
- Tailored Plan standards
- Federal medication safety standards
- HIPAA regulations
- Controlled substance regulations
- Professional licensing standards

- Behavioral health best practices
-

POLICY

TDS Behavioral Health shall maintain safe and effective medication management practices that promote client health, safety, dignity, and recovery.

All medications shall be:

- Prescribed legally and appropriately
- Administered safely
- Stored securely
- Documented accurately
- Monitored appropriately
- Disposed of safely

Only authorized and trained personnel may administer or assist with medications in accordance with applicable laws, credentialing requirements, and organizational policy.

DEFINITIONS

Medication Administration

The act of preparing and giving a medication to a client by an authorized individual.

Medication Assistance

Providing limited support to clients who are capable of self-administering medications independently.

Medication Error

Any preventable event involving incorrect prescribing, dispensing, preparation, administration, documentation, or monitoring of medication.

Controlled Substance

A medication regulated under federal or state controlled substance laws.

MEDICATION ORDERS

1. VALID MEDICATION ORDERS

Medications shall only be administered pursuant to a valid order from an authorized licensed healthcare provider.

Medication orders shall include:

- Client name
- Medication name
- Dosage
- Route of administration
- Frequency
- Prescribing provider
- Date of order

Incomplete or unclear orders shall be clarified prior to administration.

2. VERBAL OR TELEPHONE ORDERS

Verbal or telephone medication orders shall only be accepted by authorized personnel in accordance with applicable laws and organizational procedures.

Orders shall be documented promptly and verified according to policy.

MEDICATION ADMINISTRATION REQUIREMENTS

3. AUTHORIZED PERSONNEL

Only individuals authorized by law, training, and organizational policy may administer medications.

Personnel administering medications shall:

- Complete required medication administration training
- Demonstrate competency
- Maintain required certifications or credentials
- Follow organizational procedures
- Work within scope of practice

4. RIGHTS OF MEDICATION ADMINISTRATION

Staff administering medications shall verify the:

- Right client
- Right medication
- Right dosage
- Right route
- Right time
- Right documentation
- Right reason when applicable
- Right response monitoring when applicable

5. CLIENT RIGHTS RELATED TO MEDICATIONS

Clients have the right to:

- Receive information regarding medications
- Participate in medication decisions
- Refuse medications unless legally ordered
- Be treated respectfully during medication administration

- Receive medications safely and confidentially
- Report concerns or side effects

Medication administration shall support person-centered and trauma-informed care.

MEDICATION STORAGE & SECURITY

6. MEDICATION STORAGE

Medications shall be stored:

- Securely
- In locked storage areas when required
- According to manufacturer instructions
- Separately for each client when applicable
- Protected from contamination
- Protected from unauthorized access

Medication storage areas shall remain clean, organized, and properly monitored.

7. TEMPERATURE CONTROL

Medications requiring refrigeration or temperature monitoring shall be stored according to manufacturer recommendations.

Temperature logs shall be maintained when required.

8. CONTROLLED SUBSTANCES

Controlled substances shall be:

- Stored securely
- Accessed only by authorized personnel
- Counted and documented according to organizational procedures
- Monitored for discrepancies

Any discrepancy involving controlled substances shall be reported immediately.

MEDICATION DOCUMENTATION

9. MEDICATION ADMINISTRATION RECORDS (MAR)

Medication administration shall be documented immediately on the Medication Administration Record (MAR).

Documentation shall include:

- Date and time administered
- Medication administered
- Dosage
- Route
- Staff signature or initials
- Refusals or omissions
- Client reactions when applicable

Late or inaccurate documentation is prohibited.

10. MEDICATION REFUSALS

Medication refusals shall be:

- Documented promptly
- Reported according to policy when clinically significant
- Addressed respectfully and without coercion
- Communicated to appropriate clinical staff when necessary

Clients shall not be retaliated against for refusing medications unless legal exceptions apply.

MEDICATION MONITORING

11. SIDE EFFECT MONITORING

Staff shall monitor clients for:

- Side effects
- Allergic reactions
- Adverse drug reactions
- Behavioral changes
- Medication effectiveness
- Signs of medication misuse

Significant concerns shall be reported promptly to appropriate clinical personnel.

12. HIGH-RISK MEDICATIONS

Additional monitoring may be required for:

- Psychotropic medications
 - Controlled substances
 - Injectable medications
 - Medications requiring laboratory monitoring
 - Sedating medications
 - Emergency medications
-

MEDICATION ERRORS

13. MEDICATION ERROR REPORTING

All medication errors shall be:

- Addressed immediately for client safety
- Reported to appropriate supervisory personnel
- Documented according to policy
- Reviewed for corrective action
- Monitored for patterns or trends

Examples of medication errors may include:

- Wrong medication
- Wrong dosage
- Wrong client

- Wrong time
 - Missed dose
 - Documentation errors
 - Unauthorized administration
-

14. RESPONSE TO MEDICATION ERRORS

When medication errors occur, staff shall:

- Assess client safety
 - Notify appropriate personnel
 - Obtain medical assistance when needed
 - Complete incident reporting procedures
 - Participate in corrective action activities
-

SELF-ADMINISTRATION OF MEDICATIONS

15. SELF-ADMINISTRATION

Clients capable of safely managing medications independently may self-administer medications when appropriate.

Assessment of self-administration capability shall consider:

- Cognitive ability
- Safety awareness
- Understanding of medications
- Ability to follow medication instructions

Supportive assistance may be provided when permitted.

MEDICATION DISPOSAL

16. SAFE DISPOSAL

Expired, discontinued, contaminated, or unused medications shall be disposed of safely and in accordance with:

- State regulations
- Federal regulations
- Controlled substance disposal laws
- Organizational procedures

Medication disposal shall be documented when required.

EMERGENCY MEDICATIONS

17. EMERGENCY RESPONSE

Staff shall follow emergency procedures involving:

- Allergic reactions
- Overdoses
- Medication toxicity
- Severe side effects
- Missed critical medications

Emergency medical services shall be contacted when clinically necessary.

STAFF TRAINING & COMPETENCY

18. REQUIRED TRAINING

Personnel responsible for medication-related duties shall receive training regarding:

- Medication administration procedures
- Medication safety
- Documentation requirements
- Controlled substance procedures
- Side effect monitoring

- Infection prevention
- Emergency response
- Medication error reporting
- Client rights

Competency shall be verified prior to independent medication administration.

CONFIDENTIALITY

19. CONFIDENTIALITY OF MEDICATION INFORMATION

Medication information shall be protected in accordance with:

- HIPAA Privacy Rule
- Confidentiality laws
- Organizational privacy policies

Medication discussions and records shall be maintained confidentially.

QUALITY MANAGEMENT & AUDITING

20. QUALITY MONITORING

TDS Behavioral Health shall conduct ongoing medication management reviews including:

- MAR audits
- Medication error reviews
- Controlled substance monitoring
- Medication storage inspections
- Staff competency reviews
- Documentation audits
- Incident trend analysis

Corrective action plans shall be implemented when deficiencies are identified.

CLIENT SAFETY & RIGHTS

21. CLIENT PROTECTIONS

Medication practices shall support:

- Dignity and respect
- Trauma-informed care
- Person-centered services
- Least restrictive practices
- Informed consent
- Safe medication administration

Improper use of medications for discipline, coercion, or staff convenience is prohibited.

REPORTING REQUIREMENTS

22. MANDATORY REPORTING

Staff shall report:

- Medication errors
- Diversion concerns
- Adverse reactions
- Controlled substance discrepancies
- Unsafe medication practices
- Suspected abuse or neglect involving medications

Reports shall be made promptly according to policy.

NON-RETALIATION

23. GOOD FAITH REPORTING

TDS Behavioral Health prohibits retaliation against individuals reporting medication concerns, safety issues, or compliance violations in good faith.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - Controlled substance laws
 - HIPAA regulations
 - Medication safety standards
 - Accreditation standards
 - Organizational operational needs
-

REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Tailored Plan Requirements
- HIPAA Privacy Rule
- Controlled Substance Regulations
- Medication Administration Standards
- Behavioral Health Medication Safety Guidelines
- Professional Licensing Standards

13. SUPPORTED LIVING & COMMUNITY-BASED SERVICES

13.1 Service Philosophy

Supported Living services shall promote:

- Independence
- Community integration
- Self-determination
- Recovery
- Housing stability

13.2 Community Integration

Clients shall be supported in accessing:

- Employment opportunities
- Educational services
- Community resources
- Social supports
- Recreational activities

13.3 Staff Support Services

Staff may assist with:

- Daily living skills
- Medication reminders
- Transportation coordination
- Appointment scheduling
- Crisis intervention
- Wellness monitoring

13.4 Least Restrictive Environment

Services shall be delivered in the least restrictive environment appropriate to client needs.

SUPPORTED LIVING & COMMUNITY-BASED SERVICES POLICY

TDS Behavioral Health

Policy Number:

SLCBS-113

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Supported Living & Community-Based Services Policy is to establish standards and procedures governing the delivery of person-centered, trauma-informed, recovery-oriented supported living and community-based behavioral health services provided by TDS Behavioral Health.

This policy is intended to promote:

TDS Behavioral Health
Policy & Procedure Manual
Community Behavioral Health & Supported Living Services

- Community integration
- Independent living
- Recovery and wellness
- Client choice and self-determination
- Least restrictive service delivery
- Housing stability
- Safety and dignity
- Compliance with applicable federal and state regulations

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
- NC Medicaid Clinical Coverage Policies
- Tailored Plan requirements
- Home and Community-Based Services (HCBS) standards
- Americans with Disabilities Act (ADA)
- Olmstead v. L.C.
- Behavioral health best practices

POLICY

TDS Behavioral Health shall provide supported living and community-based services that assist individuals with behavioral health, developmental, substance use, and functional support needs in achieving maximum independence, recovery, stability, and community participation.

Services shall be:

- Person-centered
- Recovery-oriented
- Trauma-informed
- Strengths-based
- Culturally responsive
- Delivered in the least restrictive environment appropriate to the individual's needs

The organization shall promote safe, stable, and supportive living environments that foster dignity, independence, and community inclusion.

DEFINITIONS

Supported Living

Services designed to assist individuals in acquiring, retaining, or improving skills necessary to live successfully and safely in the community.

Community-Based Services

Behavioral health and supportive services delivered within community settings rather than institutional environments.

Least Restrictive Environment

A setting that allows the greatest level of independence, choice, and community integration while ensuring safety and support needs are met.

SERVICE PHILOSOPHY

1. PERSON-CENTERED SERVICES

Supported living and community-based services shall prioritize:

- Individual choice
- Client goals and preferences
- Self-determination
- Recovery and empowerment
- Independence
- Skill development
- Community participation

Clients shall actively participate in planning and decision-making regarding services and supports.

2. RECOVERY-ORIENTED APPROACH

Services shall promote:

- Hope and empowerment
 - Wellness and recovery
 - Independent functioning
 - Community integration
 - Personal growth
 - Stable housing
 - Meaningful relationships
 - Educational and vocational opportunities when appropriate
-

3. TRAUMA-INFORMED CARE

All services shall be delivered using trauma-informed approaches that promote:

- Emotional and physical safety
 - Trust and transparency
 - Collaboration
 - Empowerment
 - Cultural responsiveness
 - Avoidance of re-traumatization
-

ELIGIBILITY & ADMISSION

4. ELIGIBILITY REQUIREMENTS

Individuals receiving supported living or community-based services must:

- Meet medical necessity criteria
 - Require behavioral health or functional support services
 - Be appropriate for community-based care
 - Benefit from structured support and skill development
 - Meet applicable Medicaid or payer requirements when applicable
-

5. ADMISSION PROCESS

Admissions shall include:

- Screening and assessment
- Risk evaluation
- Service planning
- Review of support needs
- Housing and environmental considerations
- Safety planning when necessary

Admissions shall be conducted without discrimination.

SERVICE PLANNING

6. PERSON-CENTERED SERVICE PLANS

Each client shall have an individualized service plan that:

- Reflects assessed needs
- Identifies measurable goals
- Promotes independence and recovery
- Supports community integration
- Addresses safety concerns
- Includes crisis planning
- Identifies services and supports

The client and/or legally responsible person shall participate in service planning whenever possible.

7. COMMUNITY INTEGRATION GOALS

Service plans may include goals related to:

- Independent living skills
- Medication management support
- Community participation
- Socialization
- Transportation skills
- Employment readiness
- Educational participation

- Financial management
 - Wellness and self-care
 - Housing stability
-

SUPPORTED LIVING SERVICES

8. DAILY LIVING SUPPORT

Supported living services may include assistance with:

- Personal care support
- Meal planning and preparation
- Household management
- Medication reminders or assistance
- Transportation coordination
- Budgeting skills
- Appointment scheduling
- Community navigation
- Crisis stabilization support
- Wellness monitoring

Services shall encourage client independence rather than dependence.

9. SKILL DEVELOPMENT

Staff shall assist clients in developing skills necessary for successful community living including:

- Communication skills
 - Conflict resolution
 - Problem-solving
 - Emotional regulation
 - Coping skills
 - Time management
 - Social interaction
 - Safety awareness
 - Independent decision-making
-

10. HOUSING SUPPORT

TDS Behavioral Health shall support housing stability through:

- Safe living environments
- Housing coordination
- Community resource linkage
- Landlord communication when appropriate
- Crisis housing stabilization
- Prevention of homelessness when possible

Clients shall not be subjected to unnecessary restrictions regarding housing choices consistent with safety and legal requirements.

CLIENT RIGHTS & PROTECTIONS

11. CLIENT RIGHTS

Clients receiving supported living services have the right to:

- Dignity and respect
- Privacy and confidentiality
- Community participation
- Freedom from abuse and neglect
- Person-centered services
- Informed choice
- Least restrictive supports
- Participation in planning
- Access to grievance procedures

Services shall comply with ADA and Olmstead principles supporting community integration.

12. RESTRICTIVE INTERVENTIONS

Restrictive interventions shall only be used:

- As a last resort
- When necessary for safety

- In accordance with applicable laws and regulations
- With appropriate documentation and review

Punitive, coercive, or degrading practices are prohibited.

STAFF RESPONSIBILITIES

13. STAFF EXPECTATIONS

Staff providing supported living services shall:

- Promote client independence
 - Respect client rights and dignity
 - Maintain confidentiality
 - Use trauma-informed approaches
 - Encourage recovery and empowerment
 - Maintain professional boundaries
 - Document services accurately
 - Report safety concerns promptly
-

14. STAFF TRAINING

Staff shall receive training regarding:

- Person-centered care
- Trauma-informed care
- Community integration
- Crisis intervention
- Documentation standards
- Client rights
- Infection prevention
- Medication support procedures
- Behavioral health support strategies
- Emergency procedures

Competency shall be verified prior to independent service delivery.

SAFETY & RISK MANAGEMENT

15. CLIENT SAFETY

TDS Behavioral Health shall maintain procedures designed to protect:

- Physical safety
- Emotional safety
- Environmental safety
- Medication safety
- Transportation safety
- Community safety

Safety concerns shall be addressed promptly.

16. INCIDENT REPORTING

Incidents involving clients, staff, housing environments, or community safety concerns shall be:

- Reported promptly
- Documented accurately
- Investigated when required
- Reviewed for corrective action

Incident reporting shall comply with organizational risk management procedures.

COMMUNITY PARTICIPATION

17. COMMUNITY INCLUSION

Clients shall be encouraged and supported in participating in:

- Recreational activities
- Community events
- Educational opportunities
- Employment activities
- Religious or spiritual activities

- Peer support opportunities
- Volunteer activities

Services shall promote full community participation whenever appropriate.

TRANSPORTATION & COMMUNITY ACCESS

18. TRANSPORTATION SUPPORT

Transportation support may include:

- Community access assistance
- Appointment transportation coordination
- Public transportation training
- Travel safety education

Transportation services shall follow organizational transportation safety policies.

DOCUMENTATION REQUIREMENTS

19. REQUIRED DOCUMENTATION

Documentation shall include:

- Assessments
- Service plans
- Progress notes
- Incident reports
- Medication-related documentation
- Crisis plans
- Housing coordination activities
- Community integration activities

Documentation shall support medical necessity and service delivery requirements.

QUALITY MANAGEMENT & MONITORING

20. QUALITY OVERSIGHT

TDS Behavioral Health shall monitor supported living services through:

- Documentation audits
- Client satisfaction reviews
- Incident trend analysis
- Service outcome monitoring
- Staff supervision
- Compliance reviews
- Housing safety reviews

Corrective action plans shall be implemented when deficiencies are identified.

CONFIDENTIALITY

21. CONFIDENTIALITY PROTECTIONS

All client information shall be protected in accordance with:

- HIPAA Privacy Rule
- Confidentiality laws
- Organizational privacy policies

Staff shall maintain confidentiality in all community settings and interactions.

DISCHARGE & TRANSITION PLANNING

22. TRANSITION & DISCHARGE

Discharge or transition planning shall support continuity of care and may include:

- Community referrals
- Housing coordination
- Medication continuity
- Crisis planning
- Follow-up recommendations
- Recovery support linkage

Discharges shall be conducted respectfully and safely.

NON-RETALIATION

23. REPORTING CONCERNS

Clients and staff reporting concerns regarding safety, rights violations, abuse, neglect, or service quality shall be protected from retaliation.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - HCBS requirements
 - ADA and Olmstead requirements
 - Accreditation standards
 - Behavioral health best practices
 - Organizational operational needs
-

REFERENCES

- NC Medicaid Clinical Coverage Policies
- NC DHHS Behavioral Health Regulations
- Home and Community-Based Services (HCBS) Standards
- Americans with Disabilities Act (ADA)

- Olmstead v. L.C.
- Tailored Plan Requirements
- Trauma-Informed Care Best Practices
- Person-Centered Planning Standards

14. BEHAVIORAL HEALTH CRISIS & EMERGENCY PROCEDURES

14.1 Crisis Response

Staff shall respond promptly to behavioral health crises to ensure safety and stabilization.

14.2 Suicide Risk Procedures

Any suicidal ideation or behavior shall result in:

- Immediate assessment
- Safety planning
- Clinical consultation
- Emergency intervention when necessary

14.3 Emergency Medical Response

Staff shall contact emergency services when medically necessary.

BEHAVIORAL HEALTH CRISIS & EMERGENCY PROCEDURES POLICY

TDS Behavioral Health

Policy Number:

BHC-114

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Behavioral Health Crisis & Emergency Procedures Policy is to establish standards and procedures for responding to behavioral health crises, psychiatric emergencies, medical emergencies, safety threats, and other urgent situations involving clients, staff, visitors, or organizational operations at TDS Behavioral Health.

This policy is intended to:

- Protect client and staff safety
- Promote timely crisis intervention
- Reduce risk of harm
- Support trauma-informed emergency response
- Promote least restrictive interventions
- Ensure continuity of care
- Maintain compliance with applicable laws and regulations

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - Emergency preparedness standards
 - OSHA requirements
 - HIPAA regulations
 - Behavioral health crisis response best practices
-

POLICY

TDS Behavioral Health shall maintain procedures for responding to behavioral health crises, psychiatric emergencies, medical emergencies, environmental emergencies, and safety threats in a manner that prioritizes:

- Immediate safety
- De-escalation
- Trauma-informed care
- Least restrictive interventions
- Client dignity and rights
- Timely access to emergency services

- Appropriate coordination of care

All workforce members shall be trained to respond appropriately to emergencies within the scope of their roles and responsibilities.

DEFINITIONS

Behavioral Health Crisis

A situation involving emotional, psychiatric, behavioral, or psychological distress that significantly impairs functioning or creates a risk of harm to self or others.

Emergency

Any event or condition requiring immediate intervention to protect health, safety, life, property, or organizational operations.

De-escalation

Techniques used to reduce emotional intensity, agitation, aggression, or crisis behaviors without coercion or force.

Least Restrictive Intervention

The safest and least intrusive intervention necessary to protect safety and stabilize a crisis situation.

GENERAL EMERGENCY RESPONSE PRINCIPLES

1. SAFETY PRIORITY

The immediate safety of clients, staff, and others shall be the primary priority during all crisis and emergency situations.

Staff shall:

- Remain calm and professional
 - Assess immediate danger
 - Utilize de-escalation techniques
 - Seek assistance promptly
 - Contact emergency responders when necessary
 - Protect client dignity and rights
-

2. TRAUMA-INFORMED RESPONSE

Emergency responses shall incorporate trauma-informed practices by:

- Reducing fear and confusion
 - Using respectful communication
 - Avoiding unnecessary confrontation
 - Maintaining emotional safety when possible
 - Minimizing re-traumatization
 - Promoting client participation and choice when feasible
-

3. LEAST RESTRICTIVE APPROACH

Staff shall utilize the least restrictive intervention appropriate to the situation.

Restrictive interventions shall only occur:

- When necessary to prevent immediate harm
- As a last resort
- In accordance with applicable laws and organizational policy

Punitive or coercive interventions are prohibited.

BEHAVIORAL HEALTH CRISIS RESPONSE

4. CRISIS IDENTIFICATION

Behavioral health crises may involve:

- Suicidal ideation or threats
- Self-harm behaviors
- Severe emotional distress
- Panic or anxiety attacks
- Psychosis
- Aggressive behavior
- Homicidal ideation
- Severe behavioral dysregulation
- Substance-related crises
- Acute psychiatric instability

Staff shall assess the seriousness and urgency of all reported or observed crises.

5. DE-ESCALATION PROCEDURES

Staff responding to crises shall utilize de-escalation techniques including:

- Calm verbal communication
- Active listening
- Non-threatening body language
- Validation of emotions
- Redirection
- Offering choices when possible
- Reducing environmental stimulation
- Maintaining safe distance
- Seeking additional support

Staff shall avoid escalating behaviors including:

- Arguing
- Threatening language
- Intimidation
- Excessive confrontation

- Power struggles

6. SUICIDE & SELF-HARM RESPONSE

Any indication of suicidal ideation, threats, or self-harm shall be treated seriously.

Staff shall:

- Assess immediate safety risks
- Maintain supervision when necessary
- Remove dangerous objects when appropriate
- Contact supervisory or clinical personnel
- Activate emergency medical services if needed
- Arrange emergency psychiatric evaluation when indicated
- Document all actions taken

Suicide risk interventions shall prioritize client safety and dignity.

7. AGGRESSION OR VIOLENCE RESPONSE

When aggressive or violent behavior occurs, staff shall:

- Prioritize safety
- Utilize verbal de-escalation
- Remove others from danger when possible
- Contact emergency assistance if necessary
- Avoid physical confrontation unless unavoidable for safety
- Follow workplace violence prevention procedures

Law enforcement shall be contacted when safety threats exceed organizational capabilities.

MEDICAL EMERGENCY RESPONSE

8. MEDICAL EMERGENCIES

Medical emergencies may include:

- Chest pain
- Difficulty breathing
- Unconsciousness
- Seizures
- Severe injuries
- Drug overdose
- Allergic reactions
- Stroke symptoms
- Severe bleeding

Staff shall:

- Call 911 or emergency medical services immediately when necessary
- Provide first aid or CPR within scope of training
- Remain with the individual until emergency responders arrive
- Notify supervisory personnel
- Complete required incident documentation

9. OVERDOSE RESPONSE

Suspected overdoses shall be treated as medical emergencies.

Staff shall:

- Contact emergency medical services immediately
- Follow overdose response procedures
- Administer emergency interventions when trained and authorized
- Monitor the individual continuously until help arrives

EMERGENCY COMMUNICATIONS

10. EMERGENCY CONTACT PROCEDURES

Emergency contact information shall be maintained for all clients whenever possible.

Appropriate notifications may include:

- Guardians
- Emergency contacts

- Clinical providers
- Tailored Plans
- Hospitals
- Emergency responders

Notifications shall comply with confidentiality laws and organizational policy.

EMERGENCY TRANSPORTATION

11. TRANSPORTATION DURING CRISIS

Transportation during emergencies shall prioritize safety.

Clients requiring emergency medical or psychiatric intervention may require:

- Ambulance transport
- Mobile crisis response
- Law enforcement assistance when necessary
- Emergency department referral

Staff shall not transport individuals in unsafe or unstable conditions unless specifically authorized and appropriate.

ENVIRONMENTAL & FACILITY EMERGENCIES

12. FACILITY EMERGENCIES

Emergency procedures shall address:

- Fire
- Severe weather
- Power outages
- Hazardous materials
- Active shooter situations
- Bomb threats
- Utility failures

- Infectious disease outbreaks
- Evacuations

Emergency response plans shall be posted or accessible to staff.

13. EVACUATION PROCEDURES

Staff shall follow established evacuation procedures during emergencies requiring evacuation.

Procedures shall address:

- Client accountability
- Safe exits
- Emergency assembly locations
- Transportation coordination
- Special assistance needs

Fire drills and emergency preparedness exercises shall be conducted regularly.

INCIDENT REPORTING

14. INCIDENT DOCUMENTATION

All crises and emergencies shall be documented according to organizational incident reporting procedures.

Documentation shall include:

- Description of the event
- Interventions used
- Individuals involved
- Notifications made
- Emergency services involvement
- Outcome of the incident
- Follow-up actions

Documentation shall be completed promptly and accurately.

STAFF TRAINING REQUIREMENTS

15. REQUIRED EMERGENCY TRAINING

Staff shall receive training regarding:

- Crisis intervention
- Suicide prevention
- De-escalation techniques
- Emergency response procedures
- CPR and First Aid when applicable
- Workplace violence prevention
- Trauma-informed crisis response
- Incident reporting
- Emergency evacuation procedures

Training shall occur during orientation and annually thereafter.

CLIENT RIGHTS & PROTECTIONS

16. CLIENT RIGHTS DURING CRISIS

Clients shall retain rights during crisis situations including:

- Dignity and respect
- Confidentiality
- Least restrictive interventions
- Trauma-informed care
- Freedom from abuse and neglect
- Access to grievance procedures

Emergency interventions shall not be punitive or retaliatory.

QUALITY MANAGEMENT & REVIEW

17. QUALITY REVIEW

Behavioral health crisis and emergency responses shall be reviewed through:

- Incident trend analysis
- Quality improvement reviews
- Staff debriefings
- Corrective action monitoring
- Emergency preparedness evaluations
- Training assessments

Corrective action plans shall be implemented when deficiencies are identified.

POST-CRISIS FOLLOW-UP

18. FOLLOW-UP SERVICES

Following crisis situations, clients may receive:

- Clinical follow-up
- Safety planning
- Referral coordination
- Medication review
- Community support linkage
- Additional behavioral health services

Staff debriefing and support may also occur following significant incidents.

NON-RETALIATION

19. REPORTING CONCERNS

TDS Behavioral Health prohibits retaliation against individuals reporting safety concerns, emergencies, incidents, or compliance issues in good faith.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - OSHA requirements
 - Emergency preparedness standards
 - Behavioral health crisis response standards
 - Organizational operational needs
-

REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Tailored Plan Requirements
- OSHA Emergency Response Standards
- HIPAA Privacy Rule
- Suicide Prevention Best Practices
- Trauma-Informed Crisis Intervention Standards
- Emergency Preparedness Guidelines

15. INFECTION PREVENTION & CONTROL

15.1 Infection Control Program

The organization shall maintain policies addressing:

- Universal precautions
- Exposure control
- Communicable disease prevention
- Sanitation procedures
- PPE usage

15.2 Staff Responsibilities

Employees shall report communicable illnesses and comply with infection control procedures.

INFECTION PREVENTION & CONTROL POLICY

TDS Behavioral Health

Policy Number:

IPC-115

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Infection Prevention & Control Policy is to establish standards and procedures for preventing, identifying, monitoring, and controlling the spread of infectious diseases and communicable conditions within TDS Behavioral Health programs, facilities, transportation services, and community-based operations.

This policy is intended to:

- Protect clients, staff, and visitors
- Reduce the spread of infectious diseases
- Promote safe and sanitary environments
- Ensure compliance with health and safety regulations
- Support continuity of behavioral health services
- Promote emergency preparedness and infection response readiness

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
 - NC Medicaid requirements
 - Occupational Safety and Health Administration (OSHA) standards
 - Centers for Disease Control and Prevention (CDC) guidance
 - HIPAA regulations
 - Public health reporting requirements
 - Behavioral health infection prevention standards
-

POLICY

TDS Behavioral Health shall maintain an Infection Prevention & Control Program designed to minimize the transmission of infectious diseases and promote safe, sanitary, and healthy environments for all individuals served and employed by the organization.

The organization shall implement:

- Universal precautions

- Routine sanitation practices
- Infection prevention procedures
- Exposure response protocols
- Staff education and training
- Monitoring and reporting procedures
- Emergency infection control preparedness measures

All workforce members are responsible for following infection prevention procedures and reporting infection-related concerns promptly.

DEFINITIONS

Infection Control

Policies, procedures, and practices designed to prevent or reduce the spread of infectious diseases.

Universal Precautions

An approach to infection prevention that treats all blood and bodily fluids as potentially infectious.

Exposure Incident

Contact with blood, bodily fluids, respiratory droplets, contaminated materials, or infectious agents that may result in disease transmission.

Communicable Disease

An illness capable of spreading from person to person through direct or indirect transmission.

GENERAL INFECTION CONTROL STANDARDS

1. UNIVERSAL PRECAUTIONS

All staff shall utilize universal precautions during all client interactions and service delivery activities.

Universal precautions include:

- Hand hygiene
- Use of personal protective equipment (PPE)
- Safe handling of contaminated materials
- Proper disposal of waste
- Environmental sanitation
- Exposure prevention practices

All blood and bodily fluids shall be treated as potentially infectious.

2. HAND HYGIENE

Proper hand hygiene shall be performed:

- Before and after client contact
- Before food preparation
- After restroom use
- After contact with bodily fluids
- After glove removal
- After handling contaminated materials
- After coughing, sneezing, or touching the face

Hand hygiene may include:

- Soap and water
- Alcohol-based hand sanitizer when appropriate

Handwashing supplies shall remain accessible throughout service locations.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

3. USE OF PPE

Appropriate PPE shall be used when exposure to infectious materials is reasonably anticipated.

PPE may include:

- Gloves
- Masks
- Face shields
- Gowns
- Eye protection

Staff shall be trained regarding proper:

- Use
- Removal
- Disposal
- Storage of PPE

4. PPE AVAILABILITY

TDS Behavioral Health shall maintain adequate supplies of PPE appropriate to operational and clinical needs.

ENVIRONMENTAL SANITATION

5. CLEANING & DISINFECTION

Facilities, vehicles, and service areas shall be maintained in a clean and sanitary condition.

Routine cleaning and disinfection shall include:

- Bathrooms

- Kitchens
- Common areas
- Frequently touched surfaces
- Medication areas
- Office equipment
- Vehicles used for transportation
- Client living environments when applicable

Approved disinfectants shall be used according to manufacturer recommendations.

6. BIOHAZARDOUS MATERIALS

Biohazardous materials shall be handled and disposed of safely in accordance with applicable laws and organizational procedures.

Examples include:

- Blood-contaminated materials
- Sharps
- Medical waste
- Bodily fluid contamination

Sharps containers shall be used when applicable.

COMMUNICABLE DISEASE MANAGEMENT

7. INFECTIOUS ILLNESS RESPONSE

Individuals suspected of having communicable illnesses may require:

- Temporary separation from others
- Medical evaluation
- Use of PPE
- Increased sanitation measures
- Follow-up monitoring

The organization shall follow applicable public health guidance during outbreaks or exposure situations.

8. REPORTABLE CONDITIONS

Certain communicable diseases or exposures may require reporting to:

- Public health authorities
- NC DHHS
- Occupational health agencies
- Tailored Plans when applicable

Reporting shall comply with legal and regulatory requirements.

EMPLOYEE HEALTH & SAFETY

9. STAFF ILLNESS

Employees experiencing symptoms of contagious illness shall:

- Notify supervisors promptly
- Follow organizational return-to-work procedures
- Avoid reporting to work when contagious
- Follow public health recommendations

Staff shall not knowingly expose clients or coworkers to infectious conditions.

10. EXPOSURE INCIDENTS

Exposure incidents involving bloodborne pathogens or infectious materials shall be:

- Reported immediately
- Evaluated promptly
- Documented according to incident reporting procedures
- Addressed with appropriate medical follow-up

Exposure response procedures may include:

- First aid
- Medical referral
- Testing recommendations
- Post-exposure monitoring

BLOODBORNE PATHOGENS

11. BLOODBORNE PATHOGEN PRECAUTIONS

Staff shall follow OSHA bloodborne pathogen standards including:

- Universal precautions
- Safe sharps handling
- Proper disposal procedures
- Exposure response procedures
- PPE use

Needlestick injuries or blood exposure incidents shall be reported immediately.

RESPIRATORY INFECTION CONTROL

12. RESPIRATORY PRECAUTIONS

The organization shall implement respiratory infection prevention practices including:

- Respiratory hygiene education
- Mask use when indicated
- Physical distancing when appropriate
- Ventilation practices when possible
- Symptom monitoring during outbreaks

Staff and clients may be required to follow additional precautions during public health emergencies.

FOOD SAFETY & SANITATION

13. FOOD HANDLING

Food preparation and storage areas shall be maintained safely and hygienically.

Staff handling food shall:

- Practice proper hand hygiene
- Avoid food preparation while ill
- Store food appropriately
- Maintain sanitary food preparation areas

Expired or contaminated food shall be discarded appropriately.

TRANSPORTATION SANITATION

14. VEHICLE CLEANING

Vehicles used for client transportation shall be:

- Cleaned routinely
- Disinfected as needed
- Maintained in sanitary condition
- Equipped with infection prevention supplies when appropriate

Transportation safety procedures shall support infection prevention practices.

TRAINING REQUIREMENTS

15. REQUIRED TRAINING

All workforce members shall receive infection prevention and control training during orientation and annually thereafter.

Training topics may include:

- Hand hygiene
- Universal precautions
- PPE use
- Exposure response procedures
- Bloodborne pathogens
- Environmental sanitation
- Respiratory infection prevention
- Incident reporting
- Emergency outbreak procedures

Training completion shall be documented.

CLIENT EDUCATION

16. CLIENT INFECTION PREVENTION EDUCATION

Clients may receive education regarding:

- Hand hygiene
- Respiratory hygiene
- Personal cleanliness
- Medication adherence related to infectious illness
- Safe food practices
- Infection prevention during outbreaks

Educational materials shall be culturally and linguistically appropriate when possible.

EMERGENCY PREPAREDNESS & OUTBREAK RESPONSE

17. PANDEMIC & OUTBREAK RESPONSE

TDS Behavioral Health shall maintain procedures for responding to:

- Pandemics
- Infectious disease outbreaks
- Public health emergencies

- Quarantine situations
- Staffing disruptions caused by illness

Emergency procedures may include:

- Telehealth utilization
- Isolation procedures
- Enhanced sanitation protocols
- PPE conservation measures
- Coordination with public health authorities

DOCUMENTATION REQUIREMENTS

18. REQUIRED DOCUMENTATION

Documentation related to infection prevention may include:

- Exposure incident reports
- Cleaning logs
- Temperature logs
- Staff training records
- Outbreak response records
- PPE inventory monitoring
- Public health notifications

Documentation shall be maintained confidentially when required.

QUALITY MANAGEMENT & MONITORING

19. QUALITY OVERSIGHT

The Infection Prevention & Control Program shall be monitored through:

- Environmental inspections
- Incident trend analysis
- Exposure reviews

- Staff training audits
- Infection-related incident reviews
- Compliance monitoring
- Risk assessments

Corrective action plans shall be implemented when deficiencies are identified.

CLIENT RIGHTS & PROTECTIONS

20. CLIENT RIGHTS

Infection prevention practices shall respect client rights including:

- Dignity and respect
- Confidentiality
- Trauma-informed care
- Least restrictive practices
- Access to services whenever safely possible

Clients shall not be discriminated against based upon infectious disease status.

NON-RETALIATION

21. REPORTING CONCERNS

Employees and clients reporting infection prevention concerns, unsafe conditions, or exposure incidents in good faith shall be protected from retaliation.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- CDC guidance
- OSHA standards
- NC DHHS regulations

TDS Behavioral Health
Policy & Procedure Manual
Community Behavioral Health & Supported Living Services

- NC Medicaid requirements
 - Public health recommendations
 - Accreditation standards
 - Organizational operational needs
-

REFERENCES

- Centers for Disease Control and Prevention (CDC)
- OSHA Bloodborne Pathogen Standards
- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- HIPAA Privacy Rule
- Public Health Infection Prevention Guidelines
- Emergency Preparedness Standards

16. TRANSPORTATION SAFETY & COMMUNITY ACCESS

16.1 Transportation Standards

Vehicles used for transportation shall:

- Be properly insured
- Receive routine maintenance
- Meet safety requirements
- Contain emergency supplies

16.2 Driver Requirements

Drivers shall:

- Maintain valid licenses
- Complete required training
- Maintain safe driving records

TRANSPORTATION SAFETY & COMMUNITY ACCESS POLICY

TDS Behavioral Health

Policy Number:

TSCA-116

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Transportation Safety & Community Access Policy is to establish standards and procedures governing the safe transportation of clients, staff driving practices, vehicle safety, and community access support provided by TDS Behavioral Health.

This policy is intended to:

- Promote client and staff safety
- Support community integration
- Ensure safe transportation practices
- Reduce transportation-related risks
- Promote independent community access
- Maintain compliance with applicable laws and regulations
- Support person-centered and trauma-informed service delivery

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - Occupational Safety and Health Administration (OSHA) standards
 - Motor vehicle safety laws
 - Americans with Disabilities Act (ADA)
 - Behavioral health best practices
-

POLICY

TDS Behavioral Health shall maintain safe transportation and community access practices that support client independence, recovery, and participation in community life while protecting the health, safety, dignity, and rights of clients and staff.

Transportation services and community access support shall be:

- Safe
- Person-centered
- Trauma-informed
- Non-discriminatory
- Consistent with client service plans
- Delivered in the least restrictive manner appropriate

All transportation activities shall comply with organizational safety standards and applicable laws.

DEFINITIONS

Community Access

Support provided to assist individuals in safely participating in community activities, appointments, services, employment, recreation, or independent living activities.

Transportation Services

Any transportation provided, coordinated, or arranged by TDS Behavioral Health for clients or program-related activities.

Authorized Driver

An employee or approved individual authorized by TDS Behavioral Health to operate a vehicle for organizational or client-related purposes.

GENERAL TRANSPORTATION SAFETY REQUIREMENTS

1. SAFETY PRIORITY

The safety of clients, staff, and the public shall be the primary priority during all transportation and community access activities.

Staff shall:

- Operate vehicles safely
- Follow traffic laws
- Maintain professional conduct
- Monitor client safety
- Report unsafe conditions immediately
- Utilize trauma-informed communication

Unsafe driving practices are prohibited.

2. PERSON-CENTERED COMMUNITY ACCESS

Transportation and community access services shall promote:

- Client independence
- Community integration
- Client choice and dignity
- Participation in normal community activities

- Recovery-oriented services
- Least restrictive support

Clients shall be encouraged to develop independent transportation and community navigation skills whenever appropriate.

DRIVER REQUIREMENTS

3. AUTHORIZED DRIVERS

Only authorized drivers approved by TDS Behavioral Health may transport clients or operate organizational vehicles.

Authorized drivers shall:

- Possess a valid driver's license
 - Maintain acceptable driving records
 - Meet insurance requirements
 - Complete required training
 - Demonstrate safe driving practices
-

4. MOTOR VEHICLE RECORD CHECKS

The organization may conduct motor vehicle record (MVR) checks:

- Prior to authorization
- Periodically thereafter
- Following accidents or safety concerns

Drivers with unsafe driving histories may be restricted from transportation duties.

5. DRIVER RESPONSIBILITIES

Drivers shall:

- Follow all traffic laws

- Avoid distracted driving
- Wear seat belts
- Ensure passengers use seat belts
- Operate vehicles safely
- Avoid aggressive driving
- Maintain confidentiality
- Report accidents or vehicle concerns promptly

Use of alcohol, illegal substances, or impairment while driving is strictly prohibited.

VEHICLE SAFETY REQUIREMENTS

6. VEHICLE INSPECTIONS

Vehicles used for transportation shall be maintained in safe operating condition.

Safety inspections may include:

- Tire condition
- Brakes
- Lights and signals
- Seat belts
- Mirrors
- Fluid levels
- Emergency supplies
- Cleanliness and sanitation

Unsafe vehicles shall not be used for transportation.

7. VEHICLE CLEANLINESS & SANITATION

Vehicles shall be maintained in clean and sanitary condition consistent with infection prevention standards.

Vehicles shall be:

- Free from hazards
- Cleaned routinely
- Disinfected when appropriate

- Equipped with necessary safety supplies
-

8. EMERGENCY EQUIPMENT

Vehicles may contain emergency supplies including:

- First aid kits
 - Emergency contact information
 - Flashlights
 - Safety warning devices
 - Infection prevention supplies when appropriate
-

CLIENT TRANSPORTATION PROCEDURES

9. CLIENT SAFETY DURING TRANSPORT

Staff transporting clients shall:

- Verify client identity when appropriate
- Ensure seat belt use
- Provide supervision as needed
- Monitor for behavioral or medical concerns
- Follow approved transportation procedures

Transportation shall occur in a respectful and trauma-informed manner.

10. SPECIAL TRANSPORTATION NEEDS

Transportation plans shall consider:

- Mobility limitations
- Behavioral health needs
- Medical conditions
- Accessibility accommodations

- Safety risks
- Supervision requirements

Reasonable accommodations shall be provided whenever possible.

11. CLIENT CONDUCT DURING TRANSPORT

Clients shall be encouraged to:

- Follow safety instructions
- Use seat belts
- Respect others
- Avoid unsafe behavior during transportation

Behavioral concerns shall be managed using trauma-informed de-escalation techniques whenever possible.

COMMUNITY ACCESS SUPPORT

12. COMMUNITY PARTICIPATION

Staff may assist clients with access to:

- Medical appointments
- Behavioral health services
- Employment opportunities
- Educational programs
- Recreational activities
- Grocery shopping
- Banking and financial activities
- Religious or spiritual activities
- Social and peer support activities

Community access activities shall support independence and recovery goals.

13. INDEPENDENT LIVING SKILLS

Staff may provide training related to:

- Public transportation use
- Community safety awareness
- Trip planning
- Budgeting transportation expenses
- Scheduling appointments
- Independent navigation skills

Services shall promote long-term independence whenever appropriate.

ACCIDENT & INCIDENT RESPONSE

14. MOTOR VEHICLE ACCIDENTS

All motor vehicle accidents involving staff, clients, or organizational vehicles shall be:

- Reported immediately
- Addressed for safety and medical needs
- Documented according to policy
- Investigated when appropriate

Emergency services shall be contacted when necessary.

15. EMERGENCY RESPONSE DURING TRANSPORT

Drivers shall follow emergency procedures involving:

- Vehicle breakdowns
- Medical emergencies
- Behavioral crises
- Severe weather
- Accidents
- Safety threats

Staff shall prioritize immediate safety and contact emergency assistance when needed.

CONFIDENTIALITY & PRIVACY

16. CONFIDENTIALITY DURING COMMUNITY ACTIVITIES

Staff shall protect client confidentiality during transportation and community access activities.

Staff shall:

- Avoid discussing confidential information publicly
- Maintain professional boundaries
- Protect client dignity and privacy
- Follow HIPAA requirements

STAFF TRAINING REQUIREMENTS

17. REQUIRED TRAINING

Staff involved in transportation or community access services shall receive training regarding:

- Safe driving practices
- Transportation safety procedures
- Defensive driving
- Emergency response
- Infection prevention
- CPR/First Aid when applicable
- Crisis de-escalation
- Client rights
- Trauma-informed care
- Vehicle inspection procedures

Training completion shall be documented.

CLIENT RIGHTS & PROTECTIONS

18. CLIENT RIGHTS

Transportation and community access services shall protect client rights including:

- Dignity and respect
- Least restrictive support
- Freedom from abuse or neglect
- Community integration
- Confidentiality
- Non-discrimination
- Trauma-informed care

Transportation shall not be used as punishment, coercion, or behavioral control.

QUALITY MANAGEMENT & MONITORING

19. QUALITY OVERSIGHT

TDS Behavioral Health shall monitor transportation safety and community access practices through:

- Vehicle inspection reviews
- Accident trend analysis
- Staff supervision
- Incident reviews
- Training compliance monitoring
- Client feedback
- Risk assessments

Corrective action plans shall be implemented when deficiencies are identified.

INSURANCE & LIABILITY

20. INSURANCE REQUIREMENTS

Vehicles used for organizational transportation activities shall maintain required insurance coverage consistent with applicable laws and organizational standards.

Drivers shall immediately report:

- License suspensions
 - Insurance changes
 - Traffic violations
 - Accidents
 - Safety concerns
-

NON-RETALIATION

21. REPORTING SAFETY CONCERNS

Employees and clients reporting transportation safety concerns, accidents, or unsafe practices in good faith shall be protected from retaliation.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - Motor vehicle laws
 - OSHA safety standards
 - ADA requirements
 - Behavioral health best practices
 - Organizational operational needs
-

REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Tailored Plan Requirements
- Americans with Disabilities Act (ADA)
- OSHA Safety Standards

- Motor Vehicle Safety Laws
- Trauma-Informed Care Best Practices
- Community Integration Standards

17. EMERGENCY PREPAREDNESS & DISASTER RESPONSE

17.1 Emergency Preparedness Plan

TDS Behavioral Health shall maintain emergency preparedness procedures addressing:

- Fire emergencies
- Severe weather
- Power outages
- Active shooter incidents
- Infectious disease outbreaks
- Natural disasters
- Evacuation procedures

17.2 Fire Drills

Fire drills shall be conducted regularly and documented.

17.3 Emergency Supplies

Emergency supplies shall be maintained and monitored.

EMERGENCY PREPAREDNESS & DISASTER RESPONSE POLICY

TDS Behavioral Health

Policy Number:

EPDR-117

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Emergency Preparedness & Disaster Response Policy is to establish standards and procedures for preparing for, responding to, managing, and recovering from emergencies, disasters, public health crises, and other disruptive events affecting TDS Behavioral Health operations, clients, staff, facilities, and community-based services.

TDS Behavioral Health
Policy & Procedure Manual
Community Behavioral Health & Supported Living Services

This policy is intended to:

- Protect life, health, and safety
- Maintain continuity of operations
- Minimize disruptions to behavioral health services
- Promote coordinated emergency response
- Ensure preparedness for disasters and emergencies
- Support recovery and restoration of services
- Comply with applicable regulatory requirements

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
- NC Medicaid requirements
- Emergency preparedness standards
- Occupational Safety and Health Administration (OSHA) standards
- Centers for Disease Control and Prevention (CDC) guidance
- Federal Emergency Management Agency (FEMA) recommendations
- Behavioral health emergency preparedness best practices

POLICY

TDS Behavioral Health shall maintain a comprehensive Emergency Preparedness & Disaster Response Program designed to prepare for, respond to, mitigate, and recover from emergencies and disasters that may impact clients, staff, facilities, transportation services, or organizational operations.

The organization shall:

- Conduct emergency preparedness planning
- Maintain emergency response procedures
- Train workforce members
- Conduct drills and exercises
- Coordinate with community emergency resources
- Maintain continuity planning
- Protect client rights and safety during emergencies

Emergency response activities shall utilize trauma-informed and person-centered approaches whenever possible.

DEFINITIONS

Emergency

An unexpected event or situation requiring immediate action to protect life, health, safety, property, or organizational operations.

Disaster

A large-scale emergency or catastrophic event that significantly disrupts operations, services, infrastructure, or community functioning.

Continuity of Operations

Planning and actions designed to ensure essential services continue during and after emergencies.

Emergency Preparedness Plan

A documented organizational plan outlining procedures for prevention, preparedness, response, recovery, communication, and continuity during emergencies.

EMERGENCY PREPAREDNESS PROGRAM

1. COMPREHENSIVE EMERGENCY PLANNING

TDS Behavioral Health shall maintain written emergency preparedness procedures addressing:

- Fire emergencies
- Severe weather events

- Hurricanes and flooding
- Tornadoes
- Power outages
- Utility failures
- Active shooter situations
- Workplace violence
- Medical emergencies
- Behavioral health crises
- Infectious disease outbreaks
- Hazardous material incidents
- Transportation emergencies
- Evacuations
- Community disasters
- Cybersecurity incidents
- Pandemic response

Emergency procedures shall be reviewed and updated regularly.

2. RISK ASSESSMENT & HAZARD ANALYSIS

The organization shall periodically assess risks and hazards that may affect:

- Clients
- Staff
- Facilities
- Community-based operations
- Transportation systems
- Information systems
- Medication access
- Continuity of care

Risk assessments shall support preparedness planning and mitigation efforts.

EMERGENCY RESPONSE PROCEDURES

3. EMERGENCY ACTIVATION

During emergencies, designated leadership or supervisory personnel may activate emergency response procedures.

Emergency activation may include:

- Emergency notifications
 - Evacuation procedures
 - Shelter-in-place procedures
 - Coordination with emergency responders
 - Temporary suspension or modification of services
 - Client relocation efforts
 - Emergency staffing plans
-

4. IMMEDIATE SAFETY PRIORITIES

During emergencies, staff shall prioritize:

- Protection of life and safety
 - Emergency medical response
 - Crisis stabilization
 - Safe evacuation or sheltering
 - Client accountability
 - Protection of confidential information
 - Communication with emergency personnel
-

5. TRAUMA-INFORMED EMERGENCY RESPONSE

Emergency response activities shall incorporate trauma-informed practices by:

- Using calm communication
- Reducing panic and confusion
- Maintaining dignity and respect
- Providing reassurance and emotional support
- Minimizing unnecessary force or confrontation
- Supporting emotional stabilization

Special consideration shall be given to clients with trauma histories, behavioral health conditions, or cognitive limitations.

EVACUATION PROCEDURES

6. EVACUATION PLANNING

TDS Behavioral Health shall maintain evacuation procedures addressing:

- Primary and secondary evacuation routes
- Emergency assembly locations
- Transportation coordination
- Accountability procedures
- Assistance for individuals with disabilities
- Medication continuity
- Emergency contact procedures

Evacuation routes and emergency exits shall remain accessible at all times.

7. CLIENT ACCOUNTABILITY

Staff shall maintain accountability for clients during emergencies whenever operationally possible.

Accountability procedures may include:

- Attendance verification
 - Emergency contact information
 - Relocation tracking
 - Emergency roster systems
-

SHELTER-IN-PLACE PROCEDURES

8. SHELTER-IN-PLACE RESPONSE

Shelter-in-place procedures may be implemented during:

- Severe weather
- Hazardous material incidents
- Community violence
- Active threats
- Public safety emergencies

Staff shall follow designated shelter procedures and maintain client supervision and safety.

FIRE SAFETY & SEVERE WEATHER RESPONSE

9. FIRE RESPONSE

Staff shall respond to fire emergencies by:

- Activating alarms
- Contacting emergency responders
- Assisting with evacuation
- Following fire safety procedures
- Accounting for individuals safely

Fire extinguishers and emergency exits shall remain accessible.

10. SEVERE WEATHER RESPONSE

Severe weather procedures shall address:

- Tornado warnings
- Hurricanes
- Flooding
- Winter weather
- Lightning storms
- Extreme heat or cold

Staff shall monitor weather alerts and follow emergency directives.

MEDICAL & BEHAVIORAL HEALTH EMERGENCIES

11. MEDICAL EMERGENCIES

Medical emergencies shall be addressed immediately through:

- Emergency medical services activation
- First aid or CPR when trained
- Emergency medication procedures when applicable
- Coordination with healthcare providers

12. BEHAVIORAL HEALTH CRISIS RESPONSE

Behavioral health emergencies shall be managed using:

- Crisis intervention techniques
- De-escalation procedures
- Trauma-informed communication
- Least restrictive interventions
- Emergency psychiatric referrals when necessary

Law enforcement involvement shall occur only when necessary for safety.

INFECTIOUS DISEASE & PANDEMIC RESPONSE

13. PANDEMIC & OUTBREAK RESPONSE

The organization shall maintain procedures for:

- Infection prevention
- Isolation practices when appropriate
- PPE utilization
- Continuity of services
- Telehealth implementation
- Staffing contingency planning
- Public health coordination

Emergency infection prevention measures shall comply with public health guidance.

COMMUNICATION PROCEDURES

14. EMERGENCY COMMUNICATIONS

Emergency communication systems may include:

- Phone systems
- Text alerts
- Email notifications
- Emergency contact lists
- Coordination with emergency responders
- Public health notifications

Emergency contact information shall be maintained and updated regularly.

15. MEDIA & PUBLIC COMMUNICATION

Only authorized personnel may communicate with media or the public regarding emergencies involving TDS Behavioral Health.

Confidential information shall not be disclosed improperly.

CONTINUITY OF OPERATIONS

16. CONTINUITY PLANNING

TDS Behavioral Health shall maintain continuity plans addressing:

- Alternative service delivery methods
- Telehealth utilization
- Staffing shortages
- Temporary relocation of services
- Medication continuity
- Communication continuity
- Information system recovery

- Financial and operational continuity

Continuity plans shall prioritize essential behavioral health services.

INFORMATION SECURITY & RECORD PROTECTION

17. RECORD & DATA PROTECTION

Emergency preparedness activities shall include procedures to protect:

- Client records
- Electronic systems
- Confidential information
- Backup systems
- Operational data

Emergency data recovery procedures shall be maintained when feasible.

STAFF TRAINING & DRILLS

18. REQUIRED TRAINING

All workforce members shall receive emergency preparedness training during orientation and annually thereafter.

Training topics may include:

- Fire safety
- Evacuation procedures
- Severe weather response
- Active shooter response
- CPR and First Aid
- Infection control
- Crisis intervention
- Emergency communications
- Disaster recovery procedures

19. EMERGENCY DRILLS & EXERCISES

The organization shall conduct periodic drills and exercises which may include:

- Fire drills
- Evacuation drills
- Severe weather drills
- Active shooter exercises
- Pandemic response exercises

Drills shall be documented and reviewed for improvement opportunities.

CLIENT RIGHTS & PROTECTIONS

20. CLIENT RIGHTS DURING EMERGENCIES

Clients shall retain rights during emergencies including:

- Dignity and respect
- Confidentiality
- Trauma-informed care
- Least restrictive interventions
- Access to medically necessary services whenever possible

Emergency conditions shall not justify abuse, neglect, discrimination, or retaliation.

INCIDENT REPORTING & POST- INCIDENT REVIEW

21. INCIDENT REPORTING

Emergency events and disasters shall be documented according to incident reporting procedures.

Reports may include:

- Description of the event
 - Actions taken
 - Injuries or damages
 - Emergency responder involvement
 - Service disruptions
 - Corrective actions
-

22. POST-INCIDENT REVIEW

Following emergencies or disasters, the organization may conduct reviews to evaluate:

- Response effectiveness
- Safety concerns
- Communication effectiveness
- Staffing needs
- Policy improvements
- Corrective action opportunities

Lessons learned shall support future preparedness improvements.

QUALITY MANAGEMENT & OVERSIGHT

23. QUALITY MONITORING

Emergency preparedness activities shall be monitored through:

- Drill evaluations
- Risk assessments
- Incident trend analysis
- Compliance reviews
- Staff training audits
- Environmental safety reviews

Corrective action plans shall be implemented when deficiencies are identified.

NON-RETALIATION

24. REPORTING SAFETY CONCERNS

Employees and clients reporting emergency preparedness concerns, unsafe conditions, or disaster response issues in good faith shall be protected from retaliation.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
- NC Medicaid requirements
- OSHA standards
- FEMA guidance
- CDC recommendations
- Emergency preparedness standards
- Behavioral health best practices
- Organizational operational needs

REFERENCES

- FEMA Emergency Preparedness Guidelines
- Centers for Disease Control and Prevention (CDC)
- OSHA Emergency Response Standards
- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Tailored Plan Requirements
- Behavioral Health Emergency Preparedness Standards
- Infection Prevention & Disaster Recovery Best Practices

18. FACILITY SAFETY & ENVIRONMENTAL STANDARDS

18.1 Facility Maintenance

Facilities shall be maintained in a safe, clean, and sanitary condition.

18.2 Environmental Safety

The organization shall address:

- Hazard prevention
- Fire safety
- Accessibility
- Infection prevention
- Equipment maintenance

FACILITY SAFETY & ENVIRONMENTAL STANDARDS POLICY

TDS Behavioral Health

Policy Number:

FSES-118

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Facility Safety & Environmental Standards Policy is to establish standards and procedures for maintaining safe, sanitary, secure, accessible, and therapeutic environments within all TDS Behavioral Health facilities, offices, supported living locations, stabilization settings, vehicles, and community-based service environments.

This policy is intended to:

- Protect the health and safety of clients, staff, and visitors
- Promote trauma-informed and recovery-oriented environments
- Maintain compliance with safety and environmental regulations
- Prevent accidents, injuries, hazards, and environmental risks
- Promote infection prevention and sanitation
- Ensure facility readiness for emergencies and inspections
- Support continuity of safe behavioral health service delivery

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
 - NC Medicaid requirements
 - Occupational Safety and Health Administration (OSHA) standards
 - Fire and life safety codes
 - Americans with Disabilities Act (ADA)
 - Infection prevention standards
 - Environmental safety standards
 - Behavioral health best practices
-

POLICY

TDS Behavioral Health shall maintain facilities and environments that are:

- Safe
- Clean
- Secure

- Accessible
- Therapeutic
- Trauma-informed
- Properly maintained
- Free from unnecessary hazards

All facilities and service environments shall support the dignity, safety, recovery, privacy, and well-being of individuals receiving services and individuals working within the organization.

The organization shall conduct regular inspections, monitoring, maintenance, and corrective actions to ensure ongoing compliance with safety and environmental standards.

DEFINITIONS

Facility

Any building, office, supported living location, stabilization setting, vehicle, or operational site used by TDS Behavioral Health for service delivery or administrative operations.

Environmental Hazard

Any condition that may create a risk of injury, illness, safety concerns, or operational disruption.

Trauma-Informed Environment

An environment designed to promote emotional and physical safety, reduce stressors, and support recovery and well-being.

GENERAL FACILITY SAFETY REQUIREMENTS

1. SAFE ENVIRONMENT

TDS Behavioral Health shall maintain environments that:

- Minimize risks of injury
- Support client privacy and dignity
- Promote emotional safety
- Maintain sanitary conditions
- Support accessibility
- Reduce environmental stressors
- Promote infection prevention

Facilities shall remain free from unsafe or hazardous conditions whenever possible.

2. ACCESSIBILITY REQUIREMENTS

Facilities shall comply with applicable accessibility standards and provide reasonable accommodations for individuals with disabilities consistent with the Americans with Disabilities Act (ADA).

Accessibility considerations may include:

- Accessible entrances
 - Accessible restrooms
 - Mobility access
 - Visual and auditory accommodations
 - Safe pathways and exits
-

ENVIRONMENTAL SAFETY STANDARDS

3. ENVIRONMENTAL INSPECTIONS

Routine environmental and safety inspections shall be conducted to identify:

- Fire hazards
- Structural hazards
- Unsafe equipment
- Sanitation concerns
- Trip and fall risks
- Electrical hazards
- Water damage

- Pest concerns
- Unsafe storage practices
- Security concerns

Hazards identified during inspections shall be corrected promptly.

4. MAINTENANCE REQUIREMENTS

Facilities and equipment shall be maintained in good working condition.

Maintenance activities may include:

- Plumbing repairs
- Electrical maintenance
- HVAC maintenance
- Lighting repairs
- Appliance inspections
- Structural repairs
- Grounds maintenance
- Vehicle maintenance when applicable

Unsafe equipment or conditions shall be removed from service immediately when necessary.

FIRE & LIFE SAFETY

5. FIRE SAFETY REQUIREMENTS

All facilities shall maintain fire safety measures including:

- Fire extinguishers
- Smoke detectors
- Carbon monoxide detectors when applicable
- Fire alarm systems
- Accessible exits
- Evacuation routes
- Emergency lighting when applicable

Fire safety equipment shall be inspected and maintained according to applicable standards.

6. EMERGENCY EXITS

Emergency exits shall:

- Remain unobstructed
- Be clearly marked
- Remain accessible at all times
- Comply with fire and life safety requirements

Evacuation maps may be posted in designated locations.

7. FIRE DRILLS & EVACUATION EXERCISES

TDS Behavioral Health shall conduct periodic fire drills and emergency evacuation exercises as required.

Drills shall include:

- Staff response procedures
- Client evacuation procedures
- Accountability procedures
- Emergency communication practices

Drills shall be documented and reviewed for improvement opportunities.

SANITATION & CLEANLINESS

8. CLEANLINESS STANDARDS

Facilities shall be maintained in a clean and sanitary condition.

Cleaning procedures shall address:

- Bathrooms
- Kitchens
- Common areas

- Offices
- Client living areas when applicable
- Frequently touched surfaces
- Vehicles when applicable

Cleaning schedules may be maintained when appropriate.

9. INFECTION PREVENTION

Environmental practices shall support infection prevention through:

- Routine disinfection
- Safe waste disposal
- Hand hygiene supplies
- Proper food storage
- Laundry sanitation when applicable
- Bloodborne pathogen precautions

Infection prevention procedures shall comply with organizational infection control policies.

SECURITY & ACCESS CONTROL

10. FACILITY SECURITY

The organization shall maintain reasonable security measures designed to protect:

- Clients
- Staff
- Visitors
- Confidential information
- Medications
- Organizational property

Security measures may include:

- Controlled access areas
- Locks and key control
- Surveillance systems when appropriate
- Visitor procedures

- Exterior lighting
 - Emergency contact systems
-

11. VISITOR MANAGEMENT

Visitors shall comply with facility safety and confidentiality requirements.

The organization may restrict access to areas involving:

- Confidential information
 - Medication storage
 - Staff-only operations
 - Safety-sensitive activities
-

SAFE STORAGE REQUIREMENTS

12. SAFE STORAGE OF MATERIALS

Hazardous materials, cleaning supplies, medications, tools, and sharp objects shall be:

- Stored securely
- Properly labeled
- Accessible only to authorized individuals
- Maintained in accordance with safety standards

Unsafe or expired materials shall be removed appropriately.

13. FOOD & NUTRITIONAL SAFETY

Food storage and preparation areas shall comply with sanitation standards including:

- Proper food storage temperatures
- Expiration monitoring
- Clean preparation surfaces
- Pest prevention measures

Contaminated or expired food shall be discarded promptly.

TRAUMA-INFORMED & THERAPEUTIC ENVIRONMENTS

14. TRAUMA-INFORMED ENVIRONMENTAL DESIGN

Facilities should promote:

- Calm and welcoming environments
- Privacy
- Reduced noise and chaos
- Emotional safety
- Comfort and dignity
- Respectful interactions

Environmental conditions that may contribute to trauma or distress shall be minimized whenever possible.

VEHICLE & TRANSPORTATION SAFETY

15. VEHICLE SAFETY

Vehicles used by TDS Behavioral Health shall be:

- Maintained safely
- Clean and sanitary
- Inspected routinely
- Equipped with safety equipment when appropriate

Vehicle safety procedures shall comply with organizational transportation policies.

WORKPLACE SAFETY

16. EMPLOYEE SAFETY

TDS Behavioral Health shall maintain workplace safety practices including:

- Hazard reporting procedures
- Workplace violence prevention
- Safe lifting techniques
- Emergency response procedures
- Infection prevention
- Environmental hazard reduction

Employees shall report unsafe conditions immediately.

EMERGENCY PREPAREDNESS

17. EMERGENCY READINESS

Facilities shall maintain readiness for emergencies including:

- Severe weather
- Fire emergencies
- Power outages
- Flooding
- Active shooter situations
- Infectious disease outbreaks
- Utility failures

Emergency supplies and procedures shall be maintained when appropriate.

INCIDENT REPORTING

18. REPORTING SAFETY CONCERNS

Staff shall report:

- Unsafe conditions
- Injuries

- Environmental hazards
- Equipment failures
- Fire safety concerns
- Security concerns
- Infection control concerns

Reports shall be documented and addressed promptly.

STAFF TRAINING REQUIREMENTS

19. REQUIRED TRAINING

All workforce members shall receive training regarding:

- Facility safety procedures
- Fire safety
- Emergency evacuation
- Hazard reporting
- Infection prevention
- Environmental safety
- Workplace violence prevention
- OSHA safety standards

Training shall occur during orientation and annually thereafter.

QUALITY MANAGEMENT & MONITORING

20. QUALITY OVERSIGHT

Facility safety and environmental standards shall be monitored through:

- Environmental inspections
- Safety audits
- Fire drill reviews
- Incident trend analysis
- Infection prevention monitoring

- Maintenance reviews
- Risk assessments

Corrective action plans shall be implemented when deficiencies are identified.

CLIENT RIGHTS & PROTECTIONS

21. CLIENT RIGHTS

Facility operations shall support client rights including:

- Dignity and respect
- Privacy and confidentiality
- Safe living and treatment environments
- Freedom from abuse and neglect
- Trauma-informed care
- Accessible environments

Environmental restrictions shall not be punitive or discriminatory.

NON-RETALIATION

22. REPORTING SAFETY CONCERNS

Employees and clients reporting environmental safety concerns or hazardous conditions in good faith shall be protected from retaliation.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
- NC Medicaid requirements
- OSHA standards
- ADA requirements

TDS Behavioral Health
Policy & Procedure Manual
Community Behavioral Health & Supported Living Services

- Fire and life safety standards
 - Infection prevention standards
 - Behavioral health best practices
 - Organizational operational needs
-

REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Occupational Safety and Health Administration (OSHA)
- Americans with Disabilities Act (ADA)
- Fire & Life Safety Codes
- CDC Infection Prevention Guidelines
- Environmental Safety Standards
- Trauma-Informed Care Best Practices

19. CULTURAL COMPETENCY & TRAUMA-INFORMED CARE

19.1 Cultural Competency

Services shall be delivered in a culturally responsive manner.

19.2 Non-Discrimination

TDS Behavioral Health prohibits discrimination based on:

- Race
- Color
- Religion
- Sex
- National origin
- Disability
- Age
- Sexual orientation
- Gender identity

20. ETHICS, COMPLIANCE & FRAUD PREVENTION

20.1 Ethical Conduct

All staff shall adhere to ethical standards and professional conduct requirements.

20.2 Fraud Prevention

The organization prohibits:

- False claims
- Billing fraud
- Abuse or neglect
- Misrepresentation of services

20.3 Compliance Reporting

Employees shall report suspected compliance violations without fear of retaliation.

ETHICS, COMPLIANCE & FRAUD PREVENTION POLICY

TDS Behavioral Health

Policy Number:

ECFP-119

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Ethics, Compliance & Fraud Prevention Policy is to establish standards and procedures that promote ethical conduct, regulatory compliance, integrity, accountability, and prevention of fraud, waste, abuse, and misconduct within TDS Behavioral Health.

This policy is intended to:

- Promote ethical and lawful operations
- Ensure compliance with healthcare laws and regulations
- Prevent fraud, waste, and abuse
- Protect client rights and organizational integrity
- Promote accurate documentation and billing practices
- Encourage good-faith reporting of concerns
- Support a culture of accountability and transparency

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
- NC Medicaid requirements
- Federal healthcare fraud and abuse laws
- HIPAA regulations
- False Claims Act requirements
- Tailored Plan standards
- Corporate compliance standards
- Behavioral health best practices

POLICY

TDS Behavioral Health shall maintain a comprehensive Ethics, Compliance & Fraud Prevention Program designed to ensure all organizational activities are conducted lawfully, ethically, professionally, and in accordance with applicable regulations and standards.

The organization prohibits:

- Fraud
- Waste
- Abuse
- False claims
- Falsification of records
- Kickbacks
- Bribery
- Misrepresentation
- Retaliation against reporters
- Ethical misconduct
- Improper billing practices

All workforce members are responsible for maintaining ethical conduct and reporting suspected compliance concerns immediately.

DEFINITIONS

Compliance

Adherence to applicable laws, regulations, contracts, policies, ethical standards, and organizational requirements.

Fraud

Intentional deception or misrepresentation made to obtain unauthorized benefits, payments, services, or financial gain.

Waste

Overutilization or misuse of services or resources resulting in unnecessary costs.

Abuse

Practices inconsistent with accepted professional standards that may result in unnecessary costs, improper reimbursement, or harm.

False Claim

Knowingly submitting inaccurate, fraudulent, or misleading claims, documentation, or statements for payment or services.

ETHICAL STANDARDS

1. ORGANIZATIONAL ETHICS

TDS Behavioral Health shall conduct all operations with:

- Integrity
- Honesty
- Accountability
- Professionalism
- Respect
- Transparency

- Fairness
- Compliance with laws and regulations

All workforce members shall uphold ethical principles in all interactions involving clients, staff, vendors, regulators, payers, and the community.

2. PROFESSIONAL CONDUCT

Employees, contractors, volunteers, and affiliated personnel shall:

- Maintain professional boundaries
- Protect client confidentiality
- Avoid conflicts of interest
- Provide truthful documentation
- Conduct services ethically
- Report concerns appropriately
- Follow organizational policies
- Treat clients with dignity and respect

Unethical or dishonest conduct is prohibited.

CORPORATE COMPLIANCE PROGRAM

3. COMPLIANCE OVERSIGHT

TDS Behavioral Health shall maintain a Corporate Compliance Program that may include:

- Compliance Officer or designee
- Compliance monitoring activities
- Internal auditing
- Staff training
- Risk assessments
- Corrective action processes
- Reporting procedures
- Fraud prevention activities

Leadership shall support and enforce compliance efforts throughout the organization.

4. COMPLIANCE RESPONSIBILITIES

The Compliance Program shall promote:

- Accurate billing and claims submission
- Documentation integrity
- Regulatory adherence
- Ethical service delivery
- Prevention of fraud, waste, and abuse
- Prompt correction of identified issues
- Confidential reporting mechanisms

FRAUD, WASTE & ABUSE PREVENTION

5. PROHIBITED ACTIVITIES

The following activities are strictly prohibited:

- Billing for services not rendered
- Falsifying documentation
- Duplicate billing
- Upcoding or miscoding
- Altering records improperly
- Misrepresenting services
- Unauthorized use of Medicaid or payer funds
- Improper financial relationships
- Kickbacks or inducements
- Forgery
- Theft or embezzlement
- Misuse of organizational resources

Violations may result in disciplinary action, termination, repayment obligations, civil penalties, criminal prosecution, and reporting to regulatory authorities.

6. ACCURATE BILLING & DOCUMENTATION

All claims submitted for reimbursement shall be:

- Accurate
- Truthful
- Supported by documentation
- Consistent with services provided
- Medically necessary
- Compliant with payer requirements

Documentation shall accurately reflect:

- Date of service
 - Duration of service
 - Interventions provided
 - Client participation
 - Medical necessity
 - Staff identity and credentials
-

7. CONFLICTS OF INTEREST

Employees and contractors shall avoid conflicts of interest that may interfere with professional judgment or organizational integrity.

Potential conflicts may include:

- Financial interests
- Improper gifts
- Vendor relationships
- Personal gain from organizational activities
- Undisclosed business relationships

Potential conflicts shall be disclosed promptly to administration.

REPORTING COMPLIANCE CONCERNS

8. REPORTING OBLIGATIONS

All workforce members shall immediately report suspected:

- Fraud
- Waste

- Abuse
- False claims
- HIPAA violations
- Ethical misconduct
- Billing irregularities
- Client rights violations
- Retaliation
- Compliance concerns

Reports may be made to:

- Supervisors
- Administration
- Compliance Officer
- Human Resources
- Regulatory authorities when appropriate

Failure to report known violations may result in disciplinary action.

9. GOOD FAITH REPORTING & NON-RETALIATION

TDS Behavioral Health strictly prohibits retaliation against individuals who report concerns in good faith.

Protected activities include reporting:

- Fraud or abuse
- Ethical concerns
- Safety issues
- Compliance violations
- Discrimination or harassment
- Improper billing practices

Retaliation may result in disciplinary action up to and including termination.

INVESTIGATIONS & CORRECTIVE ACTION

10. INTERNAL INVESTIGATIONS

Compliance concerns shall be:

- Reviewed promptly
- Investigated appropriately
- Documented confidentially
- Addressed through corrective action when necessary

Investigations may include:

- Record reviews
- Interviews
- Billing audits
- Documentation audits
- Policy reviews

11. CORRECTIVE ACTION

Corrective action may include:

- Retraining
- Increased supervision
- Policy revisions
- Repayment of overpayments
- Disciplinary action
- Termination
- Self-reporting to authorities when required

Corrective action efforts shall be monitored for effectiveness.

EXCLUSION & SANCTION SCREENING

12. EXCLUSION CHECKS

TDS Behavioral Health shall screen applicable workforce members and contractors against:

- Office of Inspector General (OIG) exclusion lists

- Medicaid exclusion databases
- Other applicable sanction lists

Excluded individuals shall not provide reimbursable services.

HIPAA & CONFIDENTIALITY COMPLIANCE

13. CONFIDENTIALITY REQUIREMENTS

All workforce members shall comply with:

- HIPAA Privacy Rule
- HIPAA Security Rule
- Confidentiality laws
- Organizational privacy policies

Unauthorized access, disclosure, or misuse of protected information is prohibited.

TRAINING REQUIREMENTS

14. REQUIRED COMPLIANCE TRAINING

All workforce members shall receive compliance and ethics training during orientation and annually thereafter.

Training topics may include:

- Fraud, waste, and abuse prevention
- False Claims Act requirements
- Documentation standards
- Billing compliance
- HIPAA compliance
- Professional ethics
- Reporting procedures
- Conflict of interest standards
- Non-retaliation protections

Training completion shall be documented.

AUDITING & MONITORING

15. INTERNAL AUDITS

TDS Behavioral Health shall conduct periodic audits and monitoring activities including:

- Billing reviews
- Documentation audits
- Credential verification
- Incident trend analysis
- Quality assurance reviews
- HIPAA compliance reviews
- Financial monitoring

Auditing activities shall support early identification and correction of compliance risks.

CLIENT RIGHTS & ETHICAL PROTECTIONS

16. CLIENT RIGHTS

All compliance and ethical practices shall support:

- Client dignity and respect
- Privacy and confidentiality
- Freedom from exploitation
- Access to appropriate services
- Informed participation in care
- Protection from abuse and neglect

Clients shall not be retaliated against for reporting concerns.

RECORD RETENTION

17. RECORD MAINTENANCE

Compliance-related records shall be maintained in accordance with:

- Federal regulations
- State regulations
- NC Medicaid requirements
- Organizational retention schedules

Records involving investigations or audits shall be preserved appropriately.

QUALITY MANAGEMENT & COMPLIANCE OVERSIGHT

18. QUALITY & COMPLIANCE REVIEW

The organization shall monitor compliance efforts through:

- Internal audits
- Quality improvement activities
- Incident reviews
- Risk assessments
- Staff supervision
- Corrective action monitoring

Leadership shall review compliance findings regularly.

DISCIPLINARY ACTION

19. ENFORCEMENT

Violations of this policy may result in:

- Retraining
- Written warnings
- Suspension
- Termination
- Reporting to licensing boards
- Civil or criminal action
- Repayment obligations

Disciplinary action shall be consistent with organizational procedures and applicable laws.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - Federal fraud and abuse laws
 - HIPAA regulations
 - False Claims Act requirements
 - Tailored Plan standards
 - Accreditation standards
 - Organizational operational needs
-

REFERENCES

- Federal False Claims Act
- Anti-Kickback Statute
- HIPAA Privacy Rule
- HIPAA Security Rule
- NC Medicaid Clinical Coverage Policies
- NC DHHS Behavioral Health Regulations
- OIG Compliance Program Guidance
- Fraud, Waste & Abuse Prevention Standards

21. GRIEVANCES & APPEALS

21.1 Client Grievances

Clients may file grievances verbally or in writing.

21.2 Resolution Procedures

The organization shall:

- Investigate complaints promptly
- Provide written responses when required
- Protect clients from retaliation
- Document grievance outcomes

GRIEVANCES & APPEALS POLICY

TDS Behavioral Health

Policy Number:

GAP-120

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Grievances & Appeals Policy is to establish standards and procedures for receiving, reviewing, investigating, resolving, and responding to grievances, complaints, disputes, and appeals submitted by clients, guardians, families, staff, providers, or other

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stakeholders regarding services, treatment decisions, rights concerns, safety issues, or organizational operations at TDS Behavioral Health.

This policy is intended to:

- Protect client rights
- Promote fair and timely resolution of concerns
- Encourage open communication
- Ensure due process and procedural fairness
- Promote service quality and accountability
- Prevent retaliation
- Support regulatory compliance and continuous improvement

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
- NC Medicaid requirements
- Tailored Plan grievance and appeal standards
- HIPAA regulations
- Client rights regulations
- Behavioral health best practices

POLICY

TDS Behavioral Health shall maintain an accessible and fair process for individuals to submit grievances, complaints, and appeals without fear of retaliation.

All grievances and appeals shall be:

- Treated seriously
- Reviewed promptly
- Investigated fairly
- Addressed respectfully
- Resolved within applicable timeframes
- Documented appropriately
- Used to improve organizational quality and safety

Clients and stakeholders shall be informed of their rights to file grievances and appeals.

DEFINITIONS

Grievance

A verbal or written complaint regarding services, staff conduct, client rights, safety concerns, service quality, environmental concerns, or organizational practices.

Appeal

A formal request to review or reconsider a decision involving services, treatment recommendations, eligibility, restrictions, discharge decisions, or other adverse determinations.

Adverse Determination

A decision that negatively affects a client's access to services, supports, treatment, or benefits.

Retaliation

Any adverse action taken against an individual for filing a grievance, complaint, or appeal in good faith.

CLIENT RIGHTS

1. RIGHT TO FILE GRIEVANCES & APPEALS

Clients and stakeholders have the right to:

- File grievances or appeals verbally or in writing
- Receive assistance with filing grievances
- File grievances without intimidation or retaliation
- Receive fair and timely review of concerns
- Receive written responses when appropriate

- Appeal adverse decisions
- Access external review or regulatory agencies when applicable

The organization shall ensure grievance procedures are understandable and accessible.

2. NON-RETALIATION

TDS Behavioral Health strictly prohibits retaliation against any individual who:

- Files a grievance or appeal
- Reports safety concerns
- Reports abuse, neglect, or exploitation
- Participates in investigations
- Cooperates with regulatory agencies

Retaliation may result in disciplinary action up to and including termination.

GRIEVANCE PROCEDURES

3. GRIEVANCE SUBMISSION

Grievances may be submitted by:

- Clients
- Guardians
- Family members
- Advocates
- Staff
- Providers
- Community members
- Other stakeholders

Grievances may be submitted:

- Verbally
- In writing
- Electronically
- Through designated organizational representatives

Staff shall assist individuals who require help completing grievance procedures.

4. TYPES OF GRIEVANCES

Grievances may involve concerns related to:

- Client rights
 - Staff conduct
 - Service quality
 - Safety concerns
 - Discrimination
 - Confidentiality violations
 - Environmental conditions
 - Abuse or neglect allegations
 - Communication concerns
 - Access to services
 - Cultural concerns
 - Medication issues
 - Transportation concerns
 - Billing concerns
-

5. GRIEVANCE RESPONSE TIMEFRAMES

TDS Behavioral Health shall review grievances promptly.

The organization shall:

- Acknowledge receipt when appropriate
- Investigate concerns timely
- Provide responses within applicable timeframes
- Document actions taken

Urgent or safety-related grievances shall receive immediate attention.

APPEALS PROCEDURES

6. RIGHT TO APPEAL

Clients may appeal adverse determinations involving:

- Service denials
- Service reductions
- Discharge decisions
- Program restrictions
- Eligibility determinations
- Treatment decisions
- Behavioral restrictions when applicable

Appeals shall be reviewed fairly and objectively.

7. APPEAL REVIEW PROCESS

Appeals may include:

- Review of documentation
- Interviews
- Clinical consultation
- Administrative review
- Additional supporting information
- Reconsideration of decisions

Appeals shall be reviewed by qualified personnel not directly responsible for the original decision whenever possible.

8. WRITTEN APPEAL RESPONSES

Written appeal responses may include:

- Summary of findings
- Decision outcome
- Basis for decision
- Corrective actions when applicable
- Further appeal rights when applicable

Clients shall be informed of external appeal rights when required.

INVESTIGATION PROCEDURES

9. INVESTIGATION OF COMPLAINTS

Grievances and appeals requiring investigation shall be:

- Investigated promptly
- Reviewed objectively
- Documented appropriately
- Addressed confidentially

Investigations may include:

- Interviews
- Record reviews
- Incident reviews
- Policy review
- Environmental review
- Consultation with leadership or clinical staff

10. ABUSE, NEGLECT & SAFETY CONCERNS

Grievances involving:

- Abuse
- Neglect
- Exploitation
- Safety threats
- Rights violations

shall be addressed immediately and reported to appropriate authorities when required by law.

Protective measures shall be implemented when necessary to protect clients or staff.

ACCESSIBILITY & ASSISTANCE

11. ACCESSIBLE GRIEVANCE PROCESS

TDS Behavioral Health shall provide accommodations for individuals requiring assistance with grievance procedures including:

- Language interpretation
- Literacy assistance
- Communication accommodations
- Disability accommodations
- Support persons or advocates

Clients shall not be denied access to grievance procedures based on disability or communication barriers.

CONFIDENTIALITY

12. CONFIDENTIALITY OF GRIEVANCES

Grievances, appeals, investigations, and related records shall be maintained confidentially in accordance with:

- HIPAA regulations
- Confidentiality laws
- Organizational privacy policies

Information shall only be disclosed to authorized individuals as permitted or required by law.

DOCUMENTATION REQUIREMENTS

13. REQUIRED DOCUMENTATION

Documentation related to grievances and appeals may include:

- Complaint details
- Date received
- Individuals involved
- Investigation findings

- Actions taken
- Resolution status
- Appeal determinations
- Corrective actions
- Follow-up activities

Records shall be maintained securely.

STAFF RESPONSIBILITIES

14. STAFF RESPONSIBILITIES

Employees shall:

- Treat complainants respectfully
- Report grievances appropriately
- Cooperate with investigations
- Maintain confidentiality
- Protect clients from retaliation
- Support resolution efforts
- Follow organizational procedures

Failure to cooperate with grievance procedures may result in disciplinary action.

CLIENT EDUCATION

15. CLIENT NOTIFICATION

Clients shall receive information regarding grievance and appeal rights during:

- Admission
- Orientation to services
- Service planning when applicable

Grievance procedures may be posted or made available in accessible formats.

QUALITY MANAGEMENT & PERFORMANCE IMPROVEMENT

16. QUALITY REVIEW

Grievance and appeal data shall be reviewed to identify:

- Service quality concerns
- Safety trends
- Rights concerns
- Staff performance issues
- Policy improvement opportunities
- Training needs

Trend analysis shall support quality improvement and corrective action efforts.

17. CORRECTIVE ACTION

Corrective actions resulting from grievances or appeals may include:

- Staff retraining
- Policy revisions
- Increased supervision
- Environmental improvements
- Service modifications
- Disciplinary action when necessary

Corrective actions shall be monitored for effectiveness.

EXTERNAL REPORTING & RIGHTS

18. EXTERNAL REVIEW OPTIONS

Clients may contact external agencies when appropriate including:

- NC DHHS

- Tailored Plans
- Disability Rights organizations
- Licensing boards
- Adult Protective Services
- Medicaid Ombudsman programs
- Other regulatory authorities

The organization shall not interfere with external reporting rights.

STAFF TRAINING REQUIREMENTS

19. REQUIRED TRAINING

Staff shall receive training regarding:

- Client rights
- Grievance procedures
- Appeal procedures
- Non-retaliation protections
- Trauma-informed communication
- Documentation standards
- Confidentiality requirements

Training shall occur during orientation and annually thereafter.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - HIPAA regulations
 - Client rights regulations
 - Accreditation standards
 - Organizational operational needs
-

REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- Tailored Plan Grievance & Appeal Requirements
- HIPAA Privacy Rule
- Client Rights Regulations
- Trauma-Informed Care Standards
- Behavioral Health Quality Standards

22. CLIENT FINANCIAL PROTECTIONS

22.1 Financial Integrity

Clients shall not be improperly charged for covered services.

22.2 Medicaid Compliance

Billing practices shall comply with all NC Medicaid and managed care requirements.

CLIENT FINANCIAL PROTECTIONS POLICY

TDS Behavioral Health

Policy Number:

CFP-121

Effective Date:

May 21, 2026

Review Date:

Annually

Approved By:

TDS Behavioral Health Administration

PURPOSE

The purpose of this Client Financial Protections Policy is to establish standards and procedures for protecting clients from financial exploitation, improper billing practices, unauthorized financial activities, and misuse of client funds or resources within TDS Behavioral Health programs and services.

This policy is intended to:

- Protect client financial rights and resources
- Promote ethical financial practices
- Prevent fraud, abuse, exploitation, and financial misconduct
- Ensure transparency regarding fees and financial obligations
- Promote accountability in financial interactions
- Maintain compliance with applicable laws and regulations
- Support person-centered and trauma-informed care

This policy supports compliance with:

- North Carolina Department of Health and Human Services (NC DHHS) regulations
 - NC Medicaid requirements
 - Tailored Plan standards
 - HIPAA regulations
 - Adult protective services laws
 - Consumer protection standards
 - Behavioral health best practices
-

POLICY

TDS Behavioral Health shall protect clients from financial exploitation, coercion, fraud, abuse, theft, and unauthorized financial activity.

The organization prohibits:

- Misuse of client funds
- Unauthorized financial transactions
- Coercion involving client finances
- Financial exploitation
- Improper billing practices
- Theft or fraud
- Conflicts of interest involving client finances

Clients shall be treated with dignity, transparency, and fairness regarding all financial matters associated with services or supports.

DEFINITIONS

Financial Exploitation

The illegal or improper use of a client's funds, property, assets, benefits, or financial resources for another person's gain.

Client Funds

Money, financial benefits, property, valuables, or financial resources belonging to a client.

Unauthorized Financial Activity

Any financial transaction or use of client resources without informed consent or legal authorization.

CLIENT FINANCIAL RIGHTS

1. CLIENT FINANCIAL RIGHTS

Clients have the right to:

- Maintain control of personal finances whenever capable
- Receive information regarding fees and charges
- Be free from financial exploitation
- Access personal financial records when applicable
- Refuse unauthorized financial transactions
- Receive services without coercion related to finances
- File complaints regarding financial concerns without retaliation

Services shall support client independence and self-determination whenever possible.

2. INFORMED FINANCIAL DISCLOSURE

Clients shall receive clear information regarding:

- Service fees
- Billing practices
- Payment responsibilities
- Medicaid or insurance coverage
- Financial obligations
- Potential non-covered services when applicable

Financial information shall be explained in understandable language whenever possible.

PROHIBITED ACTIVITIES

3. PROHIBITED FINANCIAL CONDUCT

Employees, contractors, volunteers, and affiliates shall not:

- Borrow money from clients
- Accept inappropriate gifts or financial favors
- Use client funds for personal purposes
- Coerce clients into financial decisions
- Influence wills, inheritances, or financial documents improperly
- Conduct unauthorized banking transactions
- Possess client debit cards, checks, or financial instruments without authorization
- Commit theft, fraud, forgery, or financial manipulation

Violations may result in disciplinary action, termination, civil liability, or criminal reporting.

4. FINANCIAL EXPLOITATION PREVENTION

Staff shall actively protect clients from financial exploitation by:

- Monitoring for suspicious activity
- Reporting concerns immediately
- Maintaining professional boundaries
- Supporting informed decision-making
- Encouraging client autonomy
- Referring concerns to appropriate authorities when required

Special attention shall be given to vulnerable adults and individuals with impaired decision-making capacity.

CLIENT FUNDS & PROPERTY

5. HANDLING OF CLIENT FUNDS

TDS Behavioral Health generally discourages staff from handling client funds except when necessary and authorized.

When handling client funds is authorized:

- Activities shall be documented
- Receipts shall be maintained
- Transactions shall be transparent
- Appropriate supervisory oversight shall occur
- Dual verification may be required when appropriate

Client funds shall never be commingled with organizational or personal funds.

6. SAFEKEEPING OF CLIENT PROPERTY

If TDS Behavioral Health temporarily stores client valuables or property:

- Items shall be documented

- Secure storage shall be maintained
- Access shall be restricted
- Property inventories may be completed

Clients shall receive documentation of stored property when appropriate.

BILLING & PAYMENT PRACTICES

7. ACCURATE BILLING

All billing activities shall be:

- Accurate
- Truthful
- Supported by documentation
- Consistent with services rendered
- Compliant with payer requirements

Clients shall not be billed improperly or deceptively.

8. MEDICAID & INSURANCE COMPLIANCE

The organization shall comply with all applicable Medicaid, insurance, and payer requirements regarding:

- Covered services
- Copayments
- Prior authorization
- Billing practices
- Financial disclosures
- Claims submission

Fraudulent or misleading billing practices are prohibited.

9. NO COERCION FOR PAYMENT

Clients shall not be subjected to:

- Financial intimidation
- Coercion
- Threats regarding services
- Improper collection practices
- Retaliation for financial disputes

Financial discussions shall remain respectful and trauma-informed.

REPRESENTATIVE PAYEE & FINANCIAL ASSISTANCE

10. REPRESENTATIVE PAYEE ACTIVITIES

If TDS Behavioral Health or affiliated personnel serve in any representative payee or financial assistance role, such activities shall comply with:

- Federal requirements
- State laws
- Documentation standards
- Financial accountability requirements

Financial oversight and documentation shall be maintained appropriately.

11. ASSISTANCE WITH BENEFITS & RESOURCES

Staff may assist clients with accessing:

- Medicaid benefits
- SSI/SSDI
- Housing resources
- Community financial resources
- Employment supports
- Food assistance programs

Assistance shall promote client empowerment and informed choice.

REPORTING & INVESTIGATION OF FINANCIAL CONCERNS

12. REPORTING REQUIREMENTS

Employees shall immediately report suspected:

- Financial exploitation
- Theft
- Fraud
- Unauthorized transactions
- Misuse of client property
- Billing irregularities
- Financial abuse

Reports may be made to:

- Supervisors
- Compliance Officer
- Adult Protective Services
- Law enforcement
- Regulatory agencies when required

13. INVESTIGATION OF FINANCIAL CONCERNS

Financial concerns shall be:

- Investigated promptly
- Documented appropriately
- Addressed confidentially
- Reviewed for corrective action

Protective measures shall be implemented when necessary to safeguard clients.

CLIENT EDUCATION & SUPPORT

14. FINANCIAL EDUCATION SUPPORT

When appropriate, staff may assist clients with developing skills related to:

- Budgeting
- Financial literacy
- Banking safety
- Fraud prevention awareness
- Independent financial management
- Resource navigation

Education shall support client independence and community integration.

CONFIDENTIALITY

15. FINANCIAL CONFIDENTIALITY

Financial information shall be maintained confidentially in accordance with:

- HIPAA regulations
- Confidentiality laws
- Consumer privacy protections
- Organizational privacy policies

Access to financial information shall be limited to authorized individuals.

STAFF TRAINING REQUIREMENTS

16. REQUIRED TRAINING

All workforce members shall receive training regarding:

- Financial exploitation prevention
- Professional boundaries
- Fraud prevention
- Billing compliance
- Mandatory reporting requirements

- Client rights
- Ethical financial conduct
- Documentation standards

Training shall occur during orientation and annually thereafter.

QUALITY MANAGEMENT & MONITORING

17. QUALITY OVERSIGHT

TDS Behavioral Health shall monitor financial protection practices through:

- Billing audits
- Compliance reviews
- Incident reviews
- Financial record monitoring
- Client complaint reviews
- Staff supervision
- Fraud prevention activities

Corrective action plans shall be implemented when deficiencies are identified.

CLIENT GRIEVANCES & APPEALS

18. FINANCIAL COMPLAINTS

Clients may file grievances or appeals regarding:

- Billing disputes
- Financial concerns
- Unauthorized charges
- Financial exploitation concerns
- Service payment issues

Complaints shall be reviewed fairly and without retaliation.

NON-RETALIATION

19. GOOD FAITH REPORTING

TDS Behavioral Health prohibits retaliation against individuals who report financial concerns, fraud, exploitation, or billing issues in good faith.

POLICY REVIEW & REVISION

This policy shall be reviewed annually and revised as necessary to maintain compliance with:

- NC DHHS regulations
 - NC Medicaid requirements
 - Consumer protection standards
 - Fraud prevention laws
 - HIPAA regulations
 - Tailored Plan standards
 - Behavioral health best practices
 - Organizational operational needs
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REFERENCES

- NC DHHS Behavioral Health Regulations
- NC Medicaid Clinical Coverage Policies
- HIPAA Privacy Rule
- Adult Protective Services Laws
- Fraud, Waste & Abuse Prevention Standards
- Consumer Financial Protection Standards
- Tailored Plan Requirements
- Professional Ethics Standards

23. CORPORATE COMPLIANCE PROGRAM

23.1 Compliance Officer

The organization shall designate a Compliance Officer responsible for:

- Monitoring compliance
- Staff education
- Investigations
- Regulatory reporting
- Auditing activities

23.2 Auditing & Monitoring

Routine internal audits shall evaluate:

- Documentation
 - Billing accuracy
 - Staff qualifications
 - Service delivery compliance
-

24. APPENDICES & FORMS

The following forms and tools shall be maintained and updated as necessary:

- Incident Report Form
- Medication Error Form
- Client Rights Acknowledgment
- HIPAA Confidentiality Agreement
- Emergency Contact Form
- Consent for Treatment
- Grievance Form
- Fire Drill Log
- Staff Training Checklist
- Quality Improvement Tracking Tool
- Emergency Preparedness Checklist
- Vehicle Inspection Form
- Infection Control Log

POLICY REVIEW & REVISION

This manual shall be reviewed annually and revised as necessary to ensure compliance with:

- North Carolina DHHS requirements
- NC Medicaid policies
- Tailored Plan requirements
- Federal behavioral health regulations
- Accreditation standards
- Organizational operational needs

Approved By: TDS Behavioral Health Administration

Effective Date: May 21, 2026