

# Individual Handbook

The Arc of Carroll County  
Employment Services

180 Kriders Church Road  
Westminster, MD 21158

Revised: 1980  
1987  
1995  
1999  
2002  
2008

## **Table of Contents**

Introduction	3
The Arc's Mission Statement	4
Core Values Statement	4
Welcome	5
Accreditation and Affiliations	6
The Arc's Employment Services Program	7
The Arc's Employment Admissions Procedures	9
Calendar and Hours of Operation	11
General Procedures	12
Individual Conduct	13
Wages and Compensation	14
Benefits	15
Procedure for Assisting Individuals in Understanding Benefits	15
Affirmative Action/Nondiscrimination Statement	16
Work Acceptance Statement	16
Policy on Rights and Health and Safety	16
Policy and Procedure for Non-Funded Individuals	17
Individual Plans	18
Procedures for Records for Persons Served	21
The Arc of Carroll County's Fundamental Rights Policy	22
Implementation of Fundamental Rights	24
Procedures to Address Violations of Individual Rights	24
Grievance Procedure for Persons Served	25

Procedure for Referral, Exit/Discharge and Follow-Up	27
Policy and Procedure for Release of Information	28
Procedures for Reportable Incidents	30
Procedures to Handle, Administer, Store and Dispose of Medications	33
Policy and Procedure for Behavior Support	36

## **Introduction**

The Arc of Carroll County was chartered in 1955 as a private non-profit corporation with the purpose of providing services to children with developmental disabilities. In 1987, The Arc moved their operations from the property on Route 140 to its present location on 180 Kriders Church Road.

The Arc dedicated the building to honor one of its founding members, Howard (Hap) Summer Albright. The facility is known as the Albright building.

Since 1955, changes have occurred in the way we provide services to people with developmental disabilities. Currently, The Arc provides Community Living, Family and Individual Support Services and Employment Services to individuals with developmental disabilities. The Arc also supports individuals with advocacy, transportation and recreational opportunities.

The Arc receives funds from the Developmental Disabilities Administration (DDA), the Division of Rehabilitation Services (DORS) and Carroll County Government.

## **The Arc's Mission Statement**

The Arc of Carroll County supports the efforts of people with cognitive and related developmental disabilities to define and realize their goals in life.

## **Core Values Statement**

The Arc of Carroll County, Inc. fully supports the Core Values of The Arc of the United States and The Arc of Maryland, and strives to integrate these values into all aspects of the chapter's actions, interactions, and decisions. Within this context, The Arc of Carroll County further espouses the following Core Values:

For every person who is connected with The Arc in any way,  
*Ability Matters Most!*

Therefore,

We act with integrity and honesty as individuals and as an organization. We believe in and value the fundamental principle that people with cognitive and related developmental disabilities are citizens and therefore have the legal, civil, and human rights of all citizens. All actions, interactions, and decisions will be guided by integrity, honesty, and full adherence to this fundamental belief.

We act with a genuine spirit of caring as individuals and as an organization. All actions, interactions, and decisions will be guided by, and will demonstrate without exception, a sincere interest in and concern for the complete well being of people with cognitive and related developmental disabilities.

We respect tradition, but dare to explore! Following the rich tradition and history of The Arc of Carroll County, we will use the experience we have gleaned through our history of quality service to people with cognitive and related developmental disabilities to provide an ever-expanding choice of opportunities. These opportunities will not be limited by any pre-conceived social or economic barriers.

We value each individual as unique and capable of making informed decisions about the quality and meaningfulness of their lives. We enthusiastically respect each person's commitment to a rich and rewarding life and actively celebrate each person's accomplishments. Together, each person who is connected with The Arc will seek to develop a richly rewarding personal experience based upon mutual dignity and respect.

## **Welcome!**

It is a pleasure to welcome you to The Arc of Carroll County. This Individual Handbook has been written to let you know how The Arc's employment services programs function and it will guide you through our policies and procedures.

It is very important for you to understand the information that is contained within this handbook. Please feel free to see me, your program coordinator, or any staff within the program if you have any questions.

On behalf of the staff of The Arc's employment program, I extend a warm welcome to you. We hope that your experience with us is meaningful and beneficial to your goals.

Mary Jo Walla  
*Assistant Executive Director*

## Accreditation and Affiliations

The Arc's employment services program is licensed by the Developmental Disabilities Administration to provide supported employment and day habilitation services. The Developmental Disabilities Administration completes a survey of the program annually.

The Arc's employment services program has a Cooperative Agreement with The Division of Rehabilitation Services (DORS) to provide the following services:

- Non-Supported Employment Job Coaching
- Vocational Evaluation
- Work Adjustment Training
- Supported Employment Job Coach
- Support and Assistance with Self-Employment

The Arc's employment services program is a member of the following professional and business organizations:

- Carroll County Chamber of Commerce
- The Arc of Maryland
- The Arc of the United States
- Maryland Association of Community Services
- Bonds Meadow Rotary Club
- The Kiwanis Club of Greater Westminster

The Arc is an affiliate in the following recreational activities:

- Self-Advocacy
- The Wild Ones (in association with the Therapeutic Recreation Council of Carroll County)
- Best Buddies (in association with McDaniel College and Mt. St. Mary's University)

The Arc has regular survey visits from the following agencies:

- Carroll County Environmental Health Department
- Carroll County Fire Marshall's Office
- Maryland Occupational Health and Safety (MOSH)
- Maryland Office of Health Care Quality

The Arc's employment program is accredited by CARF in the following program areas:

- Community Employment Services: Job Development, Job Supports, Job Site Training
- Organizational Employment Services
- Self-Employment Services

## **The Arc's Employment Services Program**

**Work Services:** The Work Services program located at the Kriders Church Road site provides paid employment to individuals through subcontracts with local businesses. Individualized training in vocational skills and work safety assist individuals in developing marketable skills while working within a sheltered environment.

While completing production work within our facility, individuals will have the support of a job coach who is working with the group on job skills and tasks. Individuals will be paid for work that is completed. In most instances, individuals will be paid a piece rate for work performed. (For more details please refer to the Wages and Compensation section of the handbook.)

Individuals also have the opportunity to work on various enclaves at local businesses while receiving the support of an on site job coach. If an individual is interested in participating on any of the paid or volunteer enclaves, they need to communicate their interest to a job coach or their program coordinator. They will then assist will discussing the job requirements and planning an experience.

All Job Coaches are required to meet the training regulations mandated by The Developmental Disabilities Administration and The Arc.

**Community Employment:** Community Employment assists individuals in obtaining and maintaining community based employment. Job coaches provide job development, on-site training, supervision, and support to assure success on the job. Individuals are employed at local businesses all across Carroll County.

Job development begins with a job coach or program coordinator working with an individual to narrow down their interests and strengths through various interest and skill inventories. A job coach or program coordinator then assist the individual in the job search process. Together, they develop a resume, complete applications, use various job seeking techniques to identify employment opportunities. When an employer invites an individual to an interview the job coach/program coordinator will assist the individual in preparing for the interview and understanding the key components of employer/employee relationships.

Once an individual has secured a job, the individual along with support of the program coordinator will notify their team. The individual, job coach and job developer will then work with the employer to outline the appropriate level of support as the individual learn the new job responsibilities. Various levels of support are available based on the individual needs and preferences as well as the employer's needs.

The Arc has various types of Community Employment Services. Each service is based on individual preferences, capabilities as well as employer needs.

***Enclave:*** An enclave is one or more individuals who work at local businesses with the support of a job coach. The Arc of Carroll County bills employers for the work and paychecks are issued to individuals from The Arc. Wages paid for enclaves are minimum wage or above.

***Individual Placement:*** An individual or "competitive" placement occurs when a business hires an individual directly. Levels of supervision can vary based on the individual's preferences, abilities,

funding levels, as well as the employer needs. Levels can range from one on one support to occasional drop in job coaching. Individuals are paid minimum wage or above.

*Volunteer Placement:* An individual performs volunteer services at local businesses. Individuals express interest in performing volunteer services. Levels of supervision can vary based on the individual's preferences, abilities, support, funding level and business needs. Levels can range from one on one support to occasional drop in support. Volunteer placements are unpaid positions.

All Job Coaches are required to meet the training regulations mandated by The Developmental Disabilities Administration and The Arc.

Supported Enterprise: With the support of the RISE (Reach Independence through Supported Enterprise) Program and the Division of Rehabilitation Services, the Supported Enterprise program explores opportunities for small business ownership. Individuals receive assistance in exploring business ownership, developing a viable business plan, seeking multiple funding sources, and supporting the business. This innovative program encourages individuals to experience the challenge of owning a successful business.

All Job Coaches are required to meet the training regulations mandated by The Developmental Disabilities Administration and The Arc.

Personal and Support Services (PSS): The Personal and Support Services program is located at 180 Kriders Church Road in Westminster, MD. It operates Monday through Friday from 9:00 – 3:00 Monday through Friday.

The PSS program provides individuals with skill development in daily living, socialization, communication, and work. Individuals are given opportunities to become involved with their local community through outings, exploration, and volunteer programs. The services are developed from an assessment of each individual's strengths, abilities, and preferences.

The level of supervision for the Personal and Support Services program is one staff person to three individuals. This ratio helps to ensure each individual receives individual assistance and training in completing tasks. If additional supervision is required, additional funding is sought through the Developmental Disabilities Administration. All Instructors and Assistant Instructors are required to meet the training regulations mandated by The Developmental Disabilities Administration.

## **The Arc's Employment Admissions Procedures**

**Intake:** It is the policy of The Arc that all individuals with disabilities may apply for entry into all of the available programs. The eligibility determination process will be applied uniformly to all applicants using specific admission criteria. No applicant shall be subjected to adverse discrimination on the basis of race, color, sex, age, national origin, marital status, physical or mental handicap, religion, veteran status or status as a Vietnam era veteran.

**Eligibility Process and Determination:** Each program area receives referrals from the Development Disabilities Administration and the Department of Rehabilitative Services. These agencies help to pre-screen each individual regarding program eligibility and funding. Referrals from other agencies or private sources are evaluated on a case-by-case basis.

Once The Arc receives an application, it will determine whether the individual's needs can be met in the program(s) of interest. The Assistant Executive Director and the Family and Education Resource Manager are responsible for ensuring that funding is appropriate and will allow The Arc to meet the needs of the individual. Once all necessary information is received, evaluation will determine eligibility.

The evaluation process will be as follows:

- The application is submitted from the interested individual.
- An interest interview is scheduled in order to exchange information.
- A signed consent form is obtained in order to receive information on the individual.
- The Assistant Executive Director and specific program personnel evaluate the individual's needs as indicated in the paperwork against the services available.
- The individual's Resource Coordinator is notified of the decision in writing.

If The Arc is not able to meet the needs of the individual, or if funding is deemed inadequate, The Arc will make every attempt to locate another suitable organization for services. Those who meet the entrance criteria will be able to enter the program upon discretion of the team.

The Family and Education Resource Manager will maintain information on individuals declared ineligible. The information kept will include the reason for ineligibility and recommendations made for alternative services. This information will be reviewed on an annual basis to identify the frequency of potential ineligibility and whether there are any trends or patterns that indicate a need to either change the admission criteria or adjust the services offered.

**Orientation:** It is The Arc's policy to provide comprehensive orientation to all new individuals and their families or caregivers in order to maximize their adjustment and success.

The Program Coordinator and the Family and Education Resource Manager will provide an orientation to each new individual. It will cover the following topics as appropriate for the program area in which he or she is entering:

- Review and receipt of the Individual Handbook
- Introduction to staff and co-workers.

- An explanation and walk-thru of aspects of the daily routine including break and lunch procedures, use of the time clock, handling of personal belongings, transportation procedures, etc.
- Orientation to the Safety Program
- Purpose of the program, overview of program planning process.
- Yearly calendar and closing procedures.
- Introduction to WAMM newsletter
- 30 day team meeting to develop individual plan

When individuals move to different programs, the Program Coordinator or designated staff person will provide additional orientation to ensure familiarity with the new program.

## **Calendar and Hours of Operation**

The Arc's employment services programs operate Monday through Friday, 9:00 a.m. to 3:00 p.m. However, there may be some instances where a customer or contract requires hours beyond these days and times.

The Arc recognizes the following holidays:

New Years Day	Independence Day
Martin Luther King's Birthday	Labor Day
President's Day	Thanksgiving Day
Good Friday	Day After Thanksgiving Day
Easter Monday	Christmas Eve or Day After
Memorial Day	Christmas Day

Individuals of The Arc are not paid for the above holidays or for days when the facility is closed for staff in-services or inclement weather. If you have a competitive placement, you may be eligible for benefits and paid holidays offered through that company. In these instances you may be required to work hours that are different from The Arc's employment services program.

The Arc follows The Carroll County Public School schedule for closing due to inclement weather. For example, if school is delayed two hours, The Arc will also be delayed for two hours. Most local television and radio stations announce Public School closings or post them on their web sites. In the event that school is not in session, a separate announcement will be made on WTTR – AM 1470 concerning The Arc. You may also call The Arc and dial extension 200 for any closing or delay announcements.

If a late opening day occurs, individuals should not report early to work. If The Arc is closed, individuals should not report to work. The staff of The Arc's employment services program wants to ensure there is proper supervision available at all times. On inclement weather days, staff is not available during a closing or late opening to provide supervision.

In the past, there have been instances when The Arc of Carroll County is open and Carroll Area Transit is closed. Please contact your program coordinator to discuss transportation options one week prior to the closing date.

## General Procedures

*Attendance:* Individuals should report to the program by 9:00 and should leave by 3:30 unless the Vocational Services Manager or Program Coordinator has made arrangements.

Individuals who are going to be absent are encouraged to call the Arc at (410) 876-2422 prior to 8:45. Individuals also should contact transportation or Carroll Area Transit (410) 876-Ride.

The Vocational Services Manager and Program Coordinator may review repeated absenteeism or lateness. A team meeting may be called.

*Sickness/Illness:* If you are sick or have a medical reason that prevents you from attending the program it is important that you call The Arc and speak with your program coordinator, Vocational Services Manager or Transportation staff member. If you become sick at work, please tell a staff person so that arrangements may be made for you to go home if necessary.

The good health of all our individuals and staff is very important to us. PLEASE rest at home if you are sick and/or seek appropriate medical treatment.

*Clothing/Appropriate Dress:* Casual, clean clothing is required. Heavy soled shoes must be worn in the production area. Open-toed shoes are NOT permitted. Shorts are acceptable during hot weather months, however short shorts, mini skirts or halter-tops are not permitted.

*Personal Hygiene:* Personal cleanliness is important. It is your responsibility to be clean and neatly groomed when reporting to the program. If necessary, issues with hygiene may be discussed with you and your team.

*Safety Equipment:* The Arc values its individuals and wants to ensure their safety. Every precaution will be taken to ensure a safe environment. The Vocational Services Manager or Program Coordinator may require safety items to be worn if it is felt that injury may result from a job or situation. Safety goggles, earplugs and steel-toed boots may be required at off-site work areas.

All individuals are encouraged to not wearing jewelry or loose fitting clothing.

Copies of Material Safety Data Sheets books are located in the following areas:

- Reception Office
- Vocational Services Manager's Office
- Executive Secretary's Office

Information in these books describes all products, liquids, and solvents that are used within the facility. Also included is information regarding chemicals and possible side effects that can be caused by using these products. If you have a question about a product or solvent and what precautions need to be taken, please see the Vocational Services Manager.

## **Individual Conduct**

- Individuals need to follow safety guidelines and procedures.
- Individuals are not to borrow or lend money to others. Notify your job coach or program coordinator if you need money for lunch and a temporary loan may be arranged.
- Smoking during work hours is allowed during breaks and lunch. Smoking is permitted outside only.
- Stealing, using obscene language, fighting or destroying property is not permitted and may be cause for disciplinary action, which may include suspension or termination from the program's services. The Assistant Executive Director and his/her designee will take appropriate action and will review each instance.
- For the safety and productivity of our individuals and staff, The Arc maintains a workplace free of drug and alcohol abuse. The use of drugs illegal (not prescribed) drugs and/or alcohol is strictly prohibited. Any individual observed using drugs not prescribed and/or alcohol would be asked to leave the facility immediately. Any individual reporting for work under the influence will be asked to leave the facility. Each instance will be cause for disciplinary action, which may include suspension or termination from program services. The Assistant Executive Director and his/her designee will review each instance.
- All individuals are responsible for keeping the premises clean. Trash, waste paper, cigarette butts, etc. should be placed in an appropriate container.
- Touching other individuals or staff persons in a sexual manner is prohibited. Personal relationships or overt displays of affection must be restricted to times outside of work.
- The sale of goods, services or merchandise to others is discouraged, unless permission has been received from Assistant Executive Director.

## **Wages and Compensation**

The Arc operates under the U.S. Department of Labor Sheltered Workshop/Worker Certificate. All individuals working for The Arc's employment program are paid for the work they perform. Time studies are used to determine the commensurate wage that is paid to a worker in a competitive industrial or business setting. A piece rate is determined based on the average amount of work that three non-disabled persons can accomplish in 50 minutes. Time studies are performed on all new jobs acquired by the workshop. Jobs are to be written up and then reviewed by the Controller.

The Arc provides sub-contract labor to local industry and business. Some of our work is paid on a piece rate basis, which means you will be paid for the amount of work that you complete. In computing piece rates, prevailing wages are utilized. The prevailing rates are updated every year based upon data obtained by DLLR.

For example, if Company Z employs you, and they assign you the job of putting labels on cans, you will earn \$6.55 per hour. At The Arc we will use this prevailing wage (\$6.55 per hour, for example) to determine how much you will be paid per label. If the worker at Company Z can label 100 cans in a 50-minute hour, and you can do the same, then you will be paid \$6.55. If you can work half as fast, and label 50 cans in 50 minutes, then you will be paid \$3.28.

The Arc will pay each individual minimum wage or the average hourly rate for those jobs that are not, or cannot be time studied to determine a per piece or per hour rate.

If you have any questions regarding your wages, please feel free to see the Controller with your questions.

The pay period for individuals is biweekly, it beginning on Thursday and ending on the following second Wednesday. Paychecks will be issued nine days later on Friday. Checks are available AFTER 2:00 p.m. Direct deposit is available for all individuals.

## **Benefits**

Social Security (FICA) covers all individuals of The Arc, and The Arc makes a contribution equal to that paid by each individual through payroll deduction.

Workers Compensation covers individuals while they are participating in paid work opportunities. The Arc pays the total premium for this insurance. Worker's Compensation covers only work related sicknesses and/or accidents.

All individuals of The Arc's employment MAY elect to have income taxes deducted from their wages.

The Arc's employment program operates on a 30-hour workweek. At this time, The Arc of Carroll County does not offer medical, vacation, sick or personal leave benefits to individuals participating in employment services or programs. If an individual is competitively employed in the community, then their respective employer may offer them a benefits package.

Snacks, sodas are available to be purchased. The use of the microwave and refrigerator are available for all employees of The Arc.

### **Procedure for Assisting Individuals in Understanding Benefits**

Benefits management will be reviewed during orientation for new individuals and as part of the annual IP process. The Program Coordinator and/or the Family and Education Resource Manager will work in conjunction with the individual's Resource Coordinator to determine the type and amount of benefits through discussion with the individual or their representative payee. During the IP meeting, the Program Coordinator will present the team with an explanation of The Arc's procedure to assist in the reporting of income to the Social Security Administration. Individuals can choose to have The Arc report their income or they can elect to do it on their own. The Program Coordinator will discuss the possible impact that earnings will have on benefits and assist the individual in determining how they want to manage their hours and type of work. The Program Coordinator will offer to meet with the individual, their representative and their local Social Security Administration official. If desired by the individual, the Program Coordinator will work with the individual and their local Social Security Administration representative to develop plans to document Impairment-Related Work Expenses or Plans for Achieving Self Support.

### **Affirmative Action/Nondiscrimination Statement**

It is the policy of The Arc to employ and to advance in employment, any and every qualified person with a disability in accordance with the terms and conditions of the provisions of the Rehabilitation Act of 1973, and as amended in 1974(Public Law 93-516). As defined in this latter amendment, a person with a disability is “any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, is regarded as having such impairment.”

It is further the policy of The Arc that all employment, any entry into programs are made in such a way to assure that no person shall be subjected to adverse discrimination in employment or participation in training programs on the basis of race, color, sex, age, national origin, marital status, sexual orientation, physical or mental handicap, religion, veteran status or status as a Vietnam era veteran.

The Arc facility is a barrier free facility.

### **Work Acceptance Statement**

The Arc’s employment program will not conduct business with businesses or industries that do not have a policy or follow a nondiscrimination statement.

### **Policy on Rights and Health and Safety**

It is the Policy of The Arc of Carroll County to ensure that the facility adheres to the provisions of The Arc’s Fundamental Rights Policy, Policies and Procedures for Behavior Supports, Procedures for Individual Plans and any statewide policies and procedures governing the rights of individuals’ receiving services under the jurisdiction of licensing agencies. This is accomplished through staff training, the provision of information to individuals and their interdisciplinary teams during annual IP meetings, and the review of behavior support plans by the Quality Management and Human Rights Committees.

It is also the policy of The Arc of Carroll County to consider that health and safety are of primary importance in all aspects of administration and daily operation. The administration is committed to providing a safe and healthy working environment for all employees. The prevention of accidents in the organization is a part of every operation and every employee’s responsibility. This is accomplished through implementation of an organized, active and responsive Health and Safety program that utilizes orientations and training, internal and external inspections, tests of emergency plans, review of incidents relative to safety, infection control procedures, and regular staff and committee meetings.

Refer to the Health and Safety Manual and the Emergency Preparedness Plan for complete policies and procedures in each of these areas.

## **Policies and Procedures for Non-Funded Individuals**

There are instances in which an individual exits a funded program and no other funded program is available or appropriate. An option that may be available is to change the individual's status from Funded to that of Non-Funded. This status is designated for those individuals who are able to work fairly independently but have minimal need for case management or coordination of medical, training, behavioral support, and other services. The Arc is not obligated to provide these services to individuals who are not funded by a public agency. However, The Arc may be able to provide one-time only services as resources permit. If a shortage of work occurs, a layoff of Non-Funded individuals may result. Individuals who are separated from employment or participation in training programs, for any reason, may submit a request to the Assistant Executive Director for consideration of re-entry into the work program. If funding becomes available, the individual's file will be re-activated.

## Individual Plans

Each funded individual in the program shall have a single Resource Coordinator who will be responsible for the development and implementation of the Individual Plan (IP).

Each individual's annual meeting will be held before, or on the date of the previous year's meeting, for the purpose of re-evaluating the employee's progress and determining the effectiveness of the program. All individual plans will be developed and implemented within 21 days of the annual team meeting date or within thirty days of initial admission.

For individuals who are served by more than one agency or program area, all attempts will be made to formulate one joint IP.

### IP Development

(Some steps may differ, depending upon involvement with Service Coordination, type of funding, and other agency involvement.)

The appropriate Coordinator or Resource Coordinator will:

- Coordinate the scheduling of medical, dental, psychological and other evaluations far enough in advance of the annual meeting to ensure that the results can be used to help develop the IP. For individuals receiving funding for health services, an annual health summary will be developed and presented at the annual meeting.
- Identify the individual's team. It shall be comprised of persons representing disciplines relevant to identifying strength, needs, interests, and preferences of the individual and at a minimum shall include: the individual (unless it has been documented that they are unwilling or unable to participate), their family or proponent (unless it has been documented that their involvement is inappropriate or unattainable), Program Coordinators, Service Coordinator (if one is utilized), Direct Service Staff, and any other identified persons that the individual would like to have present. Others who should be considered as team members, if appropriate, are: other Direct Service Staff, other advocates, staff of other agencies serving the individual, physicians, psychologists and psychiatrists, social workers, guardians, etc.
- The Resource Coordinator will contact team members to schedule the annual meeting.
- Meet with the individual to encourage and facilitate input, identify interests and preferences and discuss outcomes for the next year.
- Meet with direct care staff to obtain input on strengths, needs, interests, preferences, ideas for training techniques, methodologies, reinforcers, etc.
- Complete the Individual Performance Appraisal for Work Services or the VACG, as applicable.
- Develop interests, preferences, strengths, and needs. (Based on evaluations, meeting minutes, conversations with team members, etc.)
- Develop preliminary outcomes and goals.
- Formulate list of trainings and the staff ratio required to work with the individual.
- Develop or update Social Summary (Completed prior to or during meeting on recommendations of team)
- Arrange for substitutes for direct care staff attending meeting, if necessary.

The individual or the designated Resource Coordinator will chair the meeting unless regulations specify that another representative is more appropriate.

During the annual meeting the team will:

- Facilitate and encourage the participation of the individual.
- Ensure that the meeting is conducted in a manner that is understandable to all.
- Review Fundamental Rights Policy and obtain signatures on Fundamental Rights Form.
- Review The Arc of Carroll County Employment Services Agreement and obtain signatures, for those receiving Vocational Services.
- Review and/or update Record Face Sheet and provide copies to appropriate locations.
- Review and discuss previous year's outcome summary, including any behavior plans utilized.
- Review and discuss interests, preferences, strengths, and needs.
- Review any evaluations, if applicable.
- Discuss services available at The Arc and whether they are appropriate for addressing the individuals' needs. The team's opinion of the appropriateness of the available services will be documented on the Individual Plan Face Sheet. If the team and the individual should decide that the program in which they are currently participating is not meeting their needs, discussion of alternative program/services will be addressed and they will be placed accordingly, depending on availability of said service.
- The IP and/or meeting minutes will provide justification if the individual's interests and preferences are not addressed and for any decision made by the team over the individual's objections.
- Develop outcomes and goals that reflect strengths, needs, interests, and preferences as identified in the evaluation.
- For each outcome, identify goals that reflect steps leading to the outcome, and anticipated completion dates. Specify persons responsible for implementing each aspect of the IP.
- Identify service needs and person responsible for providing or securing services.
- The IP shall document needs regardless of the availability of the services. The Program Coordinator will forward a list of services identified as needed but unavailable to the Assistant Executive Director who will take them into consideration in planning.
- Complete the Client Data System if required (DDA only).
- Agree to share all information and recommendations in accordance with confidentiality so that a unified and integrated plan is developed.
- Sign the Team Sign-In sheet and initial to indicate agreement with the IP.
- Assist the individual in signing the Media and General Consent so it can be shared with team members.

After the meeting, the Program Coordinator will develop:

- Methodologies for each outcome and corresponding goals, a description of data collection, type of data, intervals in which data will be collected, persons responsible for data collection, etc.
- Each IP shall be reviewed and approved by the Program Coordinator, Vocational Services Manager, Assistant Executive Director and Executive Director.

- For those individuals with a Service Coordinator, the Program Coordinator will forward his or her part of the IP to Service Coordination for inclusion into a single integrated plan.
- Copies of the completed, single IP will be distributed to all team members who are listed on the Sign-in Sheet by the Resource Coordinator.
- The Program Coordinator will review the IP with direct care staff, explaining their involvement and responsibilities. Involved direct care staff will sign indicating that they have read the plan and acknowledge their responsibility in carrying out the plan.

#### IP Implementation

All necessary training will be carried out, services obtained and data will be collected at the scheduled intervals.

The Program Coordinator will complete reports at least semiannually that review the IP and summarize the individual's progress towards the goals and outcomes. If there has been a lack of progress, the Program Coordinator will consult with direct care staff the feasibility of modifying the methodologies or the need to reconvene the team to review the IP. Copies of the reports will be distributed to all team members.

If there is a significant change in the individual's level of functioning, behavior, or life circumstances, or if there are any issues with obtaining goals or outcomes, an interim team meeting may be called to determine any courses of action that may be required to assist the individual in fulfilling their IP.

The team shall respect the individual's right to request a change in the IP at any time.

The Program Coordinator will:

- Assume responsibility for the individual during the implementation of the individual's IP.
- Ensure that the individual is adequately oriented to his or her program.
- Ensure that the IP proceeds in an orderly, purposeful and goal-directed manner.
- Cultivate the individual's participation in the program.
- Ensure that the individual or the proponent is involved on an ongoing basis in discussions of plans, goals, status, etc.
- Consistently participate in team conferences concerning persons served.

The Program Coordinator will meet with direct care staff, as needed, to discuss progress and encourage recommendations and suggestions.

## **Procedures for Records of Persons Served**

All records, including paper or computer, will be organized in a systematic fashion using a filing system. Records on the network are regularly backed up onto media disks by the accounting department and are carried off site daily.

Records will be kept in file cabinets located in their respective Program Coordinator's office. The file cabinets will be kept locked or if not available, the Coordinator's offices will be kept locked when not in use. Secondary or direct care staff's records will be forwarded to the Program Coordinator for inclusion in the main record.

Access to records is limited to the individual, Executive Director, Assistant Executive Director, Controller, Executive Secretary, Director of Human Resources, Vocational Services Manager, Assistant Director of Quality Assurance, Program Coordinators, Family and Education Resource Manager, Program Assistants, Payroll/Billing Associate, Direct Care staff, State licensing personnel, Service Coordinators, CARF representatives, and/or any other approved sources noted on the General Consent Form. Release or access to records to any other individual follows the procedures set forth in the Policy for the Release of Information.

Each department will maintain records according to the subscribed layout. (See individual file's Table of Contents). The sectional information may vary depending upon involvement with Service Coordination, and/or other service providers.

**Assessment of Adherence to Record keeping Requirements:** On a regular basis, the Assistant Director of Quality Assurance will review a representative sample of records to measure their adequacy and fulfillment of record keeping procedures. Upon inspection, the Assistant Director of Quality Assurance or the Program Assistant will complete a checklist with the status of the file. If required items are not in the file or documented why they are unavailable, notification will be given to Program Coordinators to update the file. If a second file check is required and further action is needed, the results of the review will be forwarded to the Vocational Services Manager, or the Assistant Executive Director, depending on the program.

**Assessment of Program Quality:** An assessment of program quality will be conducted at the same time as the assessment of adherence to record keeping requirements. The review will determine if:

- Assessments were thorough, complete and timely.
- Goals and Outcomes were based on the assessments.
- Services provided were related to goals.
- Services produced the desired results.
- Persons served here have been actively involved in planning and making informed choices.

The results of the review will be a list of areas needing improvement and actions taken, and be integrated into IP planning and program management activities. Results will also be used by the administration along with results of individual satisfaction surveys in program evaluation and organizational planning activities. The results of the reviews will be reviewed at least annually by the administration

## **The Arc of Carroll County's Fundamental Rights Policy**

Each individual shall have the same rights and protection as all other individuals under the laws and Constitution of Maryland and the United States. Additionally, each individual has the following rights:

The Right to be treated with courtesy, respect, and full recognition of human dignity and individuality.

The Right to receive treatment services, and habilitation in the least restrictive environment that is available, adequate, appropriate, and in compliance with relevant laws, rules, and regulations.

The Right to be free from mental or physical abuse and other forms of inhumane treatment, including retaliation, humiliation, and neglect.

The Right to be free from chemical restraints, except for minimal restraints that a physician authorizes in writing, for a clearly indicated medical need and made a permanent part of the employee's record.

The Right to be free from physical restraints except for minimal restraints that are authorized in writing and made a permanent part of the record by a physician or qualified developmental disabilities professional, and which are clearly indicated for the protection of the individual with a developmental disability or others.

The Right to receive respect and privacy in an individually developed program.

The Right to worship as chosen.

The Right to receive an accounting of all funds belonging to the individual that are held or otherwise administered by the facility.

The Right to be free from financial exploitation.

The Right to have reasonable access to telephones unless this access unduly interferes with the operation of the program. Individuals shall be afforded a reasonable number of free calls. Assistance, if necessary, in making the calls shall be afforded.

The Right to have representation by a lawyer in matters regarding care, have consultation with a lawyer, have the individual's lawyer interview staff who work with or who have previously worked with the individual, have access to facility records via the individual's lawyer, have the individual's lawyer provided information regarding medications which the individual is receiving before a hearing or other judicial proceeding.

The Right to have suitably private areas provided to receive visitors, unless this privacy is contraindicated, and is documented in the individual's record and signed by the administrative head of the facility.

The Right to have no restrictions or limitations placed on visits between an individual and the individual's lawyer or clergyman. Restrictions or limitations on the individual's visits, phone calls, mail

or any other forms of communication shall be approved by the administrative head and be documented in the individual's record. Restrictions or limitations shall be re-evaluated with participation of the individual, family, or proponent, at a minimum of every seven days.

The Right to have correspondence sent without delay, unopened, except under written direction of the addressee. Correspondence to the individual shall be delivered unopened.

The Right to access a private physician of the individual's choice at the expense of the individual.

The Right to have IP's which use restrictive techniques in Behavior Support Programs to comply with Behavior Support Plan Policies and Procedures.

The Right to independently enforce regulations issued by licensing agencies.

The Right to access program records upon request.

The Right to receive commensurate wages for work performed as required by Federal and State Law.

The Right to not perform any duties by which a staff member is being compensated.

## **Implementation of Individual's Fundamental Rights**

The Arc's Fundamental Rights Policy shall be read and explained to each individual who is already admitted to the program and those who are subsequently admitted to the program on an annual basis.

Copies of the policy shall be furnished to each individual and their guardians, next of kin, sponsoring agency, and representative payee. Each individual shall sign the acknowledgment of receipt for the statement and this receipt shall be retained in the individual's file.

The administrative head of the facility shall be responsible for ensuring that the facility adheres to the provisions of these policies and procedures and any statewide policies and procedures governing the rights of individuals receiving services under the jurisdiction of licensing agencies.

Staff training to familiarize current employees with each individual's rights shall be conducted. Training shall include at a minimum, functional methods of implementing these rights. Individuals entering employment after the date of this initial training shall receive the same training. This training shall take place within 90 days of the onset of employment.

A copy of these regulations shall be kept available for reference on the premises.

## **Procedures to Address Violations of Individual's Rights**

Anyone who believes that an individual's rights have been violated shall report the alleged violation to the facility's administrative head immediately. The reports shall be in oral or in written form. The administrative head of the facility shall follow the guidelines as in the Procedures for Reportable Incidents developed by the Developmental Disabilities Administration. A copy of these procedures is available in the Assistant Director of Quality Assurance's office.

## **Grievance Procedure for Persons Served**

Each individual has the right through, or in combination with other persons, to present grievances and to recommend changes in policies and services on behalf of themselves or others without the fear of retaliation, restraint, interference, coercion, or discrimination.

The Arc has developed and implemented a complaint procedure which incorporates the following components:

1. The individual, either personally or in concert with others, or through the individual's proponent, shall be given the opportunity to present grievances to:
  - a. The appropriate direct care staff
  - b. Program Coordinators
  - c. The Assistant Director of Quality Assurance
  - d. The Assistant Executive Director and/or the Executive Director
  - e. Other citizens or groups, if appropriate
2. A complaint shall be received in any of the following forms:
  - a. Oral communication
  - b. Signed/manual communication
  - c. Telephone
  - d. Office visit
  - e. Mail or written communication. The signature of the individual may not be required on any written communication.
3. Grievances shall be documented in the individual's permanent record with a copy sent to the appropriate administrative staff.
4. Grievances shall be initially referred to the Program Coordinator or appropriate direct care staff for resolution. The staff shall:
  - a. Investigate and respond to the grievance within 2 working days.
  - b. Provide the individual with a written response as well as a non-written response in a language understandable by the individual.
  - c. Inform the individual that he or she has the right to have the decision reviewed by the Assistant Executive Director if the individual is dissatisfied with the response, and requests an appeal.
  - d. Refer in writing when requested, the grievance and the response to the Assistant Executive Director within 2 working days.
5. The Assistant Executive Director shall:
  - a. Investigate and respond to the grievance within 4 working days.
  - b. Provide the individual with an opportunity to indicate why he or she is dissatisfied with the staff's response.
  - c. Review all of the relevant information and make a decision.

- d. Convey the decision to the individual both in writing and in a non-written form, in language understandable by the individual.
  - e. If the individual is still dissatisfied with the result, afford him or her the opportunity to indicate the reasons for continued displeasure.
  - f. Forward the grievance, the responses provided by the staff and Assistant Executive Director along with the reasons for the individual's dissatisfaction with these responses, to the Executive Director within 5 working days, if the individual requests an appeal.
6. The Executive Director shall review this information and respond to the individual within 30 working days of receipt of notification of an unresolved grievance.
  7. The facility shall maintain a permanent record for inspection by the Administration of all complaints submitted.

An individual may not be subject to any form of discipline solely because the individual has sought a remedy through, or participated in, the procedures established by this policy.

Obstruction of the investigation or disposition of a complaint by any person shall be reported to the Assistant Executive Director, who shall take action to eliminate the obstruction.

## **Procedures for Referral, Exit/Discharge and Follow-Up**

### *Referral*

When needed services are not available through The Arc, referrals will be made as part of the individualized planning process and on an as-needed basis. The team will schedule the services so that they are coordinated with the services provided by The Arc.

The referrals will be documented on a Progress Notes or the Individual Plan and include any necessary information including, the place, date, reason for the referral, the name of the contact person and a report of the outcome.

Information released to other individuals or agencies shall conform to The Arc's Policy and Procedure for the Release of Information.

### *Exit/Discharge*

The individual, his or her team, and the referring source will make all attempts to give sufficient notice of the exit or discharge decision.

When individuals exit, or are discharged from the program, an Individual Discharge Report will be completed. The team will decide on the need for an exit meeting. Upon consent from the individual or their guardian, information will be released to the designated individuals or agencies. Any released information will be noted on the Individual Discharge Report.

The report will be written, which may include:

- Current program agency placement
- Current program area
- Anticipated agency placement and program area
- Reason for the exit/discharge
- Referrals and recommendations needed to maintain or improve functioning and increase independence.

### *Follow-up*

Arrangements for any follow-up will be made during the Exit/Discharge Planning Meeting or upon completion of the Individual Discharge Report. From information obtained during follow-up, staff will work in cooperation with individuals/agencies now involved with the individual to ascertain if further services are needed.

## **Policy and Procedure for the Release of Information**

The Arc's staff may not release any records from an individual's file unless the individual or legal guardian gives written informed consent.

The Arc shall disclose records of an individual to the individual who is enrolled in the program if:

- A person is not authorized to act on behalf of that individual, and
- The Executive Director determines that disclosure would not be detrimental to the individual.

The Arc's staff shall disclose records of an individual to their parent or guardian if the individual is a minor.

The Arc's staff shall not disclose records of an individual, if they are of age, to their parent or guardian, if the individual requests that disclosure not be allowed.

The Arc's staff shall disclose records of an individual to a lawyer or other individual who is authorized by the individual.

The Arc's staff shall disclose records of an individual to the Executive Director or their designee of the state designated protection and advocacy agency, if:

- The agency has received a request for an investigation and there is no other person to whom, on behalf of the individual, the record may be disclosed.
- The individual is unable to give written informed consent and the DDA Director determines that disclosure is necessary to protect the individual's rights.

The Arc will comply as soon as possible, but within 14 days after the individual or person who is authorized to act on behalf of that individual asks in writing, to receive a copy of the records or see any copy the record.

If The Arc refuses to disclose a record and it is because there is no one authorized to act on behalf of the individual and the Executive Director determines that disclosure would be detrimental to the individual, then the Executive Director, within 10 working days, shall apply to the Circuit Court for the county in which the individual resides, or where the site of services occurred, for an order to permit The Arc to continue to refuse disclosure.

The Arc shall disclose an individual's record to staff that carry out a purpose for which the record is kept and by anyone who provides or coordinates services in accordance with the individual's IP.

The Arc shall disclose an individual's record that is sought by:

- A medical review committee
- An accreditation board or commission
- A licensing agency that is authorized by statute to review records
- A court order

- A representative or auditor of the Division of Reimbursement of the DHMH the Client Rights Committee unless the individual objects.

The Arc shall keep a record of all disclosures made of an individual's file by using a Release Form, which identifies:

- The content to be released
- The form in which the information is released, e.g., written, verbal, audio, video, electronic, etc.
- To whom the information is to be released
- For what purpose the information is to be released
- The name of the person about whom the information is to be released
- The date on which the release is signed
- The date on which the authorization expires
- The signature of the person who is legally authorized to sign the release

## **Procedures for Reportable Incidents**

All employees of The Arc, interns, volunteers, consultants and contractors must adhere to these procedures and the Developmental Disabilities Administration's Policy on Reportable Incidents. The purpose of these procedures is to ensure compliance with the DDA's Policy that requires agencies to identify report, investigate, review, correct, and monitor situations and events that threaten the health, safety or well-being of individuals receiving services. The Arc will make a copy available of the DDA's Policy on Reportable Incidents, and this procedure, to all employees, interns, volunteers, consultants and contractors as well as individuals receiving services, their parents or guardians or advocates. Refer to the Policy on Reportable Incidents for an explanation and examples of incidents that are not reportable, internally investigated, and reportable.

### *Reportable Incidents*

All reportable incidents shall be handled using the following procedures:

1. The Program Coordinator, Assistant Director of Quality Assurance, Assistant Executive Director and Executive Director will be notified immediately upon discovery of the incident.
2. Appropriate and immediate action will be taken to assure the health, safety and well being of all involved individuals.
3. Staff witnessing or involved in the incident will complete an Incident Report within 24 hours and submit it to the Program Coordinator and/or Assistant Director of Quality Assurance.
4. Upon discovery, the incident will be reported to OHCQ, DDA, and MDLC (if appropriate) via e-mail using the required Appendix 4 (Incident Reporting Form) found on the DDA website. For those incidents outside of the scope of services for DDA or OHCQ, the Assistant Director of Quality Assurance will report them according to protocols set forth in the DDA Policy on Reportable Incidents and Investigations.
5. The Arc will provide any follow-up and any actions necessary to resolve the incident.
6. An internal investigation will be initiated immediately. Involved staff and individuals will be interviewed. The investigation will result in the completion of Appendix 7 (Agency Investigation Report) that includes the following:
  - A chronology of what occurred, including related history or background.
  - The level of supervision at the time.
  - Staff response.
  - A description of how the investigation was conducted.
  - The findings and conclusions of the investigation.
  - The status of the individual.
  - What follow-up, corrective, preventive, and/or disciplinary action was taken.

This internal final report shall be completed within 21 days.

### *Internally Investigated Incidents*

Internal investigated incidents are those events or situations that shall be reported to designated authorities within the agency. For examples of internally investigated incidents refer to the DDA Policy on Reportable Incidents and Investigations.

All internally investigated incidents will be handled using the following procedures:

1. Appropriate and immediate action will be taken to ensure the health, safety, and well being of all involved individuals.
2. Staff witnessing or involved in the incident will complete an Incident Report within 24 hours and submit it to the Program Coordinator and/or Assistant Director of Quality Assurance.
3. An internal investigation will be initiated immediately. Involved staff and individuals will be interviewed if necessary. The investigation will result in an Appendix 7 (Agency Investigation Report) being generated within 21 days. At a minimum the report should include:
  - A chronology of what occurred, including related history or background.
  - The level of supervision at the time.
  - Staff response.
  - A description of how the investigation was conducted.
  - The findings and conclusions of the investigation.
  - The status of the individual.
4. In the event that three or more internally investigated incidents occur within a four week time frame for the same individual, the most recent incident will then be treated as a reportable and that protocol will be followed accordingly.

A listing of all Internally Investigated incidents will be sent to DDA and OHCQ at the end of each calendar quarter, utilizing the DDA mandated form – Appendix 5 (Quarterly Incident Report). The report is due within 15 working days of the end of each quarter (Oct. 15, Jan. 15, April 15, July 15).

Records for Reportable or Internally Investigated incidents will be maintained for a minimum of five years.

### *Review by the Quality Management Committee*

The Quality Management Committee shall be comprised of at least one outside representative for each agency staff person on the committee.

The committee will be responsible for reviewing and approving each behavior support plan. In addition, the committee will review and approve any remuneration and will also be responsible for the review of all agency incidents involving the individuals served. It is the responsibility of the Quality Management Committee to assure that at all times the rights of persons served are being protected. The committee will assure that all policies and procedures set forth by the following agencies are instituted as written:

- DDA's Policy on Reportable Incidents and Investigations
- COMAR's Behavior Support Service Program Service Plan
- The Arc of Carroll County's Procedure for Reportable Incidents

On an annual basis, the Quality Management Committee will review the services provided by any involved service provider relevant to the functions being performed by the committee. It will be determined whether the services being provided are adequately or inadequately meeting the needs of The Arc of Carroll County and the individuals receiving services.

The need for corrective action and plans for follow-up will be documented.

## Goal

To decrease the number of preventable incidents among individuals in The Arc's service programs.

1. The Assistant Director of Quality Assurance obtains and reviews each incident report. The Coordinator then compiles information that tracks the person(s) involved, time of day, day of week, location of incident, etc.
2. The Assistant Director of Quality Assurance will generate a Frequency Report when the following conditions apply:
  - An individual is involved in two reportable incidents over a 60-day period
  - An individual is involved in three incidents (any combinations of reportable or internally investigated) in a given reporting quarter.
  - A categorical trend is identified in a program area.
3. If these conditions have been met, the Assistant Director of Quality Assurance will provide a copy of the Frequency Report to the appropriate administrative staff. The Frequency Report will document incident information and encourage the staff person to increase awareness.
4. If incidents continue to occur after the frequency report has been generated, a meeting involving the Vocational Services Manager, Program Coordinator, and the Assistant Executive Director will occur to determine a course of action.
5. The Quality Management Committee will review all Frequency Reports at the quarterly meetings and will determine a course of action.

The desired outcome is to increase awareness among staff working directly with individuals and have knowledge about possible trends or how incidents occur. This understanding will be used to change the environment that leads to preventable incidents.

Incidents regarding staff injuries will be reviewed monthly at the agency's Safety Committee meetings. Prevention strategies will be discussed and implemented as a result of this review.

## Procedures to Handle, Administer, Store and Dispose of Medications

Refer to the Maryland Developmental Disabilities Administration's Medication Technician Training Program for complete and detailed information regarding medication administration procedures. In addition to the following policy, The Arc follows the *Medication and Nursing Related Policies and Procedures* developed by Dimensional Health Care Associates, which are compliant with COMAR 10.27.11, COMAR 10.22, and CMT 10.39. For more information, refer to these additional policies.

### *Basic Medication Administration Principles:*

Each individual receiving services should have input regarding the receipt of medication, and should be given an explanation of the medication's purpose. In those instances where an individual does not understand, his or her proponent should be involved. A positive approach should be used when giving medications. Because of this, the use of physical force or the hiding of medication in food in order to administer is prohibited. Each individual served has the right to refuse medication.

Only medications which have been prescribed by a licensed health care professional can be administered to an individual served. Medications must be prescribed for the benefit of that individual, not as a substitute for programming.

### *Medication Technicians:*

Only unlicensed persons who have passed the MTTP and have been certified by the Board of Nursing are authorized to administer medications. The job of the Medication Technician includes the administration and documentation of medication, observing individuals for changes in their physical or mental status, and reporting these changes to the delegating nurse.

### *Medications:*

All medications must have a pharmacy label that clearly and accurately indicates the following:

- Pharmacy name, address, and phone number
- Individual's Name
- Prescription number
- Date prescription was filled
- Name of medication
- Directions for use (including dosage and frequency)
- Reason for use
- Special instructions (if necessary)
- Name of prescribing health care professional

The pharmacy label or PMOF form should **never** be altered by hand.

All medications must be stored in the original containers used by the pharmacist. State of Maryland regulations require that all medication administered in a DDA setting be packaged in bubble packs. All medications should be sorted and stored by individual, with oral and topical meds separated. Medications should be stored in a locked container with the key only accessible to medication technicians. Medications that need to be chilled should be kept in a locked box in the refrigerator. All Schedule II controlled drugs (as dictated by the controlled substances Act of 1970) must be stored under a doubled locked system and require staff to sign off on a special form at the start of their shifts. Two locks on one container do not meet these guidelines.

Disposal of medications should occur when medication is discontinued before all of it has been dispensed, the individual has refused to take the medication after it has been poured, the medication has fallen on the floor or becomes contaminated in some other way, or if the medication has expired. Please do not flush medications or throw them in the trash. They should be brought to the Albright Building and placed in the disposal container for this purpose. All schedule II controlled drugs **must** be given to the delegating nurse for disposal.

The “Six Rights” of Medication Administration:

- The **right person**.
  - Know the individuals being served and be familiar with their medication regimen.
- Receives the **right medication**.
  - Perform the THREE WAY CHECK (PMOF, Pharmacy label, Medication Administration Record). If the three do not match or if the medication has expired, **STOP AND NOTIFY YOUR SUPERVISOR**.
- In the **right dose**.
  - Ensure that the prescribed dosage is the dosage being administered. Do not guess! If there are any questions, ask a supervisor **before** administering the medication.
- At the **right time**.
  - For most medications, there is a one hour window before and after the listed time for administration. All seizure and behavior modifying medications should be given on the **exact** time listed on the PMOF.
- By the **right method/route**.
  - Ensure that the medication is given in the method asked. If there is confusion between the route requested, ask a supervisor **before** administering the medication.
- Followed by the **right charting and documentation** procedures.
  - Immediately after giving medications, chart the administration using the guidelines contained within the MTTP.

*Self-Administration Procedures:*

Some individuals may be able to take partial or complete responsibility for the administration of their own medications. In order to determine an individual’s participation level, a self-medication readiness assessment must be completed and the individual’s primary care doctor must approve of the self-administration. The individual will also be assessed regularly by the delegating nurse. Please see Chapter 8 of the MTTP manual for more information regarding the self administration of medications.

Safety Principles of Medication Administration:

The following principles will help maintain the safety of the environment during administration and reduce the risk for medication errors:

- Wash hands before and after administering medications to each individual.
- Full attention should be given to the task of medication administration.
- Prepare and administer for only one individual at a time.
- Staff should only administer and chart medications they have poured themselves.
- Chart each individual’s medications immediately after administering them.
- Ensure the PMOF, MAR, and pharmacy label match exactly before administering medications.
- Never pour medications and leave them to be taken later in the day.

- Ensure the individual has an adequate amount of liquid to take medications with.
- Stay with the individual during the entire administration of medications.
- Never leave medications unattended or the medication cabinet unlocked.
- Do not give medications that have changed color.
- Only administer medications that are properly packaged in bubble packs.
- Never hide a medication error.

## **Policies and Procedures for Behavior Support**

### *Rationale*

The Arc of Carroll County is able to serve individuals who exhibit challenging behaviors and require a variety of supports to achieve success in exercising the individual's choices responsibly. Behavior support services are designed to assist individuals who exhibit challenging behaviors in acquiring skills, gaining social acceptance, and becoming full participants in the community.

### *Scope*

When the Arc provides services to an individual in the community or in a SRC whose record indicates a need for a behavior support plan, The Arc will meet the requirements. When contracting for behavior support services, The Arc will ensure that its contractor meets the requirements and is knowledgeable about DDA's service delivery system. Please see COMAR 10.22.10 for regulations regarding behavioral support services.

Behavior support services include:

- Behavioral consultation
- Temporary augmentation of staff
- Behavioral training
- Behavioral respite services

### *Staffing and Training*

The Arc will ensure that staff who provide behavior support services, before being assigned independent duties, receive training in the Behavior Principles and Strategies and appropriate methods of preventing or managing challenging behaviors, which may include the use of mechanical restraints.

### *Behavior Support Plan (BP)*

The Arc will ensure that a BP is developed for each individual for whom it is required. In addition, The Arc shall ensure the BP:

- Is developed, in conjunction with the team, by a licensed psychologist, psychology associate under the supervision of a licensed psychologist, licensed physician, licensed certified social worker, or licensed and certified professional counselor, who shall have training and experience in applied behavior analysis
- Is based on and includes a functional analysis or assessment of each challenging behavior as identified in the IP
- Specifies the behavioral objectives for the individual, and includes a description of the hypothesized function of current behaviors including their frequency and severity and the criteria for determining achievement of the objectives established
- Takes into account the medical condition of the individual
- Describes the treatment techniques and when the techniques are to be used
- Specifies the emergency procedures to be implemented for the individual with a history of exhibiting behaviors that present a danger to self or serious bodily harm to others
- Includes a description of the adaptive skills to be learned by the individual that serve as functional alternatives to the challenging behavior or behaviors to be decreased

- Identifies the person or persons responsible for monitoring the BP
- Specifies the data to be collected to assess progress towards meeting the BP's objectives
- Describes and documents each use of mechanical and physical restraint, the reason for its use, and the length of time used.

Before implementation, The Arc will ensure that each behavior support plan, which includes the use of restrictive techniques, is approved by the Quality Management Committee and the Human Rights Committee and includes written informed consent of the individual, individual's legal guardian, or surrogate decision maker.

Before The Arc discontinues a behavior plan, the team and/or an individual appropriately licensed under the Health Occupations Article with training and experience in applied behavior analysis shall recommend that the individual no longer needs a behavior support plan.

#### *Use of Restrictive Techniques:*

The Arc will ensure that the use of restrictive techniques in any BP includes the least restrictive yet effective alternative, or the lowest effective dose of a medication and is only implemented after other methods have been systematically tried and objectively determined to be ineffective.

The Arc will collect and present objective data to the authorizing licensed health care practitioner to indicate whether the restrictive technique being used is effective in reducing the individual's challenging behavior.

The Arc will convene the team within 5 calendar days after an emergency use of a restrictive technique to review the situation and action taken. It shall determine subsequent action, include whether the development or modification of a BP is necessary, and document that the requirements of this regulation have been met.

The Arc will ensure that staff do not use:

- Any method or technique prohibited by law, including aversive techniques
- Any method or technique which deprives an individual of any basic right specified in Maryland state COMAR regulations
- Seclusion
- A room from which egress is prevented
- A program that results in a nutritionally inadequate diet.

Staff may not use a restrictive technique as a substitute for a treatment plan, as punishment, or for his or her convenience.

#### *Use of Medications for Challenging Behaviors:*

In addition, the Arc will ensure that a BP that includes the use of medication includes:

- The specific medications that have been prescribed
- The rationale for prescribing each medication
- Any alternate methods of management being used to bring challenging behavior under control

- Objective data collected by staff and presented to the licensed health care practitioner to indicate that the medication being used is effective in reducing the individual's challenging behavior

The Arc will ensure that a licensed health care practitioner documents that any potential side effect from the medication outweighs the behavior that will occur without the use of the medication and attempts are being made to gradually decrease the dosage or discontinue the medication when clinically indicated.

A licensed health care practitioner shall review any medication that has been prescribed to modify behavior at a minimum of every 90 days. (PRN orders for medications to modify behavior are prohibited.) Medications to modify behavior may not be used in quantities that interfere with an individual's ability to participate in daily living activities.

#### *Use of Physical Restraint*

Physical restraint may only be used when the individual's behavior presents an immediate danger to self or others. The Arc will ensure that only staff that have been trained in Behavioral Principles and Strategies may use a physical restraint and may only do so as specified in the curriculum. In addition, the licensee shall document in the individual's record each use of a physical restraint, including the reason for its use.

#### *Use of Mechanical Restraint and Support*

A mechanical restraint may only be used:

- To prevent an individual from engaging in self-injurious behaviors such as head banging, teeth gnashing, and similar behavior
- To prevent serious bodily harm to others
- As required by an individual's treating licensed health care practitioner to allow an individual to recuperate from surgery or injury.

The Arc will ensure that a mechanical restraint is designed and used in a humane, safe, and effective manner and without intent to harm or create undue discomfort. If mechanical restraints are being used, The Arc will meet the requirements as stated previously and obtain written authorization from a licensed health care practitioner trained in applied behavior analysis for the use of the mechanical restraint, including the duration of its use and the circumstances under which the restraint is authorized. The Arc will document in the individual's record each use of mechanical restraint, including the reason for its use, and require staff to check on the individual every 15 minutes.

When a mechanical restraint is being used The Arc will afford the individual the opportunity:

- To be escorted to the bathroom and offered fluids at least every 2 hours
- For motion and exercise for a period of not less than 10 minutes during each 2 hours in which the restraint is used
- To be provided meals at regularly scheduled hours.

A licensed health care practitioner who authorized the use of the mechanical restraint shall review the authorization at a minimum of every 90 days, and document its effectiveness and whether continuation is indicated.

If a mechanical restraint is being used for medical purposes, The Arc will obtain written authorization from the individual's treating licensed health care practitioner and document in the individual's record the reason and guidelines for the use of the restraint, including the time frame the mechanical restraint is to be used.

A mechanical support may only be used if authorized by a licensed health care practitioner. In addition, The Arc will ensure that a mechanical support is designed and used in a humane, safe, and effective manner and without intent to harm or create undue discomfort. The Arc will document in the individual's record the reason for use of the mechanical support, when it is to be used, and the directions for its use. The licensed health care practitioner who authorized the use of the mechanical support shall document its effectiveness and whether continuation is indicated, at least, on an annual basis.

#### *Use of Chemical Restraint and Supports*

Chemical restraint may only be used when the individual's behavior presents a danger to self or serious bodily harm to others. The Arc may only use a chemical restraint in a behavioral emergency when ordered by a licensed health care practitioner and administered and monitored by a licensed health care practitioner. In addition, The Arc will document in the individual's record the use of any chemical restraint, including the reason for its use. The Arc is not permitted to have behavior modifying drugs to be administered on a PRN (as needed) basis.

According to DDA, chemical supports are defined as the use of medication as an intervention to support an individual for a medical appointment that would not typically require sedation. The use of chemical supports must be approved by the team as part of an individual's plan and be reviewed and approved by the standing committees (Quality Management Committee and Human Rights Committee). The rationale for utilizing

these supports must be documented and the team must ensure that the support is of the lowest effective dose and is only being implemented after other methods have been systematically tried and determined to be ineffective. This process must be completed before the team can approve use of a chemical support. An individual's licensed health care practitioner must review any chemical support a minimum of every 90 days, and must also document the possible outcomes of continually missed medical appointments and whether or not lack of treatment outweighs any potential side effects from the chemical support.

#### *Monitoring Use of Medications for Behavioral and Restrictive Techniques*

The Arc will monitor the use of restrictive techniques through its internal quality assurance process as required by COMAR regulations.

#### *BP Requirements*

For the use of behavior modifying drugs:

Behavior modifying drugs may not be used as a punishment, for the convenience of staff, as a substitute for a comprehensive treatment program, or in quantities that interfere with the individual's recommended and approved program. Any individual utilizing a behavior plan with behavior modifying drugs must have their plan approved by the Human Rights Committee.

The BP must specify behaviors to be modified and include alternative modes of managing the behaviors.

Behavior modifying drugs shall be reordered and reviewed at least every 90 days by a licensed physician. Staff will arrange for a Physician's Medication Form to be filled out and signed by the physician every 90 days and will maintain a copy in the individual's file. There may not be standing orders for behavior modifying drugs.

The physician will attempt to employ the lowest effective dose of the drug and gradually diminish the dosage or ultimately discontinue the drug when possible and clinically indicated. The physician will weigh any potential harmful effects of the drugs against the harmful effects of the behavior for which the drugs are given and indicate that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs. Written consent for the use of behavior modifying drugs in non-emergency situations shall be obtained from the individual, parent, proponent, or legal guardian, if the individual has not reached the age of majority or is not competent to understand the nature and purpose of the program. Staff will arrange for the individual, physician, parent/proponent or legal guardian to sign a Consent to

#### *Use Behavior Modifying Drug form:*

The individual, their parents, proponent, or legal guardian shall be given an opportunity to participate in the design of the program and shall be given the opportunity to consent to or refuse consent to the use of behavior modifying drugs. If consent is refused, The

Arc has the right to appeal the matter to a court of competent jurisdiction for adjudication.

*For the use of restrictive techniques:*

The restrictive technique used represents the least restrictive alternative available and will be implemented only after less restrictive methods have been systematically tried, objectively been determined to be ineffective and documented in the individual's IP.

Restrictive procedures will be explained and discussed in a manner that can be understood by the person served.

Be designed to lead to less restrictive means of behavior management and the ultimate elimination of the maladaptive behaviors.

Have the written, informed consent of the client, parent, proponent, or legal guardian before implementation, in non-emergency situations.

*For use of physical restraints:*

Staff involved in the application of physical restraint procedures will be trained by an individual certified to provide training in the Behavioral Principles and Strategies.

Restraint shall be used only if withholding it would be contrary to the best interest of the individual because the individual's behavior is dangerous to them or others, is detrimental to their development, or has repeatedly failed to respond to less restrictive techniques.

Be approved by the Quality Management Committee and Human Rights Committee before implementation. Each BP will be reviewed by the Quality Management Committee (QMC) on a quarterly basis. The Human Rights Committee will review any plan containing restrictions.

*Prohibited Techniques:*

The use of any method or technique prohibited by law, seclusion, corporal punishment, verbal abuse, or the discipline of individuals by other persons served.

The use of programs that result in a nutritionally inadequate diet. When food or drink are used as part of a behavior management program, it will be documented in the individual's IP.

The deprivation of any fundamental rights.

The use of aversive techniques is prohibited by law.

*Procedures for Behavioral Emergencies:*

Staff assigned to work with individuals who have disruptive behaviors will receive training in Behavioral Principles and Strategies. Adequate staffing patterns will be maintained to ensure that disruptive behaviors can be managed effectively. In the event of a crisis or emergency situation at the day program, which cannot be managed by regularly scheduled staff, emergency procedures will be activated and additional staff trained in Behavioral Principles and Strategies will arrive to assist. In cases of extreme crisis, 911 will be called for police assistance.

*Policy for Restitution for Property Damage:*

The Arc of Carroll County will seek full reimbursement for any property damage except in the case when damages exceed the amount the individual has available to reimburse. In such a case, no more than 25% of an individual's funds would be accessed. In order to seek reimbursement for property damage the individual's IP must show evidence of a history of destructive behavior and it must be addressed in a behavior support plan. The Quality Management Committee will review and approve any remuneration and The Arc of Carroll County will report the approval to the regional director of the Development Disabilities Administration.