



# WELCOME TO THERAPY SERVICES

**Contact Information:**

Office: (248) 643-8900

Fax (248) 740-3505

**Therapy Services Manager**

Molly Varon

[mvaron@expertcare.com](mailto:mvaron@expertcare.com)

**Occupational Therapy Supervisor**

Jodie Carley

[jcarley@expertcare.com](mailto:jcarley@expertcare.com)

**Administrative Coordinator**

Lynn MacKillop

[lmackillop@expertcare.com](mailto:lmackillop@expertcare.com)

**Scheduling Coordinator**

Jillian Wisniewski

[jwisniewski@expertcare.com](mailto:jwisniewski@expertcare.com)

**Administrative & Scheduling Support**

Jasmine Vang

[jvang@expertcare.com](mailto:jvang@expertcare.com)

**Business Hours:**

Monday-Friday 8:00 a.m. – 4:30 p.m.

Website: [www.expertcare.com](http://www.expertcare.com)



## Table of Contents

SECTION I. WELCOME, PHILOSOPHY AND MISSION .....	3
SECTION II. COMPANY OVERVIEW.....	4
Policies and Services.....	5
Plan for Care, Treatments, and Services.....	6
Charges .....	7
Timesheets and Your Responsibility .....	8
EXPERTCARE STAFF ATTENDANCE POLICY .....	9
Clinical Record Confidentiality.....	9
Client Concern Procedure.....	10
Notice of Non-Discrimination .....	10
SECTION III: CLIENT RIGHTS AND RESPONSIBILITIES .....	11
Client Rights .....	11
Client Responsibilities.....	12
APPOINTMENT CANCELLATION PROCEDURES .....	13
Recipient Rights Information .....	15
ExpertCare Notice of Privacy Practices- HIPAA Effective 9/23/2013 .....	19
SECTION IV. SAFETY .....	29
Medication Safety.....	30
Hazardous Items and Poisons.....	30
Medical Equipment/ Oxygen Safety .....	33
SECTION V. INFECTION CONTROL AT HOME .....	31
Handwashing .....	34
Non-Disposable Items and Equipment/ Sharp Objects.....	35



## SECTION I. WELCOME, PHILOSOPHY AND MISSION

To our Clients and Their Families:

Welcome to ExpertCare, we want to sincerely thank you for choosing our company. It is our privilege to care for you and we want you to be completely satisfied with our services. Please review the contents of this booklet and call us if you have any questions.

ExpertCare, a division of VersiCare, is a locally owned and operated company providing services throughout Southeast Michigan since 2001. We are not affiliated with any other health care providers. ExpertCare has well-trained and devoted staff that are committed to providing exceptional care and services to our clients in the comfort of their homes. We work with children, adults, and seniors needing support within the home and community.

Our Mission:

Empower individuals to reach their full potential by delivering home and community based care.

### **We Believe:**

In the value and worth of all people; and that all people, with or without disabilities, have the same inherent value and fundamental human rights.

Community services should be individualized, flexible, and responsive to the changing needs and desires of the persons with disabilities and their families.

Community Services should be designed to assist all persons with disabilities to live, work, socialize and participate in leisure activities in typical neighborhood and community environments.

Community services should actively promote the development of relationships and social networks between persons with disabilities and members of the community, including family, friends, co-workers, and neighbors.



## SECTION II. COMPANY OVERVIEW

### POLICIES

This booklet contains information regarding your rights and responsibilities as a client. As state and federal regulations change, there may be additions or changes to this booklet as necessary. ExpertCare's complete policy manual regarding your treatment and care is available for viewing in our office at any time during normal business hours.

ExpertCare providers do not carry medication, nor can we administer medication unless ordered by a physician. Please call your physician for prescription refills.

### SERVICES

ExpertCare provides services based upon the Individual Plan of Service developed during the Person-Centered Planning meeting you attend with the representative of the Community Mental Health organization that coordinates your services. All services that ExpertCare provides are on a one-on-one basis and must be provided face-to-face. This means that our staff members can only be responsible for the consumer and the consumer must be with the staff member for the services. No services can be provided if the consumer is not at home. Any minors in the home must have another adult responsible for them during the time services are being provided by ExpertCare staff.

#### **BEFORE SERVICES BEGIN:**

Before we begin services, we will ask that you complete and return to ExpertCare the following documents:

1. CONSUMER INFORMATION FORM
2. HEALTH HISTORY FORM
3. PATIENT CONSENT
4. AUTHORIZED SIGNATURE FORM
5. HIPAA PRIVACY NOTIFICATION AND RECIPIENT RIGHTS POLICY ACKNOWLEDGEMENT
6. AUTHORIZATION TO DISCLOSE PHI (PROTECTED HEALTH INFORMATION)
7. APPOINTMENT CANCELLATION POLICY FORM
8. THERAPY SERVICES AGREEMENT
9. THERAPEUTIC ENVIRONMENT CHECKLIST

The core provider that you receive services from authorizes ExpertCare to provide services and will determine the amount of service that will be authorized. All clinical services must be prescribed by a physician and meet the medical necessity standard for the services and be listed in the IPOS.

Skilled services include:



**Registered Nurse** is a licensed and highly professional, skilled nurse trained to assist the physician and client with planning, coordinating and implementing individualized assessment, care and management.

**Licensed Practical Nurse** is a licensed and highly professional, skilled nurse trained to assist the Registered Nurse, physician, and client with individualized assessment, care, and teaching/training activities.

**Physical Therapist** is a licensed professional who provides restorative techniques to improve coordination, balance, strength, and mobility.



**Occupational Therapist** is a licensed professional who is skilled to assess and provide energy conservation techniques, adaptive devices and individualized care plans to assist recovery of independence.



**Speech Language Pathologist** assists with vocal strengthening, cognitive deficits, memory recovery and other methodology to recover memory and function.





## PLAN FOR CARE, TREATMENTS, AND SERVICES

ExpertCare will involve you, your caregiver/family member, Case Manager/Support Coordinator, key professionals and other staff members in developing your plan of care and treatment. Your plan is based upon identified needs, goals, physician orders, care, treatment and services, timeframes, your environment and your personal wishes. All goals and treatments plans will be integrated into your Individual Plan of Service, signed by you or your parent/guardian. The plan is reviewed and updated as appropriate, based upon changing needs. We encourage your participation and will provide necessary medical information to assist you.

The plan may include the following interventions and goals:

Nursing Care

Physical Therapy

Speech and Language Therapy

Occupational Therapy

With your help, we will keep an updated list of your medications. Please communicate any changes in medications to us immediately.

You have the right to refuse any medication or treatment procedure. However, such refusal may require us to obtain a written statement releasing ExpertCare from all responsibility resulting from such action. Should this happen, we would encourage you to discuss the matter with your physician for advice and guidance.

We fully recognize your right to dignity, respect, and individuality, including privacy in your treatment and in the care of your personal needs. We will notify you if an additional individual is required to be present for your visit for reasons of safety, education or supervision.

There must be a willing, able and available caregiver/family member over the age of 18 years, to be responsible for your care between our staff visits. This person can be you, a family member, friend or another caregiver. There must be an adult present, and on-site during the duration of our visits. If this individual is someone other than yourself, your parent/guardian, you will need to designate this individual's name on the Authorization to Disclose Protected Health Information form in the consumer paperwork packet. We will also require the individual to sign the Authorized Signer form, so that the designated individual may sign our staff timesheets at visits. All signatures are verified against the Authorized Signer form for authenticity.



## Therapeutic Environment Checklist

We have found that consumers make the most progress in an environment that is free of distractions, allowing them to focus during their therapy sessions. Please find below a list of factors necessary to promote successful therapy sessions for your loved one.

- Table and appropriately sized chair
- Clean environment to conduct therapy
- Quiet area, free from excessive noise
- An area away from other children/adults that may distract from the session
- Minimal distractions (no TV, video games, computers, toys, cell phones or iPads/Tablets, unless therapist requests use in the session)
- Free from pets that may distract consumer during session
- Neutral smelling environment
- Consumer is not sick/has not had a fever within 24 hours
- Consumer has been awake at least 15 min prior to session.

<b>CHARGES</b>
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ExpertCare accepts payment for services from Medicare and Medicaid only. ExpertCare will bill for our services on your behalf. We will accept assigned payment as payment in full for the services we provide as long as you meet the qualifying requirements and the services are covered by the specific program. If services are ordered which are not covered by Medicare/Medicaid, you will be notified by ExpertCare before the services are provided.

It is your responsibility to notify ExpertCare immediately of any changes occur in your participation with Medicaid or Medicare. If the consumer receiving services becomes eligible or is enrolled in an insurance plan other than Medicare or Medicaid, you must contact ExpertCare immediately. We are not credentialed with third-party insurance companies; therefore, if services are provided you or your responsible party may receive a bill for those services not covered. If you are receiving Medicare benefits, you may receive a Medicare Summary Notice (MSN) after we have submitted a claim for services. The MSN lists services and charges billed to Medicare on your behalf and the amount that Medicare paid. **This is not a bill.**

## TIMESHEETS AND YOUR RESPONSIBILITY

To ensure that you or your loved one receives the care that they are entitled to receive, we ask you to participate in the verification of each staff member's timesheet. Each time they provide services to the consumer, staff is responsible for completing a timesheet and supporting documentation. Each week the staff member will present a completed timesheet to the guardian or other authorized signer for a signature to verify time worked for the week.

- If the consumer is his/her own guardian, he/she must sign the timesheet
- If there is a Power of Attorney or another adult in the home that would like to verify the hours, they may sign also.
- White out is not allowed to be used on time sheets
- Mistakes must be corrected with a single line through the mistake, and both guardian and staff sign beside the correction.
- Timesheets must be completed in BLUE or BLACK ink only
- Timesheets must be signed and dated each week after the timesheet is completed by the staff member. Please check for accuracy in dates and times.
- Never sign a blank timesheet.
- Timesheets must reflect the time that staff spent face-to-face with the consumer or with family member for family training services.
- Timesheets with any data may NOT be copied and used another week. Each week must start with a blank timesheet.

Please carefully review the timesheet the staff presents to you. Only face-to-face time with the consumer or time with a family member providing family training is billable. We encourage you to keep a calendar listing the times and dates that staff came to your home, so that you may verify the services. We need your help to assure timesheet accuracy. If you do not feel that the times are correct on the timesheet being presented to you for signature, you should NOT sign the timesheet. Call our office if the times or services are not recorded accurately on timesheets. It is our priority to ensure that all billing is correct.

**Please remember that no services may over-lap.** Only the individual providing services to the consumer may bill for time. A paid caregiver, Supports Coordinator, ABA provider, or any other person that is billing Medicaid must not be scheduled at the same time as the therapist visit. Please check with the ExpertCare office if you have any questions regarding this policy. A CLS/Respite provider may not bill services while the therapist is providing services.

Timesheet verification is a very important aspect of our partnership. Billings for the wrong service or for time not worked are considered Medicaid fraud. ExpertCare takes Medicaid fraud very seriously and we





do everything we can to prevent it. If fraud is suspected, we suspend the staff person and conduct a full investigation. If there is a preponderance of evidence that fraud was committed; we turn the case over to the Office of the Inspector General, the employee is separated from employment and the funds are recovered from the employee.

### EXPERTCARE STAFF ATTENDANCE POLICY

ExpertCare wants to ensure that you or your loved one receives all the authorized services that they are allowed; to do this, we need your assistance. Our staff is expected to be reliable for the consumer/families for whom services are provided. As we are not on site (your home), we are not able to monitor the staff's attendance. We depend upon the family to let us know if our staff is late or misses a scheduled visit. Please notify the ExpertCare office at 248-643-8900 any time your staff is tardy or absent so that we may work together to ensure that you/your loved one is receiving their services.

*Due to the number of clients that we provide services to and travel time between clients, we are unable to promise specific times for each visit. ExpertCare clinical staff will provide you with a time range in which you can expect our staff to arrive. If you have specific days/times that you know you will not be at home, you must call the office and communicate that information. (Please review appointment cancellation procedure in this booklet and in the consumer packet)*

### CLINICAL RECORD CONFIDENTIALITY

Your medical record is maintained by our staff to document physician orders, assessments, progress notes and treatments. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering or unauthorized use. Our Notice of Privacy Practice describes how your health information may be used by us or disclosed to others, as well as how you may access to this information. **ALL PATIENT INFORMATION IS CONFIDENTIAL.**

Certain parts of your clinical record will be left in your home. ExpertCare staff may use the copies left in your home as reference when they visit you. You will be asked to sign a written consent authorizing us to release information to other care providers and to organizations or companies who may be paying for your care. We will not share information with anyone else without your consent.

It is up to you to make certain that any copies of your clinical record that are left in your home remain confidential. Please protect your clinical record.



**\*\*PLEASE NOTE\*\***

**We encourage you to carefully read “The Statement of Patient Privacy Rights” included in this booklet.**

**CLIENT CONCERN PROCEDURE**

Your satisfaction is very important to us. To provide the best service possible, please contact ExpertCare at any time if you have a concern, question or problem.

Please follow these steps to resolve any issues:

1. Call the ExpertCare office and ask to speak to the Therapy Services Manager. If that individual is not available, please ask to speak with the Business Division Manager. If you are unable to speak with someone immediately, please leave a message. Your call will be returned within one business day.
2. The manager will work with you to resolve any concern or problem. If the manager cannot find a resolution within 5 business days, they will elevate the matter to the next level of supervision. If you are unhappy with the resolution, you may ask that the matter be elevated to the next level. If a supervisor is unable to satisfactorily resolve the issue within 5 business days, he/she will ask you if you wish to file a formal complaint.
3. Formal complaints will be handled by a manager or by a member of our executive team. They will work with you to find a resolution.
4. A formal complaint may be filed at any time during the process, either in writing or verbally.

**NOTICE OF NON-DISCRIMINATION**

It is the policy of ExpertCare to provide services to all persons without regard to race, color, National origin, disability or age in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination Act of 1975 (45 CFR Parts 80:84 and 91) respectively. The same requirements are applied to all and there is no distinction in eligibility for or in the manner of providing services. All services are available without distinction to all program participants regardless of race, color, national origin, disability or age.

All persons and organizations having occasion either to refer persons for services or to recommend our services are advised to do so without regard to the person’s race, color, national origin, disability or age. The person designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973 (Non-Discrimination against Persons with Disabilities) is The Division Manager at 248-643-8900.



## SECTION III: CLIENT RIGHTS AND RESPONSIBILITIES

### CLIENT RIGHTS

ExpertCare protects and promotes the rights of each individual under our care. We provide a verbal explanation and make **written notice available via our website of these rights PRIOR to furnishing care or the initiation of treatment.** You have the right to exercise these rights. However, if you are unable to do so, your family or guardian may exercise these rights. As a client of ExpertCare, you have the right to:

- Expect that you (as a person) and your personal property will be treated with dignity, courtesy and respect.
- Accept, decline, or discontinue all or part of your care to the extent permitted by law, and to have the possible outcomes of such action explained.
- Receive adequate, appropriate, and personalized care without regard to national origin, cultural/religious beliefs, sex, age, color, race, sexual preference, marital status, veteran status, handicap, or payment source.
- Be informed verbally and in writing of services to be provided and/or of any charges for items not covered by insurance.
- Be informed of any changes in care or charges for items/service for which you or your family may be responsible in a language form you can understand BEFORE service is provided and/or of any charges for items not covered by insurance.
- Participate in developing, evaluating, revising the Plan of Care or services received to meet your specific needs and promote maximum independence.
- Expect that all records and information are kept confidential.
- Be informed of the names and titles of all ExpertCare personnel providing care to you, as well as the nature and purpose of any service or procedure they will provide.
- Receive information concerning available community resources and the coverage available under Medicare, Medicaid, or any other Federal program of which ExpertCare is aware.
- Receive information regarding access to your health records and the opportunity to ask questions about such records.
- Make decisions concerning such medical care including the right to refuse medical and/or surgical treatment and the right to formulate Advanced Directives (known in Michigan as Medical Durable Power of Attorney).
- Be assured that ExpertCare will not condition the provision of care or otherwise discriminate against an individual based on whether or not you have executed an Advance Directive.
- Voice grievances with respect to your treatment or care that is (or fails to be) furnished, or lack of respect for the patient's property by anyone who is providing care on behalf of the agency. The agency must investigate complaints and must document both the existence and resolution of the complaint. There will be NO discrimination or reprisal against you for voicing a grievance.

<b>CLIENT RESPONSIBILITIES</b>
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As a client of ExpertCare, you have the responsibility to:

- Provide an accurate and complete medical history including all medications that you are taking.
- Have a parent/guardian or designated adult on site for the duration of our visits.
- Communicate all changes in your health status, complications, or side effects of prescribed treatment, allergies, etc.
- Have a physician and remain under medical supervision while receiving services from us.
- Supply prescribed medication(s), equipment, and/or supplies (not covered under other health benefit) that the ExpertCare is unable to provide.
- Create and follow through with an established medical emergency plan.
- Treat ExpertCare personnel with dignity, courtesy and respect at all times.
- Notify ExpertCare of any and all changes in your insurance coverage.
- Maintain an adequate and safe environment for the delivery of service. (clear driveway, walkway to home, contain potentially threatening pets)
- Request information concerning anything you do not understand. Voice concerns to ExpertCare clinicians or ExpertCare management.
- Commit to the scheduled visit days and times for therapy. If you are unable to be at home for a scheduled appointment, contact ExpertCare 24-hours prior to the scheduled appointment to cancel.
- Notify ExpertCare immediately if the consumer is hospitalized.
- Notify ExpertCare of any changes in your address or contact phone number.
- Maintain a working contact phone number where we can reach you.
- Provide a Therapeutic Environment for delivery of services.

## APPOINTMENT CANCELLATION PROCEDURES

You MUST Notify the ExpertCare office if you need to change or cancel an appointment.

**DO NOT** call the clinician that provides therapy services to your loved one.

### **24-hour notice is required to cancel a scheduled visit.**

- If you encounter unforeseen circumstances that do not allow you to keep your scheduled appointment, call ExpertCare immediately at **248-643-8900**.
- In the event of an emergency, please call the ExpertCare office immediately at **248-643-8900**.

#### **No-Call, No-Show Policy:**

If our clinician arrives at your home for a scheduled appointment and there is no one at home, the following procedures will be followed:

- a) The clinician will return to his/her vehicle and call the ExpertCare office. The office staff will call all consumer contact numbers on file. If the consumer will be returning home within 10 minutes of the scheduled appointment, the clinician will wait for the consumer to arrive. The clinician will conduct the therapy services; however, the session may be shortened to allow the clinician to remain on schedule for other consumers. If the consumer will be unable to return to the home within 10 minutes of the scheduled appointment, or there is no answer from the telephone inquiries; the clinician will leave the home. This will be considered a **“NO CALL NO SHOW” appointment**. After the first “NO CALL NO SHOW”, a phone call will be placed to the family and the Supports Coordinator.
- b) The second occurrence of a “NO CALL NO SHOW” appointment will result in a letter sent to the family and the Supports Coordinator. This letter will state the consumer MAY be at risk of discharge from ExpertCare due to two instances of “NO CALL NO SHOW” appointments within the last year and non-compliance of the Plan of Care. An alternate schedule may be discussed, or the consumer may choose to seek alternate therapy providers. ExpertCare will continue to provide in-home services with the agreement that the consumer/family will adhere to the ExpertCare cancellation procedure.
- c) The third occurrence of a “NO CALL NO SHOW” appointment, will result in ExpertCare initiating notice of termination of therapy and/or any skilled services being provided. ExpertCare will continue to provide therapy services for 7-days following the date of notification. At the end of the 7-day period, ExpertCare will discontinue therapy services to the consumer. If a new therapy provider is selected prior to the discharge date, ExpertCare will end services at that time. If the consumer has a NO CALL NO SHOW during the 7-day discharge period, that will signify the consumer wishes to terminate services immediately and forfeit the 7-day discharge period.

ExpertCare understands circumstances do come up and each situation will be looked at individually. If you need to cancel you MUST NOTIFY ExpertCare in order to not receive a “NO CALL NO SHOW”. When there is a lack of communication regarding the cancellation is when a “NO CALL NO SHOW” will be given.



## Speech Language & Occupational Therapy Agreement

Based upon the evaluation and recommendation of the therapist, I agree that my loved one can benefit from therapy services. I understand that consent to be part of this program, I agree to the adhere to the following:

- Schedule compliance- It is important for your loved one's success that they are home to participate in therapy appointments as indicated in the therapy Plan of Care. The appointments will be scheduled weekly at the same day and time. **It is our expectation that when you agree to a weekly appointment time for therapy services, that other appointments are scheduled at different times to allow consistency in treatment.** For example, Dr. appts, SC visits, or other services. If you must cancel for any reason, you must call the ExpertCare therapy department at **248-643-8900** prior to your scheduled appointment. (please see attached Cancellation Policy)
- Attendance- To attain maximum benefit, we request 75% attendance rate for scheduled appointment throughout the year. We understand that there are times you must cancel your appointments. If cancellations exceed more than 1 time per month, you may be placed on the wait list for other days. If your current schedule no longer works for you, please call the office to discuss alternate times/days. If you must cancel an appointment, call **248-643-8900** prior to the appointment time. (please see attached Cancellation Policy)
- Supervision- An adult must be present in the home while the client is receiving services. ExpertCare cannot be responsible for your loved one once a therapy session has ended. If you want to have an adult other than a parent remain during therapy, you must add that individual's name to the 'Authorization to Disclose Protected Health Information' form AND have the adult sign the 'Authorized Signer' form. **Please note, CLS and Respite staff cannot provide services while a therapist is working with the client.**
- Family Responsibilities- While receiving ExpertCare services, therapists, office staff and the family will work as a team. **It is the family's responsibility to engage in open communication with ExpertCare to ensure the best quality services for your loved one.** Parents may be asked to participate in therapy sessions; participation may increase the probability of progress toward the identified goals. Therapists may also provide at-home work to enhance understanding and implementation of therapy techniques.
- I acknowledge that ExpertCare therapy services in accordance with DWIHN have been explained to me.
- I agree to work in collaboration to promote my child's progress toward their goals indicated in the IPOS.
- I understand if I have any questions or concerns regarding my rights, responsibilities, or preferences, I may contact the ExpertCare office at **248-643-8900**.



## RECIPIENT RIGHTS INFORMATION

The Mission of The Recipient Rights office is to provide rights protection services to all citizens who are applying for, or receiving service through county mental health authorities, thus ensuring that mental health services are provided in the spirit of personal and individual rights. The Recipient Rights office is responsible for:

- Training
- Prevention
- Problem Solving
- Monitoring

We encourage you and your family to learn more about the Rights of your loved one. Please contact your local Recipient Rights Office for more information.

Oakland County  
2011 Executive Hills Blvd.  
Auburn Hills, MI 48326  
248-858-1202

Genesee County  
420 West Fifth Ave.  
Flint, MI 48503  
810-257-3710

Macomb County  
71 North Avenue  
Mt. Clemens, MI 48043  
586-469-6528

Wayne County  
Community Mental Health Board  
Office of Recipient Rights- 8th floor  
640 Temple  
Detroit, MI 48210  
313-833-2071

## Recipient Rights Policies:

ExpertCare Management Services is a provider agency which services Community Mental Health Agencies and their affiliates. When you and your family completed intake at your CMH organization, you received a booklet outlining you/your loved ones' rights as a participant in the services. You should also receive one of these booklets at your annual Person Centered Planning meeting.

By law, ExpertCare must write its own Recipient Rights policies. You can listen to the podcasts of "Your Rights" by going to [www.ExpertCare.com](http://www.ExpertCare.com); proceed to the Client Tab and click on Podcasts of Your Rights. Or, you may go directly to the link which is: [http://www.michigan.gov/mdch/0,4612,7-132-2941\\_4868\\_4901-16988--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_4901-16988--,00.html).

This policy covers all staff providing in-home and facility living support, respite services, therapy, and nursing services. Each ExpertCare staff member is trained in Recipient Rights to ensure you/your loved one will be protected from rights violations while they are receiving services and support with our company.



Please review the policies explained below and sign the form (found in the checklist of your consumer paperwork) acknowledging you have read these.

- **Abuse and Neglect Policy**

It is the policy of ExpertCare Management Services that abuse and neglect will not be tolerated. The consumer has the right not to be physically, sexually, or otherwise abused (including sexual harassment). If our staff reports any suspicion of consumer abuse to the Office of Recipient Rights, to the Police Department and/or Protective Services, ExpertCare will cooperate in the prosecution of appropriate criminal charges against those who have engaged in unlawful abuse.

- **Change in Type of Treatment Policy**

It is the policy of ExpertCare Management Services that our staff assists and supports the consumer through a change in treatment. All staff should monitor and notify any observation or recommendations to the appropriate support services. Staff will assist consumer with contacting a member of their support team with questions regarding their plan of service.

- **Communication and Visits Policy**

It is the policy of ExpertCare Management Services to provide support services as outlined in the plan of service that uphold the consumer's right to have unimpeded, private, and uncensored communication with others by mail and telephone and to visit with persons of his or her choice. Staff will assist consumers in obtaining contact information of those individuals the consumer desires to contact. Individual limitations should be thoroughly documented in the plan of service.

- **Comprehensive Examinations Policy**

It is the policy of ExpertCare Management Services to assist consumers with transportation and setting doctor's appointments directly related with physical and mental examinations as stated in the IPOS. Staff shall provide relevant observations of current behaviors that may provide additional insight through the exam process and development of the individual plan of service.

- **Confidentiality and Disclosure**

ExpertCare Management Services takes the privacy of personal health information (PHI) seriously. A number of laws and regulations including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Act 258 and the Michigan Mental Health Code protect PHI. Staff members are required to sign a receipt of acknowledgement of our confidentiality policy.

- **Consent to Treatment and Services Policy**

It is the policy of ExpertCare Management Services to advise the consumer of their right to give consent to receive treatment or release confidential information. Staff can assist, if necessary, in contacting the appropriate support services for the consumer to gain knowledge and understanding to make a voluntary decision to consent.





- **Rights to be Treated with Dignity and Respect Policy and to be Free from Humiliation**

It is the policy of ExpertCare Management Services that all Staff treats consumers and consumer family members with dignity and respect.

It is the policy that staff never treats consumers in a humiliating way. ExpertCare staff can provide information about our support services and screening process to the consumer and the consumer family members.

The culture and religion of the consumer and their family must be respected. Staff may not leave religious pamphlets or make attempts to convert the consumer or the consumer family.

- **Fingerprinting, Photographing, Audio Taping, and Use of One Way Glass Policy**

It is the policy of ExpertCare Management Services that;

- Photographs may not be taken by staff for social or personal purposes unless the consumer or applicable parent/guardian has consented, either verbally or written.
- Staff must inform the consumer of their rights when fingerprinted, photographed, or audio taped and during the use of one-way glass. A written consent must be obtained from the consumer or applicable parent/guardian.

- **Medication Policy**

It is the policy of ExpertCare Management Services that caregivers and therapists can provide medication support through reminding, observing and/or monitoring of medication.

- **Freedom from Retaliation**

It is the policy of ExpertCare Management Services that no employee of ExpertCare will retaliate against a consumer or family member for any reason, including complaints made by the consumer or family against staff or ExpertCare.

- **Freedom of Movement Policy**

It is the policy of ExpertCare Management Services that Freedom of Movement is not limited by any staff member. Physical restraint or seclusion may not be used to limit the movement of a consumer.

- **Property and Funds Policy**

It is the policy of ExpertCare Management Services to support the consumer's entitlement to receive, possess, and use all personal property and funds unless limited by law or limited in the IPOS. Our staff provides assistance for the consumer to access the money in his or her account, spend or otherwise use money as he or she chooses unless limited in the IPOS.

Staff shall not use consumers' money, credit cards, debit cards or receive gifts from consumers. Staff and consumer monies shall not be commingled. Staff shall not borrow, receive or ask for loans from consumers.



It is the policy of ExpertCare Management Services that staff is prohibited from selling anything to the consumer or requesting that the consumer look at goods/services the staff member sells. The staff is prohibited from leaving catalogs or pamphlets with the consumer or the consumer's family.

- **Resident Labor Policy**

It is the policy of ExpertCare Management Services to provide support services to our consumers at work and work training sites as defined in the plan of service. The Caregiver shall report to the appropriate personnel observations or concerns in work habit or work methods that are outside the plan of service or contradict with applicable federal and state labor laws including minimum wage.

- **Right to Entertainment Material, Information and News Policy**

It is the policy of ExpertCare Management Services to provide support services as outlined in the IPOS which upholds the consumer's right to acquire, at a personal expense, and/or read written or printed material. ExpertCare Management Services also upholds the consumer's right to listen or to watch television, radio, recordings or movies. All individual limitations should be justified and documented in the plan of service.

- **Use of Physical Management**

It is the policy of ExpertCare Management Services (EMS) that physical management is not permitted by EMS staff except in circumstances under the conditions set forth or other law.

Physical management is defined as being physically held with no more force than is necessary by an EMS staff member in order to prevent the consumer from physically harming himself, herself or others.

Physical Management should be only be used as a last resort after other means of de-escalation have been tried and have not been successful in reducing or eliminating the risk of harm and as consistent with the Individual Plan of Service.

Any physical management must be reported immediately to a supervisor at ExpertCare and an Incident Report must be filled out and sent to the proper Recipient Rights Office.

- **Use of Restraint and Seclusion Policy**

It is the policy of ExpertCare Management Services (EMS) that restraint and seclusion are not permitted by EMS staff.

Physical restraint is defined as the use of a physical device to restrict an individual's movement. Restraint is any physical or mechanical device, material or equipment that immobilizes or reduces the ability of the recipient to move his arms, legs body or head freely for the purposes of management, control or extinction of seriously aggressive, self-injurious or other behaviors that place the individual or others at risk.



**This definition of restraint excludes supports used in PT or OT exercises which are used for the purpose of maintaining or improving functioning.**

- **Services Suited to Condition in a Least Restrictive Setting Policy**

It is the policy of ExpertCare Management Services that the consumer receives services suited to their condition in the least restrictive setting. Staff will support and encourage the consumer's goals and objectives outlined in the plan of service.

- **Sterilization, Contraception, and Abortion Policy**

It is the policy of ExpertCare Management Services to assist a consumer in setting appointments for family planning and health services according to the consumer's request or identifying resources to gain relevant information.

- **Treatment by Spiritual Means**

It is the policy of ExpertCare Management Services to have staff help the consumer seek out resources for spiritual treatment at their request. Consumers shall be permitted treatment by spiritual means on request, or the request of the consumer's guardian/parent of a minor consumer. The consumer must consent to such treatment.

- **Use of Psychotropic Drugs Policy**

It is the policy of ExpertCare Management Services that Caregivers will transport and provide support so the consumer can obtain medication from the pharmacy. The staff will notify the appropriate support services if they observe concerns and/or unusual behavior. ExpertCare will assist the consumer in contacting the appropriate resource to answer medication questions.

***If you have any questions about the policies, please contact ExpertCare at 866-812-8896.***

## **Filing a Recipient Rights Complaint**

If you believe that your rights have been violated, you, or someone you trust, can file a recipient rights complaint. You may file a complaint by calling or visiting the Recipient Rights Office at Detroit Wayne County Community Mental Health Agency. You may also complete a Recipient Rights Complaint form, which is available from the Rights Office or on our website, [www.ExpertCare.com](http://www.ExpertCare.com), under the Clients tab.

Your complaint needs to contain the following information:

- A statement telling the Rights Office what you are complaining about;
- What right or rights you think have been violated; and
- What you think will resolve your complaint.

If you want help writing your complaint, the Rights Office will refer you to an advocacy organization for help. If there is no advocacy organization available, the Rights Officer will help you.



**EXPERTCARE NOTICE OF PRIVACY PRACTICES- HIPAA EFFECTIVE 9/23/2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information “medical information.”

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

**How We May Use and Disclose Medical Information About You.**

We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

- **For Treatment.**

We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them. Similarly, we may refer you to another health care provider and as part of the referral share medical information about you with that provider. For example, we may conclude you need to receive services from a physician with a specialty. When we refer you to that physician, we also will contact that physician’s office and provide medical information about you to them so they have information they need to provide services for you.

- **For Payment.**

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third-party payor. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to obtain a determination whether you are covered by that insurance or program.



- **For Health Care Operations.**

We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate the Agency and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff, volunteers and students working in the Agency.

We also may use the information to study ways to more efficiently manage our organization.

- **How We Will Contact You.**

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate with you in a certain way or at a certain location, see “Right to Receive Confidential Communications” on page 6 of this Notice.

- **Appointment Reminders.**

We may use and disclose medical information about you to contact you to remind you of an appointment you have with us.

- **Treatment Alternatives.**

We may use and disclose medical information about you to contact you about treatment alternatives that may be of interest to you.

- **Health Related Benefits and Services.**

We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you.

- **Required by Law.**

We may use or disclose medical information about you when we are required to do so by law.

- **Individuals Involved in Your Care.**

We may disclose to a family member, other relative, a close friend, or any other person identified by you, medical information about you that is directly relevant to that person’s involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close friend that you do not want us to disclose medical information about you to, please notify the Agency Administrator, or by calling the Agency, or tell our staff member who is providing care to you.



- **Disaster Relief.**

We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

This will be done to coordinate with those entities in notifying a family member, other relative, close friend, or other person identified by you of your location, general condition or death.

- **Public Health Activities.**

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

- **Victims of Abuse, Neglect or Domestic Violence.**

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

- **Health Oversight Activities.**

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

- **Judicial and Administrative Proceedings.**

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

- **Disclosures for Law Enforcement Purposes.**

We may disclose medical information about you to a law enforcement official for law enforcement purposes:

1. As required by law.
2. In response to a court, grand jury or administrative order, warrant or subpoena.
3. To identify or locate a suspect, fugitive, material witness or missing person.
4. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
5. To alert law enforcement officials to a death if we suspect the death may be the result of criminal conduct.
6. About crimes that occur at our facility.
7. To report a crime in emergency circumstances.

- **Organ, Eye or Tissue Donation.**

To facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

- **Research.**

Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave The Agency during that person's review of the information.

- **Coroners and Medical Examiners**

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

- **Funeral Directors.**

We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

- **To Avert Serious Threat to Health or Safety.**



We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

- **Military.**

If you are a member of the Armed Forces, we may use and disclose medical information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

- **National Security and Intelligence.**

We may disclose medical information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President.**

We may disclose medical information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

- **Security Clearances.**

We may use medical information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

- **Inmates; Persons in Custody.**

We may disclose medical information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

- **Workers Compensation.**

We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

- **Other Uses and Disclosures.**

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the Agency Administrator at 210 Town Center Dr. Troy MI, 48084, in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.



<b>Your Rights with Respect to Medical Information About You.</b>
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You have the following rights with respect to medical information that we maintain about you.

- **Right to Request Restrictions.**

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close friend or any other person identified by you; or, (b) for public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

**To request a restriction**, you may do so at any time. If you request a restriction, you should do so by notifying ExpertCare at 210 Town Center Dr, Troy MI, 48084 or by calling 248-643-8900 and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

***With one exception, we are not required to agree to any requested restriction.*** The exception is that we will always agree to a request to restrict disclosures to a health plan if: a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid in full.

If we do agree to a restriction, we will follow that restriction unless the information is needed to provide medical treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

- **Right to Receive Confidential Communications.**

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication, you must do so in writing to ExpertCare at 210 Town Center Dr, Troy MI, 48084. Your request must state how or where you can be contacted. We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.



- **Right to Inspect and Copy.**

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of medical information about you.

To inspect or copy medical information about you, you must submit your request in writing to ExpertCare at 210 Town Center Dr, Troy MI, 48084 or by calling 248-643-8900.

Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy medical information if the medical information involved is:

- a. Psychotherapy notes;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

- **Right to Amend.**

You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us.

**To request an amendment**, you must submit your request in writing to notify the Division Manager-ExpertCare at 210 Town Center Dr, Troy MI, 48084 or by calling 248-643-8900. Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of, and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment. We may deny your request to amend medical information about you.



We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the medical information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial.

Your statement may not exceed 10 pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request.

#### **Right to an Accounting of Disclosures.**

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 1, 2011.

#### **Certain types of disclosures are not included in such an accounting:**

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incident to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for our Agency directly or to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- i. Disclosures to correctional institutions or law enforcement officials having custody of you;
- h. Disclosures to correctional institutions or law enforcement officials having custody of you;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- j. Disclosures made prior to April 1, 2011.



Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to ExpertCare at 210 Town Center Dr, Troy MI, 48084 or by calling 248-643-8900. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 1, 2011.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Copy of this Notice/Availability of Notice of Privacy Rights.**

You have the right to obtain a paper copy of our Notice of Privacy Practices and may do so at any time. You may also obtain a paper copy in addition to the notice you received electronically.

A copy of our current Notice of Privacy Practices will be posted in the receiving area of our Agency office. **At any time, you may obtain a paper copy of this notice by** contacting ExpertCare 210 Town Center Dr, Troy MI, 48084 or by calling 248-643-8900.

- **Generally**

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. ***We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.***

- **Our Right to Change Notice of Privacy Practices.**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

- **Availability of Notice of Privacy Practices.**

A copy of our current Notice of Privacy Practices will be posted in the receiving area of our Agency office. **At any time, you may obtain a copy of the current Notice of Privacy Practices by** contacting ExpertCare at 248-643-8900.



- **Complaints.**

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact the Business Division Manager at 210 Town Center Dr, Troy MI, 48084 or by calling 248-643-8900.

**All complaints should be submitted in writing.**

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him /her in care of: Office for Civil Rights, U.S. Department of Health and Human Services 200 Independence Avenue SW, Washington, D.C. 20201. ***You will not be retaliated against for filing a complaint.***

- **Questions and Information.**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Division Manager at 210 Town Center Dr, Troy MI, 48084 or by calling 248-643-8900.

## SECTION IV. SAFETY

### Choking Safety

It is the goal and responsibility of all ExpertCare employees to be vigilant when working with the consumer/family to ensure consumer's safety. The following guidelines are put in place to protect consumers.

-For consumers under the age of 3 years (36 months) of age, the following will be implemented:

- No toys, games, writing instruments, food items, candy or other items smaller than the diameter of 1.25 inches wide and 2.25 inches long. (*reference Official Journal of American Academy of Pediatrics. Policy -Prevention of Choking Among Children*) .

A practical measurement tool is a toilet paper roll. If the item fits into the toilet paper roll, then it the item is **too small**; therefore, unsafe for use with a child under 36 months of age.

Items not meeting the guidelines listed above may not be utilized in the facility setting or in the home of the consumer without written consent of the parent and the attestation by the therapist specifying the need for the use of the item(s).

-No food items should be utilized as edible reinforcement or any other purposes with children under the age of 36 months of age.

For consumers over the age of 36 months, if a therapist wishes to utilize edible reinforcements (i.e. food items, candy, other snack items) the following procedure must be completed PRIOR to giving the consumer any food item.

- 1) Therapist must ask the consumer or parent/guardian or adult responsible for the consumer if the adult approves the item the therapist is considering for the consumer.
- 2) Therapist must ask the parent/guardian or responsible adult if the consumer has ANY allergies. The therapist should also reference the consumer's Health History Form provided to them prior to visiting the consumer. Therapists may call the ExpertCare office during regular business hours to check the consumer's health history form, if the therapist does not have the form handy to review. Therapists may call the ExpertCare therapy phone after regular business hours for the same.
- 3) Therapist will review the ingredient list of the food item to determine there are no potential allergy threats to the consumer prior to providing the food item to the consumer. If the consumer parent/guardian communicates that the consumer does not have an allergy, but the parent/guardian does have an airborne allergy- then the food item must be checked for the allergen. It may be determined that the food item is inappropriate due to a family member's food allergy.

- 4) Therapist will clearly document on notes for the session that a food item was utilized. The specific item must be noted, as well as the purpose of the use of the edible reinforcement. Ex: used Nabisco Regular cheez-it crackers for fine motor exercises.

## Therapeutic Tools

Following the initial evaluation of a consumer, the therapist will create a Plan of Care. This Plan of Care will list goals, objectives and may include interventions that the therapist intends to utilize with the consumer during the treatment sessions. The therapist may also communicate interventions and training/information they intend to provide to the parent/guardian or responsible adult for the Family Training component. At the meeting following the initial evaluation (or re-evaluation), the therapist will discuss with the consumer/parent/guardian/responsible adult the goals, and objectives written in the plan of care. The therapist will also discuss some or all items, techniques, clinical aspects that they will be utilizing in the course of treatment with the consumer. The consumer/parent/guardian will be given an opportunity to ask questions, and have discussion with the therapist. If the consumer/parent/guardian does not wish to have the therapist utilize a particular item in the treatment of the consumer, they may communicate that wish at that time or at any time during the treatment sessions. The consumer/parent/guardian will be asked to sign the Plan of Care document following that meeting to confirm understanding and approval of the Plan of Care.

During treatment either in the facility or in-home, therapists may use a variety of techniques, tools, games, media, tactile instruments, art supplies, or other items not listed here. Any items that are utilized during treatment with a consumer must be accounted for at the end of the session. If any items are to be left for the consumer or parent/guardian to utilize, the therapist must verbally explain to the parent/guardian the item(s) being left behind in the home or given to the consumer during a session. The therapist should also explain the intended use of the item(s). The therapist will document in the visit notes, exactly the items provided for the consumer and/or parent guardian for the purpose of on-going treatment or family training. This includes hand-outs, toys, objects, food items and other items.

In the event a therapist utilizes a game, toys, art supplies, or any other medium during a therapy session and the therapist does not intend for the consumer/parent to retain the items, the therapist must verify that all pieces of the item (such as game pieces, puzzle pieces, crayons/markers, blocks/toys or anything used in the session) have been returned to the therapist. Once the therapist accounts for the items, he or she will place the items in the original or designated container. For facility, therapist will place the items back into the cabinet in the room and close the door. If therapist leaves the room, they will lock the door of the



cabinet. For in-home, therapist will take all items brought into the home back to their vehicle with them following the session.

If items are utilized in therapy sessions that are property of the consumer/parent; all items must be returned to the responsible adult at the end of the session. If any pieces are missing, the responsible adult must be notified immediately. If a consumer/parent is requesting a therapist utilize items the therapist does not deem appropriate for the therapy session or goal being worked on, the therapist may choose not to use the item. The therapist should explain to the consumer/parent why they do not recommend use of the item for the therapy being provided. The therapist may offer alternate suggestions for items that would be appropriate and safe for use by the consumer.

The above guidelines will not be able to encompass all possible scenarios, and it is understood that unique circumstances arise in the course of treatment with each individual consumer. Therapists should be focused on consumer safety. If a therapist or consumer/parent/guardian has any questions, please contact the ExpertCare Therapy Supervisor or Division Manager.

#### **MEDICATION SAFETY**

- Do not take medications that are prescribed for someone else.
- Create a complete list of current medications (including prescription, over-the-counter, vitamins, and herbal). Review the list for make changes immediately as changes occur. Show the list to your doctor & pharmacist to prevent potentially dangerous drug interactions.
- Know the name of each of your medications; why you take it; how to take it; potential side effects; and what foods or other things to avoid while taking it.
- Report medication allergies or side effects to your health care provider.
- Take medications exactly as instructed. If the medication looks different than you are accustomed to, ask your health care provider or pharmacist about it.
- Do NOT use alcohol when you are taking certain types of medication.
- Do not stop or change medications without your doctor's approval, even if you are feeling better. If you miss a dose, do not double the next dose later, check with your health care provider or pharmacist to obtain directions.
- Use a chart or container system to help you remember: what kind, how much and when to take your medication.
- Read medication labels carefully and keep medicines in their original containers.
- Store medications safely in a cool, dry place according to instructions on the label.
- Keep medicines away from children or vulnerable adults.





- Federal disposal guidelines for medications: Remove drugs from their original containers. Mix drugs with an undesirable substance such as coffee grounds or kitty litter. Place the mixture in an empty can or sealable plastic bag, and then throw the container into the trash.
- If your community has a pharmaceutical take-back program, take your drugs there for proper disposal.

### HAZARDOUS ITEMS AND POISONS

Know the number for your local poison control department.

- Carefully store hazardous items in their original containers and dispose of properly.
- Do not mix products that contain chlorine or bleach with other chemicals.
- Insecticides are only used for immediate need and excess is stored or disposed of properly.
- Keep hazardous items, cleaners and chemicals out of reach of children or vulnerable adults.

### MEDICAL EQUIPMENT

- Keep manufacturer's instructions for specialized medical equipment with or near the equipment. Keep phone numbers available to obtain service in case of equipment problems or failure.
- Perform routine and preventive maintenance according to the manufacturer's instructions.
- Have backup equipment available, if indicated.
- Provide adequate electrical power for medical equipment such as ventilators, oxygen concentrators and other equipment.
- Have equipment batteries checked regularly by a qualified service person.
- Bed side rails are properly installed and used only when necessary. Do not use bed rails as a substitute for a physical protective restraint. If bed rails are split, remove or leave the foot-end down so the patient is not trapped between the rails.
- Mattress must fit the bed. Add stuffers in gaps between the rail and mattress or between the head and foot board mattress.
- Register with your local utility company if you have electrically powered equipment such as oxygen or ventilator.

### OXYGEN SAFETY

- Use oxygen only as directed.
- NO SMOKING around oxygen. Post "**NO SMOKING**" signs in the home and on your front door.
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Keep oil/petroleum products (such as Vaseline, oily lotions, face creams or hair products), grease and flammable material away from your oxygen system. Avoid using aerosols (such as room deodorizers) near oxygen.
- Dust the oxygen cylinder with a cotton cloth and avoid draping or covering the system with any material.

- Keep open flames (such as gas stoves and lighted candles) at least 10 feet from the oxygen system.
- Use 100% cotton bed linens and clothing to prevent sparks and static electricity.
- Place oxygen cylinders in appropriate stand to prevent tipping, or secured to the wall or placed on their side on the floor. Store oxygen cylinders in a well-ventilated area and not under outside porches or decks or in the trunk of a car.
- Have a back-up portable oxygen cylinder in case of a power or oxygen concentrator failure.

## SECTION V. INFECTION CONTROL AT HOME

Cleanliness and good hygiene help prevent infection. “Contaminated materials,” such as bandages, dressings or surgical gloves can spread infection and harm the environment. If not disposed of properly, these items can injure family members, trash handlers and others that may come in contact with them.

Certain illnesses and treatments (i.e. chemotherapy, dialysis, AIDS, diabetes, burns) can make people susceptible to infection. Your nurse will instruct you on the use of protective clothing (gowns/gloves) if they are necessary.

Notify your physician, nurse, or therapist if you develop any of the following signs and symptoms of infection:

- Pain/tenderness/redness or swelling of body part
- Inflamed skin/rash/sores/ulcers
- Painful urination
- Confusion
- Nausea/vomiting/diarrhea
- Fever or chills
- Sore throat/cough
- Increased tiredness/weakness
- Pus (green or yellow drainage)

**You can help control infection by following these guidelines:**

<b>HANDWASHING</b>
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Wash your hands before and after giving any care to the client (even if you are wearing gloves). It is important to wash your hands: before handling or eating foods and after using the toilet, changing a diaper, handling soiled linens, touching pets, coughing, sneezing or blowing your nose. Handwashing must be done frequently and correctly.

**Soap & Water Procedure:** When hands are visibly dirty, contaminated or soiled with blood or other body fluids, wash your hands with soap and running water.



Remove jewelry; use warm running water and soap (liquid anti-bacterial soap is best); place hands together under water and rub your hands together for at least 20 seconds.

Wash all surfaces: wrists, palms, back of hands, between fingers, and remove any dirt from under fingernails. Rinse soap from hands and dry hands with a clean towel. Air dry your hands if a clean towel is not available or if the towel is shared with others.

If using paper towels, throw used paper towel in the trash after use. Use a paper towel to turn off the faucet. Pat hands dry to avoid chapping and cracking of skin. Apply hand lotion to help prevent and soothe dry skin.

**Waterless Antiseptic Hand Cleanser Procedure:** If hands are not visibly dirty or contaminated or soiled with blood or other body fluids, an alcohol-based hand rub may be used for routinely decontaminating hands. The antiseptic agent should contain 60-90% ethyl or isopropyl alcohol. When using a waterless antiseptic hand cleanser, make sure the cap or spout is open. Place a quantity of the liquid or gel, about the size of a dime or the amount recommended by the manufacturer, into the palm of one hand. Rub hands vigorously, covering all surfaces of hands and fingers, until hands are dry.

***Washing your hands is the single most important step in controlling the spread of infection!***

### NON-DISPOSABLE ITEMS AND EQUIPMENT

Items which are not thrown away including: soiled laundry, dishes, thermometer, commode, walker, wheelchair, bath seat, suction machine, oxygen equipment, mattresses, etc.

**Soiled laundry** should be washed apart from other household laundry in hot, soapy water. Handle these items as little as possible to avoid spreading germs. Household liquid bleach should be added if viral contamination is present (a 1 part bleach to 10 parts water solution is recommended).

**Equipment** used by the patient should be cleaned immediately after use. Small items (except thermometers) should be washed in hot, soapy water, rinsed, and dried with clean towels.

Household cleaners such as disinfectant, germicidal liquids or diluted bleach may be used to wipe off equipment. Follow equipment cleaning instructions and ask your nurse/therapist for clarification.

**Thermometers** should be wiped with alcohol before and after each use; store in a clean, dry place.

**Liquids** may be discarded in the toilet and the container cleaned with hot, soapy water, rinsed with boiling water and allowed to air dry.

### SHARP OBJECTS

Items which are sharp including: needles, syringes, lancets, scissors, knives, staples, glass tubes or bottles, IV catheters, razor blades, disposable razors, etc.



Place used **“sharps”** directly into a clean, rigid container with a screw-on or tightly secured lid. Use a hard plastic or metal container. Never overfill the containers or recap needles once they have been used. DO NOT use glass or clear plastic containers and never put “sharps” in containers that will be recycled or returned to a store. Seal the container lid with heavy-duty tape and place it in the trash can or dispose of it per area regulations.