



Policy and Procedures

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Vision Statement

We are a leading organization that champions for and supports people with developmental disabilities, while cultivating relationships that enrich our community.

Purpose Statement

To support people in their individual pursuit of a fulfilling life.

Core Values

Innovation – our founders pioneered the opportunities that exist today for people with developmental disabilities. We build on their courageous tradition of innovation and creativity in the design and delivery of our services

Integrity – we operate with integrity in all that we do – as a service provider, as an employer, and as members of our community

Respect – we treat everyone with respect. Dignity, choice, ability, privacy and opinion are fundamental principles of who we are

Quality – we embrace the highest standards in all that we do. Quality in service and character drives our actions and attitudes

Caring – we act with a genuine sense of caring. A sincere interest in and concern for the complete well-being of all people define our actions

Program Service Plan

Community Living Services:

Residential: The Arc community residential homes create personalized living arrangements known as Alternative Living Units (ALU) for people with disabilities living in the community. The ALUs consist of a network of homes throughout Carroll County operated by The Arc enabling individuals with developmental disabilities to live in their communities and experience as much independence as possible. Staffing plans provide individualized support depending on the needs of each resident. All Residential Advisors and Community Living Assistants are required to meet the training regulations mandated by The Developmental Disabilities Administration.

Community Supported Living Arrangements (CSLA): CSLA services include a broad spectrum of supports intended to enhance individuals' opportunities to exercise choice and control over their own lives. This may include, but is not limited to, trainings to increase integration and productivity, adaptive equipment, medication management, assistive technology, personal assistance services, respite care and 24 hour emergency assistance. Support Aides are required to meet the training regulations mandated by the Developmental Disabilities Administration.

Family and Individual Support Services (FISS): FISS is a range of creative services designed to enable individuals with disabilities to live more independently or with family and to be active members of their community. Flexible services under Family Support Services (FSS) and Individual Support Services (ISS) include respite care, personal care, transportation, and in home care as well as assistance with obtaining medical care and supplies, adaptive equipment or architectural modifications. All Support Aides are required to meet the training regulations mandated by The Developmental Disabilities Administration.

Individual Family Care (IFC): IFC services provide comprehensive services within a family setting to individuals who are unrelated to the care provider. Care providers are required to meet the training regulations mandated by the Developmental Disabilities Administration and site licensing requirements in their home.

Employment Services:

Personal and Support Services (PSS): The PSS program provides 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. All Instructors and Assistant Instructors are required to meet the training regulations mandated by The Developmental Disabilities Administration.

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. Individuals also have the opportunity to work on various enclaves at local businesses while receiving the support of an on site job coach. All Job Coaches are required to meet the training regulations mandated by The Developmental Disabilities Administration.

Community Employment: Community Employment assists individuals in obtaining and maintaining community based employment. Job coaches provide on-site training, supervision, and support to assure success on the job. Individuals are employed at local businesses all across Carroll County. All Job Coaches are required to meet the training regulations mandated by The Developmental Disabilities Administration.

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.

Transportation Services:

This program is designed to provide transportation services to children and adults with disabilities throughout Carroll County. Door to door transportation is provided to adults participating in Arc sponsored programs and to workers engaged in supported employment at jobs in the community. Specially equipped vans and buses are maintained to meet the various needs of the individuals. Daily transportation is provided to 500 students attending specialized programs in the Carroll County Public School system. The Arc operated ALUs are also assigned vehicles to provide 24 hour transportation for resident shopping, recreation, church services, medical appointments, and inclusion in other community activities. All van drivers and assistants are required to meet the training regulations mandated by The Developmental Disabilities Administration. All school bus drivers are required to meet the training regulations mandated by Carroll County Public Schools.

POLICY AND PROCEDURES FOR OBTAINING INPUT FROM PERSONS SERVED

It is the policy of the Arc that the involvement and input of the persons served is an integral component of the information utilized to structure the program around their needs; in order to be responsive to their expectations and promote their maximum participation in society.

The Arc will obtain input from all persons served at their annual meeting or more frequently, if necessary. A satisfaction survey will be used along with periodic individual and staff meetings to elicit this input. The information will be submitted in summary form to the appropriate administrative staff for review and utilized, if appropriate, to change the policies and/or practices of the organization.

POLICY ON ACCESSIBILITY

Reasonable Accommodations

The Arc of Carroll County is committed to the implementation of its Affirmative Action Plan, which ensures the promotion of equal opportunity for people with disabilities to participate as staff members, volunteers and members of the Board of Directors. In addition, reasonable accommodations are provided through the use of accessible meeting areas, supports, modification of activities and tasks, and the use of assistive technology. The Arc of Carroll County will consult with the special education program at McDaniel College to secure appropriate assistive devices for any individual or applicant who has such a need.

Community Activities

The organization demonstrates participation in community activities that promote opportunities for people with disabilities.

The Arc sponsors, supports, and encourages the involvement of professional staff in civic organizations in Carroll County. The Arc maintains membership in the Carroll County Chamber of Commerce.

Working in partnership with civic and fraternal organizations, The Arc hosts monthly meetings of three such organizations.

All of this community outreach provides a forum to promote the full inclusion of people with disabilities in all aspects of life in our community.

Additionally, the Arc fosters and supports self advocacy activities by individuals throughout the community.

The Arc distributes a newsletter to individuals, employers, and organizations. News releases are issued to the media frequently.

Eligibility and Entrance Criteria

It is the policy of The Arc that all people with disabilities may apply for entry into The Arc's Employment Services and Community Living Programs. The eligibility determination process will be applied uniformly to all applicants using specific admission criteria and in such a way to assure that no person shall be subjected to adverse discrimination on the basis of race, color, sex, age, national origin, marital status, sexual preference, physical or mental disability, religion, or veteran status. Refer to the Policies and Procedures for Intake and Orientation and the Admission Criteria for the Community Employment, Community Living, Personal & Support Services, Supported Enterprise, and Work Services programs.

Accessibility Plan

It is the policy of The Arc of Carroll County to remove attitudinal, architectural, employment, transportation, communication and any other barriers to people with disabilities within the organization and the community. The Arc headquarters is a barrier free facility.

The Arc Administration will complete a self evaluation of its programs and policies regarding accessibility on an annual basis. The Self Evaluation Checklist and the State of Maryland's Equal Access Compliance Audit and Documentation Questionnaire will be used by The Arc Administration and Board of Directors to set goals to remove barriers to people with disabilities within the organization and the community that arise as a result of the self evaluation. Please refer to the most recent Accessibility Plan revision for more information.

POLICY ON ETHICS

It is the goal of The Arc of Carroll County to provide an example for other human service, non-profit organizations, by establishing a high standard of performance, professionalism, and ethical conduct. The Arc of Carroll County intends to create an environment that fosters ethical conduct, where no employee will ever feel the need to compromise personal integrity to help achieve the mission of the agency.

The Arc of Carroll County Code of Ethics sets forth values, ethical principles and ethical standards to which The Arc of Carroll County staff aspire and by which their actions can be judged. The Arc of Carroll County Code of Ethics cannot guarantee ethical behavior. Moreover, the code of ethics cannot resolve all ethical issues disputes, nor capture the richness and complexity involved in striving to make responsible choices within a moral community.

The Arc of Carroll County Code of Ethics is relevant to all of The Arc of Carroll County's Board of Directors, staff, volunteers, and consultants; regardless of their professional functions, the settings in which they work, or the population they serve. While working under The Arc of Carroll County's Code of Ethics, the staff, volunteers and consultants must be conscientious, committed and honest in their work as well as in aspects of their private lives that are related to their respective jobs in the organization.

The Arc of Carroll County pledges to set the standard for professional conduct by acting with integrity. We know that acting with integrity builds credibility, both within the organization and throughout the communities within which we operate. A reputation for integrity is a significant corporate asset. The Arc of Carroll County Board of Directors and the executive staff are committed to making The Arc of Carroll County the most valued Arc in our field. We will accomplish this by saying what we mean, doing what we say and making a positive difference in the lives of the people we serve.

The Arc of Carroll County will be accountable to the public by demonstrating the highest standards of personal and corporate integrity, fairness, honesty and compliance with both the spirit and the letter of the law. The Arc of Carroll County aims to set the standard for ethical conduct by subscribing to the established Codes of Ethics for social workers, certified rehabilitation counselors, certified public accountants, and other relevant professions. Beyond this, The Arc of Carroll County endorses five basic principles:

Honesty

To be truthful in all our endeavors, to be honest and forthright with one another and with our consumers, referral sources, and community partners.

Respect

To treat one another with dignity and fairness, appreciating the diversity of our work force the uniqueness of each employee, and the confidentiality of each person served.

Trust

To build confidence through teamwork and open, candid communication at all levels of the organization.

Citizenship

To obey the laws of the land, work to make our communities more productive, and act with pride and confidence as a representative of The Arc of Carroll County.

We promise to apply the standard of integrity to all we do as related to: our staff, The Arc of Carroll County Board of Directors, volunteers, financial practices, marketing activities, consumer services, referral/funding source interests, and other stakeholders' issues.

The following examples provide a framework within which The Arc of Carroll County applies the foregoing standard:

Treat in an Ethical Manner Those to Whom The Arc of Carroll County has an Obligation.

We are committed to the ethical treatment of those to whom we have an obligation. For our employees we are committed to honesty, just management, and fairness providing a safe and healthy environment, opportunity for career growth, and respecting the dignity due everyone.

For persons served, their families, and guardians we are committed to respect, concern, courtesy, and responsiveness recognizing that service to them is our primary responsibility.

For our customers we are committed to produce reliable products and consumer-driven services, delivered in a timely manner, at a fair price, and with expected outcomes.

For the communities in which we live and work, we are committed to acting as concerned and responsible neighbors as we seek ways to share The Arc of Carroll County's mission with others, reflecting all aspects of good citizenship.

For our funding sources and governing authorities we are committed to pursuing financial stability, sound growth and to exercising prudence in the use of our assets in a manner that helps promote the improvement of programs and services to persons with disabilities.

Obey the Law

We will conduct our business in accordance with all applicable laws and regulations. Compliance with the law does not comprise our entire ethical responsibility. Rather, it is a minimum, absolutely essential condition for performance of our duties.

Promote a Positive Work Environment

All employees want and deserve a workplace where they feel respected, satisfied, and appreciated. Harassment or discrimination of any kind and especially involving race, color, religion, gender, age, sexual orientation, national origin, disability, and veteran or marital status is unacceptable in our workplace environment.

Providing an environment that supports the honesty, integrity, respect, trust, responsibility, and citizenship of every employee permits us the opportunity to achieve excellence in our workplace. While everyone who works for The Arc of Carroll County must contribute to the creation and maintenance of such an environment, our executive and management personnel assume responsibility for fostering a context for work that will bring out the best in all of us.

Work Safely: Protect Yourself and Your Fellow Employees

We are committed to providing a drug-free, safe, and healthy work environment. Each of us is responsible for compliance with environmental, health, and safety laws and regulations. Observe posted warnings and regulations. Report immediately to the appropriate management staff person any accident or injury sustained on the job, or any environmental or safety concern you may have.

Keep Accurate and Complete Records

We must maintain accurate and complete records. Transactions between The Arc of Carroll County and outside individuals and organizations must be promptly and accurately entered in our books in accordance with generally accepted accounting practices and principles. Entries into the case record must be made in a timely manner and reflect the desires and preferences of the persons receiving services, the services provided in response, and the actual outcomes achieved. Financial records and case record information must be treated with strict confidentiality. No one should rationalize or even consider misrepresenting facts, falsifying records, or compromising confidentiality. It is illegal, will not be tolerated, and will result in disciplinary action.

Steer Clear of Conflicts of Interest

Playing favorites or having conflicts of interest, in practice or in appearance, runs counter to the fair treatment that we are all entitled. Avoid any relationship, influence, or activity that might impair, or even appear to impair, your ability to make objective and fair decisions when performing your job. When in doubt, share the facts of the situation with your supervisor.

Fraud

Management is responsible for the detection and prevention of fraud, misappropriations, and other inappropriate conduct. Fraud is defined as the intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury.

Acts constituting fraud include, but are not limited to:

- Any dishonest or fraudulent act
- Forgery or alteration of any document or account belonging to the Company, including checks, bank drafts and other financial documents
- Misappropriation of funds, securities, supplies or assets
- Impropriety in the handling or reporting of money or financial transactions
- Profiteering as a result of insider knowledge of Company activities
- Disclosing confidential and proprietary information to outside parties
- Accepting or seeking anything of material value from contractors, vendors or persons providing services to the Company. Exceptions: gifts less than \$50 in value, and
- Destruction, removal or inappropriate use of records, furniture, fixtures and equipment.

The Executive Director has the primary responsibility for the investigation of all suspected fraudulent acts. If the investigation substantiates that fraudulent acts have occurred he will issue reports to appropriate management personnel, and, if appropriate to the Board of Directors.

Decisions to prosecute or refer the examination results to the appropriate law enforcement and/or regulatory agencies for independent investigation will be made in conjunction with legal counsel and senior management, as will final decisions on disposition of the case.

Any employee who suspects dishonest or fraudulent activity should notify the Executive Director immediately and should not attempt to investigate the matter personally. All information will be treated confidentially. While the matter is under investigation, the employee should not discuss the matter with anyone other than the Executive Director or any person he may designate.

No action will be taken against an employee who, in good faith and with reasonable grounds, merely reports suspected fraudulent activity.

If an investigation results in a recommendation to terminate an individual engaged or complicit in fraudulent activity, the matter will be reviewed by the Human Resources Director and outside counsel before any action is taken.

Mechanism to Address Violations of Ethics

Any allegation of violation of The Arc of Carroll County's standards for integrity will be taken seriously and thoroughly investigated by the appropriate executive staff member or governing authority.

Investigations of allegations will be initiated within five (5) days of receipt of the allegation.

In those situations where a potential breach of an established professional Code of Ethics may have occurred, the allegation will be reported in writing to the Executive Director within five (5) days and The Arc of Carroll County's Board of Directors will be notified of the allegation within fifteen (15) days of notification of the Executive Director.

Any investigation will be completed within thirty (30) days of initiation with results reported to The Arc of Carroll County's Board of Directors within ten (10) days of the completion of the investigation.

POLICY ON MARKETING ETHICS

The Arc of Carroll County will act responsibly in developing advertising and promotional opportunities so that the objective will advance The Arc and its mission. All outreach materials and efforts will be accurate and truthful in its representation of the organization and any individuals portrayed in them. The Arc of Carroll will respect the privacy and dignity of all persons served, family members and donors in all marketing, promotional and outreach efforts.

How we respect persons served and their families

- Persons served and their families will be represented in a positive light in all marketing and outreach materials used to promote The Arc of Carroll County. They will not be exploited or portrayed in such a way as to generate sympathy or pity.
- Persons served and their families can be assured that confidential information regarding their relationship with The Arc will be protected.
- The Arc will have or will obtain permission to use the images or likenesses of persons served and/or their families in marketing or promotional materials.

How we respect donors

- Gifts will be used for the purposes for which they were given. Donors will receive prompt and truthful answers to any questions they have when making a donation.
- Donors will receive appropriate acknowledgement and recognition. Donors may request that their names be deleted from any public recognition.
- Confidential information regarding individual donors and their gifts will be protected.
- Gifts will be processed expediently and all funds will be handled in an appropriate manner.

WHISTLEBLOWER POLICY

General

The Arc of Carroll County's Code of Ethics requires directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of the The Arc, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

The objectives of The Arc's Whistleblower Policy are to establish policies and procedures for:

- The submission of concerns regarding questionable accounting or auditing matters by employees, directors, officers, and other stakeholders of the organization, on a confidential and anonymous basis.
- The receipt, retention, and treatment of complaints received by the organization regarding accounting, internal controls, or auditing matters.
- The protection of directors, volunteers and employees reporting concerns from retaliatory actions.

Reporting Responsibility

It is the responsibility of all directors, officers and employees to comply with the Code and to report violations or suspected violations in accordance with this Whistleblower Policy.

No Retaliation

No director, officer or employee who in good faith reports a violation of the Code shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within the The Arc prior to seeking resolution outside the organization.

Reporting Violations

The Code addresses the Arc's open door policy and suggests that employees share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if one is not comfortable speaking with the appropriate supervisor or he or she is not satisfied with the supervisor's response, one is encouraged to speak with the Director of Human Resources or anyone in management whom he/she is comfortable in approaching. Supervisors and managers are required to report suspected violations of the Code of Ethics to The Arc's management, who has specific and exclusive responsibility to investigate all reported violations. For suspected fraud, or when the individual is not satisfied or uncomfortable with following The Arc's open door policy, individuals should contact the Board of Directors directly.

Reporting Concerns

Employees

Employees should first discuss their concern with their immediate supervisor. If, after speaking with his or her supervisor, the individual continues to have reasonable grounds to believe the concern is valid, the individual should report the concern to the Director of Human Resources. In addition, if the individual is uncomfortable speaking with his or her supervisor, or the supervisor is a subject of the concern, the individual should report his or her concern directly to the Director of Human Resources.

If the concern was reported verbally to the Director of Human Resources, the reporting individual, with assistance from the Director of Human Resources, shall reduce the concern to writing. The Director of Human Resources is required to promptly report the concern to the financial committee of The Arc's Board of Directors and to management, who have specific and exclusive responsibility to investigate all concerns. If the Director of Human Resources, for any reason, does not promptly forward the concern to the financial committee, the reporting individual should directly report the concern to the financial committee. Contact information for the financial committee may be obtained through the Human Resources Department. Concerns may also be submitted anonymously. Such anonymous concerns should be in writing and sent directly to the financial committee.

Directors and Other Volunteers

Directors and other volunteers should submit concerns in writing directly to the Financial Committee. Contact information for the Financial Committee may be obtained from the Controller or from the Director of Human Resources.

Accounting and Auditing Matters

The Financial Committee of the board of directors shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or auditing.

Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. The Arc's ability to conduct an adequate investigation may be hindered if a complainant wishes to remain anonymous. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

Management will notify the sender, if that person is known, and acknowledge receipt of the reported violation or suspected violation within five (5) business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

In those situations where a potential violation may have occurred, the allegation will be reported in writing to the Executive Director within five (5) days and The Arc of Carroll County's Board of Directors will be notified of the allegation within fifteen (15) days of notification of the Executive Director.

Any investigation will be completed within thirty (30) days of initiation with results reported to The Arc of Carroll County's Board of Directors within ten (10) days of the completion of the investigation.

POLICY AND PROCEDURES FOR PROGRAM EVALUATION

The Program Evaluation system will enable the administration to identify the outcomes of services provided and the satisfaction of persons served.

Program Evaluation System

The Program Evaluation System includes measures of program and service outcomes. All persons served are included in the assessment of program performance.

Instructions for Collection of Data

The Program Evaluation Management Report describes the data source for each objective and specifies responsibility regarding the collection of data. The Program Evaluation Data sheet will be filled out on a monthly basis.

The Program Evaluation Committee will meet biannually to present and review Program Evaluation data. Members of the committee include administrative and program staff with the Assistant Director of Quality Assurance serving as chairperson. Program data will be presented at the meeting and progress toward the achievement of each program goal will be reviewed. Meeting minutes will be kept to document any follow-up that is necessary to keep each program focused on the desired outcomes. The data will be summarized for use in the management report process.

Purpose of Management Reports

Management reports will reflect measures of effectiveness, efficiency, satisfaction of all stakeholders, and interpretation of results. The information will be used by the administration to discontinue, maintain, or improve each program. When performance falls below the target goal, the committee will attempt to identify the reason and management will take action to improve program performance to an acceptable level. Follow up and monitoring of corrective actions will be performed at specific times, as needed, with results documented.

The information obtained from the Program Evaluation system will be used in decision making in the following areas: resource allocation, policy setting, long range planning, marketing, determination of admission requirements, development of service delivery techniques, and any other area deemed appropriate.

Program Evaluation information will be made available in a timely manner to the Board of Directors, personnel, persons served, purchasers of services, contributors, and supporters. Formal reviews will take place on an annual basis. Personnel affected by the system will have an opportunity to make recommendations or modifications. The system's success will be assessed relative to increasing benefits, controlling or reducing program costs, and maintaining or improving community support. The review will include a determination of the efficiency of the program evaluation system.

Results obtained from the Program Evaluation system will be integrated with the individual planning process.

POLICY ON RIGHTS, 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.

POLICY AND PROCEDURES FOR HUMAN RESOURCE DEVELOPMENT

The Arc is committed to recruiting, managing, and developing staff who reflect levels of experience and education consistent with the purposes and objectives of the organization. This will be accomplished by using uniform hiring procedures, comprehensive orientation and training to all new staff, staff moving to new positions and volunteers. This will help us meet the needs of the individuals' served, optimize professional growth and development, and contribute to the accomplishment of the organization's mission. These policies will be reviewed on an annual basis by the Administration and the Personnel Committee.

Procedures for Job Descriptions

Job descriptions are written by the Director of Human Resources and submitted to the Executive Director for review and approval. The Executive Director submits the job descriptions to the Personnel Committee and then the Board of Directors for approval. The job descriptions are then returned to the Director of Human Resources, and are reviewed with and signed by new staff during orientation. All job descriptions are reviewed annually by the Personnel Committee.

Procedures for Hiring

The information obtained during the hiring process will be documented.

Application

An application for employment will be obtained with only enough information provided to receive it. Interviews will not be granted prior to receiving an application. Details about the position and employment with The Arc should be discussed in the interview.

Initial Screening

At the time of the interview each applicant is required to complete a release for criminal background and driving record checks, if it is not provided with the application.

Interview Process

If interested in an applicant, references should be checked and employment history confirmed. Criminal background and driving record reports should also be obtained. If the references are favorable, the second interview should be scheduled to occur with other key staff (Directors, Coordinators, Vocational Services Manager, etc.) if necessary. If the candidate was successful in the second interview and/or the appropriate administrative staff approves them, the application will be forwarded to the appropriate director and the Executive Director for approval, along with an approval cover sheet. Additionally, the results of the criminal background and driving records will be included in the packet. If the Executive Director approves the candidate for hire, they will be scheduled for a pre-employment physical and drug screen.

Offering the Position

If the physical and drug screen are clear and an applicant then accepts an offer for a position, a time will be scheduled to meet with them and initiate the following:

- Completion of the I-9 form and state and federal tax forms.
- Explanation of the drug free workplace consent form.
- Have employee request an official college transcript if the position requires such to be sent to The Arc.
- Have copies made of any licenser and certifications that are appropriate.
- Completion of an Emergency Information Form.
- Issue a personnel handbook and review the contents.
- Issue a job description and review the job duties. Obtain a copy signed by the employee.
- Have the employee complete the neglect and abuse form and personnel policy acknowledgement.
- Have the employee complete any other necessary new hire paperwork as applicable.

Procedures for Orientation and Training

Orientation will be provided by the employee's direct supervisor and will cover the topics listed below as well as scheduling for the required trainings.

For Employment and Community Living Services

New Staff:

Within the first five days:

- Review and sign off on job description
- Orientation to The Arc
- Department Orientation

Within 10 days:

- Orientation to Health & Safety Program
- On-the-Job Training and Observation

Within 30 days:

- Review of Policies and Procedures
- Review of Individual files and programs

Within 90 days:

- First Aid (renewable before expiration date on issued document)
- CPR (renewable before expiration date on issued document)
- Slips, Trips, & Falls (annual update required)

- Community Integration & Inclusion
- Individual Directed & Outcome Oriented Planning for Individuals
- General Characteristics & Needs of Individuals Served
- Fundamental Rights of Individuals with Developmental Disabilities
- Supporting Individuals and Families in Making Choices
- Communication Skills
- Communicable Diseases
- Bloodborne Pathogens (annual update required)
- Behavioral Principles & Strategies (annual update required)
- Seizure Disorders
- The Aging Process & Special Needs of the Elderly
- Choking Prevention & Dysphagia Diets
- Fire Safety & Suppression
- Defensive Driving
- Incident Reporting

Others as needed based on program area:

- Any individual specific trainings as noted in the IP
- Medication Technician Training Program (for most direct care staff)
- Specific medical trainings, which include but are not limited to diets, blood pressure, hoier lift, tube feeding, nebulizer, nursing assistants, etc.

Note: Information regarding additional required training specific to program areas may be found in the policies and procedures for those programs.

Staff Moving to New Positions

Within the first five days:

- Review and sign off on new job description
- Review of additional policies and procedures relevant to new position

Within 10 days:

- On-the-Job Training and Observation

For Transportation Services (Van Drivers)

New Staff:

Within the first five days:

- Review and sign off on job description
- Orientation to The Arc
- Department Orientation

Within 10 days:

- Orientation to Health & Safety Program
- On-the-Job Training and Observation

Within 30 days:

- Review of Policies and Procedures

Within 90 days:

- First Aid (renewable before expiration date on issued document)
- CPR (renewable before expiration date on issued document)
- Slips, Trips, & Falls (annual update required)
- General Characteristics & Needs of Individuals Served
- Fundamental Rights of Individuals with Developmental Disabilities
- Communication Skills
- Communicable Diseases
- Bloodborne Pathogens (annual update required)
- Behavioral Principles & Strategies (annual update required)
- Seizure Disorders
- The Aging Process & Special Needs of the Elderly
- Fire Safety & Suppression
- Incident Reporting

Staff Moving to New Positions

Within the first five days:

- Review and sign off on new job description
- Review of additional policies and procedures relevant to new position

Within 10 days:

On-the-Job Training and Observation

Procedures to Coordinate Training

The Assistant Director of Quality Assurance will maintain a master training record for all staff. A list will be forwarded to all staff members requiring training on a regular basis. Scheduling of required training will be coordinated through the Assistant Director of Quality Assurance. The Assistant Director of Quality Assurance will inform supervisors of the staff scheduled for training and will also notify supervisors if staff miss a scheduled training. All training certificates and documentation will be forwarded to the Director of Human Resources for inclusion in personnel files.

Procedures for Maintaining Personnel Files

Personnel files are kept and maintained by the Director of Human Resources. All requests by staff to review their file must be made to their Department Director. The file can be reviewed in the presence of the Director of Human Resources, the Department Director, the Assistant Executive Director, or the Executive Director.

Incoming Employment Reference Checks

Any staff receiving a request for reference checks will refer the inquirer to the Director of Human Resources. Information provided to employers conducting reference checks regarding present or former employees of The Arc shall be limited to:

- Confirmation that the employee is, or was employed by The Arc.
- Confirmation of dates of employment.
- Confirmation of position held.

No additional information will be provided.

POLICY AND PROCEDURES FOR VOLUNTEERS

For volunteers working with individuals, it is The Arc's policy to provide orientation and training in order to maximize familiarity with The Arc's purpose and services offered. If volunteers are engaged in office activities, The Arc will provide an organizational overview.

Orientation will be provided by the Family and Education Resource Manager or the Assistant to the Executive Director and will cover the following topics if appropriate (these are guidelines and will be evaluated on a case-by-case basis):

- Reference check
- Fill out Interest Survey Form
- Introduce volunteer to appropriate program staff
- Confirm site, duties and schedule
- Lines of Communication
- Procedures to evaluate the volunteer
- Procedures for the volunteer to provide feedback to The Arc

An overview of the following:

- Purpose of The Arc
- Mission Statement
- Core Values
- General Characteristics and Needs of Individuals Served
- Fundamental Rights of Individuals with Developmental Disabilities

All volunteers are expected to follow the policies outlined in the *Personnel Handbook*, specifically in the areas of conduct, resignation, discipline, or dismissal, and grievance.

POLICY ON LEADERSHIP

The Arc of Carroll County utilizes a Strategic Planning program to guide the agency and determine short and long term objectives. The planning process incorporates input from agency volunteers, individuals, and staff. The Plan is reviewed and approved by The Arc's Board of Directors.

Strategic Plan objectives include a concise statement of desired outcomes, priority ranking, target completion dates, and staff/department responsibility. Agency staff indicate progress through documented staff meetings, memos, and monthly reports to the Board.

A Board of Director's orientation is held prior to the first meeting of the Board each fiscal year. This orientation includes, but is not limited to, Organizational Structure, Assets and Liabilities, Operating Budget and Services Provided. Board authority and responsibility, as outlined in the Bylaws, are reviewed.

Any Board member conducting business with the agency will abstain from voting on matters pertaining to such business.

When a conflict of interest or questions of conflict of interest arises, the decision of whether a member shall abstain from voting will be decided by the majority.

The job description for members on the Board of Directors is maintained by the Executive Secretary.

Minutes of all meetings of the Board of Directors are recorded by the Board Secretary and maintained on-site.

The governance authority clarifies the relationship between itself and the designated leadership and the roles of each.

The roles of the Board of Directors and designated leadership are defined in the Bylaws in Article VI, VII, and VIII. These roles are also compliant with COMAR 10.22.02.08 and Health General Code Annotated Section 7-904.

POLICY ON LEGAL REQUIREMENTS

The Arc of Carroll County will comply with the following legal and regulatory requirements and inspections. The Arc will ensure licenses and plans for compliance are current and available to interested persons or agencies.

REQUIREMENT:

- Fire Inspection
- Sprinkler Inspection
- Health Department Inspection
- OSHA Consultant Inspection Report
- Division of Rehabilitation Services Accreditation and Cooperative Agreement
- Independent Audit
- IRS Form 990
- Public Non-Discrimination Statement
- Office of Health Care Quality Licensing Survey
- Annual Registration of Non-Profit Status (Maryland Secretary of State)
- Department of Labor Certificate
- Personal Property Tax

POLICY ON FINANCIAL PLANNING AND MANAGEMENT

The Arc of Carroll County will utilize an annual operating and capital budget in each department. Information regarding income sources and necessary expenditures will be used to complete each department's budget based on stated goals. In addition, contracts with public agencies will be reviewed annually to ensure compliance and anticipated income. The budgeting process will include input from staff, individuals, and volunteer committee members. The budget will be responsive to the needs and trends of the persons served.

The proposed budget will be recommended to the Board of Directors for approval by the Finance Committee. Both the Board and Finance Committee will monitor the budget on a monthly basis to ensure the agency is operating to fulfill its stated goals. A revision to the budget may occur, which addresses a concern or problem. All revisions require a recommendation from the Finance Committee to the Board of Directors for final approval.

The Arc of Carroll County will offer services to persons with disabilities for which they have either been approved to offer, or have the resources available. The agency will attempt to refer persons to other generic community services when it is determined that The Arc cannot provide those services. The administrative review of programs and services will ensure that services for individuals will not be unnecessarily duplicated. The agency will review its vendor list to ensure expenditures for services and products meet the needs of cost, quality, and timeliness.

The Arc of Carroll County will undergo an annual audit by an independent, certified public accounting firm, as stated in Article 8, Section 8.2 of The Arc's Bylaws. The audit will be conducted in accordance with generally accepted auditing practices. Furthermore, the results will be reviewed by the Finance Committee, and recommended to the Board of Directors for final approval. The audit will be made available to funding sources, lending institutions, and other persons or agencies that have an interest in the operation of the agency.

Monthly financial reports will be generated and distributed to designated staff, Finance Committee Members, and the Board of Directors. The Finance Committee and Board of Directors will monitor actual versus' budgeted amounts to ensure progress toward stated goals is occurring. The Board of Directors shall vote to approve each financial report at their monthly meeting.

Written cash management practices are followed and reviewed annually to ensure the safeguarding of agency assets.

The Finance Department will utilize a procedures manual for day to day operations to ensure proper, consistent record keeping by defining document flow through the organization and to maintain control of assets.

The Arc of Carroll County shall maintain insurance coverage, which protects its assets in case of adverse conditions or events. Coverage is maintained on property, equipment, and Board of Director's liability. Coverage is reviewed annually, or when changes occur.

The Arc of Carroll County shall provide information regarding its status as a 501(c)(3) non profit organization to funding sources, the local community, contributors, and other interested persons or

agencies. In addition, the agency will include its status on printed informational and promotional materials, which are designed for public distribution.

Please refer to the complete financial policies and procedures located in the Controller's office for more details.

POLICY ON RISK MANAGEMENT

Foreward

The Arc of Carroll County is exposed to risks of loss resulting from occurrences involving disappearance, damage and destruction of our own property and property of others, injuries to employees or others, dishonesty and unforeseen liabilities imposed by law or assumed by contract.

The philosophy of this organization is oriented toward affirmative control and minimization of risk to the greatest extent practicable, retention of the remaining risk when within established guidelines, and protection against unpredictable loss by reasonable use of available insurance and/or property funding when there is a significant possibility of loss in excess of the amount established as a reasonable self-retention.

Of vital importance toward the accomplishment of this objective is a strong safety and loss prevention program, implemented by a safety consciousness and awareness on the part of personnel at all levels.

Recognizing the need for a systematic and coordinated approach to the handling of risk, The Arc of Carroll County has established a RISK MANAGEMENT POLICY.

Objective

It is the objective of The Arc to manage, control, minimize or eliminate risk, to the end that its personnel are protected from hazards, the financial condition of the organization not be seriously jeopardized, and its material resources be conserved to the maximum extent possible and practicable.

Policy Statement

It shall be the policy of Arc of Carroll County to:

1. Apply the principles of risk management at every management level for the purpose of:
 - a. identifying and evaluating risks;
 - b. avoiding or eliminating them where practical;
 - c. minimizing, controlling or contractually transferring them to others where possible.
2. Retain those risks that can be self-assumed from current funds without seriously affecting the financial condition of the organization, if this is the most economically practical means of meeting such obligations.
3. Purchase insurance coverage when:
 - a. the risk is of catastrophic nature or beyond the capacity of the organization to absorb from current funds; or
 - b. the expenditure for premiums is justified by services incidental to the insurance contract, or other expected benefits; or
 - c. required by law or contract.

The procurement of insurance shall of necessity be limited to availability of coverage at reasonable cost, and be subject to the practicality of adopting programs of self-insurance, or self-assumption, in whole or

in part, consistent with the probable frequency, severity and impact of losses on the financial stability of the organization. Losses up to our current deductible from a single occurrence may be self-assumed in this manner, provided that consideration is given to all ramifications of the occurrence in its various aspects, including direct property damage, loss of use, additional expenses to continue operations, and liability to employees and others. Consideration shall be given to the optimum level of self-retention, determined by insurance premiums, anticipated losses and services provided or purchased, when insurance subject to deductibles or self-assumption of risk is considered. All deductibles are reviewed on an annual basis.

Responsibility

It is the responsibility of the Controller and the Human Resources Director to direct and administer the program and to formulate and recommend from time to time to the Executive Director changes in all risk management programs as required to best implement the overall corporate policy set forth above. Detailed instructions and procedures for carrying out the risk management functions will be issued from time to time to all departments concerned therewith, by the Controller with the approval of the Executive Director.

It is the responsibility of managerial personnel at all levels to communicate this Risk Management Policy and related information concerning the corporate insurance program to all members of management who may be in a position to help implement and execute this program. It shall also be the responsibility of these persons to maintain lines of communication to the Controller so that she will be advised on a timely basis of all factors that would have a bearing on risk management or the purchasing of insurance, particularly with respect to additional or discontinued facilities or operations, leases and other contracts, newly-recognized hazards, internal or external security, and potential or incurred losses.

1. Loss Control - We will work with the appropriate administrative and supervisory staff to identify and correct those situations that may lead to a possibility of potential losses.

We will review on a semiannual basis the losses with our respective insurance agents to determine the status of and verify the accuracy of specific claim settlements.

It is our intention to maintain a well-coordinated plan of operation with respect to both loss prevention and claim control activities for all of our casualty risks. As is necessary in any effective program of loss prevention, we have assumed the primary responsibility for these activities, and our safety coordinator is well qualified for the position.

In addition, we will continue to use the services of our insurer's loss control engineers to act as your eyes and ears and provide advice for all casualty loss prevention activities, including Workers Compensation.

While physical inspections by a trained loss control engineer are necessary to identify conditions that might otherwise not be noted by an untrained individual, the primary responsibility for day-to-day loss prevention activities has to remain within our own organization. Therefore, formal training sessions are extremely important for the effective operation of any loss control program.

While our insurer has provided us with some accident analysis reports in conjunction with its inspections, this should be followed up with the Workers Compensation carrier in particular to provide details related summarizing claims by type, location, department, cause, etc.

As respects the Automobile Insurance exposure, the relationship with the Board of Education supplements our efforts to provide close review of all incidents related to this coverage. A formal fleet safety program is in effect. While driving records are being obtained and reasonable standards are being observed as part of the relationship with the Board of Education. This plan will also apply to those vehicles not under the Boards supervision.

We have initiated a Disaster Recovery Plans for the organization.

2. Purchasing of Insurance –

Although we favor competition between insurers, it must be recognized that open bidding every time a policy comes up for renewal is not a practical approach. The lowest price does not necessarily mean the most economical protection. The ability of an agency or insurer to provide the necessary coverage and services may be far more important consequences in the long run than a current reduction in cost.

Bidding that is too frequent generally results in a withdrawal of insurers from the competition. A reasonable degree of mutual loyalty is necessary for the successful operation of any insurance program. We have generally found it practical to request proposals for property and casualty lines of insurance no more than once every three to five years, or whenever an underwriter requests what appears to be an unrealistic increase in premium or reduction of coverage.

Specialized lines such as Crime, Directors and Officers Liability, Fiduciary Liability, Errors and Omissions, etc., are often handled better by separate insurers. Previously, Umbrella Liability was in a similar category. However, under current market conditions, it is common for the primary insurer to also provide the first layer of Umbrella Liability coverage.

3. Alternate Methods of Treating Risks - Deductibles or self-insured retentions are the most common method of assuming risks rather than transferring them to an insurer.

4. Certificates of Insurance - We do have a program for obtaining certificates of insurance from all persons, organizations or firms that perform production or service for, or in connection with, our operations or use of our facilities.

We will require the following limits required on all certificates and must include Workers Compensation, General Liability and Auto Liability as a minimum. Accordingly, we would suggest the following minimum standards:

<u>Workers Compensation</u>	Statutory for State of Operations
<u>Employers Liability</u>	\$100,000 each accident \$100,000 each employee \$500,000 policy limit (disease)
<u>Automobile Liability (Owned, non-owned & hired)</u> Bodily Injury & Property Damage	

Combined Single Limit

\$500,000 each accident

Commercial General Liability

Bodily Injury & Property Damage

\$500,000 each occurrence

\$1,000,000 aggregate products

\$1,000,000 general aggregate

Umbrella Liability

\$1,000,000 each occurrence/aggregate

If there is liability assumed under a contract, such as a hold harmless clause in favor of you, evidence of Contractual Liability coverage should be required. All certificates should state that the certified policies will not be terminated or coverage materially changed without at least 10 days, and preferably 30 days, advance notice to you.

Obviously, these requirements do not take into consideration security risks where evidence of fidelity coverage may be appropriate.

Please see the agency's Risk Management Plan for further information.

THE ARC OF CARROLL COUNTY'S FUNDAMENTAL RIGHTS POLICY

Each person served shall have the same rights and protection as all other individuals under the laws and Constitution of Maryland and the United States. Additionally, each person served 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 person'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 person 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 person 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 him/her, have access to facility records via the lawyer, have the lawyer provided information regarding medications which the person 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 persons served and their lawyer or clergyman. Restrictions or limitations on his/her visits, phone calls, mail or any other forms of communication shall be approved by the administrative head and be documented in his/her record.

Restrictions or limitations shall be re-evaluated with participation of the person served, family, or proponent at a minimum of every seven days.

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

The Right to access a private physician of the person's choice at his or her expense.

The Right to have IPs 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 FUNDAMENTAL RIGHTS

The Arc's Fundamental Rights Policy shall be read and explained to each person 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 person and his or her guardian, 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 his or her file.

The administrative head of the agency shall be responsible for ensuring that it adheres to the provisions of these policies and procedures and any statewide policies and procedures governing the rights of persons served under the jurisdiction of licensing agencies.

Staff training to familiarize current employees with the rights of persons served 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 FUNDAMENTAL RIGHTS

Anyone who believes that an individual's rights have been violated shall report the alleged violation to the Executive Director, Assistant Executive Director, or Assistant Director of Quality Assurance immediately. The reports shall be in oral or written form. The above mentioned administrative staff shall follow the guidelines as in the Policy on Reportable Incidents developed by the Developmental Disabilities Administration. A copy of this policy is available in the Assistant Director of Quality Assurance's office.

GRIEVANCE PROCEDURE FOR PERSONS SERVED

Each person receiving services 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 person, either personally or in concert with others, or through his/her 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 person is not required on any written communication.
3. Grievances shall be documented in the person'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 format understandable by the person.
 - 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.

No person receiving services may be subject to any form of discipline solely because he or she 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.

POLICY ON SURVEILLANCE

In order to promote the safety and well being of all people receiving services, The Arc may conduct video, photo, or audio surveillance on staff and/or volunteers at any point during a scheduled shift. Information gathered may be turned over to law enforcement officials if appropriate.

POLICY ON CELL PHONE USAGE

General Usage

It is the goal of The Arc of Carroll County to champion for and support the people served in a manner consistent with the core values of integrity, respect, quality, and caring. Two important concepts that tie together these four values is attention and safety. Although it is understood that there will be times when staff must make or receive urgent cell phone calls or text messages, it is the policy of The Arc that inappropriate or excessive usage of cell phones while on shift will not be tolerated. Examples of inappropriate or excessive usage may include but is not limited to multiple personal phone calls and text messages while working or utilizing the cell phone camera system to take photographs of the persons served without permission or of company documents.

Usage While Driving

When driving an Arc owned vehicle or while driving a person served in a personal vehicle, it is expected that all employees of The Arc follow the Maryland state laws prohibiting texting while driving that went into effect October 1, 2009. In addition, a hand-held wireless phone may only be used if the vehicle is stationary and safely parked off the roadway. The only exception to this policy will be emergency situations in which the health and safety of a person served is in jeopardy.

POLICY AND PROCEDURE FOR THE RELEASE OF INFORMATION

The Arc's staff may not release any records from the file of a person receiving services unless he/she or a legal guardian gives written informed consent.

The Arc shall disclose records of a person served to him or herself if:

- Another 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 his/her parent or guardian if the person is a minor.

The Arc's staff shall not disclose records of an adult receiving services to his or her parent or guardian, if that 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 person receiving services.

The Arc's staff shall disclose records of an individual to the Executive Director or his/her designee of any state designated protection and advocacy agencies (example: Maryland Disabilities Law Center), 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 person's rights.

The Arc will disclose records under the criteria mentioned above within fourteen (14) days of a written request. If there is no one authorized to act on behalf of the person receiving services and the Executive Director determines that disclosure would be detrimental to that person, then The Arc will not disclose the record. The Executive Director 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 within ten (10) working days of the issue.

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 person'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 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 INFORMATION RECOVERY

Paper Files:

In the Residential program, two copies of the paper binders are available. One is located in the Program Coordinator's office and the other is located in the residence. In case of a disaster, copies of the existing book will be made as a method for recovering paper information.

Computer Data:

All data contained on the network server is backed up Monday through Friday on five backup tapes. Nightly, the previous day's backup tape is removed from the building and returned the next day for storage in a fireproof safe in the Accounting office. In the event of server loss due to either hardware failure or a disaster, the server box would be replaced and the server software would be reloaded. All software loaded on Arc machines is located in the fireproof safe in the Accounting office. The information contained on the network would be uploaded using the back up tapes. Since the tape removed from the building daily is the previous day's back up, in the event of a server loss, it would be necessary to recreate one day's worth of data.

In the case of complete devastation, the focus will be on establishing the financial management and supervisory systems as soon as possible at whichever Arc owned site is functional. In a worse case scenario, a peer to peer network could be created with loner systems in order to get the financial management system back online within 24 hours.

In order for computer data to be backed up using this system, it must be located on the network drives. Information on individual workstations is not backed up. For staff that cannot place their data on the network drive (due to personal accounting software, bus management systems etc.) data is backed up to CD regularly.

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 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, and 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 also 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 contracted service provider relevant to the functions being performed by the committee. It will be determined whether the services being provided are adequately meeting the needs of the agency and the people receiving services.

All records relevant to internally investigated or reportable incidents shall be submitted to the Quality Management Committee prior to the quarterly meeting. The committee will review the results of investigations and minutes will be kept to document this review. The need for corrective action and plans for follow-up will also 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. She then compiles information that tracks the person(s) involved, time of day, and location of incident.
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.

POLICY FOR SURROGATE DECISION MAKING

The Arc of Carroll County follows Section 5-605 of the Health General Article of the Annotated Code of Maryland governing surrogate decision making. Copies of the section are available in the Executive Director's office.

POLICIES AND PROCEDURES FOR INTAKE AND ORIENTATION

Intake

It is the policy of The Arc that all people 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 Developmental Disabilities Administration and the Department of Rehabilitation 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 person.
- An interest interview is scheduled in order to exchange information.
- A signed consent form is obtained in order to receive information on him or her.
- 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 if they are appropriate for the program area in which he or she is entering:

- Introduction to staff, co-workers, or roommates
- For those in employment services, 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.

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 individuals' Resource Coordinator to determine the type and amount of benefits through discussion with them 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 person, his/her representative payee and the local Social Security Administration official. If desired by the individual, the Program Coordinator will work with him/her and the local Social Security Administration representative to develop plans to document Impairment-Related Work Expenses or Plans for Achieving Self Support.

POLICIES AND PROCEDURES FOR INDIVIDUAL FUNDS MAINTAINED AT THE ARC

The Arc as Representative Payee

Funds of each person served are maintained separately from those of other individuals served and the Arc. Adequate care shall be taken to ensure that funds are spent appropriately for the needs and preferences of the individual served. Records of funds received and spent, along with supporting documents, are kept for each person.

Procedure:

The Assistant to the Executive Director is in charge of all accounts for which the Arc is representative payee.

Cash receipts are deposited either by direct deposit or by hand directly into the individual's bank account. Any interest earned in an interest-bearing account accrues to the person and is deposited directly to the bank account by the paying bank.

The Executive Secretary stamps with the date received all client bank statements and invoices from third parties and forwards them unopened to the Controller.

The Controller reviews for timeliness and accuracy as well as reasonable spending on all statements and invoices, as evidenced by his or her initials on said document. Reviewed documents are forwarded to the Assistant to the Executive Director to be recorded and paid.

A separate log is maintained for each individual that records the receipts and expenditures of funds. This log includes dates, amounts, and a description to identify the source or use of the funds. Supporting documentation, including invoices, is kept on file. This documentation for money spent must be turned in before any new money will be disbursed,

Adequate care shall be taken to ensure that funds are spent appropriately for the needs and preferences of the person served. Informed consent is obtained from the individual by the Assistant to the Executive Director. In cases where a person receiving services cannot give informed consent, this discussion and consensus is reached between the Assistant to the Executive Director, the Assistant Executive Director, and the appropriate support staff.

All individuals have the expectation and right to timely access to their funds. This may be subject to natural limitations, including Arc closures for weekends and holidays as well as the absence of the Assistant to the Executive Director. In the event of an extended absence, the Assistant Executive Director has the authority to authorize and make disbursements.

Upon request, a statement of client fund activity is given to the individual or his/her representative payee. The statement should be explained to the person and, if possible, he or she should sign it. A copy of the statement should be maintained in the person's file.

If an individual discontinues services with The Arc, all funds owned by the individual will be transferred to the new representative payee. Reasonable time must be allotted for the selection of said person/agency, as well as for the legal establishment of said replacement to assume the required duties.

During this time, The Arc will continue to fulfill the existing obligations. At no point will the individual be without access to his or her funds.

Management of Individual Funds Kept at Arc Operated Sites

The Arc will ensure that all funds are segregated, secure, and accessible to the owner.

Procedure

Funds will be kept locked in the person's residence. The individual, if able, will keep one key and the Residential Advisor will maintain a duplicate in a secure location.

Individuals who elect to keep their money in their bedroom will be offered the opportunity to purchase a lock box or locking file cabinet to be kept in their room for their exclusive use. The Arc will purchase the box or cabinet, if needed. The person will be given the opportunity to have a designated staff person maintain a copy of the key. If a person is unable to manage his or her own funds, he or she will receive assistance from the Residential Advisor.

All money will be strictly accounted for using ledger forms. Receipts will be kept for each purchase made. The only exception to this rule is for those individuals who are capable and desire to manage their own spending money independently. This will be documented in the individual's IP. The Residential Advisor is responsible for ensuring that the forms are filled out accurately by all involved house staff. The Program Coordinator will review the accuracy of the records during regularly scheduled house visits.

Management of Individual Funds Kept in the Accounting Office

The Arc will ensure that all funds are segregated, secure, and accessible to the owner.

Procedure

On occasion, a caretaker or family member may send funds to The Arc for an individual to be used for personal needs. All money received is logged by the Executive Secretary and is secured in the Accounting office in a locked, fireproof safe.

Funds and records are kept segregated from each other. A log is maintained to record the receipt and disbursement of funds, to include the date, amount and source/reason for the deposit or expenditure. The person receiving the funds must sign for them.

All requests for disbursements must be approved by the Assistant Executive Director.

A running balance is also maintained and the amount is reconciled periodically by a member of the Accounting department. All funds are subject to periodic examination by an independent third party. A representative sample is tested as part of The Arc's annual audit.

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 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.

POLICIES AND PROCEDURES FOR PRIVATE PAY SERVICES

The Arc may provide services to individuals who do not receive funding from government programs. The rates charged will depend on the type of service provided: day program services, job coaching, respite care, etc. as well as the individual’s ability to pay. Rate calculations are determined as follows: Day Program and Job Coaching Services –

1. For individuals served in a group setting, rates are derived from the DDA rate table for the current year. Since these rates are based on a matrix score, an assessment will be performed to determine what the applicable matrix would be if the individual were eligible for DDA funding. The FY2010 rates are:

Matrix	Rate	Matrix	Rate	Matrix	Rate	Matrix	Rate	Matrix	Rate
1:1	\$43.43	1:2	\$46.43	1:3	\$52.28	1:4	\$58.30	1:5	\$70.18
2:1	\$45.04	2:2	\$48.04	2:3	\$53.90	2:4	\$59.91	2:5	\$71.79
3:1	\$47.64	3:2	\$50.64	3:3	\$56.49	3:4	\$62.51	3:5	\$74.39
4:1	\$51.15	4:2	\$54.15	4:3	\$60.00	4:4	\$66.02	4:5	\$77.90
5:1	\$54.24	5:2	\$57.23	5:3	\$63.08	5:4	\$69.11	5:5	\$80.98

Rates billed to the individual may be rounded to the nearest dollar.

2. If transportation is needed, the individual will be charged based on the service used.
 - Rates charged by Carroll Area Transit (CATS)
 - Zone 1 – within five miles, \$2/trip
 - Zone 2 - between five and 10 miles, \$4/trip
 - Zone 3 – greater than 10 miles, \$5/trip
 - Rates charged by The Arc are based on actual costs, reviewed in conjunction with year-end audit testing: \$14.40/day. (Calculation is attached)
3. If 1:1 supports are needed, the rate is based on actual costs, reviewed in conjunction with year-end audit testing: \$128/day. (Calculation is attached)
4. If a different ratio of support is needed, the 1:1 rate will be adjusted to reflect the new ratio.

Respite Care –

1. For services provided at Church Ct.:
 - If the individual does not require staffing beyond that already provided to the house, the rate charged is \$11/hr, not to exceed 16 hours/day.
 - If the individual requires 1:1 support, the rate charged is based on actual costs, reviewed in conjunction with year-end audit testing: \$20/hr. Refer to rate analysis forms for more information.

2. For services provided in the individual's home, the rate charged is based on actual costs, reviewed in conjunction with year-end audit testing: \$15/hr. Refer to rate analysis forms for more information.

All rates may be lowered, with approval from the Assistant Executive Director, based on the individual's ability to pay.

INDIVIDUAL PLANS

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

Each person will have an annual meeting to evaluate progress and determine the effectiveness of the services provided. This meeting will be held on or before the date of the previous year's meeting. All individual plans will be developed and implemented within twenty (20) days of the annual team meeting date or within thirty (30) days of initial admission. This will be one holistic plan containing information from all DDA programs or agencies serving the person.

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 develop the IP. For individuals receiving funding for health services, a health summary will be developed and presented at the annual meeting.
- Identify the person's team. It shall be comprised of people representing disciplines relevant to identifying strengths, needs, interests, and preferences of the person served and at a minimum shall include: the individual (unless it has been documented that he or she is unwilling or unable to participate), his or her family or proponent (unless it has been documented that their involvement is inappropriate or unattainable), Program Coordinators, Service Coordinator (if one is utilized), appropriate support, and any other individual the person served would like to have present. Others who should be considered team members, if appropriate, are: 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 person served 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 the 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)

The person served 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 person served.
- Ensure that the meeting is conducted in a manner that is understandable to all, especially the person receiving services.
- Review Fundamental Rights Policy and obtain signatures on Fundamental Rights Form.
- Review and/or update 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 person's 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 measurable 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.
- 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 person in signing any required consent forms.

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, and persons responsible for data collection.
- Each IP shall be reviewed and approved by the Program Coordinator, Vocational Services Manager (for employment services), 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 within fourteen (14) days so that the holistic plan can be implemented in within the twenty (20) days required by COMAR.
- 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 regarding implementation.

IP Implementation

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

The Program Coordinator will complete reports on a semiannual basis that review the IP and summarize the individual's progress towards his or her outcomes. If there has been a lack of progress, the Program Coordinator will consult with direct care staff regarding possible modifications of 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 his or her outcomes.

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

The Program Coordinator will:

- Assume responsibility for the person served during the implementation of the individual's IP.
- Ensure that he or she 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 person 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 the 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, Executive Secretary, Director of Human Resources, Vocational Services Manager, Assistant Director of Quality Assurance, the appropriate Program Coordinator(s), Family and Education Resource Manager, Program Assistants, Controller, appropriate direct care staff, State licensing and funding personnel, Service Coordinators, CARF representatives, and/or any other approved sources noted on the General Consent Form. Any other release of records follows the procedures set forth in the Policy for the Release of Information.

Each department will maintain records according to the universal table of contents. The information included 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 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 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 this process will be reviewed at least annually by the administration.

PROGRAM EVALUATION COMMITTEE

The Program Evaluation Committee is comprised of key management and is facilitated by the Assistant Director of Quality Assurance. This committee will meet biannually during monthly staff meetings.

This committee is responsible for:

- Developing programmatic outcomes to evaluate the organizations services to the individuals served.
- Reviewing and monitoring the performance of outcomes within the Employment and Community Living programs.
- Analyze trends in regards to services being provided and future development.
- Developing procedures to correct any sub-standard results.

Minutes of all meetings for the Program Evaluation Committee are recorded and maintained on-site. Any items needing further action will be addressed and documented as necessary. At times, this may result in an interim PEC meeting occurring as part of a monthly staff meeting or with subcommittee meetings including staff involved in a particular issue.

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 Note 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 person exiting services or his/her 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.

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 responsible choice. Behavior support services are designed to assist these people in acquiring skills, gaining social acceptance, and becoming full participants in the community.

Scope

When the Arc provides services to an individual 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 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, 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 frequency and severity and the criteria for determining achievement of the objectives established
- Takes into account the medical condition of the person
- Describes the treatment techniques and when they 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(s) 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 BP that 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 licensed health care practitioner documents that any potential side effect from the medication outweighs the behavior that will occur without use 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 behavior modifying medications 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. A certified medication technician (CMT) cannot administer a STAT medication for this purpose. 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 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 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 Order Form (PMOF) 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 effects of the behavior for which the drugs are given and indicate that the behavioral effects clearly outweigh the potential 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. Staff will arrange for the individual, physician, parent/proponent or legal guardian to sign a Consent to Use Behavior Modifying Drug form.

The person receiving behavioral support services, his or her 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 or refuse 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 person, 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 a certified Behavioral Principles and Strategies instructor.

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

Restraint must be approved by the Quality Management and Human Rights Committees 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 on an annual basis.

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 Developmental Disabilities Administration.

PROCEDURES TO HANDLE, ADMINISTER, STORE AND DISPOSE OF MEDICATIONS

Refer to DDA'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, please 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 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. Staff (van drivers) that are non-CMTs may receive appropriately packaged medications from a CMT/nurse and transport these medication to another CMT/nurse at a different location. For all transports of this nature, a Medication Transport Form must be completed and signed by the two CMT/nurses and the non-CMT providing the transport of the medications. This form should be submitted to the Assistant Director of Quality Assurance within 24 hours of medication transport. In addition, all medications must be secured in a locked box during transfer in order to ensure medication transport safety.

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 person receiving medication and be familiar with his or her 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 at 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 someone’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 medication

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 person.
- 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.

POLICY ON CERTIFICATION TO ADMINISTER MEDICATIONS

Background Information

The Arc of Carroll County, under the license of the registered nurses at Dimensional Health Care Associates (DHCA), insures the well being of consumers and residents through proper education of employees and subsequent authorization for employees to administer needed medications to people receiving services.

Initial Certification for New Employees

Certification to administer medications is obtained initially through the completion of a 20 hour class offered at DHCA. Per Maryland Board of Nursing requirements, all employees must take a math and reading pre-test prior to attending this class. The Director of Human Resources will administer the pre-test. All required staff, including Program Coordinators, are expected to obtain this certification in the first 90 days of employment with The Arc. The Arc handles registration and associated costs; classroom time is paid for by The Arc according to the appropriate training compensation program for the employee's department.

Employees participating in the class are expected to demonstrate both punctuality and attentiveness.

Employees who do not pass the examination given at the end of their class may be given the opportunity to re-take the class a second time. If the employee has met The Arc's expectations regarding and attentiveness during the first class, and if the employee is otherwise in good standing with The Arc, The Arc may, solely at management discretion, pay the registration and associated costs again. The employee will be expected to complete the next subsequent course immediately following the course that he/she failed. A second failure will result in termination of employment.

The Assistant Executive Director, in conjunction with DHCA, will determine if the employee may work any hours during the time between the first failed course and the start of the second course.

Re-certification for employees who lose their certification due to errors

All of the above provisions will apply to this situation. In addition, the decision as to whether or not an employee may work any hours during the time between the decertification and subsequent recertification will be based primarily upon the nature and severity of the medication errors committed. The privilege of retaking the course to regain certification will only be provided once; failure to complete the examination successfully or any subsequent decertification for further errors will result in termination of employment.

Ongoing certification

Employees who are currently certified to administer medications are required to attend a practical update with the delegating nurse every 6 months. These updates are offered during 45 day nursing visits at all Arc operated sites; a schedule of these visits is posted at all locations.

A more comprehensive refresher course is required every 2 years coinciding with the birth date of each staff person.

Employees who allow their certification to lapse due to nonattendance at one of the required update courses may be suspended without pay until they complete the required refresher course at their own expense. If their certification lapses for more than 60 days following the expiration date of their certification, employment may be terminated.

POLICY ON VISITORS

The Arc of Carroll County has as its number one priority the quality of services that are offered to the persons served. Hence, an obligation rests with every employee of The Arc to render honest, efficient, and courteous performance of duties.

It is the policy of The Arc that friends, relatives, Family Members and/or Significant Others, or other unauthorized persons will not be permitted to visit an employee in the living area of the persons served, during working hours or at work locations at all without the express permission of supervisory personnel. Should the request for permission not be practical or possible, employees will be expected to exercise good judgment in their handling of an unforeseen visit, and should inform the visitor of agency policy. If warranted by the nature of an unforeseen visit, the employee may request taking an authorized unscheduled break from work, providing supervisory personnel schedule coverage. The authorized unscheduled break must occur away from The Arc work location, the time of which will be considered non-compensable. Under no circumstances may any direct care employee authorize a non-employee to perform his or her work assignment.

In addition, no visitors shall have access to agency vehicles and do not have authorization to drive such vehicles. Likewise, no employee shall authorize any visitor to drive an agency vehicle. The agency will not discriminate against visitors in reference to gender, race, national origin, religion, or sexual preference. Please note that the employee will be held responsible for any actions of his or her visitor. Therefore, failure of any visitor to comply with Arc policies could result in disciplinary action against the employee.

For visitors invited by persons served, it should be noted that residents have the right to choose their visitors as long as it does not interfere with the privacy and rights of the other residents. The person served should encourage visitation in a private area if at all possible. If concerns regarding the nature of the relationship between a resident and his or her guest arise, they should be brought to the attention of supervisory staff for further guidance.

POLICY ON PETS

If pet visitation is indicated as part of a person's individual plan, every attempt will be made to accommodate this.

Beginning July 1, 2009, all individuals residing in an Arc owned residence will not be permitted to own new pets.

For all individuals who currently own pets, the following guidelines must be followed:

1. All vaccinations must be current and documentation on file at The Arc.
2. Any damages caused by pets will be the responsibility of the pet owner.
3. Owners are expected to properly care for all aspects of pet care in a timely fashion.
4. All areas pets occupy must be kept maintained and cleaned.

COMMUNITY EMPLOYMENT

The Arc's Community Employment Program will be guided by the following procedures:

The preferences and needs of the people served are of primary consideration when finding jobs in the community.

Opportunities for inclusion will be promoted in all community placements because it leads to increased self esteem, increased independence supports, and community integration. This will be achieved by ensuring close physical proximity to people without disabilities, the development of natural supports, participation in social activities available to all employees, and opportunities for supervision by non-program personnel.

All individuals served shall have access to Community Employment services. Factors used to determine entry into the program shall be based on needs, preferences and degree of supports available; not severity of disability.

Pre-vocational activities are not a prerequisite for involvement in Community Employment. If an individual expresses interest in Community Employment at his or her team meeting or at any other time, the Program Coordinator or a Job Coach will meet with the individual to assess interests and skills. The Job Coach and the individual will then begin to explore jobs in the community that match the individual's interests and capabilities. Individuals will be provided with assistance from a Job Coach in any/all aspects of the job development process as requested or deemed necessary. The following outlines the assistance that individuals may receive through the job development process:

- Job Coach, Program Coordinator, and/or Vocational Services Manager may assist in making initial contact with employer.
- Job Coach will complete a Job Development Form after contacting any potential employer. Forms will then be kept in individual's file.
- Staff will provide any requested assistance in completing and submitting the application. Staff will also assist the individual in preparing for the interview process, if necessary.
- If individual obtains a position, the Job Coach will complete a Job Procedure form that will be kept in the Job Book.
- Job Coach will provide any needed assistance for training, facilitating accommodations, and to mediate if on the job issues or concerns occur for either the employer or the new employee.
- Every effort to consider the individual's preference regarding staffing is given to facilitate the transition.
- The amount and scope of job coaching supports will be assessed on a regular basis and recorded on progress notes in the individual's file.
- Employment may be in the form of Individual Placements (paid or volunteer) or Enclaves. The individual may be hired directly by the employer (individual placement) or The Arc may act as a broker (enclave).

All persons served are informed of Community Employment options, including re-entry to Community Employment Services.

The Job Coaches and Program Coordinators will pursue new opportunities for Community Employment. The Job Coach will also encourage the individuals to participate in job development activities by networking with friends, families, and co-workers about possible employment opportunities. By participating in local business affiliated organizations and ongoing networking within the community, the Job Coaches and Program Coordinators will continually assess community employment needs, trends and developments with the overall goal to broaden the opportunities for meaningful work choices offered by The Arc.

Community Employment Services Program Goal and Available Services

Goal:

To provide employment or employment related services to people with intellectual and other developmental disabilities that result in paid or volunteer employment in integrated community settings using individual placements and enclaves.

Available Services:

- Integrated, paid employment
- Job matching, placement and replacement
- On-site job coaching
- Enclave and individual placement models
- Follow along services and support
- Development of natural supports
- Support in facilitating integration
- Individualized Programming
- Community based volunteer opportunities

Admission Criteria for Community Employment Services Program

1. Eligibility

Any individual without regard to race, color, creed, national origin, sex or disabling condition who is in need of vocational services and demonstrates a reasonable expectation of rehabilitation is eligible for consideration to participate in the program. Staff-to-individual ratio will be established by the Assistant Executive Director based on intake documentation and recommendations from staff. Admission to programs is contingent on availability of funding needed to meet staffing requirements. If an individual has been reviewed by the Program Evaluation Committee during the process of obtaining admission to another Arc work program and desires a transfer to Community Employment Services, eligibility will be determined by the team process with recommendations reviewed by the Vocational Services Manager.

2. Documentation Required

- Copies of records available concerning social, vocational and education history.
- Reports by staff regarding pre-screening interview and situational assessment.

The Committee may request additional information including but not limited to medical and psychological exams completed within the previous 12 months prior to taking action for acceptance or rejection of the application.

3. Criteria for Admission within a One-Staff to Six-Individual Ratio (Enclaves)

- Be at least 16 years of age.
- Have a Social Security Number.
- Education - no requirements.
- Work experience - no requirements.
- Not be harmful to self or others.
- Be able to meet own self care needs, such as bathroom use, menstruation, dressing, and lunchroom use.
- Be able and willing to take care of personal belongings.
- Caregiver must manage medical and health needs.
- Should not require medication of a type and in such a dosage that mental and/or physical functioning is grossly impaired.
- Have the ability to conform to rules and safety practices.
- Have the ability to accept supervisory authority.
- Behavior problems should be remedial within a 1:6 ratio.

4. Criteria for Admission (Individual Placement)

- Be at least 16 years of age.
- Have a Social Security Number.
- Education - no requirement.
- Work experience - no requirement.
- Not be harmful to self or others.
- Be able to meet own self care needs or have the funding available to support staff providing this function.
- Be able and willing to take care of personal belongings.
- Caregiver must manage medical and health needs.
- Should not require medication of a type and in such a dosage that mental and/or physical functioning is grossly impaired.
- Have the stamina and capacity to perform the essential job functions for the position.
- Have the ability to conform to rules and safety practices.
- Have the ability to accept supervisory authority.
- Be able to work without exhibiting behavior problems.
- The ability to communicate with others through speech, writing, sign or other understandable means to the extent that the individual can make their basic needs known and respond meaningfully to simple direct questions.
- Be likely to achieve a level of independence through the use of natural supports and periodic drop-in job coaching after initial intensive training.

These criteria are designed to provide guidelines to assist in the most appropriate placement of individuals. There may be occasions in which exceptions to the criteria will be made in the interest of providing the best possible opportunity for an individual.

Procedure to Train Staff to Manage Community Based Work Sites

The Vocational Services Manager will conduct all required job specific training for new Program Coordinators. Training will include the following topics:

- Employer/Employee/Job Coach Communication
- Job Set Up
- Coordinating Benefits Management And Transportation Needs
- Designing And Implementing Natural Supports
- Supervision of Job Coaches at Work Sites

The Director of Human Resources will be responsible for providing training in completion of job coach performance evaluations. The Assistant Director of Quality Assurance is responsible for the coordination of all required DDA and agency trainings.

Other training or seminars may be assigned as needed.

Procedures for Supervision at Work Sites

The following procedures will be used to ensure proper supervision of individuals served at work sites:

- Each staff person will receive in-service training on each individual's personal history and IP.
- Staff will receive on-the-job training and monitoring by the Program Coordinator on all aspects of job site requirements including job set up, scheduling, communication with employers, crisis management, emergency and safety procedures and transportation.
- Staff will receive training and follow up on the reporting of illness, accident, and behavioral incidents.
- Staff will have access to emergency and identifying information on each individual to be used in the event of accident or illness.
- The Program Coordinator will meet on a periodic basis with Job Coaches to review individual progress, employer contact, employer concerns, etc.
- Program Coordinator will visit the work sites on a periodic basis and provide observation and recommendations to the Job Coach for improving individual services and ensure that the employer's needs are being met. The Coordinator will also assess if further training is needed to improve the effectiveness of the Job Coach.

COMMUNITY LIVING

The Arc's Community Living Program will be guided by the following procedures:

The Residential Program consists of a network of homes throughout Carroll County operated by The Arc enabling individuals with developmental disabilities to live in the community and experience independence. Homes are located in neighborhood communities that provide an enriched living environment fostering personal growth and community involvement. Community Living Assistants and/or Certified Nursing Assistants provide support in meeting resident needs. This program provides the residents with the opportunity to be involved in meaningful activities and leisure activities of their choice.

Staff ratios differ depending upon resident needs. Services are developed from an assessment of each individual's strengths, abilities and preferences.

Community Living Services Goal and Available Services

Goal:

The Arc Residential homes create personalized living arrangements for people with developmental disabilities living in the community. The program strives to provide an enriched living environment that fosters personal growth, well-being and community inclusion.

Available Services:

- Assistance in developing and achieving personal outcomes
- Assistance with managing finances, medical appointments and follow up, medication administration, personal living skills and activities to promote community inclusion
- Grocery Shopping
- Behavioral Supports
- Assistance with providing opportunities to experience independence

Admission Criteria for the Community Living Program

1. Eligibility

Any individual without regard to race, color, creed, national origin, sex or disabling condition who is in need of residential services and demonstrates a reasonable expectation of rehabilitation is eligible for consideration to participate in the program. Staff-to-individual ratio will be established by the Assistant Executive Director based on intake documentation and recommendations from staff. Admission to programs is contingent on availability of funding needed to meet staffing requirements.

2. Documentation Required

- Copies of records available concerning social, vocational and education history.
- Reports by staff regarding pre-screening interview and situational assessment, if applicable.

The Assistant Executive Director may request additional information including, but not limited to, medical and psychological exams completed within the previous 12 months prior to taking action for acceptance or rejection of the application.

3. Criteria for Admission in Community Living:

- Be at least 21 years of age
- Have a Social Security Number
- Be eligible for funding through the Developmental Disabilities Administration

The above noted criteria provide guidelines. Exceptions to the criteria may be made in order to meet individual needs.

FAMILY & INDIVIDUAL SUPPORT SERVICES

The Arc's Family & Individual Support Services Program will be guided by the following procedures:

The Family and Individual Support Services program seeks to provide assistance to individuals with developmental disabilities whose challenging behaviors and/or other disabling conditions may be a barrier to community inclusion and involvement. The program also seeks to provide assistance to individuals and their families needing assistance with personal care, respite, obtaining adaptive equipment, in home services, medical supplies, recreation and transportation. This program will provide individuals the opportunity to be involved in meaningful activities and leisure activities of their choice. Services are developed from an assessment of each individual's strengths, abilities and preferences.

Family and Individual Support Services Goal and Available Services

Goal:

To provide a range of creative services designed to enable individuals with developmental disabilities to live more independently in the home of their choice and to be active members of the community.

Available Services:

- Assistance in developing and achieving personal outcomes
- Assistance with managing finances, medical needs, and/or medication administration
- Respite Care
- Behavioral Supports
- Adaptive Equipment
- Architectural modifications
- Recreation
- Transportation
- Personal Care

Admission Criteria for Family and Individual Support Services

1. Eligibility

Any individual without regard to race, color, creed, national origin, sex or disabling condition who is in need of family and individual services and demonstrates a reasonable expectation of rehabilitation is eligible for consideration to participate in the program. Staff-to-individual ratio will be established by the Assistant Executive Director based on intake documentation and recommendations from staff. Admission to programs is contingent on availability of funding needed to meet staffing requirements.

2. Documentation Required

- Copies of records available concerning social, vocational and education history.
- Reports by staff regarding pre-screening interview and situational assessment, if applicable.

The Assistant Executive Director may request additional information including, but not limited to, medical and psychological exams completed within the previous 12 months prior to taking action for acceptance or rejection of the application.

3. Criteria for Admission in Family and Individual Support Services:

- Have a Social Security Number
- Be eligible for funding through the Developmental Disabilities Administration or the ability to pay privately

The above noted criteria provide guidelines. Exceptions to the criteria may be made in order to meet individual needs.

PERSONAL & SUPPORT SERVICES

The Arc's Personal & Support Services Program will be guided by the following procedures:

The Personal & Support Services program seeks to provide assistance to individuals with disabilities whose challenging behaviors and/or other disabling conditions may be a barrier to employment opportunities. The program also seeks to provide assistance to individuals needing support with transitioning into a work program.

The Personal & Support Services program is divided into two areas. The level of supervision for each area is 1:3 or less. The ratios help ensure that each individual receives the assistance and training needed to complete vocational tasks as well as learn daily living skills and make community connections. The ratios also ensure each individual's health and safety needs.

The program provides individuals with the opportunity to participate in appropriate and meaningful activities, community activities, socialization, and recreational/leisure type activities of their choice.

Each individual is introduced to a structured workday and presented with a variety of opportunities to complete tasks according to his or her individual functioning level. When work is available, one of the desired activities include having individuals involved in paid contract work opportunities.

Personal & Support Services Program Goal and Available Services

Goal:

To provide a safe environment for an individual to interact socially and explore the world around them while being supported in the least intrusive/restrictive manner. To assist individuals in developing personal goals and helping them achieve those goals through the principles of leadership and self-determination.

Available Services:

- Assisting individuals in developing and achieving outcomes
- Assistance in handling one's own affairs; i.e., personal living skills, and financial affairs
- Opportunities to have regular access to individual and/or community activities
- Opportunities to develop and maintain meaningful ties to others
- Opportunities to be involved in, and contribute to, the community
- Opportunities to use the same resources as other people while building on the individual's existing support network
- Medication administration
- Respite, behavioral, and other services and supports needed by the family of the individual

Admission Criteria for Personal & Support Services Program

1. Eligibility

Any individual without regard to race, color, creed, national origin, sex or disabling condition who is in need of vocational services and demonstrates a reasonable expectation of rehabilitation is eligible for consideration to participate in the program. Staff-to-individual ratio will be established by the Assistant Executive Director based on intake documentation and recommendations from staff. Admission to programs is contingent on availability of funding needed to meet staffing requirements.

2. Documentation Required

- Copies of records available concerning social, vocational and education history.
- Reports by staff regarding pre-screening interview and situational assessment, if applicable.

The Assistant Executive Director may request additional information including, but not limited to, medical and psychological exams completed within the previous 12 months prior to taking action for acceptance or rejection of the application.

3. Criteria for Admission within a One-Staff to Three-Individual Ratio

- Be at least 18 years of age.
- Have a Social Security Number.
- Education - no requirements.
- Work experience - no requirements.
- May have a history of exhibiting maladaptive behaviors toward self or others.
- May need assistance to meet own self care needs, such as bathroom use, menstruation, dressing, lunchroom usage, etc.
- May need assistance to take care of personal belongings.
- Caregiver must manage medical and health needs.
- May need medication of a type and in such a dosage that mental and/or physical functioning is seriously impaired.
- May need assistance to conform to rules and safety practices.
- May need assistance to accept supervisory authority.

The admission criteria are designed to provide guidelines to assist in the most appropriate placement of individuals. There may be occasions in which exceptions to the criteria will be made in the interest of providing the best possible opportunity for an individual.

WORK SERVICES

The Arc's Work Services Program will be guided by the following policies and procedures:

This program is designed to maintain or increase job readiness, job skills, productivity, earnings, and community connections for persons served.

Individual plans for Work Service individuals will conform to the Policies and Procedures for Individualized Plans but also include training in work related skills and behaviors and opportunities to learn and develop skills and increase community connections.

A semi-annual review involving each individual and appropriate staff will be conducted to determine each individual's potential for community based employment. Referrals for other services will be provided, if needed.

The layout of work stations, production scheduling, and job assignments will be planned for efficient flow of work, reflect safe work practices, and when possible, use labor saving tools, adaptive modifications, and equipment.

Those individuals who express interest in using equipment will be given the opportunity to do so if it is appropriate to their capabilities and to the job.

Regular meetings will be held between individuals and management to:

- Inform individuals of aspects of program operation and plans that effect their wages or welfare
- Enlist informed cooperation to achieve efficient use of resources
- Receive suggestions from individuals and answer their questions

If an individual from the Work Services Program is placed in a community based job or another Arc work program and loses the job or program assignment, they will be readmitted to the program contingent upon availability of funding.

Work Services Program Goal and Available Services

Goal:

To provide short or long term learning and employment opportunities using a variety of non-skilled and semi-skilled job task from local business and industry to persons with mental, physical, emotional and/or developmental disabilities, or maladaptive behaviors to assist them in earning an income and/or prepare them for community employment.

Available Services:

- Paid work opportunities in a segregated setting and in the community
- Supervision and training
- Individualized Programming

- Behavior Management
- Job readiness and skills training
- Training on community connections and resources

Admission Criteria for Work Services Program

1. Eligibility

Any individual without regard to race, color, creed, national origin, sex or disabling condition who is in need of vocational services and demonstrates a reasonable expectation of rehabilitation is eligible for consideration to participate in the program. Staff-to-individual ratio will be established by the Assistant Executive Director based on intake documentation and recommendations from staff. Admission to programs is contingent on availability of funding needed to meet staffing requirements. If an individual desires a transfer to Work Services, eligibility will be determined by the team process with recommendations reviewed by the Assistant Executive Director.

2. Documentation Required

- Copies of records available concerning social, vocational and education history.
- Reports by staff regarding pre-screening interview and situational assessment.

The Assistant Executive Director may request additional information including, but not limited to, medical and psychological exams completed within the previous 12 months prior to taking action for acceptance or *rejection of the application*.

3. *Criteria for Admission within a One-Staff to Fourteen-Individual Ratio*

- Be at least 16 years of age.
- Have a Social Security Number.
- Education - no requirements.
- Work experience - no requirements.
- Be able to meet own self care needs, such as bathroom use, menstruation, dressing, lunchroom use or have the funding availability to support staff assistance
- Be able and willing to take care of personal belongings.
- Caregiver must manage medical and health needs.
- Should not require medication of a type and in such a dosage that mental and/or physical functioning is grossly impaired.
- Have the ability to conform to rules and safety practices.
- Have the ability to accept supervisory authority.
- Behavior problems need to be remedial within a 1:14 ratio.

Individuals who do not meet these requirements will require a 1:1 ratio, if funding is approved. If funding is not approved, admission may be denied.

The admission criteria are designed to provide guidelines to assist in the most appropriate placement of individuals. There may be occasions in which exceptions to the criteria will be made in the interest of providing the best possible opportunity for that person.

Procedures for Establishing Piece Rates

When new jobs are received, an Incoming Job Order is completed. The Program Coordinator or Job Coach will fill the customer and job description information out and will get a job number from the Job List Book.

For time studies, three people without a disability are needed to perform a task for 25 minutes. When they are done, their production is added and divided by three. That figure is then multiplied by two to figure out the hourly unit rate. The prevailing wage is looked up for the job step and then it is divided by the hourly unit rate. This result is the client piece rate. Total up all the steps rate totals and this becomes the contract price. The Incoming Job Order and time study sheet need to receive approval from the Controller and the Assistant Executive Director.

Time studies are reviewed every six months. The Arc will pay each individual minimum wage for those jobs that are not, or cannot, be time studied to determine a per piece or per hour rate.

Procedures for Quality Assurance of Contract Work

For all incoming work from our customers, a copy of the Incoming Job Order (I.J.O.) will be given to the Program Coordinator managing the workshop. From this I.J.O. the Program Coordinator will devise a Quality Assurance Checklist that will note all steps in the job that require observance. The responsibility for completing this checklist will be held by the Program Coordinator.

The Job Coach and Program Coordinator, as always, will continue to monitor all steps in the job from a quality standpoint. The Quality Assurance Checklist along with a copy of the I.J.O. will remain in the Program Coordinator's possession.

Any problems that continue to occur will result in the Vocational Services Manager being notified for assistance in how to eliminate the problem and the solution documented.

In addition, the Program Coordinator will circulate through the work area and examine the work from a quality standpoint. The Job Coaches are aware of the need for superior quality and are continually monitoring all work to ensure that standards are met. The complexity and the number of steps involved will dictate how often this should occur. If the Job Coach discovers no problems and the job is not complex, one check by the Program Coordinator should suffice. More detailed, complex jobs with many steps will be monitored more closely. A visit to the work area twice per week will be done, realizing that the Job Coach is monitoring the job and will advise the Program Coordinator of any problems. The Program Coordinator will select at random one or more units of finished product for each job completed and thoroughly check it for any deficiencies. Documentation will be noted on the Monthly Quality Assurance Check form, which will include the job number, customer, quantity checked, and the quantity found to be less than accurate.

All new jobs will also require close observation from the Program Coordinator until all steps are satisfactory from a quality standpoint.

New individuals will be counseled as to the importance of the quality of their work and will be observed closely by the Job Coach and the Program Coordinator. Any new production staff and necessary temporary help will also have the quality of work stressed by the Program Coordinator to ensure that the quality of our work continues to be of the highest and that our customers continue to be satisfied.

Should there be a complaint related to quality from any customer, the work on the job will be stopped until the Program Coordinator or the Job Coach can correct the problem to the customer's satisfaction. A documented solution will be affected with any complaint. A follow-up call to the customer immediately following our next delivery will be made to ascertain if the problem has been eliminated. For any new work, the Program Coordinator will place a call to the customer asking how well they were satisfied with our quality, productivity and timeliness.

SUPPORTED ENTERPRISE

The Arc's Supported Enterprise Services Program will be guided by the following procedures:

The preferences and needs of the individuals served are of primary consideration when opportunities for Supported Enterprise are explored.

Opportunities for inclusion will be promoted in all Supported Enterprise placements because it leads to increased self esteem, increased independence supports, and community integration. This will be achieved by ensuring close physical proximity to people without disabilities, the development of natural supports, participation in social activities available to all employees, and opportunities for supervision by non-program personnel.

Factors used to determine entry into Supported Enterprise shall be based on interests, needs, preferences, degree of supports available, and not severity of disability.

Pre-vocational activities are not a prerequisite for involvement in Supported Enterprise. If an individual expresses interest in Supported Enterprise at his or her team meeting or at any other time, the Program Coordinator will meet with the person to assess interests and skills. Individuals will be given the opportunity to meet with staff from the Department of Rehabilitation Services (DORS) to learn about the RISE Program. Every effort to consider the individual's preference regarding staffing is given to facilitate the transition. The amount and scope of job coaching supports will be assessed on a regular basis and recorded on Progress Notes in the person's file.

All persons served are informed of Supported Enterprise options.

New opportunities for Supported Enterprise will be encouraged. The Program Coordinator, Assistant Executive Director, Vocational Services Manager, and/or Job Coach will also encourage the individual to pursue Supported Enterprise opportunities by talking to friends, families, and co-workers about possible opportunities. By participating in local business affiliated organizations and ongoing networking within the community, the Job Coach or individual will continually assess Supported Enterprise needs, trends and developments with the overall goal to broaden the opportunities.

Supported Enterprise Program Goal and Available Services

Goal:

To support individuals who desire to become for-profit business owners. The Arc of Carroll County will provide technical and follow along assistance.

Admission Criteria for Supported Enterprise Program

1. Eligibility

- Meet the necessary program requirements for The Arc of Carroll County
- Be determined as eligible for services through DORS
- Meet the basic requirements as outlined through the RISE program.

2. Process

Once an individual expresses interest via his/her team meeting, or through an Arc staff member (or service coordinator), the Vocational Services Manager will meet with the individual and team members to discuss the Supported Enterprise process. The Arc of Carroll County will provide assistance, along with DORS and the RISE program. The following areas will be covered and considered:

- Idea generation for business ownership
- Meeting with DORS representative
- Development and submission of a business plan
- Review, revision, and approval of business plan
- Organizing and registering the business with state and federal tax agencies
- Time line development for all activities necessary for a business start up.
- Assuring the support required is appropriate and does not exceed current funding.
- Coordinating any classes or training necessary to operate and own a business.
- Help to locate other community sources, i.e. chamber of commerce that may be helpful to business owners.
- Provide financial documents to DORS and the RISE program.

3. Criteria for Admission

- Be at least 16 years of age.
- Have a Social Security Number.
- Education - no requirement.
- Work experience - no requirement.
- May need assistance to meet own self care needs, such as bathroom use, menstruation, dressing, and lunchroom use or have the funding available to support staff assistance.
- May need assistance to take care of personal belongings.
- Caregiver must manage medical and health needs.
- May need medication of a type and in such a dosage that mental and/or physical functioning is seriously impaired.
- Have the ability to accept supervisory authority.
- Have the ability to communicate with others through speech, writing, sign, or other understandable means to the extent that the person can make his or her basic needs known.