



**POLICY & PROCEDURES
MANUAL FOR
HOME &
COMMUNITY
– BASED SERVICES**

**ADULT MENTAL HEALTH
PROVIDER AGENCY**

OE. NO HHS001076

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HCBS-AMH PARTICIPANT RECORDS POLICY 1 OF 2

INTRODUCTION TO POLICY

At JW Boarding Homes, we are dedicated to delivering exceptional services while safeguarding the privacy and integrity of our clients' personal information. This policy outlines our commitment to responsible handling, protection, and usage of individually identifiable information (referred to as "personal information"), which encompasses but is not limited to names, addresses, email addresses, phone numbers, and other details that identify our clients, service providers, and legal substitutes. Furthermore, this policy addresses the broader spectrum of information contained within client records.

POLICY OBJECTIVES

1. **Service Excellence:** To facilitate the provision of high-quality services and programs, ensuring client satisfaction and quarterly improvement.
2. **Collaborative Partnerships:** To establish and maintain effective partnerships by sharing client information with approved third parties or organizations when necessary, such as for service referrals, while ensuring privacy and consent.
3. **Feedback and Improvement:** To actively seek and utilize client and stakeholder feedback for enhancing our services, programs, and overall client experience.
4. **Research and Understanding:** To conduct research for a deeper understanding of the challenges our clients face, enabling us to tailor our services more effectively.
5. **Communication and Engagement:** To engage with our community through informational calls and updates regarding membership and fundraising initiatives.
6. **Quality Assurance:** To routinely review client files, ensuring the highest standards of documentation and service delivery.

COMMITMENT TO PRIVACY AND SECURITY

JW Boarding Homes is unwavering in its commitment to protecting client privacy. This includes:

- Ensuring the confidentiality, integrity, and accuracy of client personal information.
- Informing clients about the purposes of data collection and processing.
- Obtaining explicit consent from clients for collecting, using, sharing, or disclosing their information, except as mandated or permitted by law.
- Limiting access to client information to authorized personnel, including employees, volunteers, and students engaged in customer service.

- Ensuring external parties that receive client information adhere to confidentiality agreements aligned with our privacy objectives.
- Providing clients the right to withdraw consent for data usage and offering access to their records in accordance with legal and regulatory standards.

RECORD-KEEPING AND PROGRESS NOTES

Guidelines for Record-Keeping:

At JW Boarding Homes, we uphold meticulous standards for organizing and maintaining client records. Our approach is tailored to ensure ease of access, accuracy, and security in compliance with relevant legal and regulatory frameworks. The following guidelines are strictly adhered to:

1. **Structured Organization:** Client records are systematically categorized and segmented for straightforward retrieval. This includes uniform standardization across all documentation.
2. **Chronological Order:** All client record entries are maintained sequentially and are date-specific, ensuring a coherent timeline of client interactions and services provided.
3. **Document Security:** To prevent loss or misplacement, all documents within a client's file are securely fastened, with no loose papers allowed. This practice is vital for both physical and electronic records.
4. **Access Control:** In line with Texas Health and Safety Code 611.0045, access to healthcare records is strictly limited to authorized System Agency staff. This access is granted under stringent criteria to protect client confidentiality.
5. **Longevity of Records:** In accordance with our Provider Agreement, JW Boarding Homes retains all necessary documents for a minimum of seven years from the date of creation or until the resolution of any audit exceptions or legal matters, whichever is later.

Progress Notes Protocol

Progress notes are vital for documenting the services provided to our clients. They offer insights into the client's journey, responses to services, and overall progress. Adhering to the following standards ensures comprehensive and accurate documentation:

1. **Consistent Recording:** All progress notes are to be systematically recorded and retained in the client's clinical file.
2. **Clarity and Legibility:** Each entry must be legible. We mandate the use of blue or black ink for all handwritten notes to maintain uniformity and readability.
3. **Detailed Identification:** Every page of the progress notes must include identifiable information such as the client's name, service name, and a detailed description of the service provided.
4. **Timing and Location:** Precise details of the service, including the contract's effective dates, start and end times, and location of service delivery, are mandatory for each entry.

5. **Client Response and Progress:** It is essential to document the client's reaction to services and any advancement or challenges faced in achieving outcomes as outlined in their recovery plan.
6. **Professional Endorsement:** All entries in the progress notes must be concluded with the credentials and signature of the direct service personnel responsible for the service delivery.
7. **Error Handling:** In case of errors, we follow a 'single line strike-through' policy. Correction fluids or tapes are prohibited. The original author is responsible for making any corrections to their entries.

These guidelines are designed to ensure that the records we keep at JW Boarding Homes comply with legal standards and serve as a valuable resource in providing optimal care to our clients.

DOCUMENTATION OF PROVIDER CHOICE

Ensuring Informed Provider Selection

At JW Boarding Homes, we recognize the importance of empowering our clients with the freedom to choose their service providers. To support this, we have established a transparent and documented process for provider selection:

1. **Provider Agency Selection Form:** Each client is provided with a comprehensive Provider Agency Selection Form, which they complete and sign, indicating their chosen HCBS-AMH provider.
2. **Record of Provider List Presentation:** The HCBS-AMH provider list and the client's final choice are meticulously documented and retained in the client's clinical record.
3. **Individual's Right to Choose Service Personnel:** Our clients and their legally authorized representatives (LAR) have the right to select the specific personnel employed by their chosen HCBS-AMH provider. This selection is documented and maintained in the client's clinical file, reflecting our commitment to honoring client preferences.

PROGRESS NOTES AND DOCUMENTATION STANDARDS

Comprehensive Progress Notes Protocol

For each service provided, JW Boarding Homes maintains detailed progress notes, which are essential in tracking client responses and progress:

1. **Consistent Recording and Retention:** All progress notes are consistently recorded and kept in the client's clinical file.
2. **Legibility and Uniformity:** To ensure clarity, all entries are made using only blue or black ink and must be legible.
3. **Detailed Identity Markers:** Each page of the progress notes includes the client's name, service name, and a thorough description of the service provided.
4. **Service Specifics:** Documentation includes precise details like the contract's effective dates, start and end times, and service delivery location.

5. **Client Response and Progress Evaluation:** We document the client's reaction to services, noting progress or challenges in meeting the outcomes outlined in their recovery plan.
6. **Professional Endorsement:** Each entry concludes with the credentials and signature of the direct service personnel.

Error Handling and Documentation Integrity

To maintain the integrity of our documentation, we follow a clear error-handling protocol:

1. **Single Line Strike-through Policy:** In case of errors, the original author crosses out the error with a single line and writes the correction nearby. The use of correction fluids or tapes is strictly prohibited.
2. **Original Author Responsibility:** Only the author of the original entry is permitted to make corrections.
3. **Supervisor Review and Addendums:** While reviewers or supervisors cannot alter the original author's work, they may add a dated addendum for clarity or additional information.

ELECTRONIC HEALTH RECORDS (EHR) AND HIPAA COMPLIANCE

Electronic Health Records (EHR) Utilization and Security

At JW Boarding Homes, we employ Electronic Health Records (EHR) to enhance the efficiency and accuracy of our record-keeping processes. The following principles guide our EHR practices:

1. **Secure Storage:** EHRs are stored on secure, password-protected systems. Access is restricted to authorized personnel, ensuring the confidentiality and integrity of client information.
2. **Data Accuracy and Integrity:** Regular updates and audits are conducted to ensure that the data in EHRs is current, accurate, and reflects the most recent client interactions and services.
3. **Backup and Recovery Procedures:** We implement backup and disaster recovery protocols to safeguard against data loss and ensure the continuity of our record-keeping.

Compliance with HIPAA Regulations

In line with the Health Insurance Portability and Accountability Act (HIPAA), JW Boarding Homes adhere to stringent standards for the protection and confidentiality of health information:

1. **Privacy Safeguards:** We have established comprehensive privacy safeguards to prevent unauthorized access to or disclosure of protected health information (PHI).
2. **Staff Training and Awareness:** Regular training programs are conducted to educate our staff on HIPAA regulations and the importance of maintaining PHI confidentiality.

3. **Data Sharing and Disclosure:** PHI is only shared or disclosed in compliance with HIPAA regulations and with explicit consent from clients, except where required or permitted by law.

Roles and Responsibilities in Record Maintenance

Company and Recovery Management Organizations

The Company and Recovery Management Organizations play crucial roles in maintaining complete and accurate records:

1. **Record Maintenance:** Both entities are responsible for ensuring that records accurately reflect the assistance provided to individuals, including services, interactions, and outcomes.
2. **Compliance and Review:** Regular reviews and audits are conducted to ensure compliance with legal and regulatory requirements and to address any discrepancies or issues in record-keeping.
3. **Collaborative Efforts:** The Company and Recovery Management Organizations work collaboratively to ensure the integrity and accuracy of records, facilitating efficient service delivery and client care.

COMPLIANCE WITH LEGAL AND REGULATORY OBLIGATIONS

Upholding Legal Standards

JW Boarding Homes is committed to full compliance with all legal and regulatory obligations related to client information. Our approach includes:

1. **Quarterly Audits:** Conduct quarterly audits to ensure that our policies and practices meet all applicable laws and regulations.
2. **Updating Policies:** Quarterly updating of our policies to reflect changes in laws and regulations.
3. **Training and Education:** Providing ongoing training for all staff to ensure they are aware of and understand these legal obligations.

Handling Complaints and Privacy Concerns

We are dedicated to addressing any complaints or concerns about our privacy policies and procedures swiftly and effectively:

1. **Transparent Complaint Process:** We have a clear and accessible process for clients to raise concerns or complaints about privacy matters.
2. **Prompt Response and Resolution:** All complaints are taken seriously, with a commitment to addressing and resolving them promptly.

COMMITMENT TO PRIVACY AND SECURITY

Protecting Client Information

At JW Boarding Homes, protecting the privacy and security of our clients' personal information is paramount. This commitment is reflected in:

1. **Security Measures:** Implementing security measures to safeguard client information from unauthorized access or disclosure.
2. **Client Consent and Rights:** Ensuring that we obtain client consent for the collection, use, and sharing of their information, except as required by law. We also respect clients' rights to access and control their personal information.
3. **Partnership with External Entities:** Ensuring that any external parties with whom we share client information adhere to our privacy standards.

CONCLUSION

JW Boarding Homes is committed to the responsible management of client information in alignment with the HCBS-AMH Program. By adhering to these guidelines, we aim to provide a safe, secure, and respectful environment for our clients, ensuring their information is handled with the utmost care and professionalism. Our commitment extends beyond regulatory compliance to fostering a culture of trust and respect with our clients.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: March 17, 2025

HCBS-AMH PARTICIPANT RECORDS POLICY 2 OF 2

INTRODUCTION TO POLICY

This policy sets the framework for managing participant records at JW Boarding Homes in delivering Home and Community-Based Services - Adult Mental Health (HCBS-AMH). It is designed to support each participant's health, welfare, and preferences while ensuring efficacy and compassion in service delivery.

OBJECTIVE

The primary goal of this policy is to establish a structured approach to record management, ensuring compliance with legal standards and optimizing care quality.

SCOPE

This policy applies to all JW Boarding Homes employees and subcontractors involved in HCBS-AMH services.

DETAILED RESPONSIBILITIES AND PROCEDURES:

1. Participant Engagement and Support:

- **Engagement Strategy:**
 - Focus on a holistic approach to actively involve participants in their recovery journey, prioritizing their mental, physical, and social well-being.
- **Educational Initiatives:**
 - Consistently inform participants about their rights within the HCBS-AMH program, emphasizing privacy, informed consent, and active involvement in care planning.
- **Building Support Networks:**
 - Facilitate the inclusion of family, friends, and other support systems in the participant's recovery process, adhering to the participant's preferences for confidentiality.

- **Assistance and Advocacy:**
 - Provide comprehensive support in navigating healthcare systems, including Medicaid and HCBS-AMH eligibility guidance.
 - Offer prompt support during crises, ensuring access to essential services and resources.
 - Encourage self-advocacy and provide necessary support during fair hearing processes.
- **Communication and Feedback:**
 - Develop and maintain effective communication channels to keep participants informed about service updates and program changes.
 - Actively seek and incorporate participant feedback to enhance service delivery and satisfaction.

2. Quality Assurance and Reporting:

- **Monitoring and Evaluation:**
 - **Service Evaluation:** Implement thorough service quality evaluations, focusing on participant satisfaction and effective service delivery.
 - **Incident Management:** Establish a comprehensive incident and complaint resolution system, upholding transparency and accountability.
- **Safety Measures and Emergency Preparedness:**
 - Enforce robust safety protocols for the protection of participants, staff, and visitors.
 - Prepare and train staff for emergencies, ensuring readiness and swift response.
- **Documentation and Compliance:**
 - Maintain meticulous records and timely reporting of services, incidents, and participant progress.
 - Ensure regular compliance reporting to the System Agency and relevant authorities.
- **Enhancement and Development:**
 - Utilize data and participant feedback for ongoing assessment and service improvement.
 - Invest in staff training and professional development to uphold service quality.
- **Collaborative Quality Reviews:**
 - Engage with external agencies for service assessments and improvements.

- o Stay informed about industry best practices and integrate them into service provision.

3. Caseload Management:

- **Efficient Allocation Strategies:**
 - o Implement an adaptive approach to allocating caseloads, ensuring each staff member manages a number, allowing focused and personalized care.
- **Responsive Adjustments:**
 - o Regularly evaluate caseloads to adapt to changing staff capacities and participant needs, maintaining an optimal balance for quality service delivery.
- **Supportive Environment for Staff:**
 - o Create a supportive environment for staff managing caseloads, including peer support groups, mentorship programs, and regular wellness check-ins.
- **Capacity Building:**
 - o Offer targeted training programs that enhance skills in effective caseload management, empathy, and participant engagement.
- **Individualized Caseload Distribution:**
 - o Distribute caseloads based on the complexity of participants' needs, aligning providers with the requisite expertise for specific participant requirements.
- **Compatibility Assessments:**
 - o Continually assess the effectiveness of participant-provider pairings, ensuring a positive and productive relationship.
- **Technology Utilization:**
 - o Integrate advanced case management tools to streamline administrative tasks, allowing providers to focus more on direct participant interaction and care.
- **Provider Well-being Initiatives:**
 - o Develop initiatives focused on provider well-being, including regular mental health workshops, stress reduction programs, and opportunities for professional growth.

6. Communication and Documentation:

- **Effective Communication Strategy:**

- o Adapt communication methods to individual participant needs, considering cultural backgrounds, languages, and communication preferences.
 - o Implement regular policy reviews to ensure effective communication methods, compliance with regulatory standards, and responsiveness to participant feedback.
 - o Establish a system for incorporating feedback from participants and staff into communication strategies to improve and adapt to changing needs continuously.
- **Documentation Standards and Maintenance:**
 - o Maintain accurate and comprehensive records of all participant interactions, services provided, and care plans, ensuring they are regularly updated and accessible.
 - o Prioritize the confidentiality and security of participant data, adhering to HIPAA and other relevant privacy regulations.
 - o Provide ongoing training to staff on documentation best practices, legal requirements, and the use of electronic health records systems to ensure consistency and compliance.
- **Technology Integration in Communication and Documentation:**
 - o To streamline documentation and enhance communication efficiency, utilize advanced technology solutions, such as electronic health records and participant portals.
 - o Explore and implement digital tools for real-time updates, appointment scheduling, and feedback collection, making the communication process more interactive and accessible for participants.
- **Collaboration and Transparency:**
 - o Foster a culture of open communication and transparency within the organization, encouraging staff to share insights and collaborate on improving service delivery.
 - o Regularly communicate with external stakeholders, including family members and healthcare providers, to ensure a coordinated approach to participant care.
- **Quality Assurance in Communication:**
 - o Conduct periodic audits of communication practices and documentation to ensure adherence to standards and identify areas for improvement.
 - o Align communication strategies with overall organizational goals, ensuring that they contribute to participants' holistic well-being and satisfaction.

Compliance:

- JW Boarding Homes is committed to strict adherence to all applicable laws, regulations, and guidelines that govern HCBS-AMH services. This commitment extends to the provisions detailed in the HCBS-AMH Provider Agreement and Manual.
- Regularly review and update compliance protocols to align with evolving legal and regulatory landscapes, ensuring all practices adhere to state and federal requirements.

Training and Development:

- Implement a comprehensive, ongoing training program for all staff, focusing on critical areas such as maintaining confidentiality, accurate record-keeping, effective service coordination, and enhancing participant engagement.
- Tailor training modules to address different staff members' specific needs and roles, ensuring relevance and applicability to their daily responsibilities.
- Incorporate the latest educational methodologies and tools to make training engaging and compelling, fostering a culture of continuous learning and professional growth.

Monitoring and Evaluation:

- Establish a systematic approach to monitor and evaluate the implementation of policies and procedures. This includes conducting regular audits, gathering participant feedback, and reviewing staff performance.
- Utilize a mix of qualitative and quantitative metrics to assess services' effectiveness and identify improvement areas.
- Create a feedback loop where insights and observations from monitoring and evaluation activities inform policy updates and staff training initiatives.

Revisions and Updates:

- Commit to a proactive policy review process, ensuring that our practices comply with current legal and regulatory standards and reflect the latest in industry best practices and innovations.
- Engage with stakeholders, including staff, participants, and regulatory bodies, to gather insights and recommendations for policy enhancements.
- Schedule periodic reviews, with a focus on adapting and refining policies to better meet the evolving needs of participants and the operational dynamics of JW Boarding Homes.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: March 17, 2025

QUALITY MANAGEMENT PLAN POLICY

I. Introduction This Quality Management Plan Policy establishes the framework for delivering the highest standard of care and services at JW Boarding Homes. It outlines our systematic approach to Quality Assurance (QA) and Quality Improvement (QI), aiming to monthly, quarter and yearly monitoring, protect, and enhance client care quality. The policy is underpinned by adherence to exacting standards, statutes, rules, regulations, and ethical guidelines.

II. Authority and Leadership Commitment The QA Program is established under the Executive Staff's and the CEO's directive, who uphold ultimate responsibility for care quality. The Program Director heads the Quality Improvement Team, comprising a diverse range of professional staff, while the QA Coordinator ensures effective communication and coordination within the program.

III. Objectives and Purpose The objectives of this policy are to:

- Assure service excellence within acceptable standards of practice.
- Promote a safe, clean, and therapeutic environment.
- Ensure efficient and effective services.
- Conduct objective and systematic evaluations of services.
- Facilitate prompt issue resolution and care improvement.
- Maintain accountability for care quality.
- Review and revise the QA and QI program annually.

IV. Organizational Structure and Scope The QA and Improvement Program comprises several standing committees, including but not limited to the Program Managers Team, Quality Improvement Team, and Safety and Risk Management Committee. Each entity collaborates to oversee and report on all aspects of care and operations.

V. Ongoing Quality Improvement Model and Methods

This section will delineate the structured processes and practices JW Boarding Homes LLC employs to maintain and elevate the standards of client care:

- **Process Improvement Initiatives:** Detail specific methodologies such as Lean, Six Sigma, or PDSA (Plan-Do-Study-Act) cycles to identify areas for improvement, streamline workflows, and reduce waste.
- **Performance Metrics:** Define key performance indicators (KPIs) for service delivery, client satisfaction, and clinical outcomes. Establish benchmarks and targets for each KPI.
- **Data Analysis Tools:** Specify the statistical tools and software that will be used for data analysis, ensuring that staff members are trained.
- **Staff Involvement:** Encourage the inclusion of staff at all levels in the quality improvement process through Monthly meetings, suggestion schemes, and recognition programs.

VI. Confidentiality and Annual Evaluation

This section will address the safeguarding of sensitive information and the systematic review of the Quality Management Plan:

- **Confidentiality Protocols:** Expand on the measures to protect client and staff information, including data encryption, access controls, and training on confidentiality principles.
- **Annual Evaluation Process:** Outline a comprehensive review protocol for the yearly evaluation, detailing the assessment of program objectives, the effectiveness of QA/QI activities, and the utilization of feedback mechanisms.

VII. Contact and Reporting Protocols

Provider Agency Reporting Requirements

All provider agencies must follow structured reporting guidelines to ensure compliance with JW Boarding Homes LLC's quality management standards. These reports play a critical role in maintaining transparency, tracking service outcomes, and identifying areas for improvement.

Provider Agencies must submit the following reports according to the required timelines:

- Incident reports must be submitted within *24 hours* of any event that affects client safety, staff conduct, or facility operations.
- Monthly service reports, detailing performance metrics, service updates, and operational challenges, are due by the *5th of each month*.
- Quarterly compliance reports, assessing adherence to JW Boarding Homes LLC policies and relevant regulations, must be submitted by the *10th of the first month of each quarter*.
- Biannual client feedback reports, summarizing survey results and complaint resolutions, must be turned in by June and December each year.

All reports must follow the JW Boarding Homes LLC Standardized Reporting Template and be submitted electronically via email or the designated document submission system. If a Provider Agency cannot meet these submission requirements, it must obtain written approval from the Quality Assurance Coordinator before the deadline.

Each Provider Agency must designate a Compliance Officer responsible for reporting accuracy, completeness, and timely submission. The Administrator will fulfill these responsibilities until a Compliance Officer is officially appointed. If there is a change in the designated Compliance Officer, the agency must notify JW Boarding Homes LLC within *five business days* to update internal records.

Once submitted, reports will be reviewed by the JW Boarding Homes LLC Quality Assurance Team within *five business days*. If a report contains errors or is missing information, the Provider Agency will receive a request for corrections with a deadline for resubmission. Repeated reporting issues may result in a formal compliance review to address ongoing concerns and implement corrective measures.

If a Provider Agency anticipates a delay in submitting a report, a written extension request must be submitted at *least three business days* before the deadline. Late reports submitted without prior approval will result in a non-compliance notice, and continued failure to meet deadlines may lead to an escalated compliance review. In serious cases, JW Boarding Homes LLC reserves the right to reassess the agency's service contract status.

For emergency situations that pose an immediate risk to client welfare, regulatory compliance, or operational stability, Provider Agencies must send an emergency report via email as soon as possible, but *no later than two hours* after the incident is discovered. This email must be sent directly to the Quality Assurance Coordinator and Executive Director with "*URGENT: EMERGENCY REPORT*" in the subject line. A detailed written report must be submitted within *24 hours*, outlining the incident, actions taken, and any additional follow-up required.

JW Boarding Homes LLC will conduct periodic audits of submitted reports to verify accuracy and compliance with reporting standards to ensure accountability. Agencies that fail to meet these requirements will be placed on a corrective action plan, which may include additional training, increased oversight, or probationary status. These reporting protocols are designed to support a structured, high-quality service environment that prioritizes compliance and continuous improvement.

VIII. Quality Management in Collaboration with HHSC

In this section, we'll reinforce the cooperative efforts with state agencies to maintain and improve quality standards:

- **Collaborative Activities:** List specific collaborative activities with HHSC, such as joint training sessions, shared quality initiatives, and Monthly coordination meetings.
- **Compliance Audits:** Detail the process for compliance audits conducted in partnership with HHSC, including schedules, checklists, and corrective action plans.
- **Senior Management Team Engagement:** Describe how to engage stakeholders, including HHSC representatives, in the ongoing quality improvement process.

IX. Conclusion This policy is a declaration of JW Boarding Homes LLC's commitment to upholding an exceptional level of care and service, making a firm commitment to continual improvement and adherence to the highest standards of excellence in mental health service provision.

X. Policy Review and Revision

- **Scheduled Reviews:** Biannual policy reviews are to be instituted to ensure the policy reflects the latest in industry standards, legal mandates, and organizational objectives.
- **Revision Committee:** A committee, including members from the Senior Management Team, will be established to manage the review process and propose necessary amendments.
- **Senior Management Team Feedback:** A formal process will be in place for the Senior Management Team to provide input on the policy, ensuring alignment with strategic organizational direction.
- **Revision Documentation:** Documentation of revisions will include details of changes, justifications, and identities of the Senior Management Team members involved in the decision-making process.

XI. Policy Dissemination and Training

- **Dissemination Plan:** The policy dissemination plan will specify the methods and timelines for communicating updates to all employees, overseen by the Senior Management Team.
- **Training Sessions:** Mandatory training sessions led by qualified trainers will be conducted following policy updates to ensure all staff are informed and understand new protocols.
- **Evaluation of Understanding:** The effectiveness of training sessions will be evaluated through assessments to measure staff understanding, with results reported back to the Senior Management Team.
- **New Hire Orientation:** Policy training will be integrated into the orientation process for new employees, emphasizing the importance of quality management from day one, with oversight from the Senior Management Team.

XII. Contact Information

For any questions or reporting, please get in touch with the QA Coordinator at:

- Email: jwfac@jwboarding.org
- Phone: (901) 314-0289

XIII. Documentation and Record Keeping

- **Electronic Record System:** The Senior Management Team will champion adopting an electronic record system to enhance quality document management. The company will use a digital cloud system that meets all HIPPA regulations' requirements.
- **Retention Schedule:** A document retention schedule will be set, aligning with regulatory requirements and overseen by the Senior Management Team.
- **Document Control:** Document controllers appointed by the Senior Management Team will ensure the integrity and security of all quality-related records.
- **Audit Trail:** An audit trail for documents will be maintained, capturing critical information on creation, revisions, approvals, and involved Senior Management Team members.

XIV. Compliance and Enforcement

- **Compliance Officers:** Compliance officers, reporting to the Senior Management Team, will be tasked with monitoring adherence to the policy and facilitating Monthly compliance reporting.
- **Enforcement Protocols:** Enforcement protocols for non-compliance will include clear procedures for escalation developed with the input of the Senior Management Team.
- **Monthly Audits:** Monthly audits, both internal and external, will be scheduled, and the Senior Management Team will review results to ensure ongoing compliance.
- **Corrective Action Plans:** The development of corrective action plans for non-compliance issues will involve the Senior Management Team, with a clear assignment of responsibilities and timelines.

Effective November 05, 2023, this policy supersedes all previous quality management policies and procedures.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 06, 2023

STAFFING POLICY

INTRODUCTION

JW Boarding Homes is dedicated to providing high-quality Home and Community-Based Services - Adult Mental Health (HCBS-AMH). This staffing policy is a testament to our commitment to excellence in service delivery and adherence to regulatory standards.

PURPOSE

The purpose of this policy is to outline the standards, procedures, and responsibilities for staffing within JW Boarding Homes. It is designed to ensure compliance with the Texas Health and Human Services Commission (HHSC) regulations and maintain our clients' highest level of care.

SCOPE

This policy applies to all current and prospective employees of JW Boarding Homes involved in delivering HCBS-AMH services. It covers aspects of hiring, ongoing staff management, compliance with state and federal laws, and staff training and development.

HIRING PROCEDURES

Verification of Qualifications

- **Educational Credentials:** Validate academic qualifications through direct verification from issuing institutions.
- **Professional Licenses and Certifications:** Confirm current state and professional licenses, including periodic verification to maintain up-to-date records.
- **Work Experience:** Review and verify past employment, focusing on relevant experience in mental health care and community-based services.

Background Checks

- **Annual FBI Fingerprinting:** Conduct comprehensive fingerprint-based background checks annually in compliance with HHSC requirements.
- **Criminal History Review:** Scrutinize criminal records to ensure no history of offenses that would disqualify candidates from working in a healthcare setting.
- **Reference Checks:** Contact previous employers and references to assess reliability, ethics, and professional conduct.

- **Sex Offender Registry Check:** Verify that candidates are not listed on any sex offender registries, ensuring the safety of clients and staff.

Training Requirements

- **Mandatory Orientation:** Introduce new hires to JW Boarding Homes' policies, culture, and the specifics of HCBS-AMH services.
- **Specialized HCBS-AMH Training:** Ensure all staff complete training modules specific to HCBS-AMH, including crisis intervention, patient rights, confidentiality, and emergency procedures.
- **Continuing Education Plan:** Develop individualized training plans for continuous professional development, aligning with role-specific requirements and career progression.

Interview and Assessment

- **Structured Interviews:** Utilize behavior-based interviewing techniques to assess candidates' suitability for roles in mental health care.
- **Skill Assessments:** Conduct practical assessments, where applicable, to evaluate candidates' competencies in real-world scenarios.
- **Team Involvement:** Include relevant team members in the hiring process for a well-rounded assessment of candidate fit.

Health and Safety Compliance

- **Health Screening:** Conduct pre-employment health screenings, including TB testing and drug screening, to ensure the safety of clients and staff.
- **Immunization Verification:** Verify that candidates are up-to-date with necessary immunizations, particularly those critical in healthcare settings.

Onboarding and Integration

- **Mentorship Programs:** Pair new hires with experienced staff for mentoring to facilitate smoother integration into the team.
- **Performance Monitoring:** Implement a probationary period with regular performance reviews to evaluate new hires' adaptation to their roles and responsibilities.

Compliance with Legal and Ethical Standards

- **Ethical Conduct Review:** Emphasize the importance of ethical conduct in healthcare and ensure understanding of JW Boarding Homes' code of ethics.
- **Legal Compliance:** Educate new hires on relevant laws and regulations governing HCBS-AMH services, including HIPAA, patient rights, and labor laws.

PERSONNEL RECORD KEEPING

Confidentiality and Security

- **Secure Storage:** Maintain personnel files in a secure, access-controlled environment to protect sensitive information.
- **Digital Records Management:** Utilize encrypted digital record-keeping systems to ensure data integrity and confidentiality.
- **Access Control:** Limit access to personnel records to authorized human resources staff and management personnel only.

Record Content and Maintenance

- **Employee Information:** Include detailed employee profiles with contact information, emergency contacts, and personal details.
- **Employment History:** Document the entire employment history, including initial application forms, resumes, interview notes, and job offers.
- **Performance Evaluations:** File all performance reviews, feedback documents, and disciplinary records.
- **Training and Development Records:** Keep track of all completed training, certifications, and ongoing professional development activities.
- **Health and Safety Records:** Store health screenings, immunization records, and any incident reports related to workplace safety.
- **Background Check Reports:** Update and retain annual background check documents, including criminal history and reference checks.

Compliance Documentation

- **Legal Compliance:** Ensure all mandatory legal documents are in place, including tax forms, benefit enrollment forms, and acknowledgment of policy receipt.
- **Licensing and Certification Verification:** Regularly update and verify professional licenses and certifications, particularly for roles requiring specific credentials.

Audit and Update Procedures

- **Monthly and Quarterly Audits:** Conduct audits of personnel files to ensure accuracy, completeness, and compliance with legal standards.
- **Updating Information:** Establish a protocol for employees to update their personal and professional information as changes occur.

Retention and Disposal

- **Retention Schedule:** Adhere to a defined schedule for retaining personnel records in compliance with state and federal laws.
- **Secure Disposal:** Implement procedures for the safe disposal of personnel records that are no longer required to be retained, ensuring the protection of sensitive information.

Handling Requests for Information

- **External Inquiries:** Establish a protocol for responding to external requests for employee information, ensuring compliance with privacy laws and regulations.
- **Employee Access:** Provide employees with a process to review their personnel records upon request to protect the confidentiality of other sensitive information.

STAFF REQUIREMENTS FOR SERVICE PROVISION

ASSISTED LIVING: JW Boarding Homes will adhere to the following criteria:

- Residential settings must comply with relevant state and local regulations.
- Direct service providers must:
 - Be of minimum age 18.
 - Possess either a high school diploma, a Certificate of High School Equivalency (GED credentials), or documentation of a proficiency evaluation of experience and competence to perform job tasks. They must be able to provide the necessary services required by the person being served, as demonstrated through a written competency-based assessment.
 - Have a minimum of three personal references that are not related to them by more than three degrees of consanguinity, demonstrating their ability to provide a safe and healthy environment for the person(s) they are serving.
 - Complete initial and ongoing training provided by the HCBS-AMH Provider Agency.
 - Have a clean criminal record.
 - Follow state laws when transporting persons.
 - Hold a driver's license and provide evidence of insurance when transporting people.
 - Comply with applicable state laws when assisting with tasks assigned by an RN.

ADAPTIVE AIDS: JW Boarding Homes is committed to hiring and working only with suppliers of adaptive aids who follow all relevant laws and regulations. The adaptive aid providers and their staff must comply with the rules and regulations governing the supply of adaptive aids.

SUPPORTED HOME LIVING: JW Boarding Homes is committed to complying with all regulations applicable to residential settings. Direct service providers must meet the following requirements:

- The provider must comply with state regulations when assisting with tasks assigned by an RN.
- The provider must complete initial and ongoing training provided by the HCBS-AMH Provider Agency.
- The provider must have a high school diploma, a Certificate of High School Equivalency (GED credentials), or have demonstrated proficiency by evaluating experience and competence.
- The provider must be at least 18 years old.

- The provider must present three non-family references that verify their ability to provide a safe and healthy environment for the person(s) they serve.

EMPLOYMENT SERVICES: JW Boarding Homes has established specific criteria for Direct Support Professionals (DSPs) who provide employment assistance to people with disabilities. The DSPs must meet one of the following requirements:

- They should be at least 18 years old and hold a bachelor's degree in rehabilitation, business, marketing, or any similar human services profession.
- They must also have one year of paid or unpaid experience providing employment assistance to people with disabilities.
- They should have an associate's degree in rehabilitation, business, marketing, or a similar human services profession and two years of paid or unpaid experience in providing employment assistance to people with disabilities.
- They should have a high school diploma or Certificate of High School Equivalency (GED qualifications) and at least three years of paid or unpaid experience in offering employment assistance to people with disabilities.

These criteria have been established to ensure that the DSPs providing employment assistance to people with disabilities are qualified and competent.

SUPERVISED LIVING: To ensure the safety and well-being of individuals in their care, JW Boarding Homes has established a set of requirements that all direct service providers must meet. These requirements include being at least 18 years old, holding a high school diploma or demonstrating equivalent experience, and providing personal references indicating their ability to create a safe and healthy environment for those they serve.

Direct service providers must also undergo initial and ongoing training provided by the HCBS-AMH Provider Agency, maintain a clean criminal record, and comply with all relevant state laws when transporting individuals. They must also hold a current driver's license and provide evidence of insurance when transporting people.

By adhering to these requirements, JW Boarding Homes is committed to providing individuals with the highest quality of care and support.

HOME DELIVERY MEALS: It is crucial to ensure that any service provider strictly adheres to the state and local laws and regulations related to fire safety, health, cleanliness, safety, food preparation, handling, and service activities. Proper training is necessary for all staff and volunteers involved in food preparation, including knowledge of portion control, FDA Food Code practices for sanitary handling of food, Texas food safety requirements, and agency safety policies and procedures. In case of any concerns such as a change in condition, self-neglect, and abuse, employees and volunteers who interact with people in person should be trained in confidentiality protection and how to notify the appropriate employees for follow-up. Moreover, they should be aware of the right time to inform the RM about individuals who are at high risk of developing a disease due to their nutrition.

HOST HOME/COMPANION CARE: Residential settings, including those provided by JW Boarding Homes, must comply with all applicable state and local regulations. To meet the requirements, Direct Service Providers (DSPs) are expected to meet the following criteria:

- They should be at least 18 years of age.
- They must hold a high school diploma Certificate of High School Equivalency or demonstrate their ability to perform job tasks with a written competency-based assessment.
- They must provide three personal references from non-related individuals.
- DSPs should complete all initial and ongoing training provided by JW Boarding Homes or the HCBS-AMH Provider Agency.
- They should have a clean criminal record.
- DSPs must follow state legislation when assisting with transportation and tasks assigned by an RN.

COMMUNITY PSYCHIATRIC SUPPORTS AND TREATMENT SERVICES:

For Community Psychiatric Support and Treatment Services, JW Boarding Homes requires that its Direct Service Providers (DSPs) are trained, certified, and proficient in specific psychotherapy techniques. This service is exclusively provided by licensed healing arts practitioners (LPHA).

If a DSP needs more expertise in a particular psychotherapy method, JW Boarding Homes may offer it under LPHA supervision, meeting all required standards and EBP guidelines.

PEER SUPPORT: It is vital to ensure that Peer Specialists at JW Boarding Homes are recognized by following an HHSC-authorized procedure. This means that every provider must have a certification for peer specialists in mental health or substance use disorders that HHSC has approved. Additionally, individuals at JW Boarding Homes must have lived experience as a person with mental health and/or drug use problems, and they must be at least 18 years old.

NURSING: JW Boarding Homes must ensure that all our direct service providers are qualified to provide the best possible care to our clients. That's why we require all our nurses to be registered and licensed in Texas or eligible to practice in Texas under the Nurse Licensure Compact.

We understand the importance of having the right qualifications and expertise to provide quality care to our clients. Our registered nurses and licensed vocational nurses work closely with each other to ensure that our clients receive the best possible care.

By ensuring that our direct service providers are registered nurses or licensed vocational nurses with the proper licensure, we can guarantee that our clients receive the best care that meets their needs.

HCBS-AMH PSYCHOSOCIAL REHABILITATION SERVICES: It is important to ensure that the direct service providers at JW Boarding Homes are qualified, proficient, and strictly adhere to evidence-based practices (EBPs). They should have the education and work experience required for the EBP implementation. A minimum requirement for direct service providers is a

bachelor's degree in psychology or a closely related field. They must receive training or certification in the specific EBP that HHSC has recognized. Furthermore, they must work under the guidance of a licensed clinician at JW Boarding Homes who has also received training and certification in the evidence-based approach.

SUBSTANCE USE DISORDER SERVICES: To provide Substance Use Disorder (SUD) services as defined by HHSC, JW Boarding Homes will only employ Qualified Credentialed Counselors (QCC) as direct service providers. All direct service providers must be appropriately licensed and possess the credentials to deliver services and operate within their licensing or credentialing requirements.

TRANSITION ASSISTANCE: It's essential to verify that all the direct providers of TAS (Therapeutic and Supportive) services at JW Boarding Homes are at least 18 years old, possess a clean criminal record, and are capable of managing transitions to community and residential settings. They should also demonstrate knowledge and experience in serving individuals who require community and residential services.

SUICIDE PREVENTION TRAINING: Employees of JW Boarding Homes are required to complete suicide prevention training before they start working. This training can be found at the following link: www.texasuicideprevention.org/training/video-training-lessons-guides/. The course is designed to fulfill the suicide prevention training requirements and other necessary training requirements.

Throughout this five-part video series, participants will learn how to detect warning signs that may signal a higher risk for suicidal behavior. They will also be trained on how to intervene with someone they believe to be suicidal.

The course is based on best practices and provides participants with an overview of the basic epidemiology of suicide and suicidal behavior, including risk and protective variables.

TRANSPORTATION SERVICES: At JW Boarding Homes, direct providers must be at least 18 years old, possess a valid driver's license, show proof of insurance, and pass a criminal background check.

RESPIRE CARE: At JW Boarding Homes, we have established certain standards that all our direct service providers must meet. These standards include being at least 18 years of age, having training in first-aid and CPR, passing a criminal background check, not being listed on the Nurse Aide Register or Employee Misconduct Registry, and possessing specific transportation-related skills. We take these standards seriously to ensure the safety and well-being of all our residents.

POLICY REVIEW AND UPDATES

Quarterly Review: This policy is subject to regular review and updating to reflect changes in regulations, industry standards, and organizational needs.

Stakeholder Input: Feedback from staff, subcontractors, clients, and regulatory bodies is considered in policy revisions to ensure relevance and effectiveness.

IMPLEMENTATION AND ENFORCEMENT

Policy Dissemination: All staff are informed of the policy's content and implications for their roles.

Enforcement Mechanisms: Non-compliance with the policy can lead to disciplinary actions, including retraining, suspension, or termination.

CONCLUSION

This staffing policy is a cornerstone of JW Boarding Homes' commitment to providing high-quality care and services in alignment with HCBS-AMH program standards. The organization's dedication to rigorous staff selection, continuous training, and strict adherence to regulatory requirements reflects our unwavering commitment to the well-being and support of individuals.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 06, 2023

PARTICIPANT SATISFACTION SURVEY

Date of Survey Completion: _____

Your feedback is essential in helping us improve our services and facilities. Please provide your honest opinions.

1. How long have you been residing at JW Boarding Homes?

- ☐ Less than 3 months
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ Over a year

2. Please rate the following aspects of your living environment:

a. Cleanliness of your living space

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

b. Comfort of your room/accommodation

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

c. Accessibility of amenities (e.g., bathroom, kitchen)

- ☐ Excellent
- ☐ Good

- ☐ Fair
- ☐ Poor

3. How satisfied are you with the meals provided?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

4. Rate your interaction with the staff at JW Boarding Homes:

a. Friendliness and approachability of staff

- ☐ Always friendly
- ☐ Usually friendly
- ☐ Sometimes friendly
- ☐ Rarely friendly

b. Responsiveness to your needs or concerns

- ☐ Very responsive
- ☐ Somewhat responsive
- ☐ Not very responsive
- ☐ Not responsive at all

5. How do you feel about the social and recreational activities offered?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

6. How secure do you feel in terms of personal safety and security at the facility?

- ☐ Very secure
- ☐ Somewhat secure
- ☐ Neutral
- ☐ Somewhat insecure
- ☐ Very insecure

7. How would you rate the overall atmosphere and community feeling at JW Boarding Homes?

- ☐ Very positive
- ☐ Somewhat positive
- ☐ Neutral
- ☐ Somewhat negative
- ☐ Very negative

8. Have you faced any issues or challenges during your stay? If yes, please specify:

9. How effectively do you feel your feedback or complaints are handled?

- ☐ Very effectively
- ☐ Effectively
- ☐ Neutral
- ☐ Ineffectively
- ☐ Very ineffectively

10. Overall, how satisfied are you with your experience at JW Boarding Homes?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral

- ☐ Dissatisfied
- ☐ Very Dissatisfied

11. Would you recommend JW Boarding Homes to others?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Unsure
- ☐ Probably no
- ☐ Definitely no

12. Additional comments or suggestions for improvement:



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 10, 2023

INFECTIOUS POLICY

PURPOSE

This policy outlines the actions JW Boarding Homes will implement to safeguard the health and well-being of our employees and clients during significant outbreaks of infectious diseases. Our approach emphasizes maintaining operational efficiency while prioritizing health and safety.

SCOPE

This policy applies to all employees, residents, visitors, and contractors at JW Boarding Homes. It covers a wide range of infectious diseases, including but not limited to influenza, tuberculosis, and other airborne, bloodborne, and contact-transmitted diseases. The policy outlines the prevention, detection, and response procedures to infectious disease outbreaks.

INFECTIOUS DISEASE DEFINITION

Infectious diseases, as defined by the Centers for Disease Control and Prevention, include new infections resulting from the evolution of existing organisms, infections spreading to new areas, or reemerging infections due to various factors such as antimicrobial resistance. Examples include flu, staph infections, and more severe diseases like Ebola and Zika viruses.

TESTING AND SCREENING REQUIREMENTS

- 1. Initial Health Assessment:**
 - **For New Employees:** Mandatory health assessments, including infectious disease screening, will be conducted for all new employees.
 - **For Residents:** Upon admission, all residents will undergo a health assessment, including infectious disease screening, as per prevailing health regulations.
- 2. Regular Screenings:**
 - **Annual TB Tests:** All employees and residents will undergo annual tuberculosis testing.
 - **Routine Health Check-ups:** Regular health check-ups, including infectious disease screening, will be scheduled for residents.
- 3. During Outbreaks:**
 - **Enhanced Screening:** Additional screenings, including temperature checks and symptom assessments, will be conducted during infectious disease outbreaks.
- 4. Post-Exposure Screening:**
 - In the event of exposure to a confirmed infectious disease case, immediate screening and appropriate medical evaluations will be provided.

INFECTIOUS DISEASE CONTROL MEASURES

1. **Hygiene and Sanitation:**
 - Daily sanitize all facilities, focusing on high-touch areas.
 - Promotion of hand hygiene through readily available hand sanitizers and handwashing stations.
2. **Personal Protective Equipment (PPE):**
 - Provision and mandatory use of appropriate PPE for staff, especially those in direct contact with residents.
 - Training on the proper use and disposal of PPE.
3. **Isolation Procedures:**
 - Implementation of isolation protocols for residents or staff showing symptoms of infectious diseases.
 - Designated isolation rooms equipped to handle infectious cases.
4. **Vaccination Programs:**
 - Encouraging and facilitating annual flu vaccinations for staff and residents.
 - Maintaining records of vaccinations and immunity status.
5. **Response to Outbreaks:**
 - Establishment of a rapid response team for immediate action upon detection of an infectious disease outbreak.
 - Regular updates and communication with health authorities and family members of residents.
6. **Education and Training:**
 - Regular training sessions on infectious disease prevention and control for all staff.
 - Distribution of educational materials to residents and visitors.

EMPLOYEE COOPERATION

1. **Adherence to Policies:**
 - All employees are expected to strictly adhere to the infectious disease policies and protocols of JW Boarding Homes.
2. **Personal Hygiene:**
 - Regularly wash your hands with soap and water for at least 20 seconds, especially after contact with residents or communal areas.
 - Use of alcohol-based hand sanitizers when handwashing facilities are not readily available.
3. **Use of Personal Protective Equipment (PPE):**
 - Where applicable, use PPE correctly and consistently as JW Boarding Homes provides, including masks, gloves, and gowns.
4. **Staying Informed:**
 - I actively participate in training sessions and stay updated with the latest infectious disease prevention and control information.
5. **Responsibility to Report:**
 - Reporting any symptoms of illness or exposure to infectious diseases immediately to the designated authority within JW Boarding Homes.

6. Supporting Colleagues:

- Encourage and support fellow employees in adhering to the guidelines and helping create a safe working environment.

7. Flexibility and Adaptability:

- Being flexible and adaptable to changes in procedures and protocols as the situation with infectious diseases evolves.

8. Promoting a Culture of Health and Safety:

- Contributing to a workplace culture that prioritizes health and safety, including supporting colleagues who are unwell to stay home.

WORKPLACE INFECTION PREVENTION

1. Regular Sanitization:

- Implementing a strict cleaning schedule to ensure regular sanitization of shared spaces, surfaces, and equipment.
- Using EPA-approved disinfectants is known to be effective against a broad spectrum of pathogens.

2. Air Quality Control:

- Regular maintenance of HVAC systems to ensure efficient air filtration and circulation.
- Installation of air purifiers in communal areas, especially in spaces with a higher risk of airborne transmission.

3. Physical Barriers:

- Where applicable, physical barriers like plexiglass shields are installed at reception areas and other points of frequent face-to-face interaction.

4. Minimizing Contact:

- Encouraging the use of contactless technology where possible, such as digital documentation, online meetings, and electronic payments.

5. Visitor Screening and Policies:

- Implementing screening procedures for all visitors, including temperature checks and health questionnaires.
- Limiting the number of visitors and establishing visiting hours to reduce traffic and potential exposure.

6. Waste Management:

- Ensuring safe and hygienic waste disposal, particularly concerning potentially contaminated materials.

7. Monitoring and Responding to Symptoms:

- Encouraging staff and residents to report symptoms of infectious diseases immediately.
- Developing clear protocols for responding to reports of illness, including isolation and seeking medical advice.

TEMPERATURE SCREENING

Procedure: A touch-free thermometer will check Every employee's temperature upon arrival at the workplace.

Action on High Temperature: Employees with a temperature of 100°F or higher will be sent home.

TRAVEL LIMITATIONS

Non-Essential Travel: Unnecessary travel is to be avoided until further notice.

Public Transport: Employees are advised to avoid public transportation and seek alternative means.

TELECOMMUTING POLICY

Telecommuting requests will be evaluated case-by-case, depending on job role suitability.

STAYING HOME WHEN ILL

Symptoms Monitoring: Employees displaying fever, cough, or sore throat should avoid coming to work.

CDC Guidance: Following the CDC's recommendation, employees should stay home for at least 24 hours after being fever-free without medication.

MEDICAL INFORMATION AND DOCUMENTATION

Information Requests: Sometimes, we may request medical information from employees or their healthcare providers to confirm the necessity of leave and safe return to work.

CONFIDENTIALITY OF MEDICAL INFORMATION

All medical information will be treated confidentially and disclosed only under specific, required circumstances.

SOCIAL DISTANCING GUIDELINES

Social distancing policies will be implemented during outbreaks, including avoiding face-to-face meetings, minimizing travel, and promoting remote communication methods.

OUTSIDE ACTIVITIES

Employees are encouraged to use personal conveyance and avoid crowded public settings and events with a risk of infection.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 11, 2023

UTILIZATION MANAGEMENT POLICY

1. INTRODUCTION

JW Boarding Homes is committed to providing high-quality, cost-effective healthcare services. Our Utilization Management (UM) Policy is structured to ensure that our services are well-coordinated and deliver the utmost value to our residents. This policy outlines our approach to managing healthcare services, balancing efficiency, cost-effectiveness, and quality care. Considering the financial framework provided by our funding sources, it is designed to use systematic, data-driven processes to guide decisions and care levels appropriate for each individual's diagnosis and functionality.

2. POLICY OVERVIEW

This policy delineates the planning, organization, direction, and control of healthcare services at JW Boarding Homes. It focuses on:

- Clinical Practice Improvement: Ongoing refinement of clinical practices to align with the latest evidence-based treatments.
- Service and Billing Integrity: Assurance of accurate billing that reflects the true nature of services rendered.
- Compliance and Risk Monitoring: Regular evaluation and management of risks associated with regulatory compliance.

3. SERVICE MODIFICATION, TERMINATION, OR REFUSAL

JW Boarding Homes will only modify, terminate, or refuse services with exhaustive efforts to address the situation necessitating such changes. Recognizing resource constraints in certain areas, we strive to exhaust all possibilities in securing the full array of HCBS-AMH services.

4. UTILIZATION MANAGEMENT CRITERIA

Our UM criteria encompass various documents guiding service authorization decisions. These criteria, developed internally or adopted from external sources, are vetted by our Quality Management and UM teams.

5. CRITERIA DESCRIPTIONS

- Clinical Practice Guidelines: These guidelines represent the best evidence-based practices for psychiatric conditions and developmental disorders. They aid in determining the efficacy of services for specific disorders.
- Urgent Criteria: Used for decisions regarding hospitalization or crisis services based on medical necessity and mental status assessments.
- Service Descriptions and Eligibility: Detailed descriptions of services per HCBS guidelines, including eligibility and exclusion criteria, to ensure services are effectively matched to the consumer's needs.

6. POLICY ADMINISTRATION

The executive leadership of JW Boarding Homes approves this policy, with periodic reviews and updates, to ensure its relevance and effectiveness. The policy's version and review dates are meticulously tracked.

7. UTILIZATION REVIEW PROCESS

The utilization review process at JW Boarding Homes involves several key steps:

- Assessment of Service Needs: Comprehensive evaluation of each resident's healthcare needs based on clinical assessments and history.
- Service Planning: Developing individualized care plans that align with the resident's health needs and goals.
- Monitoring and Adjustment: Continuous monitoring of service delivery and outcomes, with adjustments made as necessary to optimize care.

8. QUALITY ASSURANCE

Our quality assurance program is integral to our UM process. It includes:

- Regular Audits: Conducting audits to ensure adherence to clinical guidelines and billing practices.
- Feedback Mechanisms: Implementing systems for gathering and responding to resident feedback.
- Outcome Measurement: Tracking and analyzing health outcomes to inform service improvements.

9. TRAINING AND DEVELOPMENT

Staff training and development are crucial components of our UM policy. We provide:

- Quarterly Training: It is important to provide continuous education to staff members regarding the UM (Utilization Management) processes, clinical guidelines, and best practices to ensure they are up-to-date and able to deliver the highest quality of care.
- Professional Development: Staff can enhance their healthcare management and service delivery skills and knowledge through various opportunities.

10. COMPLIANCE AND ETHICS

Adhering to ethical standards and regulatory compliance is paramount. Our policy includes:

- Compliance Protocols: Clear protocols for maintaining compliance with state and federal regulations.
- Ethical Guidelines: Guidelines for ethical decision-making in utilization management and service delivery.

11. RESIDENT AND FAMILY ENGAGEMENT

Engaging residents and their families in the care process is a priority. Our approach includes:

- Informed Decision-Making: Ensuring residents and families are well-informed and involved in care planning.
- Feedback Systems: Systems for collecting and addressing feedback from residents and their families.

12. TECHNOLOGY AND DATA MANAGEMENT

We leverage technology for effective UM, involving:

- Data Systems: Utilizing advanced data systems for tracking service utilization and outcomes.
- Technology Integration: Integrating technology solutions to streamline service delivery and monitoring.

13. POLICY REVIEW AND IMPROVEMENT

The policy is subject to continuous review and improvement, involving:

- Monthly/Quarterly/Yearly Policy Reviews: Scheduled reviews to ensure the policy remains current and effective.
- Improvement Initiatives: Initiatives aimed at enhancing the efficiency and effectiveness of our UM processes.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 15, 2023

HOUSING AND PLACEMENT POLICY

INTRODUCTION

JW Boarding Homes is committed to providing appropriate housing solutions for individuals in our program, considering their unique needs, financial capabilities, and compliance with the 1915(i) State Plan Amendment. This policy outlines our approach to housing and placement, ensuring that individuals have safe, comfortable, and suitable living conditions that support their recovery and well-being.

SCOPE

This policy applies to all individuals placed in our program, focusing on those with serious mental illnesses who require specialized housing solutions. It covers procedures for identifying housing, placement strategies, and compliance with federal and state regulations.

HOUSING POLICY STRUCTURE

Subcontractor Collaborations for Housing Solutions

We collaborate with subcontractors who own and operate group homes, ensuring a diverse range of compliant housing options. This partnership supports our subcontractors in offering quality accommodations to our participants.

Accommodation for Diverse Needs

Recognizing the challenges some individuals, such as those with criminal histories, may face in securing standard housing, we provide alternative accommodations. Our residences are staffed to ensure a secure and supportive environment.

Responsiveness to Expansion Needs

Our housing solutions are adaptable, prepared to accommodate expansion needs, and provide additional spaces as required. This flexibility ensures that we can meet the evolving housing needs of our participants.

Support with Housing Benefits

For participants receiving government-subsidized assistance, we offer support in navigating regulations and, when necessary, assistance with appeals processes to maintain their benefits.

HOUSING AND PLACEMENT PROCEDURES

Stability Monitoring

We quarterlyly monitor housing placements to ensure stability and proactively address potential issues, providing necessary support to those at risk of eviction.

Adherence to Regulations

Our housing solutions comply with federal and state regulations, including CFR §441.710 and 1915(i) Federal Regulations. We focus on non-institutional settings that promote independence and community inclusion.

Compliance with HCBS Final Rule

- **HCBS Settings Rule:** We rigorously adhere to the Home and Community-Based Services (HCBS) Settings Final Rule (CMS 2249-F/2296-F), which sets forth the criteria for qualities of HCBS settings. These rules ensure that participants have access to the benefits of community living and the opportunity to receive services in the most integrated setting.
- **Community Integration:** All our housing options promote community integration, ensuring that participants have the freedom to engage with the community, control personal resources, and seek employment opportunities.

Residential Rights

- **Protection of Rights:** We ensure that the rights of participants, such as privacy, dignity, respect, and freedom from coercion and restraint, are protected in all housing settings.
- **Lease Agreements:** In compliance with HCBS rules, participants have lease or lease-like protections in residential settings, ensuring security of tenure.

Accessibility and Safety Standards

- **ADA Compliance:** All housing settings comply with the Americans with Disabilities Act (ADA), ensuring accessibility for individuals with disabilities.
- **Safety Regulations:** We adhere to state and local health and safety standards applicable to residential settings, quarterlyly reviewing and updating our practices to maintain compliance.

Documentation and Record-Keeping

At JW Boarding Homes, our documentation and record-keeping practices are vital to ensuring adherence to regulations and providing high-quality care. We utilize Google Drive as our primary digital record-keeping system, which enhances our efficiency, accessibility, and security in managing essential documents.

Essential Forms and Documentation

- **Medication Administration Record (MAR) Forms:** We meticulously maintain MAR forms for all participants, ensuring accurate records of medication administration,

including dosages, times, and any observed side effects. These forms are critical for monitoring and managing participants' medication regimens safely and effectively.

- **Residential Support Services (RSS) Forms for Daily Notes:** Daily activities and support services provided to participants are documented using RSS forms. These forms record critical daily interactions, support provided, and participants' responses or progress, offering a comprehensive view of each participant's daily care and support needs.
- **Lease Agreements and Residential Contracts:** Copies of all lease agreements and residential contracts, conforming to HCBS settings rules, are securely stored, providing lease-like protections for our participants.
- **Health and Safety Inspection Reports:** We document all health and safety inspections, including fire safety, sanitation, and accessibility evaluations.
- **Compliance Audit Documentation:** Compliance audits are thoroughly documented, including checklists and detailed reports highlighting compliance status and areas for improvement.
- **Corrective Action Plan Records:** All steps to address non-compliance issues, including detailed corrective action plans and follow-up reports, are recorded.
- **Training Records and Certifications:** We maintain records of all staff training sessions related to regulatory compliance, including certifications and attendance logs.
- **Participant Feedback Forms:** Participant feedback regarding housing experiences is systematically recorded to guide continuous service improvement.
- **Regulatory Communication Records:** All communications with regulatory bodies, including inquiries and updates, are documented.
- **Safety and Emergency Procedure Documents:** Copies of safety and procedures for each housing setting are maintained, ensuring emergency preparedness.
- **Accessibility Compliance Records:** Detailed records of accessibility compliance checks for each housing setting are kept, adhering to ADA standards.

Digital Record-Keeping with Google Drive

- **Google Drive for Secure Storage:** Our use of Google Drive allows for secure, cloud-based storage of all critical documents accessible to authorized personnel.
- **Quarterly Data Updates and Backups:** We update and back up our documents on Google Drive, ensuring data integrity and availability.
- **Confidentiality and Data Security:** Google Drive's robust security features help us protect sensitive information, adhering to confidentiality and privacy regulations.

Community Housing Expansion

We actively work to expand housing options within the community by maintaining strong relationships with local housing providers, ensuring a diverse range of accommodations for our participants.

Housing Rights Education

We provide resources and guidance on housing rights and eviction procedures, empowering our residents to make informed decisions.

Provider-Owned and Operated Settings Compliance

Our owned and operated homes meet the requirements of section 1915(i) of the federal regulations, offering settings that encourage independence and community inclusion.

Housing Variety and Choice

At JW Boarding Homes, we understand the importance of providing various housing options that cater to our participants' diverse needs and preferences. Our approach to housing variety and choice is guided by a commitment to respect individual autonomy while ensuring compliance with state and federal regulations.

Emphasis on Person-Centered Choices

- **Individual Preferences:** We prioritize the personal preferences of our participants in their housing choices, recognizing the impact of the living environment on their well-being and recovery.
- **Person-Centered Planning:** Our approach involves person-centered planning, ensuring that each participant has a significant role in selecting their housing option.

Compliance with Federal and State Regulations

- **HCBS Settings Rule Compliance:** We ensure all housing options comply with the Home and Community-Based Services (HCBS) Settings Rule, which mandates that HCBS settings are integrated into and support full access to the greater community.
- **Respect for Privacy and Freedom:** Housing choices provided respect for participants' privacy, dignity, and freedom to control their daily lives.

Range of Housing Options

- **Integrated Community Settings:** Our portfolio includes a variety of integrated community settings, such as shared apartments, single-family homes, and other residential settings that foster community living and social interaction.
- **Non-Disability Specific Settings:** We offer non-disability-specific housing options, allowing participants to live in settings not exclusively for individuals with disabilities, promoting diversity and inclusion.

Access to Necessary Services

- **Coordination with Support Services:** Regardless of the chosen housing option, we ensure seamless coordination with necessary support services, including mental health, healthcare, and daily living support.
- **Accessibility and Safety:** All housing options are evaluated for accessibility and safety, ensuring they meet the participants' physical and mental health needs.

Transition Support

- **Transition Assistance:** For participants moving to new housing settings, we provide transition assistance, including support in understanding lease agreements, rights as tenants, and integration into the community.

- **Ongoing Evaluation:** Post-placement evaluations are conducted to ensure housing satisfaction and to make adjustments as needed.

Collaboration with Community Partners

- **Engagement with Local Housing Providers:** We engage with local housing providers, realtors, and community groups to expand our housing options continuously.
- **Advocacy for Affordable Housing:** We advocate for affordable housing initiatives and collaborate with government programs to increase the availability of suitable housing for our participants.

Compliance in New Construction

We adhere to CMS guidelines for new construction, including requesting heightened scrutiny reviews for settings in densely populated areas and exploring innovative practices, particularly for individuals with dementia or Alzheimer's disease.

POLICY REVIEW AND IMPROVEMENT

This policy will undergo an annual review to ensure it remains current and effective, with updates made as needed based on changes in regulations, requirements, or internal assessments.

CONCLUSION

JW Boarding Homes is an organization that believes in offering dignified and independent housing solutions to its participants. We understand that a comfortable living space is not just about having a roof over your head, but it's also about feeling a sense of community and belonging. That's why our policies and procedures are designed to meet federal regulations, while still providing a warm and welcoming environment for our participants.

At JW Boarding Homes, we believe that high standards of care and support should be the cornerstone of our services. That's why we always strive to go above and beyond to ensure that our participants receive the best possible care. We provide personalized care plans for our residents, which are tailored to meet their unique needs and preferences. Our staff is also highly trained and compassionate, ensuring that our participants always feel valued and respected.

We also understand that community integration is crucial for our participants' overall well-being. That's why we work hard to create a sense of community within our homes, where our participants can socialize, make friends, and engage in various activities. We believe that this helps our participants feel more connected to the world around them and fosters a sense of purpose and fulfillment.

In conclusion, at JW Boarding Homes, we are committed to providing high-quality, dignified, and independent housing solutions to our participants. We believe that everyone deserves a warm and welcoming home, where they can feel valued, respected, and supported. Our policies and procedures are designed to meet federal regulations while still providing personalized care and support to our participants, with a focus on community integration and fostering a sense of purpose and fulfillment.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 07, 2023

CONFLICTS OF INTEREST MANAGEMENT POLICY

INTRODUCTION

JW Boarding Homes is committed to maintaining the highest standards of integrity and ethics in all its operations, including managing conflicts of interest. This policy establishes clear, accessible means for individuals to report concerns about conflicts of interest. It outlines the responsibilities of the company, its employees, and contractors in managing and disclosing such conflicts.

POLICY OVERVIEW

The Conflict-of-Interest Management Policy of JW Boarding Homes is crafted to uphold the highest standards of ethical conduct and integrity, particularly in managing potential or actual conflicts of interest. This policy is central to ensuring that all decisions and actions taken by employees, contractors, and subcontractors of JW Boarding Homes align with the organization's commitment to fairness, transparency, and the best interests of the individuals served. It is crucial for maintaining public trust and the credibility of our operations, particularly in the sensitive area of Home and Community-Based Services - Adult Mental Health (HCBS-AMH).

1. Purpose and Intent: The policy is designed to prevent any conflicts of interest while conducting business and delivering services. It aims to identify, manage, and resolve any situations where personal interests might conflict, or appear to conflict, with the interests of JW Boarding Homes or the individuals it serves.

2. Applicability: This policy applies to all employees, including full-time, part-time, and temporary staff, as well as contractors and subcontractors. It covers any situation where personal, financial, or other considerations can compromise or appear to compromise the judgment and objectivity in performing duties or providing services.

3. Key Principles:

- **Transparency:** All activities and decisions should be conducted in an open and transparent manner.
- **Accountability:** Individuals must be accountable for their actions and decisions, particularly in situations where conflicts of interest may arise.
- **Fairness:** Decisions must be made impartially and without favoritism or bias.
- **Integrity:** Upholding the highest standards of ethical conduct and professionalism in all activities.

4. Disclosure Requirements: Employees and contractors must disclose any actual, potential, or perceived conflicts of interest. This includes but is not limited to, financial interests, personal relationships, secondary employment, and other outside activities that could conflict with their responsibilities to JW Boarding Homes.

5. Management and Resolution: Upon disclosure, conflicts of interest will be evaluated, and appropriate management strategies will be implemented. This may include modification of duties, supervision protocols, divestment of conflicting interests, or, in some cases, termination of employment or contracts.

CONFLICT OF INTEREST SITUATIONS

The following are scenarios and circumstances that JW Boarding Homes identifies as potential conflicts of interest. This section aims to provide clarity on what constitutes a conflict of interest within the organization, especially in contexts related to the provision of Home and Community-Based Services - Adult Mental Health (HCBS-AMH).

1. Family Relationships and Personal Connections:

- **Direct Relationships:** Employees or contractors must not be able to influence decisions affecting a family member, close personal friend, or someone they have a significant relationship with.
- **Indirect Relationships:** Situations where an employee's or contractor's family member or close associate stands to benefit from a decision or action taken by the employee or contractor.

2. Financial Interests:

- **Investments and Ownership:** Holding a significant financial interest, direct or indirect, in any entity that does business, seeks to do business, or competes with JW Boarding Homes.
- **Secondary Employment or Business Ventures:** Engaging in employment, consulting, or other business activities outside JW Boarding Homes that conflict with the organization's interests.

3. Gifts and Favors:

- **Receiving Gifts:** Acceptance of gifts, hospitality, or other benefits from individuals or entities that may influence or appear to influence decision-making or professional judgment.
- **Providing Favors:** Using one's position at JW Boarding Homes to provide unjustified advantages or benefits to others.

4. Administrative and Billing Practices:

- **Influence on Billing:** Employees or contractors influence billing practices to benefit a particular individual or entity, potentially at the expense of JW Boarding Homes or its clients.
- **Manipulation of Administrative Decisions:** Altering or influencing administrative decisions for personal gain or to benefit a specific party.

5. Access to Information:

- **Misuse of Information:** Using confidential or sensitive information gained through one's position in JW Boarding Homes for personal gain or to benefit others.
- **Unauthorized Disclosure:** Sharing confidential information without proper authorization or for non-legitimate reasons.

6. Recruitment and Promotion Decisions:

- **Influence on Hiring:** Involvement in recruitment or promotion decisions where the employee has a personal relationship with a candidate.
- **Biased Evaluation:** Providing biased performance evaluations or job references based on personal relationships rather than merit.

7. Professional Conduct and Representation:

- **Representation of JW Boarding Homes:** Engaging in conduct that adversely affects the reputation of JW Boarding Homes or compromises its ethical standards.
- **Conflicting Professional Commitments:** Holding professional or voluntary positions outside JW Boarding Homes that conflict with the organization's interests or responsibilities.

CODE OF ETHICS AND INTERNAL AUDITING

This section outlines the ethical standards and internal auditing practices that JW Boarding Homes implements, emphasizing the importance of regular reviews and ethical compliance in all operations, particularly in the context of Home and Community-Based Services - Adult Mental Health (HCBS-AMH).

1. Ethical Principles:

- **Integrity:** Upholding the highest honesty and ethical conduct standards in all interactions and decisions.
- **Objectivity:** Ensuring that all judgments and decisions are made impartially, based on facts, and without undue influence from personal biases or external pressures.
- **Professional Competence:** Committing to continuous learning and professional development to maintain and enhance the quality of service provided.
- **Confidentiality:** Protecting sensitive and private information entrusted to JW Boarding Homes by clients, employees, and stakeholders.

2. Internal Auditing:

- **Scope of Audits:** Conduct comprehensive audits that encompass financial, operational, compliance, and risk management aspects of JW Boarding Homes.
- **Frequency:** Internal audits will be conducted quarterly to ensure ongoing compliance and identify improvement areas.
- **Audit Committee:** Establishing an Audit Committee responsible for overseeing the internal audit function, including reviewing audit plan findings, and ensuring appropriate action is taken.

3. Quarterly Reviews:

- **Performance Review:** Assessing the effectiveness of internal controls, risk management processes, and governance structures on a quarterly basis.
- **Ethics Compliance:** Review adherence to the Code of Ethics, including any reported violations and their responses.
- **Feedback and Improvement:** Incorporating feedback from these reviews to improve policies, procedures, and practices.

4. Reporting and Documentation:

- **Transparency in Reporting:** Ensuring that all audit findings and recommendations are reported transparently to the Audit Committee and senior management.
- **Documentation:** Maintaining comprehensive records of audits, including methodologies used, findings, recommendations, and follow-up actions.

5. Response to Audit Findings:

- **Corrective Actions:** Implementing timely corrective actions in response to audit findings, particularly those related to ethical breaches or conflicts of interest.
- **Accountability:** Holding individuals or departments accountable for addressing and rectifying identified issues.

6. Continuous Improvement:

- **Learning and Development:** Encouraging continuous learning and development in ethics and auditing among employees to foster an organizational culture of integrity and accountability.
- **Policy Updates:** The Code of Ethics and auditing procedures are updated quarterly to reflect regulatory requirements and best practices.

RESPONSIBILITIES

1. Leadership Responsibilities:

- **Policy Enforcement:** Ensuring the conflict-of-interest policy is enforced consistently across the organization.
- **Strategic Oversight:** Providing strategic oversight to ensure the policy aligns with the organization's mission and values.
- **Resource Allocation:** Allocating necessary resources for training, monitoring, and enforcing the policy.

2. Compliance Officer Responsibilities:

- **Policy Management:** Overseeing the day-to-day management of the conflict-of-interest policy.
- **Reporting and Documentation:** Managing the process of conflict disclosure, including receiving, documenting, and tracking disclosures.
- **Guidance and Clarification:** Offering guidance and clarification on policy-related queries and concerns.

3. Human Resources Responsibilities:

- **Policy Communication:** Ensuring all employees are aware of the conflict-of-interest policy, particularly during onboarding.
- **Training Coordination:** Coordinating with relevant departments to facilitate regular training and education sessions.
- **Record Keeping:** Maintaining accurate records of training attendance and compliance.

4. Employees' Responsibilities:

- **Disclosure Compliance:** Disclosing any actual or potential conflicts of interest in a timely manner.
- **Policy Adherence:** Adhering to the guidelines set forth in the conflict-of-interest policy.
- **Participation in Training:** Actively participate in training sessions and understand their role in conflict-of-interest management.

5. Department Managers' Responsibilities:

- **Monitoring Compliance:** Regularly monitoring their team's compliance with the policy.
- **Addressing Violations:** Addressing any violations of the policy promptly and effectively.
- **Supporting Employees:** Assisting employees in understanding and fulfilling their responsibilities under the policy.

6. Internal Audit Team Responsibilities:

- **Audits:** Conduct quarterly audits to assess compliance with the conflict-of-interest policy.
- **Risk Assessment:** Identifying areas of risk related to conflicts of interest and recommending improvements.

- **Audit Reporting:** Reporting audit findings to the leadership and recommending corrective actions.

7. Board of Directors Responsibilities:

- **Policy Review and Approval:** Review and approve the conflict-of-interest policy.
- **Oversight of Implementation:** Overseeing the implementation of the policy across the organization.
- **Modeling Ethical Behavior:** Acting as role models for ethical behavior and compliance with the policy.

DISCLOSURE AND TRAINING

1. **Conflict of Interest Disclosure Form:** Employees must disclose any potential conflict of interest situations using the designated form.
2. **Training:** Mandatory training on conflict-of-interest management and financial interest disclosure will be required for all employees.

Mandatory Training on Conflict-of-Interest Management and Financial Interest Disclosure

JW Boarding Homes prioritizes thorough understanding and adherence to ethical standards. As such, all employees are required to undergo mandatory training focused on conflict-of-interest management and financial interest disclosure. This training aims to equip staff with the necessary knowledge and skills to identify, disclose, and appropriately manage any potential or actual conflicts of interest.

Key Components of the Training Program:

1. **Understanding Conflicts of Interest:** Comprehensive overview of what constitutes a conflict of interest, with examples specific to the HCBS-AMH Program.
2. **Disclosure Process:** Detailed guidance on how and when to disclose conflicts of interest, including using the Conflict-of-Interest Disclosure Form.
3. **Financial Interests:** Instructions on identifying and disclosing financial interests that might pose a conflict.
4. **Ethical Decision-Making:** Strategies for making ethical decisions when faced with potential conflicts.
5. **Case Studies and Scenarios:** Interactive sessions with case studies and scenarios to apply learning in practical contexts.

Training Frequency and Accessibility:

- The training will be conducted annually and as part of the onboarding process for new employees.

- Refresher courses or updates will be provided as necessary to address changes in policy or regulations.

Assessment and Certification:

- Participants will be assessed at the end of the training to ensure comprehension.
- A certificate of completion will be issued, which must be renewed with each annual training session.

This mandatory training underscores JW Boarding Homes' commitment to ethical conduct and ensures that all employees are equipped to uphold the highest standards of integrity in their roles.

COMPLIANCE AND ENFORCEMENT

Non-Compliance: Non-compliance with this policy may result in disciplinary actions, including termination.

Policy Review and Update: This policy will be reviewed regularly and updated as necessary to ensure its effectiveness and compliance with evolving standards and regulations.

JW BOARDING HOMES CONFLICT OF INTEREST DISCLOSURE FORM

Instructions: This form is to be completed by all employees, contractors, and subcontractors of JW Boarding Homes when disclosing any actual, potential, or perceived conflicts of interest as per the Conflict-of-Interest Management Policy. Please provide detailed information and submit this form to your immediate supervisor or the designated compliance officer.

1. Personal Information

- **Name:** _____
- **Position/Title:** _____
- **Department:** _____
- **Date:** _____
- **Contact Information:** _____

2. Nature of Conflict

- **Type of Conflict** (Check applicable):
 - ☐ Family Relationships or Personal Connections
 - ☐ Financial Interests
 - ☐ Secondary Employment/Business Ventures
 - ☐ Gifts and Favors
 - ☐ Administrative and Billing Practices
 - ☐ Access to Confidential Information
 - ☐ Others (Please specify): _____

3. Description of Conflict

- **Detailed Description of the Conflict:**
 - ☐ Please provide a detailed description of the actual, potential, or perceived conflict of interest. Include specific information about involved parties, financial interests, relationships, or circumstances that might influence your duties or decisions at JW Boarding Homes.

4. Duration of Conflict

- **Start Date:** _____
- **Expected Resolution Date:** _____

5. Mitigation Measures

- **Proposed Actions to Manage or Resolve Conflict:**
 - Please describe any actions you have taken or propose to take to manage or resolve the conflict.

6. Supervisor/Compliance Officer Use Only

- **Received By:** _____
- **Date Received:** _____
- **Comments/Actions Taken:**

Declaration:

I hereby declare that the information provided above is accurate and complete to the best of my knowledge. I understand that failure to disclose a conflict of interest or providing false information may result in disciplinary action, up to and including termination of employment or contract with JW Boarding Homes.

Signature: _____

Date: _____

Please return the completed form to your supervisor or the designated compliance officer. All information provided will be treated with confidentiality.

[Office Use Only - Do Not Write Below This Line]

- **Review Completion Date:** _____
- **Reviewed By:** _____
- **Follow-up Actions (If Any):** _____
- **File Reference Number:** _____



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 24, 2023

HHSC NOTIFICATION POLICY

SECTION 1: INTRODUCTION

JW Boarding Homes is committed to providing high-quality care and support to individuals with mental health needs through the Home and Community-Based Services-Adult Mental Health (HCBS-AMH) program. This policy document outlines the procedures and guidelines for effectively managing transfers and discharges of individuals within the HCBS-AMH program.

SECTION 2: COORDINATION WITH NEW HCBS-AMH PROVIDER

Effective coordination with the new HCBS-AMH provider is crucial for ensuring continuity and quality of care during the transfer process. JW Boarding Homes is dedicated to collaborating closely with the new provider to facilitate a smooth transition for the individual. This section expands upon the initial framework provided earlier, adding more depth and detail to the coordination process.

JW Boarding Homes will coordinate with the new provider and involved parties to ensure a smooth transition. This includes:

- Submitting an updated IRP to HHSC.
- Scheduling meetings with the RM individual and Person-Centered Recovery Planning (PCRP) participants.
- Review the transfer packet and determine if the current IRP will be adopted or revised.

2.1 Pre-Transfer Assessment and Planning

- Before the transfer, a comprehensive assessment of the individual's current needs, preferences, and care plan will be conducted. This includes a review of medical history, current treatments, and any specific requirements or accommodations the individual may have.
- The Recovery Manager (RM) and JW Boarding Homes staff will develop a detailed transition plan that outlines the steps and timelines for the transfer. This plan will be shared with the new provider to ensure alignment and understanding of the individual's needs.

2.2 Information Sharing and Privacy Compliance

- Critical information, such as medical records, treatment plans, and progress notes, will be securely shared with the new provider, adhering to all applicable privacy and confidentiality laws.

- Consent forms and appropriate documentation will be obtained from the individual or their legal guardian to authorize the transfer of sensitive information.

2.3 Collaboration with New Provider

- Regular meetings and communications with the new provider will be established to discuss the individual's care and transition. This includes joint planning sessions, teleconferences, and in-person visits to the new facility.
- A designated liaison from JW Boarding Homes will be assigned to coordinate with the new provider, ensuring a single point of contact for ease of communication.

2.4 Transition Support for the Individual

- JW Boarding Homes will provide emotional and logistical support to the individual throughout the transition process. This includes counseling sessions, assistance with transportation, and helping the individual acclimate to the new environment.
- Family members and other critical support individuals will be involved in the process, as appropriate, to provide additional support and assurance.

2.5 Post-Transfer Follow-Up

- After the transfer, JW Boarding Homes will conduct follow-up meetings with the individual and the new provider to assess the success of the transition and address any emerging needs or concerns.
- Feedback from the individual, their family, and the new provider will be gathered to evaluate the transition process's effectiveness and identify improvement areas.

2.6 Training and Development for Staff

- Ongoing training programs will be provided for JW Boarding Homes staff to enhance their effective coordination, communication, and transition planning skills.
- Best care coordination and transition management practices will be incorporated into staff development programs to ensure high standards are maintained.

2.7 Continuous Quality Improvement

- JW Boarding Homes will continuously review and update its coordination procedures based on feedback and evolving best practices in the field.
- Collaborative relationships with other HCBS-AMH providers will be fostered to facilitate knowledge sharing and improve overall care coordination strategies.

SECTION 3: DOCUMENTATION REQUIREMENTS FOR TRANSFER

The transfer of an individual to a new HCBS-AMH provider requires meticulous documentation to ensure seamless continuity of care. JW Boarding Homes adhere to a structured and comprehensive approach to managing and transferring necessary documents. This section elaborates on the initial framework, providing a more detailed outline of the documentation process.

3.1 Preparation of Transfer Documentation

- The initial step involves gathering all relevant documentation, including medical records, treatment plans, medication lists, Individual Recovery Plans (IRP), and progress notes. Special attention will be given to ensure the most current and comprehensive information is included.
- Any recent assessments, such as psychological evaluations or social work reports, will also be compiled to provide the new provider with a holistic view of the individual's needs.

3.2 Ensuring Accuracy and Completeness

- A dedicated team at JW Boarding Homes will review all documents for accuracy and completeness. This ensures the new provider receives a clear and precise picture of the individual's health status and care requirements.
- Any discrepancies or gaps in documentation will be addressed, and additional information will be sourced if necessary.

3.3 Confidentiality and Legal Compliance

- JW Boarding Homes will ensure that all documentation is handled in compliance with HIPAA and other relevant privacy regulations. This includes obtaining proper consent for the release and transfer of sensitive information.
- Documents will be securely transmitted to the new provider using encrypted methods to maintain confidentiality and data integrity.

3.4 Customized Transfer Summary

- A tailored transfer summary will be created for each individual. This summary will highlight critical aspects of care, specific needs, preferences, and any particular instructions or recommendations for the new provider.
- The summary aims to provide a quick yet comprehensive overview to aid the new provider in understanding the individual's current status and care plan.

3.5 Transition Meeting Documentation

- Documentation from any transition meetings, including notes on discussions, decisions made, and action plans, will be formally recorded and shared with the new provider.
- These records help bridge the information gap and ensure that both providers are on the same page regarding the individual's care during the transition.

3.6 Follow-Up and Feedback

- After the transfer, JW Boarding Homes will engage in a follow-up process to confirm that all necessary documentation was received and understood by the new provider.
- Feedback will be sought from the new provider regarding the adequacy and usefulness of the transferred documents. This feedback will be used to improve the documentation process continually.

3.7 Training on Documentation Procedures

- Staff at JW Boarding Homes will receive ongoing training on best practices in documentation for transfers, focusing on accuracy, confidentiality, and inter-agency communication.
- Regular audits and reviews of documentation procedures will be conducted to ensure compliance and effectiveness.

SECTION 4: DISCHARGE OF INDIVIDUALS FROM HCBS-AMH

Discharging an individual from Home and Community-Based Services-Adult Mental Health (HCBS-AMH) is a critical decision that requires thoughtful planning and consideration. JW Boarding Homes commits to a compassionate and compliant process with relevant guidelines. This section is expanded to provide detailed insights into the discharge procedures.

4.1 Criteria for Discharge

- Discharge scenarios include voluntary leave, completion of treatment, exceeding care capabilities, relocation, and non-compliance with treatment plans. Each case is individually evaluated to tailor the discharge process to the person's specific needs.

4.2 Discharge Planning

- Involving the individual, their RM, and other key stakeholders, the discharge plan outlines the transition steps, including referrals, follow-up appointments, and continuity of care strategies.
-

4.3 Support and Counseling

- Understanding the emotional impact of discharges, JW Boarding Homes offers support and counseling to individuals, addressing their concerns and anxieties. Post-discharge follow-ups help monitor and address any new needs.

4.4 Addressing Non-Compliance

- A progressive approach is taken for non-compliance, focusing on re-engagement and addressing barriers. Continued non-compliance is met with clear communication about potential discharge and exploration of alternative solutions.

4.5 Emergency Discharges

- Rapid action is taken for their well-being in situations posing an immediate risk to the individual's safety or health, with appropriate alternative care or interventions arranged.

4.6 Reasons for Discharge:

- Voluntary: If an individual requests discharge or ceases participation despite engagement efforts, the following steps will be taken:
 - Schedule and facilitate an IRP meeting within seven business days.
 - Address contributing problems/barriers, discharge planning, and re-engagement efforts.
 - Document attempts to reengage the individual for two weeks, followed by a follow-up IRP meeting.
 - Assist the individual in choosing alternate community services and making them aware of community resources.

4.7 No Clinical Need:

If HCBS-AMH services are no longer required or the individual has not received services for a year, the following steps will be taken:

- Submit a referral to HHSC for an updated Usage Agreement (UA).
- Review UA and supporting documents.
- Obtain consent for release of information and refer to additional community support.

4.8 Higher Clinical Need:

If the individual's needs exceed what HCBS-AMH can provide, JW Boarding Homes will:

- Submit a request to HHSC for an updated UA.
- Assist the individual in identifying a setting that provides appropriate care.
- Submit the discharge IRP and notify Essential Care Solutions within three business days of authorization.

4.9 Other Reasons for Discharge:

- No Longer Eligible: Changes in eligibility status due to enrollment in a different Medicaid program or financial ineligibility.
- Unable to Locate: If the individual cannot be located for 90 consecutive days.

- Out of Service Area: If the individual moves out of the service area or to a location without an HCBS-AMH provider.
- Hospitalization or Incarceration: If the individual is hospitalized or incarcerated for more than 180 days without an extension on suspension.
- Individual's Choice of Setting: If the individual chooses to live in a non-HCBS-AMH-approved setting.
- Services Not Available: If critical services are no longer available in the individual's area.
- Death: In the event of the death of an individual.
- Non-Compliant with Services: If the individual is non-compliant with the recovery planning process or essential goals for 90 consecutive days.

4.10 Documentation Requirements for Discharge:

- Document the reason for discharge and any agency referrals in the individual's clinical record.
- Submit a Discharge IRP to HHSC within three business days.
- Discharge involves comprehensive documentation summarizing progress and post-discharge plans, such as the final IRP. Clear communication with all care parties is ensured for a seamless transition.

4.11 Training and Professional Development

- The administration team receives discharge planning, communication, and emotional support training to ensure an effective and empathetic discharge process. Professional development keeps the team updated on best practices and regulatory changes.

4.12 Continuous Quality Improvement

- Monthly reviews of discharge procedures ensure responsiveness to individual needs and alignment with evolving mental health care standards. Feedback from individuals, families, and stakeholders informs continuous improvement efforts.

SECTION 5: TRANSFER OF INDIVIDUALS TO ANOTHER HCBS-AMH PROVIDER

Individuals are free to move from one Local Mental Health Authority (LMHA) service area to another. Upon notification of an individual's intent to relocate, JW Boarding Homes will take the following steps within five business days:

- Notify HHSC of the individual's request to change LMHA service regions.
- Notify the newly selected LMHA of the individual's intent to relocate.
- If necessary, assist in choosing a new Recovery Manager (RM) Entity and/or Provider agency.
- Notify the current LMHA of the individual's choice to relocate.

In cases where JW Boarding Homes also provide services in the newly established LMHA service region, and the individual chooses to continue receiving these services, an updated Individual Recovery Plan (IRP) must be completed within five business days.

5.1 Initiation of Transfer Process

- The transfer process begins when an individual expresses a desire or need to transfer to another HCBS-AMH provider. This could be due to relocation, a change in service needs, or other personal circumstances.
- JW Boarding Homes staff will engage with the individual to understand their reasons for transfer and to explore all available options within the current setting before initiating the transfer process.

5.2 Communication with Involved Parties

- Upon decision to transfer, JW Boarding Homes will communicate with the receiving provider to ensure they are prepared to accept the individual.
- The individual's Recovery Manager (RM) will be involved in the transfer process to ensure continuity of care and a smooth transition.
- The Recovery Manager is responsible for coordinating all aspects of the transfer to ensure continuity of services.

5.3 Coordination of Care

- JW Boarding Homes will work closely with the RM to coordinate care during the transfer process. This includes sharing relevant information about the individual's current care plan, medical history, and any other pertinent details.
- A joint meeting with the individual, their RM, and representatives from both the current and receiving providers may be arranged to discuss the transfer and ensure a unified approach to care.

5.4 Transfer Documentation

- Essential documentation, including medical records, Individual Recovery Plans (IRP), and any other relevant information, will be prepared and transferred securely to the new provider.
- JW Boarding Homes will ensure that all documentation complies with privacy laws and regulations, and the individual's consent will be obtained to transfer sensitive information.

5.5 Support During the Transition

- JW Boarding Homes recognizes the potential stress and anxiety associated with changing providers. As such, additional support and counseling will be offered to the individual during this transition phase.

- Follow-up meetings and check-ins will be scheduled post-transfer to assess the individual's adjustment to the new provider and address any concerns.

5.6 Continuous Quality Improvement

- After the transfer, JW Boarding Homes will review the process to identify any areas for improvement. This includes gathering individual and involved staff feedback to enhance future transfer procedures.
- Continuous training will be provided to JW Boarding Homes staff to ensure they are equipped with the necessary skills and knowledge to facilitate effective and empathetic transfers.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 19, 2023

CRITICAL INCIDENTS POLICY

SECTION 1

PURPOSE

At JW Boarding Homes, we prioritize our residents and staff's safety and well-being, especially during critical incidents. That's why we have established a comprehensive policy that lays out clear and structured guidelines to handle such situations. Our policy is designed to minimize the risks and ensure that everyone involved is protected and supported. We understand that unforeseen events can be stressful and challenging, but our trained staff is always ready to respond professionally and empathetically. Our policy lets our residents have peace of mind, knowing they are in a secure and caring environment.

POLICY STATEMENT

JW Boarding Homes prioritizes their residents' and staff's safety, health, and rights above everything else. They ensure that their response to critical incidents is prompt and efficient, leaving no room for any delays or negligence. The management is committed to maintaining a secure and healthy environment for everyone within their facilities, reflecting their values of compassion and care.

SCOPE

This policy applies to all employees, volunteers, subcontractors, residents, and visitors at JW Boarding Homes.

DEFINITIONS

Critical Incident: An event that significantly impacts the health, safety, or well-being of residents or staff, including serious injuries, medical emergencies, abuse, neglect, exploitation, and unexpected deaths.

Types of Reportable Incidents

Outlined below are critical scenarios requiring immediate attention and the submission of the Critical Incident Reporting Form:



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 29, 2023

MEDICAID FAIR HEARING POLICY

SECTION 1

Welcome to the Medicaid Fair Hearing Policy of JW Boarding Homes, a document committed to upholding the rights and privileges of individuals participating in the Home and Community-Based Services - Adult Mental Health (HCBS-AMH) Program. This policy is designed to ensure a fair and transparent process for Medicaid individuals seeking to appeal decisions made by either the Health and Human Services Commission (HHSC) or Managed Care Organizations (MCOs). These decisions may involve denials, limited authorizations, or changes to the services provided under the HCBS-AMH Program.

PURPOSE AND IMPORTANCE

The Fair Hearing process for Medicaid is an essential right granted to everyone who receives Medicaid benefits. It is a critical tool that allows individuals to address issues or disputes related to service provision, eligibility decisions, and other administrative actions that impact their care and support. At JW Boarding Homes, we understand the significance of this process in safeguarding our clients' rights and ensuring their concerns are heard and taken into account in matters that affect their health and overall quality of life.

OBJECTIVES OF THE POLICY

This policy aims to:

1. **Inform and Empower:** Educate participants and staff about the rights of individuals under the HCBS-AMH Program to request a fair hearing. Participants must be aware of their rights and understand the procedures involved in exercising these rights.
2. **Outline the Procedure:** Provide a clear and concise outline of the steps involved in requesting and participating in a Medicaid Fair Hearing. This includes how to file an appeal, what to expect during the hearing process, and how decisions are made.
3. **Ensure Compliance:** Align JW Boarding Homes' practices with state and federal Medicaid Fair Hearings regulations. This includes adhering to the guidelines outlined in TAC Title 1 Chapter 357 Subchapter A, which relates to Uniform Fair Hearing Rules.
4. **Facilitate Support:** Establish protocols for JW Boarding Homes to assist participants in navigating the fair hearing process. This support may include helping prepare and submit necessary documentation, providing guidance on the process, or offering any other required assistance.

SCOPE OF THE POLICY

This policy applies to all participants of the HCBS-AMH Program at JW Boarding Homes who are eligible for Medicaid. It encompasses all actions taken by the HHSC and MCOs that could impact the services received by these individuals, including but not limited to the denial, reduction, suspension, or termination of benefits.

COMMITMENT TO FAIRNESS AND TRANSPARENCY

JW Boarding Homes is committed to ensuring that every participant is treated with respect and dignity and that their cases are handled fairly and transparently. We believe that a well-informed participant is an empowered participant. Therefore, we strive to provide clear, accessible information and robust support systems to navigate the complexities of the Medicaid Fair Hearing process.

SECTION 2: DEFINITIONS AND KEY TERMS

This section delineates the key terms and definitions crucial for understanding the Medicaid Fair Hearing Policy at JW Boarding Homes. These terms are fundamental in ensuring clarity and consistency throughout the policy and its application.

Definitions

1. **Fair Hearing:** An informal legal proceeding conducted by an impartial hearing officer. It allows Medicaid beneficiaries to appeal certain decisions made by HHSC or MCOs, such as service denials or limited authorizations.
2. **Health and Human Services Commission (HHSC):** The state agency responsible for administering and overseeing the HCBS-AMH Program and Medicaid services. HHSC plays a pivotal role in the fair hearing process.
3. **Managed Care Organization (MCO):** A healthcare organization contracted by the state to provide managed care services to Medicaid beneficiaries. MCOs are integral in the decision-making process related to participant services.
4. **Home and Community-Based Services - Adult Mental Health (HCBS-AMH) Program:** A program that supports adults with serious mental illnesses in community settings to promote recovery and independence.
5. **Appellant:** An individual who requests a fair hearing. This term typically refers to an HCBS-AMH Program participant seeking to appeal a decision made by the HHSC or an MCO.
6. **Authorized Representative:** A person authorized by the appellant to act on their behalf in the fair hearing process. This individual may assist in filing appeals, representing the appellant's interests, and communicating with HHSC or MCOs.
7. **Expedited Hearing:** A swift hearing process is available in urgent cases where delay could jeopardize the appellant's life or health. It is an accelerated version of the standard fair hearing procedure.
8. **Determination Letter:** A formal communication from HHSC or an MCO outlining the decision made about a participant's services and informing them of their right to appeal through a fair hearing.

9. **Continuation of Benefits:** The right of appellants to continue receiving their current program benefits while their appeal is pending, subject to certain conditions and regulations.
10. **Uniform Fair Hearing Rules:** Regulations outlined in TAC Title 1 Chapter 357 Subchapter A govern the conduct and procedures of Medicaid Fair Hearings in Texas.

SECTION 3: ELIGIBILITY FOR FAIR HEARINGS

This section provides detailed information about the eligibility criteria and conditions for requesting a Medicaid Fair Hearing at JW Boarding Homes. Participants need to understand these requirements so that they can appeal any decisions related to their HCBS-AMH services with confidence and clarity.

Eligibility Criteria

1. **Denial of Program Participation:** If HHSC or an MCO denies an individual's application to participate in the HCBS-AMH Program, they can request a fair hearing. This also includes cases where there is a delay or lack of response to their application.
2. **Termination of Participation:** Eligibility extends to individuals whose continued participation in the HCBS-AMH Program is denied. This might occur due to changes in their condition, non-compliance with program requirements, or other administrative reasons.
3. **Alteration of Services:** If there is a denial, reduction, suspension, or termination of any HCBS-AMH Program services, the affected individual has the right to appeal. This includes changes in the services' type, frequency, or scope.
4. **Disagreement with Health Assessments:** Participants who disagree with the outcome of their health assessments or care plans as determined by HHSC or an MCO can request a fair hearing to challenge these decisions.
5. **Expedited Appeal:** In urgent cases where an individual's health or life is at significant risk due to delays in services or program decisions, they can request an expedited hearing.

Special Considerations

- **Representative Assistance:** Participants can appoint authorized representatives, including family members, legal guardians, or advocates, to assist them in the fair hearing process.
- **Exhaustion of MCO's Expedited Appeals Process:** Before requesting a fair hearing from HHSC, individuals must complete any expedited appeals processes offered by their MCO.
- **Documentation and Evidence Submission:** Appellants are encouraged to gather and submit relevant documentation or evidence supporting their case when filing for a fair hearing.

SECTION 4: NOTIFICATION PROCEDURES

Effective notification is critical in ensuring that participants in the HCBS-AMH Program at JW Boarding Homes are fully aware of their rights and the procedures related to Medicaid Fair Hearings. This section details the methods and practices JW Boarding Homes employs to inform participants about their fair hearing rights and the steps involved in the process.

1. Initial Notification During Enrollment:

- Participants are informed about their right to a Medicaid Fair Hearing at the time of enrollment into the HCBS-AMH Program.
- This information is conveyed through the "Notification of Participant Rights Form," which outlines the participant's entitlements and appeal procedures clearly and understandably.

2. Subsequent Notifications for Service Changes:

- JW Boarding Homes provides additional notifications to the affected individuals when there are any changes in a participant's services, such as reductions, terminations, suspensions, or denials.
- These notifications detail the reason for the service change and explain the participant's right to appeal the decision.

3. Methods of Notification:

- Participants have the option to receive notifications electronically. This method is confirmed through regular mail to ensure participant's access to and understanding of electronic communication.
- A regular mail option is always available, and participants can choose to receive all notifications in this format.
- In cases where electronic communications are undeliverable, JW Boarding Homes sends the notice by regular mail within three business days.

4. Ensuring Effective Communication:

- All communications, whether electronic or via regular mail, are designed to be clear and accessible, avoiding complex legal jargon to ensure understanding by all participants.
- JW Boarding Homes ensure that sensitive details related to the participant's case or health are handled with utmost privacy and security in compliance with confidentiality regulations.

Record-Keeping and Documentation

- JW Boarding Homes maintains records of all notifications sent to participants as part of the participant's file. This practice is crucial for ensuring transparency and accountability in the notification process.

Support and Assistance

- Administrative team members at JW Boarding Homes receive training on the notification procedures to ensure consistency and accuracy in the information provided to participants.

- Participants are offered assistance, if needed, to understand their rights and the content of the notifications they receive. This support is vital in empowering them to make informed decisions about their care and services.

SECTION 5: FAIR HEARING PROCESS

Fair hearings in the context of the HCBS-AMH Program at JW Boarding Homes are informal proceedings conducted before an impartial hearing officer in line with the guidelines of the HHSC and Managed Care Organizations (MCOs). This process allows individuals with Medicaid to appeal certain agency or MCO actions, including denials or limited authorizations of services.

1. Notification and Right to Appeal:

- Participants are informed of their right to a fair hearing during enrollment and when there are changes in their services. Notices may be received electronically or by regular mail, based on the participant's preference.

2. Conditions for Requesting a Fair Hearing:

- An individual can request a fair hearing if they are denied participation in the HCBS-AMH Program, services are reduced, suspended, or terminated, or there is a delayed response to a request for program eligibility.

3. Requesting a Fair Hearing:

- Appellants have the right to appeal within 90 days from the date of the agency action. The appeal can be made through HHSC's Office of Consumer Services and Rights Protection, and only the appellant or their authorized representative can initiate this process.

4. Expedited Hearings:

- In cases where a delay could jeopardize an individual's life or health, they may request an expedited hearing. This is contingent on exhausting the MCO's expedited appeals process beforehand.

5. Continuation of Benefits:

- During the appeal process, the appellant has the right to continue receiving program benefits if applicable. This right is detailed in the determination letter or notice the individual receives.

6. Scheduling and Decision Making:

- The HHSC Office of Consumer Services and Rights Protection manages fair-hearing scheduling. The appellant will receive notification of the scheduled hearing date at least 14 days in advance. The Fair Hearing Officer must decide within 90 days of receiving the appeal request, and the process adheres to the Uniform Fair Hearing Rules as outlined in TAC Title 1 Chapter 357 Subchapter A

SECTION 6: EXPEDITED HEARING PROCESS

The expedited hearing process is a critical aspect of the Medicaid Fair Hearing policy at JW Boarding Homes, particularly for individuals whose lives or health could be seriously jeopardized by a delay in receiving a fair hearing. This process is designed to ensure that urgent cases are addressed promptly and efficiently.

1. Criteria for Expedited Hearings:

- An expedited hearing can be requested when a delay in the standard fair hearing process poses a severe risk to the individual's health or life. This includes situations where immediate medical care or services are necessary to prevent significant and irreversible harm.

2. Exhausting MCO's Expedited Appeals Process:

- Before requesting an expedited hearing from the Health and Human Services Commission (HHSC), individuals must complete the expedited appeals process offered by their Managed Care Organization (MCO). This step is crucial to ensure that all possible resolutions are explored within the MCO's framework before escalating to the HHSC level.

3. Procedure for Requesting an Expedited Hearing:

- To initiate an expedited hearing, the individual or their authorized representative must submit a request to HHSC, explicitly stating the urgent nature of their case.
- The request should contain comprehensive details explaining why a standard fair hearing timeline could be harmful to the individual.

4. Timeline and Decision-Making:

- Expedited hearings are scheduled more quickly than standard hearings, with the aim of reaching a decision rapidly to address the immediate needs of the individual.
- The Fair Hearing Officer is responsible for making a decision promptly, taking into account the urgency of the case and the potential health risks involved.

5. Documentation and Evidence:

- Participants are encouraged to provide comprehensive documentation and evidence to support their request for an expedited hearing. This may include medical records, statements from healthcare providers, or other relevant information that demonstrates the urgency and necessity of an expedited process.

6. Continuation of Services:

- If applicable, services may continue while the expedited hearing process is underway. This ensures that the individual's health and safety are not compromised during the appeal process.

SECTION 7: REQUESTING A FAIR HEARING

Requesting a Fair Hearing

The process of requesting a Medicaid Fair Hearing is a fundamental right for participants of the HCBS-AMH Program at JW Boarding Homes. This section outlines the essential steps and guidelines for initiating an appeal.

1. Timeframe for Filing an Appeal:

- Individuals (appellants) have the right to file an appeal within 90 days from the notice of agency action or the act's effective date, whichever comes later.
- This timeline ensures that appellants have sufficient time to prepare their case and gather necessary documentation.

2. Initiating the Appeal Process:

- Requests for a Fair Hearing must be directed to the Health and Human Services Commission's (HHSC) Office of Consumer Services and Rights Protection.
- Appellants or their authorized representatives can initiate the process outlined in the Determination Letter, which provides specific instructions on filing an appeal.

3. Role of Authorized Representatives:

- An authorized representative of the appellant, who could be a family member, legal guardian, or advocate, may request a Fair Hearing on behalf of the appellant.
- The representative is responsible for completing all steps necessary for the appeal, ensuring the appellant's case is accurately and effectively presented.

4. Communication and Assistance:

- The Office of Consumer Services and Rights Protection is available to assist appellants and their representatives throughout the appeal process. This assistance includes clarifying procedures, answering questions, and providing guidance on completing necessary forms.

5. Documentation Requirements:

- Appellants are encouraged to provide all relevant documentation that supports their appeal, including medical records, correspondence with HHSC or MCOs, and any other pertinent information.
- Proper documentation plays a crucial role in the success of the appeal and aids the Fair Hearing Officer in making an informed decision.

SECTION 8: CONTACT INFORMATION FOR ASSISTANCE

Contact Information for Assistance

Specific contact details are essential for individuals or authorized representatives seeking assistance or needing to request a Fair Hearing. JW Boarding Homes provides comprehensive contact information to facilitate easy access to necessary resources and support.

1. Texas Health and Human Services Commission (HHSC):

- Office of Consumer Services and Rights Protection
- Mail Code 2018, 8317 Cross Park, Suite 175, Austin, TX 78754
- Toll-Free Number: 1-800-252-8154
- Local Number: 512-206-5760

- Relay Texas Voice: 1-800-735-2988
- Relay Texas TTY: 1-800-735-2989
- 2. **Requesting a Fair Hearing:**
 - Requests for a Fair Hearing are to be made to the HHSC's Office of Consumer Services and Rights Protection.
 - An authorized representative of the appellant may request a Fair Hearing by following the steps outlined in the Determination Letter.
 - Additional assistance or guidance can be obtained by calling the Office of Consumer Services and Rights Protection.
- 3. **Withdrawal of an Appeal:**
 - Once an appeal is filed, only the appellant or the appellant's representative may withdraw the request.
 - A written request for withdrawal must be submitted to the hearing officer or local office, specifying the reason for withdrawal.

SECTION 9: CONTINUATION OF BENEFITS

Continuation of Benefits

Continuation of benefits during the appeal process is a crucial aspect of the Medicaid Fair Hearing Policy. This section outlines the rights and procedures for HCBS-AMH Program participants at JW Boarding Homes to continue receiving benefits while their fair hearing is pending.

1. **Right to Continue Benefits:**
 - Appellants have the right to continue receiving benefits under the HCBS-AMH Program during the appeal process, as stipulated by state or federal regulations or statutes. This continuation of benefits is contingent upon the individual's eligibility and the specific nature of their appeal.
2. **Requesting Continued Benefits:**
 - To activate the continuation of benefits, appellants must explicitly request this when seeking a fair hearing. This request should be included in the initial fair hearing application or communicated to the appropriate authorities as soon as possible.
3. **Eligibility Criteria for Continued Benefits:**
 - Only individuals currently enrolled in the HCBS-AMH Program are eligible to request the continuation of benefits. Only those currently enrolled in the program can request continued benefits during the appeal process.
4. **Notification and Guidance:**
 - The determination letter or notice received by the individual will include information about their right to continue receiving services while the hearing is pending. This communication will also detail the individual's actions to ensure the continuation of their services.
5. **Documentation and Record Keeping:**
 - Individuals must maintain proper documentation regarding their request for continued benefits and any correspondence or decisions related to this request.

These records can be crucial in ensuring uninterrupted service provision and in case of any disputes or inquiries.

SECTION 10: NOTIFICATION OF SCHEDULED HEARINGS

Notification of Scheduled Hearings

Ensuring that participants are timely and accurately informed about their scheduled Medicaid Fair Hearings is a crucial responsibility of JW Boarding Homes under the HCBS-AMH Program. This section outlines the notification process for scheduled fair hearings.

1. Formal Request Processing:

- Upon receiving a formal request for a Fair Hearing, the Health and Human Services Commission (HHSC) Office of Consumer Services and Rights Protection enters the request into the Texas Integrated Eligibility Redesign System (TIERS) database. This step marks the official start of the hearing process.

2. Notification Timeline:

- Once the fair hearing request is processed and a hearing date is set, HHSC is responsible for notifying the participant of the scheduled hearing date. This notification is provided no less than 14 days before the Fair Hearing.
- The 14-day notification period is designed to give participants ample time to prepare for the hearing, including gathering additional documentation or evidence needed to support their case.

3. Method of Notification:

- Participants will receive notification of their scheduled fair hearing through their preferred method of communication, whether electronically or by regular mail. This ensures that the information is received in a manner that is most accessible and convenient for the participant.

4. Documentation and Confirmation:

- It is recommended that participants keep a record of the notification received, including the date and time of the scheduled hearing. This documentation can be crucial in case of any discrepancies or issues related to the scheduling of the hearing.

SECTION 11: DECISION MAKING

Decision Making by Fair Hearing Officer

The decision-making process in a Medicaid Fair Hearing is critical, ensuring that participants' appeals are reviewed and adjudicated fairly and objectively. This section delineates the role and responsibilities of the Fair Hearing Officer in the decision-making process for appeals made by HCBS-AMH Program participants at JW Boarding Homes.

1. Timeline for Decision Making:

- The Fair Hearing Officer is mandated to decide on the appeal within 90 days of receiving the appeal request. This timeframe is in place to ensure a timely resolution of appeals, which is essential for the effective administration of justice and participant welfare.
- 2. **Conduct of Fair Hearings:**
 - All Fair Hearings are conducted following the Uniform Fair Hearing Rules as stated in the Texas Administrative Code (TAC), Title 1, Chapter 357, Subchapter A. These rules provide a structured framework for conducting fair hearings, ensuring that all parties involved know the procedural aspects and legal standards governing these proceedings.
- 3. **Objective and Impartial Review:**
 - The Fair Hearing Officer is required to conduct an impartial review of the case, considering all submitted documentation, testimonies, and arguments. The goal is to arrive at a fair decision based on evidence and in accordance with applicable laws and program policies.
- 4. **Communication of Decision:**
 - Once a decision is reached, the Fair Hearing Officer communicates the outcome to the appellant, their representative (if any), and relevant parties involved in the case. This communication includes a detailed explanation of the decision, the reasons behind it, and any further steps or actions that may be required.
- 5. **Record Keeping and Transparency:**
 - Records of the fair hearing proceedings, including the decision made by the Fair Hearing Officer, are maintained for accountability and transparency. These records are crucial for any potential reviews or audits of the fair hearing process.

SECTION 12: POLICY COMPLIANCE AND UPDATES

Policy Compliance and Updates

In the context of Medicaid Fair Hearings at JW Boarding Homes, compliance with established policies and the integration of updates is fundamental. This section details the approach to ensure the procedure remains effective, relevant, and aligned with regulatory requirements.

1. **Adherence to Uniform Fair Hearing Rules:**
 - Fair Hearings are conducted following the guidelines outlined in the Texas Administrative Code (TAC), Title 1, Chapter 357, Subchapter A. This ensures that all hearings are managed uniformly and standardized, providing consistency and fairness in the decision-making process.
2. **Regular Review and Update of Policy:**
 - The Medicaid Fair Hearing Policy is subjected to regular reviews to ensure it stays current with state and federal laws, regulations, and best practice changes. This process involves collaboration with legal experts and stakeholders within JW Boarding Homes.
3. **Training and Education:**

- Staff members and personnel involved in the Fair Hearing process receive ongoing training on policy updates. This training includes understanding new regulations, procedural changes, and any amendments to the Fair Hearing guidelines.
- 4. **Communication of Policy Changes:**
 - Any updates or changes to the policy are communicated to relevant parties, including staff, program participants, and other stakeholders. This communication is crucial to ensure everyone is informed and can adapt to the updated procedures.
- 5. **Documentation and Record-Keeping:**
 - Documentation of policy updates, along with historical versions of the policy, is maintained for reference and accountability. This record-keeping is integral to understanding the evolution of the policy and its impact on the Fair Hearing process.
- 6. **Feedback and Continuous Improvement:**
 - Feedback from participants, staff, and other stakeholders is actively sought and used to inform policy updates. This approach fosters a culture of continuous improvement and responsiveness to the needs of all parties involved in the Fair Hearing process.

CONCLUSION

Ensuring Equitable and Timely Resolutions

The Medicaid Fair Hearing Policy for JW Boarding Homes aims to ensure that participants of the HCBS-AMH Program have a fair and transparent appeal process. Through this policy, participants can challenge decisions that may affect their health and overall welfare. This policy is a crucial step in protecting the participants' rights and ensuring they have the necessary means to voice their concerns and seek justice.

1. **Reaffirmation of Rights:**
 - This policy reaffirms the right of every participant to a fair hearing, emphasizing the importance of an impartial and just process in resolving disputes related to service delivery and eligibility within the HCBS-AMH Program.
2. **Focus on Accessibility and Clarity:**
 - The policy has been crafted to make the fair hearing process as accessible and understandable as possible, ensuring that participants are fully aware of their rights, the procedures involved, and the support available to them.
3. **Commitment to Continuous Improvement:**
 - JW Boarding Homes remain dedicated to continuously reviewing and updating this policy, ensuring it aligns with evolving legal requirements and best practices. This commitment extends to providing ongoing training and support to staff and ensuring that participants receive up-to-date information and assistance.
4. **Collaboration and Feedback:**
 - The policy encourages collaboration and feedback from participants, staff, and stakeholders, recognizing the value of diverse perspectives in enhancing the effectiveness and responsiveness of the fair hearing process.

5. Ensuring Compliance and Transparency:

- Regular audits and reviews will be conducted to ensure compliance with this policy and to maintain transparency in all aspects of the fair hearing process.

In conclusion, the Medicaid Fair Hearing Policy for JW Boarding Homes is a testament to the commitment to upholding the rights and dignity of all participants in the HCBS-AMH Program. It is a policy built on principles of equity, accessibility, and respect for the individuals it serves.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 23, 2023

BILLING AND PAYMENT POLICY FOR HCBS-AMH SERVICES

JW Boarding Homes will develop a process to guarantee that invoices are submitted correctly and accurately to HHSC. This procedure will ensure compliance with the HCBS-AMH Billing Guidelines – a process that verifies the Medicaid status of individuals for a billing period. For more details, please refer to the HCBS-AMH Billing Guidelines.

As a provider of HCBS-AMH services, JW Boarding Homes will be enrolled in Medicaid with a specific Medicaid provider type tailored to the program. To ensure compliance with the Active IRP authorized by HHSC, JW Boarding Homes shall ensure that all HCBS-AMH services are on and provided following the plan.

Documentation will be available to verify that the service provided meets the client's needs throughout the service delivery process. JW Boarding Homes know that all HCBS-AMH services are subject to retrospective review and recoupment if the documentation does not support the service billed. HHSC may request necessary documentation at any time to verify that reimbursed services conform to the requirements of the HCBS-AMH Program.

SUBMITTING INVOICES

1. Development of a Structured Billing Process:

- JW Boarding Homes will establish a structured process to ensure invoices are correctly and accurately submitted to the Health and Human Services Commission (HHSC).
- This process includes adherence to the Home and Community-based Services - Adult Mental Health (HCBS-AMH) Billing Guidelines, specifically focusing on verifying the Medicaid status of each individual for the respective billing period.
- JW Boarding Homes must be actively enrolled in Medicaid as a provider for HCBS-AMH services under a Medicaid provider type specific to the program.

2. Invoicing Template Submission:

- The invoicing template must be submitted through an encrypted, HIPAA-compliant email to HHSC's Claims Processing Unit.
- Email submissions should be addressed to invoices@hhsc.state.tx.us, with copies sent to MHScontracts@hhsc.state.tx.us and HCBS-AMH.Services@hhsc.state.tx.us.
- Essential details to include in the email's subject line are the Contractor Name (as per the executed contract), Purchase Order Number, Contract Number, Program

ID (MH/HCBS PA or MH/HCBS RM), the month and year of service, and the total invoice amount.

- In specific cases, JW Boarding Homes may receive prior approval from HHSC to submit the Invoicing Template through an alternative method to encrypted email.

3. Documentation and Compliance:

- Ensure all necessary documentation is available to verify that the services meet the client's needs.
- Acknowledge that all HCBS-AMH services are subject to retrospective review and potential recoupment if the documentation does not support the billed service.
- In compliance with HCBS-AMH Program requirements, HHSC may request the necessary documentation anytime.
- Invoices must encompass all services provided by HCBS-AMH within the invoice period and are due 15 calendar days after the period's last date, by 5:00 pm (Central Standard Time).
- JW Boarding Homes must ensure that HHSC receives invoices for the previous month's billing by the 15th of each month.

4. Claim Requirements:

- When submitting an electronic service claim for JW Boarding Homes, remember a few essential requirements. First and foremost, the claim must be based on a billable activity. This means that the service provided must be eligible for payment by the relevant authorities.
- Next, the service must have an active IRP and HHSC authorization. This ensures that the service is provided following the individual's care plan and meets all necessary regulations.
- The service must be provided during the active period of the individual's IRP and should be based on something other than billable activities. Additionally, the service should be performed by a qualified service provider, ensuring that the individual receives high-quality care.
- It is also important to note that the claim should be for a single individual, and the service should be provided on a single date. Finally, the correct date for the service should be mentioned to avoid confusion or errors.
- By adhering to these requirements, you can ensure that your electronic service claim for JW Boarding Homes is accurate and processed quickly and efficiently.

When it comes to payment at JW Boarding Homes, it is crucial to follow the department's regulations, policies, policy clarifications, and manuals to ensure that only compliant services receive payment. Providers of HCBS-AMH must have valid contracts, and services must have the original signature and credentials of the staff member who provided them. Moreover, non-reimbursable activities will not be reimbursed, and HHSC will only pay for services that an active IRP has approved.

JW Boarding Homes must submit cost reports to the Texas Health and Human Services Commission following their guidelines and instructions. It is important to note that costs associated with non-reimbursable activities may not be included in the cost report, and staff time

related to these activities cannot be coded. Additionally, staff travel and travel expenses incurred when providing services at a location that is neither owned nor operated by the provider nor under an arrangement with the provider, as well as quality assurance activities specific to the service, are not reimbursed.

5. Qualified Direct Provider Requirements:

JW Boarding Homes is committed to providing quality services to its clients. For this reason, all services require prior authorization to ensure that they are within the scope of the Active Individual Recovery Plan (IRP) and have been approved by HHSC according to the provision of HCBS-AMH services.

JW Boarding Homes verifies that all direct service providers meet the minimum qualifications to ensure clients receive the best care possible. To qualify, direct service providers must meet specific criteria, including being 18 years or older, being paid by the HCBS-AMH provider, and meeting the provider qualifications, credentials, and training requirements.

Additionally, direct service providers cannot have been convicted of certain offenses, be designated in the Employee Misconduct Registry or the Nurse Aid Registry, or have any legal responsibility for the client. JW Boarding Homes can provide safe and effective care to its clients by ensuring that all direct service providers meet these qualifications.

6. To avoid billing Texas Medicaid for HCBS-AMH services provided to residents or inpatients of certain facilities, it is essential to follow these guidelines:

- Do not charge for services provided to individuals in nursing facilities except those mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1987.
- Do not charge for services provided to individuals in jails or public institutions.
- Do not charge for services provided to individuals in institutions for mental diseases, such as hospitals, nursing facilities, or other institutions that primarily offer diagnosis, treatment, or care for individuals with mental disorders, including medical attention, nursing care, and related services, with more than 16 beds.
- Do not charge for services provided to individuals in ICF-ID, state-supported living centers, state MH facilities, Title XIX participating hospitals (including general medical hospitals), private psychiatric hospitals, or any Texas Medicaid-certified residence that is not already specified.

PAYMENT OF EMPLOYEES AND SUBCONTRACTORS:

The primary responsibility of the payroll department is to ensure that all employees are paid accurately, on time, and with the correct deductions and withholdings. The department is also responsible for the timely remittance of these deductions, including tax withholdings and salary

payments. To carry out these duties, payroll clerks ensure that JW Boarding Homes employees are paid accurately and on time. They gather and organize timesheets, enter employee and pay period information into a computer, and perform other payroll-related tasks as necessary.

1. Payroll Management:

- The payroll department is responsible for accurate and timely employee payments, including correct withholdings and deductions.
- Payroll clerks will manage, calculate, and enter payroll information, update records, prepare reports, resolve discrepancies, and ensure confidentiality.

2. Employee Timesheet and Payment Procedures:

JW Boarding Homes will require each employee to fill out a timesheet that includes their day of work, time in and out of the office, and work location. All timesheets should be received before the 4th and 17th of each month for timely processing. Late timesheets will be processed during the next payment period.

Submission Guidelines:

- Employees must date and sign the timesheet before submitting it for payment.
- A supervisor must verify all timesheets by signing them.
- The supervisor checking the timesheet cannot modify any documentation of time recorded by the employee.
- Employees will be given a chance to make changes to the timesheet before payments are processed.

Payment Guidelines:

- Payments will be made on the 1st and 16th of each month.
- If the dates fall on a weekend or holiday, payment will be made on the nearest weekday before these dates.
- With employees' permission, payments will be made by check or direct deposit into their accounts.

Employees must complete and sign timesheets detailing their work hours, which supervisors verify. Timesheets are to be submitted bi-weekly for processing, with payments made by check or direct deposit on specified dates.

3. Subcontractor Payment Terms:

- JW Boarding Homes will compensate the subcontractor for the services provided based on the time and effort the subcontractor and their employees put in. Both parties will agree on the compensation rate beforehand. Once the subcontractor submits an invoice for payment, JW Boarding Homes will make payment within an agreed-upon timeframe.

- Subcontractors are responsible for their tax and insurance deductions. They will not receive any benefits that employees of JW Boarding Homes are entitled to, such as worker's compensation, insurance, paid vacations, paid holidays, pension, profit-sharing, Social Security, and other available benefits. JW Boarding Homes will not deduct any amounts from payments to subcontractors for withholding tax, FICA, insurance, or other similar items relating to the subcontractor or subcontractor's employees. The subcontractor is solely responsible for these deductions.

4. Payment and Confidentiality Terms for Subcontractors:

As a subcontractor working for JW Boarding Homes, you must understand the payment and confidentiality terms. To ensure confidentiality and security, you will receive payment in the form of a check in your name instead of cash. It is crucial that during the period of service provision and after, you and your employees maintain strict confidentiality and do not reveal any confidential information, including sensitive materials, intellectual property, and details related to JW Boarding Homes projects or programs. This rule also applies to any confidential information received from third parties. Disclosure of confidential information is strictly prohibited and may only be shared with authorized employees of JW Boarding Homes or individuals designated by such authorized personnel.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: December 03, 2023

PERSONNEL AND PARTICIPANT SAFETY POLICY

SECTION 1 ADDRESSING AGGRESSIVE OR THREATENING BEHAVIOR

INTRODUCTION:

At JW Boarding Homes, ensuring the safety and well-being of our staff, volunteers, students, and the individuals we serve is of utmost importance. This policy outlines our approach to addressing and managing situations involving aggressive or threatening behavior. We are committed to maintaining a secure environment and adhering to best practices to safeguard all stakeholders.

DEFINITION OF AGGRESSIVE OR THREATENING BEHAVIOR:

Aggressive or threatening behavior encompasses a range of actions, including but not limited to:

- The use of menacing, angry, loud, and/or abusive language.
- Communication of threats of bodily harm or injury to property, whether through verbal means or physical actions.
- Brandishing any object as a potential weapon.
- Any form of real or implied threats.
- Behavior that causes a staff member, student, or volunteer to feel unsafe.
- Instances of loss of control.

This behavior may be exhibited by the individual directly or by someone associated with the individual, such as a partner, relative, or friend.

SCOPE:

This policy applies to all JW Boarding Homes staff, volunteers, and students.

PROCEDURES:

1. Precautions Prior to Interaction:

a. **Review of Individual Files:** A thorough review of individual files is essential before interacting with individuals or groups who pose a safety risk or concern. This review should determine the necessary safety precautions, which may include:

- i. Opting for an alternative interview room rather than a personal office.
 - ii. Familiarize yourself with the Safety Alert System at the location and request a panic button if deemed necessary.
 - iii. Engaging in pre-meeting discussions with the referral source regarding the upcoming interaction.
 - iv. Scheduling appointments or group sessions during peak staffing levels to ensure adequate support and backup.
 - v. Informing support staff and management of the time and location of the meeting or session.
 - vi. Preparing the room for safety, such as removing potential objects that could be used as weapons and leaving the door ajar.
 - vii. Arranging for staff colleagues to monitor the interview room. viii. A second staff member will be present to assist in the interview.
- b. **Safe Interview Room:** Service should ideally be provided in a secure interview room that lacks objects that can be thrown or used as weapons, allows for the option of leaving the door and/or window blinds open, and enables staff to exit the room with ease.
- c. **Minimal Staff Coverage:** For services provided to individuals who present a safety risk, an additional staff member should be positioned near the interview location, as indicated by service alerts based on records of problematic behavior and clinical experience-based concerns.
- d. **Development of Support Plans:** Collaborative efforts with support staff, fellow employees, and management are crucial for developing support plans. These plans may include alternative security strategies, such as contacting managers or colleagues during breaks or at the conclusion of meetings.

2. Precautions During and After Interaction:

- Staff should position themselves in a manner that allows for a quick exit from the room if necessary.
- Negotiating a contract with the individual concerning unwanted behaviors and their consequences is recommended.
- Escorting the individual out of the building and ensuring that doors are locked, if feasible.
- Requesting observation or accompaniment when leaving.

3. Addressing Aggressive or Threatening Behavior:

- Staff, students, or volunteers who perceive a threat to their safety during service provision should prioritize safety first and refrain from downplaying a situation that may escalate.
- In such instances, it is advisable to terminate the interview and ask the individual to leave the office.
- If the individual is willing to exit, staff should escort them out of the building and ensure that doors are locked if possible.
- In cases where the individual is unwilling to leave and becomes volatile, disruptive, or unpredictable, staff should vacate the room immediately if it is safe to do so.
- Activating the safety alert system is essential to summon assistance from other staff.
- If needed, staff should create noise and disturbances to attract the attention of colleagues.

4. Activation of Safety Alert System:

a. **Immediate Response:** Staff directly involved in the incident must promptly notify the program manager of the situation. If the program manager is unavailable, an employee should assume the role of crisis manager or delegate this responsibility to another staff member.

b. **Response Protocol:** Upon receiving the safety alert system notification:

- Staff who are not directly involved should adhere to the safety alert system protocol for their location (e.g., staying in the office or proceeding to the predefined area).
- Reception staff should also follow the safety alert system protocol for their location (e.g., ensuring one person remains to oversee the safety of individuals or visitors while another staff member investigates the situation and returns with more information).

c. **Crisis Management:** The crisis manager is responsible for ascertaining the disruption's location and any contact made with the staff member who activated the safety alert system.

- If no contact has been established, the crisis manager should:
 - Establish a line into the office where the incident is occurring.
 - Listen to the situation within the office to determine the appropriate response.
 - If feasible and reasonable, engage with the individuals involved.

d. **Action Plan:** Once contact has been made, the crisis manager will determine the most suitable course of action, organize first aid if required, and arrange for the necessary measures, including contacting emergency services if the situation warrants it.

e. **Error Activation:** In cases where the safety alert system has been activated in error, the staff member responsible should immediately inform the reception.

5. Contacting Emergency Services (911):

- In situations where there is an immediate threat of harm, staff should dial 911 and request police, fire, ambulance, or a combination of services.

- When contacting 911, it is essential to identify oneself, provide the office location, and specify the room where the incident is occurring.
- Staff should obtain a report number from the 911 operator for follow-up if necessary.
- Management staff should be informed as soon as possible.

6. After Aggressive or Threatening Behavior:

- Staff involved in the incident should document the behavior in the individual's file and determine whether a service alert, organization-wide alert, or trespass notice is warranted.
- The aggressive or threatening incident should be reported within the electronic record's "Attention" section. The Manager of the Service Access Unit should also be notified.
- If there is reason to believe that aggressive or threatening behavior may persist, an organization-wide alert should be issued via email.
- A debriefing session should be conducted with the manager, the crisis manager, and any witnesses. This session will determine whether follow-up or additional support is required.
- If necessary, additional support should be arranged for staff, volunteers, students, or individuals involved in the incident. This support may include Employee Assistance Program (EAP) debriefing, external counseling services, legal assistance, financial reimbursement, or time off.
- Following the resolution of the situation, an Incident Report should be completed.
- Consideration should be given to whether service to the individual should be limited or withdrawn.

7. Training:

JW Boarding Homes is committed to the safety of its staff and clients. To this end, we shall adopt the OSHA academy's Occupational Safety and Health training program for our staff. Detailed information on this training program can be found at <https://www.oshatrain.org/pages/professional-training-courses.html>. This training will encompass both staff safety and client safety.

At JW Boarding Homes, we are dedicated to maintaining a secure and respectful environment for everyone we serve. This policy serves as a comprehensive guide for addressing aggressive or threatening behavior, ensuring the safety and well-being of all stakeholders.

SECTION 2 GUIDELINES FOR DIRECT STAFF AND RESTRICTIVE INTERVENTIONS

As part of its commitment to safety and security, JW Boarding Homes prioritizes suicide prevention and intervention training for its staff. Here are some key points to keep in mind:

- Staff members can access suicide prevention and intervention training online at <http://www.texasuicideprevention.org/>.

- Restraint or seclusion is strictly prohibited when providing HCBS-AMH services, as detailed in TAC §415.254.
- Informed consent is essential for individuals to understand their rights and how to report abuse, neglect, and exploitation.
- Restraint is defined as the use of any personal or mechanical device to immobilize or restrict an individual's movement, as defined by TAC §415.253.
- Restraint is only used as a last resort when all other measures have failed to protect the individual or others.
- The intervention is used for the shortest possible time and ends when the individual has demonstrated the release behavior prescribed by the physician.
- Informed consent must be obtained from individuals before including the possibility of using a limited intervention in their security plan and IRP revision.
- JW Boarding Homes adhere to TAC Chapter 415 Subsection F guidelines for mental health service interventions.

As a direct staff member, you are responsible for respecting and upholding the rights of individuals during restrictive interventions. This includes providing a safe and private environment that ensures an individual's personal dignity and well-being. It is also important to use only a reasonable amount of physical force when implementing a particular restrictive intervention to prevent undue physical discomfort or harm.

Restrictive interventions, such as physical restraints, are only permitted in certain situations. According to TAC Chapter 415 Subsection F, mental health services interventions are governed by state law. Physical restraints may be used if less restrictive interventions are ineffective in protecting others from harm. However, using safe and appropriate techniques outlined in the Supplier's written policies or procedures and training program is crucial. These interventions should be relevant for proper evaluation and monitoring and consistent with all other policies and special considerations documented in the IRP.

Finally, it is important to note that the type or technique of restrictive intervention used should be the least restrictive intervention effective in protecting others from harm. As soon as possible, the use of medication should be stopped.

At JW Boarding Homes, we understand the significance of physical restraints and the importance of using them only when necessary. Therefore, we consider all relevant information that may impact or contraindicate the use of physical restraints. This information may include techniques, methods, or tools to help individuals cope with their environment more effectively. Additionally, we consider pre-existing medical conditions, physical disabilities, and limitations, including substance use disorders, that can make an individual more vulnerable during restraint. We also consider any history of sexual or physical abuse that can place the individual at greater risk of psychological harm during restraint, as well as any other history that would contraindicate restraint.

To ensure the safety of the individual, we closely monitor any individual under restraint. We take great care to ensure adequate respiration and circulation during restraint. An acceptable hold is one that holds one or more limbs close to the body to limit or prevent movement.

At JW Boarding Homes, we prioritize resident safety and well-being above all else. In our commitment to transparency and accountability, we have established robust procedures for documenting the use of personal restraints, recognizing them as serious incidents that demand careful attention.

Within a 24-hour window, we meticulously document the following aspects in the clinical record:

1. **Contextual Details:** We provide a comprehensive account of the circumstances leading up to the use of personal coercion, shedding light on the triggers and factors involved.
2. **Resident Response:** We provide a holistic understanding by detailing the resident's personal response during the incident, thereby enhancing our ability to tailor care and support.
3. **Behavior Specifics:** A precise description of the behavior that warranted restraint and the criteria for a safe release are recorded, emphasizing our resident-focused approach.
4. **Exhaustive Interventions:** Before resorting to restraint, we validate that less intrusive interventions were diligently attempted, underlining our commitment to resident dignity and comfort.
5. **Temporal Framework:** The incident's timeline, including start and end dates and times, is documented for clear reference and analysis.
6. **Responsible Staff:** We note the name and professional identity of the direct service employee who administered the restraint, reflecting our dedication to accountability and responsibility.

JW Boarding Homes is committed to maintaining open communication and respecting the rights and privacy of our residents. We have established procedures for notifying the Legal Authorized Representative (LAR) when restraint is utilized, ensuring transparency and the well-being of those in our care. Here are the key aspects of this process:

1. **Timely Notification:** In compliance with regulations, our personnel will promptly notify the LAR, preferably within 12 hours after the initiation of any restrictive intervention. This notification is essential to keep the LAR informed of the situation.
2. **Consent and Agreement:** Unless an adult resident consents to a specific family member or family member being notified about their care and these designated individuals agree to receive such notifications, we will notify the person or family members concerning the period of restriction or isolation. This notification period is determined based on prior agreement between the resident and the designated family member(s).
3. **Thorough Documentation:** Our commitment to transparency extends to documentation. The date and time of notification and the name of the employee providing the notice will be meticulously recorded in the resident's clinical record. This documentation will also include any unsuccessful attempts, the phone number dialed, and the names of the individuals with whom the employee had discussions.
4. **Privacy and Health Considerations:** We acknowledge that in certain cases, as allowed by Texas Health and Safety Code §611.0045(b), a professional may restrict access to specific portions of an individual's records if it is determined that disclosing such information could harm the individual's physical, mental, or emotional health.

To ensure transparency and accountability, JW Boarding Homes is required to inform the Legally Authorized Representative (LAR) every time a restraint is used. **Here are the guidelines that JW Boarding Homes must follow when informing the LAR:**

Firstly, the individual's clinical record should document the details of the notification. This includes the date, time, and the name of the employee who provided the notice. In case the employee is unable to contact the family member(s), the phone number called and the name(s) of the person(s) contacted should also be recorded.

Secondly, unless specified in 42 CFR Part 2, personnel must inform the LAR as soon as possible but not later than 12 hours after the initiation of the restraint.

Thirdly, suppose a professional believes that disclosing a portion of an individual's records could harm their physical, mental, or emotional health. In that case, they may deny an individual LAR access to that information as per the Texas Health and Safety Code §611.0045(b).

Lastly, if the adult does not consent to notify a specific family member or if the designated family member(s) disagrees with being informed, JW Boarding Homes must notify them about the period of restriction or isolation. The duration of this notification should be as per the prior agreement between the person and the designated family member(s).

At JW Boarding Homes, we believe in providing a safe and compassionate environment for all our participants. To ensure their safety, we have strict policies against the use of chemical restraints, mechanical restraints, and isolation measures. Personal restraints are only allowed in cases of a behavioral health emergency.

We also prohibit any other forms of interference that restrict participants' movements, limit their access to people, places, or activities, or infringe on their rights. We believe in treating everyone with respect and dignity and using positive methods to modify behavior.

In a behavioral health emergency, where an individual is exhibiting violent or destructive behavior, we may need to use restraint to prevent imminent harm to themselves or others. We understand the gravity of such situations and take all necessary measures to ensure the safety of all participants. Our top priority is the safety and well-being of all our participants. We strive to create a warm and supportive environment where everyone is treated with care and compassion.

GUIDELINES FOR THE USE OF RESTRICTIVE INTERVENTIONS:

At JW Boarding Homes, we prioritize the safety, well-being, and dignity of individuals with personal restrictions. Our guidelines for the use of restrictive interventions reflect this commitment. We strictly prohibit the use of such interventions for disciplinary, retaliatory, punitive, or coercive purposes or for the convenience of staff members or others. In addition, restrictive interventions cannot replace effective treatment or habilitation.

We only employ restrictive interventions in situations where there is a clear and present danger of imminent harm, including probable death, substantial bodily harm to the individual, or

physical harm to another person. In such cases, we will always attempt less restrictive methods first and only resort to restrictive interventions if no other options are deemed effective.

At JW Boarding Homes, we are committed to using only the necessary force to prevent impending harm. Our team is trained to pay close attention to the personal needs of individuals with personal restrictions and provide compassionate and effective care.

PERSONAL RESTRAINTS THAT ARE NOT ALLOWED AS PER TAC §415.255

It's essential to be aware of the guidelines outlined in TAC §415.255 when it comes to using personal restraints. These guidelines are put in place to ensure the safety and well-being of all individuals involved.

As per the guidelines, personal restraints must not obstruct an individual's airway, impair breathing, restrict circulation, fasten an individual to a fixed object while standing, cause pain to restrict movement, hinder or reduce an individual's ability to communicate or be protective or supportive devices that cannot be removed without assistance. Personal restraints should not be used as protection for wound healing after the wound has healed.

Moreover, the use of the prone or supine grip during personal restraint is prohibited. If an individual is prone or supine during restraint, staff must immediately move them to a side or other suitable position.

At JW Boarding Homes, we take these guidelines seriously and ensure that our staff members understand their roles and responsibilities and receive proper training to demonstrate competence in their duties. Following these guidelines can provide a safe and secure environment for all individuals under our care.

Requirements for the HCBS-AMH Training Program

To meet the requirements of the HCBS-AMH training program, the following criteria must be fulfilled:

- The training program must cater to the specific needs of the HCBS-AMH target population.
- The program must be customized to the competency level of the staff members who will undergo training.
- The importance of reducing and preventing the use of restraint and seclusion must be emphasized.
- The training program must be evaluated annually to ensure compliance with 25 TAC Chapter 415 Subchapter F.
- The training program must incorporate evidence-based best practices.

- The training program must provide information on declarations for mental health treatment, including the right of individuals to execute declarations and the duty of direct service staff to act accordingly.

Training for Direct Service Personnel

Direct service personnel must demonstrate competence and receive training in the following knowledge and application skills before assuming direct care responsibilities. The training must be specific and relevant to the HCBS-AMH target audience:

- The use of restraint, including the proper technique for performing the restraint.
- Identifying the causes of aggressive or threatening behavior in individuals receiving mental health services.
- Identifying underlying cognitive functioning and medical, physical, and emotional conditions that may cause behavioral emergencies.
- Recognizing the effects of medications and their potential outcomes.
- Identifying how age, weight, cognitive functioning, developmental level or functioning, gender, culture, ethnicity, and elements of trauma-informed care may influence behavioral emergencies and affect the individual's response to physical contact and behavioral interventions.
- Explaining the psychological consequences of restraint or seclusion and how an employee's behavior can affect an individual's behavior.
- Applying knowledge and effective communication strategies, along with a range of early interventions, stress reduction, mediation, problem-solving, and other non-physical interventions.
- Recognizing and responding appropriately to signs of physical distress in confined or isolated individuals.

Requirements for Direct Service Personnel to Initiate Restraint

Direct service personnel must undergo training and demonstrate proficiency in the following areas before initiating any form of restraint:

- The safe and appropriate use of restraint as a last resort in a behavioral emergency.
- The safe and proper use of personal restraint as a last resort in a behavioral emergency.
- Emergency medical management in accordance with provider policies, procedures, and applicable regulations.
- Obtaining emergency medical assistance.
- Techniques for cardiopulmonary resuscitation and removing airway obstructions.

Registered nurses or physician assistants must perform the tasks below before assuming job duties and annually thereafter:

- Monitoring cardiac and respiratory status and understanding their relevance to the individual's physical safety in restraint or seclusion.
- Recognizing and responding to nutritional and hydration needs.
- Checking circulation and range of motion in the extremities.

- Providing hygiene and elimination assistance.
- Identifying and responding to physical and psychological status and comfort, including signs of distress.
- Assisting individuals in de-escalation, including identification and removal of stimuli that meet the criteria for a behavioral emergency (if known).
- Recognizing when a behavioral emergency no longer justifies a continuation of restraint or seclusion.
- Recognizing when to contact emergency medical services to evaluate and/or treat an individual for an emergency medical condition.

TRAINING AND COMPETENCE ASSESSMENT

At JW Boarding Homes, we uphold a steadfast commitment to maintaining a secure and supportive environment for our residents and staff. To this end, we ensure that individuals responsible for assessing and managing behavioral emergency restraints on detained individuals receive thorough training. This training program is designed to equip our personnel with the requisite expertise and skills, including proficiency in the following areas:

- **Identification of Permissible Restraints:** Our personnel are trained to distinguish between restraints that are permitted by both our facility's guidelines and applicable legal regulations, ensuring that restraint measures are employed judiciously and within established boundaries.
- **Recognition of Behavioral Triggers:** A crucial component of our training involves recognizing the stimuli that may trigger undesirable behaviors. By identifying these triggers, our staff is better prepared to prevent and manage behavioral crises effectively.
- **Understanding Medical Contradictions:** We emphasize the importance of identifying any medical contraindications to restraint. This knowledge ensures that individuals' physical well-being is safeguarded and restraint is employed only when medically appropriate.
- **Psychological Considerations:** Our training program addresses the intricate psychological factors associated with restraint and seclusion, particularly those related to trauma, abuse, neglect, and the psychological well-being of our residents. This holistic approach helps in making informed decisions regarding behavioral interventions.

Monitoring and Safety Protocols:

In addition to personnel training, we employ stringent monitoring and safety protocols to maintain a secure environment. Our authorized service providers, under the supervision of registered nurses, are trained to perform comprehensive monitoring, including:

- **Respiratory Status Monitoring:** Regular assessment of respiratory status to ensure the well-being of detained individuals.
- **Nutritional and Hydration Needs:** Recognition and addressing of nutritional and hydration needs to promote overall health.

- **Extremity Circulation and Range of Motion:** Monitor circulation and ensure the maintenance of range of motion in extremities to prevent physical complications.
- **Hygiene and Elimination Support:** Providing assistance for hygiene and elimination needs, ensuring individuals' comfort and well-being.
- **Psychological and Emotional Well-Being:** Assessment of psychological and emotional status, including identifying signs of distress and facilitating de-escalation as needed.
- **Decision-Making and Communication:** Competence in recognizing when the continuation of restraint is no longer justified by a behavioral emergency and knowing when to seek input from a registered nurse for further evaluation.

Behavioral Intervention Strategies:

At JW Boarding Homes, we adhere to a philosophy of non-violence and crisis intervention. Our staff is well-versed in non-violent crisis intervention techniques, including verbal de-escalation and appropriate physical intervention when necessary. This approach is central to our behavioral management strategies, ensuring the safety and well-being of all residents and staff members.

Balancing Safety and Privacy:

While we are dedicated to upholding the dignity and respect of all individuals under our care, we recognize that safety is paramount. In situations where uncertainty arises, our commitment to safety for our staff, volunteers, students, and other stakeholders takes precedence. We strive to avoid any instances of humiliation due to misinformation or misjudgment, but safety considerations will always be our top priority in ambiguous circumstances.

At JW Boarding Homes, our policies and practices are rooted in professionalism and compassion, aimed at creating a secure and supportive environment for all.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 01, 2023

PARTICIPANT RIGHTS AND GRIEVANCES POLICY

INTRODUCTION

JW Boarding Homes is dedicated to providing our participants with high-quality, respectful, and confidential services. This document outlines the rights and responsibilities of participants receiving our services and the procedures for resolving complaints and concerns.

PARTICIPANT RIGHTS

As a participant of JW Boarding Homes, you have the right to:

1. **Quality Services:** Receive services that meet high standards and suit your needs.
2. **Respect and Dignity:** Be treated with utmost respect and courtesy by all staff members.
3. **Confidentiality:** Protect and share your personal information only following JW Boarding Homes' privacy policy.
4. **Participation in Planning:** Collaborate with staff to develop plans that address your needs and concerns.
5. **Safe and Accessible Services:** Receive services in an environment that is safe, clean, and accessible.
6. **Informed Decision-Making:** Be provided with information and support to make informed decisions about your care.
7. **Non-Discrimination:** Access services without facing discrimination of any form.
8. **Grievance Redressal:** Voice your concerns or complaints about the services received and request changes in staff members if needed.

PARTICIPANT RESPONSIBILITIES

As a participant of JW Boarding Homes, you are expected to:

1. **Respectful Interaction:** Treat JW Boarding Homes staff and fellow participants respectfully and courteously.
2. **Active Participation:** Engage actively in your treatment and care planning.
3. **Feedback:** Provide honest feedback about the services and participate in regular discussions with staff for continual improvement of services.
4. **Adherence to Policies:** Please follow the rules and policies set by JW Boarding Homes for the safety and happiness of all participants and staff.

COMPLAINTS AND GRIEVANCE

JW Boarding Homes has established a comprehensive process for handling complaints and grievances:

1. **Filing a Complaint:** Participants can file complaints anonymously and without restrictions on the types of complaints. Complaints can be made via phone calls, emails, or written correspondence.
2. **Immediate Action and Resolution:** All complaints are acted upon immediately. Efforts are made to resolve issues as swiftly as possible.
3. **Access to Departments:** The Consumer Rights and Protection staff have complete access to all departments and units to facilitate resolution.
4. **Referral to External Agencies:** Complaints involving allegations of abuse, neglect, and exploitation are immediately referred to the Department of Family and Protective Services (DFPS).
5. **Contacting the Ombudsman:** If issues are not resolved satisfactorily, participants can contact the Office directly. The Ombudsman conducts independent reviews and ensures fair treatment.
6. **Documentation and Follow-up:** All complaints and the steps taken for their resolution are documented. The Ombudsman's office follows up with participants to ensure a satisfactory resolution.

CONTACT INFORMATION

- Consumer Rights and Services: 1-800-458-9858
- Civil Rights Office, Health and Human Services Commission: 701 W. 51st Street, MC W206, Austin, Texas 78751
- Texas Health and Human Services Commission Office of the Ombudsman: MC H-700, P.O. Box 13247, Austin, TX 78711-3247
- Phone: 1-877-787-8999 (Relay Texas for hearing or speech disability: 7-1-1 or 1-800-735-2989)
- Online Submission Form (link is external)
- Fax: 1-888-780-8099
- Email: HHSCivilRightsOffice@hhsc.state.tx.us

OPERATIONAL PROCEDURES

1. **Education on Rights and Responsibilities:** During the intake and evaluation process, staff will explain their rights and responsibilities to participants. This includes verbal explanations and written documents in the participant's preferred language.
2. **Accessibility and Documentation:** Policies and procedures are accessible in various formats to cater to visual or hearing impairments. Oral disclosures are documented and signed by both the participant and the staff member.

3. **Privacy Policy Familiarization:** Employees are trained and familiar with JW Boarding Homes' privacy policies to guide participants in exercising their rights effectively.
4. **Individual Rights Statements:** Individual rights statements are maintained, catering to different environmental requirements (e.g., Elderly/Youth/Children).
5. **Display of Rights Defender Contact Information:** The name, telephone number, and mailing address of JW Boarding Homes' Rights Defender are displayed prominently in areas frequented by participants.
6. **Access to Communication:** Participants wishing to contact the Rights Defender can access the company's telephone.
7. **Participant Rights Notice Form:** Participants are informed of their rights before enrolling in the HCBS-AMH program, and this is verified using the Participant Rights Notice Form, which is kept in the participant's clinical record.

CONCLUSION

JW Boarding Homes is dedicated to providing all participants with services in a respectful, safe, and supportive environment. We are committed to addressing any concerns promptly and maintaining a high standard of care. This policy reflects our commitment to upholding the rights and welfare of all participants in our care.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 14, 2023

NO REJECT POLICY

I. INTRODUCTION

1. **Purpose:** JW Boarding Homes commits to the 'No Reject Policy' in alignment with the Home and Community-Based Services - Adult Mental Health (HCBS-AMH) standards, ensuring equitable and fair treatment of all individuals seeking boarding home services.
2. **Scope:** This policy applies to all JWBH employees and departments, particularly those involved in admissions, including Recovery Management Entities (RME) and Provider Agencies (PA).

II. POLICY STATEMENT

JWBH adheres to a non-discriminatory 'No Reject Policy', ensuring no eligible individual is denied services for discriminatory reasons. This policy is integral to our commitment to providing inclusive and high-quality care within our capacity to serve 50 individuals.

III. ADMISSION AND SERVICE PROVISION

1. **Capacity for Service:** JWBH is equipped to provide services to a maximum of 50 individuals at any given time.
2. **Equal Opportunity Admission:** We practice a non-discriminatory approach in assessing prospects in compliance with HCBS-AMH standards.
3. **Comprehensive Evaluation:** Prospects undergo thorough evaluations to ensure JWBH can meet their specific needs within our capacity constraints.
4. **Community Integration:** We prioritize effective integration strategies, especially for those transitioning from different care settings.

IV. COMPLIANCE WITH HCBS-AMH STANDARDS

1. **Provider Responsibilities:** JWBH complies with all HCBS-AMH billing and reporting guidelines, maintains accurate records, and ensures timely staff payments.
2. **Quality Management Plan:** "Our commitment to quality management is reflected in the comprehensive plan we have in place, which includes all mandated oversight activities as required by HHSC."

V. CAPACITY MANAGEMENT AND OVERCAPACITY PROTOCOLS

1. **Regular Capacity Assessments:** JWBH regularly assesses its capacity to ensure compliance with the 50-individual limit.
2. **Overcapacity Protocols:** When reaching capacity, JWBH implements transparent waitlist systems and notifies the System Agency as required.

VI. COMMUNITY DISCHARGE READINESS REVIEW PROCESS

1. **Structured Approach:** JWBH follows the Community Discharge Readiness Review process for individuals we are unable to serve due to capacity limitations.
2. **Collaborative Planning:** This process involves collaboration with relevant stakeholders for the participant's community integration.

VII. STAFF DEVELOPMENT AND TRAINING

1. **Training Programs:** Mandatory training for staff on the 'No Reject Policy,' focusing on ethical practices and compliance.
2. **Continuous Staff Development:** Ongoing development to meet service provision standards is emphasized.

VIII. MONITORING AND EVALUATION

1. **Continuous Monitoring:** Regular monitoring of JWBH's capacity and adherence to this policy.
2. **Feedback Mechanisms:** Systems to receive and address feedback, promoting continuous policy improvement.

IX. POLICY REVIEW AND AMENDMENTS

1. **Annual Review:** This policy is reviewed annually to ensure it remains up-to-date with regulatory changes and best practices.

X. CONCLUSION

JWBH is dedicated to serving up to 50 individuals with integrity and excellence, upholding the 'No Reject Policy' principles as per HCBS-AMH standards.



Approving Official(s): Jessica Webb
Responsible Office: Executive Director Office
Effective date: November 08, 2023

MEDICATION SAFETY POLICY

1. INTRODUCTION AND OVERVIEW

The Medication Safety Policy for JW Boarding Homes is designed to ensure the highest medication management and safety standards for residents. This policy integrates principles from the Essential Care Solutions Medication Safety Policy and aligns with the Home and Community-Based Services for Adult Mental Health (HCBS-AMH) guidelines.

Our primary objective is to administer medication safely, effectively, and resident-centered. This policy covers all aspects of medication management, including but not limited to the qualifications of staff administering medications, proper labeling and storage of medications, adherence to prescribed medication regimens, consent processes, and residents' rights in relation to their medication.

This policy applies to all staff involved in the medication management process at JW Boarding Homes, ensuring compliance with state and federal regulations and promoting the health and well-being of our residents.

2. STAFF QUALIFICATIONS AND RESPONSIBILITIES

The effectiveness of medication management significantly depends on the qualifications and responsibilities of the staff involved. This section outlines the necessary qualifications, training, and duties for JW Boarding Homes staff who manage and administer medications.

2.1 Qualifications:

- Staff responsible for medication management must possess relevant healthcare qualifications and be trained in medication administration, including understanding medication types, potential side effects, and proper administration techniques.
- Regular training updates are mandatory to ensure staff stay informed about the latest medication management practices and regulatory requirements.

2.2 Responsibilities:

- Ensuring accurate medication administration per physician's orders, including the proper medicine, dose, time, and method of administration.

- Maintaining up-to-date medication records for each resident, including documenting each medication administered, any side effects observed, and any incidents or errors.
- Secure storage of medications, ensuring they are kept in a safe and appropriate environment, away from unauthorized access.
- Regularly reviewing medication regimens in collaboration with healthcare providers to ensure ongoing appropriateness for each resident.
- Prompt reporting of medication errors or adverse reactions, following established incident reporting and response procedures.

This section ensures that JW Boarding Homes maintains a high standard of care in medication management through skilled and responsible staff.

3. MEDICATION STORAGE, LABELING, AND TRANSPORTATION

3.1 Medication Storage:

- All medications must be stored in secure, locked facilities, with access limited to authorized personnel.
- Medications requiring special storage conditions, like refrigeration, must be stored accordingly.
- Regular audits will be conducted to ensure compliance with storage guidelines.

3.2 Medication Labeling:

- Medications must be labeled with the resident's name, prescribed dosage, administration route, and frequency.
- Changes in medication or dosage must be promptly reflected in the labeling.

3.3 Medication Transportation:

- When transporting medications, they must be securely contained to prevent loss or damage.
- Procedures for safely transporting medications within the facility and to and from external locations will be strictly followed.

4. MEDICATION ADMINISTRATION PROCEDURES

4.1 Preparation for Administration:

- Verify the resident's identity using two identifiers (e.g., name and date of birth).
- Ensure the medication to be administered matches the resident's current medication order.
- Prepare medications for one resident at a time to prevent errors.

4.2 Administering the Medication:

- Follow the "Five Rights": right resident, proper medication, right dose, correct route, and right time.
- Administer medication in a manner that respects the resident's privacy and dignity.
- Observe the resident for a few minutes post-administration to ensure they have taken the medication and to monitor for immediate adverse reactions.

4.3 Documentation:

- Immediately document the administration details in the resident's Medication Administration Records (MAR).
- Record the exact administration time, dosage, and any observations relevant to the resident's reaction to the medication.

4.3 Handling Refusals and Non-Compliance:

- Protocols for handling medication refusals, including documentation and notifying appropriate healthcare professionals.
- Strategies for managing non-compliance, focusing on resident education and support.

4.4 Managing Errors and Adverse Reactions:

- In case of a medication error or adverse reaction, follow the emergency response protocol and report the incident as per the policy guidelines.
- Document all details of the error or adverse reaction, including corrective actions taken.

4.5 Training and Assessment:

- It is important to regularly evaluate the competency of staff members in administering medication every month.
- Provide quarterly training and updates on best practices, changes in medication protocols, and new healthcare regulations.

5. CONSENT AND RESIDENT RIGHTS IN MEDICATION MANAGEMENT

5.1 Informed Consent:

- Obtain informed consent from residents or their legal representatives before commencing any medication regimen.
- Ensure residents or their representatives understand the medication's purpose, potential benefits, and risks.

5.2 Right to Refuse:

- Respect the resident's right to refuse medication, document the refusal, and inform the resident's healthcare provider.

- Implement alternative strategies or consult healthcare providers if medication refusal is frequent or poses significant health risks.

5.3 Privacy and Confidentiality:

- Maintain the confidentiality of the resident's medication information, sharing it only with authorized personnel.
- Administer medications in a private setting to ensure resident dignity and privacy.

5.4 Resident Education:

- Provide residents with medication information, including usage, potential side effects, and benefits.
- Encourage resident involvement in their medication management plans to promote independence and self-care.

6. MONITORING AND REVIEW OF MEDICATION PRACTICES

6.1 Quarterly Monitoring:

- Perform quarterly audits of medication administration records to ensure adherence to policies and procedures.
- Regularly monitor the health outcomes of residents about their medication regimen and make necessary adjustments.

6.2 Quality Assurance:

- Implement a quality assurance program that includes quarterly evaluations of medication management effectiveness.
- Utilize the outcomes of these evaluations to enhance medication safety and administration procedures.

6.3 Reporting and Reviewing Incidents:

6.3.1 Incident Reporting Process: Detailed Procedure

Step 1: Immediate Action and Notification

- In a medication error or adverse reaction, the staff member involved must first ensure the resident's safety and provide immediate care.
- Immediately notify the designated supervisor or healthcare professional on duty.

Step 2: Detailed Reporting

- Complete an incident report form as soon as possible, ideally within 24 hours of the incident.

- The report should include specific details such as the time and date of the incident, a description of what occurred, the medication involved, and any immediate actions taken.

Step 3: Incident Analysis

- The supervisor or a designated team reviews the incident report for completeness and accuracy.
- Initiate an analysis to understand the root cause of the incident. This may involve interviewing, reviewing medication administration records, and consulting healthcare professionals.

Step 4: Corrective Actions and Follow-up

- Based on the analysis, determine necessary corrective actions to prevent similar incidents in the future.
- Implement these actions and monitor their effectiveness.

Step 5: Documentation and Confidentiality

- Maintain all records related to the incident securely and confidentially.
- Documentation should be accessible only to authorized personnel for review and continuous quality improvement.

6.3.2 Documentation of Incidents:

- Document all reported incidents comprehensively, including date, time, involved parties, description of the incident, and immediate actions taken.
- Maintain a secure and confidential incident log accessible only to authorized personnel.

6.3.3 Analysis and Learning:

- Analyze each incident to identify root causes and contributing factors.
- Use the findings from these analyses to inform staff training and policy improvements.

6.3.4 Communication and Feedback:

- Communicate findings and learning points from incident reviews to all relevant staff.
- Encourage an open feedback culture where staff can discuss incidents and prevention strategies without fear of retribution.

6.3.5 Continuous Improvement:

- Regularly review incident reporting and response procedures to ensure they remain effective and align with best practices.

- Engage in continuous improvement efforts, incorporating lessons from incident reviews into daily practices and policy updates.

6.4 Policy Updates:

- Update the Medication Safety Policy quarterly or as needed to reflect changes in healthcare regulations, best practices, and resident care requirements.

7. EMERGENCY PROCEDURES AND RESPONSE IN MEDICATION MANAGEMENT

This section provides a comprehensive approach to managing medication-related emergencies, drawing on best practices from the HCBS-AMH Provider Manual and the Essential Care Solutions Medication Safety Policy.

7.1 Identification and Initial Response:

- Staff must be trained to recognize signs of medication-related emergencies, such as allergic reactions or overdoses.
- Immediate action should ensure the resident's safety, including administering first aid and calling for necessary medical assistance.

7.2 Notification and Escalation:

- Immediately notify the designated emergency contact or supervisor.
- Follow established protocols for escalating the emergency to medical professionals or emergency services.

7.3 Documentation and Reporting:

7.3.1 Immediate Documentation:

- Staff must document all medication-related emergencies immediately and comprehensively.
- Include the date and time of the incident, specific medication involved, description of the emergency, and the actions taken in response.

7.3.2 Reporting Procedure:

- Use a standardized form for reporting medication-related emergencies, ensuring consistency and completeness of information.
- Reports should be submitted to the designated supervisor or healthcare coordinator within a specified timeframe, typically within 24 hours of the incident.

7.3.3 Confidentiality and Record Keeping:

- Maintain confidentiality of all reports, ensuring they are accessible only to authorized personnel.
- Store all documentation securely, in compliance with healthcare privacy laws and regulations.

7.3.4 Analysis and Quality Improvement:

- Analyze emergency reports to identify patterns, potential risks, or areas for improvement in medication management practices every quarter.
- Use these analyses for continuous quality improvement, adjusting policies and procedures to enhance resident safety.

7.4 Post-Incident Review and Follow-up:

- Conduct a post-incident review to identify causes and potential improvements in medication management practices.
- Provide appropriate follow-up care to the resident, including adjustments to medication plans if necessary.

8. TRAINING AND COMPETENCY FOR STAFF IN MEDICATION MANAGEMENT

8.1 Regular Training Programs:

- Conduct regular training sessions for all staff involved in medication management, covering current best practices, emergency response procedures, and updates in healthcare regulations.
- Include practical demonstrations and assessments to ensure understanding and competency.

8.2 Ongoing Competency Assessments:

- Regularly assess the competency of staff in handling and administering medications through quizzes, practical demonstrations, and peer reviews.
- Identify areas where additional training or support is needed.

8.3 Specialized Training for Specific Medication Needs:

- Provide specialized training for staff handling high-risk medications or dealing with residents with complex medication regimes.
- Training should include specific handling procedures, potential side effects, and emergency response for these medications.

8.4 Documentation of Training:

- Maintain detailed records of all training sessions attended by staff, including dates, topics covered, and assessment results.
- Use these records to ensure ongoing compliance with training requirements and for quality assurance purposes.