

Specialty Products & Services, Inc.  
Specialty Administration, LLC  
The Grove Activity Centers



Administrative Manual  
(Policies and Procedures)



President  
Mr. Matt Worley

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This Manual Applies to all Entities Within Specialty  
Products and Services, Inc.'s Organization.

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## INTRODUCTIONS TO OUR AGENCY

Welcome to Specialty Products & Services, Inc. (SPS) Our agency was incorporated in December 1994. At that time, we provided employment and community supports through a contract with the Department of Mental Health (DMH), Division of Development Disabilities (DDD). Today we have contracts with DDD, the Department of Health and Senior Services (DHSS), and Division of Social Services/Children's Division (DSS/CD). Specialized services are provided to over 100 individuals of all ages in Bloomfield, Dexter, Poplar Bluff, Essex, Puxico, Kennett, Sikeston, and other communities in the area. Dexter serves as the home office. We pride ourselves on our reputation as having a commitment to individual choice, safety, health, and our unparalleled willingness to work with challenged individuals. We place emphasis on quality over quantity. Honesty and flexibility are among our most valuable characteristics. Our agency provides services in several counties in Southeast Missouri. Those services consist of the following:

### **Placement Services**

Individualized Supported Living (ISL)  
Shared Living (Host Home)

### **Non-Placement Services**

Personal Assistant (PA)  
Community Networking  
Day Habilitation Services  
Employment Services  
Behavior Services  
Support Broker Services

## OUR PHILOSOPHY

Specialty Products & Services, Inc. provides the highest quality of services for all individuals. Each person is entitled to the same rights and privileges enjoyed by other citizens of the community. It is our responsibility to see that each individual is afforded every opportunity to reach and maintain his or her maximum level of independence. We use all available resources and strive for acceptance in the community.

The end result is an environment chosen by each individual designed to promote growth and development, with the ultimate goal of each individual having the opportunity to choose his or her living environment.

## OUR MISSION STATEMENT

“Specializing Services for You”

We believe it is our mission to provide supports for individuals including necessary basic needs, safety, and health supports. We are committed to providing an environment that supports our agency's values of Honesty, Kindness, Respect and Patience.

We promote and empower individuals to make informed responsible choices in an atmosphere of caring, acceptance, dignity and respect while upholding their right to:

- Be free to make decisions and choices.
- Be an integral member of their community.

We as staff members are teachers, role models and advocates for our consumers.

## **OUR TEAM**

(Specialty Products & Services, Inc. and Specialty Administration, LLC will be referred to as SPS for the remainder of this Document)

### **Members of Our Team**

- The Individuals we support.
- Parents, guardians, and interested family members.
- Matt Worley, Owner/Administrator
- Director of Operations
- RN
- Other Service Providers
- Degreed Professional Manager (DPM)
- Regional Office Case Managers and other staff members
- Support Staff
- Physicians and other specialists

**Chain of Command for Emergency Contacts; In the event of a life-threatening accident, illness, or event, call 911 immediately. Call others in the chain of command when time allows, and the consumer is stable or in the care of other professionals.**

- 911 if an emergency
- Nursing Team if a medical emergency
- Behavior Team if behavior issue
- DPM—List of Emergency Contacts in the Home
- Operations Manager
- President
- Operations Manager or President will contact the appropriate Guardians, Agencies

**\*\*\*A LIST OF EMERGENCY CONTACT PHONE NUMBERS ARE IN EACH HOME**

### **Organizational Chart and Job Description**

The office of SPS, maintains on file a current organizational chart, job description and salary ranges. Each employee's file will contain a signed copy of their job description.

## **OFFICE LOCATIONS AND HOURS**

The main office of SPS is located at 1203 County Road 431, Dexter, MO 63841. Office phone number is 573-624-9925. Our office is open from 8am-4:30pm Monday-Friday. Matt Worley, President, can be reached 24 hours a day at 573-820-0100, or Sarah Morgan, Director, at 573-820-0172. The telephone answering platform includes information on how to reach staff after business hours, nights, and weekends. SPS, has the capacity to provide services outside regular business hours. This includes weekends and holidays. The Department of Mental Health, DD and the Department of Health and Senior Services (DHSS) and Division of Social Services will be notified of changes in location, telephone and administrative or corporate status.

## **OFFICE CLOSURE**

The purpose is to ensure our closure policies are standardized and fair while still supporting the safety of consumers and staff during periods of severe weather and events.

### **SPS Offices**

The president will make the decision to close the office due to severe weather and any type of incident that puts employee health and welfare at risk. If the office is closed, employees will receive their full pay (8 hours per day) and benefits for the closed period. If the president makes the decision to open the office for all staff that are capable of reporting to work, all staff who do not report for work will be charged a personal day or eight hours will be deducted from their pay. Employees will not be allowed to work from their homes.

### **Grove/Work Crew**

The president will make the decision to close the Grove and to cancel the Work Crew due to severe weather and any type of incident that puts consumer and employee health and welfare at risk. If the office remains open, Grove and Employment staff have the option of working in consumer homes or other work opportunities provided by the president or director. If staff chooses not to work, they will be charged a personal day or eight hours will be deducted from their pay.

If the president makes the decision to close the office and the grove (to include the work crew), employees will receive their full pay and benefits for the period. The term "Employee" only refers to supervisors of the crew, all other employees will not be paid during closures.

# **RECORDS**

## **Privacy of and Access to Records**

Agency Records are maintained in a safe and secure location as determined by the agency's Privacy Officer and approved by the President of the agency, Matt Worley. No information will be released to any individual outside the consumer's treatment team without a signed release by the consumer and/or guardian. No employee information will be released by this agency without the written consent of the employee. Employee records will be maintained in a secure location and kept confidential and secure. Only the minimum necessary information will be released and reviewed by SPS, President Matt Worley.

All agency records will be maintained in a central location for the required amount of time dictated by the governing body. Department of Mental Health (MRDD) and Division of Health and Senior Services staff and/or representatives shall have access to pertinent documentation and records.

## **Consumer Records**

SPS consumer records will include all information required by regulation and departmental guidelines. All required documents will be stored in Therap.

## **Confidentiality**

Everything is confidential! All staff must follow strict rules and follow all laws and regulations about releasing consumer information. Every consumer has the right to confidentiality of information and records in accordance with federal and state law and regulation. A consumer must give their written approval before information is released. Training and supervision are required for staff, all of whom must fulfill the obligation of maintaining confidentiality of the client information to which they have access. Clients and families must be provided with information on confidentiality/security of information, their access to records, their rights to consent to the release of information, and any limitations on the confidentiality of information.

## **HIPAA**

HIPAA is personal health information (PHI) such as Name/Address, Employer, Names of Relatives, DOB/SSN, Telephone Number, Account Numbers, Occupation, Diagnosis, Treatment Services and Procedures and/or any other piece of data that can aid in identifying a consumer. More detailed information on HIPAA can be found in 9 CSR 10-5.220.

## **Disclosure of Confidential or HIPAA information**

Any request for confidential or PHI made to any member of the agency from any outside entity will be reported to the DPM and/or agency administration. The request will be forwarded to the guardian for consideration and approval. If the guardian approves, a "Release of Information (RFI)" form will be completed and signed by the

guardian and placed in the individual's file for future reference. The only staff that will fill out and submit an RFI to the guardian are the DPM, RN, Director or President. Only these individuals can release the information to the requesting entity once approval is acquired.

## **Breach of Information**

Any employee who becomes aware of or suspects a breach of confidential or HIPAA information has occurred will immediately report it to the chain of command as referenced on page 4 of this manual. All platforms utilized by the agency are secure, and only accessible by employees of the agency.

Breaches will most likely occur through staff error or negligence so staff MUST be vigilant about keeping agency electronics secure. This is achieved by ensuring login information is kept secure and not shared.

- Tablets in the homes that are used for documentation in Therap
- Computers in the offices used by agency administration

In addition to agency owned electronics, all staff owned electronics will be secured if used to access Therap. This is achieved by ensuring login information is always kept secure. Also, the following will not be utilized while staff are working with the individuals, and nothing will be "posted" about work, or the individuals served:

- Social media such as Facebook, Snapchat or any other social media platform
- No pictures or video will be taken at work on a phone or any other media device
- No audio will be recorded on any device while at work
- No information will be "posted" about work or the individuals served while the employee is off duty

## **Employee Records**

SPS employee records will be kept according to regulations and departmental guidelines, as well as Department of Labor regulations and guidelines. For personal information, it is the responsibility of the employee to ensure all information is current and accurate. Neither company will be held responsible for outdated or inaccurate information. Employee files will include but are not limited to:

- Signed and dated application
- Signed and dated orientation curriculum
- Date of hire
- Date of first consumer contact
- Documentation of two successful references checks.
- Signed and dated Employee Qualifications for Hire
- Signed copy of Code of Ethics
- Signed copy of Consumer's Bill of Rights
- Signed copy of Confidentiality Statement
- Documentation of EDL check performed before hire.
- Documentation of a Family Care Safety Registry check sent within two days of hire.
- Annual Performance evaluation including documentation of all training and certifications received. Documentation will include date and location of training,

trainer's name, training topics and number of hours of training and the employee's signature verifying that the training was received.

- Documentation of all training waivers.
- Documentation of all professional licenses or CNA certification.
- Documentation of worker's age and signed job description which includes a statement of qualification for the position.

## **Medicaid Fraud, Oversight and Reporting Requirements**

SPS continues to provide diligent oversight of our Medicaid billing program. Instituting electronic timesheets has improved billing management and has added to our clarity and accuracy. 13 CSR 70-3.030 and CSR 70-3.020 requires all providers to submit accurate claims, and it outlines the sanctions for false or fraudulent claims.

SPS employees are required to provide accurate timesheets in accordance with our current and future electronic timekeeping programs. If you know of any Specialty Products and Services staff that is committing timecard fraud, you are required to report it to Matt Worley, President of Specialty Products and Services.

Medicaid Fraud is defined as billing for an authorized service that is not being provided. Employees are considered liable if they make a fraudulent claim for payment or approval or if they knowingly make, use, or causes to be made or used, a false record or statement material to a false or fraudulent claim. If you know of any Specialty Products and Services staff that is committing Medicaid fraud, you are required to report it to Matt Worley, President of SPS.

Whistleblowers will be protected and shielded from notoriety, abuse and/or retaliation as much as possible. If a whistleblower feels their work environment has become hostile due to their protected status as a whistleblower, they must report it to Matt Worley immediately.

## **Establishing Transportation Zones (Day Hab only)**

Transportation zones will be established per the DD waiver manual and requested through the service coordinator (SC) based on the distance from the home of each individual to the Day Habilitation facility they attend. Authorization requests will be reviewed by the SC to ensure the requested code is correct.

## **Service Delivery/Billing**

SPS will bill for services provided as soon as possible, not to exceed 365 days from the date of service. Attendance Logs will be utilized to record services provided and turned into agency billing personnel monthly. The agency uses different quality assurance checks to ensure billing is accurate and correct before billing for services. Once these checks have taken place, agency billing personnel will bill for the services provided.

The agency security officer will ensure all necessary personnel maintain their access to the DMH billing system to ensure billing is able to be completed.

## **Variance Reporting**

The agency is responsible for Variance reporting for ISL services per regulation. The agency will record the hours served for each individual on a monthly basis. In the month of an individual's new plan year, the agency will complete the variance logs and reports, and report to MMAC for any hours under served, and through the RedCap portal for hours overserved.

## **Virtual Capabilities**

Virtual services will only be provided for certain authorizations, namely behavior services and employment services. If virtual platforms are used the provider will identify this on the attendance log so billing is coded correctly. It will also be recorded in the case note when virtual services are provided.

In addition, the agency has capabilities in place for consumers to receive virtual services from other providers through tablets that can be taken to the home, or through computer systems located in the agency offices, to include Service Monitoring.

## **Electronic Visit Verification (EVV)**

- Therap is the platform used for documentation and is compatible with the DMH aggregator. Case notes are automatically sent to the aggregator by Therap.
- In the event a staff has more to report in a case note than the aggregator allows, the additional information will be written on a Therap paper case note and stored securely with agency records.
- SPS quality assurance checks case notes daily, Mon-Fri, for presence, accuracy, and no duplication of services, while checking Sandata once a week to ensure visits are submitted timely.
- If it is discovered any fraudulent submission of data has been entered and submitted to the aggregator the agency will contact the business office of DMH to correct the billing. The agency will monitor to ensure the billing is corrected and follow up if necessary.
- Staff are trained to use the Therap system during orientation. Any staff using the EVV feature for PA services is further trained on the specifics of completing documentation to be compliant with Medicaid and the DMH aggregator.

## **DEFINITION OF MEDICAID PRINCIPLES (Appendix 1)**

### **DDD**

- Promoting Acceptance through Community Involvement:
  - Individuals are integral members of the community in which they live.
- Supporting and Promoting Relationships:
  - Having friends contributes to each individual/consumer's social well-being and promotes interdependence through a natural support network.
- Supporting and Promoting contribution:
  - Individuals/consumers give to and share in the community in which they live.
- Facilitating and Enhancing Communication:
  - Individuals/Consumers express ideas, feelings and desires through words, gestures, and body language to convey messages and respond to others in their environment.
- Facilitating Community Involvement through Positive Interaction:
  - Individuals behave in a manner which positively influences people and events in their surrounding environment.
- Promoting Self-Esteem through Positive Interaction:
  - Individuals have confidence and a sense of self-worth.
- Maximizing Choice and Decision-Making:
  - Individuals demonstrate preferences and select from a variety of options.
- Facilitating Empowerment:
  - Empowerment refers to the act of re-balancing the power relationship between the individual and others. Accomplishing this in an enabling manner results in individuals having the means and opportunity to be in more control of their lives.
- Person Centered Planning:
  - Person-centered planning is a process whereby the agency and individual agree upon a plan to attain their personal goals.
- Assuring Human Rights, Dignity and Respect:
  - Individuals have inherent rights. Individuals are perceived as having value or worth. Individuals are treated courteously and held in high esteem.
- Assuring Legal Rights:
  - Individuals are free to exercise those rights, which are established by law.
- Assuring and promoting Good Health:
  - Individuals are as free as possible from pain and disease.
- Assuring Individual Safety:
  - Individuals are free from harm, danger or injury.
- Promoting Well-Being, Comfort and Security:
  - Individuals enjoy life and are at ease physically and emotionally. Individuals are free from danger, fear and deprivation and have a sense of stability.

## **ABBREVIATIONS AND DEFINITIONS (Appendix 2)**

**DSP--Direct Support Professional**

**ISP--Individual's Support Plan-** Steps to teach individual's their goals.

**EDL--Employee Disqualification List**

**IEP--Individual's Education Plan**

**BSP--Behavior Support Plan-** Positive ways to help the people we support manage their difficult behaviors.

**DDD—Division of Developmental Disabilities**

**DMH--Department of Mental Health**

**DHSS--Department of Health and Senior Services**

**DPM—Degreed Professional Manager**

**FCSR--Family Care Safety Registry**

**HIPAA--Health Insurance Portability Accountability Act**

# Personnel Policy

## Introduction and Purpose

The following policies are informational for employees of our agency and act as a guideline for employees to follow. All of the following policies adhere to federal and state Department of Labor regulations, as well as requirements from DMH/DD, DHSS, and DFS/CD. All policies and procedures are reviewed on an annual basis.

## Salary

Salary will be based on the current salary scale for the position. Salary ranges for similar positions may vary with the level of job difficulty. Increases will be subject to the financial condition of the corporation and performance of the individual. Salary ranges will be compliant with Department of Labor laws and regulations and different employees may be on salary or hourly wages. This will be explained on an individual basis to the employee. Salary/wage information is confidential and not to be shared with other staff in the agency.

## Probationary Period

- The first 90 Days of employment are considered a probationary period. Probationary staff will receive all required training within 90 days of initial hire. Required training includes Abuse and Neglect, CPR, First Aide, Relational Training, Emergency Procedures and when applicable Level 1 Medication Administration. To successfully pass probation staff should demonstrate:
  - Good work attendance (doctor's note required during probationary period, 2 missed days in probationary period is subject to termination)
  - Performance of duties
  - Dependability
  - Ability to carry out personal plan objectives.
  - Attendance at required training

## Evaluation

Annual evaluations will be conducted 12 months after the date of hire and each year thereafter. Employees are subject to wage increases based on corporate ability and performance.

## Services to Family Members

Employees are prohibited from providing MOST services to family members as required by the Division of Health and Senior Services and the Department of Mental Health, Division of Intellectual and Developmental Disabilities.

## Staff Benefits

Specialty Products and Services offers the following benefits based on eligibility:

- Personal Time Off
- Health Care
- 401K

These benefits and others are described below in further detail.

## Personal Time Benefits

Full-time employees (40 hrs. per week) are eligible for personal time after 90 days of full-time employment. PTO is prorated based on the week of the year an employee is hired and awarded annually on January 1 every year thereafter.

Personal time is earned as follows:

- Upon hire PTO will be awarded based on a 40 hour per week schedule prorated by the number of weeks left in the calendar year.
- 80 hours per year will be awarded on January 1<sup>st</sup> of each full year during years 1 and 2.
- 120 hours of PTO will be awarded January 1<sup>st</sup> of year 3 and every year moving forward.

120 hours of personal time is the cap on accrued time. Personal time may be used to take off a full shift but charged in hourly increments to account for different lengths in shifts. Employees should request approval in advance from the DPM by completing the "Request for Time Off" form (minimum of 2 weeks notification). **It is the responsibility of the employee who is taking time off to get the completed form turned into the office. It is the employee's responsibility to contact other staff in their home to try and obtain coverage.** If coverage cannot be found within the home, staff will report to the DPM and get assistance with finding coverage. Personal time will be used for any scheduled time missed. After 40 hours of unexcused absences the employee will be counseled about attendance issues. An unexcused absence is any absence not scheduled 2 weeks ahead of time. The unused amounts of PTO will be paid out to employees on the last paycheck of the calendar year based on the agency's pay schedule. Any time missed after payout of the balance would have already been received by the employee if the employee had any balance remaining.

In the event of an agreed upon leave of absence, outside the scope of the Family and Medical Leave Act (FMLA), personal time for the affected year will be prorated. The formula will be # of hours to be earned divided by 52 weeks. Example is  $40\text{hrs}/52=.77$  hrs. per week missed. If 4 weeks are missed, 3.08 hours will be deducted from year-end earnings of 40 hours for a total of 36.92 hours earned. Upon termination of employment, employees will be paid for unused personal time, up to 80 hours, only when the employee has given proper notice, completed all exit requirements and leaves

in good standing. Personal time cannot be used to satisfy the two-week notice. If SPS terminates an employee with just cause, forfeiture of unused personal time will result.

## Holidays

Full-time employees (40 hours a week) are eligible for paid holidays, at regular pay, after completing initial **orientation**. Staff will be paid 8 hours for the holiday.

Staff scheduled to work who cancel **two days** before the holiday, the holiday, or **two days** after the holiday will not be eligible for holiday pay. Staff who are scheduled to work who cancel on the **weekend** (Saturday and Sunday) **following** Thanksgiving will not be eligible for holiday pay.

SPS will pay holidays as listed below:

New Year's Day	Memorial Day
Independence Day	Labor Day
Thanksgiving Day	Christmas Day

## Pay Period/Time Sheets

Employees will be paid every two weeks on Friday using direct deposit into the account of their choosing. All employees are issued a pay card if no other account is available to them. New employees will be issued a paper check until an account is identified, or the pay card can be activated. Initial account identification or changes to accounts used for direct deposit will be provided in writing. Changes to accounts for direct deposit will NOT be made without the proper form. The agency uses online platforms for time keeping, and also Electronic Visit Verification (EVV). Employees will be trained on the system and required to use it for clocking in and out of shifts. If mistakes are made using the EVV system, the employee is required to submit a written timesheet within 24 hours to provide the correct times worked so the agency can make corrections in the system. Timesheets turned in after 24 hours will cause the affected time to be processed on the pay period following receipt of the timesheet. Timesheets should be turned into the business office. Failure to turn timesheets into the office by this schedule will be considered a performance issue.

A schedule of pay days will be published annually. If pay day falls on a holiday, efforts will be made to pay on the last business day before the weekend.

SPS uses Sage HR to distribute paystubs to staff. In orientation all employees are setup and trained on how to use the app to obtain their paystubs. In the event a staff member does not have a smart phone to download the app, their paystub will be mailed. Staff are responsible for maintaining paystubs. A \$1.00 fee will be charged for each paystub beyond 2 requested to be re-printed for the employee.

## **Health Benefits**

SPS offers a health plan with the option to upgrade to full coverage health insurance. All employees will be briefed on the health plan during orientation and will fill out appropriate forms. An email will be sent with a link to enroll in the level of coverage employee chooses. Full-time employees are eligible for health benefits on the first day of the month following 60 days of employment. Deductions will be made from the employee's paycheck for their contribution to the premium. Employees who take long absences from work will be responsible for paying their portion of the insurance premiums during their absence. SPS requires a 30-day notice to cancel insurance coverage. In the event of employee termination, the employee will be given information to continue coverage if they choose. The company paid plan terminates at the end of the month following the last day of employment.

## **Workers' Compensation**

Personal injury suffered on the job will be covered by the provisions of the Workman's Compensation Act. When an injury occurs, it must be reported immediately to the assigned DPM. DPM is responsible for facilitating contact with HR. If the injury is serious, emergency medical treatment will be utilized. If the injury does not require emergency medical assistance, a written statement from the injured employee will be requested. The injury must be explained in detail. The injured employee will then be referred to a designated health care provider for a drug/alcohol test and treatment. Specialty Products & Services, Inc, will stay in close contact with the designated treating physician and insurance carrier and obtain medical condition regarding the health status and return to work. Employees designated "light duty" by a physician will be brought into the office to work in a capacity that adheres to their physician's order. Any activity outside those specified in this job description are prohibited unless approved by the administration. Participation in any unauthorized activities will be considered a performance issue and could result in the total or partial loss of benefits. Any questions regarding workers' compensation should be directed to Human Resources. ANY EMPLOYEE SEEKING TREATMENT FROM AN UNAUTHORIZED PROVIDER MAY BE SUBJECT TO RESPONSIBILITY OF PAYMENT OF MEDICAL BILLS. ANY POSITIVE DRUG TEST MAY EFFECT WORK COMP BENEFITS.

## **Dress Code**

Appropriate employee dress and grooming is in good taste, reflecting the professional image of Specialty Products & Services. The dress and grooming of employees convey the image of Specialty Products & Services and its employees, influencing how others respond to and judge SPS and its employees, as well as contributing to the work climate. Since it is impractical to list every possible dress and grooming issue, final decisions concerning what is acceptable are left up to the administrators. The guidelines will be reviewed periodically to ensure that they continue to reflect community expectations while permitting individual choices and recognizing acceptable current fashions. Employees dress and grooming:

- Shall not give administration reasons to believe that such dress or grooming will disrupt, interfere with, or disturb or distract from work activities.
- Shall not create a health or other hazard to the employees' safety or others.
- That the administration determines to distract from or interfere with the work performance may be prohibited.

Tattoos, body piercing, unusual hairstyles and inappropriate dress are examples of appearance issues that the SPS administrators may deem disruptive and inappropriate to the work environment. For safety purposes, the agency recommends all piercings be removed or replaced by "blanks" while at work. Decisions to wear such items will cause employees to forfeit work comp benefits if injuries occur as a result of wearing them. Certain ear lobe piercings (excessive number of piercings, large items hanging from the ear lobe, etc....) may be deemed as unsafe, inappropriate, and disruptive. Hair is to be clean and worn neatly. Bandanas, do-rags, cut off shirts, muscle shirts, spaghetti strap tops, tank tops, pajamas, or see through/mesh clothing are not allowed. Shirt/Top must be suitable length (leave no gap between shirt and pants/shorts when bent or reaching). Shorts need to be at or longer than mid-thigh. Jeans cannot have holes above the knee. Clothing with writing or pictures must be in good taste and appropriate to the work environment. Personal hygiene standards will be enforced.

### **Staff Call-In Policy and/or Absenteeism**

Support Staff are to contact their DPM immediately if they are unable to report to work. If an employee must call in for a missed shift, at least an 8-hour notice must be given. Failure to give notice will result in disciplinary action being taken. All employees will receive their allotment of personal time per year, according to their tenure to be used for that purpose. Once 40 hours of personal time has been utilized, doctor's excuses will be required for any additional absences due to illness or other medical conditions that cause an absence from work. Doctor's excuses will also be required for any prolonged absences due to illness or other medical conditions that cause an absence from work. Management will determine if emergency situations dictate, and the situation will be handled otherwise. The Family Medical Leave Act paperwork will be completed and filed for anyone who meets the criteria for prolonged absences. Any absence not scheduled 2 weeks in advance according to policy will be considered unexcused. Unexcused absences may result in written counseling and/or termination. **DO NOT DELAY IF YOU FEEL ILL. CALL IN AND DO NOT 'HOPE' YOU FEEL BETTER BY THE TIME YOUR SHIFT STARTS.** Actions such as this will be considered an unexcused absence. Unexcused absences will be cause for counseling and possible termination.

## **Termination of Employment and Disciplinary Guidelines**

All employees are “at will” and may be terminated at any time by the agency. An employee may also resign his or her employment at any time for any reason. An employee shall submit a written resignation giving a two-week notice, with all required work completed/corrected before departure, to leave in good standing. PTO cannot be used to satisfy the two-week notice. If SPS terminates an employee with just cause, forfeiture of unused PTO will result.

- Violation of an Individual/Consumer rights may result in immediate termination.
- Violation of the Employee Code of Conduct may result in immediate termination.
- Violation of medication administration or medication documentation errors may result in immediate termination.
- Extreme violations of any kind may result in termination. Administrative staff will determine if violations are considered extreme.

Consumption of alcoholic beverages, or use of drugs non-prescribed by a physician, is prohibited in the individuals’ home, while on duty, or prior to service delivery. Any staff coming to work under the influence or bringing alcohol/drugs into a home will be terminated. Specialty Products & Services, Inc., reserves the right to test staff for drug usage. Further information is located in the appendices at the end of the personnel policies section.

### **Efforts will be made to Disciplinary Guidelines:**

- Communication of failure to meet established criteria will be delivered as needed.
- Failure to meet the written standards for performance will result in written counseling per established standards.

Three (3) written counseling statements will result in consideration to termination as determined by the employee’s leadership team.

## **Staff Qualifications**

Direct Support Professional (DSP): All staff employed by SPS shall:

- Be at least 18 years of age
- Be able to read, write, and follow directions.
- Pass a background screening without any disqualifying offenses (to include any household members 18 and older in a shared living environment)
- Possess a high school diploma or GED certificate.
- Possess a valid driver license and dependable vehicle
- Possess liability insurance for the vehicle used for work
- Will sign and date the employee Qualifications for Hire form and will be placed in their file.
- Meet SPS Support Staff Job Description/Contract.

Additional qualifications are dependent on the position of the staff. Human Resources will cover the requirements and ensure a signed copy is in the personnel file of each staff.

## **EEOC Policy**

- SPS are an equal opportunity employer.
- We do not discriminate against recipients of services on the basis of race, color, religion, national origin, gender or gender identification, handicap, or age.
- We do not discriminate against any employee or applicant on the basis of race, color, religion, national origin, gender or gender identification, or otherwise handicapped status.
- We do not discriminate against any applicant or employee on the basis of that person's status as a disabled Vietnam-era veteran.
- We will notify the Department of Mental Health or the Division of Health and Senior Services immediately of any allegations, claims, disputes, or challenges made against us concerning the Americans with Disabilities Act.

## **Sexual Harassment Policy**

SPS will maintain an environment free of sexual harassment in order to make the workplace comfortable for all employees.

- All employees will take sexual harassment training during orientation and be retrained annually.
- No type of sexual harassment will be tolerated by the company.
- It is the responsibility of every employee to report instances of sexual harassment.
- Sexual harassment can affect a targeted individual, or a bystander.
- Anyone found to have committed sexual harassment will be terminated immediately.

## **Criminal Background Check/Family Care Safety Registry (FCSR)**

In accordance with 9 CSR 10.5.190 (5 & 7), and 630.170 RsMO, SPS will conduct background screenings on all employees and volunteers having direct contact with the consumers we support. Prior to January 1, 2002, background screening information was obtained through the State Highway Patrol.

Effective January 1, 2002, all new applicants for employment or volunteer positions shall be required to register with the Family Care Safety Registry (FCSR). Information contained with the registry includes screen by State Highway Patrol's criminal background records, DFS Child Abuse and Neglect Records, Division of Aging Employee Disqualifications List, and the Department of Mental Health Disqualification Registry, as well as childcare licensing records, foster parent and child-placing records and nursing home/residential care facility records.

To register with FCSR, the employee must:

- Complete a registration form, immediately upon application. The agency will register the candidate and request the background check. An individual is required to be registered one time.
- Sign and date registration form. The employee's signature authorizes the FCSR to conduct the background screening and to provide the information to the prospective employer for employment purposes.
- The date the report is received by the agency with no disqualifying offenses will be considered the hire date for the candidate to become an employee.
- Delayed responses from FCSR will be followed up weekly or as notices from FCSR dictate.
- SPS will run the FCSR on all employees annually to check for status changes.

SPS will use the Employer Background Screening Request Form to obtain screening information on employees registered with the FCSR. Background screening information is provided at no cost. The employer obtains the results of the screening online and keeps them on file for the duration of employment.

A person who has been found guilty of a crime against persons as identified in the 9CSR 10-5.190 will be disqualified from employment. Any person disqualified from employment under this rule may appeal to the DMH Exceptions Committee who may uphold the disqualification or grant the appeal subject to certain conditions per 9 CSR 10-5.210.

Registrants are notified in writing of the results that are recorded in the FCSR. Registrants are also notified each time a background screening request is made. The notification will include the name and address of the employer requesting background information, as well as the information that was given to the employer.

All information shall be maintained in the prospective employee's file in strictest confidence. Anyone who uses information obtained from the Registry for any purpose other than employment purposes is guilty of a Class B Misdemeanor.

Any person who appears on the Registry's Disqualification List will not be employed by Specialty Products & Services, Inc., and/or The Grove in any position that requires direct contact with people being supported.

### **Background Screening of Employees and Volunteers**

In accordance with 9 CSR 10-5190 and 630.170 RsMo, SPS will conduct background screening on all employees and volunteers having direct contact with the consumer we support.

SPS will initiate the criminal background screening through MO Highway Patrol, Department of Health and Senior Services and DMH (or Family Care Safety Registry); inquiries for all employees (including contracted), adult household members, relief/respite providers, volunteers, and student workers shall be within two working days of hire and prior to contact with individuals supported.

- SPS, will maintain a system for obtaining documentation of the criminal background screening in the file to demonstrate meeting the timeline criteria.
- Procedures for confidentiality of the background screening records.
- Guidelines for evaluating information received through the criminal record review, which establish a clear boundary between convictions that are excluded and those that would not be excluded.

SPS will conduct periodic updates and reviews of screenings to ensure their staff, volunteers, students, or members of the provider's household, are free of disqualifying crimes or adverse action.

### **BACKGROUND SCREENING CRITERIA**

1. In accordance with 9 CSR 10-5.190 (5&7) all new applicants for employment or volunteer positions involving contact with person supported shall be required to:
  - Sign a consent form authorizing a criminal record review with the highway patrol and a background check with the Department of Social Services to determine whether the employee is listed on the Division of Senior Services employment disqualification list (EDL).
  - Disclose his/her criminal history, including but not limited to any conviction or a plea of guilty to a misdemeanor or felony charge and any suspended imposition of sentence, and suspended execution of sentence or any period of probation or parole.
  - Disclose if she/he is listed on the EDL of Division of Aging.
2. The consent form for the criminal background check, Department of Health and Senior Services, and Department of Mental Health inquiries shall be initiated upon application for hire, prior to the employee, contracted worker, volunteer, relief/respite provider, or student worker having contact with residents, clients, or patients, and checked annually by the agency for updated information. The hire date will be the date the candidate's results are obtained with no disqualifying findings.

3. Where members of the provider's household, who have contact with people supported the same policy applies if that household member is 18 years or older. This does not apply to minor children in the household.

4. All information obtained shall be kept in the strictest confidence and shared only with those entities authorized.

5. Any criminal record review which excludes a person from service as outlined in 9 CSR 10-5.190 or whose name is on the EDL, will not be hired or immediately terminated if found on an annual check.

6. If a criminal record review excludes a family member as outlined in 9 CSR 10-5.190 or the family member is on the EDL, the person supported shall immediately be removed from the household.

**Supporting Documents: Appendix 1 Employee Code of Conduct/Ethics**

# TRAINING REQUIREMENTS

## Training Required by Department of Mental Health (CFR, CSR, RSMO)

1. All new employees will receive a minimum of 40 hours of classroom training which includes:
  - A. Required training from DMH (Relias is the platform utilized for all trainings):
    - Abuse & Neglect
    - OSHA/Infection Control (9 CSR 45-10.010(3)(D)1.I)
    - Confidentiality/HIPAA 9 CSR 45-5.010(3)(C)2.K
      - Confidentiality is simply discussing your consumer's private information, but not necessarily detailed
      - HIPAA is personal health information (PHI) such as; Name/Address, Employer, Names of Relatives, DOB/SSN, Telephone Number, Account Numbers, Occupation, Diagnosis, Treatment Services and Procedures and/or any other piece of data that can aid in identifying a consumer.
    - Consumer Rights/HCBS Compliance
    - Missouri Quality Outcomes
    - Positive Behavior Support (Relias platform)
    - Relational Training
    - Level 1 Medication Administration (when applicable)
    - 1<sup>st</sup> Aid and CPR
    - Event Notification
  - B. Company Required Training:
    - Policies and Procedures
    - Code of Conduct (Appendix 1)
    - Case Notes
    - Incident Reports
    - Other Documentation
  - C. Employment Services Training (in addition to the above)
    - 14 hours initial training in Relias
    - 6 hours OJT with qualified provider
    - 4 hours annual training in Relias
2. Certain trainings require annual recertification. Specialty Products & Services will schedule training sessions to ensure all employees are recertified. It is the employee's responsibility to attend. If an employee fails to attend the scheduled training recertification, they will be removed from the schedule and not allowed to return until attendance of an orientation can be scheduled. These circumstances are unpaid. The courses are as follows:
  - Abuse & Neglect
  - OSHA/Infection Control
  - Confidentiality/HIPAA
  - Consumer rights
  - Code of Conduct

3. The following courses are trained every two years for recertification:
  - Level 1 Medication Administration
  - 1<sup>st</sup> Aid and CPR

### **Individual Service Plan (ISP) Training**

All staff are trained in Missouri Quality Outcomes during orientation. Staff are also trained on ISPs in general in orientation. Once assigned to a home, all staff are required to **read, sign and date** the ISP of each individual they work with during their first shift in the home. This is completed with a digital time stamp in the Therap system. Each DPM will review with the staff at the first house meeting after the implementation of the ISP and answer/clarify any questions. This process will be repeated for any addendum, or annually when the new ISP is received. Specialized training, such as specialized diets and adaptive equipment, will be conducted by the agency RN initially when a new consumer begins receiving services, or when a new diet or piece of equipment is ordered by the physician. Information packets used for this training will be located in affected homes, and new staff will be trained by the DPM/RN on the diet/specialized equipment as they are hired. Training rosters will be kept in the agency RN's office for initial training, and new hires will sign and date the front of the training packet in the home on the date they are trained.

### **Staff & Consumer Relation**

Staff are expected to maintain a professional, friendly relationship with consumers. The relationship is based on employment and no contact with consumers will intentionally occur while employees are not scheduled to be at work, to include social media sites. This does not apply to staff filling open schedules or attending company functions, such as the annual Christmas party. Other events require approval, such as birthday parties for consumers that staff attend while not on the clock.

### **Drug/Alcohol Free Workplace**

SPS is a drug free, alcohol-free workplace. Staff are prohibited from being under the influence of drugs or alcohol, or from taking drugs or consuming alcohol while on duty. See Appendix 3 and 4 for details on this policy.

## **Documentation Requirements**

### **General Documentation**

SPS will provide documentation as outlined in the Missouri Code of State Regulations and Department of Mental Health and Division of Health and Senior Services regulations and guidelines. All documentation will meet the criteria as prescribed by these documents. It is the responsibility of the company to train staff on the proper

format for documentation, and it is the staff's responsibility to ensure the complete documentation as prescribed in their training and by the regulations. Agency staff will perform quality assurance on documentation to prevent accidental or intentional waste, fraud or abuse of services and funds. Any employee that observes or becomes aware of any such waste, fraud or abuse is required by law to report it to the agency leadership immediately. Any reporting individual will be protected, under law, from any adverse action resulting from reporting such acts. Employees proven to have committed intentional fraud will be terminated immediately, and the agency will report it to the proper authorities immediately. ALL DOCUMENTATION IS REQUIRED TO BE COMPLETED BEFORE THE STAFF'S SHIFT ENDS! If unintentional documentation errors are discovered, administration will contact the employee immediately, resolve the issue using other documentation, and staff are required to correct the documents. Documentation completion is a job duty, and completion/corrections will be made without pay due to already having been compensated for completion. Consistent documentation errors will result in disciplinary action or termination.

In the event documentation is not completed by an individual prior to termination, the agency will verify, through payroll records, who provided the services and administrative notes, and documentation will be entered to comply with Medicaid requirements.

### **Case Notes (ISP Data in Therap)**

All staff are required to complete case notes by the end of each shift for each person they support. Case notes give an accurate account of his/her state of wellness or illness, and the level of progress he/she is making toward outcomes. Care is taken to include all pertinent observations made about the person and/or their families and visitors. Support staff have the responsibility to complete documentation in an objective and accurate manner.

### **Case Notes Include**

- Name
- Date of Birth
- Date of case note
- Time of case note (time in and out of shift)
- Answers to all questions on the form
- Behaviors during shift (desirable or undesirable)
- Outcomes supported during shift
- Supporting notes in the notes field for anything listed above, or any other notable data that will assist the team in the treatment of the consumer.
- Staff signature (digital signature)
- Staff printed name
- Staff title (L1MA/DSP)

## Medication Charting

All medication charting will be completed according to the Level 1 Medication Aide training and guidelines. Charting will be completed using the Medication Administration Record (MAR) in Therap. If staff fail to complete the MAR correctly it could result in medication errors. For this reason, documentation errors are considered to be as severe as actual medication errors and are subject to disciplinary action.

## General Event Reports (GER)/Incident Reports (EMT in CIMOR) 9 CSR 10-5.206(2)(A)

GERs and incident reports will be completed when one of the EMT reportable categories is met. GERs are completed in Therap by the staff present, and EMTs will be completed by the DPM in CIMOR. The categories are:

- Allegations of abuse or neglect
- All of the following:
  - Emergency room visits
  - Non-scheduled hospitalizations
  - Death of a consumer
  - Med errors
  - Incidents of falls, observed or discovered
  - Use of emergency procedures (restraint)
- Events when emergency services are involved (police, fire department, or ambulance)
- All events that disrupt services (fire, natural disaster, etc.)
- Events of sexual conduct when it is alleged or suspected that one participant is not consenting.
- Any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted.
- All events where the consumer ingests a non-food item.
- All events that result in a need for an individual to receive lifesaving intervention, or medical/psychiatric emergency intervention.

All incidents that meet these criteria must be reported to the Regional Office within 24 hours of incident. Staff completing the GER will complete it before the end of the shift and will contact the DPM to inform them of the incident. The DPM will complete the EMT no later than the day following the incident. Failure to report an incident can result in disciplinary action.

Any incident resulting in allegations of abuse or neglect, injury, hospital visits (medical/psychiatric), use of emergency procedures, disruption of services, life threatening situations, or death will be reported to the President immediately. The President will contact the regional office and guardian.

All incidents and injuries of consumers shall be documented in the staff notes. GERS and communication will be completed as soon as possible following the incident. Support staff should use the following order in reporting an incident.

- DPM/President (will contact the following)
- Service Coordinator
- Guardian/Parent
- Law Officer, when needed

Any failure to report an incident from the categories above immediately will result in administrative action and possible termination of the employee.

There must be notification to the department for all events reportable involving the consumer as identified in regulation, 9 CSR 10-5.206 (2) (B).

### **Attendance Logs**

Attendance logs track the services provided to the consumers daily. Depending upon the service, it may be tracked in hours or may be tracked by the day. These logs must match all times listed on timesheets and case notes. Staff will be trained on attendance logs in orientation training and will be required to complete them daily and correctly.

### **Monthly Reviews/Implementation Strategies**

DPMs will use daily documentation from the month to complete a monthly review on each consumer. Monthly reviews will be completed by the 15<sup>th</sup> of the month, following the month reviewed. Guardians and Service Coordinators will receive Therap access, or copies will be emailed, or mailed by this date. If the 15<sup>th</sup> falls on a non-business day the reviews will be sent on the next business day. Monthly reviews will be summaries of services provided, and progress of consumers meeting their goals outlined in the ISP. Implementation Strategies will be in Therap in the ISP program under Teaching Methods. Those strategies will cover procedures put in place for staff and the agency to meet the goals and outcomes outlined in the ISP. The strategies will be created and written by the DPM. Implementation strategies are subject to change based on progress.

### **Other Documentation**

Other documentation will be filled out by staff no later than the end of each shift. Other documentation may vary among consumers for a variety of reasons. Staff will need to be aware of what forms are in the Therap system to be filled out electronically, and which ones are required to be filled out in paper version. Staff will be trained as part of their on-the-job training as to what documentation each consumer needs to have completed.

## **HIPAA/Confidentiality of Consumer Information**

As required by 9 CSR 45-5-010 (4) (E) 15, agency records will remain secure. Information about the individual will not be shared by any staff. All requests for information will be referred to agency administration for processing.

- Staff will not share any information about the individual with anyone outside the treatment team.
- Staff will ensure all individual records are secure. The Therap platform is a secure platform for storing digital records. Staff must ensure their login information is secure and not shared with anyone. Staff will report immediately if they believe there has been a breach of the system.
- HIPAA complaint platforms will be used for Virtual Delivery of Services (VDS).
- Any records on paper will be stored in the locked area where medication is stored.
- The agency will ensure any platform used for digital storage of records is secure.
- The agency will keep all paper records stored in a secure area of the office.

## **Employee Code of Conduct/Ethics (Appendix 1)**

- Use of the individual's property is prohibited. This includes food and drink consumption. Taking anything from the individual's home is prohibited.
- Uses of the individual's telephone for personal calls are not permitted except for emergency situations.
- Discussion of own or others personal problems, religious or political beliefs with individuals/consumer(s) is prohibited.
- Acceptances of gifts or tips from individuals/consumer(s) is not allowed.
- Employees' family and/or friends are not to have contact with the individual/s served. This includes at the individuals' home, or at the staff's home, or family/friends' homes.
- Consumption of alcohol or use of medicine and/or drugs for any purpose, other than medical, is prohibited in the individual's home, while on duty, or prior to service delivery.
- Smoking is not permitted in the individual/consumer's home. (Guideline for smoke breaks is 1 every 2-2 ½ hours, do not exceed this)
- Solicitation or acceptance of money or goods for personal gain from the individual/consumer(s) is prohibited. It is not allowable to purchase or sell any item from/to the individual/consumer, even at fair market value.
- Assuming control of the financial or personal affairs, or both, of the individual/consumer or of his/her estate including power of attorney, conservatorship or guardianship is not allowed.
- Committing any act of abuse, neglect, exploitation, violation of consumer rights and/or falsification of timesheets is prohibited and grounds for immediate dismissal. Any abuse, neglect, exploitation, and/or falsification of timesheets should be reported immediately to the Department of Mental Health or The Poplar Bluff Regional Office and/or The Elderly Abuse Hotline. "Whistleblowers" will be protected by the agency to prevent notoriety and/or retaliation from other employees.
- Staff will conduct no business activities on the premises of the individual's home other than those which are authorized by the department as consistent with the Health, Welfare and Safety of everyone with the integrity of the Agency's philosophy.
- Insubordination toward office staff, agency leadership or other team members will not be tolerated.
- Employee's personal electronics will not be used for personal reasons while at work, to include social media.
- No weapons or firearms will be carried while staff are providing services to individuals.

## **9 CSR 10-5.190 Background Screening Requirements (Appendix 2)**

*PURPOSE: This rule establishes background screening requirements for staff and certain volunteers, students, and members of a provider's household in any public or private facilities, community residential facilities, day programs, or specialized service operated, licensed, certified, accredited, in possession of deemed status, or funded by the Department of Mental Health.*

(1) Definitions. The following definitions apply to terms used in this rule:

- (A) DMH—the Missouri Department of Mental Health;
- (B) Members of the provider's household—persons age eighteen (18) or older whose permanent residence is the provider's household, or persons who visit the home on a frequent basis, or persons who spend the night in the home on a frequent basis such that direct, unsupervised contact with individuals served is likely to occur. For purposes of this rule, "frequent" means six (6) or more times over a rolling twelve- (12-) month period;
- (C) Natural supports—supports provided by a person of the individual's choice that assist him or her in achieving his or her goals and facilitate his or her integration into the community. Natural supports are provided by persons who are not paid staff of an agency but may be initiated, planned, and facilitated in partnership with an agency;
- (D) Staff (staff member, employee, personnel)—a paid employee or contractor providing services or supports on behalf of the agency on a full- or part-time basis who has contact with individuals served by the agency;
- (E) Student (student worker, student intern, practicum student)—a person who is not on the agency or provider payroll, but as part of his or her education or training has direct contact with individuals served;
- (F) Visitor—a family member, friend, clergy, or other person invited by the individual served; and
- (G) Volunteer—an unpaid person formally recognized by the agency to provide direct services or supports to individuals it serves.

(2) For the purposes of this rule, public or private facilities, community residential facilities, day programs, and specialized services (agencies) are divided into two (2) categories, as follows:

- (A) Category I. Agencies that are certified or licensed exclusively by the Department of Mental Health (DMH) or, although not certified or licensed, are funded by DMH. Specifically, this category includes:
  - 1. All agencies certified by DMH;
  - 2. Agencies that have contractual arrangements with DMH but are exempt from DMH's licensing and certification process due to accreditation or other reason; and
  - 3. Agencies that are licensed by DMH and do not have a license from another state agency; and

(B) Category II. Agencies that have a license or certificate from another state agency. Specifically, this category includes agencies licensed by the Children's Division or the Department of Health and Senior Services; also included are intermediate care facilities/for individuals with intellectual or developmental disabilities (ICF/IDD). Agencies included in Category II are subject to rules regarding criminal record review as promulgated by the state agency that licenses or certifies them and are not subject to sections (4) through (7) of this rule, however, all other sections of this rule apply.

(3) This rule applies to—

(A) Paid and unpaid staff and volunteers of the agency, including student workers; and

(B) For residential services, members of the provider's household, except children under the age of eighteen (18), who have contact with individuals served.

(4) Each agency defined under Category I above shall make the following inquiries for all new staff, volunteers, students, and members of the provider's household, where applicable:

(A) An inquiry with the Department of Health and Senior Services to determine whether the person having contact with individuals served is listed on the employee disqualification list of the Department of Social Services or the Department of Health and Senior Services;

(B) An inquiry with DMH to determine whether the person is on the DMH disqualification registry; and

(C) A criminal background check with the Missouri State Highway Patrol. The request for the background check does not require fingerprints and shall be in accordance with requirements of the Missouri State Highway Patrol under Chapter 43, RSMo. The agency may use a private investigatory agency to conduct this review.

(5) The criminal background check and inquiries required under section (4) of this rule shall be initiated within two (2) working days of hire for staff who will have contact with individuals served. The criminal background check and inquiries required under section (4) of this rule shall be initiated prior to a volunteer, student, or members of the provider's household having contact with individuals served, where applicable. A criminal background check is not required for visitors, persons providing natural supports, students, or other persons who are job shadowing and do not have unsupervised contact with individuals served, or volunteers who do not have unsupervised contact with individuals served.

(6) Each agency included under Category I above shall require all new applicants for employment, volunteer positions, students, and members of the provider's household, where applicable, who will have contact with individuals served to—

(A) Sign a consent form authorizing a criminal record review with the highway patrol, either directly through the patrol or through a private investigatory agency;

(B) Disclose his/her criminal history, including any conviction

or a plea of guilty to a misdemeanor or felony charge and any suspended imposition of sentence, any suspended execution of sentence, or any period of probation or parole; and

(C) Disclose if s/he is listed on the employee disqualification list of the Department of Social Services or the Department of Health and Senior Services, or the DMH disqualification registry.

(7) Each agency shall develop policies and procedures regarding the implementation of this rule and the disposition of information provided by the criminal record review. At a minimum the policies and procedures shall include:

(A) Procedures for obtaining the criminal record review;

(B) Procedures for confidentiality of records; and

(C) Guidelines for evaluating information received through the criminal record review which establish a clear boundary between convictions that by statute exclude an individual from service, and convictions that would not automatically exclude an individual.

(8) Offenses under section 630.170, RSMo, that disqualify a person from service are as follows:

(A) A person is disqualified from holding any position in the agency if that person—

1. Has been found guilty of or pleaded guilty to or *nolo contendere*, including having received a suspended imposition of sentence or suspended execution of sentence to any of the following offenses:

A. Abuse or neglect of an individual served as defined in section 630.155, RSMo;

B. Furnishing unfit food to an individual served as defined in section 630.160, RSMo; or

C. Vulnerable person abuse, as described in sections 565.210 to 565.214, RSMo, as those sections existed prior to January 1, 2017.

2. Is listed on the DMH disqualification registry; or

3. Is listed on the employee disqualification list of the Department of Health and Senior Services or Department of Social Services;

(B) A person who has been found guilty of or pleaded guilty to or *nolo contendere*, including having received a suspended imposition of sentence or suspended execution of sentence, to any of the offenses specified in section 630.170.2, RSMo, is disqualified from holding any position having contact with individuals served in the agency. For reference purposes, DMH maintains an updated list of disqualifying crimes under section 630.170, RSMo, at <http://dmh.mo.gov/about/employeeedisqualification/>.

1. A person who has been found guilty of or pleaded guilty or *nolo contendere*, including having received a suspended imposition of sentence or suspended execution of sentence, to a violation of section 577.010, RSMo or section 577.012, RSMo and who is alleged and found by the court to be an aggravated or chronic offender under section 577.023, RSMo, is disqualified from holding any position having contact with individuals

served in the agency if the person is hired by the agency after January 1, 2014.

(9) Any person disqualified from employment under this rule may request an exception from the DMH Exceptions Committee in accordance with 9 CSR 10-5.210 Exceptions Committee Procedures.

(A) The right to request an exception under this subsection does not apply to persons who are disqualified due to being listed on the employee disqualification registry of the Department of Social Services or Department of Health and Senior Services, nor does it apply under section 630.170.4, RSMo, to persons who are disqualified due to any offenses pursuant to the provisions of Chapter 566 or sections 565.020, 565.021, 568.020, 568.060, 569.025, as that section existed prior to January 1, 2017, or 574.080, RSMo. For reference purposes, DMH maintains an updated list of disqualifying crimes not eligible for exception under section 630.170.4, RSMo, at [http://dmh.mo.gov/about/employee disqualification/](http://dmh.mo.gov/about/employee%20disqualification/).

(10) For the purposes of this rule, a verdict of not guilty by reason of insanity (NGRI) is not *per se* disqualifying. A suspended imposition of sentence (SIS) or suspended execution of sentence (SES) is disqualifying.

(11) Any person who has committed a disqualifying crime as identified in section (8) of this rule, unless the person has received an exception from DMH, is not eligible for hire by an agency. However, the agency retains the discretionary authority to deny employment to persons who—

(A) Have committed crimes not identified as disqualifying;

(B) Have received an exception from the Exceptions Committee; or

(C) Have received a verdict of Not Guilty by Reason of Insanity.

*AUTHORITY: sections 630.170, 630.655, and 630.710, RSMo 2016, and section 192.2495, RSMo Supp. 2018.\* Emergency rule filed Aug. 15, 1997, effective Aug. 28, 1997, expired Feb. 26, 1998. Original rule filed Aug. 15, 1997, effective March 30, 1998. Amended: Filed Oct. 29, 1998, effective May 30, 1999. Amended: Filed Nov. 3, 2003, effective April 30, 2004. Amended: Filed March 29, 2004, effective Sept. 30, 2004. Amended: Filed Jan. 22, 2019, effective Aug. 30, 2019.*

*\*Original authority: 192.2495, RSMo 1996, amended 1997, 1998, 2003, 2014, 2016, 2018; 630.170, RSMo 1980, amended 1982, 1996, 1998, 2001, 2003; 630.655, RSMo 1980; and 630.710, RSMo 1980, amended 1996, 1998.*

## **DRUG FREE WORKPLACE POLICY (Appendix 3)**

### **Alcohol and Substance Abuse Policy**

1. **Introduction.**

Specialty Products and Services, Inc. (“the Company”) is committed to providing a safe, healthy, and productive workplace that is free from alcohol, unlawful drugs, or any other unlawful substance as classified under local, Missouri state, or federal laws while employees are working for the Company, whether on or off its premises. This policy also applies to the use of all the Company’s vehicles and equipment.

2. **Pre-Employment Drug Testing.**

All applicants for employment are subject to submitting to pre-hire drug testing once a conditional offer of employment has been made. To the extent permitted by law, the Company may condition employment offers on the successful completion and passing of a drug screening administered by a Missouri licensed independent testing facility of the Company’s choice.

3. **Reasonable Suspicion Testing.**

To the extent permitted by law, if the Company has a reasonable suspicion that an employee’s performance or behavior indicates that he or she is violating the Company’s alcohol and drug abuse policies, then the Company reserves the right to have the employee undergo drug and/or alcohol testing and/or an immediate medical evaluation to determine fitness for duty.

4. **Random Drug Testing.**

To the extent permitted by law, employees are subject to random drug testing, under the procedures described below in this policy. The Human Resources Department will schedule the testing.

5. **Post-Incident Testing.**

In accordance with applicable Missouri law, the Company may subject employees who violate the Company’s safety or security procedures or who are in work-related accidents to drug and alcohol testing. No injuries or property damage are necessary to require drug testing.

6. **Procedures for Drug Testing.**

The Company will refer the applicant or employee to an independent, National Institute on Drug Abuse (NIDA)-certified medical clinic or laboratory, which will administer the test. The Company will pay the cost of the test and reasonable transportation costs to the testing facility. The applicant or employee will have the opportunity to alert the clinic or laboratory personnel to any prescription or non-prescription drugs that he or she has taken that may affect the outcome of the test. All drug testing will be performed by urinalysis. Initial screening will be done by EMIT II. Positive results will be confirmed by gas chromatography / mass spectrometry.

The clinic or laboratory will inform the Company as to whether the applicant passed or failed the drug test.

7. **Confidentiality.**

The Company will treat all drug testing records as confidential as required by law. The Company will not disclose the results of the test without the employee’s consent or a court order.

8. **Consequences of a Positive Test.**

To the extent permitted by law, the Company will deny employment to any applicants who test positive for inappropriate drug use.

To the extent permitted by law, employees who test positive for inappropriate alcohol or drug use will be subject to discipline, up to and including termination.

9. **Consequences for Failing to Complete or Submit to the Test.**

To the extent permitted by law, the Company will deny employment to applicants who refuse to take the drug test or fail to complete it after it is assigned.

To the extent permitted by law, employees who refuse to take the drug test or fail to complete the test after it is assigned will be subject to discipline, up to and including termination.

10. **Consent to Drug Testing.**

Any applicant or employee subject to testing under this policy will be asked to sign a form acknowledging the procedures governing testing and consenting to (1) the collection of a urine sample for the purpose of determining the presence of alcohol or drugs, and (2) the release to the Company of medical information regarding the test results. To the extent permitted by law, refusal to sign the agreement and consent form, or to submit to the drug test, will result in the revocation of an applicant’s job offer, or will subject an employee to discipline, up to and including termination.

**ACKNOWLEDGEMENT**

I acknowledge that I have received and read the Company’s Drug Testing Policy. I understand it and will abide by it. I understand that this policy is not an employment contract and does not change my status as an at-will employee.

DO NOT SIGN THIS FORM—EXAMPLE ONLY

Dated: \_\_\_\_\_

Employee’s Signature \_\_\_\_\_

Employee’s Printed Name \_\_\_\_\_

# Drug and Alcohol Testing Authorization (Appendix 4)

**I HAVE READ AND UNDERSTAND:**

- 1. The Company reserves the right to conduct drug and/or alcohol tests on job applicants who have received a conditional offer of employment. To the extent permitted by law, the Company may revoke any such conditional offer of employment for job applicants who test positive for inappropriate drug use. I also understand that, to the extent permitted by law, the Company reserves the right to conduct drug and/or alcohol tests on employees, and that a positive result of such tests may subject employees to disciplinary action, up to and including termination.
- 2. **I UNDERSTAND** that the Company cannot compel me to give a specimen of urine, breath, blood, or saliva for the purpose of determining the presence of drugs or alcohol in my system.
- 3. **I ALSO UNDERSTAND** that if job applicants refuse to provide a specimen of urine, breath, blood, or saliva, or fail to cooperate with drug or alcohol tests, the Company will deny employment to them. I also understand that if employees refuse to provide a specimen of urine, breath, blood, or saliva, or fail to cooperate with drug or alcohol tests, employees may be subject to discipline, up to and including termination.
- 4. **I HEREBY AGREE**, by my signature below, to (1) voluntarily provide specimens for drug and/or alcohol testing when requested to do so by the Company, (2) further authorize the testing agency to disclose to the Company the results of those tests, and (3) comply with the Company’s Drug and Alcohol Testing Policy.
- 5. **I HEREBY RELEASE** the Company, all its affiliates, employees, agents, directors, officers, and other Company related parties, from any claims for damages, liability, costs, attorney’s fees, or other obligations relating to any drug testing, sample collection, use of test results, misinformation, disclosure, or incomplete samples to the maximum extent provided by law.

Dated: \_\_\_\_\_

Employee’s Signature \_\_\_\_\_

Employee’s Printed Name \_\_\_\_\_

DO NOT SIGN THIS FORM—EXAMPLE ONLY

## **CONSUMER POLICIES**

### **Introductions and Purpose:**

This section outlines the policies and procedures staff in the agency will follow when working with individuals in the services we provide. The following policies are in addition to all the aspects of training received by all DSPs during orientation.

### **Admission and Discharge**

Admission and discharge of consumers is the responsibility of the administrative team. The process is as follows:

1. Agency leadership team will meet to discuss the referral and determine if it is capable of providing services.
2. Agency President or Director will communicate the decision to the requesting entity.
3. Agency leadership will meet to discuss any individual whose services are ineffective and determine if discharge is in order.
4. If the outcome is to discharge the individual, the President or Director will communicate the decision to all on the treatment team and complete the Provider Notice Portal to give official notice to the division at [redcapdd.azurewebsites.net](http://redcapdd.azurewebsites.net) immediately. A minimum of a 30-day notice will be given.

All documents and information required for intake of an individual will be requested through the agency and/or provider currently providing care of the individual. DPMs and DSPs will identify any information not received or missing that is needed for the care and support of the individual. Upon discharge, the administrative team will ensure all documents necessary for the new provider are packaged and delivered in a timely manner to ensure continuity of care.

### **PATIENTS' RIGHTS-LIMITATIONS**

(CFR 441.301(C)(1) and 9 CSR 454-3.030)

1. 630.110.1 Except as provided in subsection 5 of this section, each person admitted to a residential facility or day program and each person admitted on a voluntary or involuntary basis to any mental health facility or mental health program where people are civilly detained pursuant to chapter 632, RSMo. Except to the extent that the head of the residential facility or day program determines that it is inconsistent with the person's therapeutic care, treatment, habilitation, or rehabilitation and the safety of other facility or program clients and public safety, shall be entitled to the following.

- To wear his own clothes and to keep and use his own personal possessions.
- To keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases.
- To communicate by sealed mail or otherwise with persons including agencies inside or outside the facility.
- To receive visitors of his own choosing at reasonable times.

- To have reasonable access to a telephone booth to make and receive confidential calls.
- To have access to his mental and medical records
- To have opportunities for physical exercise and outdoor recreation.
- To have reasonable, prompt access to current newspaper, magazines, and radio and television programming.

2. Any limitations imposed by the head of the residential facility or day program or his designee on the exercise of their rights enumerated in subsection 1 of this section by a patient, resident or client and the reasons for such limitations shall be documented in his clinical record. (CFR 441.301(C)(1) and 9 CSR 454-3.030)

3. Each patient, resident or client shall have an absolute right to receive visits from his attorney, physician or clergymen, in private, at reasonable times.

4. Notwithstanding any limitation authorized under this section on the right of communication, every patient, resident or client shall be entitled to communicate by sealed mail with the department, his legal counsel and with the court, if any, which has jurisdiction over the person.

5. Persons committed to a residential facility or day program operated, funded, or licensed by the department pursuant to section 552.040, RSMo, shall not be entitled to the rights enumerated in subdivisions (1,) (3) and (5) of subsection 1 of this section unless the heads of the residential facility or day program determines that these rights are necessary for the person's therapeutic care, treatment, habilitation, or rehabilitation. In exercising the discretion to grant any of the rights enumerated in subsection 1 of this section to a patient, resident or client, the head of the residential facility or day program shall consider the safety of the public.

## **Complaints & Grievances**

If you believe you have been physically or verbally abused or neglected, you may file a complaint with the person in charge of your agency, facility, or unit. An investigation of your complaint will be initiated immediately.

If you believe any of these rights have been violated, you may file a grievance with the person in charge of your agency, facility or unit. An impartial review of your grievance will be conducted. The means for an individual to file a grievance are:

- Report to the staff in the home who will report to the DPM
- Report to the DPM during a home visit
- Report to any agency staff in any environment
- Report to agency administration by phone or in person (staff will transport the individual to the office for in person reporting)
- Report to the service coordinator during service monitoring

In addition to filling a complaint or grievance with the person in charge of your agency, facility, or unit, you may mail a copy of your complaint or grievance to the client rights coordinator at:

Office of Constituent Services  
Department of Mental Health  
P.O. Box 687  
Jefferson City, Mo 65102

You may also direct your grievance or complaint of the Division Director of Comprehensive Psychiatric Services, Developmental Disabilities or Alcohol and Drug Abuse at the address listed above.

### **Patient's Entitlement-Administrative Review of Violations**

1. 630.115.1. Each patient, resident or client shall be entitled to the following without limitation:

- To humane care and treatment
- To the extent that the facilities, equipment and personnel are available to medical care and treatment in accordance with the highest standards accepted in medical practice
- To safe and sanitary housing
- To not participate in nontherapeutic labor
- To attend or not attend religious services
- To receive prompt evaluation and care, treatment, habilitation or rehabilitation about which he is informed insofar as he is capable of understanding
- To be treated with dignity as a human being
- To not be the subject of experimental research without his prior written and informed consent or that of his parent, if a minor, or his guardian; except that
- no involuntary patient shall be subject to experimental research, except as provided within this chapter.
- To decide not to participate or may withdraw from any research at any time for any reason
- To have access to consultation with a private physician at his own expense
- To be evaluated, treated or habilitated in the least restrictive environment
- To not be subjected to any hazardous treatment or surgical procedure unless his parent, if he is a minor, or his guardian consents; or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction.
- In the case of hazardous treatment or irreversible surgical procedures, to have, upon request, an impartial review prior to implementation, except in case of emergency procedure required for the preservation of his life.
- To a nourishing, well-balanced and varied diet
- To be free from verbal and physical abuse

2. Notwithstanding any other sections of this chapter, each patient, resident or client, shall have the right to an impartial administrative review of alleged violations of the rights assured under this chapter. The impartial administration review process shall be a mechanism for:

- Reporting alleged violations of rights assured under this chapter
- Investigating alleged violations of these rights
- Presenting patient, resident or client grievances on the record to a neutral decision maker.
- Requiring that the neutral decision maker issue findings of facts, conclusions and recommendations.

3. The impartial administrative review process shall be completed within a timely manner after the alleged violation is reported.

4. This impartial review process shall not apply to investigations of alleged patient, resident or client abuse or neglect constructed pursuant to section 630.167.

## **Limitation of Rights and Due Process**

9 CSR 45-5.010 SPS believes that an individual's rights are not limited except through legal proceedings such as guardianship or when the individual is posing immediate danger to themselves or others. If emergency limitations are imposed, an event report will be completed, and the agency will notify everyone on the team to obtain approval within 5 business days. If the team approves of the emergency restriction, or a non-emergency restriction, the following process will be followed. The agency will not, through policy or procedure or agency "rules", limit the rights of individuals without proper due process.

1. Any request to limit an individual's rights will be discussed and agreed upon by the individual's Planning Team. The Individual's planning Team will consist of but is not limited to:
  - The Individual
  - Family
  - Advocate for Individual (if appointed or requested)
  - Legal Guardian
  - Service Coordinator or Representative
  - Regional Office Staff
2. The agency will make every effort to make sure the individual is aware of the proposed limitation of their rights. The individual and/or legal guardian will be provided with advocacy information including:
  - DMH Client Rights Monitor number: 1-800-364-9687
  - MO Protection & Advocacy number: 1-800-392-8667
3. Staff members will be trained annually on individual rights.

4. A written proposal will be completed by the service coordinator explaining the decision of the Planning Team to limit the individual's rights, the reason for the proposed rights limitation(s), the length of time the rights are to be limited and what actions the person must demonstrate or eliminate in order to regain these rights. The service coordinators will then present the request to the Division's Due Process Committee for final approval and annual monitoring.
5. If the rights restriction is approved by the Regional Office Due Process Committee, the individual's Planning Team will develop a plan that outlines in detail the process that staff will use in restricting the individual's rights including the following:
  - What right(s) will be restricted
  - What behaviors are present that require the rights restriction
  - What positive behavior supports, or interventions are to be used prior to restricting rights
  - Who will implement the plan, train staff, etc.
  - How the individual's rights can be restored
6. All rights are to be re-established as soon as the individual has met the conditions identified in the Personal Plan. Individuals will be informed of their right to appeal the rights limitation by contacting their assigned service coordinator and/or the entities in paragraph 2 above.
7. In addition to monitoring the rights restrictions by the Regional Office Due Process Committee, the individual's rights limitation will be discussed and evaluated by Specialty Products & Services at least quarterly.
8. All consumers will be informed of their rights, and an annual rights packet will be signed and present in their chart. All individuals will be given information on how to make reports of grievances and/or abuse or neglect. They will also be informed that these reports will result in no retribution and can be made anonymously.
9. Rights restrictions will be reviewed annually by the planning team during the ISP meeting to determine if the restrictions continue to be necessary and to determine if the individual has achieved the restoration criteria to have the restriction removed. If the planning team determines the restriction is still needed the restrictions will be submitted to the Due Process Committee for review and approval for the upcoming plan.
10. Procedures for emergency limitations shall only be made jointly by the provider and the Regional Office.

\*\* If there is an emergency limitation imposed, there should be evidence that the planning team has convened within 5 (five) business days to complete the review of the limitation as identified in 9 CSR 45-5.010 (4) (A) 1.\*\*

**Consumer Feedback 9CSR 45-5.010 (4)(F) 3.**

Feedback from consumers and guardians will be obtained annually. Feedback about services and support will be discussed and documented during the meeting and a form will be kept on file in the individual's record. The feedback will consist of satisfaction or dissatisfaction of services and supports provided to the individual and any requested changes. (See Appendix 1)

**Reasonable and Prudent Parent Standard (RPPS)**

SPS will use the RPPS to ensure individuals with Children's Division are afforded the opportunities of any individual their age for full life and to ensure their rights are not hindered. Appendix 2.

## HCBS Policy

**Scope:** SPS ensures that people with disabilities have full access to and enjoy the benefits of community living through long-term services and supports in the most integrated settings of their choosing. SPS will present all information to the guardian, if applicable, and follow the guidance of the guardian and team to the provision of these rights.

SPS policies verify HCBS requirements are met of the 42 CFR 441.301 Federal HCBS Rule that was effective March 14, 2014.

### **Policy 1: ACCESS TO THE COMMUNITY (42 CFR 441.301(4)(i))**

SPS will ensure that all participants know about their community and are supported in making choices related to accessing the community, including: Accessing services provided at local businesses, recreational opportunities, types of transportation services available, local events and activities, churches, service/civic organizations, etc. Participants shall be supported in fully accessing and becoming a member of their community. For instance, if a participant wants to attend an event, staff will assist the participant in identifying what is needed for them to participate (money, transportation, assistance of staff/natural supports, accessibility of location, etc.) and help the participant to plan and make decisions, including considering provider agency and natural support options, available funds, etc. SPS will support participants in researching their community to identify how to find services, local events, groups, transportation routes, etc. and help identify options for participants to choose between. Participants will be encouraged and supported in becoming a contributing member of their community.

#### **Policy 1a:**

Staff will receive training to ensure they understand how to support Participants to learn about and access their community.

### **Policy 2: EMPLOYMENT (42 CFR 441.301(4)(i))**

SPS will ensure that all participants who wish to work are supported in doing so. Participants who are interested in beginning the process should talk with SPS or request a planning team meeting to discuss employment options. SPS will assist and/or engage in conversations with the planning team about employment service options. If participants obtain or have a job, SPS will support them, as needed, to accommodate their identified needs and help in their success.

#### **Policy 2a:**

Staff will receive training to ensure they understand and support all Participants to have the right to employment opportunities and how they can impact their success.

**Policy 3: MONEY MANAGEMENT /PERSONAL RESOURCES (42CFR 441.301(4)(i))**

SPS will support individuals in managing their own money and personal resources, whether they have a payee or are managing their own money. Participants shall control their own access to their money but may also request to have SPS help manage funds. If requested, SPS will help pay your bills, make deposits, budget for more expensive item, and help you to learn how to manage money. SPS will develop a system to account for and safeguard participant funds, including staff training. Participant funds will only be used by/for the participant.

**Policy 3a:**

Staff will receive training to ensure they understand the importance of participants having control of their own money and resources, how to provide support, and how to identify misuse of individual funds and property.

**Policy 4: COMMUNITY RESOURCES (4 CFR 441.301(4)(i))**

SPS will help educate and engage participants to seek their input on choices regarding their needs being met and accessing services in their community: such as, medical, behavioral, social and recreational activities, or other services that apply. SPS will encourage participants to make informed choices about where they get their services.

**Policy 4a:**

Staff will receive training to ensure they understand how to assist and support participants in accessing services in the community.

**Policy 5: CHOICE OF SETTINGS (42 CFR 441.301(4)(ii))**

SPS will help educate and engage participants and seek their input and discuss their preferences in activities, living arrangements, staff and if participants convey, they want services at other locations, SPS will assist. SPS will promote integration as participants without disabilities regarding living, learning, working, and enjoying life as others do in the community. SPS offers participants opportunities to change their services and express their concerns or ask questions regarding the services they receive.

**Policy 5a:**

Staff will receive training to ensure they understand how to support Participants with options for waiver services in settings other than with participants with disabilities.

**Policy 5b:**

Staff will receive training regarding how to support participants in modifying their services at their request and express their concerns or ask questions regarding the services they receive.

**Policy 6: RESTRICTIONS/MODIFICATIONS (42CFR 441.301(4)(ii)).**

Participants shall be in full control of their daily lives. No participants will have their rights restricted by SPS except if detailed in their ISP or BSP and approved by the planning team. Any modification or restriction of a “right” must meet the following requirements, be reviewed by the Due Process Committee and be documented in the ISP:

- Specific assessed need and justified,
- Positive interventions and supports used prior to any modifications,
- Less intrusive methods of meeting tried but did not work
- Clear description of the condition that is directly proportionate to the specific assessed need,
- Regular collection and review of data to measure the ongoing effectiveness,
- Informed consent of the participant,
- Assurance that interventions and supports will cause no harm to the participant.
- If a participant has a rights restriction indicated in his/her ISP, SPS will collaborate with the Support Coordinator and other providers to collect data, attempt alternative strategies, and work towards reinstating the restriction over time.
- External advocate and right to participate in the process.

**Policy 6a:**

Staff will receive training to ensure they understand how to support participants with restrictions/modifications and understand due process.

**Policy 7: PRIVACY (42CFR 441.301(4)(ii) and (42CFR 41.301(4)(iii))**

Participants have a right to privacy. All participants will have the opportunity to assist in the selection of a roommate/housemate. Participants will have privacy in their bedrooms. If participants share a bedroom, participants can request private space to meet with a visitor during day services. Staff will always knock before entering a person’s home, bedroom or bathroom. Extra effort will be made to ensure privacy in bedrooms and bathrooms except when assistance is needed and documented in the ISP. All participants will have input on the people with whom they live. If an issue arises between housemates, SPS will meet with participants and try to develop solutions. If a participant expresses to change housemates, SPS will assist in making alternate arrangements.

**Policy 7a:**

Staff will receive training to ensure they understand the importance of participant privacy and choice of roommate or housemate.

**Policy 8: HOUSING OPPORTUNITIES (42CFR 441.301(4)(ii))**

SPS will work with participants who have the desire to live in the least restrictive environment and will receive information on affordable housing. SPS will give a choice of housing options and of living arrangements. Participants will decide where they want to live, who lives with them and who they want to provide their supports. Individuals will be able to decorate their home any way they wish, within the limits of the landlord's lease agreement. Participants will have the opportunity to discuss with SPS and the support team during the Person-Centered Planning process regarding their waiver funding and resources available for housing.

**Policy 8a:**

Staff will receive training to ensure they understand the importance of participants have options available to choose their living arrangements.

**Policy 9: CODE OF CONDUCT (42CFR 441.301(4)(iii))**

SPS and all staff recognize the importance of treating participants with "dignity and respect". The following code of conduct applies to anyone employed by SPS:

- Protect Health & Safety: If SPS suspects a participant has experienced any abuse, neglect, exploitation, or maltreatment, our first duty is to protect the participant's health and safety. Staff must follow agency policy and criteria for reporting events.
- Compliance with laws: All staff will conduct business activities in compliance with all applicable laws and SPS policies. All staff are expected to take appropriate action against co-workers who violate laws or policies.

**Policy 9a:** Staff will receive training to ensure they understand the importance of treating participants with dignity and respect.

**Policy 10: GRIEVANCE POLICY (42CFR 441.301(4)(iii))**

Participants can talk to staff any time they are unhappy with staff or the services provided, and SPS will try to resolve the issue. SPS staff will help the participant contact their guardian or their case manager if needed. If the issues have not been resolved, participants or guardians can file a verbal or written grievance, which is a formal way of telling SPS that you are unhappy about something and asking for someone to help you with it. SPS will have the Division's complaint process and anonymous complaint information available for all participants and guardians.

In accordance with 9 CSR 45-5.010 (4) € 7:

- SPS staff will ensure all participants are made aware of how to file an internal grievance with SPS and with the department.
- SPS Director will respond to all grievances in a timely manner.

**Policy 10a:**

Staff will receive training to ensure they understand the importance of participants understanding their rights, grievance process and how to file an anonymous complaint.

**Policy 10b:**

Staff will receive training to ensure participants are coercion and restraint free.

**Policy 11: FREEDOM OF CHOICE (42CFR 441.301(4)(iv))**

SPS will support participants in their independent choices they make in their daily activities, how they spend their free time, but not limited to whom they interact, what activities they choose or where they are located. SPS will offer different options to participants so they may decide independently or with a guardian without any undue influence, and that is based on sufficient experience and knowledge, including exposure, awareness, interactions, and/or instructional opportunities, to ensure that the choice is made with adequate awareness of all the available alternatives to and consequences of options available.

**Policy 11a:**

Staff will receive training to ensure they understand the importance of participants' freedom of choice in making choices about how they spend their time, and independence in making their own informed decisions.

**Policy 12: VISITORS (42CFR 441.301(4)(iv))**

Participants are encouraged to invite family and friends to visit in the participant's home at any time. Visitors are allowed in common areas and the participant's bedroom, if the participant wishes to invite them.

**Policy 12a:**

Staff will receive training to ensure they understand how to support participants who invite family and friends to their home.

**Policy 13: SERVICES AND SUPPORTS (42CFR 441.301(4)(v))**

SPS will seek input on the participant's preferences in staff and/supports or the type of staff that are the best fit. If multiple participants and guardians request a small number of staff, SPS ensures participants have fair access to their preferred staff as available or appropriate. SPS will offer different options to participants so they may decide independently or with their guardian that is based on sufficient experience and

knowledge, including exposure, awareness, interactions, and/or instructional opportunities, to ensure that the choice is made with adequate awareness of all the available alternatives to and consequences of options available.

**Policy 13a:**

Staff will receive training to ensure they understand the importance and process to assist participants in having input with their support and services.

**Provider Owned and Controlled Residential Setting**

**Scope:** CMS views staff or employees of the provider owning the home to be provider owned and controlled. If there is a direct or indirect financial relationship between the provider and owner of the home would also be provider owned and controlled. Any modification/restrictions to a participant's ISP to the following HCBS requirements must document that Due Process was followed.

**Policy: 14: RENTAL AGREEMENT (42CFR 441.301(4)(vi)(A))**

SPS has participants that live in a home that is owned by SPS but has a legally enforceable agreement or lease that offers the same protection from eviction that tenants have under landlord-tenant law of the state, county, city, or other designated entity have available. Participants will learn how to express if they want to relocate or request new housing.

**Policy 15: PRIVACY (42CFR 441.301(4)(vi)(B))**

All participants will have privacy in their bedrooms; if participants share a bedroom, participants can request private space to meet with a visitor during day services. Staff will always knock before entering a person's home. Extra effort will be made to ensure privacy in bedrooms and bathrooms except when assistance is needed and documented in the ISP. All entrance doors to the residences will have locks, and all participants will be given a key or other access. Bedroom doors may also have locks and participants will be given a key or other access to their own bedroom door. Appropriate staff will have access to the entrance door and bedroom door keys but will always knock before entering.

**Policy 16: FREEDOM OF CHOICE (42CFR 441.301(4)(vi)(C)).**

SPS will offer participants activities that are individualized; Participants will have access to their food at any time; and choose their own schedule.

**Policy 17: VISITORS (42CFR 441.301(4)(vi)(D))**

Participants are encouraged to invite family and friends to visit in the participant's home at any time. Visitors are allowed in common areas and the participant's bedroom, if the participant wishes to invite them. SPS will advise guardians, if applicable, of the identities of any potential visitors, and will not restrict the participant's rights of visitors unless a court order or guardian places the restriction. If

the guardian places the restriction, it will be presented to the Due Process Committee for review.

**Policy 18: ACCESSIBILITY (42 CFR 441.301(4)(vi)(E))**

SPS will ensure that all participants have access to their home and community. Practical accommodations will be offered to allow for the participants to move about freely in their home.

**Policy 19: RESTRICTIONS/MODIFICATIONS (42CFR 441.301(4)(vi)(F)).**

No participants will have their rights restricted by SPS except if detailed in their ISP or BSP and approved by the planning team. Any modification or restriction of a right must meet the following requirements and be documented in the ISP and reviewed by the Due Process Committee:

- Specific assessed need and justified,
- Positive interventions and supports used prior to any modifications,
- Less intrusive methods of meeting goals tried but did not work,
- Clear description of the condition that is directly proportionate to the specific assessed need,
- Regular collection and review of data to measure the ongoing effectiveness,
- Informed consent of the participant,
- Assurance that interventions and supports will cause no harm to the participant.
- If a participant has a rights restriction indicated in his/her ISP, SPS will collaborate with the Support Coordinator and other providers to collect data, attempt alternative strategies, and work towards reinstating the restriction over time.

**Policy 19a:**

Staff will receive training to ensure they understand how to help participants with restrictions/modifications and understand the due process.

**Heightened Scrutiny Evidence (42 CFR 441.301(5)(v))**

1. The setting is located in, or adjacent to a publicly or privately owned facility that provides inpatient treatment.
  2. The setting is on the grounds of, or immediately adjacent to, a public institution.
  3. The setting has the effect of isolating participants receiving Medicaid-funded HCBS from the broader community of participants not receiving Medicaid-funded HCBS.
- Monitoring of HCBS compliance: Evidence based on the procedures set forth for SPS may and will be monitored by the Division. SPS will also implement a systematic quality review of their waiver settings as identified in the policies to show ongoing compliance of the Federal HCBS rule.

# CONSUMER SAFETY

## **Introduction and Purpose: 9 CSR 45.010(3)(D)2.K**

This section outlines procedures and policies to ensure consumer safety while providing services and support. It is the DSP's responsibility to learn and know these policies and procedures in the event of any emergency or situation that may arise that could jeopardize the safety of the individuals we serve.

**ALWAYS CALL 911 EMERGENCY SERVICES IN THE EVENT OF A LIFE-THREATENING EVENT.** If CPR is initiated, staff will continue until relieved by an EMT. Contact the chain of command as the condition of the consumer and time allow.

## **Promoting Well Being, Comfort & Security**

Definitions:

- Well-Being: Individuals/consumers are content
- Comfort: Individuals are not unduly worried. They generally enjoy life and are at ease physically and emotionally.
- Security: Individuals/consumers are free from danger, fear and deprivation. They have a sense of stability.

## **Assuring Individual Safety**

Definition:

- Individuals/consumers are free from harm, danger and injury.
  - It is the policy of Specialty Products and Services Inc., support staff shall remain with individual being supported at all times during the assigned shift of duty at the ISL.
- Should a personal emergency occur for the staff member during an assigned shift, the support staff will utilize Specialty Products and Services Inc., emergency chain of command and make sure arrangements are made so individuals are never left alone
- Always know, and follow, levels of supervision as outlined in the Individual Support Plan

## **Individual's Environment**

- The home, vehicles, and other environments utilized by residents are to be clean, safe, and well maintained.
- Temperature of the home will remain between 68-78 degrees.
- First Aid supplies will be maintained in the home.
- Emergency drills will be held routinely at various times to include all shifts.
- Fire-fighting equipment will be properly marked and easily accessible.
- Operating Smoke Detectors will be present in the home and checked routinely.

- Carbon monoxide detectors will be present if necessary (any utilization of gas in the home).
- Environmental safety inspections will be conducted by DPMs at least monthly. Home water temperatures will be checked at this time and recorded on the service monitoring form used for the inspection and kept in the home book. No water temperature will be over 120 degrees unless specified in the ISP.
- Safe and sanitary procedures will be practiced in all areas where food preparation and clean up takes place.

## **Emergency Chain of Command**

If there is a medical emergency:

- Call an ambulance if it is a life-or-death crisis.
- Call the RN consultant if you have a concern or it is a situation that could lead to serious problem:
  - Fever
  - Labored breathing
  - High Blood Pressure
  - Rapid Pulse
  - Dizziness
  - Etc... (any physical issue that is a concern or out of the ordinary)
- **Call the Nursing staff, Team Leader, DPM, Director or President (Matt Worley) if you are unsure or have a health question.**

## **Communicable Diseases**

Any staff that has been diagnosed with a communicable disease will not have contact with consumers until such time that they have been released by a Physician. Any communicable disease, other than common flu, identified by the agency in staff or consumers will be reported to the local health department or the Department of Health and Senior Services. Appendix 3 Pandemic Policy.

## **Plans, Drills and Staff Training**

Emergency Plans will be written and posted in every home. They will include:

- A Diagram of the home
- Evacuation routes for fire
- Locations to meet outside the home in case of fire
- Locations inside the home for tornadoes and earthquakes
- Locations of fuse boxes, water shut offs and gas shut offs in and around the home

Drills will be conducted to ensure staff and consumer knowledge of plans. Drills will be conducted as follows: (move to next page)

- ISLs will conduct a monthly emergency drill. Every third month, the drill will be a fire drill
- Group Home and Activity Center will conduct monthly fire drills, and monthly emergency drills (2 drills per month)
- All drills will be documented on provided forms, and kept in the home/facility book
- The following drills will be included:
  - Fire Drill
  - Tornado
  - Earthquake
  - Intruder
  - Medical Emergency (every 6 months)

Training with staff will include the following:

- Emergency procedure training in orientation
- Training specific to the home or facility during the initial on the job training
- Follow up training of the plans and various utility shut off locations and how to shut them off, or who to call.

### **Missing or Runaway Individual/Consumer(s)**

A person should be considered “missing or runaway” if they have been unaccounted for more than (15) minutes.

Our procedure:

- A staff member should be designated to attempt to locate the person within the facility and/or immediate grounds.
- If the search is unsuccessful the staff person should immediately notify the chain of command.
- The Administrator shall notify the appropriate Regional Office Service Coordinator or designee for further recommendations.
- The parent/guardian shall be notified as directed by Regional Office policy.
- The agency president and/or DPM shall notify the local law enforcement if the individual’s whereabouts cannot be determined within fifteen (15) minutes for assistance in locating the individual.

### **Seizure: Management/Assessment**

#### **Staff Procedures during Grand Mal Seizure Activity**

##### **Initial precautions**

- Call 911 immediately.
- Begin timing seizure activity immediately at onset of muscle involvement. (if possible, one staff person should note the time and call out each minute the seizure activity continues).
- Clear away all items that may cause injury to the person.

- Do not attempt to confine or restrain the person. If possible, assist the person to their side and put something soft under their head.
- Observe the person at all times, with special attention to: color of skin, lips, fingernail beds, breathing.
- If seizure activity ceases in five minutes or less and no breathing difficulties were noted, allow the person to rest as needed and document your observations in the individual's record. Follow any notification orders for length/frequency of seizure as per doctor's orders. For example: some Physicians may wish to be notified if an individual has two or more seizures in a 24-hour period.

### **Research Policy (9 CSR 45-5.010(3)(C)2.H)**

The people we support will not be used for any type of research, whether it is medical, psychological, programmatic, etc. unless approved by the individual or their legally responsible person and must be written in the ISP.

Any person wishing to do research involving individuals we support shall:

- Submit an Application from Research with Client (Form #8114; 9 CSR 60-1) to DMH's office of Planning and Quality Assurance
- Receive formal written approval from DMH prior to initiating the research project.
- Follow strict state and federal guidelines.
- Statement of compliance with state and federal regulations. Section 630.192 RSMo
- Individuals participating in a research program must have documentation of informed consent and that consent incorporated into the individual support plan. 9 CSR 45-3.030

### **Death of a Person**

In the event of the death of a consumer contact 911 and follow all directions, then the agency President as in any emergency situation. The president will immediately contact the Guardian and Regional Office contact person. The agency President will complete the EMT immediately and initiate the Mortality Review on the next business day. In the event of the death of a staff while on duty, contact 911 and then the agency President will be contacted. The President will contact guardians and Regional Office representatives for the consumers involved.

### **Medication Administration (9 CSR 45-5.010(3)(D)1.K-M)**

Only staff members that are providing IDD services and are trained and certified in Level 1 Medication Administration are allowed to administer medications as outlined in the individual's personal plan. Staff cannot administer medications without first completing medication class. All staff will follow procedures as instructed in the medication class.

- Medication will be administered according to the physician's order (PO) and recorded on the medication administration record (MAR).
- Staff will ensure they are following the most current PO.
  - POs will be sent to the physician for signature monthly by the RN.
  - Monthly POs will be uploaded to Therap to an appointment log dated for the 1<sup>st</sup> of the month.
  - The staff who attends any appointment with an individual is responsible for turning the PO into the agency nurse to be uploaded to Therap in the appointment log for the visit. This is to occur immediately following the appointment.
  - The staff who attends the visit will ensure the MAR is adjusted to reflect any medication changes resulting from the visit.
- Medication is received from the pharmacy every two weeks to ensure availability of prescribed medication. DPMs are responsible for ensuring all medication is present and that labels match the PO/MAR.
- Medication will be stored in a locked area within the home in lock boxes to ensure medications are double locked. Locked areas will be determined based upon what is available in the home.
- Any medication that has expired, discontinued, or needs to be disposed of will be turned into the agency RN for proper disposal. Proper disposal is achieved through placing the medication in a container with laundry detergent and coffee grounds and stirring the mixture until the medication is completely coated. Once this action is complete, the container and its contents can be disposed of in the garbage.
- Medication charting will be reviewed daily by agency quality assurance personnel.

## **Medication Errors**

Medication errors are taken seriously, as proper administration can be critical to the health and safety of the individuals. Medication errors are also a reportable event and must be reported per the procedure listed on page 25 of this manual. Immediate and correct reporting of all charting and administration errors is required of all employees. The procedure for reporting incidents will be followed:

Medication errors will be classified as follows:

Critical Medication: Psychotropic drug, seizure drug, etc.

Non-Critical: PRN, antibiotic, etc.

When in doubt of classification, assume it is critical until told otherwise. Termination of employment may result if Medication errors are not reported immediately. Disciplinary guidelines will be followed for medication errors and additional training as needed. The agency RN will contact physicians to consult about failures to give medications, or the refusal of the individual to take medications or treatments ordered

by the physician. The RN will contact Poison Control if the error was due to taking more than the prescribed amount or incorrect medications.

### **Self-Administration of Medications**

Staff will work with consumers to learn their medications and promote their ability to self-administer medication through a team developed plan to achieve this goal. Self-administration of medications shall be allowed as written in the individual's personal plan and as approved by the attending physician. Staff members supervising medication administered by the individual are responsible for:

- Tracking medications via documentation: medication sheet, and charting notes.
- Oversight of completing what is prescribed via physician's order. If the individual imposes an error from self-administration of their medication, that support staff on duty shall be required to follow the incident reporting policy.

### **Monitoring Medication Usage**

Drug Reactions:

- Side effects are undesirable actions of the drug that may accompany the desired effects.
- Allergic responses develop when the person is sensitive to the medication chemical nature; these are usually manifested by wheals or rashes and should be reported to a medical consultant promptly.
- Anaphylactic reactions are systemic or body-wide allergic reaction to medication that occur suddenly and are often fatal. Caregivers should be familiar with any food or drug allergies that a person has. These should be especially watchful when people are receiving therapy for an indication of allergic reactions.
- Drug tolerance occurs when the person's body has adapted the dosage of medication, thus requiring an adjustment for the desired drug effect to be maintained.
- Cumulative effects reflect the body's inability to excrete the medication from the system. The drug level remains high and additional dosage may cause a serious situation. Some medications cause urinary retention. It is the responsibility of the caregiver to know if that is a side effect of the medication a person is receiving and to monitor for any urinary problems.
- Drug interactions are the result of drugs reacting to each other in the body. Some drugs work with others making the action stronger and longer than physician desires.

### **Technique of Observation**

Vital signs are important for a record of baseline vital signs. Normal for an individual is documented routinely in order for the support to compare and determine when there is a problem. Vital signs will be taken as ordered by the physician.

# Abuse and Neglect

9 CSR 45-5.010(3)(C)2.G

SPS clearly prohibit employees from any acts of Abuse/Neglect toward the individuals we support. Definitions of abuse/neglect according to Federal and State laws are as follows:

1. **Neglect-** “Failure of an employee to provide reasonable or necessary services to maintain the physical and mental health of any consumer when that failure presents either imminent danger to the health, safety or welfare of a consumer or a substantial probability that death or serious physical injury would result. This would include, but is not limited to, failure to provide adequate supervision during an event in which one consumer causes serious injury to another consumer.”
  - a. The Key here is that injury or death does not have to occur for Class 1 to exist. If either could result, then it is Class 1 Neglect.
  - b. Each case must be considered independently. What is Class 1 for one person maybe Employee Misconduct for another.
  - c. Possible examples are:
    - Driving under the influence with an individual/consumer (s) in the vehicle
    - Non-use of seatbelts
    - Leaving a serious impaired individual without supervision
    - Failure to administer certain medications
2. **Employee Misconduct-** “Failure of an employee to provide reasonable and necessary services to a person according to the treatment, habilitation, or rehabilitation plan, if feasible, or according to acceptable standard of care.”
  - a. Acceptable standards of care are the key in this phrase. What does the average person expect from those paid to ensure that his/her treatment is completed as planned?
  - b. Some examples are:
    - Being dry
    - Comfortable
    - Having doctor’s orders followed, etc.
3. **Physical Abuse-** “An employee purposefully beating, striking, wounding, or injuring any consumer; In any manner whatsoever, an employee mistreating or maltreating a consumer in a brutal or inhumane manner; or an employee handling

a consumer with any more force than is reasonable for a consumer's proper control, treatment, or management.”

- a. When people argue they hit someone because of an unconscious reflex that doesn't hold water. When we hit someone due to reflex action, we do so because we seek to hurt them who have hurt us. So, it is really a conscious action/act. That reflex is learned behavior.
  - b. Physical abuse does not occur overnight. No one gets up in the morning and says, "I'm going to abuse someone today." Physical abuse is a process that occurs over a period of time. Signs and symptoms are there if people are being aware of the day-to-day interactions between staff and people being supported.
- In any manner whatsoever mistreating or maltreating a person in an inhumane manner.
  - a. Maltreating or mistreating may be exhibited in practice such as:
    - Standing someone in the corner
    - Placing pepper on an individual's tongue, because he/she sticks out their tongue at you/others.
    - Any other technique used for the purpose of "teaching a consumer/individual a lesson."
  - b. Withholding meals or making meals a condition of certain types of behavior also falls under this category.
- Handling a person with any more force than is reasonable or apparently necessary for a person's proper control, treatment, or management.
  - a. This applies to unauthorized restraints. Emergency restraint is allowed when the person's behavior threatens physical harm to himself or others. An injury is required in these instances. It is the agency's responsibility to decide if restraint is actually necessary.
  - b. When an employee puts their hands on a person with the intention of restricting a person's movement or actions, this constitutes a potential restraint situation. There is a fine line between guidance and mishandling.
- 4. Sexual Abuse-** "Any touching, directly or through clothing, of a consumer by an employee for sexual purpose or in a sexual manner. This includes, but is not limited to: 1. Kissing; 2. Touching of the genitals, buttocks or breast; 3. Causing a consumer to touch the employee for sexual purposes; 4. Promoting or observing for sexual purposes any activity or performance involving consumers including any play, motion picture, photography, dance, or other visual or written representation; 5. Failing to intervene or attempting to stop inappropriate sexual activity or performance between consumers."
  - a. Causing a person to touch the employee for sexual purposes.

- b. Promoting or observing for sexual purposes any activity or performance involving persons including any play, motion picture, photography, dance, or other visual or written representation.
- c. Failure to stop or prevent inappropriate sexual activity or performance between persons. The employee shall refer any questions as to whether an activity is inappropriate to the supervising professional, service coordinator, or the treatment team.
  - Areas of concern exist when sexual activity is occurring between two individuals whose function levels are very different.
  - Another area of concern occurs when individuals have been adjudicated by the court system as being incapacitated. The legal document of guardianships says a person is unable to make certain informed choices and to exercise certain rights.
  - Failure to report incidents of sexual exploitation between persons is considered sexual abuse. This includes rape, sodomy, and or other sexual activity whether the act occurred or was interrupted.

**5. Verbal Abuse-** “An employee making a threat of physical violence to a consumer, when such threats are made directly to a consumer or about a consumer in the presence of a consumer.”

- This is referring to a consumer/individual’s presence with profanity or in a demeaning, undignified or derogatory manner. It could also be writing something of this effect in the daily staffing notes. If verbal abuse is substantiated it is grounds for immediate dismissal.

**6. Misuse of Consumers Funds/Property-** “The misappropriation or conversion for any purpose of a consumer’s funds or property by an employee or employees with or without the consent of the consumer or the purchase of property or services from a consumer in which the purchase price substantially varies from the market value.”

- The conversion of a supported individual’s funds or property for another one’s benefit.

**\*\*\*These are all grounds for automatic dismissal!**

## **Mandated Reporting**

As an employee if you see, hear, or suspect abuse or neglect, you **MUST** report in accordance with agency policy and 9 Code of State Regulations 10-5.200!

Any such employee who has reasonable cause to believe that a consumer has been subjected to physical abuse, sexual abuse, misuse of funds/property, neglect, or verbal abuse while under the care of a residential care facility, day program or specialized service that is licensed, certified or funded by the department **shall immediately make a written complaint.**

## **Failure to Report**

- Any person required to report or cause a report to be made to the department who fails to do so within a reasonable time after the act of abuse or neglect is guilty of an infraction.

## **False Reporting**

- Any person who knowingly files a false report of abuse or neglect is guilty of a **class A misdemeanor.**
- Any person having a **prior conviction of filing false reports** and who subsequently files a false report of abuse or neglect pursuant to this section or section **565.188, RSMo,** is guilty of a **Class D felony RSMo 630.165**

7. Reporting and Protections- Any employee or consumer can contact the following numbers to report suspected abuse and/or neglect issues:

Poplar Bluff Satellite Office	573-840-9300
Division of Developmental Disabilities	573-751-4054
Department of Health & Senior Services	573-751-6400

Staff and/or consumers reporting incidents of abuse and neglect will be protected by the agency as mandated reporters from retaliation or harassment. Consumers will be protected by removing staff suspected of abuse or neglect from contact with the consumer while an investigation by a state agency is conducted.

## **BEHAVIOR MANAGEMENT POLICY**

9 CSR 45-3.090 Purpose: To identify the policy of this agency regarding the management of behavior of individuals served. This includes but is not limited to Behavior Crisis, and the use of restraints and time-outs.

The staff shall follow the behavior management policy as specified by the responsible regional office. If Individual support plans and/or behavior support plans use techniques that limit or restrict rights, the plan must be reviewed by the human rights committee of the responsible regional office. The individual and/or guardian must be informed of the rights issue and what the individual can do to get the rights restriction removed. The plans must include teaching strategies that will assist the individual to learn skills that will allow the fading of the restrictions and data collection regarding the continued need for the restriction and progress towards fading.

This agency adheres to the concept of ensuring the optimum development and adaptations of the individuals served. The modification of maladaptive behaviors which interfere with the individual's full realization of their potential shall be the focus of all personnel responsible for that individual's care and habitation.

- Behavior management procedure shall not be used as punishment for the convenience of staff, or as substitute for developmental activities.
- Corporal punishment, verbal abuse and emotional abuse are specifically prohibited.
- Seclusion is prohibited.
- Mechanical restraint is prohibited.
- PRN orders for behaviors modifying drugs will not be used.

### **Behavioral Crisis**

In an emergency where there is imminent danger of potential bodily harm to an individual or other person, support staff may use physical intervention to restrain an individual, using the following guidelines:

- It is applied in a manner that any reasonable person would use to save the life or limb of the person served in emergencies.
- Is applied no longer than necessary for the immediate danger to subside.
- It is reported to the President immediately.

Restraints used during crisis situations are to prevent loss of life or serious injury and may be applied by staff who are untrained in restraint techniques to ensure the safety of the consumer.

## **USE OF CHEMICAL RESTRAINTS**

SPS WILL NOT request nor administer any type of medication to act as a chemical restraint. Return of the individual to his/her home after chemical restraint will be protested by the agency if a physician attempts to do so.

In an emergency, the individual's physician may give an order for chemical restraint, but the order must be carried out by the physician or his/her designated representative. Staff will monitor the individual if they return to the home. When behavior necessitating chemical restraint occurs, the team will seek to hospitalize the individual while under the chemical restraints, and the support staff will request a review by the individual's interdisciplinary team to determine the need for a behavior support plan to respond to the behavior.

### **Crisis Intervention and Emergency Response**

Support staff will receive training as determined by the ISP. Crisis behavior is behavior that poses a threat to the individual or others in their environment. It is NOT "junk behavior" or other behavior that may be uncomfortable to staff or other individuals present. If behavior that poses threats to the individual or others, the "behavior rule" threshold has been reached and crisis interventions will be implemented. For immediately dangerous situations, law enforcement will be contacted to assist and ensure safety. If possible, staff will contact the DPM or behavior provider who will guide them through strategies to de-escalate the crisis. If a Safety Crisis Plan (CSP) or behavior support plan (BSP) is in place, the staff will utilize the strategies prescribed by the plan.

In the event a reactive strategy is used, the agency team will discuss the situation as part of the "At Risk" portion of the leadership meetings to determine factors leading to the incident and strategies to prevent crisis situations in the future. If an immediate need is identified, the team will meet immediately.

If the reactive strategy threshold is met per DD 4.300, the agency will contact the service coordinator (SC) or behavior provider to request a CSP. If the reactive strategy threshold is reached 3 consecutive quarters the agency will request referral to the behavioral support review committee through the SC.

### **Emergency Response Procedures**

**To ensure safety encourage the individual and any roommates to go to their room as private space to remain safe and calm down. If the individual in crisis refuses to go their room guide any roommates to a safe area until the crisis is over. For the individual in crisis staff should follow the BSP and/or CSP if one is in place.**

If no BSP or CSP is currently in place the following are the Support Staff should use the following order for contacting those who have the immediate need to know about emergencies or for incident reporting. Keep calling until all persons have been contacted. All necessary emergency telephone numbers will be posted in the home of each consumer, and a copy should be posted near the phone. Staff should call the following:

- DPM
- Director of Operations
- President

The following will be notified by the DPM or President:

- Regional Center Staff
- Guardian/Parents

If the individual we serve requires Emergency room treatment, call the persons on the list after admittance to emergency room.

A GER will be completed in Therap, and the DPM is responsible for completing an EMT in CIMOR within 24 hours of the incident.

Basics to remember:

- If possible, ignore behavior.
- Protect the person or others from the physical consequences of the behavior.
- Remove anyone who is in danger from the behavior from the area.
- Only when necessary, restrain the person during an episode of problem behavior.
- On-going, share cues with other staff that will produce non-problem behavior.
- Know and follow the Behavior Support Plan at all times.
- If injuries occur, take pictures of the injury immediately and bring them to the office. Use of cell phones for this purpose is acceptable. DO NOT email them or post them, bring the phone to the office to download the pictures onto agency computers.

### **Goals in the Midst of Crisis**

- Do no harm
- Avoid dangerous staff interactions
- Ensure adequate staff support and assistance
- Assist person to gain control as quickly as possible

# ASSURING AND PROMOTING GOOD HEALTH

## Infection Control/Contagious Disease Procedure

In the event that an individual is determined to have an infectious or contagious disease, SPS's Registered Nurse will consult with the physician to determine a plan of action. The Regional Office or DHSS will also be contacted as necessary. In the event of a pandemic, refer to Appendix 3 of this chapter. Infection control will be monitored by the DPM during home visits to ensure soap is present for hand washing and PPE such as gloves and masks are present for staff's use. In the event of a diagnosed infectious disease, the DPM will deliver all necessary supplies to the home for staff's use per CDC guidelines specific to the infection along with information about the infection and what precautions to take.

## Infection Control

In the event that any of the individuals we support is determined to have an infectious or contagious disease, the administrator shall immediately consult with the physician to determine a plan of action necessary to protect or treat the other individuals of the household. The administration shall follow the physician's recommendation in notifying the Department of Health and shall immediately notify the Poplar Bluff Regional Office. If the physician determines the individual requires isolation, SPS's administrator shall work with the Regional Office service coordinator in relocating an individual if necessary.

## Infection Control Techniques

Objective: To prevent and cope with infection within the home.

Infections may be spread by:

- Contact: Touching the infected site or contaminated object.
- Airborne: Contacting droplets from an infected person who sneezes.
- Common Vehicles: Dirty Needles
- Vectors: Insects (Lyme Disease)

1. Hands shall be washed before and after consumer contact. Wash hands during consumer care if consumer is soiled. Wash your hands with soap and water immediately after removing gloves. The wearing of gloves does not eliminate the necessity for hand washing. Hand washing is the most important and easiest method of controlling infection.

Hand washing as indicated:

- Before coming on duty.
- Before and after direct contact.
- Before and after performing any body functions such as: blowing your nose, serving food, and or passing medication to consumer. Staff will use and teach

residents these hand-washing precautions when preparing or serving food. The golden rule is you can never wash your hands too much!!!

Drooling:

- Remind consumers to wipe his/her mouths.
- Be sure counter tops and/or surfaces are wiped off after someone has drooled on them.

Coughing:

- Coughing is the main source of airborne diseases. Remind people to turn away and cover their mouth when coughing.

Eating Utensils:

- Dirty hands should never touch the eating section of the utensil.
- Clean hands should never touch the eating section of the utensil. This includes but not limited to bowls, spoons, prongs of fork, etc.

2. Wear disposable gloves when:

- Giving injections.
- Giving oral care.
- Bathing or cleaning peri area.
- Shaving with a razor, razor should not be shared.
- Cleaning up emesis, urine, or feces.
- Emptying bedpans, commodes, or urinals.
- Cleaning toilet fixtures.

3. In the event of eye or body contact with blood or other body substances:

- Irrigate the eye with water.
- Wash the exposed body part with soap and water.
- Notify the administrator and follow any additional instructions.

**\*\*\*\*Remember: Controlling infection is everyone's responsibility no matter where you work or what you do. Staff, people we support, and visitors, all play a part in preventing and controlling infections.**

## **Non-Public Water Supply**

All locations on non-Public Water Supplies (wells) will be tested annually through the county Health Department. Any issues found will be addressed. While addressing issues the agency will ensure potable drinking water is available for individuals at the location.

## **Driving Policy**

It is the responsibility of every employee to follow all state laws when operating a vehicle while in the course of conducting company business. All employees also need to have current car insurance at all times. Employees will need to provide a copy of the current car insurance to the office when needed.

### **Distracted Driving Policy**

In order to increase employee and consumer safety, and eliminate unnecessary risks behind the wheel, SPS has enacted a Distracted Driving Policy. We are committed to ending the epidemic of distracted driving, and have created the following rules, which apply to any employee operating a vehicle or using a cell phone while operating a personal vehicle:

- Company employees may not use a hand-held cell phone while operating a vehicle – whether the vehicle is in motion or stopped at a traffic light. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, and reading or responding to emails, instant messages, and text messages.
- If company employees need to use their phones, they must pull over safely to the side of the road or another safe location.

### **Seat Belt Usage Policy**

We value the lives and safety of our employees and consumers. Because it is estimated that seat belts reduce the risk of dying in a motor vehicle crash by 45 percent, our company has adopted the following policy concerning employee seat belt usage.

In addition to following all traffic regulations, all employees and their passengers are required to use a seat belt when traveling in any vehicle while in the course of conducting company business. The requirement applies to any employee regardless of whether the employee is compensated for the use of his/her vehicle.

The use of seat belts is to be considered a condition of employment with this company. Failure to abide by this state policy will be considered a breach of that condition of employment and subject the person in violation to disciplinary action, including suspension and possible termination.

## **Emergency Procedures**

In the event of a natural or man-made disaster, SPS will work with DMH and DHSS to provide continued services to individuals. Priority for services delivery will be based on client priority as identified by the DHSS Case Manager, the service plan, and the DMH Personal Plan.

Emergency plans are included in each person's home along with telephone numbers of parents, guardians or other relatives to contact in an emergency.

Staff are trained to remain at the home of persons requiring 24-hour care until relieved by their staff or family members.

In the case of an emergency or natural disaster when phones are not operational, DPMs will begin to visit the homes of each of their assigned clients, based on priority. The DPMs will report to the President and/or Director at the office of SPS as soon as all clients have been visited.

### **See the following for more Emergency Procedure information:**

Appendix 5 Transportation Emergencies

Appendix 6 Fire, Severe Storm, Tornado, Earthquake

Appendix 7 Earthquake Tips

# Individual/Guardian Feedback Form (Appendix 1)

Specialty Products & Services Inc. wants to ensure individual and guardian satisfaction as it pertains to services and supports provided to all individuals. This form serves as a tool to obtain this feedback. Our agency invites individuals and guardians to provide information to the agency, positive or negative, in order for us to improve our service offering by making adjustments to our operations or maintaining our procedures. This form will be presented to the individual/guardian on an annual basis.

- 1. Please take the opportunity to discuss any issues or concerns about services and supports in the space provided below.
- 2. The annual ISP meeting occurred on \_\_\_\_\_.
- 3. As the individual served, I am satisfied with the current services and support. YES/NO. (please circle one and provide feedback below to a “NO” answer)
- 5. As the guardian of the individual served, I am satisfied with the current services and support. YES/NO. (please circle one and provide feedback below to a “NO” answer)
- 4. Please provide feedback below:

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Individual Served: \_\_\_\_\_

Individual Signature/Date: \_\_\_\_\_

Guardian Signature/Date \_\_\_\_\_

## **REASONABLE AND PRUDENT PARENT STANDARD (Appendix 2)**

1. Federal law was created to ensure children in foster care receive as close to a normal experience in their lives as possible. Engaging in normal activities without interference from agencies promotes this ideal. Federal Law requires the designated state authority or authorities to:

- Develop a reasonable and prudent parent standard for the child's participation in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities.
- Apply this standard to any foster family home or childcare institution receiving funds under title IV part E.

2. Reasonable and Prudent Parent Standard (RPP). This standard is characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child.

3. Caregivers shall use the RPP guidelines when determining whether to allow a child in foster care or under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities such as:

- Day to Day and routine/typical caregiver decisions
- Extracurricular Clubs
- Sports
- Youth group activities
- Parties and sleepovers
- Outings with peers (including dating if appropriate)
- Vacations with the designate parent's family or other families
- School or camp field trips
- Summer and school break camps
- Boating
- Hunting
- Rock climbing
- Routine grooming or temporary changes of appearance

4. The following are instances or events that require discussion with the child's guardian, service coordinator and in some cases may require approval from the FST or court:

- Changes contrary to a child or family -specific order of the court
- Non-routine and non-emergency medical decisions
- Returning the child to the parent(s) or guardian(s) without court approval
- Changing the child's school
- Changing the child's religion
- International travel
- Permanent change(s) to child's appearance including, but not limited to, tattoos, piercings
- cosmetic surgery, or body modifications

- Decisions contrary to the current case plan and permanency goal

### **Event/Activity Considerations**

When RPPs make decisions regarding age or developmentally appropriate activities, the designee shall take into consideration:

- The child's age, maturity and developmental level
- The overall health and safety of the child
- Potential risk factors and appropriateness of the activity
- The best interests of the child
- Promoting, where safe and as appropriate, normal childhood experiences
- The current status of the case plan, including impending reunification.
- The health and safety of the placement provider(s) and their family
- The engagement level of the parent
- The interests and desires of the child; and other relevant factors based on the designated parent's knowledge of the child.

### **Requirements**

Providers must have at least one RPP designee; SPS requires that two are designated. Staff will keep updated information on who is assigned as their RPP to ensure that youth and professionals can quickly find their RPP. Decisions shall not be delayed due to administrative reasons.

RPP information will be available in eligible consumer charts. Required information is the SPS policy and the certification of designated staff.

RPP Designee will complete the two-hour block of instruction and will maintain a copy of their certification.

### **Host Homes**

Host Home Providers must be the appointed and certified RPP designee for each child supervised by Children's Services Division within their home. Appointment and certification are available through the assigned DPM. DPMs will serve as the backup for each child and the SPS President and Director of Operations will be appointed as emergency backups.

### **ISLs**

DPMs must be the appointed and certified RPP designee for each child supervised by Children's Services Division that reside in ISLs. The SPS President and Director of Operations will be appointed as the backup for each child.

## **Pandemic Emergency Plan (Appendix 3)**

This plan will guide Specialty Products & Services, Inc. on how to prepare, respond to, and recover from a pandemic event. The plan is intended to demonstrate necessary actions to be taken to address the challenges, and elements specific to a pandemic. The agency will use guidelines from the following to make decisions concerning operations during the pandemic, as well as educate staff and consumers on the virus/disease in general as well as measures for prevention, testing, reporting, quarantine practices and continued care practices for consumers:

- Center for Disease Control (CDC)
- Missouri Division of Health and Senior Services
- Missouri Department of Mental Health, Division of Developmental Disabilities
- Any other valid source of information for the current pandemic

### **Specialty Products & Services, Inc. (SPS) Assumptions:**

1. One pandemic/emergency will be different than others, and as a result, the issues that arise will vary situationally. The agency will be required to react based on guidance from local, state, and federal agencies and organizations while having a general state of preparedness in place as to not be completely unprepared.
2. SPS will maintain residential services and supports to individuals throughout the pandemic to ensure safety and health of the individual.
3. Service delivery may change resulting from guidelines, declarations, and state and federal mandates that affect the ability of the agency to provide services as normal. These decisions could also be made by outside agencies or families where individuals receiving services reside to ensure the safety of all residents/individuals and their family members as a request to discontinue services until such time as they feel it is safe to resume.
4. At some point during the pandemic, it may be necessary to shelter in place causing individuals to be restricted in activities and aspects of daily life. Aspects of daily life could include social gatherings, visitors, non-emergent medical appointments along with other normal activities of daily life. Alternative communication with family and friends such as Skype, Zoom, Face Time, or other means will be utilized as much as possible to keep contact with family and friends.
5. Alternate means of medical care using digital visit technology will be utilized to ensure the continued health of the individual. It is also assumed these restrictions will not require due process since they are mandated by governing authorities.
6. SPS will assume a significant impact to both individuals and staff; requiring plans to be created to continue the services necessary to ensure individual safety and health.

7. Communities will experience the shutdown of businesses, public areas (such as parks and churches) and supply chains that may make it difficult for purchasing and providing items necessary for daily life.
8. Individual residences will be under the same guidelines as all other community members and will shelter in place if ordered. Depending on restrictions, some homes may have to combine to allow for adequate staffing and supplies.

### **Mission Critical Functions**

The primary responsibility during a pandemic is to ensure the safety and well-being of the individuals and staff. SPS must ensure staff are available to provide residential services; processes are in place to minimize risk to staff and individuals as much as possible; and provide relief to staff working in all individual homes.

During a pandemic, SPS will experience higher than normal call-in's as staff may be unable to report to work due to illness, childcare issues due to schools being shut down for extended periods, etc. When this occurs, SPS will implement a contingency plan/s to provide support and coverage. It is important to note that staffing may have to be changed to provide support during a pandemic. This could include a change to staffing levels and/or modifying schedules and shift times. It may be necessary for staff to sleep while on duty if they are in a location that requires them to stay for extended periods. SPS will make accommodations as the need arises and as coverage dictates changes to normal operations. During the initial stages of the pandemic, SPS training staff will initiate a modified training for all support and ancillary staff of current knowledge and guidelines of the virus/disease. SPS trains all staff annually, regardless of position, on CPR, First Aide, Infection Control, etc. However, because support and ancillary staff do not use these skills routinely, all staff will get a refresher including the basics of safety care. In addition, staff may receive other specialized training on topics impacting the individuals they are assigned to support.

When staffing levels start to dictate the need to reassign support and ancillary teams into coverage, the order will be as follows:

- Reallocation of current staff (staffing levels may become less than authorized to ensure coverage)
- Consolidation of individuals into fewer homes
- Home Managers (DPMs/Qs)
- Behavior and Employment staff
- Ancillary teams (Quality Assurance, Staff Development, Accounting, Personnel, Unit Clerical, Maintenance, Administration)

ISP/BSP training and additional "on the job" training will occur in the homes utilizing Therap augmented by phone contact. Face to face contact with DPMs will be utilized if guidelines dictate. In addition to being reassigned to coverage, some ancillary teams will be assisting in other duties such as purchasing and delivering food and supplies, providing relief in homes to give others breaks, etc.

Agency nursing staff will cover multiple homes to do assessments, assist in coverage and pass medications, if necessary. Please note that it may come to a point where staff working at a location are not certified to pass medications or perform certain

delegated tasks, therefore, nurses as well as other certified staff will need to assist with these duties. If an individual is suspected or tests positive to the virus/disease, they will remain in their home and shelter in place. The agency will do our best to isolate the individual in their bedroom minimizing exposure to peers and staff as much as possible. If possible do not have them share a bathroom with others. Personal Protection Equipment (PPE) will be made available to homes where suspected or positive cases exist.

## **Emergency Purchases**

The agency has credit cards to be used for emergency purchases. In the event supplies, food, etc. are needed, please contact your supervisor for assistance. Supervisors will contact agency credit card holders for assistance.

## **Responsibilities**

Below are the responsibilities of employees of the agency during a pandemic situation. All agency staff must follow the guidance in the policies and information provided about the specific virus/disease. Failure to do so will result in placing our consumers and employees at risk and will be considered a performance issue subject to counseling and/or termination.

### **Administration:**

1. Develop a “peacetime” stockpile of supplies to include PPE, cleaning supplies and other identified necessities
2. Develop contingency plans based on guidance and information about the virus/disease
3. Develop a communication plan for the education of staff and consumers surrounding prevention, reporting, testing, quarantine practices and consultation with health care professionals. Communications will be achieved through:
  - a. Therap Splash Messages
  - b. Phone contact
  - c. Information packets delivered to the site.
4. Develop training/education materials for sites and staff based on guidelines and best practice information.
5. Develop agency procedures based on guidelines and information available from state and federal agencies.
6. Make decisions on staff working when/if exposure to the virus/disease is reported.

### **Degreed Professional Managers (DPM)/Site Directors**

1. Maintain constant contact with assigned sites (may be by phone or virtual)
2. Report any staff with symptoms or contact with infected persons outside the agency to the administration for determination of work status.
3. Report any consumers exhibiting symptoms of the virus/disease.

4. Identify any staffing issues needing contingency plans.
5. Identify any medical or behavioral issues with consumers needing immediate attention.
6. Identify and report any issues with obtaining needed supplies for sites.

#### Direct Support Professionals/Staff

1. Staff will report to their supervisor the following:
  - a. If consumers exhibit any symptoms of the virus/disease
  - b. If consumers test for the disease due to symptoms and the test results when acquired
  - c. Contact of consumers with persons suspected or confirmed to have the virus/disease
  - d. Release information from doctors
2. Staff will report the same criteria above about themselves to agency leadership and WILL NOT report to work unless approved by the administration.
3. Follow all guidelines and procedures given to prevent infection from being introduced into the agency.
4. Follow hygiene and cleaning practices in the home.
5. Follow agency guidance for the quarantine and medical treatment of consumers who exhibit symptoms or test positive for the virus/disease.

#### **General**

A pandemic will create situations and an environment that will be fluid and ever changing. As a result, SPS will also be fluid in its planning and adaptation to the environment, guidance and mandates created during a pandemic. The information listed in the previous pages is a guide to be prepared, but the situation may dictate additional considerations be taken, additional actions be taken, and additional duties and responsibilities added to those listed. The agency's administration and leadership will maintain current knowledge of the changing environment to provide information to consumers, staff, and families to help ensure health and safety until the pandemic is under control.

**Seat Belt Usage Policy Sample Form (Appendix 4)**

We value the lives and safety of our employees and consumers. Because it is estimated that seat belts reduce the risk of dying in a motor vehicle crash by 45 percent, our company has adopted the following policy concerning employee seat belt usage.

In addition to following all traffic regulations, all employees and their passengers are required to use a seat belt when traveling in any vehicle while in the course of conducting company business. The requirement applies to any employee regardless of whether the employee is compensated for the use of his/her vehicle.

The use of seat belts is to be considered a condition of employment with this company. Failure to abide by this state policy will be considered a breach of that condition of employment and subject the person in violation to disciplinary action, including suspension and possible termination.

I acknowledge that I have received a written copy of the Seat Belt Usage Policy, that I fully understand the terms of this policy, that I agree to abide by these terms, and that I am willing to accept the consequences of failing to follow the policy.

EXAMPLE ONLY—DO NOT SIGN

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
Date

## **TRANSPORTATION EMERGENCY PLAN (Appendix 5)**

**VEHICLE BREAKDOWN**—In the event of a vehicle breakdown staff will contact their DPM to inform them of the cause and location. DPM will arrange for alternative transportation of the individuals in the vehicle to their home.

**FIRE**--In the event of a fire on board a vehicle during transport, the driver will immediately pull the vehicle into a safe place; evacuate clients from the vehicle; notify the Fire Department, engage another motorist or spectator to supervise client (s) and attempt to extinguish the fire if an extinguisher is available. When the immediate crisis has been managed, the driver will notify the Team Leader and/or Program Director of the situation; if necessary, request a back-up vehicle by reporting to Poplar Bluff Regional Center at 800-497-4214.

**Medical Emergency/Client Illness**- In the event a client falls or becomes ill during transit, the driver is to immediately pull into a safe area and use a phone to contact Team Leader and/or Program Director for instructions unless the illness appears to be life threatening, in which case, the driver should call 911 to summon emergency assistance to the vehicle.

- When the emergency personnel arrive at the vehicle, the driver is to give Emergency personnel the affected client's Transportation Data Sheet.
- If the client is transported via ambulance to an emergency care facility, the driver is to obtain the name of the facility.

**Driver illness**-If an illness is affecting the driver's ability to drive safely, the driver should pull the vehicle off the road to a safe area. The driver should use a telephone to notify the Team Leader and/or Program Director of their illness and the need for a back-up driver to be dispatched to their location. If the illness is of a serious nature, the driver should dial 911 to summon police and an ambulance to the vehicle.

### **Weather Emergency During Transit**

The driver should handle the following weather emergencies in transit in the following manner:

- A. **Tornado approaching vehicle**- If possible, the driver should try to avoid the path of the tornado. If this is not possible, the driver should attempt to get the vehicle under the shelter of a concrete overpass. If this is not possible, the driver should pull the vehicle alongside a ditch and evacuate client (s) into the ditch, away from the vehicle.
- B. **Flash Flood**- If a flash flood occurs; the driver should try to avoid the flooded area. If this is not possible, the driver should pull off the roadway onto higher ground. If the vehicle is caught in a flash flood, the driver should put the vehicle in neutral and attempt to steer the vehicle to safety.

- C. Heavy rain and/or Hail- If heavy rain or hail affects the driver's visibility or ability to drive safely, the driver should pull off the road onto a high area, and turn on vehicle flashers until the storm passes.

When the emergency has been managed, the driver should use a phone to notify the DPM of the situation. In all vehicle related emergencies, it is the responsibility of the DPM to notify the families regarding the situation as soon as possible so that they may understand delays and/or go to the emergency facility where their relative is being treated.

### **Accident**

In the event of an accident, the driver, if possible, will pull the vehicle into a safe place out of traffic.

- A. The driver will immediately assess if any clients are injured and, using a phone, will call 911 to request police and emergency medical service for the clients who are injured or who appear to be potentially injured. In the event that an accident causes a vehicle fire which appears threatening to the lives of the clients, the driver must evacuate the clients from the vehicle immediately after the accident. If there are any clients who are injured or appear to be potentially injured, the driver is to remain with the clients until emergency medical services arrive. The driver should provide the Transportation Data Sheet for each client to the EMS personnel assisting so they may have basic information to initiate treatment.
- B. If clients are transported via ambulance to an emergency facility, the drivers obtain the name of the emergency facility to which the client(s) were transported. If the clients are going to be treated at different emergency facilities, the driver should request that police record the name of the client and to what facility they have been transported. If there is any question regarding driver injury, the driver is to receive emergency medical services and ambulance transportation to an emergency service facility for treatment and evaluation.
- C. The driver's next priority would be to obtain the name, license, telephone number and insurance information of the driver of the other vehicle involved in the accident. If the transportation vehicle must be towed from the site, the driver is to obtain the information from the police as to who is towing the vehicle and where it is being towed. The driver is to inquire about obtaining a duplicate copy of the police report. As soon as the emergency has been managed, the driver is to use a phone to notify the DPM and/or Agency Administration.
- D. The DPM is to notify the Agency Administration who will notify the Poplar Bluff Regional Office. It is the responsibility of the Agency Administration to notify the insurance carrier, to obtain from the police the name(s) of the emergency facility to which the client(s) have been taken for treatment and to complete an Incident/Accident report.

## **Emergency Procedures (Appendix 6)**

The following procedures should be carefully followed in the event of an emergency. Staff should always remember that their major responsibility is for the safety of the person supported and they should do nothing that might lead to the endangerment of people and/or staff.

### **In case of fire:**

1. Evacuate residents from the home
2. Call 911 if possible
3. Attempt to extinguish fire as practical
4. Keep residents calm
5. Administer first aid as necessary

### **During a severe storm:**

1. Direct or assist residents to an appropriate place.
2. Listen for further instructions from the weather service on local media.
3. Be prepared to act.

### **During a tornado:**

1. When a tornado is spotted in the area, city sirens will sound, and it will be announced on local radio/TV stations.
2. Staff should use whatever media is available to monitor the storm. The media could be television, radio, or applications on cell phones. If the monitored media is lost, staff will locate to the safe place in the home and wait for the all clear.
3. Remain calm and do not panic.
4. If a tornado were to touch down, it undoubtedly will cover a wide area. Do not expect instant response from outside assistance.
5. All staff should attempt to get residents to a safe place.
6. Direct people to a basement or prearranged safe location and ask or assist them in assuming a "Squat and Tuck" position.
7. Listen for the "all safe" announcement on the media being monitored.

### **After the tornado or severe storm has stopped:**

1. Restore calmness and routine to residents.
2. Check all persons for injuries and other effects.
3. Check for fire and damage throughout the home.
4. If damage has occurred:
  - A. Shut off utilities at the main controls
  - B. Notify 911 of the situation.
5. Notify administrator, family members, service coordinators, and guardians.

**Flood:**

1. Evacuate residents to safe place.
2. Go to the designated area specified by the agency or civil defense designated area.
3. Obtain further instructions.
4. Notify service coordinators, guardians, and family members.

**Intruder:**

1. Call 911
2. Try to keep the intruder out of the building!
3. Attempt to evacuate the building!
4. Take cover inside the building if unable to evacuate!

**Bomb Threat:**

1. Immediately evacuate the threatened area
2. Call 911 to report the threat

**Earthquake:**

An earthquake will occur without warning and undoubtedly will cover a large area. Do not expect instant response from emergency personnel or other outside assistance.

**During an Earthquake:**

Staff will attempt to get as many residents as possible into doorways, under beds, tables and other safe places away from windows, possible flying objects, glass, etc. Do not move anyone outside.

**After the earthquake has stopped:**

1. Restore calm to residents
2. Check all persons for injuries and other ill effects such as shock, seizures, etc.
3. Check for fires throughout the home.
4. Shut off utilities at the main controls.
5. Notify the administrator, family members, guardians, and service coordinators.
6. If no structural or minimal structural damage has occurred, the staff in charge will turn on utilities one at a time and check the building to see if each unit is operating properly.
7. If a major structural damage has occurred, the staff in charge will order and supervise the evacuation of persons from the damaged area.
8. For water, electrical and/or gas outage, call appropriate utility company and report outage. Be prepared for local phone service to be interrupted.

## **TIPS FOR EARTHQUAKE SAFETY (Appendix 7)**

- Most everyone who simply ducks and covers when a building collapses is crushed to death. People who get under objects like desks or cars are crushed.
- Cats, dogs, and babies often naturally curl up in the fetal position. You should too in an earthquake. It is a natural safety survival instinct. You can survive in a smaller void. Get next to an object, a sofa, or a large bulky object that will compress slightly but leave a void next to it.
- Wooden buildings are the safest type of construction to be in during an earthquake. Wood is flexible and moves with the force of the earthquake. If the wooden building does collapse, large survival voids are created. Also, the wooden building has less concentrated crushing weight. Brick buildings will break into individual bricks. Bricks will cause many injuries but less squashed bodies than concrete slabs.
- If you are in bed during the night and an earthquake occurs, simply roll off the bed. A safe void will exist around the bed. Hotels can achieve a much greater survival rate in earthquakes simply by posting a sign on the back door of every room telling occupants to lie down on the floor next to the bottom of the bed during an earthquake.
- If an earthquake happens and you cannot easily escape by getting out the door or window, then lie down and curl in the fetal position next to a sofa or large chair.
- Most everyone who gets under a doorway when a building collapses is killed. How? If you stand under a doorway and the door jams falls forward or backwards you will be crushed by the ceiling above. If the door jams fall sideways, you will be cut in half by the doorway. In either case you will be killed!
- Never go to the stairs. The stairs have a different “moment of frequency” (they swing separately from the main part of the building). The stairs and remainder of the building continuously bump into each other until structural failure of the stairs takes place. The people who get on stairs before they fail are chopped up by the stair treads, horribly mutilated. Even if the building doesn’t collapse, stay away from the stairs.
- The stairs are likely part of the building to be damaged. Even if the stairs are not collapsed by the earthquake they may collapse later when overloaded by fleeing people. They should always be checked for safety, even when the rest of the building is not damaged.

- Get near the outer walls of a building or outside of them if possible. It is much better to be near the outside of the building rather than the interior. The farther inside you are from the outside perimeter of the building, the greater the probability that your escape route will be blocked.
- People inside their vehicles are crushed when the road above falls in during an earthquake and crushes their vehicle; that is exactly what happens with the slabs between the decks of the Nimitz Freeway. The victims of the San Francisco earthquake all stayed inside of their vehicles. They were all killed. They could have easily survived by getting out and sitting or lying next to their vehicles. Everyone killed would have survived if they had been able to get out of their cars and sit or lie next to them. All of the crushed cars had voids of three feet high next to them except for the cars that had columns fall directly across them.