



**Person Served, Support Team Members, and Guardian Handbook**

June 2022

TABLE OF CONTENTS

WELCOME	5
HANDBOOK	6
MISSION	6
Vision Statement	6
Commitment to Diversity, Equity, and Inclusion	6
Values & Ethical Commitments	7
Core Values	7
INTAKE: What to Expect as a Person Served, Support Team, or Guardian	8
Eligibility	8
Observation	8
Interviews	8
Goals	8
Waitlists & Risks	9
ON POINT BEHAVIOR ORGANIZATIONAL CHART	10
HOURS OF OPERATION	10
Holidays- Closed for Business	10
Emergency Closings	11
On Point Behavior Internal Supports List	11
WHAT IS ABA?	12
How Does ABA Work?	12
ABC, What's That?	12
Who Provides ABA?	12
AMERICANS WITH DISABILITIES (ADA)	13
TREATMENT MODEL & RECOMMENDATIONS	13
Assessment	13
Development of the Behavior Support Plan	15
Implantation & Monitoring	15
Discharge/ Termination of Service	16

Non-Evidence Based Practices	16
ON POINT BEHAVIOR PERSON SERVED RIGHTS	17
ON POINT BEHAVIOR REQUIRED STAFF TRAININGS	18
RESPONSIBILITIES ACROSS PARTIES	19
FINANCIAL RESPONSIBILITIES	20
GUARDIAN, PARENT, PROVIDER STAFF POLICIES	20
Responsible Party Present	20
Attendance & Cancelation Policy	21
Sick Policy	21
Medical & Medication Policy	21
Bloodborne Pathogens	22
Safe Environments	22
Sexual Harassment and Discrimination Policy	23
Mandated Reporting Requirements	23
Dual Relationships	23
OPB Ethics Committee	24
REPORTING & GRIEVANCE PROCEDURES	24
On Point Behavior Consultants Providing Feedback	24
Grievance Procedure for Persons Served, Guardians, and Team Members	25
HIPAA	26
Understanding Your Health Record	27
Your Health Information Rights	27
How Medical Information About You May Be Used And Disclosed	28
Our Responsibilities	30
For More Information Or To Report A Problem	30
NOTICE OF PRIVACY PRACTICES AVAILABILITY	31
DEFINITION OF ABUSE	32
Sexual Abuse	32
Physical Abuse	32
Verbal or Mental Abuse	32

Excessive Force	32
Restraint	32
Aversive Interventions	32
Abandonment	33
Exploitation	33
Isolation	33
Neglect	33
Serious Injury of Unknown Origin	34
Reporting ANE through Allegations or Observations	34
REFERENCES	35
ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK	36



WELCOME

Welcome to On Point Behavior LLC. We are excited to be a part of your treatment team! Those we support are the most essential factor in the development of treatment interventions. We aim to create a culture where the Person Served, and their support team takes pride in treatment objectives. We hope you will enjoy working with On Point Behavior. There are ample opportunities to be challenged, gain new knowledge and skills, and grow personally. Thank you for choosing us to join your team.

Sincerely,  
Wade & Randi



## HANDBOOK

We developed this Handbook to achieve several aims. First, to set clear expectations for new Persons Served, their Support Teams, and Guardians. Second, we want those we support to understand what to expect from On Point Behavior. Third, it outlines our programs, policies, and procedures for Persons Served, their Support Team, and Guardians. Please keep a copy of this manual throughout your treatment with On Point Behavior and familiarize yourself with its contents as quickly as you can. The information in this manual will answer many of your questions as you begin your journey with us.

In creating this Handbook, On Point Behavior made every attempt to develop policies consistent with federal and state law. However, if an inconsistency occurs, the policy(ies) will be enforced consistent with the applicable law. Further, On Point Behavior will amend this Handbook as needed.

No employment handbook can plan for and describe every circumstance or question about company policy. On Point Behavior created this Handbook as an informational guide only. None of the statements, policies, procedures, or rules contained in this manual constitutes a guarantee of treatment. On Point Behavior reserves the right to revise, change, supplement, or eliminate any policies or portion or provisions set forth in this Handbook at any time, with or without notice. This manual supersedes and/or replaces all previous manuals, statements, policies, procedures, and rules given to Persons Served, the Support Teams, and Guardians, whether verbal or written.

## MISSION

On Point Behavior is committed to the promotion of positive behavior change that reduces barriers, accelerates independence, and improves the quality of life.

### Vision Statement

On Point Behavior is committed to creating an ethical and inclusive environment for persons served, stakeholders, and employees. We promote this environment by implementing our core values. On Point Behavior values compassion, fun, safety, collaboration, community, and science.

### Commitment to Diversity, Equity, and Inclusion

On Point Behavior is committed to diversity, equity, and inclusion, ranging from increasing access and independence for the individuals we support to creating opportunities for diverse professionals to practice ABA. On Point Behavior strives to create a workforce informed of and respects the culture of those we support and employ.

On Point Behavior requires all employees to attend at least 2 hours of professional development training per year that targets cultural humility, gender/identity, equity, inclusion, and/or diversity-related issues. In addition, our workplace culture is unconditionally inclusive and encourages multiple perspectives and personal histories.

### Values & Ethical Commitments

On Point Behavior is committed to creating an ethical and inclusive environment for clients, stakeholders, and employees. We promote this environment by implementing our core values. On Point Behavior values compassion, fun, safety, collaboration, community, and science.

### Core Values

#### OUR VALUES

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##### Compassion



Our science is based on people. We value those we support, their struggles in life, their ideals, and we offer solutions that benefit their entire system.

##### Fun



We understand the power of positive reinforcement and believe behavior change that is rooted in fun provides more sustainable, ethical, and successful outcomes.

##### Safety



We create behavior change that promote safe environments. Careful consideration is always given to those implementing On Point Behavior interventions to ensure their safety and wellbeing.

##### Collaboration



We achieve more when we listen, converse, and work together with others. People, their words, and their actions are our expertise, and we are better when we work with them, not above or below them.

##### Community



We envision an approach that not only benefits those we serve and their immediate surroundings, but also the communities at large. We believe when we succeed, everyone succeeds.

##### Science



Decisions made at On Point Behavior are informed by data analysis and research.

### INTAKE: What to Expect as a Person Served, Support Team, or Guardian

At On Point Behavior, we strive to create a smooth onboard process for clients. You'll most frequently hear us refer to this as the "intake process." Here you will find a description of what is completed during the intake process and why we complete these steps. Please do not hesitate to ask questions to your assignment On Point Behavior representative.

#### Eligibility

During this step, our admin team will review records collected regarding you or the Person receiving services you also support. This process helps us to ensure that all necessary resources are in order before beginning services. For example, the funding source for services, housing for the client, and availability of caregivers and staff to implement behavioral strategies. During this time, you or the Person you support will be asked several questions related to your willingness and ability to participate in strategies. On Point Behavior depends on the support of parents, guardians, caregivers, and clients to create valuable progress.

#### Observation

On Point Behavior, staff members will request to observe the client across one or more settings. This often will occur prior to determining eligibility. During these observations On Point Behavior, staff will observe the Person and their support network as naturally as possible. Our goal is to develop an idea of the strengths and deficits of the Person across their environment(s).

#### Interviews

Prior to determining eligibility, On Point Behavior will request a short 30–60-minute meeting with the client, admin team members, family members, and/or caregivers to discuss the current needs and justification for behavioral supports. This process may be repeated multiple times depending on the availability of the client and team members. Potential new clients and their support team are encouraged to be as honest as possible when reporting concerns. This will assist On Point Behavior in making an informed decision on if we will be the best fit for the client's specific needs.

#### Goals

During interviews, On Point Behavior will work with you to identify what specific goals you or the Person you support would like to accomplish. This is a great time to express what you want to get out of behavioral services. Understanding what clients are looking for and understanding the service delivery model provided by On Point Behavior is essential for determining eligibility and all of us working towards the same goals.

Waitlists & Risks

At On Point Behavior, we believe in quality services for those we support. We approach our ability to provide you with support in a transparent manner. When we are not able to provide support due to capacity, you or the Person you support may be on the waitlist. The waitlist is a first come first serve basis. As Persons Served are discharged the first Person in line on the waitlist is moved to the intake process. Person Served eligibility is determined during the intake process and will not while on the waitlist.

Waitlists can be difficult for all parties. It can be frustrating for you and the Person you support. Here are a few risks associated with being on a waitlist, specifically when you or the Person you care for is not receiving any support.

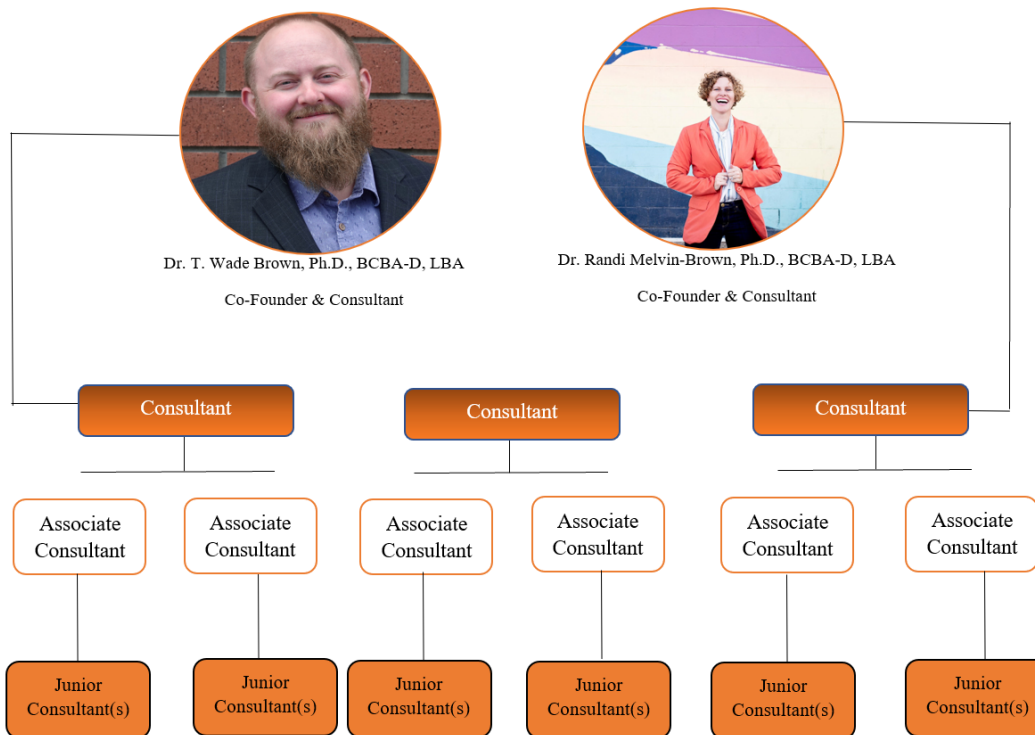
- Skills can be lost
- Challenging behavior may increase as it continues to encounter reinforcement
- Caregiver burnout
- Decreased acquisition of new skill development
- Potential difficulty across placement portions

Waitlist times can be unpredictable, lasting anywhere from days to months. Due to the unforgiving nature of waitlists, our staff tries to contact parties on the wait list approximately once per month to provide an update. We encourage anyone on the waitlist to continue searching for an ABA provider.

Below are several resources you can use while you or your family member is on our wait list.

<b>Resource</b>	<b>Link/ Contact Information</b>
ABA Providers in Nevada	<a href="https://www.nevadaaba.org/resources">https://www.nevadaaba.org/resources</a>
General ABA Information	<a href="https://www.nevadaaba.org/general-info">https://www.nevadaaba.org/general-info</a>
Nevada Regional Centers	<a href="https://adsd.nv.gov/">https://adsd.nv.gov/</a>
Northern NV (Sierra Regional Center)	(775)688-1930
Southern NV (Desert Regional Center)	(702)486-7850
Rural NV (Rural Regional Center)	(775)687-5162
Autism Speaks	<a href="https://www.autismspeaks.org/">https://www.autismspeaks.org/</a>
Autism Treatment Assistance Program (ATAP)	<a href="https://adsd.nv.gov/Programs/Autism/ATAP/ATAP/">https://adsd.nv.gov/Programs/Autism/ATAP/ATAP/</a>

## ON POINT BEHAVIOR ORGANIZATIONAL CHART



## HOURS OF OPERATION

On Point Behavior's hours of operation are Monday-Friday 8:30am-5:00pm, with some observations occurring over the weekends, before opening and following closure.

### Holidays- Closed for Business

Our organization will be closed in observance of the following holidays:

- New Year's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Nevada Day
- Veterans Day
- Thanksgiving Day
- Family Day (the Friday after Thanksgiving)
- Christmas Eve
- Christmas Day

Emergency Closings

Emergencies such as severe weather, fires, power failures, or earthquakes can disrupt On Point Behavior's operations. In extreme cases, these circumstances may prevent employees from working or may make it too dangerous for employees to travel. In the event that such an emergency occurs during non-working hours, employees may call On Point Behavior's office at: (702)715-8472. Further, if On Point Behavior needs to suspend one or more services and/or needs to close during an emergency, On Point Behavior will make every effort to inform employees at the beginning of the day or at the onset of the emergency.

On Point Behavior Internal Supports List

<b>Role</b>	<b>Responsibilities</b>	<b>Assigned Employee</b>	<b>Contact</b>
Quality Assurance	Uphold the quality of services provided to Persons Served and their team.	T. Wade Brown	<a href="mailto:twbrown@onpointbx.com">twbrown@onpointbx.com</a>
Privacy Officer	Maintain a HIPAA compliant community within On Point Behavior.	Randi Melvin-Brown	<a href="mailto:rmelvin@onpointbx.com">rmelvin@onpointbx.com</a>
Ethics Committee	Uphold the Code of Ethics and Code of Conduct outlined by the BACB.	Randi Melvin-Brown T. Wade Brown *Outside members not listed here	<a href="mailto:rmelvin@onpointbx.com">rmelvin@onpointbx.com</a> <a href="mailto:twbrown@onpointbx.com">twbrown@onpointbx.com</a>



## WHAT IS ABA?

Applied Behavior Analysis (ABA) is the scientific approach to changing behavior by applying principles of behavior. This approach to behavior change is heavily influenced by several decades of research. ABA focuses on behaviors that are socially significant and can be effective for several different factors of everyday life.

### How Does ABA Work?

A fundamental treatment approach for ABA is the use of reinforcement to promote behavior change. Reinforcement refers to environmental changes following specific behaviors that increase the likelihood for the behavior to occur again in the future. For example, telling an employee they did a good job on their recent report or giving a child an extra scoop of ice cream for cleaning their room would all be examples of how reinforcement might promote future behavior change. When behavior is reinforced, learners typically will engage in more of the behavior in the future.

### ABC, What's That?

When understanding why certain behaviors are occurring, it is helpful to take a step back and look at the "big picture." Often, an ABC analysis can be a very helpful tool. ABC stands for Antecedents-Behavior-Consequence. When looking at Antecedents, it is helpful to notice what happens directly before a behavior occurs. For example, a red light is an antecedent for stopping a vehicle (the red light signals that it is time to brake). Once the antecedent is identified, it is helpful to look at what behavior follows. In the above example, braking the vehicle would be the behavior. From there, the next step would be to look at what effect the behavior had on the environment. In other words, what was the consequence of the behavior? Braking at a red light has several consequences, such as avoiding traffic accidents or tickets from police officers. Laying out the ABC's is a great starting point for understanding why particular behaviors occur and can be a helpful assessment tool when beginning behavioral services.

### Who Provides ABA?

Only qualified individuals who are board certified (or under the supervision of a board certified individual) should provide ABA services. The Behavior Analyst Certification Board (BACB) credentials qualified individuals with board certifications. Individuals with this credential (BCBA) have met the standards set forth by the BACB and are obligated to practice under their ethical and practice standards. Certain states may also require licensure to practice. Nevada, for example, requires all ABA practitioners to maintain a state license (Licensed Behavior Analyst). This provides another layer of consumer protection and allows for services to be provided by individuals that have undergone federal background checks and are upheld to a standard of care.



### AMERICANS WITH DISABILITIES (ADA)

The Americans with Disabilities Act (ADA) of 1990 is a civil rights act prohibiting discrimination against individuals with disabilities in employment, public services and transportation, public accommodations, and telecommunications. The ADA Amendments Act (ADAAA), effective January 1, 2009, was adopted to restore the original intent of the ADA by providing a clear and comprehensive national mandate for the elimination of discrimination. To be considered disabled under the ADA, you must: (1) have a physical or mental impairment that substantially limits one or more major life activities; (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Additionally, to be covered by the ADA, you must be otherwise qualified for the job, program, or activity to which access is sought. Under the ADA, employment decisions must be based on your ability to perform the essential functions of your position with or without reasonable accommodation. Your agency is not required to make accommodations that would eliminate one or more essential functions of your job or that would impose an undue hardship on the operation of your agency's business. Under the ADA, for the purposes of providing reasonable accommodation, the State of Nevada as a whole is considered the employer and not individual agencies. In addition, the ADA seeks to delay consideration of medical or disability-related information until a conditional job offer has been made to the best-qualified applicant. Each State agency is responsible for designating an ADA Coordinator who can be contacted for information on the Act and who will respond to questions or complaints about its application in that agency. The Americans with Disabilities Act (ADA) & the ADA Amendments Act (ADAAA) Employment Provisions Guide is available on the Division of Human Resource Management website. Human Resource Management's ADA Coordinator is also available as a resource regarding the employment provisions of the law. The ADA Coordinator can be reached at (775) 684-0111. (NAC 284.120, 284.441)

### TREATMENT MODEL & RECOMMENDATIONS

Treatment at On Point Behavior is provided through a Consultative Model. At On Point Behavior, we do not employ Direct Support Personnel (DSP), Registered Behavior Technicians (RBTs), or other front-line staff. We do provide training to DSP and front-line staff who implement interventions recommended by On Point behavior Consultants.

You will work closely with your assigned Consultant through a variety of activities and tasks. After eligibility is determined, the assessment process will begin, followed by the development of the Behavior Support Plan (BSP), training, then implementation, and monitoring. Here are examples of activities included within the tasks and their potential time frames:

#### Assessment

During the initial assessment process, your assignee consultant and our intake team will conduct a variety of tasks. Altogether, these tasks take approximately 45-60 days (i.e., the first two months of service). The first meeting often includes a review of this Handbook, the completion of consent and assent for assessment and treatment, and the completion of intake paperwork.

Assessment is always on-going at On Point Behavior. Throughout your treatment time we will update and continue assessments.

During the assessment and treatment processes, you will be working with a team of professionals from several disciplines. We will work to learn about the Person's Served skill sets and abilities. We will conduct various assessments and evaluations to better understand these skills and behavioral challenges.

A Functional Behavior Assessment (FBA) is the process of collecting information to help identify the Person's behaviors that interfere with learning and to determine why these behaviors occur.

An FBA may include, but is not limited to:

- Interviews completed with teacher(s), parent(s)/guardian(s), and the Person (if applicable) regarding the Person's behavior
- Information-gathering tools (e.g., cumulative file review, behavior rating scales, team member rating scales, person self-assessment)
- Observations of the Person's behavior across various settings (e.g., home, vocational placement, school, community).
- Data collection on the Person's behavior.

The purpose of the FBA is to collect information to help develop a Positive Behavior Support Plan (PBSP) for the Person to improve his/her/they performance across desired settings and behaviors.

A PBSP may include, but is not limited to:

- Interventions to prevent and reduce problematic behaviors
- Teaching new, appropriate replacement behaviors
- On-going data collection to evaluate the effectiveness of the plan
- Safety or crisis plan, if necessary

Functional Analysis (FA) will expose the Person Served to conditions that might set the occasion for aggression towards others, self-injury, and environmental destruction. These conditions are based on years of research indicating that positive and negative reinforcement (either social or non-social) are consequences that maintain challenging behavior. By identifying which source of reinforcement accounts for the Person's challenging behavior, individualized treatment programs can be developed. The Person's protection and risk reduction from harm will consist of session termination criterion following the first incident of self-injury or aggression toward others, as well as modifications to the assessment format to minimize the number of incidence of target behavior (brief functional analysis with latency measures).

The purpose of the FA is to manipulate the environment in such a way, that maintaining variables are identified to help develop a Positive Behavior Support Plan (PBSP) for the Person to improve his/her performance across desired settings and behaviors.

A PBSP may include, but is not limited to:

- Interventions to prevent and reduce problematic behaviors
- Teaching new, appropriate replacement behaviors
- On-going data collection to evaluate the effectiveness of the plan
- Safety or crisis plan, if necessary

### Development of the Behavior Support Plan

Our Consultants use the information gleaned during the initial assessment to build an individualized Behavior Support Plan (BSP). This occurs across the third month of treatment (i.e., between 60 and 90 days of service start date). The BSP provides a summary of information obtained during the assessment, a list and definitions of behaviors of concern, prevention strategies, teaching recommendations, and intervention strategies. All BSPs require data collection. In some cases, the Person Served may collect data on their own behavior (i.e., self-monitoring). In other cases, family, staff with collaborative partners, and others may become responsible for data collection. On Point Behavior will always ask the Person Served, Support Members, and Guardian if they agree with the treatment plan and/or recommendations. We need the team's honest feedback about our BSPs. When the On Point Behavior Consultant provides recommendations, and you agree, it is important that you follow those recommendations on a regular/ daily basis.

We require parent/staff/ guardian training and participation for services to maintain. We may be required to take actual data on your level of participation. If previously agreed upon recommendations are not followed, you will be given a verbal notice. If changes are not observed, you will receive written notice related to the lack of participation. This could be the Person Served or any responsible support team member (e.g., DSP, shared home provider, family member). If you receive three such notices, you will be required to have a formal meeting, and behavioral services may be discontinued for lack of follow through and participation.

As an ABA provider, On Point Behavior LLC is bound by the Behavior Analyst Certification Board's *Guidelines for Responsible Conduct for Behavior Analysts*. Therefore, we can only recommend and implement evidence-based practices.

### Implantation & Monitoring

Following the development and consent/assent to the Behavior Support Plan (BSP) our Consultant will train the necessary parties. This step begins near the end of the third month of services and continues through discharge. Remember, assessment is on-going and during this phase you will see our consultant update assessment documents. We provide formal training on the BSP a minimum of one time each quarter. This means all team members meet and review the BSP and all corresponding documents and data collection procedures. Trainings consist of a review of the skills, modeling by the assigned Consultant, and observations of the team implementing skills. We may request these trainings more frequently if there is high staff turnover, limited data collection, a concern with integrity, training is requested, etc. Between

formal trainings the Consultant will complete treatment integrity checks and on-site training with present team members.

Treatment Integrity is the process of observing a person implement portions or all of the plan and collecting data on how closely they followed written protocols. We use these methods to guide our training and help the Support Team for the Person Served.

#### Discharge/ Termination of Service

All Behavior Support Plans include a Discharge Plan. We build this plan based on the Person Served meeting their outlined objectives (found in the BSP), team feedback, and data analysis. On Point Behavior consultant will review the Discharge Plan with the Person Served, Support Team, and Guardian whenever a change is made. As discharge approaches, On Point Behavior will prepare the team with a discharge summary. In the case that services become necessary at a later date, The Person Served will work back through the eligibility process outlined above in this Handbook.

Termination of services may also occur if the Person Served or their support team does not actively engage in behavioral support. This not only includes participation in interventions and teaching strategies, but also data collection. On Point Behavior, consultants may not provide on-going behavioral services without data.

#### Non-Evidence Based Practices

On Point Behavior values science. All our clinical decisions are informed by data analysis and research. In generating treatment plans, On Point Behavior will utilize evidence-based treatments informed by empirical science for efficacy and safety. Our clinicians will not recommend any treatments that lack this level of scientific rigor or integrity. Utilizing treatments that do not have a data driven approach could produce risks for safety and could result in multiple different outcomes including ineffective results to risk of certain injury. Stakeholders interested in pursuing treatments that fall under this category are welcome to do so, but must inform On Point Behavior clinicians of this decision. In some cases, treatment goals might conflict, and a transition meeting should be scheduled to provide further discussion and resolution about what future treatments look like.

### ON POINT BEHAVIOR PERSON SERVED RIGHTS

1. Individuals in services have the right to refuse consultation, as do their families or other stakeholders. All interventions, supports, strategies, or other forms of consultation are voluntary to all team members. Supports can be terminated at any time per the Person or Guardian's request.
2. All individuals seeking consultation are provided with evidence-based interventions.
3. All clients have the right to additional opinions or further consultation with other professionals.
4. All Person Served have the right to privacy and to be informed of treatment strategies in a secure manner. All records kept will be stored in accordance with state and federal laws and will not be released without proper authorization.
5. All Person Served have the right to review treatment plans, ask questions, and will provide assent for behavior change procedures. Consent for all treatments will also be required and collected. All participants will be given enough information, training, and support to provide both assent and consent.
6. All Person Served have the right to be free of coercive techniques or protocols. Positive behavioral strategies will be the primary intervention tactic used. All interventions involving restrictive elements will receive proper due process by peer review and will be subject to Person Served assent/ consent and guardian consent.
7. All Person Served and families have the right to disagree with treatment strategies, conclusions, or conceptualizations and request additional assessments or analyses.
8. All Person Served have the right to receive behavioral services in a clean and sanitary environment.
9. All Person Served will receive behavioral services equally regardless of the race, ethnicity, religion, sexual preference, or gender identity of the client or their immediate stakeholders.
10. All Person Served and stakeholders have the right to always be treated with respect in a manner that is in alignment with their cultural identity and/or preferred communication system.
11. All Person Served have the right to timely services and are provided with accurate time projections regarding completing various assessments and intervention packages.

### ON POINT BEHAVIOR REQUIRED STAFF TRAININGS

All On Point Behavior staff require on-going trainings. Our employees are provided training and oversight across their job duties. Employees of On Point Behavior are trained across: HIPAA Privacy, OSHA Bloodborne Pathogen, Sexual Harassment, Diversity and Inclusion, Clinical Documentation, and more.

To maintain a high level of care and quality ABA services, On Point Behavior LLC provides all staff members with on-going training and staff development opportunities. Staff development meetings are held at least quarterly and sometimes more and occur during the workday.

In addition to staff development meetings, On Point Behavior also provides staff members with training opportunities through field observations. It is important for our staff to be exposed to a wide variety of different Person's Served. On occasion, a consultant may observe your visit.

Clinical team members are required to participate in continuing education and additional trainings related to the application of Applied Behavior Analysis (ABA).

RESPONSIBILITIES ACROSS PARTIES

During the time that you, or the Person you support, is receiving services through On Point Behavior, we all have responsibilities. The following is a breakdown of what tasks and activities On Point Behavior as well as the Person Served, Guardian, and their Support Team are responsible for. All parties are vital to the success of behavioral interventions, and this includes consistent implementation and data collection. ABA is effective when we work together and provide intervention consistently. We will not see the desired behavior change if plans are not implemented as designed. Inconsistent implementation could cause resistance to treatment. All parties may terminate the service agreement if these responsibilities are not maintained.

<b>On Point Behavior</b>	<b>Person Served &amp; Support Team</b>
On Point Behavior ensures decisions are made for the Person served in their best interest and cause no harm. The Person served is the primary recipient of services provided through On Point Behavior.	The Person Served, and their team participates in decision-making by asking questions and providing assent or consent as needed.
On Point Behavior will complete on-going assessment across one or more formats at least one time quarterly.	The Person Served & support team will allow assessment procedures to occur through observation, interviews, changes in the environment, or skills assessment at least one time quarterly.
On Point Behavior will build a Behavior Support Plan following assessment.	Person Served & support team will implement the Behavior Support Plan as designed without altering interventions. If interventions are challenging the Person Served and support team will seek guidance across implementation.
On Point Behavior will provide parent, Person Served, and staff training covering the Behavior Support Plan at least one time quarterly.	
On Point Behavior will develop data collection procedures to align with the Behavior Support Plan.	Person Served & Support Team will collect data, providing accurate and completed data collection to On Point Behavior.
On Point Behavior will make data-based decisions related to the programming for each Person Served.	
On Point Behavior will provide updated progress reports at least quarterly.	
On Point Behavior will complete observations of Person Served depending on their specific needs.	Person Served & support team will create opportunities to engage both through telehealth and face-to-face with On Point Behavior. Person Served and their support team will avoid excessive cancellations.
On Point Behavior will communicate with Person Served and their support team in a professional and kind manner.	Person Served & support team will implement behavior support plans, collect data, communicate, and participate in the relationship with On Point Behavior in a professional and kind manner.
On Point Behavior will provide a 30-day notice prior to terminating services for any	



<p>reason. Additionally, we will communicate with the person served and support team if services may require additional oversight due to a decrease in the Person Served and their service team upholding responsibilities. When appropriate, referrals for additional services will be provided to the Person Served &amp; Support Team.</p>	
<p>On Point Behavior will follow ethical billing practices and bill appropriate parties as outlined in the Financial Responsibilities document.</p>	<p>Person Served &amp; support team will provide necessary authorization for services rendered by On Point Behavior.</p>
<p>On Point Behavior will respect cultural &amp; gender identities, and in the case we are not familiar with, we may ask for your help in valuing you or the Person you support in a culturally sensitive manner.</p>	<p>Person Served &amp; Support Team will notify On Point Behavior in a respectful way if they feel their cultural or gender beliefs were not upheld.</p>

FINANCIAL RESPONSIBILITIES

All Persons Served supported through On Point Behavior LLC are responsible for any and all charges not paid by their healthcare insurance payer (private, public, or assigned regional center). By signing this agreement, you are acknowledging that you understand this condition of services and commit to promptly paying On Point Behavior LLC for services we provide you or the Person you are assigned as Guardian. Following the receipt of your client statement, please contact us to make payment. We accept cash, cashier checks, and personal checks. Healthcare insurance payers often have different guidelines for allowing Applied Behavior Analysis (ABA) coverage. We find it very helpful when you let us know your healthcare payer at the onset of services, so we can determine if prior authorization is required. If your healthcare insurance payer is insurance that we do not contract with, you are required to make self-pay arrangements for the regular and customary pricing of our services. We will provide you with a detailed invoice of services rendered monthly, so you may submit to your insurance. Special rates and agreements are available for Private Pay clients.

GUARDIAN, PARENT, PROVIDER STAFF POLICIES

In this section of the Handbook, you will find information related to driving, medication, safety, and more. This section is aimed at helping Persons Served, Staff of Collaboration Partners, Guardians, and On Point Behavior personnel maintain safety.

Responsible Party Present

For all Person's Served through On Point Behavior, a responsible adult other than the Person Served, must be present in the home for all observations or sessions. A Responsible Party is a person who is 18 years or older and can provide care and oversight towards the Person Served. For example, if the Person Served is a 21-year-old female who is her own Guardian, and is home



alone, On Point Behavior consultants may not enter the home without an outside Responsible Party present (e.g., staff member, Guardian, adult family member).

Some sessions may take place outside the home; however, due to liability reasons, On Point Behavior staff and consultants cannot transport Person's Served or their support team members at any time. On Point Behavior personnel may not offer or provide transportation to Person's Served or their support team members.

During times when potentially sensitive or private programming occurs (e.g., toilet training, showering, hygiene tasks, etc.) a responsible party must be present. Additionally, a responsible party is required to be present within sight of On Point Behavior personnel, meaning On Point Behavior will not work with Persons Served behind closed doors alone.

#### Attendance & Cancellation Policy

Attendance across observations and other appointments is important for treatment development and oversight. Attendance of team meetings is mandatory for Guardian and highly encouraged for the Person Served. We aim to build treatment options with the Person's input and prospects and wells as their assent or consent. Schedules staff or family members are required to be present during observations or sessions with On Point behavior personally.

At On Point Behavior, we understand life happens, and cancellations sometimes occur. We ask all parties are notified of a canceled appointment at least 24-hours in advance. In the case that this could not occur, we ask to be notified a minimum of 2-hours prior to the scheduled observation. In the case that the Person Served cancels three or more visits, On Point Behavior will request a team meeting to determine solutions and ways to successfully schedule visits. Remember, active participation by the Person Served and their support team is required for optimal success.

#### Sick Policy

If there is an illness in the household, even if the Person Served is not the one who is sick, it will be at your Consultant's discretion whether he/she/ they feel comfortable continuing with the observation/ session. Please cancel ahead of time if the Person Served or someone else in the home is experiencing an illness. Our team members often travel from one Person's Served home to another's. We aim to limit the spread of illness.

#### Medical & Medication Policy

On Point Behavior staff are not permitted to administer medications to Person's Served, Support Team Members, or Family Members. Our Team Members will not assist in the administration of medications at any time. On Point Behavior, consultants do not make medication recommendations.

Our team members will not provide medical treatment to Person's Served at any time. This is outside of the scope of practice for our Consultants.

On Point Behavior consultants will rely on trained staff and family members in the case a seizure occurs. We do not provide seizure protocols or recommendations for how to respond to seizures. We may ask for information related to seizures and collect data on their occurrences. On Point Behavior personnel are more than willing to contact emergency responders by calling 911 if necessary.

### Bloodborne Pathogens

Bloodborne pathogens are microorganisms such as viruses or bacteria present in human blood and can cause diseases in humans. For example, Hepatitis B, Hepatitis C, Malaria, Human Immunodeficiency Virus (HIV), etc.

Other Potentially Infectious Materials (OPM) include body fluids such as blood, saliva, skin tissue, semen, vaginal secretions, and any other fluid. Although vomit, tears, sweat, urine, feces, and nasal secretions may not visibly be contaminated with blood On Point Behavior staff are trained to treat each of these as potentially dangerous.

Bloodborne pathogens can be introduced through cuts in the skin, contact with mucous membranes found in the eyes, nose, or throat, contaminated sharps, or sexual intercourse. On Point Behavior personnel are provided training across Bloodborne Pathogens at least annually. Additionally, OPB staff follow an Exposure Control Plan provided by our company. Some of these strategies include Universal Precautions, personal protective equipment (PPE), Hepatitis B vaccinations, etc. Our staff use Universal Precautions and treat all bodily fluids as if they may be contaminated.

### Safe Environments

We require safe environments for our staff to enter homes. This means the home should be free from unstable or dangerous furniture, safety recommendations or restrictions outlined for Person's Served should be implemented, and homes should be free from infestations and bedbugs. In the case that these parameters are not met On Point Behavior personnel may not enter the home.

We understand that challenging behaviors may occur while On point Behavior staff are present. Our staff will provide coaching to those present and may assist in de-escalation of the behavior. Currently, our staff do not provide crisis intervention and will not restrain Persons Served.

On Point Behavior promotes a drug-free work environment for our staff. It is important that the staff on shift or the responsible party is not under the influence of drugs or alcohol. In the case

that On Point Behavior's staff suspect drug or alcohol use during an observation or session, they will report to their supervisor. These situations are handled on a case-by-case situation and could result in reporting or notification to regional centers, law enforcement, adult protective services, or child protective services. Please note, that our staff are all mandated reporters.

### Sexual Harassment and Discrimination Policy

Sexual harassment is a form of discrimination that is unlawful under state and federal statutes. On Point Behavior regards it as a very serious offense that, under certain conditions, can lead to termination of services even on the first occurrence. "Sexual harassment" means unwelcome sexual advances, requests for sexual favors, or any conduct of a sexual nature.

### Mandated Reporting Requirements

It is the policy of On Point Behavior to cooperate with Nevada's requirements for mandated reports as outlined Nevada Revised Statute 432B.220. All employees will complete mandated report training and are expected to act in accordance with all applicable laws. In the event of an incident requiring reporting, the employee is expected to file an incident report and to notify their immediate supervisor prior to making the call or as soon as possible afterward. On Point Behavior will work closely with the employee and the family to navigate reporting of an incident and to help manage relationships in order to ensure the best interests of the individual(s) involved are accounted for.

### Dual Relationships

All On Point Behavior staff members are expected to maintain a high level of professionalism and are not permitted to have personal, romantic, or social relationships with the Person Served or family members of Person's Served. On Point Behavior staff members are not allowed to engage in social interactions with Person's Served outside of assigned work tasks or interact with Person's Served through social media (i.e., Facebook, Twitter, Instagram, TikTok, Pinterest, etc.)

Due to the BACB's *Guidelines for Responsible Conduct for Behavior Analysts*, all On Point Behavior staff members are not permitted to accept any gifts from Person's Served, Support Team Members, or Guardians worth more than \$10.00. These gifts will only be accepted if they are an infrequent expression of gratitude and do not financially benefit the Consultant or On Point Behavior.

On Point Behavior works to avoid conflicts of interest. A conflict of interest occurs when there is a risk to services due to incompatibility between the assigned Consultant and their profession and personal duties. This is also located in the BACB's *Guidelines for Responsible Conduct for Behavior Analysts*. Conflicts of interest have the ability to affect decision-making and can impact professional decision-making. If a conflict of interest becomes known, please report this to our ethics committee (Dr. Brown or Dr. MB).

OPB Ethics Committee

On Point Behavior has developed an ethics committee for our organizations. The committee is subject to change across the membership. The Ethics committee consists of two different types of members: 1) Internal On Point Behavior members, who are employees and volunteers for the committee. 2) External volunteers who are either Board Certified Behavior Analysts or community members who have a minimum of 2 years serving in human services.

REPORTING & GRIEVANCE PROCEDURES

In this section of your Handbook, you will find ways that On Point Behavior staff may provide feedback to collaborative partner's staff and how you may file a grievance. Collaborative Partner's staff may be a part of the Person Served team is supported in a Shared Living Arrangement, Supported Living Arrangement, engage with Intermittent Staff, or have other assigned personnel who would implement the Behavior Support Plan provided by On Point Behavior.

On Point Behavior Consultants Providing Feedback

On Point Behavior is committed to creating and maintaining a culture of fairness and transparency. This section of the Handbook describes what steps On Point Behavior Consultants will take for reporting concerns observed through interactions with outside agencies (e.g., ISLA Providers). Outside agencies, or Collaborative Partners, may be home providers of Person Served, job cites, regional centers, and more.

*Why Reporting is Important:*

- Address complaints/ concerns quickly and systematically.
- Minimize disruptions to the support of our clients.
- Resolves concerns in a respectable and professional manner.
- Builds trust and confidence between On Point Behavior and collaborative partners.
- Creates an environment where concerns are heard, people are valued, and each Person respects the other.

*Consultants Providing Feedback to Employees of Collaborative Partners*

On Point Behavior often provides behavioral support to clients who live or work in settings with our Collaborative Partners. All Collaborative Partners are a separate business entity from On Point Behavior. Due to this unique relationship of sharing the same Person Served, but not the same employees, On Pont Behavior staff must display amplified awareness with the feedback they provide. In some cases, On Point Behavior staff may need to provide information/ feedback to both parties (i.e., Collaborative Partner employee & On Point Behavior supervisors).

<b>Provide feedback at the moment to the Collaborative Partner's Employee</b>	<b>Report to On Point Behavior Supervisor</b>
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<ul style="list-style-type: none"> <li>• Correct implementation of strategies within the behavior support plan.</li> <li>• Correct use of data collection procedures.</li> <li>• Adherence to the reinforcement schedule.</li> <li>• Error across the implementation of strategies within the behavior support plan.</li> <li>• Error across data collection procedures.</li> <li>• Abusive language towards the client.</li> <li>• Abuse, Neglect, Exploitation concerns.</li> </ul>	<ul style="list-style-type: none"> <li>• On Point Behavior will intermittently provide praise related to Collaborative Partner employee's behavior.</li> <li>• Concerns related to professionalism across Collaborative Partners employees.</li> <li>• Abusive language towards the client.</li> <li>• Abuse, Neglect, Exploitation concerns.</li> <li>• The On Point Behavior employee is unsure of what the best step to take is.</li> </ul>
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On Point Behavior supervisors will assist in determining how to report the concern to the Collaborative Partner. In addition, On Point Behavior supervisors will provide support on how to address concerns internally in possible. It is important that all On Point Behavior employees portray compassion and collaboration when discussing Collaborative Partner's employee concerns.

Grievance Procedure for Persons Served, Guardians, and Team Members

On Point Behavior is committed to creating and maintaining a culture of fairness and transparency. This section of the Person Served, Support Team Members, and Guardian Handbook describes what steps to take across the grievance procedure. All employees and Support Team members must aim to resolve conflict keeping the best interest of the Person Served as the priority.

*Why Our Grievance Procedure is Important*

- Address complaints/ concerns quickly and systematically.
- Minimize disruptions to the support of our clients and employees.
- Resolves concerns in a respectable and professional manner.
- Builds trust and confidence between On Point Behavior, Persons Served, Team Members, and Guardians.
- Creates an environment where concerns are heard, people are valued, and each Person respects the other.

*Steps to Implement the Grievance Procedure*

**Step 1:** Request an informal meeting with your assigned Consultant. This meeting should be conducted in a way that allows the Person Served and their support team to express their concern in a safe manner to their Consultant. During the meeting, a follow-up plan should be completed.

**Step 2:** Formal Grievance- Persons Served, Team Members, and Guardians who need to complete a formal grievance will utilize the provided grievance form and submit it to the On Point Behavior Ethics Committee.

**Step 3:** An evaluation of the formal grievance will be conducted.

**Step 4:** If necessary, an investigation will be completed. This may include interviews from the On Point Behavior Ethics Committee and other members of management.

**Step 5:** A formal conclusion to the grievance with a written plan of action will be provided to the necessary team members.

**Step 6:** At times, it may be necessary for grievances to be reported externally. This may be the case for those who hold certifications through the Behavior Analyst Certification Board (BACB), or other licensing or accreditation boards (e.g., Board of Applied Behavior Analysis or Behavioral Health Center of Excellence). If you feel this type of reporting is necessary, begin the grievance process at step 1 and seek support in submitting your grievance. Websites for these agencies are provided below.

*Examples of when a Persons Served, Team Members, and Guardians might use the Grievance Procedures:*

- The Person Served feels there is a problem that needs to be addressed.
- There is a concern related to the intervention.
- The Person Served, Team Members, or Guardians feel interventions are not effective or are too intrusive.

*Internal Sources for Reporting*

1. HIPAA Privacy Officer
2. On Point Behavior Ethics Committee
3. Quality Assurance Officer

*Outside Agencies for Reporting:*

1. Behavior Analyst Certification Board (BACB): <https://www.bacb.com/ethics-information/reporting-to-ethics-department>
2. Nevada Association for Applied Behavior Analysis: <https://nvababoard.org>
3. Behavior Health Center of Excellence: <https://bhcoe.org/become-a-bhcoe/report-a-compliance-concern/>

## HIPAA

In this section you will be provided information related to the Health Insurance Portability and Accountability Act (HIPAA). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that requires the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. During your initial paperwork On point Behavior will provide you with HIPAA information and request that the Person Served or their guardian review this information.

### Understanding Your Health Record

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

### Your Health Information Rights

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment, and health care operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
5. **Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
  - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
  - is not part of your medical or billing records;
  - is not available for inspection as set forth above; or
  - is accurate and complete.In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.
6. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:



- to carry out treatment, payment, and health care operations as provided above;
  - to persons involved in your care or for other notification purposes as provided by law;
  - to correctional institutions or law enforcement officials as provided by law;
  - for national security or intelligence purposes;
  - that occurred prior to the date of compliance with privacy standards (April 14, 2003);
  - incidental to other permissible uses or disclosures;
  - that are part of a limited data set (does not contain protected health information that directly identifies individuals);
  - made to patients or their personal representatives;
  - for which a written authorization form from the patient has been received
7. **Revoke your authorization to use or disclose health information** except to the extent that we have already been taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.
8. **Receive notification if affected by a breach of unsecured PHI**

How Medical Information About You May Be Used And Disclosed

<p>On Point Behavior may use and/or disclose your medical information for the following purposes:</p> <p><b>Treatment:</b> We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.</p> <p><b>Payment:</b> We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.</p> <p><b>Regular Healthcare Operations:</b> We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.</p>	<p><b>Health Oversight Activities:</b> We may disclose protected health information to federal or state agencies that oversee our activities.</p> <p><b>Law Enforcement:</b> We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing Person; related to judicial or administrative proceedings; or related to other law enforcement purposes.</p> <p><b>Military and Veterans:</b> If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.</p> <p><b>Lawsuits and Disputes:</b> We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response</p>
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<p><b>Appointment Reminders:</b> We may use and disclose protected health information to contact you to provide appointment reminders.</p> <p><b>Treatment Alternatives:</b> We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you</p> <p><b>Health-Related Benefits and Services:</b> We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.</p> <p><b>Individuals Involved in Your Care or Payment for Your Care:</b> Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such Person) of your location, general condition or death.</p> <p><b>Business Associates:</b> There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business</p>	<p>to a subpoena, discovery request, or other lawful process.</p> <p><b>Inmates:</b> If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.</p> <p><b>Abuse or Neglect:</b> We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.</p> <p><b>Public Health Risks:</b> We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.</p> <p><b>Serious Threats:</b> As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.</p> <p><b>Research (inpatient):</b> We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the</p>
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<p>Associate to appropriately safeguard your information.</p> <p><b>Worker's Compensation:</b> We may release protected health information about you for programs that provide benefits for work related injuries or illness.</p> <p><b>Communicable Diseases:</b> We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.</p>	<p>privacy of your health information has approved their research.</p>
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Our Responsibilities

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to the information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our patient/customer services or benefits, the new notice will be posted on that Web site.

Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

For More Information Or To Report A Problem

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Randi Melvin-Brown, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at On Point Behavior LLC or with the Secretary of the Department of Health and Human

Services. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

**U.S. Department of Health and Human  
Services**

Office of the Secretary  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Tel: (202) 619-0257  
Toll Free: 1-877-696-6775  
<http://www.hhs.gov/contacts>

**On Point Behavior LLC**

Randi Melvin-Brown  
Privacy Officer  
4894 Sparks Blvd. Ste. 109 Sparks, NV  
89436  
Tel: (702)715-8472

**NOTICE OF PRIVACY PRACTICES AVAILABILITY**

You will be provided a hard copy of this notice, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request.

## DEFINITION OF ABUSE

This section of the On Point Behavior Employee Handbook is obtained from Policy 44-1: Prevention, Recognition, and Reporting of Mistreatment of Individuals Receiving Services. Abuse is any willful and unjustified infliction of pain, injury, or mental anguish upon an individual. This includes but is not limited to:

### Sexual Abuse

The rape, sexual assault, or sexual exploitation of an individual served by DS Regional Center. Examples include, but are not limited to: sexual molestation; attempts to engage a person in sexual conduct; sexual touching or fondling; encouraging a person served to sexually touch a staff, a peer, or other Person, or him/herself; encouraging an individual to solicit for, or engage in, prostitution; exposing one's sexual parts to a person served; encouraging a person served to expose his/her sexual parts to a staff, a peer, or other Person; encouraging the viewing of obscene or pornographic material; using sexually degrading language or gestures toward an individual served.

### Physical Abuse

Any act that intentionally causes physical pain, discomfort, or injury to the individual, whether or not the action results in observable injury. Examples include, but are not limited to: slapping; hitting; pinching; punching; kicking; pushing; shoving; scratching; bruising; cutting; burning; hair pulling; use of arm bars or other holds to inflict pain and unnecessary physical coercion of an individual.

### Verbal or Mental Abuse

Verbal or mental intimidation or coercion of an individual. This includes, but is not limited to, actions or utterances which cause mental/emotional/psychological distress, such as: threatening an individual served with any kind of harm or with deprivation of any right, privilege, or benefit; sexual coercion; making hostile, offensive or obscene gestures to the individual served; name calling, cursing, mocking, ridiculing, taunting; any action, word or gesture that frightens, humiliates, harasses, intimidates, threatens, or insults the individual (whether or not the individual understands the meaning of the words, gestures, or actions). Any use of language (oral, written, gestures) that is obscene or profane.

### Excessive Force

The use of excessive force, to include unnecessary, unwarranted and/or unapproved technique, when placing an individual in physical restraint or in seclusion.

### Restraint

The use of physical, mechanical or chemical restraints in violation of State or Federal law.

### Aversive Interventions

Includes any interventions used to punish an individual for purposes of eliminating, reducing or discouraging socially inappropriate or harmful behavior that includes but not limited to: use of noxious odors or tastes; blasts of air; corporal punishment; verbal and mental abuse; use of electric shock; requiring the Person to perform exercise under forced conditions; any

intervention, technique or procedure that deprives an individual of the use of one or more senses regardless of the length of deprivation, including, without limitation, the use of sensory screens; and the deprivation of necessities needed to sustain the health of an individual regardless of the length of the deprivation, including, without limitation, the denial or unreasonable delay in the provision of medication, healthcare treatment, food or liquid, at a time that it is customarily provided.

### Abandonment

Any act of desertion of an individual in an unsafe manner or withdrawal of necessary assistance owed to an individual, by a person with legal duty or obligation to provide care, support or services. This includes, but not limited to: leaving Person who requires staff supervision alone at home, work, in a vehicle or at a community location which places them in an unsafe situation i.e. left to sit in a van when the temperature outside it 100 degrees.

### Exploitation

Any selfish or unethical act of using the individual, or their possessions, property or money, for personal gain or advantage. Examples include, but are not limited to: borrowing an individual's money; using a social security number to obtain a benefit or other financial gain for a person other than the individual served; accepting or coercing gifts from individuals; taking an individual's medication; having individuals do work (i.e. wash car) with or without compensation; having individuals pay for items and activities that are for the benefit of staff; abuse/improper use of individuals' social security funds or other funds in the Persons trust account; misuse of an individual's Medicaid or other health insurance benefits.

### Isolation

Any act that willfully, maliciously, and intentionally prevents an individual from having contact with friends, family, and associates by restricting or preventing visitation, phone calls, and any other form of contact and communication.

### Neglect

Any act, or omission to act, which causes injury or mental anguish or which places the individual at risk of injury whether due to indifference, carelessness or intention. This includes, but is not limited to: failure to provide the degree of care or other service to an individual served that a person is legally required or contractually obligated to provide; failure to establish or carry out an appropriate plan of treatment in which the individual has consented; failure to provide adequate nutrition, hydration, clothing, personal hygiene, shelter, supervision, education, or appropriate and timely health/medical care, including treatment and medication; failure to provide a safe environment; failure to respond to aggression between people served, or to individuals engaging in self-abusive behavior; failure to act to prevent another person from abusing or neglecting an individual served; failure to follow the policies of Aging and Disability Services Division (ADSD) and DS Regional Centers for the care and treatment of individuals.

### Serious Injury of Unknown Origin

Injuries which are suspicious based on the nature or circumstance of the injury that cannot be correlated to the functional or medical status of the individual. Examples include, but are not limited to: a series, or pattern of injury such as bruising or scratching; unusual bruising or marks such as on inner thighs and inner arms, clustered bruises, bruises/marks shaped similarly to objects or finger/hand prints; bruising or marks that do not match details of the reported accident/incident; burns or friction burns; bite marks; bone breaks, fractures, sprains.

### Reporting ANE through Allegations or Observations

If ANE is observed or an allegation is provided, OPB consultants should immediately notify an OPB internal ethics committee member (Dr. Brown or Dr. MB). The report **MUST** be made through person-to-person contact. Meaning that a text message, voicemail, or email does not meet this standard. You **MUST** talk with one of these people to complete your report. You must report within 60 minutes of your observation.

No employee with OPB will receive disciplinary action for making reports and will be protected from retaliation. Failure to report suspected mistreatment of an individual served may result in disciplinary action for the employee.

- Step 1: Quickly note the allegation or observation.
- Step 2: Refrain from asking clarifying questions from a person served. This will be completed by an investigation team, not OPB consultants.
- Step 3: Call OPB ethics member for reporting. Remember, this must be a vocal conversation between you and the selected ethics committee member.
- Step 4: **Documentation!!** Complete the On Point Behavior Allegation Form by the end of the business day.
- Step 5: OPB ethics committee will contact the Person's Guardian if appropriate.
- Step 6: OPB ethics committee will contact the regional center and report allegations or observations.
- Step 7: OPB ethics committee will contact the Person's ISLA provider and report necessary information.

## REFERENCES

Patient Handbook Checklist (2021) Behavioral Health Center of Excellence

Centers for Disease Control and Prevention (09.2018).

<https://www.cdc.gov/php/publications/topic/hipaa.html#:~:text=The%20Health%20Insurance%20Portability%20and,the%20patient's%20consent%20or%20knowledge.>

ACKNOWLEDGEMENT OF RECEIPT OF PERSON SERVED & SUPPORT TEAM HANDBOOK

I \_\_\_\_\_, have received, read, understood, and agree to comply with the Person Served & Support Team Handbook for On Point Behavior LLC, dated and understand all the information presented. I have been given an opportunity to ask any questions I may have and have received satisfactory answers to all of my questions.

I understand that the company has the maximum discretion permitted by law to interpret, administer, change, modify, or delete the rules, regulations, procedures, and benefits contained in the handbook at any time, with or without notice. No statement or representation by a supervisor or manager, or any other employee, whether oral or written, can supplement or modify this handbook. Changes can only be made if approved in writing by the Human Resources Department of the company.

I also understand that any delay or failure by On Point Behavior to enforce any rule, regulation, or procedure contained in the handbook does not constitute a waiver on behalf of the company or affect the right of the company to enforce such rule, regulation, or procedure in the future.

I understand that this Person Served & Support Team Handbook in no way establishes or implies a provider contract. I understand that services through On Point Behavior are voluntary and any party may discontinue services at any time.

This handbook supersedes any previous handbook or policy statements, whether written or oral, issued by On Point Behavior.

If I have any questions about the content or interpretation of this handbook, I will contact Human Resources.

Person Served	Signature	Date
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Guardian	Signature	Date
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OPB Representative	Signature	Date
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