



ADAPT, Inc.
Policies and Procedures
Manual

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ADMINISTRATIVE - GENERAL

The policies of ADAPT include those contained in this Administrative Policies document, as well as the Personnel Policies, policies required by state law, state regulations, and our contract agencies, and specific program handbooks (Community Inclusion Handbook, Employment Resources Worker Information Sheets, and House Rules.) The policies in the specific program handbooks are only applicable to the specific program or home. These other documents are located following these Administrative Policies in the Operations Manual.

Policy on Leadership

The Board of Directors, with the Executive Director, has the responsibility of providing effective leadership for ADAPT in pursuing its mission, through planning, fiscal direction, and policy oversight. The Board generally operates as a committee of the whole but as the need arises, may, appoint special committees.

Board Education - Reimbursement

Since an informed and aware Board of Directors is essential to the efficient operation of ADAPT. The program of Board education shall exist. New board members shall receive orientation, to include the purpose, history, programs, statistics, and current activities of the organization. Ongoing board education will include but not be limited to verbal reports by staff members concerning their responsibilities and duties, reports by the Executive Director concerning various phases of intake, financial reports, staff training, etc. Scheduled agency visits by Board and community members will be encouraged. Board members shall be encouraged to attend conferences and seminars as they relate to their involvement with ADAPT. Any expenses incurred with regard to those activities, including mileage, shall be reimbursed

Board Member Code of Ethics

All persons including board members, employees, persons receiving services, stakeholders, and the community at large should be treated with dignity and respect. Board members should constantly be aware that they act as role models for the staff and consumers, and that their conduct is a reflection of ADAPT. Their honesty and integrity must be of the highest level. Board members are expected to adhere to the same standards of conduct as employees in the following areas, as specified in the Personnel Policies: Anti-harassment Policy, Criminal Convictions and Criminal Charges Policy, Gifts, Gratuities, and Loans Policy, Confidentiality, and Building and Equipment Use Policy.

Conflict of Interest - Any time a potential conflict of interest exists between a Board Member and ADAPT it shall be the responsibility of that Board member to disclose that conflict prior to any Board action. The Board of Directors will then decide if that member should be limited or excluded from participating in discussions or voting on the issue in question.

Alleged violations of codes of ethical conduct by staff will be handled as described in the Personnel Policies. When the allegations relate to the treatment of persons served, the

procedures of the Office of Recipient Rights will be followed, as described in the Rights Policies. A special committee of the board or the relevant outside authority will handle allegations of unethical conduct by board members, where applicable. Substantiated violations may result in dismissal from the board or other action commensurate with the violation. Strict confidentiality shall be maintained during any investigation, and for all records of the allegation and investigation.

Safety Committee

The Executive Director shall appoint a Safety Committee which shall be responsible for monitoring the Health and Safety Program at all ADAPT locations. The Executive Director shall designate a Chairperson who shall be responsible for scheduling and conducting meeting, drills, and in-services. The responsibilities of the Safety Committee shall include:

1. Conducting and Reporting on all Drills and Evacuations
2. Quarterly meetings that include inspection of facility and report
3. Annual Review and Report of Safety Policies and Procedures
4. Review and Report on Accident and Incident Reports
5. Safety In-Service Training for Staff

Minutes of each meeting should be kept which describe the discussion of the committee. Discussions should revolve around fire drill procedures, vehicle condition, building safety, machine safety, etc. All aspects of the program as they relate to safety should be discussed. The committee shall also regularly review accident and incident reports and at least yearly shall review emergency procedures and policies. Included in the minutes should be recommendations relating to any problems or concerns which were discussed. The minutes should be signed by the committee chair person and forwarded to the Executive Director. The director will review the minutes, indicate what action will be taken on the recommendations, and also sign the minutes. The original will be filed and a copy will be returned to the committee chair person.

Board Rotation

The Board of Directors recognizes the importance of bringing fresh board members to the organization. The board shall encourage the addition of new members but also recognizes the importance of long-term dedication and commitment by board members. The board has determined that a small (6-10) board is most effective for our agency, so large turnover of board members is not always possible.

Code of Ethics - Financial Planning and Management

ADAPT is committed to fiscal stability and integrity. The financial practices of ADAPT shall be in accordance with legal requirements and sound business practice. Services shall be provided in a manner, which considers cost effectiveness, and avoids unnecessary duplication of services within the agency, and with other community service providers. Adherence to ethical standards shall also apply to business practices and marketing of ADAPT's services and programs, personal fundraising, witnessing of documents, and human resource activities. All ADAPT staff shall conduct themselves

with honesty, transparency in actions, and integrity in all matters related to their work within the organization.

Cash Management Policy

It shall be the policy of ADAPT to authorize the Executive Director, with Board approval, to manage the funds of the Agency. The Executive Director shall ensure that sufficient working capital be kept on hand at all times. Investment funds shall only be placed on deposit with institutions, which are approved by the Board of Directors. Planning for expenditures shall be based on the Agency budget, which is to be approved, and amended as necessary, by the Board of Directors. The daily handling of receipts and disbursements shall incorporate a system of checks and balances. ADAPT shall commission an annual audit by a Certified Public Accountant. This audit shall address and make recommendations concerning ADAPT cash management policies and procedures. These recommendations shall be submitted to The Board on an annual Basis.

In cases where ADAPT is responsible for consumer funds, separate ledgers will be maintained for each consumer, double signatures will be required for all funds dispersed, and accounting staff will perform tasks. When ADAPT functions as official payee for consumers, the procedures above will be followed as well as any Probate Court guidelines and/or regulations.

Adapt Representative Payee records of Consumer Funds

Guardians will direct requests for funds to home supervisors when needs arise for a purchase from the Adapt representative payee for a resident. Home supervisors can accept verbal consent from the guardians and will fill out a request for payee funds and submit it to the Adapt representative payee. Each month a reconciliation of the individuals account is submitted by the home supervisor, reviewed, approved and returned to the home supervisors that list the transactions that occurred during that period. These records are available to all guardians upon request. In addition, some counties Probate court requires and the Adapt Representative Payee provides to them an annual "account of fiduciary".

Risk Management Plan

It is vital to ADAPT that adequate planning, fiscal reserves, and insurance coverage's be in place to ensure the viability of financial solvency of the company. It is the responsibility of the Executive Director to develop, monitor, and ensure that there are appropriate cash reserves and that insurance coverage's are appropriately maintained. This also includes regular assessments and reviews of coverage and maintaining loss control practices and procedures. Assessment shall include annual meeting with insurance provider. Loss control procedures shall include but not be limited to, reviews by insuring companies, fire department inspection, workman's compensation training and ensuring that all subcontractors have appropriate coverage. Insurance coverage shall provide for protection of assets, potential defenses in the case of lawsuits, staff protection, directors and officers coverage, bonds, malpractice, and product and service coverage.

Reports shall be made to the Board of Directors detailing insurance coverage's and cash balances. An annual audit, conducted by a CPA shall be required and the report, including management letter (if any) shall be presented to the full Board.

Technology Policy/Plan

Employees are not permitted to use ADAPT owned technology for anything other than work related use. New technology shall not be installed into any ADAPT computer without prior approval from the Executive Director.

System Controls and Procedures

Licensing - ADAPT will observe the terms of all copyrights, software licenses, and agreements. Unauthorized software will not be allowed.

Backup - The business manager of ADAPT is responsible for developing and ensuring that network backup procedures are developed and followed. This system shall include offsite storage and a rotation system of backing up data. Individual workstations that maintain their data on the file server shall back up their data on a regular basis.

Virus Protection - until further notice, AVG virus protection shall be used on ADAPT computers. Updates should be scheduled daily to ensure the maximum protection.

Windows updates shall be utilized on a regular basis to ensure the most current operating system is present. Anti-spy ware shall also be used. Physical Protection - anti-surge protectors shall be used on all computers; battery backup systems shall be in place for accounting workstations. Employee Terminations - the business manager is responsible for removing access for terminated employees who have had access to the file server. Password protections shall also be used on individual workstations.

Ownership - all information contained on ADAPT computers shall be the property of ADAPT. Non-employees, except authorized computer repair personnel, are prohibited from utilizing ADAPT computer equipment.

ADAPT uses computers and software for the management of consumer data and fiscal records. It is vital that these systems be protected, backed-up, and maintained. The Executive Director is responsible for maintaining an arrangement with a certified computer service company and for the purchasing of all software (including Virus Protection) and hardware for the company. The Executive Director may delegate specific duties to others, but the ultimate responsibility rests with that position.

Confidentiality of all data is a high priority and all staff should take appropriate steps to protect the information to which they have access. This may include:

- * Locking office doors when leaving
- * Establishing password protection other than the general file server access password
- * Awareness of what is left on computer screens when others are in your office
- * Ensuring confidentiality of emails

Staff members are also instructed that the personal use of email and the Internet on company time is not permitted and may be grounds for corrective action. Internet sites, other than those used for business purposes, should not be visited. All staff members are specifically prohibited from downloading programs and/or adding unauthorized

software without the permission of the Executive Director. This policy shall be reviewed annually if changes are necessary.

Purchasing Policies

It is the Responsibility of the Executive Director to administer the purchasing system for ADAPT. Only the Executive Director can incur debt in the name of the Board. It shall be the policy of ADAPT to purchase locally, provided goods of equal quality and competitive prices are available from local suppliers. The Executive Director shall be responsible for establishing, monitoring, and maintaining purchasing policies and practices that result in an effective and efficient operation. Safeguards shall be established to ensure accountability and the proper management of ADAPT's funds. ADAPT may consider available services, quality, and delivery in determining successful bidder. ADAPT reserves the right to reject any and all bids.

Donations

Any donation, contribution, gift or bequest made to ADAPT shall be turned over to the Executive Director. The Executive Director shall issue, or cause to be issued, a receipt to the person and/or organization making the donation.

Special Donations Fund Policies and Procedures

Background: These policies and procedures were adopted by the Board of Directors of ADAPT to provide for the administration and use of funds donated to ADAPT. The Executive Director of ADAPT is responsible for ensuring that these guidelines are followed.

Procedures: All donations, gifts, bequests, or endowments received by ADAPT shall be placed in a specially designated account. These funds shall be kept separate from ADAPT's general funds and all interest earned shall be deposited back into the fund. The funds in this account may only be used for projects described below and may only be withdrawn with the approval of the Executive Director. The Board of Directors must approve any changes in these procedures.

Funds may be used for: Building projects, special purchases, program enhancements, and new program startups.

ADAPT is a non-profit corporation. Donations are tax deductible.

Marketing Practices

ADAPT shall proactively market its services in a manner which is fiscally and morally responsible, which enables potential consumers to become a part of ADAPT services, and which promote the organization locally and in the larger arena of human services. Exploitation of consumers, including the use of individual consumer information without consent, is unacceptable.

Fee Splitting

ADAPT shall not engage in fee splitting with either agencies or individuals for the purpose of obtaining consumer referrals.

Policies on Human Resources

Because the quality of the staff of ADAPT is the organization's most important asset, ADAPT will endeavor to recruit, train, and retain individuals who are committed to meeting the needs of persons with disabilities, and who have skills which assist in achieving ADAPT's mission. This includes a commitment to secure staff with suitable qualifications, experience, and education, to enable them to carry out their responsibilities, as set forth in their job descriptions. The organization seeks to provide needed support, supervision, training, and opportunities for professional growth to enable them to reach their performance objectives.

All employees will receive upon, or prior to their employment, a copy of the Board approved Personnel Policy. Each employee will be given an opportunity to thoroughly read the document prior to the acceptance of employment. The Personnel Policy shall be subjected to periodic review.

Research Projects

ADAPT will adhere to ethical guidelines for research projects that the agency may become involved in. Consumers have the right to informed consent and the right to refuse to participate in any research projects.

Conflict of Interest

In an effort to avoid potential conflicts of interest, it shall be the policy of ADAPT to prohibit staff from becoming payee, guardian, or foster home operators to the consumers served by ADAPT. The Executive Director may allow exceptions.

Reference/Credentials Check

ADAPT shall make a reasonable effort to secure employment references on new hires. Positions that require a degree shall have their education and work credentials verified. Volunteers/Consultants shall furnish a personal and/or employment reference. If current staff knows a volunteer, consultant or new hire, that information may be substituted for a written reference. The appropriate supervisor shall review all references. ADAPT will comply with all AFC, state and federal requirements concerning criminal and reference checks.

Policy for Volunteers/Student Interns/Consultants

ADAPT may utilize volunteers, consultants and/or student interns as additional help in program settings. All volunteers/interns/consultants shall complete an orientation session with their supervisor prior to consumer contact. This orientation shall be documented and will cover a specific listing of safety procedures, confidentiality, policies, and information that is important for the safety of consumers and volunteers/interns/consultants alike. Each volunteer, consultant or intern will be assigned to a specific supervisor who will be responsible for work assignments and for ensuring that the volunteer, consultant, or intern is performing in an acceptable manner. ADAPT will comply with all AFC, state and federal requirements concerning criminal and reference checks.

Accessibility Policy

It shall be the policy of ADAPT to maximize accessibility for persons with disabilities, within the organization and the community. All ADAPT leadership will work to remove architectural, environmental, attitudinal, financial, employment, communication, and transportation barriers. ADAPT will provide architecturally accessible facilities which ensures that all consumers may receive the full range of services offered. All of ADAPT's services shall be available to qualified persons with disabilities. ADAPT's accessibility plan and review criteria is available, and is to be reviewed annually by the Board. An external review of accessibility will be conducted periodically.

Accommodation/Staff Recruitment

ADAPT will make every effort to employ staff persons and recruit Board members who have disabilities. All architectural barriers that would prevent such participation shall be removed. Reasonable accommodations shall be made which enable persons with disabilities to serve as staff, volunteers, or Board members. The Board and the Executive Director shall also make every effort to obtain capable staff persons and board members who have disabilities and promote a positive and functional image of people with disabilities throughout the community.

Community Relations

ADAPT will seek to establish and maintain a close and positive relationship with community agencies. ADAPT shall allow and encourage staff to become involved in community efforts to improve the lifestyle of persons with disabilities. ADAPT will promote, and help other community organizations in promoting integrated opportunities for community participation for persons with disabilities. The necessity for accurate and complete consumer information deems such a relationship exists. If ADAPT is to provide quality services all available information regarding consumers must be obtained. This relationship shall be maintained through personal contact with agencies and, where appropriate, a sharing of information. Case forms and informational forms for securing information are available at ADAPT.

Public Requests for Information

Public requests for information are directed to the Executive Director, the County Coordinator of DD or DD/MI Services, or their designee. Requests may come by phone, in-person visits to the office, in writing, or by e-mail. Questions about programs and services are answered; confidential information is never given out without a specific signed release. Written materials, which are typically given in response to requests, include program descriptions, brochures, newsletters, and program handbooks. The public is also directed to the ADAPT web site.

Tours are available on request for people who have a reasonable need or interest in seeing the programs, such as people who are interested in receiving services, their friends and families, other stakeholders, people who work in the field, students, interns, and so on. Group tours need to be scheduled in advance.

Input from Persons Served

See Community Living Handbook

Consumer Appeals

See Community Living Handbook

Grievance and Appeals (Service Denial/Changes/Termination)

Consumers of Adapt services, as well as those who apply for Adapt services, have the right to appeal any decision to deny, change or end services. If a consumer/applicant disagrees with a decision regarding services, the first step is to discuss it with the County Director of DD/MI Services. If the consumer/applicant is not satisfied with the result of this discussion, a verbal or written request may be submitted to the County Director appealing the decision. When such an appeal request is received, the County Director must inform the Executive Director within three (3) working days. The Executive Director will then arrange for an appeal hearing between the Executive Director and the consumer/applicant within three (3) working days. The decision of the Executive Director is final and will be issued in writing to the consumer within five (5) working days.

Consumers are also entitled to present their complaints to a Recipient Rights Officer who can be contacted through their local Community Mental Health Agency.

Working with the Criminal Justice System

Adapt will work with consumers with criminal records who are eligible and appropriate for services. Adapt, along with the designated Community Mental Health (CMH) worker, will work with guardians, the courts, probation officers, etc., to ensure the consumer is meeting his or her obligation to the legal system and is safely receiving services in the community. Examples of working with the legal system may include court-mandated participation in an Adapt program, assisting consumers in attending appointments, ensuring transportation for drug-testing, etc. Adapt will maintain a detailed history of the consumers criminal history, as appropriate to the needs of the consumer, peers, and the program. Adapt personnel will follow all reporting requirements, such as probation violations. Information regarding the consumer's criminal history will be shared with necessary Adapt personnel to the extent it is necessary to keep the consumer, peers, and community members safe.

Policy on Legal Requirements

The operational practices of ADAPT shall be in accordance with applicable legal requirements and regulations. This includes legal requirements for doing business in the state of Michigan as a non-profit corporation, and specific applicable requirements of state and federal agencies, which are too numerous to list! Specific policies in relation to a number of these requirements are included in applicable sections of the policy and procedures manual. ADAPT retains an attorney for advice on legal requirements

Equal Opportunity Employer

See Personnel Policies

Anti-Harassment Policy

See Personnel Policies

Record Keeping

All current consumer records shall be kept in a safe and inaccessible manner for a minimum of five (5) years after termination. When a person leaves the program, the record is returned to the keeper of the record. All administrative records shall be kept indefinitely.

Outcomes Management Policy and Procedures

Purpose

ADAPT's Program Outcome Management Information System is designed to assist the Board, management and staff in measuring the results of our services to our consumers. Through the efforts of management and staff, each program seeks positive movement towards ADAPT's primary goal, as listed in the mission statement, of assisting "individuals in maximizing their growth and becoming as self-sufficient as possible."

The programs that are included in this Outcomes Management Information System are as follows:

- Community Living Services
- Residential Services
- In-Home Supports Services
- Outlook Clubhouse (Branch)
- Employment Resources (Branch)

Evaluation Objectives

We assess the programs in three areas:

1. Consumer Satisfaction.
2. Program effectiveness (Quality of Life measures)
3. Program efficiency (Quality of Service measures)

The evaluation objectives include a description of the measurement process, specific outcome indicators and target levels for the programs. Evaluation objectives for the upcoming year are prepared, based on previous year performance, in November of each year.

In addition to the Evaluation System objectives, each program also has a program goal, admission criteria, and an outline of services, which that program provides.

External Evaluation Data

ADAPT participates in the CARF accreditation process. CARF recommendations and other review results are incorporated into the Outcomes reporting process and the Quality Improvement Plan, when such plans are required or will be beneficial to agency consumers. Examples of other external evaluating entities are the Regional Affiliation of CMH agencies, Department of Community Health (DCH), and foster care licensing but the State of Michigan.

Consumer Satisfaction Survey

A consumer satisfaction survey is conducted annually. In August, surveys are mailed to guardians and homes of 50% of consumers, with a postage-paid return envelope. A

50% sample of consumers is interviewed by someone who is not a direct provider of service in September of each year. Data is collected, compiled, and analyzed, and comments and suggestions for improvement are summarized and distributed to Board, administration, and staff in late October.

Strategic Plan

Each Fall/Winter ADAPT' Strategic Plan will be reviewed and if necessary revised. The Strategic Plan shall be developed through the efforts of staff and Board members and lay out a blueprint of future goals and objectives for the agency. The results of the strategic plan shall be conveyed to supervisory staff and agencies on an annual basis. The annual surveys and evaluation data will be utilized in development and revisions to the Strategic Plan.

Management Report

Administration will prepare a Management Report in November each year on the results of the Program Evaluation Objectives, Consumer Satisfaction Survey, and External Evaluation Data. It will report, by program, on program effectiveness (Quality of Life measures), program efficiency (Quality of Service measures) and consumer satisfaction. Copies of the report will be provided to board members, program supervisors, and contracting agencies. The Report will be discussed at the board meeting, administrative and program staff meetings.

Quality Improvement Plan

Quality Improvement goals, objectives, and strategies are developed in consultation with administration, program supervisors, and stakeholders (consumers, CMH staff, and family members) in November. The Quality Improvement Plan is developed immediately following the completion of the Outcomes Report, in order to demonstrate the agency's strategy for utilizing the information collected from the Outcomes Report.

Uses of Information

The board and administration are able to use the information generated to set policy, facilitate long-range and short-range planning, determine whether programs are effective, need to be continued, improved, or discontinued, identify needs which may call for new programming or revised programming techniques, revision of admission/discharge/program transfer requirements, for allocating resources to the various programs, and for community marketing efforts.

Each program will use the system to set program performance goals; determine whether program goals are met, exceeded, or below acceptable levels; improve program performance; facilitate follow-up; and monitor and document corrective actions taken.

Review of System

The Program Evaluation System is reviewed and updated annually. Administration meets with the Board and Program supervisors to review the system and set program goals for the coming year. Each Program Supervisor discusses the goals for their program with their staff for their input and recommendations. The evaluation system

document is drafted based on the information gathered. The following factors are considered in the review process:

- Data generated from the system, including the management report.
- Information from consumer satisfaction survey
- Information from stakeholder satisfaction survey
- Accessibility Reports
- Desired outcomes for program services.
- Increasing Quality of Life benefits (effectiveness) for persons served.
- Increasing Quality of Services (efficiency) to persons served.
- Increasing Consumer Satisfaction.
- Cost containment/Resource Allocation/Risk Management
- Improving or simplifying the methods of measurement.
- Characteristics of persons served.
- Staff Surveys
- Human resource activities, including training

ADMINISTRATIVE

Case Coordination Duties

The Social Worker or Director of DD/MI Services shall be responsible for case coordination duties. These include but are not limited to implementation of Service Plans, monitoring of the Service Plan, scheduling of intra and/or inter-agency conferences, reassessment and revision of Service Plans and post termination Service Plan. The coordinator may assign specific responsibilities and/or duties to staff aides.

Snow Days / Inclement Weather

Administration and Community Inclusion staff – unless notified staff are to report to work. Staff should check with their supervisor prior to reporting to work. If staff is unable to report, they may either use personal time or take lost time with no disciplinary action to be taken.

Contract Bidding Policy

All contracts bid on by ADAPT shall be in compliance with wage and hour policies. This includes accurate time studies based upon similar industrial and/or prevailing wage rates, appropriate charges for overhead, and an agency refusal to accept struck work. In most cases time studies performed by ADAPT shall form the basis for consumer payment. Production records on each consumer shall be maintained and every effort made to increase consumer productivity and earnings. On long-term contracts, prices shall be reviewed at least annually to ensure that they remain accurate.

Public Inspection Policy

It shall be the policy of ADAPT to encourage visits and inspections by the public. Large groups should schedule appointments with the Director of DD Services. Financial information concerning the operation of ADAPT shall also be available based upon the discretion of the Executive Director.

Struck Work

It shall be the policy of ADAPT neither to accept struck work nor to place consumers into employment with business being struck. Exceptions may be allowed only by the approval of the Board of Directors. In Supported Employment sites, job coaches and ADAPT paid consumers shall not remain at work sites which are being struck. Exceptions to this rule shall be made only with the approval of the Board of Directors.

Quality Control

It shall be the responsibility of the shop supervisor to ensure that a quality control system is maintained for each subcontract. Customer specifications and requirements shall be adhered to at all times.

Case Review Policy

All active program consumer files shall be reviewed annually by a reviewer. The reviewer shall be appointed by the Executive Director and shall consist of staff that contributed to and utilize the records. The function of the reviewer is to examine consumer files in order to insure that:

- a. Required forms, correspondence, reports, and test are included.
- b. The files are up to date and properly arranged.
- c. That old materials are placed in an archive file.
- d. That the information included meets the agency and CARF standards.

Residential files are reviewed annually prior to the Person Centered Planning meeting.

In addition the agency shall review agency policy and procedures concerning consumer files. This review shall include an examination and analysis of record keeping requirements and case file policies.

The recommendations of these committee meetings shall be projected verbally and in writing to the Executive Director. The Executive Director shall respond verbally to those recommendations,

Caseload Review Procedure

The professional staff of ADAPT shall review the caseload of ADAPT and transmit their findings and recommendations to the Board of Directors. The review shall involve an analysis of the current caseload with regards to the purpose and capabilities of ADAPT. The examination shall include consumer disabilities, living situations, work production, and learning needs as they relate to the original purposes of ADAPT. The questions, is ADAPT the correct (or it's intended) consumer group, and is the program effective, shall be addressed.

Consumer Program Quality Review

The following Quality Review mechanisms are in place:

Quarterly Treatment Monitoring.

An appropriate professional or their designee reviews each consumer goal. This includes review of consumer progress, whether the appropriate services are being provided for an adequate duration, starting in a timely manner, and are producing the desired results, as specified in the Individual Plan of Service. Deficiencies are communicated to the program supervisors and/or paraprofessionals who are implementing the program. The professional monitor verifies that corrections have been made at the following month.

Periodic Case Review.

The Case Manager reviews each consumer's progress towards service goals, and recommends modifications in the individual programs as needed. This includes deficiencies and corrective actions.

Annual External Audit.

The Michigan Department of Mental Health conducts an annual audit of a sampling of Medicaid consumer files. The review provides a report with specific recommendations for action. Administrative staff and program supervisors review these, and corrections are implemented. Needed changes are incorporated into the treatment planning process.

Consumer Program Manager Designation

Consumer program managers are designated as follows:

<u>FOR CONSUMERS IN PROGRAM:</u>	<u>PROGRAM MANAGER IS:</u>
Community Living Services only	Community Living Supervisor
Community Living Services and SE	Community Living Supervisor
Clubhouse only	Clubhouse Supervisor
Clubhouse and SE	Clubhouse Supervisor
SE only	SE Program Coordinator
HIS	HIS Program Coordinator

GENERAL

Referral & Intake Procedures

Referrals from CMH Agencies (Pines, St. Joe, etc.)

Referrals for the Community Living Supports (CLS) Programs and the Clubhouse come directly from a community mental health (CMH) agency. The Case Manager/Supports Coordinator will complete the respective intake/referral forms and provide assessments, demographic information, and other information that will be useful in planning initial program activity with the consumer. This information will be given to the respective program coordinator.

Referrals directly to ADAPT

Referrals directly to ADAPT will be referred to the appropriate CMH agency. The CMH agency is responsible for determining if a prospective consumer meets initial eligibility and will assign the consumer a Case Manager/Supports Coordinator, who will then contact the respective program coordinator about the intake process.

In the case of a direct contact with ADAPT personnel, the ADAPT staff member will encourage the person making the referral to contact the CMH agency and will provide the necessary phone numbers and explanation of the purpose of intake/connection with the CMH agency. However, ADAPT personnel will assist those who are unable to contact the CMH agency on behalf of the consumer in need of services. In the case of walk-ins, a tour of the program will be offered in an attempt to determine if the service appears to be appropriate for the person.

For those people who contact ADAPT directly, but clearly do not meet eligibility criteria, the program coordinator will attempt to make appropriate service referrals to external agencies.

Orientation

An orientation interview will be scheduled as quickly as possible and will include the consumer, Case Manager/Supports Coordinator, caregiver/guardian, program supervisor, and any other desired support person. During this meeting, the consumer will be given a tour of the program if s/he has not had one already, will discuss the program activities, rules, and the general routine of the program. A handbook and a program activity description sheet (CLS Programs only) will be given to the consumer/caregiver. Transportation, work (Branch Co.), and medication issues will be discussed during this meeting. Any paperwork not completed prior to the orientation interview will be completed during this meeting, and minimally prior to the person beginning services. The start of services may be delayed until all paperwork is completed and the program supervisor has all assessments, etc.

Person-Centered Plan (PCP) or Treatment Plan

If a consumer begins services without an applicable PCP, the Case Manager/Supports Coordinator must schedule a planning meeting within 30 days of the start of services. During this meeting, appropriate service-related goals will be discussed, with input from the consumer and direct care staff, who have been assessing the consumer's strengths, needs, and preferences during the 30-day period.

EXIT CRITERIA, DISCHARGE, AND FOLLOW-UP PROCEDURES

A primary goal of ADAPT, Inc. is to help people attain the highest level of independence possible and to receive services in the least restrictive program environment available. When a person has advanced in skill level sufficiently within a program, ADAPT will

make every effort to move that person to the most appropriate program available. The exit/transfer criteria are outlined below.

Program Transfers

St. Joe Community Living Supports (CLS) Program to St. Joseph Community Co-op (SJCC)

Consumers shall be eligible to exit the CLS Program when they have attained skills and behaviors that will allow them to efficiently complete work available at SJCC (not an Adapt provider). A consumer's vocational, behavioral and personal/self-care skills must be appropriate for employment at SJCC. The transfer decision will be made at a meeting with all appropriate support people in attendance, including the home provider and guardian. All support people will have written notification of the meeting, and shall be provided the opportunity to discuss the transfer. The Person-Centered Planning team (support people), including the Consumer, Case Manager/Supports Coordinator, the CLS Program Supervisor, SJCC representative, and guardian, if applicable, must approve the transfer. Some consumers may be appropriate for part-time employment at SJCC, and when possible, such arrangements will be made without discharge from the CLS program.

Branch CLS Program to Core Worker (Work Only)

Consumers whose production levels, social skills, and personal/self-care skills are compatible with sheltered workshop expectations shall be eligible to exit the CLS program to work exclusively in the workshop (Core Worker). Since the availability of work in the sheltered workshop fluctuates, transfers of this sort shall be considered carefully. Core Workers are frequently laid off for days at a time, and must be able to function without the daily services offered by the CLS program. Production levels, consumer wishes, and personal/behavioral needs will be taken into account when considering such a transfer. The transfer decision will be made at a meeting with all appropriate support people in attendance. All parties (including the home provider and guardian) will have written notification of the meeting, and shall be provided the opportunity to discuss the move. The transfer must be approved by the Person Centered Planning team, including the Consumer, Case Manager/Supports Coordinator, Coordinator of Community-Based Services, CLS Program Supervisor and the Workshop Supervisor.

Branch CLS Program to Employment Resources (Supported Employment)

Consumers who so choose will be referred to the Supported Employment program. A person's desire to work in the community will be a crucial factor in the decision to refer. Such a referral will often be made at the annual Person Centered Planning meeting or during a plan review with one's Case Manager. In both counties, a designated staff member will assess, at least annually, each CLS consumers' desire and ability for community work. Currently, Adapt provides supported employment services in Branch County only. In St. Joe County, the CLS Program Supervisor will refer appropriate consumers to their assigned Case Manager, who will then make the necessary referrals

for employment services. A person may continue to participate in the CLS Program in addition to Supported Employment, schedule permitting. Acceptance into the Supported Employment program in Branch County will be based on the entrance criteria and procedures of that program. Referrals from the CLS program have equal priority with referrals from other sources.

TERMINATION

When a consumer is discharged from services, a summary report will be completed using Adapt's *Termination, Exit, and Follow-Up Report*. All consumers discharged from services will be included in the yearly discharge summary.

Planned Completion of Program

When a person has progressed to the point where s/he has achieved maximum benefit from the program in which s/he participates, a transition plan may be implemented in preparation for enrollment in a more appropriate program or service. Transitional goals will be developed, and as the consumer meets those goals, service is terminated by the mutual consent of all parties involved. An example of such a plan includes obtaining competitive employment. Transitional plans are developed cooperatively by the Case Manager/Supports Coordinator and designated Adapt personnel.

Voluntary Termination

When a consumer terminates services voluntarily, ADAPT shall make every effort to insure that the person's best interests are being served. This may involve assisting discharged consumers with finding replacement services, referrals to supporting community resources, among other activities. If possible, a meeting of all interested parties shall be held to ensure that the termination is in the best interest of the person and that all resources for future success are being utilized.

Re-Entry

When a consumer leaves ADAPT voluntarily or according to plan, that person will have a 30-day period in which s/he can decide to return to the program. The consumer needs to notify the Coordinator of Community-Based Services (Branch County) and the Program Supervisor (St. Joe County) and his/her Case Manager/Supports Coordinator of his/her desire to re-establish services. When a person is placed in competitive employment or secures employment independently, his/her slot shall be kept available for not less than 60 days. If during those 60 days employment is terminated, the person may (if they still meet admission criteria) be readmitted to ADAPT.

Involuntary Termination

Although ADAPT will make every effort to maintain people within its programs, there are people who are inappropriate for the scope of services provided by Adapt. Severe acts of physical violence (to self or others,) unexcused or excessive absenteeism, inability to function in and gain benefit from programming, etc., are possible reasons for an involuntary termination. After exhausting all reasonable alternatives for maintaining services, a meeting shall be held with all involved parties, including the consumer,

concerning the termination. A written report of that meeting shall be sent to those unable to attend, and referrals to other programs shall be examined and made. ADAPT reserves the right to make the final decision about providing services to any person. Re-entry into an Adapt program after an involuntary termination will be considered on a case-by-case basis.

Notification of Termination

All parties will have written notification of meetings to discuss termination, and of the decision resulting from the meeting. Parties to be notified include the Consumer, Home Provider, Family/Guardian, Case Manager/Supports Coordinator, Program Supervisor, the Coordinator of Community-Based Services, and the Director of DD or DD/MI Services, when applicable. In some cases, consultation with the Executive Director may be necessary

Follow-up Procedures

When a consumer moves to another area or to other services, ADAPT personnel will be available to assist the person in obtaining new services. Appropriate information will be sent to the prospective program(s), provided the consumer and/or guardian have signed the appropriate Authorization to Disclose Information forms. In most cases, the mental health Case Manager/Supports Coordinator will handle the referral and information transfer, and ADAPT personnel will provide additional assistance when appropriate. A follow-up report will be prepared by the Coordinator of Community-Based Services or designated staff member within 60 days of the consumer's exit from services. The purpose of the follow-up report is to ensure the discharged consumer and/or guardian sought the recommended services.

ADAPT will actively seek follow-up contact with discharged consumers and/or guardians within 60 days of discharge. Follow-up activities may include, but are not limited to, telephone calls, personal visits, and written correspondence. Some attempts to conduct follow-up will be unsuccessful; the reason for the lack of contact will be documented on the Follow-Up section of the *Termination, Exit, and Follow-Up* form.

SAFETY AND HEALTH

The Safety and Health Policies detailed below are duplicated in Emergency Procedures that are kept in each home/program. Those procedures may have more details and/or plans than listed here.

TRANSPORTATION OF CONSUMERS:

These Guidelines and policies apply to all vehicles in which consumers of ADAPT are transported.

- **Requirements for Drivers:** It is the policy of ADAPT that staff and drivers of the ADAPT'S vehicles, or when using their own vehicles to conduct business for ADAPT, shall have a valid operator's license, be insurable under the employers insurance policy, or when using their own

vehicles, have proper and adequate automobile insurance, and meet other criteria described below.

- Staff is defined to mean any individual who may be required to transport a consumer in an employer's vehicle, including emergency situations, or who use their own vehicle to conduct business for ADAPT. Staff and Drivers agree to advise ADAPT of any traffic tickets or other citations involving an automobile in which staff or driver are found to be responsible, at fault, or guilty. ADAPT also will conduct periodic checks with the Department of Motor Vehicles for moving violations. An employee who becomes incompetent to drive or is inflicted with a mental or physical infirmity will not be permitted to drive ADAPT'S vehicles, provided such disability constitutes a threat to public safety. Evaluation of competency or ability will be determined by appropriate medical opinion. ADAPT reserves the right to deny employment or to terminate employees whose driving record or driving ability is believed to pose a threat to the safety of consumers, or limits consumer's participation in activities.
- **Seat belts:** The driver of each vehicle is responsible for the safety of his or her passengers. Therefore, it shall be the policy of ADAPT that all occupants in any vehicle must be properly restrained; using restraint systems, any time a vehicle is in motion.
- **Smoking:** Due to the safety hazard and out of consideration for non-smokers, smoking while in an ADAPT vehicle shall be prohibited.
- **Assistance to Consumers:** It shall be the responsibility of the driver to assist consumers in need with entry and exit from the vehicles. Assistance shall be given to those consumers who are susceptible to injury due to age, physical condition, or adverse weather conditions.
- **Vehicle Speed and Parking:** In order to ensure the safety of consumers, all ADAPT vehicles travel at or below the posted speed limits. Each ADAPT building shall have designated parking areas. ADAPT staff, whether transporting consumers or not, are expected to comply with neighborhood speed limits and parking regulations. Defensive driving must be practiced at all times.
- **Accidents:** All accidents and/or incidents involving ADAPT vehicles shall be immediately reported to the police and/or the ADAPT office. Failure to do so may subject driver to disciplinary action. A written Van Incident Report form must be completed.
- **Road Emergencies/ Mechanical Failures:** In case of a mechanical breakdown, if a phone is nearby the driver shall ensure that consumers in the vehicle are secure and safe, they then shall notify ADAPT administration for instructions/assistance. If a phone is not nearby or if the consumers in the vehicle cannot be briefly left alone, the driver shall raise the hood, put out the hazard signal, and wait for help. If anyone in the vehicle is injured, the emergency help shall be sought immediately.
- **Van Condition and Operation:** The driver shall be responsible to report a mechanical or structural problems encountered. Basic interior cleanliness of the vehicle shall be the responsibility of the driver. Litter should not be

allowed to accumulate on the floor and clipboards and reports shall be maintained and stored properly.

- **Vehicle Environment:** ADAPT strongly encourages consumers to talk and enjoy themselves. The vehicle driver is an important part of this and should seek to establish a warm and positive relationship with and among consumers. This involves greeting the consumers, active and sincere discussion with them while in the vehicle, allowing their input with regards to radio station selection, climate control, etc. Consumers shall be treated with courtesy and respect at all times. However, the driver is also in charge of discipline while in the van and shall maintain an orderly safe ride.
- During Transporting the Safety of ADAPT's consumers rests in the hands of the vehicle drivers. The above guidelines and policies are intended not only for the protection of consumers but also for the driver. Responsibility for enforcement of the above guidelines shall rest with the vehicle drivers.
- **Cell Phone Use:** Cell phones are not to be used by drivers while the vehicle is in motion. In an emergency, other staff in the vehicle should make any necessary phone calls, or the driver should pull to safety at the side of the road or in a parking area before placing a call. Use of cell phones for personal business is not permitted. Cell phones are available in ADAPT vehicles for emergency use only. All phones are able to call 911.

ROAD EMERGENCY AND ACCIDENTS

All the accidents and /or incidents involving ADAPT vehicles shall be immediately reported to the police and /or the ADAPT office. Failure to do so may subject's driver to disciplinary action. A written Van Incident Report form must be completed.

In case of a mechanical breakdown, if phone is nearby the driver shall ensure that consumers on the vehicle are secure and safe, they then shall notify ADAPT administration for instructions/assistance. If a phone is not nearby or if the consumers on the vehicle cannot be briefly left alone, the driver shall raise the vehicle hood, put out the hazard triangles, and wait for help. If anyone on the vehicle is injured, emergency help shall be sought immediately.

MEDICAL EMERGENCY RESPONSE WHILE IN TRANSIT

1. Pull off or to the side of the road
2. Remain calm
3. Assess the situation
4. If appropriate transport recipient to hospital
5. If necessary call 911 using the emergency phone provided
6. Implement any necessary first aid procedures as trained (follow infection control guidelines)

7. Provide the EMT with all relevant information, including the info we have written up and keep in the emergency bag
8. If there is more than one staff, have a staff go with recipient in the ambulance
9. As soon as it is practical contact Supervisor or other management personnel

BEHAVIORAL EMERGENCY RESPONSE WHILE IN TRANSIT

1. Pull off of or on to the side of the road
2. Remain calm
3. Assess the situation
4. If necessary get others out of the vehicle
5. Utilize skills obtained through training and experience to try and bring things under control
6. If the situation is severe enough and people are being placed at risk, call 911 using the emergency phone provided
7. As soon as practical contact Supervisor or other management personnel

FIRE EVACUATION PLAN

Home/Program Specific

TORNADO PLAN:

When a severe weather **watch** is issued, the NOAA weather radio will sound an alarm. Staff should respond by obtaining the emergency radio, flashlights, blankets, and the emergency kit and placing them in the bathrooms. The staff will tune the radio to one of the local stations (WLKM 96 in Three Rivers or WMSH 99.3 in Sturgis), to listen for further weather information.

When a tornado **watch** is issued or weather conditions are such that a tornado may occur, all consumers and staff will be inside the home.

When a tornado **warning** is issued, the consumers and staff will move to the designated area of their home or program. Stay away from the windows!!!

After it is clear, or the radio says that the threat of a tornado has passed, seek medical attention as needed and/or alternate housing if necessary. Contact necessary personnel at first opportunity.

Remember, your first priority is the safety of the consumers and staff.

ADDITIONAL PROGRAM OR HOME SPECIFIC INSTRUCTIONS LOCATED AT HOMES/PROGRAM

TORNADOS:

Tornadoes have a familiar funnel shape, but you may not see one before you end up in danger.

- When a tornado WARNING has been issued, go to your safe area IMMEDIATELY! Follow your group home's Tornado Emergency Procedure.

- Do not stop to close or open windows. Do not bother to close or open doors unless they are near your safe area closing that door might prevent flying glass from the room.
- The biggest danger is flying glass. Stay away from windows or glass doors. Go to the lowest level of the house, to an INTERIOR are. (Not the Southwest corner of the basement.) If you are in a vehicle, seek shelter in a large building. If there is none close, lie down in a ditch or ravine. Do not try to outrun a tornado!

REMEMBER: many of the people we serve may not cooperate in lying down in a ditch in a bad storm. Plan ahead to avoid being caught in such a vulnerable condition.

SEVERE THUNDERSTORMS AND TORNADOES

WATCH means there could be severe weather because conditions are right. Stay tuned to TV or radio weather reports!

WARNING means that a severe weather condition is actually happening in your area. FIND SHELTER IMMEDIATELY!!

- Know how you're home will be notified if a WATCH or WARNING has been issued.
- Know your home's specific procedure for severe thunderstorms and tornadoes.

THUNDERSTORMS AND LIGHTING:

Avoiding the dangers of severe thunderstorms and lighting requires planning ahead and knowing what to do if caught in a dangerous situation.

- Know where the safe area is in your group home, and go there if a WARNING has been issued OR if you feel the thunderstorm is serious, even if a warning has not been issued.
- When planning outdoor activities, check the latest weather forecast and keep an eye on the sky.
- If you see darkening clouds, heavy gray or green sky, or increasing wind, turn on the radio and head for the nearest shelter. When thunderstorms or lighting threaten, get inside a large building or house.
- To avoid getting hit by lighting, avoid isolated tall structures, open water, metal equipment, wires, tall trees, telephone poles, or being on a hilltop or other high places. They act as lighting rods.
- If you are in a group and outside in the open, keep several yards apart.
- If you are caught on a level field and feel your hair stand on end or a tingling sensation, lighting may be about to strike. Drop to your knees and bend forward. Put your hands on your knees. Do not lie flat on the ground.

Persons struck by lightning receive a severe electrical shock and may be burned, but they carry no electrical charge and may be safely handled. Immediate medical treatment is extremely important.

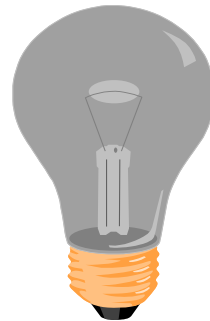
ADDITIONAL PROGRAM OR HOME SPECIFIC INSTRUCTIONS LOCATED AT HOMES/PROGRAM

WATER SHORTAGE

- If there is no water, call your supervisor for instructions.
- Locate the home's emergency bottled water supply.
- Once the water comes back on, get instructions about whether water is safe to drink or cook with, and whether there are other safety steps that must be taken.

POWER OUTAGE PLAN:

When there is a power outage, the staff will obtain the emergency flashlights and check each consumer's location and insure each is comfortable. Contact the Power Company to report the outage and to inquire as to when it will be restored.



Unless the conditions become too cool to withstand, the consumers indicate they are uncomfortable, or the power will not be restored within a reasonable amount of time, try to make the best of the situation.

Use water from the three-day emergency food supply, and flush toilets sparingly. Refrain from opening the refrigerator/freezer unless necessary. Use flashlights to do 15-minute checks on each consumer and to assist them in navigating around the home. If it is a day program day, take them to day program. If it is not a day program day or conditions worsen, contact necessary personnel to make arrangements for alternate housing.

The alarm system will activate when the power goes out, and the backup lights throughout the house will come on. It **cannot** be reset until the power is restored. In this instance, the staff should silence the alarm at the control panel.

Once the power is restored the staff should do the following:

- ◆ Flush all toilets at least once
 - ◆ Replenish the three day emergency food supply
 - ◆ Return the flashlights to their emergency location
 - ◆ Replenishing the batteries as needed
- Brief outages can be waited out in most of the homes. Know how long your supervisor wants you to wait for the power to be returned before you take additional steps (this will vary from home to home).

- The Phone will probably not be working, so you may have to make a decision to go to the nearest place when you can find a working phone or someone with a cellular phone.
- **NOTE:** some homes are on the Priority List with the power company to restore power quickly because consumers are dependent on devices that need electricity; Know if that applies to your home so you can remind the power company of that when you call.
- Be aware that a power outage may mean there are downed power lines in the area. Stay indoors, if at all possible, and if you must go outdoors or drive, be careful to avoid these lines – whether they look “alive” or not!
- If the home has a generator, make sure you know where it is, and can demonstrate how to operate it.

VIOLENT SITUATION (WORKPLACE VIOLENCE)

The risk for violence varies from program to program. Although personnel cannot anticipate or plan for every type of threat, there are some basic actions employees can follow to help prevent workplace violence. First, be aware of the workplace violence policy in the Personnel Policies, which primarily addresses interactions between co-workers. Weapons are not allowed in any of the Adapt homes or programs.

The following items are basic actions all employees can take to help promote a safe working/living environment:

- Be aware of your surroundings while in the homes/programs and in the community.
- Pay attention to people who seem out of place, suspicious, or paying extra attention to staff and/or consumers.
- Report concerns regarding co-worker’s behaviors and/or that of spouse, significant other, etc., to your supervisor.
- If a consumer reports a concern, investigate it and report it to your supervisor.
- Report threats made against Adapt staff members or consumers by co-workers, former co-workers, acquaintances, etc., to your supervisor.
- When a threat is made or perceived, lock the doors of the home/building, and contact your supervisor. If you feel there is an immediate danger, call 911.
- After dark, ensure all doors are locked and curtains/blinds are closed.
- Do not let strangers into the home without verifying their identity. Ask for picture ID and verify with the shift leader/supervisor the visitor is appropriate.
- Employees should not have spouses, significant others, or other acquaintances in the home/program without prior approval from the program supervisor.
- If you perceive a danger to the welfare of the consumers and staff, ensure all consumers and staff are accounted for and doors are locked while another staff calls 911. If you are the only staff working, grab the portable phone or use your cell phone to call 911 while checking on all consumers.

OTHER THREATENING SITUATION (BOMB THREAT/TERRORIST ACTION, ETC.)

The risk of a biochemical or terrorist threat to any of the homes or programs appears extremely low, as well as the risk to the surrounding community in the rural counties of

Branch and St. Joseph. Staff members should be aware of their surroundings while out in the community as well as the behavior of fellow community members. If you see something suspicious in the community, remain calm, remove consumers and staff from immediate area, and report it to local law enforcement. While working in the homes and programs, staff should periodically check the news (TV or local Radio – AM 1590 in Coldwater and FM 99.3 in Sturgis). Follow the instructions of local authorities if a threatening situation or crisis has been identified. If you must evacuate the home/program, follow the evacuation procedure for your program.

BOMB THREAT PLAN:

In the event of a bomb threat, the staff will Immediately evacuate all persons from the home. The portable phone should be taken if possible. The consumers and staff should be transported to the designated alternate housing location. While enroute, the police should be notified by the portable phone or contact them when you reach the designated alternate housing location. Contact necessary personnel at first opportunity.

- Do not look around for suspicious packages, do not use the phone, turn on lights, ect. **GET OUT!**
- Go someplace else (alternate housing) to call 911 to tell them exactly what happened, including that you are with the people who live there outside the house.
- Call your supervisor
- Stay with everyone from the home until the police tell you it is safe to return.

CARBON MONOXIDE EMERGENCY PLAN

If the carbon Monoxide Alarm goes off take the following actions:

- Evacuate the premises IMMEDIATELY!
- Contact the gas company emergency number
- Contact supervisor and/or emergency contacts

HEATING FAILURE

- Call Maintenance Supervisor (number posted on Emergency Contact List).
- Call your supervisor for instructions; if unavailable follow chain of command.
- Keep everyone dressed in layers of warm clothing; keep people in one area of the house, closing off rooms to conserve heat for the main area of the house.
- NEVER, EVER turn on the oven or stove burners to attempt to provide additional heat.

NATURAL OR PROPANE GAS LEAK

- If you smell gas, get everyone out and away from the house as quickly as possible. DO NOT turn on or off any lights, the TV or other appliances (a spark could ignite the gas!) DO NOT use the phone.
- Call your supervisor from someplace away from the home.

FLOOD

- If flood waters approach, call your supervisor for instructions.
- Do not use the home's water (it may be contaminated). Locate the home's emergency bottled water supply.
- Stay indoors unless directed otherwise.
- If driving when you encounter water over the road: Stop, do not go through water if you cannot see the road. The car could stall and you could be stranded in rising water!

HEAVY SNOW AND/OR BLIZZARD

- If you can see that snow is building up on the roads, use caution. Do not go out unless necessary.
- Stay indoors unless otherwise directed.
- Know where the emergency food and water supplies are located.

POISONING

- Know if any person in the home has a history of ingesting harmful substances.
- Know where the Poison Control number is located, or call 1-800-222-1222.
- Know when to call Poison Control: if you know someone has ingested a foreign substance or if you THINK someone has done so.
- Call Poison Control, and follow their instruction. DO NOT take any actions unless Poison Control has told you to do so. Some actions (like inducing vomiting) can actually make a poison emergency worse!
- Call your supervisor after doing what Poison Control has told you to do.
- Know the location on the MSDS Book.

ULOA PLAN:

(Unauthorized Leave Of Absence)

When staff discovers that a consumer is missing,
Implement the search plan:

- ◆ Check the home and grounds. The grounds will include up and down the driveway, a distance of 50-100 yards. Staff will also check the surrounding
- ◆ Grounds for a short distance of 50-100 yards. (The police have indicated that searching beyond the 50-100 yards would hamper their search when using dogs.) Do **NOT** search beyond this unless you are certain that you can stop the consumer and return him/her home.
- ◆ If there is two staff on duty, one staff will do the grounds search, while the other staff searches the home, insures the safety of the other consumers and starts making phone calls.
- ◆ If there is only one staff person on duty and there are other consumers in the home, the staff should stay with the consumers and contact the police and/or home manager and/or other emergency contact numbers
- ◆ If the consumer is not found after the search, (no longer than five minutes) call the local law enforcement agency. Tell them your location and give the officer a description of the consumer, and what clothes they were last seen wearing.
- ◆ Contact the Home Manager and/or other ADAPT emergency contact numbers
- ◆ Notify the legally responsible person for the consumer (i.e. guardian/parent).
- ◆ Keep a record of persons contacted, with the date and time of contact.
- ◆ After the consumer is located, check for any possible injuries and seek medical attention as needed. Re-contact all persons who were notified and keep a record as noted above.
- ◆ An unusual incident report (UIR) is be filed within 24 hours of the incident explaining the situation, actions taken, and remedial action to prevent future situations.

NOTE: When contacting ADAPT personnel, you need to report the situation, and let that person know if you need assistance at the home or if you need them to make the phone calls.

Remember-- Keep your head clear, remain calm!

ADDITIONAL PROGRAM OR HOME SPECIFIC INSTRUCTIONS LOCATED AT HOMES/PROGRAM

ALTERNATE HOUSING PLAN

When a condition exists in the home that prevents the consumers from being able to remain there, staff will make arrangement for alternative housing as follows:

If it is more than a few hours relocation, staff shall contact Home Supervisor and/or ADAPT emergency contacts and like will be instructed to load the consumers and go to a motel.

If consumers are relocated, make sure and take the following items:

- ◆ Each consumer's non-prn and prn medications
- ◆ Medication book
- ◆ Each consumer's program book
- ◆ Each consumer's food acceptance chart
- ◆ Each consumer's suitcase with appropriate clothing and hygiene items

Make sure the home is locked and all lights are turned off when leaving.

ADDITIONAL PROGRAM OR HOME SPECIFIC INSTRUCTIONS LOCATED AT HOMES/PROGRAM

MEDICAL EMERGENCY

In case of a medical emergency provide immediate first aide to the extent of your training.

Call out help. Have the staff coming assist by calling the nurse or the ambulance (911). If no assistance is available first provide first aide then call for help. Contact the home supervisor and/or other ADAPT emergency contact numbers. The following people should be notified. Guardians/ parents, case manger, CMH hotline and anyone else deemed appropriate.

If there is more than 1 staff in the home at the time, 1 staff, if possible, should accompany the consumer in the ambulance.

Make certain that the consumer's med list; allergies, and medical card are taken to the hospital. Unusual incident report should be written as soon as possible.

PROCEDURE FOR STAFF INJURIES

Any employee who is injured while at work must follow the following procedures.

1. Report the injury to your on-site supervisor immediately.
2. You must complete an Employee Report of Injury Form, making sure you complete the entire front page, sign it, date it, and leave it for your supervisor to review within 24 hours.
3. If you require medical attention during normal business hours or if you are able to wait until normal business hours, you must contact the office during regular business hours. They will authorize an appointment at Prompt Care for you.
4. If you require attention after normal business hours, you are to go to the closest Hospital Emergency Room. You must bring with you and use the Authorization for Medical Services form that is available at all work locations.

5. Employees must contact the business office the next business day and arrange to be seen by Prompt Care.
6. Time off due to work injury will be counted towards your Family Medical Leave time.

RESIDENTIAL

QUALITY ASSUANCE AND HOME VISITS

Ensuring that the quality of ADAPT's residential facilities is maintained involved a multi-tiered approach. Home Supervisor's assume primary responsibility for ensuring the quality care is provided 24 hours per day. They are to initiate processes and procedures to make sure staff are attending to the needs and safety of the residents at all times. This should include spot visits at various times during the week as well as phone calls to the home. ADAPT's RN will make regular visits to the homes in addition to case manager's visits.

ADAPT also has a Quality Assurance program that involves a minimum of two home supervisors who visit each home at least once per year to review postings, resident records, and general documentation. The Quality Assurance program will be the responsibility of the Staff Development Coordinator who will schedule the inspections and develop review procedures.

Home Visits will be scheduled by the Branch and St. Joseph Directors of DD/MI Services. The Home Visits will consist of Home Supervisors and Administrative Staff visiting different homes during different shifts to provide direction and support to the staff in the homes. The Directors shall coordinate the visits to ensure a consistent pattern of shift and home visits per year.

ADMISSION POLICIES AND PROCEDURES

ADAPT's residential program will serve persons with developmental disabilities and mental illness. ADAPT reserves the right to exclude persons if appropriate funding is not made available. Charges for services will be the CMH contracted rate. Consumers will be admitted to an available placement via a formal assessment process, which clearly documents those admission criteria has been met. A Placement Review Committee (PRC) will be convened to make the final admission determination. Assessments must be available for review at this meeting and must include the following areas: background data, developmental, behavioral, social/emotional, health, and nutrition. A written update must be completed no more than 90 days before actual admission. Language noting services required to meet the consumer's documentation. A copy of this documentation, as well as the assessments, must be contained in the residential record. A consumer requiring continuous nursing care will not be admitted.

AT THE TIME OF ADMISSION

- I) Upon admission to an ADAPT home or specialized facility, the resident and/or designated representative shall be provided with the following:
- II)
 1. Resident Care Agreement – which they will be asked to complete
 2. Copy of Home Rules
 3. Copy of admission/Discharge Policy
 4. Copy of Refund Policy
 5. Copy of Resident Rights Pamphlets (AFC Licensing and DCH). Make sure name and number of the residents designated Recipient Rights Representative is on the DCH Brochure.
 6. Consumer Responsibilities, HIPAA Privacy Notice, Grievance & Appeal Policy (Service Denial/Changes) and Agency Power Point presentation found on Adapt's website: www.adaptinc.org
- III) CSM will seek completion of Mental Health's Authorization Packet, which request guardian's written authorization to provide daily care, medical treatment, and exchange of information.
- IV) Guardian will be asked to provide information needed to complete the FIA 2565. The Mental Health fiscal department or CSM may assist in processing of these forms.
- V) Michigan Department of Community Health Form 3803 (Data sheet and Prescription for Personal Care Recipients in Alternative Residential Settings) will be completed if required for payment for the resident.
- VI) No more than 30 days after admission, a new P.C.P. will be developed by the team. Needed assessments will be completed by the Interdisciplinary Team, such as Psychological, Medical, Nursing, Dietary, Adaptive/Functional (Advocate Report), Social and Developmental History, Speech, and Language, Audiological, Physical Therapy, Occupational Therapy, Visual, or Dental.
- VII) Assure that all necessary consumer records, equipment, and medical orders are in place to effect an orderly admission of a resident.
- VIII) A prospective resident or his/her guardian shall exercise free choice in the selection of an AFC Home.
- IX) No prospective resident shall be denied admission because of race, religion, color, or national origin.
- X) ADAPT shall not accept a person whose behavior requires isolation or restraint.

- XI) All Residents shall have the right to file a complaint with the Family Independence Agency.
- XII) Policy on handling of residents funds and valuables, as required by Licensing Rules:
1. Upon request from a resident or the resident's designated representative, a licensee may accept a resident's funds and valuables to be held in trust with the licensee.
 2. The care of any resident funds and valuables that have been accepted by a licensee safe keeping shall be treated by the licensee as a trust obligation.
 3. A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing by the department.
 4. A listing of all valuables that are accepted by the licensee for safe keeping shall be maintained. The listing of valuables shall include a written description of the items, the date received by the licensee, and the date returned to the resident or his or her designated representative. The listing of valuables shall be signed at the time of receipt by the licensee and the resident or his or her designated representative; the listing shall be signed by the resident or his or her designated representative and the licensee.
 5. All resident funds, which include bank accounts, shall be kept separated and apart from all funds and monies of the licensee. Interest and dividends earned on residents shall be credited to the resident. Payments for the care the current month may be used by the licensee for operating expenses.
 6. Except for bank accounts, a licensee homes shall not accept funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.
 7. A resident shall have access to and use of personal funds that belong to him or her in reasonable amounts, including immediate access to not less than \$20.00 of his or her personal funds. A resident shall receive up to his or her full amount of personal funds at a time designated by the resident, but not more than 5 days after the request for funds. Exceptions to this requirement shall be subject to the provisions of the resident's assessment plan or plan of services.
 8. All resident fund transactions shall require the signature of the resident or the resident's designated representative and licensee or prior written approval the resident or the resident's designated representative.
 9. A resident's account shall be individual to the resident. A licensee shall be prohibit from having any ownership interest in a resident's account and shall verify such in a written statement to the resident or the resident's designated representative.

10. A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.
11. A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to residents account.
12. Charges against the residents account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.
13. A licensee shall provide a complete accounting on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's fund and valuables which are held in trust or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.
14. A licensee shall have a written refund agreement with the resident, his, or her designated representative. The agreement shall state under what conditions a refund of the unused portion of the monthly charge that is paid to the home shall be returned to the resident or his or her designated representative, The refund agreement shall provide for, at a minimum, refunds under any of the following conditions:
15. When an emergency discharge from the home occurs as described in R400.14302 when a resident has been determined to at risk pursuant to the provision of sections 11 and 11a to 11f of Act. No. 280 of the Public Acts of 1939, as amended, being 400.11 and 400.11a to 400.11f of the Michigan Compiled Laws.
16. When a resident has been determined to be at risk due to substantial noncompliance with these licensing rules which results in the department taking action to issue a provisional license or to revoke or summarily suspend, or refuse to renew, a license and the resident relocates. The amount of the monthly charge that is returned to the resident shall be based upon the written refund agreement and shall be prorated based on the number of days that the resident lived in the home during the month.
17. Personal property and belongings that are left at the home after the death of a resident shall be inventoried and stored by the licensee. The licensee shall notify the resident's designated representative, by registered mail, of the existence of the property and belongings. Personal property and belongings that remain unclaimed, or for which arrangements have not been made, may be disposed of by the licensee after 30 days from the date that written notification is sent to the resident and the designated representative.

DISCHARGE POLICY/PROCEDURES

- I. "Intent to Discharge" means that a resident is being asked to leave the facility by a specified date and time.
- II. The resident should be kept abreast of plans for transfer or discharge in the manner best in keeping with his/her individual needs. Adequate time will be provided for guardian and resident preparation. The appropriate advocate, parent or guardian must be invited to participate in the decision-making process.
- III. Written copies of decision-making meetings regarding discharge decisions will be sent to guardian/ designated representative.
- IV. ADAPT homes shall provide a resident and his/her designated representative with a written thirty (30) day notice of intent to discharge from the program/facility (Rule 303(3)). This notice will include the reason for discharge and a copy of this notice will be sent to the resident's designated representative (if applicable) and to the responsible agency. Other legal notice as required by law shall be provided. Minutes of planning meetings where resident transfer or discharge is proposed/discussed and or decided upon, will be considered written notification to the guardian.
- V. The 30 Day Rule can be waived according to AGC licensing rules if one or more of the following exist:
 1. Substantial risk to the resident due to inability of the home to meet the resident's needs or to assure safeguarding of the resident's safety, or the safety of the other residents.
 2. Substantial risk or occurrence of self-destructive behavior or serious physical assault or serious destruction of property.
 3. The resident/designated representative agrees with the plan to discharge and the time frames recommended.

THE PROCEDURE IN THE WAIVED 30-DAY EMERGENCY DISCHARGE SITUATION REQUIRES THAT:

1. The licensee shall notify the resident, the resident's designated representative, responsible agency, and adult foster care licensing consultant not less than 24 hours before discharge. The notice shall be in writing and shall include, the following information:
 - (i) Reason(s) for the proposed discharge, including the specific nature of the substantial risk.
 - (ii) Alternatives to discharge that have been attempted by the licensee.
 - (iii) Location to which the resident will be discharged, if known.
2. The licensee shall confer with the Responsible Agency regarding proposed emergency discharge. If the Responsible Agency does not agree with the

- licensee that emergency discharge is justified, the resident shall not be discharged from the home.
3. If the licensee and Responsible Agency agree that emergency discharge is justified:
 - (i) The resident shall not be discharged until an appropriate setting that meets the resident needs is found.
 - (ii) The resident (s) shall have the right to file a complaint with Michigan Department of Social Services.
 - (iii) If the Department of Social Service finds that the resident(s) was improperly discharged, the resident(s) shall have the right to elect to return to the first available bed in the licensee's adult foster care home.
 4. If the resident does not have a Responsible Agency, The resident shall be represented
Adult protective services and /or the local community health emergency response service regarding the proposed discharge.
 - VI. A licensee shall not restrict the resident's ability to make his or her own living arrangements
 - VII. At the time of discharge, a licensee shall provide copies of the resident records to the resident or designated representative, when request, pursuant to ADAPT policy. A fee that is charged for copies of the resident records shall not be more that the cost to the licensee of making copies.
 - VIII. At the time of discharge the Responsible Agency will (or if the resident does not have a responsible agency, the residents or guardian/designated representative will) assure that the following tasks are completed:
 1. Develop a post discharge plan of care that will assist the consumer to adjust to a new living environment.
 2. With consent of the guardian, the most current assessments, health care plan, health history, and IPP will be sent to the authorized person(s) and agencies, serving the consumer(s) after discharge.
 3. Notify FIA, Social Security, DCH Fiscal Department, or other agencies (as applicable of discharge for purpose of completion of necessary forms and any changes of benefits.
 4. Change of address forms are to be completed at Post Office.
 5. Clothing equipment, funds, medications, and possessions of resident(s) are to be signed for by the receiving person.
 6. Medicaid or other insurance card is to be given to the provider or guardian.

REFUND POLICY

A refund of the unused portion of the monthly charge that is paid to the home shall be returned to the resident or his/her designated representative under the following conditions:

- (a) When an emergency discharge from the home occurs as described in rule 302.
- (b) When a resident has been determined to be at risk pursuant to the provisions of sections 11 and 11a to 11f of Act NO. 280.
- (c)

A refund will not be given for the unused portion of the monthly charge that is paid to the home unless a 30 day notice in writing is given by the resident or his/her designated representative.

MEDICATION MANAGEMENT AND MONITORING

Any staff held responsible for administering medication receives training prior to administering medication. The training is conducted by a registered nurse and is a comprehensive training.

Prescriptions are submitted to Kalamazoo Long Term Care Pharmacy and they deliver the medication to each location. The maintenance medication is delivered every thirty days in Blister Packs. Any medication required outside of the regular monthly cycle, the pharmacy will deliver as needed Monday through Friday. When contacted by 4 PM or sooner they deliver the same day. If a need for a medication arises on the weekend, the Pharmacy has arrangements with other local pharmacies to provide the prescribed medication, which would be picked up by ADAPT staff.

The medication intake process is monitored by trained staff to ensure that the medication we receive is consistent with the medication treatment record, which is consistent with what the physician has prescribed.

LAB WORK

Whenever routine lab work is ordered, if we have not been notified of the results within two weeks, the office of the Doctor that ordered the lab work should be contacted to get the results.

If the lab work is being ordered because of symptoms present that have caused concern, we should wait no longer than three days before contacting the Doctor's office to find out the results and how we should proceed in addressing the concerns.

PET POLICY

Pets are allowed in residential homes. Determination as to whether or not to have a pet shall consider residents needs and desires as the sole criteria. No pet that poses a danger to any resident shall be allowed. If a pet is allowed all licenses and shots must be current. Final determination as to whether a pet can be obtained shall rest with the County Director. The Home Supervisor shall be responsible for ensuring the care of the

pet. Employees shall not bring their personal pets to work without specific approval from their supervisor.

EMERGENCY CALL RECORD

Each Home has a list of phone numbers to be called in case of an emergency. This will include police, fire department, supervisor, consumer service manager, administrators, electricians, plumbers, maintenance man etc. See House Rules and Specific Safety Procedures section for home specific call record.

FIRE ALARM FAILURE

When fire alarm is not working, an alternate form of protection must be initiated. The Fire Marshall’s office has recommended that we must:

- A. Perform visual inspections of the home interior (including furnace room) every 30 to 60 minutes until the system is operating, and document it in the log.
- B. Place a battery-operated smoke detector in the hall of the bedroom area and one in the living area (not kitchen).

KEYS

Staff should have the appropriate keys on their person at all times while on duty. Keys should be transferred to the oncoming staff or put in the designated area, at the shift change. Never leave keys unattended in the ignition of the van, unless warming the van during winter and then only if all residents remain in the house. Do not leave keys dangling in the locks. Med keys must be returned immediately if taken home by mistake. All other keys must be returned within twenty-four hours if taken home by mistake.

ACTIVITIES SCHEDULE

It has been determined that the following activities shall be conducted as follows:

Periodic Board self-assessment	Every three years
Review of staff driving records	Annually
Maintenance of vehicles	Monthly
Verification of credentials	At hire and at expiration
Personnel training	As required by DCH
Data collection on persons served	quarterly
Schedule of equipment maintenance and calibration	As required
Monitoring of provider performance	Annually
Meeting between persons served and staff	Varies by program
Review of benefits planning for persons served	Annually
Formal monitoring of the strategies via data collection and review	Annually
Regular meeting of team members	Monthly
Reassessment of persons served	Annually
Analysis of environmental trends	Annually

Review of course curriculum for training	annually
Budget reviews	Annually
Reporting to oversight agencies	Annually
Internal accounting audits	Monthly
Backgrounds checks on personnel	At hire/driver checked annually
Meetings between persons served and staff in housing services	As issues arise

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