POLICY AND PROCEDURE MANUAL

[AGENCY NAME]

Version 1.0
[Month, Year]

YOUR LOGO HERE

[Agency Name]
[Agency Address]
[Contact Number]
[Email Address]
[Website]

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INTRODUCTION

[AGENCY NAME] is an organization that is committed to providing client the highest quality of service and the best living environment in compliance to Maryland Developmental Disabilities Administration (DDA). We are committed in providing a caring, safe and nurturing environment where client can experience unconditional love. [AGENCY NAME] understands that each client is unique and requires a structured, caring and nurturing environment, fit to meet his/her individual needs.

MISSION STATEMENT

[AGENCY NAME]s mission is to have a positive impact on individuals with disabilities in order to improve their quality of life and strive to deliver the highest quality of care.

STATEMENT OF PURPOSE

The purpose of this policy is to define organization-wide processes and activities that maximize the coordination of quality and safe services to client at [AGENCY NAME]. The goal of this plan is to coordinate client's care in a manner that is seamless from their perspective. This policy shall be made available for review, upon request, to clients and their designated representatives and shall be readily available for staff use at all times within [AGENCY NAME].

STATEMENT OF POLICY

[AGENCY NAME] prohibits discrimination in all its activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, gender identity, genetic information, and any political beliefs.

[AGENCY NAME] is consistent with the:

- Federal and State Law of Maryland
- Needs of our staff and the community we serve;
- Agency policies and procedures;

We strongly adhere to compliance requirements stated by **Maryland State Law**, Department of Health and follow the guidelines as per the Maryland Health and Human Services implemented in terms of policies and procedures within [AGENCY NAME].

DOCUMENT CONTROL & APPROVALS

Document Revisions shall be recorded in the table below;

Ver. No.	Rev. No.	Page No.	Description of Amendment	Approved By	Date

Document review and approvals shall be recorded in the table below;

Description	Title	Signature	Date
Prepared By			
Reviewed By			
Approved By			

Note: All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval, as necessary.

HEALTH & SAFETY AND INDIVIDUAL POLICIES

This policy will cover the scope and level of health care service individual policies that addresses provision of adequate medical care and client management.

Medical Necessity

1. Medical necessity will be determined individually for each service or test provided or ordered by the responsible physician or other individual licensed to do so.

2. A medically necessary service or test is defined as one that is reasonable and necessary for the diagnosis or treatment of an illness, injury or to improve the functioning of a malformed body member.

3. The government will generally only pay for services and tests that are medically necessary and will deny payments for those that are not medically necessary, such as routine physicals, many screening tests or tests conducted for research purposes.

4. Every governmental claim form should be supported by a physician certification that the services were medically necessary for the health of the patient.

5. Billing for Items or Services Not Rendered - Submitting a claim representing that a provider performed a service all or part of which was simply not performed, is inappropriate, at a minimum, and possibly illegal.

6. Only those medical services to patients that are consistent with acceptable standards of medical care may be billed.

7. Guardian Residential Services will only bill for the actual services rendered, and only when those services were consistent with accepted standards of medical care.

8. The billing for such services must comply with all applicable rules and regulations governing correct documentation, coding, and billing.

The supervision of care and services is the provision of medical oversight to ensure that the we serve the member/client effectively and safely in the community.
Medical oversight includes assessing and monitoring the member/client condition and implementation/arranging interventions to prevent or delay unnecessary and more costly institutional placement.

The RN supervisors shall assess the following factors:

a) Meeting with member/representative and/or caregiver in the home at Initial Assessment conducted by the Guardian Residential Services to determine client's condition and eligibility. It will be conducted more often if indicated by member's condition with the member whose health status and situation involve complex observations.

b) Completing timely, pertinent supervisory notes that include the documentation required.

Individual Services Plan

The purpose of the Individual Services Plan process is for the individual to identify life goals and decide what medically necessary services and supports need to be in place for the person to have, work towards, or achieve those life goals. Individuals have the right to have their Individual Plan of Service developed and implemented through Individual Service Plan process regardless of age, disability, or residential setting. Person-Centered Planning is a way for individuals to plan their lives with the support and input from those who care about them. The process takes the individual's goals, hopes, strengths, and choices and weaves them into a plan for a life with meaning. Health and safety needs are addressed in the person-centered plan with supports listed to accommodate those needs according to the wants and needs of the individual. When a person is in crisis, that situation should be stabilized before the Individual Service Plan process is used to plan the life that he/she desires to have.

Medical Care and Identification for Treatment

Facility shall ensure that all patients are properly identified prior to any care, treatment or services provided. Each patient will be assigned a medical record Identification Number.

Principles of Identification

A system for positive identification of all facility patients fulfills four (4) basic functions and shall apply to patients in all areas of the facility:

1. Provides positive identification of patients from the time of admittance or acceptance for treatment.

2. Provides a positive method of linking patients to their medical records and treatment.

3. Minimizes the possibility that identifying data can be lost or transferred from one patient to another.

4. Improves the accuracy of patient identification.

Patient Identification Policy

1. Facility Wristband:
    a. A tamperproof, nontransferable identification band shall be prepared and affixed to the patient in Registration.
    b. The identification band shall include the patient's full name, medical record number, date of birth.
    c. Before any procedure is carried out, the identification band shall be on the patient and shall be checked by the responsible care provider for the following two (2) identifiers to ensure that the right patient is involved:
        i. Patient name
        ii. Patient date of birth
    d. The patient and family, as needed, shall be actively involved in the identification process.
    e. Whenever possible, staff shall also verbally assess the patient and/or family to assure proper identification, asking the patient's name and date of birth and matching the verbal confirmation to the written information on the identification band.
        i. If the patient's date of birth is *not* available, the second identifier will become the patient's medical record number.

Client Rights

- [AGENCY NAME] will ensure that processes are in place to:
  a) ensure that client understand their rights;
  b) help client exercise their rights; and,
  c) investigate and resolve claims regarding a violation of client's rights.
- Client have the right to refuse service.
- Client have the right to fully participate in the assessment process.
- Client have the right to participate in the service delivery and make personal choices within the parameters of services available.
- Client have the right to appeal service plan decisions.
- Client have the right to receive safe, appropriate and timely service.
- Client have the right to be referred to other appropriate services.
- Client have the right to freedom from abuse, neglect or exploitation from client care staff.
- Client have the right to be assured of confidential treatment of their care records and personal information.
- Client, or the persons authorized to make client care decisions on behalf of the client, have the right to have their concerns heard, reviewed and where possible, resolved.

The following procedures must be practiced:

- Every client will be provided with a copy of their rights and responsibilities.
- The management will review the document with client/responsible party and be open for any questions or concerns.
- After client understands the rights and responsibilities, the management will ask them to sign a receipt of Client Acknowledgement Form.

INDIVIDUAL CARE POLICIES

Confidentiality

Unless otherwise allowed by law or Case-manager, records concerning client in care and their families are confidential, and [AGENCY NAME] Staff and Board Members shall not disclose or knowingly permit the disclosure of confidential information. All employees of [AGENCY NAME] are responsible for assuring confidentiality of information when communicating with persons both inside and outside of the group homes/agency. All Records will be kept secure in a manner that preserves confidentiality and prevents loss, tampering or unauthorized use. Employees who don't respect our confidentiality policy will face disciplinary action.

In order to comply with the regulation a written policy has been established for record management and includes confidentiality, accessibility, security and retention of paper and electronic records pertaining to clients being served.

The following confidentiality practices must be adhered in accordance to Maryland State laws:

- The right to confidential care and treatment, including keeping medical records and operation records private and only discussing them when it is about the client's care.
- All active records must be kept confidential as required by law.
- All document received from client or guardian will be secured in files and confidential.
- A medical record is considered a legal document used to protect the legal interest of a client(ren) as well as the [AGENCY NAME]. Information maintained within the record serves as a basis for review, study and evaluation of the care rendered to the client(ren). It is essential that medical records are neat, legible, accurate and readily accessible for purposes of service delivery, audit and possible litigation proceedings. The medical record shall be locked in a container and handled and transported in a manner that ensures the security and confidentiality of the record at all times.
- Confidentiality must be enforced during all staff meetings.

Visitation, Outings, Mail and Telephones

This policy and procedures are regarding visitation, mail, telephone calls, and other forms of communication between client and family, friends, and other persons.

Visitation and Communication Procedures

1. [AGENCY NAME] shall allow a client reasonable privacy during a visit unless the client's service plan requires supervised visitation.

2. [AGENCY NAME] shall have facility visiting hours which meet the needs of the client.

3. [AGENCY NAME] shall not deny, monitor, or restrict communications between a client and the client's guardian, or friends except as prescribed:

    a) By court order;
    b) In the client's service plan, which shall contain specific treatment reasons for the restriction which shall be time limited; or

4. [AGENCY NAME] may require a client to open mail in the presence of staff in order to inspect the mail for contraband.

5. When [AGENCY NAME] is monitoring a communication as allowed as per the state law and inform the parties about the monitoring.

Outing Procedures

If a client temporarily leaves the facility on a visit or outing with a person other than a staff member. The procedures shall include:

1. A method for recording the client's location, the duration of the activity, and the anticipated and actual time of the client's return;

2. The name, address, and telephone number of the person responsible for the client while the client is absent from the facility; and

3. [AGENCY NAME] management shall try to contact the person responsible and if unable to contact and the expected return time exceeded the management shall call 911 and inform regarding the visit and the information about the client and the responsible person.

(Please refer Appendix 32 Sign in and Sign out Log)

Visiting Hours

- Designated Visitors must be present in the facility lobby at 6:45 AM/6:45 PM or will be asked to wait until after report.

- Hours for alternate caregivers as designated by visitors are between 8:00 AM – 6:45 PM and 8:00 PM – 6:45 AM.

Limitations and The Reasons for The Limitations

Many clients need comfort items for rest time which is not a problem, but please make sure personal items are labelled as many clients become very distressed if their special blanket or comfort item becomes lost.

[AGENCY NAME] do not encourage toys and other items from home (apart from comfort items) are not brought into the nursery as they can cause arguments and also broken hearts if they go missing or get damaged.

Additional Clients clothing and personal belongings practices:

1. Explain the limitations to the client in a form and manner that the client can understand.

2. When a client is admitted, the [AGENCY NAME] shall inventory the client's clothing and personal belongings; the [AGENCY NAME] shall provide a copy of the inventory to the placing agency or person and keep a copy in the client's file.

3. The [AGENCY NAME] shall either store any restricted possessions or return the possessions to the client's placing agency or person.

4. The [AGENCY NAME] shall ensure that each client has a personal supply of clean and seasonable clothing as required for health, comfort, and physical well-being and as appropriate to the client's age, gender, size, and individual needs.

5. The [AGENCY NAME] shall allow a client to help select his or her own clothing when developmentally appropriate and allowed by programmatic requirements.

6. The [AGENCY NAME] shall have a policy governing retention, return, and disposal of the clothes and personal belongings of a client who has had an unplanned discharge. At the time of a client's planned discharge, the [AGENCY NAME] shall allow the client to take clothing and personal belongings.

Behavior Management

This policy for behavior management ensure the practices of developmentally appropriate for the client in care and designed to encourage and support the development of self-control.

[AGENCY NAME] is committed to promoting a mutually respectful environment where every client within the facility is treated with courtesy, respect, and dignity and, therefore, all client, employees and medical staff members shall conduct themselves in a professional and cooperative manner with client.

[AGENCY NAME] does not involve in seclude or restrain.

Behavior expectations of client:

Consequences for violations of the [AGENCY NAME]'s policies and rules which shall be:

- Reasonably related to the violation
- Administered without an unreasonable delay: