

Recognizing and Reporting Abuse

Purpose

The purpose of this policy is to establish the definition of abuse and outline requirements and roles for reporting and training.

Policy/Procedure

- Members have the right to be free from mental, physical, sexual and verbal abuse, neglect, and exploitation.
- All employees providing services to children are mandatory reporters of abuse, including suspected abuse.
- Any employee that suspects a member has been abused should immediately notify the person in charge.
- If the alleged abuser is an employee, he or she will be separated from the victim immediately and shall maintain that separation until the abuse investigation is completed and the abuse determination is made.
- A person participating in good faith in reporting or cooperating with or assisting in evaluating a case of child abuse has immunity from liability, civil or criminal, which might otherwise be incurred or imposed based upon the act of making the report or giving the assistance. The person has the same immunity with respect to participating in good faith in a judicial proceeding resulting from the report or cooperation or assistance or relating to the subject matter of the report, cooperation, or assistance.
- It shall be unlawful for any person or employer to discharge, suspend, or otherwise discipline a person required to report or voluntarily reporting an instance of suspected abuse or cooperating with, or assisting in evaluating a case of abuse, or participating in judicial proceedings relating to the reporting or cooperation or assistance based solely upon the person's reporting or assistance relative to the instance of abuse. A person or employer found in violation of this subsection is guilty of a simple misdemeanor.
- A person required by this section to report a suspected case of abuse who knowingly and willfully fails to do so commits a simple misdemeanor. A person required by this section to report a suspected case of abuse who knowingly fails to do so or who knowingly interferes with the making of a abuse report or applies a requirement that results in a failure to make a report, is civilly liable for the damages proximately caused by the failure.

Training

- Employees must receive information about recognizing and reporting abuse within the first 30 days of employment. A copy of this policy will be provided to meet the requirement.
- Employees must complete 2 hours of mandatory reporter training within their first 6 months of employment and 1 hour of additional training every 3 years.

- The Abuse Mandatory Reporter trainings are available through the Department of Human Services website here: <https://training.hs.iastate.edu/login/index.php>.

Definitions

Child Abuse

The categories of child abuse as defined in Iowa Code section 232.68 are

- Physical abuse
- Mental injury
- Sexual abuse
- Child prostitution
- Presence of illegal drugs in a child's body
- Denial of critical care
- Dangerous substance
- Bestiality in the presence of a child
- Allows access to a registered sex offender
- Allows access to obscene materials
- Child Sex Trafficking

The victim must be a child and the abuse must be the result of the acts or omissions of:

- a person responsible for the care of the child; or
 - a person who resides in a home with the child, if the allegation is sexual abuse; or
 - a person who engages in or allows sex trafficking.
-
- **“Adequate food, shelter, clothing, medical or mental health treatment, supervision or other care”** means that food, shelter, clothing, medical or mental health treatment, supervision or other care which, if not provided, would constitute a denial of critical care.
 - **“Allegation”** means a statement setting forth a condition or circumstance yet to be proven.
 - **“Caretaker”** means a person responsible for the care of a child as defined in Iowa Code section 232.68.
 - **“Denial of critical care”** means the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, medical or mental health treatment, supervision or other care necessary for the child’s health and welfare when financially able to do so, or when offered financial or other reasonable means to do so, and shall mean any of the following:
 - Failure to provide adequate food and nutrition to the extent that there is danger of the child suffering injury or death.
 - Failure to provide adequate shelter to the extent that there is danger of the child suffering injury or death.
 - Failure to provide adequate clothing to the extent that there is danger of the child suffering injury or death.

- Failure to provide adequate health care to the extent that there is danger of the child suffering injury or death. A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child and shall not be placed on the child abuse registry. However, a court may order that medical service be provided where the child's health requires it.
- Failure to provide the mental health care necessary to adequately treat an observable and substantial impairment in the child's ability to function.
- Gross failure to meet the emotional needs of the child necessary for normal development.
- Failure to provide for the adequate supervision of the child that a reasonable and prudent person would provide under similar facts and circumstances when the failure results in direct harm or creates a risk of harm to the child.
- Failure to respond to the infant's life-threatening conditions (also known as withholding medically indicated treatment) by providing treatment (including appropriate nutrition, hydration and medication) which in the treating physician's reasonable medical judgment will be most likely to be effective in ameliorating or correcting all conditions, except that the term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to an infant when, in the treating physician's reasonable medical judgment any of the following circumstances apply: the infant is chronically and irreversibly comatose; the provision of the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant; the provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane.
- **"Department"** means the Iowa department of human services and includes the local offices of the department.
- **"Immediate threat"** or **"imminent danger"** means conditions which, if no response were made, would be more likely than not to result in sexual abuse, injury or death to a child.
- **"Infant,"** as used in the definition of "denial of critical care," numbered paragraph "8," means an infant less than one year of age or an infant older than one year of age who has been hospitalized continuously since birth, who was born extremely prematurely, or who has a long-term disability.
- **"Non-accidental physical injury"** means an injury which was the natural and probable result of a caretaker's actions which the caretaker could have reasonably foreseen, or which a reasonable person could have foreseen in similar circumstances, or which resulted from an act administered for the specific purpose of causing an injury.
- **"Physical injury"** means damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition or damage to any bodily tissue which results in the death of the person who has sustained the damage.
- **"Proper supervision"** means that supervision which a reasonable and prudent person would exercise under similar facts and circumstances, but in no event shall the person place a child in a situation that may endanger the child's life or health, or cruelly or unduly confine the child.

- *Dangerous operation of a motor vehicle* is a failure to provide proper supervision when the person responsible for the care of a child is driving recklessly, or driving while intoxicated with the child in the motor vehicle. The failure to restrain a child in a motor vehicle does not, by itself, constitute a cause to assess a child abuse report.
- **“Reporter”** means the person making a verbal or written statement to the department, alleging child abuse.
- **“Report of suspected child abuse”** means a verbal or written statement made to the department by a person who suspects that child abuse has occurred.
- **“Sex trafficking”** means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of commercial sexual activity as defined in Iowa Code section 710A.1.

Dependent Adult Abuse

“Dependent adult” means a person eighteen years of age or older who is unable to protect the person's own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another, or as defined by department rule.

“Caretaker” means a related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court.

“Dependent adult abuse” means any of the following as a result of the willful or negligent acts or omissions of a caretaker:

- Physical injury to, or which is at variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult.
- The commission of a sexual offense under Iowa Code 709 or section 726.2 with or against a dependent adult.
- Exploitation of a dependent adult which means taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretensions.
- The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health.
- The deprivation of the minimum food, shelter, clothing, supervision, physical, or mental health care, and other care necessary to maintain a dependent adult's life or health as a result of the acts or omissions of the dependent adult.
- Sexual exploitation of a dependent adult who is a member of a health care facility, as defined in section 135C.1, by a caretaker providing services to or employed by the health care facility, whether within the health care facility or at a location outside of the health care facility.
- Personal degradation means a willful act or statement by a caretaker intended to shame, degrade, humiliate, or otherwise harm the personal dignity of a dependent adult, or where the caretaker knew or reasonably should have known the act or statement would cause shame,

degradation, humiliation, or harm to the personal dignity of a reasonable person. Personal degradation includes the taking, transmission, or display of an electronic image of a dependent adult by a caretaker, where the caretaker's actions constitute a willful act or statement intended to shame, degrade, humiliate, or otherwise harm the personal dignity of the dependent adult, or where the caretaker knew or reasonably should have known the act would cause shame, degradation, humiliation, or harm to the personal dignity of a reasonable person. Personal degradation does not include the taking, transmission, or display of an electronic image of a dependent adult for the purpose of reporting dependent adult abuse to law enforcement, the department, or other regulatory agency that oversees caretakers or enforces abuse or neglect provisions, or for the purpose of treatment or diagnosis or as part of an ongoing investigation. "Personal degradation" also does not include the taking, transmission, or display of an electronic image by a caretaker in accordance with the facility's or program's confidentiality policy and release of information or consent policies.

Department of Inspections and Appeals (DIA) Reporting Procedures

[This part would be removed if you do not provide services in a DIA licensed environment.]

Abuse that occurs in an environment licensed by the DIA should be reported to the DIA as outlined below. This community is a DIA licensed environment.

DIA Contacts for Abuse

Phone: 877-686-0027

Fax: 515-281-7106

Web: https://dia-hfd.iowa.gov/DIA_HFD/Home.do

- 1) The employee who witness or becomes aware of abuse or suspects abuse should immediately notify the person in charge.
- 2) The person in charge or the employee will complete the online reporting tool at Health Facilities Division's Internet web site at https://dia-hfd.iowa.gov/DIA_HFD/Home.do within 24 hours or the next business day.
- 3) If the person in charge is the alleged perpetrator of the abuse, the employee should report the incident directly to: _____ or the employee can report the abuse directly to DIA.
- 4) If the member is in immediate danger or needs immediate protection, the local law enforcement agency should be contacted.
- 5) Within 48 hours after an oral report a Suspected Abuse Report must be completed.

Department of Human Services (DHS) Reporting Procedures

Abuse that occurs outside a DIA licensed environment should be reported to DHS as outlined below.

Abuse Hotline
Phone: 800-362-2178

- 1) The employee who witnesses or becomes aware of abuse or suspects abuse should immediately notify the person in charge.
- 2) The person in charge will assist the employee to make an oral report to DHS by calling 800-362-2178.
- 3) If the person in charge in the alleged perpetrator of the abuse, the employee should report the incident directly to: _____ or the employee can report the abuse directly to DHS.
- 4) If the member is in immediate danger or needs immediate protection, the local law enforcement agency should be contacted.
- 5) A written report should follow within 48 hours using the DHS prescribed Suspected Abuse Report form (470-2441) unless otherwise instructed by the report intake worker.

This signature certifies that I have been informed of [AGENCY NAME] policies related to recognizing and reporting abuse.

Signature Date

Related Policies and Forms

- *List other policies and forms that are referenced in this policy or are related to this policy*
- *List all policies that are replaced by this policy (if any)*

Update History

<i>Originally issued</i>	<i>1/1/2015</i>	<i>Write in who created each issuance.</i>	<i>Sign approval here</i>	<i>date approval signature</i>
<i>Updated</i>				
<i>REPLACES</i>		<i>Name policies that will be replaced by this one and mark the old policy as obsolete</i>		

Admission Policy

Purpose

The purpose of this policy is to establish consistent admission criteria and admission processes.

Policy/Procedure

[AGENCY NAME] will follow the following processes and guideline in determining whether or not to admit a referral for services. [AGENCY NAME] does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. It is the policy of [AGENCY NAME] that all members have the right to live fulfilling lives and receive services in the most independent setting possible and to develop to their full potential.

Referrals

Referrals may be received from a variety of sources including, but not limited to, individuals seeking services, caregivers, medical professionals, and community agencies. Initial information will be gathered from the referral source to help determine if the individual referred for services meets general parameters. A decision will be made as soon as possible after the referral regarding whether or not the agency will continue with the intake process. Form [NAME OF FORM] will be used to record the initial information.

Eligibility Criteria

Individuals will be considered for services through [AGENCY NAME] if he/she meets the following general parameters:

- The individual chooses [AGENCY NAME] and is aware of other options (if available)
- The individual needs the services offered by the [AGENCY NAME]
- The individual has the ability to pay for services. [AGENCY NAME] accepts payment for specific services from the [list waivers and other payment sources accepted by the agency]. You could also direct them to a list of services provided and payments accepted.
- The agency has the capacity to accept a new member to services.

If general parameters are met, the agency will complete an “initial assessment” to get to know the member better and determine if the individual’s needs can be met by the agency. ***[This is not required so remove it or change it if this is not your practice.]***

Related Policies and Forms

- List other policies and forms that are referenced in this policy or are related to this policy
- List all policies that are replaced by this policy (if any)

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Sample

Discharge

Purpose

The purpose of this policy is to establish potential reasons for discharge from services and to outline basic timelines and procedures.

Policy/Procedure

Both the member and [AGENCY NAME] have the right to discontinue services at any time unless committed to services by a court order. Discharging from services can be voluntary or involuntary.

Members have the right to end services at any time. [AGENCY NAME] requests a notice thirty (30) days in advance of the last day of service. Potential voluntary reasons for discharge include:

- Choosing a different provider
- Reaching goals so that services are no longer needed
- Moving out of the area

Other potential reasons for voluntary or involuntary discharge include but are not limited to:

- Refusal to fulfill member responsibilities as outlined in the Contract/Service Agreement
- Abuse or violence toward other members or staff
- The members needs or wishes are beyond the ability of [AGENCY NAME] to accommodate
- Placement in a higher level of care
- Inability to pay for service

In the event [AGENCY NAME] determines a need to involuntarily discharge a member from services, [AGENCY NAME] will communicate plans and work with the member and the member’s Interdisciplinary Team (IDT) to ensure members are appropriately transitioned. In most cases [AGENCY NAME] will provide the member or their legal representative a written notice at least thirty (30) days in advance of the anticipated discharge date. A copy of the Appeal and Grievance policy will be provided with the notice.

Update History

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<i>Related</i>		<i>Name related policies, procedures, forms</i>	

Due Process of Rights Restrictions

Purpose

The purpose of this policy is to explain due process of rights restrictions.

Policy/Procedure

It is our policy that members should enjoy fully integrated lives in the community including:

1. full access to the greater community;
2. choices about services and where they are received;
3. protection of basic rights for privacy, dignity, and respect, and freedom from coercion and restraint;
4. optimization of autonomy and independence in making choices; and
5. personal control over one's own schedule, food, visitors, finances, medications, possessions, and environment.

[AGENCY NAME] ensures these rights are met by clearly outlining rights, responsibilities, fees, and rules in the Contract/Service Agreement, care plan, and agency policy.

If an individual a member's circumstances require restriction or limitation of any rights outlined here or in the [NAME OF POLICY ON MEMBER RIGHTS], due process of the restriction will be carried out and documented within the member's care plan(s). Due process includes identification of the restriction or limitation, the reason for the restriction or limitation, a plan for restoring the right or reducing the limitation, identification of a point in time not to exceed one year, when the restriction or limitation will be reviewed for continued necessity, and consent for the restriction.

Related Training

Examples of rights restrictions and common reasons may include but are not limited to:

1. Right to control personal finances due to cognitive decline, mental health symptoms, visual impairments, or lack of desire to complete these tasks independently
2. Right to come and go on their schedule because of dependence on others for transportation due to inability to drive, loss of driver's license, lack of personal transportation options, or desire not to drive
3. Right to be independent with personal cares or medication management because of a cognitive or physical limitation or mental health symptoms
4. Right to access all common areas of their home or community due to cognitive or physical limitation, court orders, or mental health symptoms

5. Right to make certain decisions due to committal, court appointment or physician appointment of a legal representative, including legal guardian or conservator, activated DPOA (Durable Power of Attorney) for Health Care decisions or POA (Power of Attorney) for financial decisions

Example of restrictions/limitations and documented due process:

Restriction	Reason	Restoration Plan	Review	Consent
Right to control personal finances	Social Security has appointed a payee	If the member expresses a desire to regain this right, the member and their IDT will discuss options for restoring the right.	The restriction will be reviewed at least quarterly.	Initial/date by member or decision maker
Ability to make certain care decisions	The member as a court appointed guardian	If circumstances related to the guardianship change	The restriction will be reviewed at least quarterly	Initial/date by resident or decision maker

Related Policies and Forms

- List other policies and forms that are referenced in this policy or are related to this policy
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You could add a line for signature and date of employee who reads it and understands it as proof of training on the topic too.

Incidents and Incident Reporting

Purpose

The purpose of this policy is to establish the definition of incidents and outline reporting procedures.

Policy/Procedure

Employees who witness or become aware of any incident including but not limited to a fall, illness, unusual behavior, or unusual event must immediately notify a supervising staff. Depending on the nature of the incident and funding/insurance of the individuals involved, an incident report form must be completed and certain entities and individuals must be notified of the event within specific timeframes.

Department of Human Services (DHS)/Iowa Medicaid Enterprises (IME)/Managed Care Organizations (MCO)

All events defined as major or minor incidents per Iowa Administrative Code (IAC) 77.33(22) and involving a member of a Medicaid Waiver or Habilitation program must be reported as outlined below. This includes members assigned to an MCO.

DHS /IME/MCO defines incidents as follows

Major incident means an occurrence involving a member during service provision that:

1. Results in a physical injury to or by the member that requires a physician's treatment or admission to a hospital;
2. Results in the death of any person;
3. Requires emergency mental health treatment for the member;
4. Requires the intervention of law enforcement;
5. Requires a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3;
6. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in paragraph "1," "2," or "3"; or
7. Involves a member's location being unknown by provider staff who are assigned protective oversight.

Minor incident means an occurrence involving a member that is not a major incident and that:

1. Results in the application of basic first aid;
2. Results in bruising;
3. Results in seizure activity;
4. Results in injury to self, to others, or to property; or
5. Constitutes a prescription medication error.

DHS/IME/MCO reporting procedures
For minor incidents

When a minor incident occurs or an employee becomes aware of a minor incident, the employee should notify the person in charge as soon as possibly but within 72 hours of the incident.

For major incidents

When a major incident occurs or an employee becomes aware of a major incident, the employee should notify the supervising staff of the incident as soon as possible but before the end of the next calendar day. The following people should also be notified of the incident but before the end of the next calendar day following the discovery of the incident.

1. The member or the member’s legal guardian when applicable.
2. The member’s case manager.

By the end of the next calendar day after the incident, the staff member who observed or first became aware of the incident should complete the Critical Incident Report Form (470-4698) with as much information as is known about the incident. Form 470-4698 includes instructions for reporting to the member’s MCO in the format defined by the MCO. It also includes instructions for reporting if the member is not enrolled with an MCO, which requires submission of the form to DHS/IME either by direct data entry into the Iowa Medicaid Provider Access System (IMPA), or by faxing or mailing the form according to the directions on the form. Incidents involving a member assigned to an MCO should be reported only to that member’s MCO and not also to IME unless explicitly instructed otherwise.

Tracking

All incident reports should be retained in a centralized file with a copy placed in the member’s record. Incident data will be tracked and trends will be analyzed to assess the health and safety of members served and determine if changes need to be made for service implementation or if staff training is needed to reduce the number or severity of incident

This signature certifies that I have been informed of [AGENCY NAME] policies related to recognizing and reporting incidents.

Signature	Date
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Related Policies and Forms

- ***List other policies and forms that are referenced in this policy or are related to this policy***
- ***List all policies that are replaced by this policy (if any)***

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Sample

Members' Care Plans

Purpose

The purpose of this policy is to identify and describe the various types of plans used by [Agency Name] and the purpose of each. Additionally, the policy explains the agency's involvement in the creation and implementation of the Person-Centered Plan (PCP) and participation in the Interdisciplinary Team (IDT) planning process.

Policy/Procedure

[Agency Name] utilizes two types of plans to guide services and address requirements of oversight entities; the Person-Centered Plan (PCP) and ***[Name the plan you will use or omit the additional plan information if you don't use more than the PCP to guide services. The ISP will be used as an example throughout.]*** Individualized Service Plan (ISP).

The Person-Centered Plan (PCP)

- The PCP is created by the member's case manager with input and approval from the member's IDT.
- The IDT includes the member, the member's case manager, involved family and friends, service providers and any other individuals or entities the member decides to involve. [Agency Name] will participate in the IDT planning process by attending any meetings to which we are invited and responding to any inquiries for input and progress of the member in services.
- The PCP is updated at least annually and when there is a change in services.
- A copy of the PCP will be obtained from the case manager and maintained in the member's record along with any corresponding documents such as ***[emergency and crisis plans, Behavioral Intervention Plans, restraint plans, CDAC Agreements...whatever you would need as it pertains to the services you are providing.]***
- The PCP should include documentation of due process of any rights restrictions or limitations; the member's desired outcomes from services, and time-limited goals and action steps including interventions and supports to be provided to the member by all involved service providers.

The Individualized Service Plan (ISP) ***[OR OTHER AGENCY PLAN]***

- The ISP is created by designated agency staff based on an assessment and the case manager's PCP.
- The ISP is used to provide specific direction to agency staff in caring for the member.
- The ISP will include any required and useful information not included in the PCP.
- The ISP will be reviewed and signed by the member or their legal representative if he/she is in agreement with the content. If he/she wants to make changes to the ISP, the agency will make those changes and redistribute the plan for signing.

Related Policies and Forms

- List other policies and forms that are referenced in this policy or are related to this policy
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[Add Policy Title Here]

Purpose

State the reason for the policy and to whom it applies

Policy/Procedure

Write out the policy. You might have a section that says DIA specific, HCBS Waiver specific, or something similar for each topic.

Related Training

Write out any related training that must take place on the policy or the procedures referenced within the policy. Make sure to say who should be trained, the timelines for training, and reference the curriculum or how the training will be carried out.

Related Policies and Forms

- List other policies and forms that are referenced in this policy or are related to this policy
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You could add a line for signature and date of employee who reads it and understands it as proof of training on the topic too.

Example one: Acknowledgement of Receipt by Member

I have been informed of this policy. I can have a copy of the policy if I want one. If I don't understand the policy, I know I can ask for somebody to better explain it to me.

Member's or legal decision maker's signature

Date

Example two: Acknowledgement of Receipt by Staff

I have been informed of this policy. I understand that as an employee, it is my responsibility to abide by [AGENCY NAME] policy and procedures. If I have questions, I understand it is my responsibility to seek clarification from [AGENCY DESIGNEE].

Employee's signature

Date

Sample

Respite Services

Purpose

To establish guidelines for ensuring Respite services are provided within requirements for the service and to best equip staff providing Respite services.

Policy/Procedure

- The [DESIGNATED STAFF] is responsible for ensuring the Respite recipient's Respite Services Information Form [OR OTHER FORM NAME] is kept up-to-date and available to staff providing Respite services to the individual. All information must be updated at least annually. The Respite Services Information Form [OR OTHER FORM NAME] includes important information for the Respite staff to reference in caring for the individual and especially in an emergency situation. That information includes:
 - The member's full name, date of birth, age, physical address, telephone number(s)
 - The full names and contact information for the member's caregiver(s) and other emergency contacts
 - The full names and contact information for the member's involved medical providers
 - Information about the member's medical issues, allergies, and medications
 - A brief summary of the member's likes and dislikes, general daily routine, and anything else that is important to know when caring for the member
- The Respite Services Information Form [OR OTHER FORM NAME] includes safety plans that address threats if fire, tornados, floods, bomb threats, and other personal, community, or environmental emergencies. The Respite Services Information Form [OR OTHER FORM NAME] explains, at a minimum, who the Respite staff should call, where to go for immediate safety, and special needs the member might have in specific situations or various environments where Respite is provided.
- The [DESIGNATED STAFF] is responsible for ensuring the Emergency Medical Care Release [OR OTHER FORM NAME THAT MEETS THIS PURPOSE] is completed with the member or their caregiver at least annually. The Emergency Medical Care Release is part of the Respite Services Information Form [OR OTHER FORM NAME] [OR OTHER FORM NAME THAT MEETS THIS PURPOSE] and allows Respite staff to seek emergency medical care and to consent to any medical care and treatment that is recommended by a licensed healthcare provider to whom the member is presented for emergency treatment. This includes authorizing the Respite staff to call an ambulance as necessary.
- Staff must ask the member's caregiver if the member experienced any illness or injury prior to Respite staff taking over care and note the answer to the question within [LOCATION WHERE THIS IS RECORDED]. Caregivers are made aware of this requirement by the Respite Services Information Form [FORM, OTHER POLICY, ACKNOWLEDGEMENT OF RECEIPT, ETC.]

- Staff must also report to the member’s caregiver any illness or injuries the member experiences during service provision. This must be recorded within [LOCATION WHERE THIS IS RECORDED]. Incident reporting protocols must also be followed as applicable.
- Service documentation for Respite services must be made available to the caregiver upon request. Service documentation standards for Respite are otherwise the same as service documentation standards for all other services.

Related Training

Write out any related training that must take place on the policy or the procedures referenced within the policy. Make sure to say who should be trained, the timelines for training, and reference the curriculum or how the training will be carried out.

Related Policies and Forms

- List other policies and forms that are referenced in this policy or are related to this policy
- List all policies that are replaced by this policy (if any)

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Respite Services Information Form

The following information is necessary to best provide Respite services to the member in the absence of the usual caregiver(s). Please carefully complete this form and update the agency any time the information changes. The agency will provide this to you to update at least annually.

Contact Information

Member's Full Name: _____

Home Address: _____

Phone Number: _____

Date of Birth: _____ Age: _____ Gender: Female Male

Caregiver/Guardian's Full Name: _____

Phone Number(s): _____

Relationship: Parent/Legal Guardian Caregiver Other: _____

1. Emergency Contact Full Name: _____

Phone Number(s): _____

Relationship: _____

2. Emergency Contact Full Name: _____

Phone Number(s): _____

Relationship: _____

Physician's Name: _____ **Phone #:** (____) _____

Preferred Hospital: _____

Medical Insurer/Health Plan: _____ **Policy #:** _____

Emergency Specific Plans

Use this section to explain to the Respite staff what to do in the event of each type of emergency.

Medical or personal emergency: _____

Fire: _____

Tornado: _____

Flood: _____

Form Name

Agency Name

Bomb or Intruder: _____

Health Information

Use this section to list important health information that the Respite staff might need to know if caring for the member in your absence or in the event of an emergency.

Medical conditions: _____

Medications: _____

Allergies to Medications: _____

Allergies (Other): _____

Any other significant medical information: _____

Routine

Use this section to explain what the Respite staff should know about the member in order to best care for them in your absence.

Typical routine (i.e. sleep times, meal times, etc.): _____

Favorite/least favorite foods: _____

Favorite/least favorite things to do: _____

Any other significant information: _____

Acknowledgements

Please initial to acknowledge that you have been informed and understand each item.

_____ Service documentation for Respite services is available to the caregiver upon request.

_____ Caregiver(s) must inform Respite staff if the member experienced any illness or injury prior to the Respite staff taking over care. The Respite staff will also inform the caregiver(s) of any illness or injury that occurs during Respite services. You may be asked to sign an incident report or other document to demonstrate you were made aware of any illness or injury that occurs during Respite services.

Emergency Medical Care Authorization

This Emergency Medical Care Authorization allows Respite staff to seek emergency medical care and to consent to any medical care and treatment that is recommended by a licensed healthcare provider to whom the member is presented for emergency treatment in the event that a member's usual caregiver or legal guardian is not present or it is not feasible to contact that person. This form also allows the Respite staff to call an ambulance as necessary.

I do hereby grant my authorization and consent for Respite staff to seek emergency treatment and/or transport to a hospital for _____ (member's name) in the event that I am not present and it is not feasible to contact me. I agree to assume financial responsibility for all expenses of such care.

Printed name of caregiver/legal guardian

Signature of caregiver/legal guardian

Date

Agency Name

Respite Service Documentation

Member Name:	Member's SID:	Date of Service:
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Start Time:	End Time:	Location(s) where service was provided:
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Describe the service provided. Explain what you did and what happened throughout the time you were with the member.

Describe the member's response to the services provided. Explain how the member seemed to feel and describe what they did or said in response to the service.

Did the member's caregiver let you know about any illnesses or injuries that occurred before you took over care?

- Yes. Describe:
 No

Did any illnesses or injuries occur while you were providing respite?

- Yes. See incident report. Describe:
 No

Does the caregiver want a copy of today's service documentation?

- Yes*
 No

Printed Staff Name:	Staff Signature:	Date:
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*If Yes is marked, office staff should send a copy of the service document to the caregiver.

Restrictive Interventions

Purpose

To identify circumstances in which restrictive interventions such as the use of restraints, Behavioral Intervention Plans (BIP) and restrictions of rights are allowed and to outline due process for such interventions.

Policy

It is the policy of [Agency Name] to provide services in a manner that ensures the safety and independence of members and promotes member rights. Restraints, BIP, and restrictions shall only be used for the benefit of the member and never for punishment, the convenience of staff, or as a substitute for a non-aversive program.

All restraints, BIP, and restrictions must be agreed upon the member's Interdisciplinary Team (IDT) and outlined in the member's Person-Centered Plan. Any planned restraints, BIP, or rights restriction must be reviewed at least quarterly. Quarterly review will include having each involved staff review the plan in the member's Person-Centered Plan. If changes are necessary or the restrictive measure can be lessened or eliminated, staff should contact their supervisor and explain. The supervisor or other designated staff will discuss the change with the member and other participants in the IDT to determine if the plan should be updated. Quarterly review should be documented on [Name of form/location of documentation].

Restraints

(IF YOU MIGHT USE PHYSICAL RESTRAINTS)

Physical restraints will only be used when absolutely necessary to protect a person from harming themselves or others and when the use of a physical restraint is the safest and least restrictive method possible to prevent the harm.

Physical restraints may only be used as part of a previously planned intervention for specific targeted behaviors. The physical restraint and circumstances in which it should be used must be agreed upon the member's Interdisciplinary Team (IDT) and outlined in the member's Person-Centered Plan. Only properly trained staff may use a planned physical restraint.

Under certain circumstances, members may be prescribed "as-needed" or "prn" medications intended to calm, alter mood or behavior, or lessen agitation. This is sometimes considered a "chemical restraint". Circumstances in which a prn medication should be used must be agreed upon the member's Interdisciplinary Team (IDT) and outlined in the member's Person-Centered Plan and be consistent with the prescribed function of the medication.

The use of restraint and circumstances surrounding the decision to use the restraint will be documented [name the place-probably the service documentation and potentially on an Incident Report].

[Agency Name] prohibits the use of these types of restraints and will not agree to use them:

- Time out/seclusion rooms
- Restraints that have characteristics of corporal punishment, verbal abuse, or physical abuse
- Certain mechanical restraints including devices used to strap a person down like handcuffs, anklets, wristlets, waist straps, etc.
- Certain physical restraints such as “prone restraints” or “floor holds”

OR (IF YOU DON'T USE PHYSICAL RESTRAINTS)

[Agency Name] prohibits the use of any type of physical restraint including but not limited to:

- Any types of physical restraint or manual holds of a person
- Time out/seclusion rooms
- Restraints that have characteristics of corporal punishment, verbal abuse, or physical abuse
- Certain mechanical restraints including devices used to strap a person down like handcuffs, anklets, wristlets, waist straps, etc.
- Certain physical restraints such as “prone restraints” or “floor holds”

Under certain circumstances, members may be prescribed “as-needed” or “prn” medications intended to calm, alter mood or behavior, or lessen agitation. This is sometimes considered a “chemical restraint”. Circumstances in which a prn medication should be used must be agreed upon the member’s Interdisciplinary Team (IDT) and outlined in the member’s Person-Centered Plan and be consistent with the prescribed function of the medication.

Behavioral Intervention Planning (BIP)

A BIP may only be used to reduce or eliminate a specific behavior that is detrimental to the member. BIP must be agreed upon the member’s IDT and outlined in the member’s Person-Centered Plan. BIP must identify:

- The targeted behavior to reduce or eliminate
- A baseline measurement of the targeted behavior taken before development of the BIP
- Documentation of previously attempted, less restrictive strategies use prior to development of the BIP
- Steps staff should take to intervene with the targeted behavior-the steps should be reasonable and have a direct impact on the behavior rather than serving as a punishment or incentive
- Start and end dates for the BIP
- The desired outcome of the BIP

When a BIP is implemented, it will be documented [name the place-probably the service documentation].

Restrictions

It is our policy that members should enjoy fully integrated lives in the community including:

1. full access to the greater community;
2. choices about services and where they are received;
3. protection of basic rights for privacy, dignity, and respect, and freedom from coercion and restraint;
4. optimization of autonomy and independence in making choices; and
5. personal control over one’s own schedule, food, visitors, finances, medications, possessions, and environment.

[AGENCY NAME] ensures these rights are met by clearly outlining rights, responsibilities, fees, and rules in the Occupancy Agreement, care plan, and agency policy.

If an individual member’s circumstances require restriction or limitation of any rights outlined here or in the [NAME OF POLICY ON MEMBER RIGHTS], due process of the restriction will be carried out and documented within the member’s care plan. Due process includes identification of the restriction or limitation, the reason for the restriction or limitation, a plan for restoring the right or reducing the limitation, identification of a point in time not to exceed three months, when the restriction or limitation will be reviewed for continued necessity, and consent for the restriction.

Related Training

Staff must complete training on BIP, restraints, and restrictions prior to working with members and annually thereafter. Additionally, staff must read and understand their role in implementing any BIP or restraint plans for the members they are assigned to serve.

This signature certifies that I have been informed of [AGENCY NAME] policies related to the use of restraints, BIP, and right restrictions.

Signature

Date

Related Policies and Forms

- List other policies and forms that are referenced in this policy or are related to this policy
- List all policies that are replaced by this policy (if any)

Update History

<i>Originally issued</i>	<i>1/1/2015</i>	<i>Write in who created each issuance.</i>	<i>Sign approval here date approval signature</i>
<i>Updated</i>			
<i>REPLACES</i>		<i>Name policies that will be replaced by this</i>	

		<i>one and mark the old policy as obsolete</i>	
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Sample

Restrictive Interventions

Purpose

To identify circumstances in which restrictive interventions such as the use of restraints, Behavioral Intervention Plans (BIP) and restrictions of rights are allowed and to outline due process for such interventions.

Policy

It is the policy of [AGENCY NAME] to provide services in a manner that ensures the safety and independence of members and promotes member rights. [AGENCY NAME] will not use any physical and chemical restraints or Behavior intervention Plans (BIP). Rights restrictions shall only be used for the benefit of the member and never for punishment, the convenience of staff, or as a substitute for a non-aversive program.

Rights Restrictions

It is our policy that members should enjoy fully integrated lives in the community including:

1. full access to the greater community;
2. choices about services and where they are received;
3. protection of basic rights for privacy, dignity, and respect, and freedom from coercion and restraint;
4. optimization of autonomy and independence in making choices; and
5. personal control over one's own schedule, food, visitors, finances, medications, possessions, and environment.

If an individual member's circumstances require restriction or limitation of any rights, the rights restrictions must be agreed upon the member's Interdisciplinary Team (IDT) and due process of the restriction will be carried out and documented within the member's Person-Centered Plan. Due process includes identification of the restriction or limitation, the reason for the restriction or limitation, a plan for restoring the right or reducing the limitation, identification of a point in time when the restriction or limitation will be reviewed for continued necessity, and consent for the restriction.

Any planned rights restriction must be reviewed at least quarterly. Quarterly review will include having each involved staff review the plan in the member's Person-Centered Plan. If changes are necessary or the restrictive measure can be lessened or eliminated, staff should contact their supervisor and explain. The supervisor or other designated staff will discuss the

change with the member and other participants in the IDT to determine if the plan should be updated. Quarterly review should be documented in the clients file.

This signature certifies that I have been informed of [AGENCY NAME] policies related to the use of restraints, BIP, and right restrictions.

Signature

Date

Related Policies and Forms

- **List other policies and forms that are referenced in this policy or are related to this policy**
- **List all policies that are replaced by this policy (if any)**

Update History

Originally issued	1/1/2015	Write in who created each issuance.	Sign approval here	Date approval signature
Updated				
REPLACES		Name policies that will be replaced by this one and mark the old policy as obsolete		

Training Checklist and Acknowledgement

Employees providing services to members using Waiver or Habilitation funding to pay for services must receive training on the following topics within 30 days of hire for full-time employees and 90 days for part time employees. Additional training may be required by the agency or because the employee provides a specific service or works with a specific population (i.e. RBSC, CMHW, BI Waiver, or employment services). Separate checklist are established to record those trainings. Training on individual member support needs is also tracked using a separate form and is maintained with the member's record.

- Recognizing & reporting abuse ____ (date)**
 - Definitions and what to look for
 - Reporting to DIA (if applicable)
 - Reporting to DHS
 - Training requirements
- Members' rights ____ (date)**
 - [AGENCY NAME]'s list of member rights
 - Agency policies related to rights of individuals served
- Restrictive interventions ____ (date)**
 - Restraints
 - Behavioral Intervention Plans (BIP)
 - Rights restrictions and limitations
- Confidentiality & privacy ____ (date)**
 - Laws and agency expectations for safeguarding members' confidentiality
 - [AGENCY NAME]'s privacy practices
 - Release of Information forms- purpose and where to find them for each individual
- Medication policies ____ (date)**
 - Receipt of the agency's policies related to members' medication
 - Identification of staff involved in handling of medications
 - Additional training requirements for staff involved in handling medications (as applicable)
- Incident Reporting ____ (date)**
 - Incident reporting for DIA (if applicable)
 - Incident reporting DHS and MCO's
- Service documentation ____ (date)**
 - Documentation standards
 - Forms, programs or software used to capture service documentation
 - Other types of documentation (i.e. call logs, emails, contact notes) (if applicable)

I confirm that I attended the training regarding the topics listed above. I listened, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by [AGENCY NAME] policy and procedures, in accordance with the training. If I have questions about the training, materials presented or [AGENCY NAME] policy and procedures, I understand it is my responsibility to seek clarification from [AGENCY DESIGNEE].

Print name _____ Employee Signature _____ Date _____