



Welcome to ExpertCare Therapy Services

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Business Hours:

Monday - Friday 8:00 a.m. – 4:30 p.m.

Website: www.expertcare.com

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SECTION I. THERAPY SERVICES STAFF

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SECTION II. WELCOME, PHILOSOPHY AND MISSION

To our Clients and Their Families:

Welcome to ExpertCare! We want to 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 Management Services, 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 and adults needing support within the home and community.

Our Mission:

Empowering individuals to reach their full potential by delivering essential person-centered services.

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 III. COMPANY OVERVIEW

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| POLICIES |
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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.

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| SERVICES |
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ExpertCare provides services based upon the Individual Plan of Service (IPOS) developed during the Person-Centered Planning meeting you attend with a 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 recipient and the recipient must be with the staff member for the services. No services can be provided if the recipient 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, you will need to complete and return the following documents to ExpertCare:

1. RECIPIENT INFORMATION FORM
2. AUTHORIZED SIGNATURE FORM
3. AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)
4. RECIPIENT RIGHTS POLICY ACKNOWLEDGEMENT AND PRIVACY NOTICE ACKNOWLEDGEMENT
5. CONSENT TO TREAT
6. SPEECH LANGUAGE, PHYSICAL & OCCUPATIONAL THERAPY AGREEMENT
7. APPOINTMENT CANCELLATION POLICY FORM
8. MEDICAL HISTORY FORM

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.

Therapy Services Provided:

ExpertCare provides physical therapy, occupational therapy and speech and language therapy.

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



- An **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.



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



STAFFING PROCESS

ExpertCare will work to find the right match between the therapist and your loved one. Every therapist we hire goes through the same screening and training process. This helps ensure the best care possible.

The screening process for all therapists includes:

- Behavioral Interview Process
- Background Checks
- Motor Vehicle Report (MVR)
- Office of Recipient Rights Check
- Central Registry Clearance (CRC)

Once the screening process has been completed, all therapists must attend a New Hire and CMH Orientation. Therapists provide us with a valid TB test prior to working with a recipient. Therapists can begin working once they have successfully completed this process and the authorization from the core provider agency is in place.

STAFF TRAINING REQUIREMENTS

ExpertCare considers training vital to providing the best care and keeping your loved one safe. In order to do this, we require our therapists to obtain and maintain certain trainings. Employees of ExpertCare are required to obtain and maintain training credentials in the following:

- Blood Borne Pathogens (annually)
- Recipient Rights (annually)
- First Aid (every 2 years)
- CPR (every 2 years)

PLAN OF CARE, TREATMENT, 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.

The Plan of Care (POC) may include the following interventions and goals:

- Speech and Language Therapy
- Physical Therapy
- Occupational Therapy

You have the right to refuse any 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 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 recipient paperwork packet.**

THERAPEUTIC ENVIRONMENT CHECKLIST

We have found that recipients 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 recipient during session.
- Neutral smelling environment.
- Recipient is not sick/has not had a fever within 24 hours.
- Recipient has been awake at least 15 minutes prior to session.

CHARGES

ExpertCare accepts payment for services from Medicare, Medicaid, and select third-party insurance providers. ExpertCare will bill for our services on your behalf. We will accept assigned payment as payment in full for the services we provide if 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 or your insurance provider, you will be notified by ExpertCare before the services are provided.

It is your responsibility to notify ExpertCare immediately if any changes occur in your participation with Medicare, Medicaid, or a third-party insurance. If the recipient 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 all 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

Each time a therapist provides services to the recipient, he/she is responsible for completing documentation in Raintree. After each session the therapist will confirm with the guardian or other authorized signer for electronic signature to verify time worked for the session.

- If the recipient is his/her own guardian, he/she must electronically sign.
- If there is a Power of Attorney or another adult in the home that would like to verify the hours, they may sign also.

- Documentation must reflect the time that staff spent face-to-face with the recipient or with family member for family training services.

Only face-to-face time with the recipient 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. 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 services may NOT overlap. Only the individual providing services to the recipient may bill for time. A paid caregiver, CLS/respice provider, Supports Coordinator, ABA provider, or any other person that is billing Medicaid or Medicare 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.

Time verification is a very important aspect of our partnership. Billing for the wrong service or for time not worked are considered Medicaid/Medicare fraud. ExpertCare takes Medicaid/Medicare 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 terminated from employment and the funds are recovered from the employee.

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 recipient/families for whom services are provided. As we are not on site at 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 his/her 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.

CLINICAL RECORD CONFIDENTIALITY

Your medical record is maintained by our staff to document physician orders, assessments, progress notes, and treatment. 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.**

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.

Please read the “Notice of Privacy Practices” 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 Director of Operations. If you are unable to speak with someone immediately, please leave a message. Your call will be returned within one business day.
- 2) The Therapy Services 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.

SECTION IV: 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 orientation, 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 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.
- Voice grievances with respect to your treatment or care that is (or fails to be) furnished, or lack of respect for the client'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.

CLIENT RESPONSIBILITIES

As a client of ExpertCare, you have the responsibility to:

- Have a parent/guardian or designated adult on site for the duration of 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.

- Treat ExpertCare personnel with dignity, courtesy, and respect at all times.
- Notify ExpertCare of all changes in your insurance coverage.
- Maintain an adequate and safe environment for the delivery of service. (Example: clear driveway, walkway to home, contain potentially threatening pets, etc.)
- Request information concerning anything you do not understand. Voice concerns to ExpertCare clinicians or ExpertCare management by calling 248-643-8900.
- Commit to the scheduled visit days and times for therapy. If you are unable to attend a scheduled appointment, contact ExpertCare 24-hours prior to the scheduled appointment to cancel.
- Notify ExpertCare immediately if the recipient 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.

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| RECIPIENT RIGHTS INFORMATION |
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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 (OCHN)

5505 Corporate Drive
Troy, MI 48098
248-858-1795

Macomb County (MCCMH)

19800 Hall Road
Clinton Township, MI 48038
586-469-6528

Wayne County (DWIHN)

707 W. Milwaukee
Detroit, MI 48210
313-344-9099 ext. 3249

ExpertCare wants to ensure you are aware of your rights and that no one violates those rights. You have received the “Your Rights” booklet from someone at the Community Mental Health organization you work with. By law, ExpertCare must right its own Recipient Rights policies based on the law. You can listen to the podcasts of “Your Rights” by going to www.ExpertCare.com. Go to the Client Tab and then click on Podcasts of Your Rights, or you can go directly to this address: http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_4901-16988--,00.html

Below are ExpertCare’s Recipient Rights Policies. Please read and review the policies, then sign the form acknowledging you have read these. If you have any questions about the policies, please contact ExpertCare at 866-812-8896.

ExpertCare Management Services is a provider agency which services Community Mental Health Agencies and their affiliates. ExpertCare takes the necessary steps to ensure Recipients will be protected from rights violations while they are receiving services and support with our company.

Abuse and Neglect Policy

It is the policy of ExpertCare Management Services that abuse and neglect will not be tolerated. The Recipient has the right not to be physically, sexually, or otherwise abused (including sexual harassment). If Caregivers report any suspicion of Recipient 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 Caregivers assist and support the Recipient through a change in treatment. Caregivers should monitor and notify any observation or recommendations to the appropriate support services. Caregivers will assist Recipient 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 Recipient'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. Caregivers will assist Recipients in obtaining contact information of those individuals the Recipient 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 Recipients with transportation and setting doctors appointments directly related with physical and mental examinations as stated in the IPOS. Caregivers 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. Caregivers 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 Recipient of their right to give consent in order to receive treatment or release confidential information. Caregivers can assist, if necessary, in contacting the appropriate support services for the Recipient 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 Caregivers treat Recipients and Recipient family members with dignity and respect. It is the policy that staff never treat Recipients in a humiliating way. Caregivers can provide information about our support services and screening process to the Recipient and the Recipient family members.

The culture and religion of the Recipient and their family must be respected. Caregivers may not leave religious pamphlets or make attempts to convert the Recipient or the Recipient 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 Caregivers for social or personal purposes unless the Recipient or applicable parent/guardian has consented, either verbally or written.
- Caregivers 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 Recipient or applicable parent/guardian.

Medication Policy

It is the policy of ExpertCare Management Services to 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 Recipient or family member for any reason, including complaints made by the Recipient 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 Caregivers.

Physical restraint or seclusion may not be used to limit the movement of a Recipient.

Property and Funds Policy

It is the policy of ExpertCare Management Services to support the Recipient's entitlement to receive, possess, and use all personal property and funds unless limited by law or limited in the IPOS. Our Caregivers provide assistance to the Recipient to access the money in his or her account, spend or otherwise use money as he or she chooses unless limited in the IPOS. Caregivers shall not use Recipients' money, credit cards, debit cards or receive gifts from Recipients. Caregivers and Recipient monies shall not be commingled. Caregivers shall not borrow, receive, or ask for loans from Recipients.

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

Resident Labor Policy

It is the policy of ExpertCare Management Services to provide support services to our Recipients 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 Recipient's right to acquire, at a personal expense, and/or read written or printed material. ExpertCare Management Services also upholds the Recipient'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 Recipient from physically harming himself, herself, or others.

Physical Management should 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 Recipient receives services suited to their condition in the least restrictive setting. Caregivers will support and encourage the Recipient'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 Recipient in setting appointments for family planning and health services according to the Recipient's request or identifying resources to gain relevant information.

Treatment by Spiritual Means

It is the policy of ExpertCare Management Services to have Caregivers help the Recipient seek out resources for spiritual treatment at their request. Recipients shall be permitted treatment by spiritual means on request, or the request of the Recipient's guardian/parent of a minor Recipient. The Recipient 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 Recipient can obtain medication from the pharmacy. The Caregiver will notify the appropriate support services if they observe concerns and/or unusual behavior. ExpertCare will assist the Recipient in contacting the appropriate resource to answer medication questions.

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 your local Recipient Rights Office. You may also complete a Recipient Rights Complaint form, which is available from the Rights Office or on our website, 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.

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| NOTICE OF PRIVACY PRACTICES |
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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 CMH organizations, core providers, caregivers and other health care professionals 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 provider and as part of the referral share medical information about you with that provider. For example, we may share what happens during treatment with the case worker or supports coordinator who manages all of your services.

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 a CMH Organization or medical insurance company the shift notes regarding the services we provided and timesheets so CMH or the medical insurance company will pay us for those services.

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

How We Will Contact You

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

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 personal friend, or other person identified by you, of your location, general condition, or death.

Required by Law

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

Public Health Activities

We may use or 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.

To an Employer

We may use or disclose medical information to your employer if: (a) we provide health care to you at the request of your employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate if you have a work related illness or injury; (b) the information disclosed will consist of findings concerning a work related illness or injury or a workplace related medical surveillance; (c) the employer needs the findings in order to comply with its legal obligations to record the illness or injury or to carry out its responsibilities for workplace medical surveillance. We will provide written notice to you that the information is being disclosed to your employer. The written notice may be given at the time the health care is provided or, if the health care is provided at your employer's work site, by posting the notice at the location where the health care is provided.

Proof of Immunization

We may use or disclose immunization information to a school about you: (a) if you are a student or prospective student of the school; (b) the information is limited to proof of immunization; (c) the school is required by State or other law to have the proof of immunization prior to admitting you; and, (d) we obtain and document the agreement to the disclosure from either: (1) your parent, guardian, or other person standing *in loco parentis* of you if you are an unemancipated minor, or (2) from you if you are an adult or an emancipated minor.

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 during 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:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant or subpoena.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. 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.
- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes that occur at our facility.
- g. To report a crime in emergency circumstances.

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.

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.

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, counterintelligence, 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, or to conduct investigations authorized by certain federal laws.

Inmates; Persons in Custody

We may disclose medical information about an inmate or other individual to a correctional institution or law enforcement official having custody of the inmate or other individual. The disclosure will be made if the disclosure is necessary: (a) to provide health care to such individuals; (b) for the health and safety of such individual or other inmates; (c) the health and safety of the officers or employees of or others at the correctional institution; (d) the health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another; (e) law enforcement on the premises of the correctional institution; or, (f) the administration and maintenance of 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.

Certain Uses and Disclosures that Require Your Written Authorization

Marketing

We may use and disclose medical information about you to communicate with you about a product or service to encourage you to purchase the product or service. Generally, this may occur without your authorization. However, your authorization is required if: (a) the communication is to provide refill reminders or otherwise communicate about a drug or biologic that is, at the time, being

prescribed for you and we receive any financial remuneration in exchange for making the communication which is not reasonably related to our cost in making the communication; or, (b) except as stated in (a), we use or disclose your medical information for marketing purposes and we receive direct or indirect financial remuneration from a third party for doing so. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to XYZ is involved.

Sale of Information

Your authorization is required for any disclosure of your medical information when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the medical information. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of ours for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; (h) when permitted by applicable law where the only remuneration received by us is a fee permitted by law.

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 your Recruiter at 210 Town Center Drive, 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.

Your Rights with Respect to Medical Information About You

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 personal friend or any other person identified by you; or (b) for to 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 to your staffing consultant at 866-812-8896 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 us in full.

If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency 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 your Recruiter. 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 the Administrative Lead at 210 Town Center Drive, Troy, MI 48084. Your request should state specifically what medical information you want to inspect or copy. Your request should state the form of access and copy you desire, such as in paper or in electronic media. 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, the cost of mailing.

We usually 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 the Administrative Lead. 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 of disagreeing with our denial. Your statement may not exceed 3 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 14, 2003.

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 facility directory or to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- 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 14, 2003.

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 to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to Administrative Lead. 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 14, 2003.

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

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.expertcare.com.

To obtain a paper copy of this notice, contact an Administrative Assistant at 210 Town Center Drive, Troy, MI 48084 or call at 866-812-8896.

Our Duties

Generally

We are required by law to maintain the privacy of medical information about you, to provide individuals with notice of our legal duties and privacy practices with respect to medical information, and to notify affected individuals following a breach of unsecured protected health 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 at 210 Town Center Drive, Troy, MI 48084. A copy of the current notice also will be posted on our web site, www.expertcare.com.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting an Administrative Assistant at 210 Town Center Drive, Troy, MI 48084 or call 866-812-8896.

Effective Date of Notice

The effective date of the notice is stated on the first page of this notice.

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 HR Manager at ExpertCare, 210 Town Center Drive, Troy, MI 48084 or call 866-812-8896. 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. Complaints also may be filed online. Go to: <http://www.hhs.gov/ocr>

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 Director of Operations or HR Director at ExpertCare, 210 Town Center Drive, Troy, MI 48084 or call 866-812-8896.

SECTION V. SAFETY

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| CLIENT CONCERN PROCEDURE |
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It is the goal and responsibility of all ExpertCare employees to be vigilant when working with the recipient/family to ensure the recipient's safety. The following guidelines are put in place to protect recipients and employees.

For recipients **under the age of 36 months** (3 years old), 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 a clinic setting or in the home of the recipient 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** (3 years old).

For recipients **over the age of 36 months** (3 years old), 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 recipient **any** food item.

- 1) Therapist must ask the recipient or parent/guardian/authorized adult if he/she approves of the item the therapist is considering for the recipient.
- 2) Therapist must ask the parent/guardian/authorized adult if the recipient has ANY allergies. The therapist should also reference the recipient's Health History Form prior to visiting the recipient. Therapists may call the ExpertCare office during regular

- business hours to check the recipient's health history form, if the therapist does not have the form handy to review. Therapists may also call the afterhours on-call phone after regular business hours.
- 3) Therapist will review the ingredient list of the food item to determine there are no potential allergy threats to the recipient prior to providing the food item to the recipient. If the recipient parent/guardian/authorized adult communicates that the recipient does not have an allergy, but the parent/guardian/authorized adult 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 in the 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. Example: "used Nabisco Regular Cheez-it crackers for fine motor exercises."

Therapeutic Tools

Following the initial evaluation of a recipient, each therapist will create a Plan of Care specifically tailored to the individual recipient. This Plan of Care will list goals, objectives and may include interventions that the therapist intends to utilize with the recipient 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 recipient/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 recipient. The recipient/parent/guardian will be given an opportunity to ask questions and have discussion with the therapist. If the recipient/parent/guardian does not wish to have the therapist utilize an item in the treatment of the recipient, they may communicate that wish right then or at any time during the treatment sessions. The recipient/parent/guardian will be asked to sign the Plan of Care document following that meeting to confirm their understanding and approval of the Plan of Care.

During treatment either in the clinic 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 recipient must be accounted for at the end of the session. If any items are to be left for the recipient 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 recipient 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 recipient 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 recipient/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 clinic services, the therapist will place the items back into the cabinet in the room and close the door. When a therapist leaves the room, they will lock the door of the cabinet. For in-home services, therapist will take all items brought into the home back to their vehicle with them following the session.

If items utilized in a therapy session are property of the recipient/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 recipient/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 recipient/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 recipient.

The above guidelines cannot encompass all possible scenarios, and it is understood that unique circumstances arise in the course of treatment with each individual recipient; however, therapists should focus on recipient safety at all times. If a therapist or the recipient/parent/guardian has any questions, please contact the ExpertCare Therapy Supervisor or Manager.

HANDWASHING

You can help control infection and the spread of germ by following these guidelines:

It is important to wash your hands before handling or eating foods, 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!