CREST POLICY MANUAL

Last Updated 10/24/2013

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# ADMINISTRATION

## CREST MISSION

***To learn from people with disabilities and their families, their needs and wants, And to create such supports and services to meet those needs, through person-centered planning and networking of available resources.***

## CREST VALUES

***Individuality***

***Right to Make Choices***

***Self-Worth***

***Respect for All People***

***Unlimited Potential***

***People’s Needs and Desires***

***Integrity and Trust***

***Innovation and Vision***

## PROGRAM DESCRIPTIONS

**Residential Services**

CREST currently has five residential homes serving developmentally disabled males and females from the ages of 18 to 65. Our quality of care exceeds normal expectations. With exceptional medical care and person centered planning, we improve consumers’ quality and length of life. Our homes are rated amongst the best in Cumberland County and staff is highly trained and motivated individuals.

Consumers learn how to perform task independently through role play, simulation and demonstration. Tasks include skills such as meal preparation, household chores, communication skills and proper hygiene. We encourage consumers to make decision for themselves such as creating their dinner menus, selecting activities and being responsible for their actions. Being independent, some consumers are actively employed working at places such as Food Lion, Waffle House, CiCi’s Pizza, and Fort Bragg.

To encourage consumers socially, they participate in many Special Olympic sports. Community organizations such as the Elks Lodge, Joe’s Crab Shack and Gilmore Center, have recognized our consumers’ achievements. Also, consumers have social gathering every Thursday night to help promote independence and social skills. Our consumers LOVE it.

**Adult Developmental & Vocational Program (ADVP)**

**& the Community Alternative Program (CAP)**

ADVP and CAP prepare individuals to live and work as independently as possible. CREST’s highly motivated vocational specialists teach basic, vocational, and independent living skills. The ADVP Program focuses on motivating, encouraging and equipping consumers by providing them with the opportunity to participate and excel in areas such as safety skills; vocational evaluation & training; personal, community involvement, and independent living skills; compensatory education skills; self-confidence; and Classes at the local community college.

The ADVP Program has eight contracts on site which allow consumers to earn money while attending. CONSUMERS have the opportunity to participate in field trips such as:

Museums **The White House** Library Days

Beach Trips Family Days Ocean Cruises

Sporting Events Mayfest Science Day

CREST consumers enjoy being a part of the CREST family because they feel accepted and a part of a team that affords them the opportunity to think, share and participate intheir lifelong learning process.

## ORGANIZATIONAL CHART (Revised 6-15-2012)

## GOVERNING BOARD OF DIRECTORS

CREST is a non-profit company formed in accordance with North Carolina Law. The governing body of the company is composed of a Board of Directors. The Board of Directors has the responsibility for and authority over the policies and activities of the company.

The Board of Directors is:

BOARD MEMBER OCCUPATION TERM OF SERVICE

DAVID ALLRED MORTGAGE BANKER 1/1/09-12/31/2011

PHYLLIS HIGNIGHT CLIENT GUARDIAN 1/1/10-12/31/2012

MICHAEL PATTERSON RETIRED EDUCATOR 1/1/10-12/31/2012

BETTY GEORGE CLIENT GUARDIAN 1/1/10-12/31/2012

STEPHANIE BOSTOCK CLIENT GUARDIAN 10/20/10-12/31/2012

Revised December 1, 2012

## SENIOR MANAGEMENT

The policies of CREST frequently refer to Senior Management. Generally, the person responsible for the area referenced in the policy manual will be the Senior Manager who handles the situation. Also, when staff reports issues to Senior Management, they should follow their chain of command. However, in case of an absence, the issue or reporting may be handled by another member of the Senior Management. One exception is that generally, the Chief of Administration should not be involved in program issues. All major issues will be reported to the Executive Director immediately who will pass the information on to the Board Chair.

The Senior Management of CREST is comprised of:

Executive Director,

This position serves as the chief executive officer of the agency.

The Board has delegated to the executive Director and their designees management authority for the operation of the facility and services.

Director of residential Services,

This position primarily serves as:

* Chief Clinical Officer for residential services
* Residential Coordinator
* Lead manager for all residential services
* all other duties as assigned.
* And may serve Executive Director when he/she is not available

Angela Lewis, Director of Day Programming,

This position primarily serves as the:

* Lead manager for all non residential program services.
* Clinical Officer for the Day Programming
* Vocational Coordinator
* Serves as the Agency’s Privacy Officer
* And all other duties as assigned
* And may serve Executive Director when he/she is not available

Marcia Lancaster, Director of Business Operations

This position serves as the:

* Chief fiscal, personnel and administrative officer for CREST.
* And all other duties as assigned.

Revised 6-15-2012

## FINANCIAL CONFLICT OF INTEREST

**SCOPE:** Board Members and employees

**POLICY**

It is the policy of CREST that board members and employees are impartial, independent, and that decisions of the corporation are made so that the public has confidence in the integrity of the agency. To that goal, the Conflict of Interest Policy is adopted.

Definitions - As used in this policy the following terms shall have the following meaning.

* + - “Business” shall mean a corporation, partnership, sole proprietorship, firm, organization or other legal entity carrying on business.
    - “Employee” shall mean all officers and employees whether paid or unpaid of the corporation.
    - “Financial Interest” shall mean any interest which shall yield, directly or indirectly, any monetary or other material benefit to a person. This term shall not include the employee’s salary or benefits received pursuant to employment with the corporation.
    - “Personal Interest” shall mean any interest arising from blood or marriage relationships or from employment or business whether or not any financial interest is involved. A blood or marriage relationship for purpose of this section should mean husband, wife, father, mother, sister, brother, daughter, son, grandparents, grandson and granddaughter, aunts, and uncles.

**B. PROCEDURES**

1. No employee shall engage in any employment or business which conflicts with the proper discharge of his official duties.
2. No employee shall have a financial or personal interest, directly or indirectly, in any transaction to which he has the power to take or influence official action.
3. If an employee has any direct or indirect financial or pursuant interest in the outcome of any matter coming before the corporation, he shall disclose on the record of the corporation the existence of such interest and shall not engage in deliberations or actions taken on such matters. Should any such situation involve the Executive Director, it shall go before the Board for approval.
4. No employee shall, without legal authority, disclose confidential information concerning the personal property or affairs of the corporation.
5. No employee shall use confidential information to directly or indirectly advance his own financial or personal interest or the financial or personal interest of any other person.
6. Nothing in this policy should be interpreted as prohibiting the disclosure of information required by law to be disclosed.
7. No employee shall knowingly solicit or accept a gift, whether in the form of money, things, favor, loan or promise of gratuity, from any person or entity which to his knowledge is interested directly or indirectly in a transaction with the corporation as to which he has the power to take or influence official action.
8. The above (7) is not intended to prevent the gift and/or receipt of the following:
   1. Gifts, favors, discounts and gratuities offered by commercial enterprises to members of the general public.
   2. Normal advertising items or souvenirs.
9. No employee should willfully make any false statement, or in any manner commit any fraud, conceal any wrongdoing or fail to answer fully and truthfully questions concerning the business of the corporation or connected with the work-related conduct of any corporation employee.

## CREST LOCATIONS

**Corporate Office, Adult Day Vocational Program** **(ADVP),**

**& Residential Facilities**

The Corporate Office of CREST, ADVP and all other day programs are located at 245 A Tillinghast Street, Fayetteville North Carolina 28301.

CREST has five residential facilities all of which are located in Cumberland County:

GROUP HOME #1 (MEN) ARC #4

1533 MINTZ DRIVE,

FAYETTEVILLE NC 28303

GROUP HOME #2 (WOMEN) ARC #3

323 SINCLAIR STREET,

FAYAETTEVILLE NC 28311

GROUP HOME #3 (CO-ED) ARC #1

635 DASHLAND,

FAYETTEVILLE NC 28303

GROUP HOME #4 (WOMEN) ARC#2

224 RANDOLPH AVENUE,

FAYETTEVILLE NC 28311

GROUP HOME #5 (MEN) ARC #7

250 PRINCE CHARLES DRIVE,

FAYETTEVILLE NC 28311

Revised 1-26-2012

## HOURS OF OPERATION

* CREST corporate office maintains business hours from Monday – Friday 8:00 am to 5:00 pm for all administrative staff.
* The agency’s ADVP operates Monday-Friday 8:00 am-3:00 pm for all clients.
* CREST Residential facilities are open 24 hours a day for 7 days a week with staff available on all shifts.

## ARTICLES OF INCORPORATION

***A copy of the articles of incorporation may be obtained from the Executive Director.***

## CREST BY-LAWS

**Article 1. Offices**

**Section 1. Registered Office**: The registered office of the corporation, subject to change as provided by law, shall be as follows:

Mailing Address:

Post Office Box 877

Fayetteville, NC 28301

Street Address:

245A Tillinghast Street

Fayetteville, North Carolina

**Section 2.** **Other Offices**: The Corporation may have offices at such place, within the State of North Carolina, as the Board of Directors may from time to time determine, or as the affairs of the Corporation may require.

**Article 2. Members**

Number of Members: The Corporation shall have two classes of members who shall consist of those persons eighteen (18) years of age or older, who are members of the Board of Directors. The Primary Class shall consist of between five and eighteen voting Board Members. The Secondary Class shall be known as Board Member Emeritus, and shall have no voting privileges. Emeritus status, which is honorary, is life-long and appointment is determined by the Board of Directors. The Board of Directors may expand the classes of membership and provide for methods of meeting.

**Article 3. Board of Directors**

**Section 1. General Powers:** The business and affairs of the corporation shall be managed by the Board of Directors.

**Section 2.** The number of Directors of the Corporation shall be not less than five directors, nor more than eighteen directors.

**Article 4. Terms of Office**

**Section 1.**  One half of the Directors shall serve a term of one year, beginning January 1, 1995 and one half of the Directors shall serve a term of two years, beginning January 1,1995. The Directors shall then serve for a term of two years, beginning January 1, following their selection, or until the qualification of their successors. Directors may succeed themselves.

**Section 2.** All vacancies in the Board of Directors shall be filled by a majority vote of the remaining Directors, even though less than a quorum, or by the sole remaining Director.

**Section 3**. Any Board Member who misses three consecutive Board meetings, without excuse, will be dropped from the Board. Any Board member who misses five board meetings during a calendar year may be dropped from the Board.

For the purpose of this article, a Board Member may receive an excused absence by notifying the Chairman of the Board of Directors or Executive Director, before a Board meeting that he will not be in attendance. The Secretary of President shall notify any Board member who has been dropped from the Board.

**Article 5. Meetings of Directors**

**Section 1.** Regular meetings of the Board shall be held monthly, on the third Thursday of the month, unless changed by the Board.

**Section 2**. Special meetings may be called by the Chairman or on written application of two members made to the Chairman. All members shall be notified not less than two days prior to the meeting, stating the purpose of the special meeting. No other business may be transacted at a special meeting, unless approved by three-fourths of the members present.

**Section 3**. A quorum shall consist of a simple majority of board members. A quorum shall be required for the transaction of business at any meeting of the Board of Directors.

**Article 6. Officers**

**Section 1.** The Board of Directors shall consist of the elected officers and the directors. Officers and directors will be elected at the last meeting of the fiscal year to begin office on January 1 of each year.

**Section 2**. The Officers of the Corporation shall consist of a President, Vice-President, Secretary, and Treasurer. An Assistant may be elected if deemed necessary by the Board.

**Section 3.**  Any officer or agent elected or appointed by the Board of Directors may be removed by the Board with or without cause.

**Article 7.Duties of Officers**

**Section 1.** The President shall be the principal executive officer of the Corporation and, subject to the control of the Board of Directors, shall supervise and control the management of the Corporation in accordance with these bylaws.

He shall, when present, preside at all meetings of members. He shall sign, with any other proper officer, and deeds, mortgages, bonds, contracts or other instruments which may be lawfully executed on behalf of the corporation, except where required or permitted by law to be otherwise signed and executed and except where the signing and execution thereof shall be delegated by the Board of Directors to some other officer or agent; and, in general, he shall perform all duties incident to the office of President and such other duties as may be presented by the Board of Directors.

The President shall appoint committees as required and needed. The president shall present an annual report to the Board, immediately following the close of the fiscal year.

**Section 2.** The Vice-President shall succeed to the office of the President in case of vacancy in that office and shall perform the duties of President in his absence or disability. He shall undertake such other responsibilities as the President may assign.

**Section 3.** The Secretary shall keep accurate records of the acts and proceedings of all meetings of the Board. He shall give all notice required by law and by these by-laws. He shall have general charge of the corporate books and records and of the corporate seal, and shall affix the corporate seal to any lawfully executed instrument requiring it. He shall sign any instruments as may require his signature, and, in general, shall perform all duties incident to the office of Secretary and such other duties that may be assigned by the President.

**Section 4.** The Treasurer shall receive all revenues of the Corporation and shall maintain a complete and accurate account of all funds received and disbursed. The Treasurer shall be bonded in an amount to be determined by the Board of Directors. The Treasurer shall present an annual report to the Board, immediately after the close of the fiscal year, and shall assure the financial information is taken to the auditor so annual audit will result.

**Section 5.** The Assistant Treasurer shall perform the duties and exercise the powers of the Treasurer when assigned, and shall perform such other duties as shall be assigned to him by the Treasurer or the Board. The Assistant Treasurer shall be bonded in an amount to be determined by the Board of Directors.

**Section 6.** The Treasurer shall assure that liability assure that liability insurance is ascertained to cover each member of the Board of Directors in their business with the Corporation.

**Article 8. General Provisions**

**Section 1.** Unless otherwise ordered by the Board of Directors, the fiscal year of the Corporation shall begin on July 1 and end on June 30 each year.

**Section 2.** Except as otherwise provided herein, these bylaws may be amended or repealed and new by-laws may be adopted by the affirmative vote of 2/3 of the members present.

**Section 3.** In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501 (c) 3 and 170 (c) 3 of the Internal Revenue Code of the 1954 or corresponding sections of any prior or future law, or Federal, State, or local government for exclusive public purpose.

The foregoing bylaws were adopted by the Board of Directors at a meeting held on the 20th day of November, 2003 and ordered attested by the Secretary and filed as a part of the minutes of the meeting.

*Note: A signed copy of the by-laws may be obtained from the Executive Director.*

*Revised 1-26-2012*

## OPERATIONAL REGULATIONS

**SCOPE**: CREST GOVERNANCE

**PURPOSE:** CREST shall adhere to all local, state and federal regulations applicable to the operation of its facilities.

**POLICY**: This policy/procedure manual is supplemental to, and does not supersede, any of the following rules, regulations, or operating manuals:

- North Carolina General Statutes

- Administrative Publication Systems Index

- Administrative Publication Systems Manual (APSM) 10-3: Records Retention

- APSM 30-1: Rules for Mental Health Facilities and Services

-APSM 45-1: Confidentiality

- APSM 45-2: Service Records Manual for Area Operated and Contract Agency Components

- APSM: 50-5,6, and 7: Hepatitis B and Blood Borne Pathogens

- APSM 95-2: Client Rights in Community MH/DD/SAS

- Rules for the Licensing of Homes for Developmentally Disabled Adults (Division of Facility Services of the NC Department of Health and Human Services)

- Domiciliary Home Procedures Manual (DFS/NCDHHS)

- Local Operating Unit Manual (ARC/Housing Development Services)

- US Department of Labor, Wage and Hour Division

- Division of Occupational Safety and Health Administration (OSHA) Regulations

- Cumberland County Mental Health Single Portal Plan

## MEDIA AND SOCIAL MEDIA POLICY

**PURPOSE**

To provide a comprehensive structure to ensure positive media relations. Please note that the Confidential Information Policy supersedes these procedures.

**SCOPE**

All employees and contractors

**IF A REPORTER CALLS YOU, WHAT DO YOU DO?**

If the reporter is calling please refer them to the Executive Director. If the Executive Director is unavailable a member of the Senior Management may speak with the reporter about their area of expertise.

**WHAT SHOULD YOU SAY?**

If an employee who has been asked to represent CREST or a Senior Management Team member speaks with the media, they should provide reporters with factual information only. Don’t speculate or give opinions. Stick to your area of expertise. Feel free to refer the reporter to other people with different areas of expertise. If you don't feel comfortable talking with a reporter, CREST will NOT require you to speak with them as a condition of employment.

**DO YOU NEED TO REPORT THAT YOU'VE BEEN CONTACTED BY A REPORTER?**

Yes. Make sure that you contact the Executive Director as quickly as possible after you have talked with or been contacted a reporter regarding CREST. Please make this notification immediately after talking with a reporter.

**NEED A NEWS RELEASE?**

If you have a need for a news release, please present the release to the Executive Director before releasing. Please submit to the Executive Director the proposed exact wording for the news release and notes on what the news release is supposed to cover for review.

**SOCIAL MEDIA**

Any reference or image related to CREST and/or its consumers, families, staff, contractors, or any other related party in any social media is expressly prohibited. However, use of social media by staff or between staff when acceptable to both parties and totally unrelated to CREST is allowed. Otherwise, only postings that have the express written permission of the Executive Director are allowed.

Instituted 10-24-2013

# EMERGENCY SAFETY PROCEDURES AND REPORTING

## CRISIS RESPONSE & INTERVENTION POLICY

**SCOPE:** All full time .part time, and contract employees of CREST

**PURPOSE:** To assure that all crisis are handled in a clinically sound and professional manner.

**PROCEDURE:** Crisis will be handled as noted below and the agency will maintain documents of all crises and appropriate response to that crisis’s based on the client needs and their plans.

**CREST RESIDENTIAL SERVICES**

Crisis response is available on an emergency basis 24/7 with the capacity of 24 hour face to face services in CREST’S residential facilities only. In the event community resource support services are required, staff will contact the proper authorities or medical services personnel immediately.

Clients are given a 24-hour Crisis Plan that list contact numbers for CREST and other service supports. Each facility has on duty staff to handle all crises, along with a group home manager on call for situations. In addition, a Senior Manager is always on call to assist with all crises.

During a crisis situation, on duty staff will attempt to defuse the crisis, at which time the assigned group home manager will assist staff if also on shift. In the event the assigned group home manager is not on shift, the staff on shift will contact their assigned home manager to inform them of the crisis. The manager will attempt to resolve the crisis over the phone. If this attempt is not effective, the manager will come to the facility to assist and access the situation. The Group Home manager will also contact Senior Management to inform him/her of the crisis for further assistance or directions.

**CREST ADVP SERVICES**

During the attendance at the ADVP/DAY program staff will handle on site for crisis intervention with the assistance of a Senior Manager. Staff will utilize strategies identified in each client’s treatment plan. In the event the client’s behavior becomes threatening and or dangerous to staff or others; client’s guardian or case manager will be contacted and made aware of the situation, in the event the client needs to be removed from the program for that day. If at any time CREST staff has assessed the situation and determined it to be a risk of harm to staff or clients; staff will contact outside resources such as law enforcement to assistant them if needed.

All clients who may experience a crisis that occurs after hours who attend the CREST ADVP/DAY Program are directed to contact 911 or go immediately to the local emergency room if they feel that they are experiencing a medical emergency or medication related crisis. Clients are oriented to the fact CREST is not a crisis intervention center are not required or allowed to operate in such a manner after hours.

## EMERGENCY SITUATIONS

**SCOPE:** All employees on the premises of CREST

**PURPOSE:** To assure safe and proper response to a variety of emergency situations. Standardized protocols for evacuations for emergency situations will provide a greater degree of safety and security for all individuals on the premises of CREST

**POLICY:** Because staff is required to serve the needs of clients, it is vitally important to assure that all employees understand the safety and liability protocols. To this end, employees are oriented to personal safety, preventing risk and emergency procedures while delivering or receiving services during orientation.

As a staff member, you must be mindful of the safety concerns of all clients when services are being delivered at the agency. Staff members are required to provide adequate supervision of the client to prevent any inappropriate incidents from occurring to the client or other individuals.

Prevention is crucial. Staff must anticipate risks associated with providing services and prevent risky situations. Beyond just knowing the specific circumstances that can potentially impact safety and liability, staff must develop and rely on personal instincts to determine the level of safety and liability, even when there are no clearly defined dangers.

Staff must stay mindful of the safety and liability issues inherent with direct care. The agency’s liability policy provides coverage for any injuries a client may suffer while involved with CREST employees. However, staff is reminded that liability coverage does not protect them from negligent behaviors.

Any staff member who becomes aware of an agency related safety or liability issue, regardless of setting, is required to immediately discuss those issues with Senior Management.

Tests for fire drills will take place on a quarterly basis at a minimum, on each shift and in all locations where clients or employees attend*.* Test for all other emergency procedures will occur on a rotating monthly basis until all drills have been conducted on an annual basis. Tests will include actual and simulated drills.

***General Safety Practices***

1. At no time will firearms or chemical weapons be maintained in or near the agency location.
2. Poisonous or toxic materials are to be kept in original containers appropriately labeled by the manufacture as to contents. Poisonous or toxic materials will be kept in a locked storage area when not in actual use. At NO time will flammable materials be stored inside the agency location. All such materials must be used in a proper manner as directed by the manufacturer of the material and indicated on the container label, thereby ensuring the safety of clients, staff and visitors to the agency.
3. All agency locations will maintain an appropriately equipped first aid kit and all staff must be trained on its location and use.
4. It is the policy of CREST that a minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client’s treatment or habilitation plan documents that the client is capable of remaining in the home, community or vehicle without supervision. If a staff has to leave while on shift for any type of emergencies that staff is to call his/her group home manager for further instructions. If the group home manager cannot be located that staff should make every effort to reach senior management by first calling the Director of Residential Services at 910-229-8463, second Director of day Programs at 910-476-8852, and third the Executive Director at 919-210-8919.
5. Each facility will have a credit card on hand with a $1,000 credit limit for the provision of emergency supplies and shelter. CREST will keep a card on hand with a minimum credit availability of $10,000 for such emergencies.
6. In case of catastrophic emergencies, CREST homes will participate in community shelter efforts.

***Evacuation Procedure***

The following procedure is used to evacuate all persons from CREST facilities:

1. A staff member will escort all clients outside to a safe area via the closest exit.
2. A staff member in the administrative area shall escort any clients that may be in that area outside to a safe area via the closest exit.
3. Following complete evacuation of the building, all clients and staff will proceed to the front/rear parking lot. A head-count of clients and staff will be taken. Staff will notify the Senior Manager on Duty if any staff or clients are unaccounted for.
4. At no time during an emergency should a client, or group of clients, be left unattended or without supervision from CREST staff member.
5. Staff will move clients to alternative shelter, if the weather is inclement.

This procedure for evacuations applies to all emergency situations unless otherwise specified.

**PROCEDURE:**

**Fire Safety Procedures*:*** (Code Red) The following procedure is to be utilized in the case of fire, smoke from a fire, or a gas odor has been detected:

1. Notify all staff of the presence of fire, smoke, or gas odor.
2. Follow the Evacuation Procedure.
3. Staff personnel will immediately call the local fire department (911).

Staff will attend to any injuries until emergency medical services arrive.

No one is allowed to reenter the building for any reason until emergency personnel have declared the building safe.

Client’s family members will be notified as soon as possible to alert them to the incident, if necessary.

A Critical Incident Report will be completed by the Clinical Supervisor to document the emergency.

1. Additionally, all agency staff must participate in monthly Fire Drills, conducted during all shifts and at all agency locations, to ensure that staff response is prompt and effective. A Fire Drill Report is filled out upon completion of drills, to document any findings.

**Bomb Threat Procedures: (Code Red)** The following procedures are to be followed in the event of a bomb threat in or around the agency:

Notify all staff of the presence of the bomb or bomb threat.

Follow the Evacuation Procedure.

Staff personnel will immediately call the local police department (911).

Staff will attend to any injuries until emergency medical services arrive.

No one will be allowed to reenter the building for any reason until law enforcement personnel have declared the area safe.

Client’s family members will be notified as soon as possible to alert them to the incident, if necessary.

A Critical Incident report will be completed by the Clinical Supervisor to document the emergency.

**Procedures for Violent or Threatening Situations (Code Yellow)**

The following procedures are to be followed in the event of a violent or threatening situation within the agency:

Notify all staff of the presence of a violent or threatening situation.

Follow the Evacuation Procedure.

Staff personnel will immediately call the local police department (911).

Staff will attend to any injuries until emergency medical services arrive.

No one will be allowed to reenter the building for any reason until law enforcement personnel have declared the area safe.

Client’s family members will be notified as soon as possible to alert them to the incident, if necessary.

A Critical Incident report will be completed by the Clinical Supervisor to document the emergency.

**Natural Disaster Procedures (Code Yellow)**

**For Outpatient Services:**

The agency will be notified by the *cell phone applications* if there is threatening weather in the area.

In the event of severe thunderstorms, earthquakes, or flooding, the agency will notify all clients and/or their families that services will be terminated for the day and all clients are to be sent home, picked up by their family members or the agency staff will return them home to prevent unsafe travel.

In the event of a tornado, staffs gather all clients in the innermost room of the agency building and remain secured until the threatening weather has passed. No clients will be allowed to exit the facility until safe to do so.

**For Inpatient or Residential Clients:**

The agency will be notified by the *cell phone applications* if there is threatening weather in the area.

In the event of severe thunderstorms, earthquakes, or flooding, the agency will follow all recommended precautions stated by the emergency management authority. Staff will supervise the clients until the dangerous situation has passed. Clinical services will resume after the all clear has been issued.

In the event of a tornado, staffs gather all clients in the innermost room of the agency building and remain secured until the threatening weather has passed. After all clients have been checked for injuries and legal representatives have been notified of the client’s safety, regular services will continue.

**Power Failure Procedures**

In the event of a power failure, emergency lighting will allow for all clients to be gathered into a well-lit area to prevent unsafe movement. Staff and client will remain in this area until the power returns and then regular services will resume.

**For Outpatient Services Only:**

Follow steps 1 and 2 then, the clinical supervisor will determine when or if services will resume following a power failure. If services cease for the day, all clients will be returned home safely.

**Medical Emergency Procedure (Code Blue)**

Any staff or client that has a medical emergency will receive immediate first aid and Emergency Medical Services will be contacted (911) if required. Any clients and staff members not involved in assisting the victim will be removed from the area where the emergency is occurring. Other clients will be shielded for the activity to prevent fear and anxiety. If a client has a medical emergency, Emergency Medical Services (911) will be called and the client’s family members will be notified immediately, if applicable.

When Emergency Medical Services personnel are finished providing services, staff and clients will be debriefed as necessary, then allowed to resume the activities already in progress. Fill out Accident/Incident Report and follow up with client as needed.

**Health and Safety Manual**

Each facility must have a designated location a Health and Safety Manual. The manual will serve as the primary source for all health or safety situations that a facility may encounter. The Manual must include:

* Contact information
  + Emergency numbers ( 911, poison control, LME Crisis Response numbers, etc.,)
  + Emergency Contact information for Senior Management, other relevant staff, and guardian Contact information.
  + Other critical contact information number (Social services situations
  + Staff shall provide the following information when calling:
    - A description of event/hazard, number and extent of injuries, caller’s name and phone number, facility name and address including county, type of facility, facility occupancy levels by rooms and individuals, special equipment or care needed such as oxygen or water assistance.
* Critical consumer information that may be needed in case of emergency (i.e. contact information, medications, picture)
* A copy health and safety policies and other relevant policies
* Relevant incident reporting forms
* Badges for consumers and staff that may be worn at shelters or other locations.
* Relevant training materials that should be reviewed annually.
* Site plans with evacuation procedures
* Listing of chemicals on site will be kept in separate manual because of its size.
* Monthly review sheet to verify emergency provisions on hand for medical, food, pharmaceuticals, flash light etc.
* Documentation sheet that must be signed monthly that the manual has been reviewed to ensure it is up to date.

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## EMERGENCY DRILLS

All consumers in our program are instructed in fire safety. They are taught the locations of fire exits, extinguishers, pull downs, etc. In addition, periodic fire drills and emergency drills are held to insure that everyone can evacuate the facility quickly and safely.

1. ADVP

Unannounced fire drills in the Day Program occur at least quarterly. The following procedures are used:

* 1. A Senior Manager, Vocational Coordinator, Vocational Specialist, or a designated employee shall sound the whistle in three (3) short blasts and 911 will be called/or simulated immediately. In the event of an actual fire the smoke alarms and sprinkler system would be self-activated. For those consumers that might have any sort of an hearing impairment FIRE SYMBOLS will be utilized to ensure proper understanding of the actual event taking place.
  2. Vocational specialists and all other available staff will assist consumers in exiting the building in accordance with evacuation plan posted in each room of the facility. Special attention should be paid to those in wheel chairs or those who made need assistance walking. Vocational Specialist will utilize the Road Guard vest to assist consumers when crossing areas where high traffic is visible.
  3. All restrooms and classrooms are to be checked. All doors should be closed as each room is exited.
  4. Consumers exiting the back of the building shall be moved to rear fencing area in the rear of the parking lot; consumers exiting the front of the building shall be moved across the parking lot to the grassy area. Vocational specialist conducting the fire drill will ensure that a barrier is formed to secure consumers from entering the road to ensure safety.
  5. The Senior Management or the Safety Committee Chairperson then checks inside the building to ensure all consumers and staff have evacuated and all doors are closed.
  6. Upon exiting the building the Vocational Specialist is responsible for conducting a roll call to ensure that everyone has evacuated safely. Walkie-talkies are used to communicate with those who have left at the back of the building.
  7. When the announcement of all CLEAR has been given Vocational Staff will lead the consumers back into the building in adherence with all safety precautions and procedures. Vocational Staff or Designated employee will record the elapsed time and observations of the Fire Drill in the Fire Drill Log.

1. RESIDENTIAL FACILITIES

An emergency drill must occur in the group homes at least once per month one of which must be a fire drill must each quarter. All staff members (both full, part-time) are required to conduct and participate in emergency drills. Each staff member is assigned a pull-down station and a rotating schedule is followed for drills. Drills are unannounced and should be held at various times of the day and night. The following procedure should be followed when conducting a fire drill:

* 1. Each group home should have a drawing of their fire exits and assembly area posted in the home. Each staff member should look at the drawing and memorize it.
  2. Choose a time to do the fire drill.
  3. Execute your fire drill by going to the pull-down station assigned to you and pulling it down.
  4. Start timing the residents to assess their ability to react to a fire drill.
  5. Stop timing once the residents are in their designated assembly area for a fire.
  6. Once all of the residents are out of the group home and in their designated assembly area for a fire, go to your fire alarm system and press the alarm silence button. (At Home #5, press in the code “12341" using the numbered touch-tone pad located on the right side of the control panel.) Then remove the pull-down station key from your alarm system box and go to the pull down station that you pulled for the fire drill. Place the key in the hole located on the front of your pull-down box and turn the key counter-clockwise until the pull-down box is loose enough to push the handle back up into place. Once you have the pull-down handle in place, hold it and start turning the key clockwise until the box is tight and is holding the handle securely in place. Go back to your fire alarm system box and press the fire alarm “reset” button. (At Home #5 re-enter the “12341" code.) The system should be reset.
  7. Let the residents come back into the group home.
  8. Once all of the residents are back in the group home, document the date, reactions of the residents, reaction time, which pull-down station you used, and your initials in the fire drill report.
  9. When doing a fire drill try to come up with different situations so the residents will learn to use all of the exits. Each group home should have a monthly fire drill schedule posted, in which each individual staff member is assigned to a specific pull-down station.
  10. If you are cooking, etc. and the alarm goes off, do not reset the alarm. Let the residents react to the alarm as if it were a real fire. **Never** assume that it is not a real fire.
  11. Whenever the alarm system goes off, after evacuating the residents immediately open the fire alarm system box to see a light which will tell you where the fire is located. There are two small lights labeled “ground floor” or “attic”. (At Home #5, there will be a display window, rather than lights. The display window will read “attic”, “kitchen”, etc.) If the light (or display window) indicates that the fire is on the ground floor, check the house for any signs of a fire. If fire is found, immediately call 911. If the light (or display window) indicates that the fire is located in the attic, call 911 and let them come check it. If your alarm system goes off for no apparent reason, notify Patriot Systems, LLC at (800) 371-7166

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## MEDICAL EMERGENCIES

**SCOPE:** All clients receiving medication while receiving services at CREST.

**PURPOSE:** To assure all CREST clients are provided with the proper care in the event of a medical emergency.

**POLICY:** It is the policy of CREST to ensure all clients receive the highest quality of service at all times.

**PROCEDURE:**

In the event of a medical emergency (e.g., serious injury, heart attack, poisoning, back or limb injuries) the following steps should be taken:

* If transporting the client would be unsafe, call 911 and request an ambulance. If necessary, begin First Aid and/or CPR procedures, and continue until the ambulance arrives.
* Immediately separate the client from the others by instructing the others to leave the area, room, etc.
* If the client has ingested a poisonous substance or has been administered the wrong medication, immediately call **Poison Control @ 1-800-672-1697.** Have the container from the poisonous substance or the medication package, and the client’s medical record when the call is placed. Be sure to ask about possible interaction with the client’s other medication etc.
* As soon as emergency personnel are available, contact Senior Management immediately to arrange coverage.
* The employee is authorized to release emergency medical information to EMS personnel.
* Transport the client’s medical file and client’s profile sheet to the hospital.
* Senior Management should immediately notify the family member or emergency contact listed on the Client’s Profile Sheet.
* Remain with the injured client until you receive direction from the appropriate coordinator.
* Make sure that the attending physician fills out the Physician’s Orders Forms (DSS – 1867 and the Mental Health pink sheet).
* Document any new medication on the client’s medication sheet and have the prescription filled as soon as possible and a staff member must document all events on the **Critical Incident Report Form.**

## COMMUNICABLE DISEASES

**SCOPE:** Management of infectious diseases

**POLICY:** CREST will identify and report infectious and communicable diseases according to 10A NCAC 41A .0101, REPORTABLE DISEASES AND CONDITIONS.

**PURPOSE:** It is the duty of the Local Health Director to immediately investigate the circumstances surrounding the occurrence of the disease or condition to determine the authenticity of the report and the identity of all persons for whom control measures are required. (10A NCAC 41A .0103).

Control measures shall be those which can reasonably be expected to decrease the risk of transmission and which are consistent with recent scientific and public health information; For diseases or conditions transmitted by airborne route, the control measures will require isolation for the duration of the infectivity; For diseases or conditions transmitted by the fecal-oral route, the control measures will require exclusions from situations in which transmission can be reasonably expected to occur, such as work as a paid or voluntary food handler or attendance or work in a day care center for the duration of the infectivity.

For diseases or conditions transmitted by sexual or blood-borne route, control measures shall require prohibition of donation of blood, tissue, organs or semen, needle-sharing, and sexual contact in a manner likely to result in transmission for the duration of the infectivity.

PROCEDURES:

10A NCAC 41A .0203 CONTROL MEASURES ‑ HEPATITIS B

1. The following are the control measures for hepatitis B infection.  The infected persons shall:
   1. Refrain from sexual intercourse unless condoms are used except when the partner is known to be infected with or immune to hepatitis B;
   2. Do not share needles or syringes;
   3. Do not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk;
   4. If the time of initial infection is known, identify to the local health director all sexual intercourse and needle partners since the date of infection; and, if the date of initial infection is unknown, identify persons who have been sexual intercourse or needle partners during the previous six months;
   5. For the duration of the infection, notify future sexual intercourse partners of the infection and refer them to their attending physician or the local health director for control measures; and for the duration of the infection, notify the local health director of all new sexual intercourse partners;
   6. Identify to the local health director all current household contacts;
   7. Be tested six months after diagnosis to determine if they are chronic carriers, and when necessary to determine appropriate control measures for persons exposed pursuant to Paragraph (b) of this Rule;
      1. Comply with all control measures for hepatitis B infection specified in Paragraph (a) of 10A NCAC 41A .0201, in those instances where such control measures do not conflict with other requirements of this Rule.
2. The following are the control measures for persons reasonably suspected of being exposed:
   1. When a person has had a sexual intercourse exposure to hepatitis B infection, the person shall be tested;
   2. After testing, when a susceptible person has had sexual intercourse exposure to hepatitis B infection, the person shall be given a dose appropriate for body weight of hepatitis B immune globulin and hepatitis B vaccination as soon as possible; hepatitis B immune globulin shall be given no later than two weeks after the last exposure;
   3. When a person is a household contact, sexual intercourse or needle sharing contact of a person who has remained infected with hepatitis B for six months or longer, the partner or contact, if susceptible and at risk of continued exposure, shall be vaccinated against hepatitis B.
   4. When a health care worker or other person has a needle stick, non-intact skin, or mucous membrane exposure to blood or body fluids that, if the source were infected with the hepatitis B virus, would pose a significant risk of hepatitis B transmission, the following shall apply:
      1. when the source is known, the source person shall be tested for hepatitis B infection, unless already known to be infected;
      2. When the source is infected with hepatitis B and the exposed person is:
         1. Vaccinated, the exposed person shall be tested for anti ‑ HBs and, if anti-HBs is unknown or less than 10 milli-International Units per ml, receive hepatitis B vaccination and hepatitis B immune globulin as soon as possible; hepatitis B immune globulin shall be given no later than seven days after exposure;
         2. Not vaccinated, the exposed person shall be given a dose appropriate for body weight of hepatitis B immune globulin immediately and begin vaccination with hepatitis B vaccine within seven days;

When the source is unknown, the determination of whether hepatitis B immunization is required shall be made in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention guidelines. Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars ($22.00) each plus five dollars ($5.00) shipping and handling.  Copies of Center for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a cost of three dollars fifty cents ($3.50) each.  Copies of both publications are available for inspection in the General Communicable Disease Control Branch, Cooper Memorial Health Building, 225 N. McDowell Street, Raleigh, North Carolina 27603-1382.

* 1. Infants born to HBs Ag-positive mothers shall be given hepatitis B vaccination and hepatitis B immune globulin within 12 hours of birth or as soon as possible after the infant is stabilized.  Additional doses of hepatitis B vaccine shall be given in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention Guidelines.  The infant shall be tested for the presence of HBsAg and anti-HBs within three to nine months after the last dose of the regular series of vaccine; if required because of failure to develop immunity after the regular series, additional doses shall be given in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention guidelines.  Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars ($22.00) each plus five dollars ($5.00) shipping and handling.  Copies of Center for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a cost of three dollars fifty cents ($3.50) each.  Copies of both publications are available for inspection in the General Communicable Disease Control Branch, Cooper Memorial Health Building, 225 N. McDowell Street, Raleigh, North Carolina 27603-1382;
  2. Infants born to mothers whose HBs Ag status is unknown shall be given hepatitis B vaccine within 12 hours of birth and the mother tested.  If the tested mother is found to be HBsAg-positive, the infant shall be given hepatitis B immune globulin as soon as possible and no later than seven days after birth;
  3. When an acutely infected person is a primary caregiver of a susceptible infant less than 12 months of age, the infant shall receive an appropriate dose of hepatitis B immune globulin and hepatitis vaccinations in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention Guidelines.  Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars ($22.00) each plus five dollars ($5.00) shipping and handling.  Copies of Center for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a cost of three dollars fifty cents ($3.50) each.  Copies of both publications are available for inspection in the General Communicable Disease Control Branch, Cooper Memorial Health Building, 225 N. McDowell Street, Raleigh, North Carolina 27603-1382.

1. The attending physician shall advise all patients known to be at high risk, including injection drug users, men who have sex with men, hemodialysis patients, and patients who receive multiple transfusions of blood products, that they should be vaccinated against hepatitis B if susceptible.  The attending physician shall also recommend that hepatitis B chronic carriers receive hepatitis A vaccine (if susceptible).
2. The following persons shall be tested for and reported in accordance with 10A NCAC 41A .0101 if positive for hepatitis B infection:
   * 1. Pregnant women unless known to be infected; and
     2. Donors of blood, plasma, platelets, other blood products, semen, ova, tissues, or organs.
3. The attending physician of a child who is infected with hepatitis B virus and who may pose a significant risk of transmission in the school or day care setting because of open, oozing wounds or because of behavioral abnormalities such as biting shall notify the local health director.  The local health director shall consult with the attending physician and investigate the circumstances.
4. If the child referred to in Paragraph (e) of this Rule is in school or scheduled for admission and the local health director determines that there may be a significant risk of transmission, the local health director shall consult with an interdisciplinary committee, which shall include school personnel, a medical expert, and the child's parent or guardian to assist in the investigation and determination of risk.  The local health director shall notify the superintendent or private school director of the need to appoint such an interdisciplinary committee. If the superintendent or private school director establishes such a committee within three days of notification, the local health director shall consult with this committee.  If the superintendent or private school director does not establish such a committee within three days of notification, the local health director shall establish such a committee.
5. If the child referred to in Paragraph (e) of this Rule is in school or scheduled for admission and the local health director determines, after consultation with the committee, that a significant risk of transmission exists, the local health director shall:
   * 1. Notify the parents;
     2. Notify the committee;
     3. Assist the committee in determining whether an adjustment can be made to the student's school program to eliminate significant risks of transmission;
     4. Determine if an alternative educational setting is necessary to protect the public health;
     5. Instruct the superintendent or private school director concerning protective measures to be implemented in the alternative educational setting developed by school personnel; and
     6. Consult with the superintendent or private school director to determine which school personnel directly involved with the child need to be notified of the hepatitis B virus infection in order to prevent transmission and ensure that these persons are instructed regarding the necessity for protecting confidentiality.
6. If the child referred to in Paragraph (e) of this Rule is in day care and the local health director determines that there is a significant risk of transmission, the local health director shall notify the parents that the child must be placed in an alternate child care setting that eliminates the significant risk of transmission.

*History Note: Authority G.S. 130A‑135; 130A‑144, Eff. February 1, 1990; Amended Eff. October 1, 1990; Recodified from 15A NCAC 19A .0201(i) Eff. June 11, 1991; Amended Eff. August 1, 1998; October 1, 1994; Temporary Amendment Eff. February 18, 2002; Amended Eff. April 1, 2003*

## DISASTER PLAN

1. In the event of a disaster which requires the evacuation of a CREST facility, the following procedures should be adhered to:
2. The highest level of Senior Management on duty will be responsible for managing disaster/emergency response efforts.
3. In the event of a disaster, unless otherwise instructed by law enforcement or emergency medical personnel, the group home residents will be evacuated to our day program located at 245A Tillinghast Street. If the disaster requires the evacuation of our day program, consumer’s families and care-givers will be notified to pick them up, if the situation permits. If necessary, day program consumers will be moved, in small groups to CREST group homes.
4. Upon arrival at the designated, safe location a head count should be taken by the staff member in charge. If any consumer is picked up by a family member/relative or care-giver, they must be signed out appropriately. A staff member will remain at the site being evacuated until all consumers are safely relocated.
5. Adequate food supplies are maintained at all facilities to last for several days. This shall include provisions for special diets, etc. Each group home is equipped with all appliances necessary to store and cook food. In addition, the day program is equipped with refrigerator and freezer storage, microwaves, and a toaster oven.
6. The on-duty staff members, unless injured, will continue to provide supervision and care for consumers. Our group home and day program are equipped with toilets, sinks, and shower stalls to meet personal hygiene needs.
7. Trained staffs are responsible for administering medication to consumers. All medications be stored and locked in the medication cabinet in the group home or day program office. All medications and medical records will be transported to the evacuation site, unless to do would be unsafe.
8. If the situation permits, bedding, sheets, and pillows, will provided for consumers and staff.
9. If any physical equipment is needed for a consumer, arrangements will be made by Senior Management.
10. Transportation to the designated, safe facility will be provided by staff in agency vehicles. If group home vans cannot be driven, day program vans will be used, and vice versa.
11. It is the responsibility of CREST to provide safe environment for all consumers, staff and visitors. To assure that maximum safety is achieved, the following procedures will be followed:
12. All Senior Managers will be expected to carry a cell phone when away from the facility in order to be fully accessible to staff.
13. All on duty group home staff are required to carry a cell phone when away from the facility. Day program staff must carry a cell phone when away from the day program and has the custody of a consumer.
14. Staff floaters will be implemented as deemed necessary, to insure that consumers receive appropriate monitoring.
15. Mirrors will be maintained at hallways intersections to maximize the ability to view consumer movement.
16. Classroom doors will not be lockable, unless deemed necessary by the Executive Director. Any action to have classroom doors locked must be in writing by the Executive Director.
17. Any and all safety related issues must be addressed through staff training.

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## ROADSIDE EMERGENCY

**SCOPE:** All full time, part time, and contract employees of CREST

**PURPOSE:** To provide guidelines for safe and appropriate handling of emergency situations while in transit or during transportation of clients to outside community events.

**POLICY:** CREST recognizes that, in the regular course of providing services, it will be necessary for employees to transport both themselves and clients. All CREST employees are expected to behave responsibly and in a businesslike manner when operating a motor vehicle. It is policy of CREST that all employees maintain a safe properly insured vehicle with properly functioning seat belts that must be worn at all times, current driving credentials, communication device; carry any necessary safety and emergency equipment (1st aid kit and emergency roadside safety kit) on board their vehicles operation. Furthermore, it is the expectation of CREST that all employees will be knowledgeable of procedures for dealing with roadside emergencies accidents, and individual emergencies.

**PROCEDURE:**

**Roadside Emergencies:**

In the event of a flat tire, breakdown, or other roadside emergency, staff is to follow the following procedures:

1. If the vehicle breaks down or an emergency arises while still in motion, attempt to steer the vehicle off the road to safety as quickly as possible.
2. Turn on the emergency flashers or hazard lights, and move as far to the right as possible. On a divided highway, it may be necessary to pull to the left.
3. Always exit the vehicle from the door away from traffic.
4. Raise the hood of the vehicle and leave it open.
5. If you are unable to move the vehicle completely off the road, set up warning flares if available.
6. Contact the agency immediately to arrange any necessary assistance in dealing with the situation, or to provide for client care as needed. If necessary, call 911, the local emergency number, or law enforcement to provide assistance.
7. Any clients under staff care are to remain under direct supervision of staff at all times. At no time are staffs to leave clients unattended for any reason.
8. If safety permits, perform any needed maintenance or vehicle operations to deal with emergency situation.
9. Stay with the vehicle if at all possible, especially at night or during bad weather, and wait for assistance from another staff member or a uniformed law enforcement officer. Stay inside the vehicle and keep windows and doors shut and locked if possible.
10. If for any reason you must walk, write down your name, the date and time you left your vehicle, and the direction you are going. Leave this information on the dashboard. Walk facing traffic if there are no sidewalks.
11. If you have no choice but to accept a ride, write down all the above listed information, as well as the plate number of the vehicle in which you are leaving, and a description of the driver.

**ACCIDENTS:**

In the event of an accident or collision, staff is to follow the following procedures.

1. Stop the vehicle, turn on emergency or hazard lights, and turn off the engine. Failure to stop at the scene of an accident is a criminal offense.
2. Stay calm and assess the situation. Check and continually monitor your own health and safety, as well as that of any clients in your care. Be prepared to give appropriate emergency medical care if there are injuries.
3. Call 911, the local emergency number, or law enforcement to report the accident and provide emergency assistance. Contact the agency immediately to arrange for necessary assistance in dealing with the situation, or to provide for client care as needed.
4. When providing emergency care, assist the injured person, but do not move them unless absolutely necessary. Make sure that emergency medical personnel have been called.
5. Stay at the scene of the accident. If possible, take pictures of the scene, including any skid marks and other pertinent information. If possible, do not move the vehicle until police arrive at the scene.
6. Do not give statements to anyone except police and CREST staff. Any statements you make can be used against you later. Admit nothing, promise nothing and do not argue.
7. When making your report to the police, politely give complete and detailed information including locations, time, extent of injuries, damage to vehicles, and contact information. Make sure to obtain the names for all witnesses. If witnesses refuse to give names, list the license number of their vehicles. If no witnesses are present at the time of the accident, get the names and addresses of the first persons to arrive on the scene.
8. If any clients were involved in the accident, staff must contact a parent, legal guardian, or family member as soon as possible to report the incident.
9. Staff involved in the accident must fill out an Incident Report Form within 24 hours of the accident and deliver it to the Administrator for review.

**Individual Emergencies:**

In the event of an individual emergency or behavioral emergency, such as one involving assaultive behavior or a medical emergency, staff is to follow the following procedures:

1. Stay calm and steer the vehicle off the road to safety as quickly as possible. Turn on emergency flashers or hazard lights.
2. Assess the situation and any immediate danger present. If there is a threat, immediately remove yourself and any clients from the source of the danger if possible. Always exit the vehicle from the door away from traffic when possible.
3. Call 911, local law enforcement, or the local emergency number immediately to provide assistance. Call the agency as quickly as possible to arrange any necessary assistance in dealing with the situation, or to provide for the client care as needed.
4. Provide appropriate emergency medical care to any persons in need as long as safety allows or until emergency medical personnel arrive on scene.
5. Any clients under staff care are to remain under direct supervision of staff at all times. At no time is staff to leave clients unattended for any reason.
6. If any clients were involved in the emergency, staff must contact a parent or legal guardian as soon as possible to report the incident.
7. Staff involved in the accident must fill out an Incident Report within 24 hours of the accident and deliver them to Senior Management for review.

## REMOVAL OF WEAPONS & DRUGS

**SCOPE:** All CREST employees and all clients and their families must understand and follow company policy regarding weapons and drugs.

**PURPOSE:** To assure the health and safety of all employees and clients from dangerous weapons, legal, illegal, and prescription drugs. This includes other items that may be used as weapons on the grounds of any of CREST’s facilities.

**POLICY:** CREST will assure that formidable efforts will be made to ensure the safety and well being of clients and staff personnel in regards to dangerous weapons, legal, illegal, and prescription drugs. CREST has the right and responsibility to make safe efforts to remove and confiscate any items deemed to be dangerous or illegal.

**PROCEDURE:** CREST will adhere to the following procedure if legal, illegal, and prescription drugs; or weapons are discovered on the agency premises. When using utensils, scissors, etc. Which are used in the daily operation of the facilities and ADVP Program shall be used only under the direct supervision of a staff.

1. **Illegal Drugs:**
   1. If illegal drugs are discovered on any client or personnel, CREST staff members will attempt to have the client or personnel move to another area of the building/event from other clients and staff members for safety purposes. Staff will immediately notify the Clinical Supervisor so that they may receive further appropriate instructions.
   2. CREST personnel will call the local authorities (911) for assistance. Staff will also contact the client’s legal representative to report the findings.
   3. CREST will cooperate fully with local authorities and their emergency procedures, to include completing all required reports and questions.
   4. A critical incident report should be completed within (24) hours of the incident.
2. **Legal Drugs:**
   1. If legal drugs are discovered on any client or personnel, CREST staff members will attempt to have the client and personnel move to another area of the building/event from the other clients and staff members for safety purposes. Staff will immediately notify the Clinical Supervisor for further instructions.
   2. CREST personnel will call the local authorities (911) after which the agency staff will contact the client’s legal representative to report the findings, if appropriate.
   3. CREST Clinical Supervisor will discuss with client and/or legal representative the responsibilities that are required to participate in the treatment team program. CREST will not tolerate drug abuse/use on its premises.
   4. A critical incident report should be completed within (24) hours after the incident.
3. **Prescription Drugs:**
   1. Prescription drugs are allowed for clients and personnel when the medication is in a prescription bottle with the client’s or personnel’s name on the bottle.
   2. Clients or personnel that have prescription drugs that are not in a properly documented bottle will be asked to turn the prescription(s) over to the facility staff. Medication will be return to guardian in the appropriate prescriptive bottle, or disposed of by way of the pharmacy if requested by the guardian. All disposals will be documented and signed off on by pharmacists when disposed at the pharmacy.
4. **Weapons:**

If any weapon is discovered or any client or CREST personnel:

* 1. Staff members will attempt to assist the client or personnel to a separate area in an attempt to decrease risk of harm/injury to others.
  2. Staff will evacuate all other clients and personnel from the agency and immediately call the local authorities (911).
  3. Staff will focus on assuring the safety of the clients and other staff members.
  4. Staff will avoid attempting to secure the weapon and will wait for proper authorities to arrive.
  5. CREST staff will immediately notify the Clinical Supervisor to receive any additional instructions on how to handle the current situation.
  6. CREST will immediately notify the clients legal representative regarding the situation.
  7. CREST may press charges with the local authorities and participate fully in their investigation.
  8. CREST will meet with client and /or legal representative within 48 hours (if possible) of the incident to discuss the client’s status in the program.
  9. A Critical Incident report should be completed within (24) hours after the incident.
  10. Violation of this policy shall be cause for disciplinary action.

## PHYSICAL RESTRAINT/EMERGENCY INTERVENTION POLICY

**SCOPE:** All clients enrolled in CREST Programs.

**PURPOSE:** To assure safe and proper methods of restraint when a situation requires this method to reduce the potential for harm to self or others.

**POLICY: *CREST has a hands off policy.*** CREST does not utilize restraint, emergency interventions or therapeutic holds unless ~~when~~ ~~or control inappropriate behaviors from clients~~ *absolutely necessary to protect an imminent threat* to the life and physical safety of consumers and staff and *should only be used until staff and consumers can evacuate. Staff should focus on using de-escalation techniques, should always remain calm, and should stand back and and leave if possible and only use defensive techniques shall be used.*

Local law enforcement will be contacted if a client becomes aggressive or violent. Standing orders are not issued to authorize the use of restraint. Restraint will only take place in an environment that can safely and humanely accommodate the practice of restraint. Staff is to examine contributing environmental factors that may promote maladaptive behaviors and take actions to minimize these factors.

**DEFINITIONS:**

***Therapeutic holds:*** A less intrusive physical intervention designed to redirect inappropriate behaviors without disrupting the therapeutic process.

***Physical escort:*** Touching or holding a client without the use of force for the purpose of directing the client.

***Physical restraint/Emergency Intervention:*** The use of bodily force to limit a client’s freedom of movement when the client becomes aggressive or violent.

***Extended restraint:*** A physical restraint which is more than fifteen (15) minutes in duration. Extended restraints increase the risk of injury and therefore require additional staff assistance.

**PROCEDURES:**

**DETERMINING WHEN PHYSICAL RESTRAINT MAY BE USED:**

1. **Physical restraint may be used only when:**
   1. The client’s behavior poses a threat of imminent, serious, physical harm to self and/or others.
2. **Limitations of restraint:**

Physical restraint will be limited to the use of reasonable force as is necessary to protect a client or other clients and staff members from assault or imminent serious physical harm.

1. **Instances when restraint is not to be used:**
2. Physical restraint is not to be used as a means of punishment.
3. Physical restraint should not be used as an intervention, if the client has known health, emotional, physical or other special needs, which would knowingly exacerbate their condition.
4. *Physical restraint should not be used to protect property.*
5. Restraint is not used as coercion, discipline, convenience, or retaliation by personnel in lieu of adequate programming.
6. **Nothing in this document prohibits:**
7. The right of an individual to report to appropriate authorities a crime committed by a client or another individual.
8. Law enforcement or judicial authorities from exercising their responsibilities, including the physical detainment of a client or other persons alleged to have committed a crime or posing a security risk.
9. The exercise of an individual’s responsibilities as a mandated reporter of abuse/neglect to the appropriate state agency.
10. Any employee from using reasonable force to protect clients, other persons or themselves from assault or imminent, serious physical harm.

**PROPER ADMINISTRATION OF PHYSICAL RESTRAINT:**

1. **Trained personnel:** Only staffs that have been trained in de-escalation and physical restraint procedures shall administer it to clients. To the greatest degree possible, another employee who does not participate in the restraint should witness administration of a restraint. However, this policy shall not preclude an employee from using reasonable force to protect clients, other persons, or themselves from assault or imminent, serious physical harm.
2. **Use of force:** Any individual(s) administering physical restraint shall use only the amount of force necessary to protect the client or others from physical injury or harm.
3. **Safety requirements:**
4. Restraint will be administered in a manner so as to prevent or minimize physical harm to the client. Restraint will not last over 45 minutes and will be terminated when proper law enforcement officials arrive.
5. A restraint will not be administered in a manner that prevents the client from speaking or breathing.
6. During a restraint, a staff member shall continuously monitor the physical status of the client including skin color and respiration.
7. The simultaneous use of seclusion and restraint is prohibited. If at any time during the restraint the client displays significant physical distress, the restraint will immediately terminate and medical assistance will be sought.
8. Staff will review and take into consideration any known medical or psychological limitations and/or behavioral intervention plans regarding physical restraint on an individual client.
9. During a restraint, staff will continuously talk to and engage the client in an attempt to de-escalate behavior and to end the restraint as soon as possible. Staff will review for continued need for the physical hold every 15 minutes.
10. Staff administering physical restraint will use the safest method available that is appropriate to the situation.
11. Floor or prone restraints will only be used when conventional holds are ineffective. This type of restraint may be necessary in order to provide for the safety of the client as well as others present. In such a situation, the primary staff member administering the restraint will communicate with the client for safety purposes in an attempt to de-escalate and end the restraint as soon as possible.
12. Restraint will immediately terminate when the staff member determines that the client is no longer at risk of causing imminent physical harm to themselves or others.
13. After release of a client from restraint, the incident, when applicable, will be reviewed with the client and the behavior that led up to the restraint will be addressed.
14. The administrator in charge will review the incident with the staff member who administered the restraint to ensure that proper procedures were followed and to consider if any follow-up is appropriate for clients who may have been present during the restraint.
15. Immediate medical attention is made available for any injury resulting from seclusion or restraint.

**REPORTING REQUIREMENTS:**

1. **When restraint must be reported:**
   1. Any staff member, who administers a restraint, shall verbally inform Senior Management as soon as possible and by written report Critical Incident Report within 24 hours in accordance with the *Critical Incident Reporting Policy*. However, if a Senior Manager has administered the restraint, then he/she shall submit the report to their supervisor who was not involved in the restraint.

The agency administration shall maintain an ongoing record of all reported instances of physical restraint, which shall be made available for review. An assessment of any environmental stimuli that contributed to any incidents of restraint will be assessed and proper adjustments will be made. Senior Management will review with staff member the incident report to assess the need for revision of treatment plan or program model for the person served.

* 1. Any client that does not de-escalate while in restraints or continues to pose a threat to self or others, local law enforcement will be called immediately by staff personnel to assist with the situation. If law enforcement has to be contacted, the staff will also immediately call the client’s parents or family members, as applicable to come to the office and assist with the client.

1. **Informing Legal representative/caregiver/parents:, (as applicable):**
   1. The Administrator or the Clinical Supervisor shall verbally inform the client’s legal representative/caregiver/parents, as applicable, of the restraint as soon as possible not to exceed eight hours after restraint has been utilized.

Revised 10-24-2013

## ADVERSE WEATHER CONDITIONS

**SCOPE:** All full time, part time and contract employees of CREST

**PURPOSE:** To assure that during times of adverse/extreme weather CREST staff are able to come to workwithoutrisk of safety to staff, clients and families.

**POLICY**: It is the policy of CREST to remain open unless unsafe hazardousweather conditions exist. Clients of CREST will attend the day program based on the schedule followed by the Cumberland County School System, when in session. When not in session, the Executive Director will make the necessary determination. If the Executive Director determines that city roads are safe, he may open the ADVP for clients that feel they can safely participate at their discretion. This policy will only be in effect if clients are directly contacted by CREST staff.

**PROCEDURE:** Day Program employees will follow the schedule for teachers of the Cumberland County School System. For example, if it is an optional teacher workday, it will be an optional workday for CREST administrative and day program employees. Employees choosing to remain at home will be required to take PTO leave. If there is an operating delay for the schools, CREST will delay opening. Announcements regarding such closings or delayed openings are made via WRAL Channel 14 news, Internet, and Emergency Radio when applicable. Any concerns regarding closings of the ADVP Program can be directed to the immediate attention of the Assistant Director/ADVP Program at (910) 476-8850.

Residential staff is expected to remain on-the-job during hazardous weather. In event of shift change, the employee on duty is required to remain with the clients until relief staff is in the home. For assistance and/or guidance in an emergency situation, contact Senior Management.

## CRITICAL INCIDENT REPORTING

**SCOPE:** All full time, and contract employees of CREST

**PURPOSE:** To assure immediate documentation and reporting to proper supervisors when an overwhelming or abnormal incidents occur. This will allow for the administration to be able to identify areas that may require corrective action, to alert the administration to situations that can lead to adverse claims and to prevent future occurrences. This policy and procedure will assure immediate response to critical incidents. Additionally, these reports can also be used to identify agency training needs.

**POLICY:**

1. The agency will remain a system for reporting and follow-up of incidents. The incident report serves to:
   1. Prevent Critical Incidents from occurring
   2. Detect problems early
   3. Provide a mechanism to prevent future problems
   4. Provide for trending of incidents
2. All unusual events must be reported as well as any other occurrences presenting risks to clients.
3. The incident report becomes/remains part of the client’s record. Reference in the clinical record shall be made indicating completion of an incident report and its submission to the appropriate LME authorities through the NC IRIS SYSTEM.
4. The incident reporting system will be part of the Agency’s Quality Assurance Plan.

**Definition:**

A **Critical Incident** is defined any event which is not consistent with the routine operation of a program which may causes stress experienced due to an event, which overwhelms the individual’s normal coping mechanism, rendering the person ineffectual. Some examples of critical incidents include abuse and neglect, death of a client, attempted suicide or suicide, injury/ illness, sexual assault, mental health crisis, drug/alcohol overdose, medication errors, use physical restraint, aggressive/ violent behaviors, sentinel events, use or possession of weapons, elopement or wandering, vehicular accidents, biohazard accidents, use or possession of illicit or licit substances, fire/explosion with injuries or significant damage, natural disasters, infectious diseases/control, communicable diseases, and any other designated emergencies.

**PROCEDURE:**

When the incident occurs, the individual discovering the incident will:

1. Notify the clinical supervisor immediately with observations or definition of identification of the incident.
2. Follow-up with the client and/or client’s physician if indicated by the clinical supervisor.
3. Maintain the confidentiality of the information and once the agency has completed the required Incident Report on the mandated IRIS system and sent required electronic form through IRIS to your local LME in the required timeframe.
4. Completion of all incident reports will be completed on the newly implemented IRIS system. Completion of an incident reports are due by the end of the day if the incident occurred during the ADVP Program. Completion of an incident report form in all CREST’S Residential facilities are to be completed by the staff involved in the incident within twenty-four (24) hours of the incident occurring if not by the end of the reporting staff’s shift to remain in compliance with this policy.

The procedure /form when completed will contain all necessary information as follows:

1. Complete date and time of Incident
2. Indicate name of client(s) involved as well as staff involved
3. Indicate type of Incident as instructed on the incident report form
4. Location of Incident
5. Description of Incident/ Injury in a narrative form
6. List witnesses to incident
7. List medication taken within the last eight (8) hours
8. Nature of injury to employee (if applicable)
9. Nature of injury to client (if applicable)
10. Was employee or client seen by a Physician?
11. Person(s) notified, time of notification and by whom.
12. Follow-up notification requested?
13. Reporting Individual will sign and date report.
14. Parent, guardian, next of kin, Bureau of Licensing will be notified immediately.
15. The client will be protected from staff member(s) if incident includes suspect of agency staff members.

The Incident Report is to be completed on the electronic IRIS system by the staff person with the best and most complete knowledge of the incident.

1. All blanks of the report on the form are to be filled in. The narrative summary should be detailed and complete, including; relevant antecedent occurrences, type of incident, actions of all participants in the incident, consequences of the incident, specific first aid or PIC hold used, and other facts.
2. The Clinical Supervisor and the reporting staff member will review and electronically sign the Incident Report Form and follow-up with the client or his or her legal representative for debriefing within (24) hours. Remedial education may be required to prevent repeated incidents. (a copy of the electronic version will be printed and filed in the client’s record)
3. The Clinical Supervisor shall file the Incident Report in the QA binder designated for all Incident Reports and forward the incident and any other information to the Executive Director who will provide it for review by Board of Directors.
4. Copies of the incident report will be forwarded to the Director of Development Disability Services or his/her designee of the Cumberland County Mental Health Center, and the client’s identified LME if not a resident of Cumberland County. The Administrator will review the Incident Reports and conduct follow-up as indicated.

A summary of Incident Reports should go to the QA/QI committee who will review the report recommendations and make any adjustments necessary to prevent the issue from recurring.

An annual Quality Assurance report regarding Critical Incidents will be written to address causes, trends, actions taken, performance improvements, education and training of personnel, prevent recurrence, and internal and external reporting requirements.

Quarterly Incident Reports will be submitted to CREST’S area LME Cumberland County (and any other if client is from an outside county) as required for monitoring in this area.

**REFERENCES:** QM01 ELECTRONIC VERSION 2010, NEWLY IMPLEMENTED IRIS SYSYTEM PROCEDURES AND GUIDELINES FOR COMPLETION/TIMEFRAMES FOR INCIDENT REPORTING

# CLIENT RIGHTS AND SERVICES

## QUALITY ASSURANCE

**SCOPE:** Systems designed to monitor and adjust the scope of services and assure consistent quality treatment.

**PURPOSE:** To assure the quality of services delivered, gather data to be utilized in a quality improvement plan, and to identify any problematic areas.

**POLICY:** CREST has systems and procedures that provide for the continual monitoring of the quality, appropriateness, and utilization of services provided. Performance is monitored to ensure that the improvements are sustained. This is accomplished through a systematic review of records of the persons served utilizing the appropriate documentation review forms.

**PROCEDURE:** The Senior Manager of each program completes the following procedures.

1. **Client Satisfaction Survey:** On a quarterly basis an assigned staff member directly gives each client a Client Satisfaction Survey. As the surveys are returned the data is complied and a Quality Assurance Summary Report is completed. The completed survey forms are kept in a binder for a minimum of 3 years. Quality Assurance Summary Reports are kept in a separate binder and retained for the life of the business. The Clinical Supervisor of the agency is responsible for oversight of this process.
2. **Quality Assurance Summary Report:** On a quarterly basis this form is used to summarize Client satisfaction Surveys, Fire/Emergency Drills, Employee Incidents, Client Incidents, Employee Grievances, Client Grievances, Employee Suggestions, Accessibility/Requests for Accommodations/Removal of Barriers, and Client Suggestions. The Clinical Supervisor completes these forms and submits copies to the Administrators and the Board of Directors for review by the Quality Assurance Team. The original copy is filed in the quality assurance binder, which is kept in the Clinical Supervisor office in a locked cabinet.
3. **Employee Satisfaction Survey:** On a semi-annual basis an assigned staff member directly gives each staff member an Employee Satisfaction Survey. As the surveys are returned the data is compiled and the Quality Assurance Summary Report is completed. The completed survey forms are kept in a binder for a minimum of 3 years. Quality Assurance Summary Reports are kept in a separate binder and retained for the life of the business. The Clinical Supervisor of the agency is responsible for oversight of this process.
4. **Stakeholder Satisfaction Survey:** On a semi-annual basis an assigned administrator directly gives each stakeholder a Stakeholder Satisfaction Survey. As the surveys are returned the data is compiled and the Quality Assurance Summary Report is completed. The completed survey forms are kept in a binder for a minimum of 3 years. Quality Assurance Summary Reports are kept in a separate binder and retained for the life of the business. The Clinical Supervisor of the agency is responsible for oversight of this process.
5. **Client Satisfaction Survey Annual Evaluation:** Quarterly, data from the Client Satisfaction Surveys are entered into the spreadsheet and submitted to Senior Management and the Board of Directors. The Clinical Supervisor files each quarter’s report in a binder at each agency location. Annually the Quality Assurance Team meets to review the annual spreadsheet report for trends and determines actions needed.
6. **Client and Employee Suggestion Boxes:** Employee and Client Suggestion Boxes are placed in appropriate areas. Weekly, the Clinical Supervisor checks the boxes and addresses any suggestions as needed. During the quarterly Quality Assurance review a Quality Assurance Team member reviews all suggestions submitted during that quarter.
7. **Annual Quality Assurance Team Meeting:** Following the close of the 4th quarter the Quality Assurance Team meets to review all accumulated QA and Performance Indicator data from the previous year to identify trends, areas of need, and plan corrective actions.
8. **Client Supervision:**  A minimum of one staff member will be present at all times when any adult consumer is on the premises, except when the consumer’s person-centered plan documents that the consumer is capable of remaining in the home or community without supervision. The plan will be reviewed as needed but not less than annually to ensure the consumer continues to be capable of remaining in the home or community without supervision for specified periods of time.

## CLIENT RIGHTS & RESPONSIBILITIES

**SCOPE:** All clients enrolled in CREST programs.

**PURPOSE:** To assure that all clients understand their rights and responsibilities and all staff understand and treat each client with the proper respect.

**POLICY:** To ensure the process that a client will be an active, informed participant in his/her plan of care, the client will be empowered with certain rights and responsibilities as described in the Client Rights and Responsibilities. A client may designate someone to act as his/her client representative. The representative, on behalf of the client may exercise any of the rights provided by the policies and procedures established by the agency.

All policies are available at all times to the agency personnel, clients and representatives as well as other organizations and the interested public to assist with fully understanding the client’s rights and responsibilities.

**PROCEDURE:**

1. Before or upon admission, the staff will provide each client and/or their guardian/representative with a copy of the Client Rights and Responsibilities.
2. The Client Rights and Responsibilities will be explained and distributed to the client prior to the initiation of agency services and annually. This explanation will be in language he/she can reasonably understand. Communication of these rights and responsibilities can occur through:
   1. Verbal
   2. Written
   3. For non-English speakers, all related information will be provided in their language and translated by an agency staff member skilled in this area. In the event there is no skilled staff to translate, the agency will bring in an individual to translate on behalf of the client. The agency will ensure that this person will completely fill out and adhere to all agency required confidentiality guidelines, to protect the client’s privacy.

**A CLIENT RIGHTS**

The client is informed at admission and annually of:

1. Confidentiality of all personnel and treatment related information.
2. The right to privacy, security and respect of property.
3. The right for protection from abuse, neglect retaliation, humiliation, exploitation.
4. The right to have access to, reviews, and obtain copies of pertinent information needed to make decision regarding treatment in a timely manner.
5. The rights to informed consent or refusal or expression of choice regarding participation in all aspects of care/ services and planning of care/services to the extent permitted by law, including but not limited to: 1)Service delivery, 2)Release of Information, 3)Concurrent services, 4)Composition of the service team.
6. The right to access or referral to legal entities for appropriate representation.
7. The right to access to self-help and advocacy support services.
8. The right to investigation and resolution of alleged infringements of rights.
9. The right to provision of care in the least restrictive environment.
10. The right to adequate and humane care.
11. The right to evidence-based information about alternative treatments, medications, and modalities.
12. The cost of services that will be billed to his/her insurance(s) and/or self.
13. The right to protection from the behavioral disruptions of other person served.
14. The right to 24-hour crisis intervention.
15. The right to equal access to treatment for all persons in need regardless of race, ethnicity, gender, age sexual orientation, or sources of payment.
16. The right to a grievance procedure that includes the rights to: be informed of appeal and place, receive a decision in writing, and appeal to an unbiased source.

Clients in CREST Residential facilities shall maintain communication of rights as specified by G.S. 122C-62. Clients in Residential facilities shall have the right to;

1. Send/receive sealed mail and have access to writing material, postage, and staff assistance when necessary;
2. Contact and consult with, at his/her own expense and not at the cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities or substance abuse professionals of his/her choice.
3. Contact and consult with a client advocate, if there is a client advocate.

These rights may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.

**I acknowledge that I have received a copy of the Domiciliary Home Resident’s Bill of Rights, and have read or had read or had to read to me it’s contents. I understand that if any of my rights are violated, I may contact the following agencies to file a complaint or grievance:**

Cumberland County Mental Health North Carolina Division of Facility P.O. Box 3069 701 Barbour Dr. P.O. Box 29530

Fayetteville, NC 28302, Phone 324-0601 Raleigh NC, 27326, Phone 919-733-6650

Long Term Care Ombudsman, Governor’s Advocacy Council for Persons Division of Aging with Disabilities

708 Hillsborough St., Phone 1-800-821-6922

Raleigh NC 27603, Phone 1-800-662-7030

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Staff/Title Date

If any restrictions are placed on a client ‘s rights , the clinical supervisor will meet with the client to inform them of any and all restrictions and regularly evaluate the restrictions placed on the persons served through client interviews, case notes, staffing minutes, incident reports, and any formally filed grievance reports. Only clinical supervisors are able to make medical/clinical decisions that will place limits or return the restricted rights and privileges of the persons served.

**Each adult client who is receiving treatment or habilitation in CREST residential facilities at all times keeps the right to;**

1. Make and receive confidential phone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party.
2. Receive visitors between the hours of 8am-9pm for a period of at least six hours daily, two hours of which shall be after 6pm; however visiting shall not take precedence over habilitation.
3. Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individual.
4. Make visits outside the custody of the facility.
5. Be outdoors daily and have access to facilities and equipment for physical exercise several times a week.
6. Except as prohibited by law, keep and use personal clothing and possession.
7. Participate in religious worship.
8. Keep and spend a reasonable sum of his/her own money
9. Retain a driver’s license, unless otherwise prohibited by Chapter 20 of the GS.
10. Have access to individual storage.

No right stated in Section B of this policy may be limited or restricted except by the Qualified Professional responsible for the information of the client’s treatment or habilitation plan

A written statement shall be placed in the client’s record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client’s treatment or habilitation.

A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the Qualified Professional at least every 7 days, at which time the restriction may be removed. Each evaluation of the restriction shall be documented in the client record.

Restrictions on rights may be renewed only by a written statement entered by the Qualified Professional in the client’s record that states the reason for the renewal of the restriction. In the case of an adult client who has been adjudicated incompetent, in each instance of an initial restriction or renewal of restriction of rights, an individual designated by the client shall, upon consent of the client, be notified of the restriction and of the reason for it.

**B CLIENT RESPONSIBILITIES**

Client agrees to meet the following guidelines for successful completion of treatment:

1. After intake all clients will attend the appropriate CREST program for which they were admitted.
2. CREST program information containing hours and operation days will be provided to the guardians/case managers of all clients to ensure proper attendance.
3. It is the client/guardian responsibility to communicate difficulties and other barriers that may prevent the client from actively participating in the DAVP/DAY Program. Failure to adhere to residential program rules will be defined as non compliance.
4. Participation in any illegal or suspicious activity or acting out, defacing CREST property will not be tolerated. Any threat or act of violence directed toward staff, other clients, or visitor to the client is grounds of immediate dismissal from the program.
5. Selling, giving away or using drugs on CREST premises will be defined as non-compliance and may result in immediate discharge.
6. Stealing from CREST, its staff or other clients will result in an immediate discharge.
7. Known or suspected abuse or neglect should be reported immediately to your guardian or CREST staff.
8. Spouses, family members or significant others will be permitted to participate in your treatment with your expressed permission and consent.
9. You/guardian are encouraged to discuss any suspected sexual and /or physical abuse with a CREST staff, with expectation of a referral to the most appropriate service provider for assistance.
10. You will be expected dress appropriately whenever entering CREST
11. CREST is not responsible for loss or theft of any personal property.
12. You will be expected to honor the Federal Confidentiality Law.

## PERIODIC INTERNAL REVIEW

**COPE:** All CREST affiliated facilities

**PURPOSE:** To monitor the on-going compliance and the protection of client rights

**POLICY:** The Board of Directors of CREST shall ensure that a compliance review is conducted no less than every three (3) years in each of its facilities regarding the implementation of Client Rights

**Procedure:**

The review shall assure that:

* 1. There is compliance with applicable provisions of the federal law governing advocacy services to mentally ill, as specified in the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (Public Law 99-319) and amended by Public Law 100-509 (1988); and
  2. There is compliance with application provisions of the federal laws governing advocacy services to the developmentally disabled, the Developmental Disabilities Assistance Bill of the Civil Rights Act, 42 U.S.C. 6000 et.seq.

The three most recent written reports of the findings of such reviews shall be maintained in the administrative offices of CREST.

**REFERENCES:** Rules as specified in APSM 95-2, 10 NCAC 14P, 14Q, 14R and 14S.

## CHOICE OF PROVIDER POLICY

**SCOPE:** All clients applying to or enrolled in CREST Programs.

**PURPOSE:** To allow all clients and their guardian’s the right to choose any provider to provide services needed at any time before or during the treatment process.

**POLICY:** CREST will not require a waiver recipient or their family to sign an agreement that they will not change provider agencies as a condition of providing services to the waiver recipient.

**PROCEDURE**: A waiver recipient who is funded by CAP-MR/DD and other state funds for facility-based services must select a single provider for services/supports in that facility. If there is need for two provider agencies, the recipient’s plan of care must clearly demonstrate the need for both State and waiver funds.

Should the person/legally responsible person wish to choose two or more external provider agencies in the facility-based service, regardless of funding source, must submit an exception request for review and written approval obtained through the Local Management Entity (LME). The request must be updated annually at the time of the person’s continued need review.

## CLIENT SELF-GOVERNANCE

**SCOPE:** All clients enrolled in CREST Programs.

**PURPOSE:** To ensure each client input into care and welfare of clients and overall treatment

**POLICY:** Contingent upon the client’s developmental appropriateness, each group home manager shall establish a Resident Council that meets on a regularly scheduled basis to discuss issues related to manage facility governance and client self-governance

**PROCEDURE**: This Resident Council meets once per quarter to discuss possible additions, deletions, or amendments to program rules. Minutes of the Resident Council meetings shall be recorded and available for review by authorized persons. Every effort is made to keep the number of rules in each program to minimum, thereby allowing for increased independence. In the interest of safety and program integrity, there are, however, some rules which are “non-negotiable” and must be followed in all facilities. They are as follows:

* The possession, distribution, or use of illegal drugs and weapons is forbidden.
* All clients living in a group home must participate in a day program.
* Clients in the group homes are not permitted in others’ rooms, or to use others’ personal property without permission.
* All clients shall assume responsibility for their fair share of daily duties, etc.
* All clients must be willing to work on individual goals.
* Only clients with prior written permission may stay alone at a facility or go out independently into the community.
* Only clients with prior written permission may self-administer medication. However; clients residing in CREST group homes will be administered their medication from their properly trained staff to ensure all medication regimens are administered in accordance with their doctor’s orders and annotated accordingly on the medical administration record.
* Any behaviors which infringe upon the rights of other clients are forbidden. (This includes, but is not limited to, inflicting physical harm, threatening, and using abusive language.)
* All clients of the ADVP who arrive late/leave early, must sign in/sign out at the reception area.

## INFORMED CONSENT

**SCOPE:** All clients entering services with CREST

**PURPOSE:** To assure that all individuals understand the treatment process and the rights and responsibilities required for participation in treatment services.

**POLICY:** CREST follows all local, State and federal guidelines related to treatment. CREST reviews with the client the facts and risks concerning all treatment procedures including the use of medications. Clients are informed that participation in this program is strictly on a voluntary basis.

**PROCEDURE:**

1. CREST performs an initial intake on each individual seeking service from the agency. Detailed information is gathered to determine the client’s needs and the level of care required to address their individual issues.
2. All clients are made aware that they have the right to express choice or refuse to participate in the areas of service delivery, release of information, concurrent services, and the composition of the service delivery team
3. Prior to obtaining consent for release of confidential information, an authorized employee shall inform the client or his/her legally responsible person that the provision of services is not contingent upon such consent and of the need for such release. The client or legally responsible person shall give consent voluntarily.
4. Individual consultation with the client is completed at a minimum of every 30, 60 or 90 days depending on the requirements of the program or as needed to effectively address current clinical need. At these meetings, the provider and the client/guardian will discuss present level of functioning, course of treatment, and future goals.

## SOCIAL INTEGRATION

**SCOPE:** All clients enrolled in CREST Programs.

**PURPOSE:** To encourage participation and social integration with others

**POLICY:** All clients participating in CREST Programs shall be encouraged to participate in appropriate and generally acceptable interactions and activities with other clients and non-client members of the community.

**PROCEDURE:**

A client shall not be prohibited from such social integrations unless restricted in writing in the client service record in accordance with G.S.122C-62(e).

## VOLUNTEER NON-COMPENSATED WORK BY CLIENTS

**SCOPE:** Volunteer Work performed by clients

**PURPOSE:**  To assure that no clients are performing non-compensated work or volunteer work.

**POLICY:** CREST will not utilize clients as volunteers in any of its locations. Only full time, part time or contracted employees will perform duties for CREST. Clients can participate in community activities, as a volunteer, secondary job training, as well as working for compensation. Participation is totally voluntary.

## CONSUMER GRIEVANCE

**SCOPE:** All clients enrolled in CREST Programs.

**PURPOSE:**

1. To insure a means by which consumers may voice their concerns.
2. To provide consumers with a better understanding of program goals and policies.
3. To create the opportunity for all consumers to have a voice in changing current or implementing new program goals and policies.

**POLICY:**

Each resident and /or his/her advocate (parent, guardian, concerned family member, etc. have a right to counsel with an individual of their choosing. They are guaranteed the right to privacy when discussing problems or grievances with the appropriate staff member. Individuals may file grievances (in writing when possible) without fear of coercion, restraints, discrimination, penalty, or reprisal. This policy is explained to residents/advocates upon admission and is posted in all CREST facilities.

**Procedures:**

1. The consumer or advocate who has a problem or grievance should first speak with his/her immediate supervisor. The supervisor may call the Executive Director, Program Director, the appropriate Coordinator, or other person of the consumer’s choosing into the conversation if the consumer agrees. Or the supervisor may consult with these individuals if the consumer agrees.
2. The consumer shall receive an answer within ten days.
3. If the grievance is such that some action should be taken, and the consumer/advocate is not satisfied with the decision, an appeal may be made to the Executive Director. Depending upon the nature of the appeal, the Executive Director shall decide to what extent information should be in writing. After a review of the information, the Executive Director will share his/her final decision with consumer/advocate. A written copy of the decision, signed by the consumer and the staff member (s) involved must be placed in their respective files.
4. If the consumer/advocate is not satisfied with the decision made by the Executive Director, an appeal may be made with the Board of Directors. All persons involved will be heard by the Board and a decision will be made. Decisions of the Board are final. A copy of the Board’s decision shall be signed by the consumer and the staff member(s) involved and placed in respective files.

## ABUSE AND NEGLECT

**SCOPE:** All full time, part time, and contract employees of CREST

**PURPOSE:** To clearly define abuse and neglect and prohibit such conduct.

**POLICY:** To have an internal procedure to investigate **abuse and/or neglect** allegedly committed by an employee of this agency or by a parent/caretaker of a recipient. All staff members will be trained and given a copy of the provider’s policies and procedures on reporting suspected cases of abuse and neglect.

**Definitions:**

**Abuse:** Is defined as the “infliction of physical or mental injury on an individual by other parties, including but not limited to such means as accidental or reasonable confinement, or deprivation by employee of services which are necessary to the mental and physical health of the client, sexual abuse, exploitation or extortion of funds or other things of value, to such an extent that his/her health, self determination, or emotional well being is endangered.”

**Neglect:** Is defined as the “refusal or failure of apparent or caregiver to supply the individual with necessary food, clothing, shelter, care, treatment or counseling for any injury, illness, or condition of the individual, as a result of which the individual’s physical, mental, or emotional health is substantially threatened or impaired”.

**PROCEDURE:**

1. **REPORTING PROCEDURE OF ABUSE AND NEGLECT WHERE ABUSER IS BELIEVED TO BE AN EMPLOYEE:**
2. Reporting of abuse or neglect where the abuser is believed to be an employee of CREST shall be immediately reported to Senior Management and the proper authorities for investigation.
3. Individuals under investigation **are not permitted** to be part of the investigation team.
4. Individuals under investigation are **prohibited** from working with or having contact with the recipient who made the allegation.
5. Findings will be reviewed and forwarded to the governing body. All substantiated cases of abuse and neglect will be forwarded to the appropriate law enforcement and state agencies and the employee will be terminated.
6. Any employee or consultant who witnesses, has knowledge of, otherwise suspects that abuse or neglect of a recipient has occurred must report such incident to the Clinical Supervisor of the case. They must also cooperate fully with the investigation. This includes incidents that occur in the office, in the community or the recipient’s home.
7. Findings will be reviewed and forwarded to the governing body. All substantiated cases of abuse and neglect will be forwarded to the appropriate law enforcement and state agencies and the employee will be terminated.
8. Any employee or consultant who witnesses, has knowledge of, otherwise suspects that abuse or neglect of a recipient has occurred must report such incident to the Clinical Supervisor of the case. They must also cooperate fully with the investigation. This includes incidents that occur in the office, in the community or the recipient’s home.
9. The administration and staff are responsible for reporting abuse and neglect to the appropriate state agencies such as Adult Protective Services, and law enforcement agencies.
10. Reporting of abuse or neglect where the abuser is believed to be an employee of CREST shall be immediately reported to the local Adult Protective Services, or law enforcement.
11. The report, verbal or written shall contain the information (if known) found on the Critical Incident Report.
12. The report shall name the employee or employees thought to have caused or contributed to the client’s condition and the report shall contain the name of such persons of the client names him/her.
13. If the initial report was an oral form by a mandatory reporter, there shall be a written report made within 3 business days to Adult Protective Services, or law enforcement.
14. **REPORTING PROCEDURE OF ABUSE OR NEGLECT WHERE ABUSER IS BELIEVED TO BE A PARENT, FAMILY MEMBER, or CARETAKER:**
15. Reporting of abuse or neglect where the abuser is believed to be the parent, family member, or caretaker, shall be immediately reported to the local Child Protection Agency, Adult Protection, or local law enforcement agency.
16. The report shall contain the information (if known) found on the Critical Incident Report.
17. The report shall name the person or persons thought to have caused or contributed to the client’s condition if known and the report shall contain the name of such person if the client names him/her.
18. If the initial report was in oral form by a mandatory reporter, there shall be a written report made within 3 business days to the local child protection agency, adult protection agency or, if necessary, to the local law enforcement agency.
19. All reports received by local or state law enforcement agencies involving abuse or neglect where the parent or caretaker is believed responsible shall be referred to the local child protection agency.
20. **PROCESS TO ASSESS PHYSICAL ABUSE FOR CREST STAFF:**
21. ID physical abuse
22. Burns
23. Multiple personalities and dissociate disorders
24. Sexual abuse
25. Munchausen’s syndrome by proxy
26. Neglect/abandonment
27. Emotional abuse
28. Cycle of abuse
29. Legal issues
30. Prevention

It is not the responsibility of CREST employees to intervene into the action of protective and/or legal circumstances of the case. The reporter is ONLY obligated to report.

It is the policy of CREST to fulfill its duties, not interfere and/or interpret the action of abuser, client or protective services and /or legal system. The obligation of CREST is that of due diligence and not interpretation.

**PROTECTIVE DEVICES ARE NOT USED BY CREST**

**REFERENCES: NORTH CAROLINA G.S. 122-C, G.S. 14-3**

## ABUSE/NEGLECT REFERRAL RESOURCES

**SCOPE:** All full time, part time, and contract employees of CREST.

**PURPOSE:**

CREST has established the following list of referral resources in cases of abuse (verbal/physical) and/or neglect. Written documentation is required for any incident for which you proceed in this matter.

**PROCEDURE:**

It is most important that you understand the legal implications of your action(s). Your duty is to REPORT the INCIDENT to the appropriate authority and/ or referral sources; BUT, NOT TO PARTICIPATE IN THE INCIDENT.

Cumberland County MHC for client complaints 910-323-0601

Governor Advocacy Council for client complaints 1-800-821-6922

Cumberland County DSS 910-678-9622

Health Care Registry 910-875-1729

Care-link 1-800-662-7030

Under North Carolina Law, you are REQUIRED to REPORT all cases of abuse/ neglect.

These resources are to assist you to rapidly respond to this most difficult situation. It is most important that you exercise “good judgment” in every case.

## HUMILIATION RETALIATION & EXPLOITATION

**SCOPE:** All full time, part time and contract employees of CREST.

**PURPOSE:** To assure the protection and proper reporting of any claim of humiliation, retaliation, or exploitation of clients or their family members receiving service in the program.

**POLICY:**

CREST does not tolerate or condone any form of humiliation retaliation and exploitation of clients, of CREST personnel, family members or others. To do so would violate North Carolina State Statutes. Such violations will be reported to the Department of Social Services. CREST employees will report and respond immediately to any and all accusations of humiliation, retaliation, and exploitation of clients. All staff is required to immediately meet and report face-to-face with the Clinical Supervisor if any client reports a situation of humiliation, retaliation, or exploitation.

An employee of CREST, or volunteer, who knowingly causes pain or injury to a client or who borrows or takes personal property from a client is guilty of misdemeanor. This violation is punishable as provided in G.S. 14-3. Additionally, violation of these laws may result in disciplinary action up to and including termination and criminal prosecution.

**DEFENITION:**

1. **EXPLOITATION;** means the illegal or improper use of client or client’s resources for another person’s profit, business or advantage. The term includes taking or using personal property from client with or without the client’s permission.
2. **HUMILIATION;** means to deliberately talk down to or disrespect a client in an demeaning manner, or create a situation in which the client feels humiliated so that the, or the client feels disrespected or belittled
3. **RETALIATION;** means that no employee or client making a report may be threatened or harassed by any employee or any other client, and or family member on account of the report.

**PROCEDURE:**

If a client, family member of a client, or employee reports an incident of humiliation, retaliation, or exploitation, the following procedures will be adhered to:

1. CREST will assess the immediate danger of the situation for the client or family member. If the client or family member is in immediate danger, the local law enforcement agency will be immediately contacted.
2. An employee of CREST, or volunteer, who witnesses or has knowledge of the violation of this section or of an accidental injury to a client, shall report the violation or accidental injury to Senior Management immediately, No employee making the report should be harassed or threatened by any other employee because of the report.
3. The staff member that received the complaint will immediately contact Senior Management to report the incident.
4. The staff member that received the report of humiliation, retaliation or exploitation will complete a critical incident report documenting the alleged incident and will bring the document to the attention of Senior Management.
5. Senior Management will review the situation and make arrangements to assure the safety and well-being of the client or their family member.
6. Local law enforcement agency may be called and a full report will be made. Within (5) business days, a written report will be sent to the protective agency from Senior Management.
7. If the Senior Management has been reported to be involved in the incident, the staff member, client, or the family member will report their accusations to the Executive Director or Board Chairperson only.

**REFERENCES:**

**NORTH CAROLINA G.S. 122C-66,**

**THIS VIOLATION IS PUNISHABLE AS PROVIDED IN G.S. 14-3**

## CLIENT PRIVACY

**SCOPE:** All clients enrolled in CREST programs.

**PURPOSE:** To assure the privacy and other rights of clients.

**POLICY:** The following activities will not be engaged in by this agency. If this policy changes, at such time the Board of Directors will draft and implement procedures to safe guard the rights and privacy of all clients in the programs of the agency:

* Photographing of audio/video taping of clients without signed authorization.
* Client being forced or threatened to participate in fundraising and publicity.
* Research.
* Utilization of volunteers to provide services to clients without the direct supervision of a CREST program staff.
* Utilization of any clients as volunteer workers in its program.

## CLIENT RECORDS MANAGEMENT

**SCOPE**: All Consumer Records

**PURPOSE:** To ensure proper documentation of consumer records

**POLICY:**

RESPONSIBILITY:

Responsibility for client records includes but is not limited to, ensuring that all required information (admissions, discharges, evaluations, goal plans, quarterly reviews, progress notes, etc.) are entered onto the record. The respective Coordinators shall review records routinely to ensure compliance with Service Records Manual for Area Programs (APSM 45-2) and shall participate in the Quality Assurance activities as defined in the Area Program Quality Assurance Manual.

The Associate Director shall be responsible for records of residents of CREST’s group homes.

The Assistant Director shall be responsible for records of consumers who are enrolled in CREST’s day program.

AUTHORITY TO DOCUMENT:

Each component of CREST shall maintain privileging of employees who are authorized to document in consumer service records. Such designation shall include clinical staff, administrative staff, support staff, volunteers, and consultants not on staff.

Senior Management is responsible for ensuring that the privileging is maintained and updated as needed and completing the authorization form upon hiring a new employee.

TRANSPORTING CONSUMER RECORDS:

When the need for transporting consumer records outside of the facility arises, they must be transported in a locked case.

SAFEGUARDING CONSUMER RECORDS:

Consumer records are kept in a locked filling cabinet and are accessible only to persons who are authorized to Document in them. Records must remain in the locked file except when being used.

ASSURANCE OF CONSUMER RECORD ACCESSIBILITY:

Person who are Authorized to Document in Consumer Records have access to those records at all times during work hours. Access afterhours can be arranged whenever needed.

ASSURANCE OF CONFIDENTIALITY OF RECORDS:

Upon hire, employees review Confidentiality Regulations and sign a statement assuring confidentiality of all consumer information. This review and signature shall be completed annually thereafter.

**PROCEDURES:**

A consumer record shall be maintained for each individual admitted to CREST and shall contain a minimum of:

* Identification face sheet;
* Documentation of mental illness, developmental disabilities or substance abuse diagnosis, coded according to DSM IV;
* Documentation of screening and assessment;
* Person-centered plan;
* Emergency information for each consumer;
* Signed statement from the consumer of legally responsible person granting permission to seek emergency care from a hospital or physician.
* Documentation of services provided;
* Documentation of progress toward outcomes;
* Documentation of physical disorders according to ICD-9-CM;
* Medication orders;
* Orders and copies of lab tests;
* Documentation of medications and administration errors and adverse drug reactions.
* CREST will ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable diseases laws.

## RETENTION AND DESTRUCTION OF RECORDS

**SCOPE:** All client and personnel records maintained by CREST.

**PURPOSE:** To assure the secure maintenance and availability of client and personnel records.

**POLICY:**  CREST follows all regulatory requirements for retention and destruction of records. All personnel and client records are maintained in a secured area with restrictions as to who has access to confidential information. All CREST employees have the obligation to retain all records and prevent any destruction of any client or personnel files that are involved in any legal proceedings.

**PROCEDURE:**

Retention:

1. All personnel and client information is kept in an organized manner and is filed by the Administrators or office manager on a weekly basis. Records are locked metal file cabinets that are accessible to Senior Management and the receptionist. No CREST personnel are allowed to remove any client or personnel records from the agency premises.
2. Senior Management has the responsibility to protect all client and personnel records from water damage, fire damage, and theft.
3. The client’s electronic files information are routinely backed up daily. The backups are alternated on a 5-day cycle and kept off site in a secure place.
4. CREST retains in accordance with program requirements, for seven years following the last billed

Destruction**: No client files will be destroyed by the agency at any time prior to the required 7-10 years of storage required by Medicaid in case of an unannounced Medicaid State audit review**

1. Records that have been identified, as being involved in a legal proceeding, will be secured by the Administrators or the Clinical Supervisor and stored in a safety deposit box, in the event the file can-not be safely/securely on site in the Executive Director’s Office.

**REFERENCES: ASPM-30 RECORD MANAGEMENT NCGR FOR LISCESED RESIDENTIAL FACILITIES**

## RELEASE OF INFORMATION, SECURITY OF CONFIDENTIAL INFORMATION, CONTROLLED ACCESS

**SCOPE:** All authorized requests for client’s records past and present.

**PURPOSE:** To assure client confidentiality in the disclosure of records.

**POLICY:**

1. CREST will release the records or information regarding a client upon proper request and signed authorization in accordance with applicable legal, accrediting, regulatory agency requirements, and in accordance with written policy. Information that contains no personnel identifying data can be released without a signed authorization by the client.
2. Information that contains no personal identifying data can be released without a signed authorization by the client.
3. All requests for client record releases must be referred to Senior Management to coordinate.
4. No medical information is to be released outside of the stated hours of operations, except to a physician, other medical facility treating the client or other emergency.
5. Written authorization of the client or legal representative is required for other releases as detailed below in the section “Written Authorizations”, with exceptions outlined in the special considerations under the Federal Law of clients previously admitted, treated, or referred for treatment.

**PROCEDURE:**

1. RELEASE WITH A CONSENT
   1. The client/legally responsible person must come to the agency in person to complete a release of information form. In the event the client does not sign the following applies to release of information for CREST purposes, the consent is good for the specified time (usually 1 year) after the date of signature and can be revoked by the client/legally responsible person;
   2. Personal representative of a deceased client if the estate is being settled or next of kin of the deceased client if the estate is not being settled.
   3. The fact of admission/discharge of a client to a facility may be disclosed to the client’s next of kin whenever Senior Management determines that the disclosure in the best interest of the client.
   4. A client advocate shall be granted, without the consent of the client or legally responsible person, access to routine reports and other confidential information necessary to fulfill his monitoring and advocacy functions.
   5. An external advocate shall have access to confidential information only upon the written consent of the client and his/her legally responsible person
2. RELEASE WITHOUT CONSENT

Information shall be release without consent under the following circumstances:

* 1. If a court of contempt jurisdiction issues an order compelling disclosure;
  2. If an individual is a defendant in a criminal case and mental examination of the defendant has been ordered by the court, CREST may send the results of the report of the mental examination to the clerk of court, district attorney, or attorney of record for the defendant;
  3. CREST may disclose confidential information to an attorney who represents either the facility or employee of the facility if such information is relevant to litigation, to the operations of the facility, or to the provision of services by the facility.
  4. When requested information may be released to the department of corrections regarding a client of the facility when the inmate has been determined to be in need of treatment for mental illness, developmental disabilities, or substance abuse;
  5. When there is imminent danger to the health or safety of the client or another individual or there is a likelihood of the commission of a felony or violent misdemeanor;
  6. Information may be provided to the provider of support services whenever the facility has entered into a written agreement with the person to provide support services and the agreement includes a provision in which the provider of support services acknowledges that in receiving, storing, processing, or otherwise dealing with any confidential information, he/she will safeguard and not further disclose the information;
  7. Within a facility, employees, students, consultants or volunteers involved in the care, treatment, or habilitation of clients may exchange confidential information as needed for the purpose of carrying out their responsibility in servicing the client.

1. WRITTEN AUTHORIZATIONS:

Information considered to be confidential should be disclosed only upon written authorization by the client or his or her legal representative or where federal or state law, subpoena authorizes such disclosure, or court order.

* 1. Copies of records require a written authorization signed by the client or legal representative.
  2. The authorization should include:
     1. Full name of the client
     2. Name of the program or person permitted to make the disclosure
     3. Name of the individual or organization to which the disclosure is to be made
     4. The purpose of disclosure
     5. How much and what kind of information is to be disclosed
     6. The signature of the client or legal representative
     7. The date on which the consent was signed
     8. A statement that the consent is subject to revocation at any time, except to the extent that the program or person, which is to make the disclosure, has already acted in reliance on it.
     9. The date, event, or condition upon which the consent will expire, if not revoked before. A signed client authorization remains valid for one year from the date of signature, or upon completion or the release, whichever comes first.

1. VERIFICATION OF AUTHORIZATION IN CASES OF DOUBT

Whenever the validity of an authorization is in question, CREST shall contact the client or client’s legally responsible person to confirm that the consent is valid. Such determination of validity of the consent shall be documented in the client record.

1. PERSONS DESIGNATED TO RELEASE CONFIDENTIAL INFORMATION

CREST authorizes Senior Management release confidential information in the event of medical appointments and emergency situations.

1. DOCUMENTATION OF RELEASE

Whenever confidential information is released with consent, Senior Management shall ensure that documentation of the release is placed in the client’s record. Such documentation shall include the consent form, the date the information was released and signature of the delegated employee releasing the information.

1. PROHIBITION AGAINST REDISCLOSURE

CREST employee’s releasing confidential information shall inform the recipient that re-disclosure of such confidential information is prohibited without the client’s consent. A stamp shall be used on each piece of information released that the information contained therein is confidential, privileged and sensitive information.

1. RELEASE TO THE HUMAN RIGHTS COMMITTEE MEMBERS
   1. Human Rights Committee members may have access to confidential information only upon written consent of the client or the client’s legally responsible person.
   2. A delegated employee shall release confidential information upon written consent to Human Rights Committee members only when such members are engaged in fulfilling their functions as set forth in Mental Health Standards and when involved in or being consulted in connection with the training or treatment of client.
2. NOTICE TO CLIENTS:

At the time of admission, written notice shall be given to the client or legally responsible person informing his/her expressed consent in accordance with G.S. 122C-52 through 122C-56. This notice shall be explained to the client/legally responsible person and documented in the client record.

1. TRANSPORTING OF CLIENT RECORDS
   1. When confidential information is to be taken off the premises the following procedures shall be followed:
      1. The person signing out the record(s) must be authorized to do so by Senior Management.
      2. Container used to carry the client(s) files must be marked confidential
      3. The records(s) must be concealed in a locked briefcase, box or envelope
      4. The records(s) must be locked securely in the vehicle’s trunk or other secure storage area.
2. CONTROLLED ACCESS TO CLIENT SERVICE RECORDS
   1. Client services records shall be secured in a locked cabinet. A copy of pertinent client information shall be maintained in the residential facilities office in a locked cabinet for the clients residing there.
   2. When removing a service record from the file cabinet staff should insert a control card with the client name, date and staff name responsible for the file.
   3. All files are to be returned to the file cabinet upon completion but no later than the end of each working day. Under no circumstances are service records to remain in view of other clients, visitors to the program, or left unattended.
   4. Only authorized representatives of CREST shall have access to the client service records.
   5. Whenever confidential information is released, Senior Management or their designee shall ensure that the consent for release of information is completed, signed, dated, authenticated and placed in the service record.
   6. Consents for release of information require written authorizations as noted in section C above.
   7. The consent for release is valid for not more than 1 year; however consent to continue financial benefits shall be considered valid until cessation of benefits or revocation of consent by the client or client’s legally responsible person.
3. Whenever confidential information is disclosed, the information shall be documented on the accounting/disclosure form located in the client record which address the following

**REFERENCES: Medical Emergency Policy; NC** G.S. 122C-52 through 122C-56

## HIPAA

*(HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)*

**SCOPE:** All employees, clients, families and contractors of CREST

**PURPOSE:**

**Notice of Privacy Practices**

This Notice is effective on April 14, 2003

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THE INFORMATION CAREFULLY**.

**POLICY:**

WE ARE REQUIRED BY LAW TO PROTECT CLIENT MEDICAL INFORMATION.

**PROCEDURES**

Cumberland Residential & Employment Services and Training (C.R.E.S.T.) is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to maintain the privacy of your health information and to provide you with notice of our privacy practices in regard to medical information. The medical information may be health information that is created or received by us that may relate to your past, present, or future medical condition; provision of health care to you; or information that relates to the past, present, or future payment for the provision of health care to you. That includes any treatment and payment records and any information that identifies you as a client.

We are required to protect your health information by both state and federal laws. In the event another applicable law, other than HIPPA, prohibits or limits our uses and disclosures of your health information, as set forth below, we will restrict our uses or disclosure of your health information in accordance with the more stringent standard. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us.

If we make material changes to our privacy practices, we are required to advise all consumers then active in treatment of our new Privacy Practice by:

* Posting the new Notice in our lobby;
* Having the new Notice available upon request at the reception desk.

Copies of our current Notice may be obtained by contacting The Privacy Officer at 910-487-3131 or at the following address: PO Box 971, Fayetteville, NC 28301.

In this Notice we will describe how we may use and disclose the health information about you, explain your privacy rights in regard to your health information, and describe how and where you may file a privacy-related complaint. At any time you need information about the uses or disclosures, our privacy practice, or other related information, contact our Privacy Officer at 910-487-3131.

* USES AND DISCLOSURES
* OF YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following categories describe different ways that we may use and disclose your health information in order to provide health care, obtain payment for that health care, and for operations of our agency. Not every use or disclosure in a category will be listed. We will use and disclose only the minimum information necessary to meet the requirements.

* **For Treatment**. We may use or disclose your health information to provide treatment, coordinate or manage the services provided to you. This may include communicating with other health care providers who are involved in your health care and coordinating and managing your health care with others.
* **For Payment.** This may include preparing bills, checking for eligibility, coverage, pre-approval of services, and management of your account. Even though federal laws allow us to use or disclose information to get payment for the health care services you receive, North Carolina law requires that you consent to such an action.
* **For Health Care Operations.** We may use or disclose information during routine operations or for organizational improvement. Examples of routine operations include the use of sign-in sheets; calling your name in the waiting room, review quality of services you receive, conduct utilization management, record audits, peer review, appointment reminders, resolving complaints, use of volunteers and students. We are also required to disclose health information to the Cumberland County Mental Health Center for purposes of tracking, monitoring, planning, and eligibility determination.
* **For Other Persons Involved in Your Care.** We may disclose health information about you to a relative, close friend or any other person you identify if that person is involved in your care and the information is relevant to your care except as mandated by state and federal regulations. We will try to obtain your authorization, but in the event that is difficult or impossible, we may discuss protected health information if it is our professional judgment that it is in your best interest. In a situation where you are unable to give authorization, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care. We may reveal your location; general condition; including death or serious injury; or any information that may assist in disaster relief efforts. You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies).
* **As Required by Law.** We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose health information.
* **National Priority Uses and Disclosures.** When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that is acceptable and to disclose health information without your permission. We will only disclose medical information about you in the following circumstances as we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by laws
  + **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
  + **Public health activities:** We may use or disclose health information as required by law to report certain communicable diseases to health agencies. For example, we are required to report any cases of HIV, certain sexually transmitted diseases, or tuberculosis to the Health Department.
  + **Health oversight activities:** We may use or disclose your health information to a health agency that is responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.

○ **Abuse reports and investigations:** We will use and disclose information required by law to report any suspicion of abuse, neglect, or exploitation to the Department of Social Services (DSS). We are required by North Carolina law to cooperate with DSS investigations into possible abuse, neglect, or exploitation allegations. We are also required to report to Health Care Personnel Register.

* + **Court proceedings and for Law Enforcement:** We will use and disclose information when required or permitted by federal or state law or by a court order. Health information regarding substance abuse information can only be disclosed with your authorization or by a court order. For example, we would disclose health information about you to a court if a judge orders us to do so.
  + **Coroners and others:** We may disclose health information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye, and tissue transplants**.**
  + **Workers compensation:** We may disclose health information about you in order to comply with worker’s compensation laws.

**○ Research organizations:** We may disclose health information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of health information and approved by an institutional review board.

**○ Government programs:** We may disclose information for public benefits under other government programs, including but not limited to military and veteran’s activities, national security and intelligence activities. We may also use or disclose health information about you to a correctional institution in some circumstances.

**Client Authorization.** Except as outlined above, we will not use or disclose your health information unless you or your representative has signed a form authorizing its use or disclosure. You have the right to revoke that authorization in writing (except in very limited circumstances related to obtaining insurance coverage). CREST is not responsible for any uses or disclosures already made before you cancel an authorization. North Carolina law places limits on the amount of time that an authorization to disclose may cover (up to one year). An Authorization Revocation Form is available from our Privacy Officer.

**CLIENT PRIVACY RIGHTS**

Clients have several rights with respect to their health information. This section of the Notice will briefly mention each of these rights.

* **Access to your Protected Health Information (PHI).** You have the right to inspect (see or review) and obtain a copy of your health care information that we maintain in your file. Some records may not be available, such as psychotherapy notes. Requests for access to your health information must be in writing specifically identifying the information you wish to review. Access request forms are available through our Privacy Officer. We must act on your request no later than 30 days after receipt of the request. We may deny your request for access in certain circumstances and will provide written explanation for the denial. If it is determined by a clinical professional that the information you requested would jeopardize your health, safety, security, custody, or rehabilitation or would be detrimental or harmful to someone else, we will deny access, in whole or in part, to that information. We may choose to provide you a summary of the information. We will also inform you in writing of your right to have our decision reviewed by a licensed health care professional designated as a reviewing official. We cannot provide you with copies of any information that was sent to us by another source. You may be charge a fee for the cost of copying your information.
* **Amendments to your Protected Health Information (PHI).** You have the right to request that health information maintained by us about you be amended or corrected. Your amendment request must be made in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment requests forms are available through our Privacy Officer. If we accept the amendment, you will be informed of the acceptance and notification will be made to those individuals/agencies identified by you needing the amendment. We may deny the request for amendment in certain circumstances. We cannot honor requests to change records provided us by other sources, nor can we change those that are believed to be accurate and complete. A written statement will be provided to you giving the basis for the denial and your rights to disagree.
* **Accounting for Disclosures of Protected Health Information (PHI).** You have the right to receive an accounting of certain disclosures made by us of your health information after April 14, 2003. Your request must be made in writing, signed by you or your representative. Accounting of disclosure forms is available through our Privacy Officer. The accounting will include to whom the information was disclosed, the date it was disclosed, and what specific information was disclosed.

This list will not include the disclosures made for treatment, payment or other health care operations. The first accounting within a 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

* **Restrictions on Uses or Disclosures of Protected Health Information (PHI).** You have the right to request restrictions on certain uses or disclosures or your health information. The request must be made in writing, signed by you or your representative, stating what information you want to restrict and to whom you want the restrictions to apply. We are not required to agree to the restriction if we do not think it is in your best interest. We cannot honor requests that limit our ability to engage in treatment, payment other health care operations. You also have the right to terminate, in writing or orally, any agreed-to restriction. Requests for a restriction (or termination of any existing restriction) may be made by contacting our Privacy Officer.
* **Request for Confidential Communications.** You have the right to request that communications about your health information be made by alternative means or at alternative locations. If such a request is made we may ask for more information about billing or alternative contacts. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to follow reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be specific and in writing, signed by you or your representative.
* **Complaints.** If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer at the address below. You may also file a complaint in writing with the Secretary of the U. S. Department of Health and Human Services, Office of Civil Rights within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.
* **Right to a Copy of the Notice.** You have the right to request a paper copy of this Notice by asking the receptionist for a copy or contacting our Privacy Officer at the telephone number and address below.

**FOR FURTHER INFORMATION:**

If you have questions about this Notice, you may ask to speak with the Privacy Officer of CREST. To exercise your Privacy Rights as listed above, you may contact our Privacy Officer for the form(s) you need at the address below.

ATTENTION: Privacy Officer Phone: 910-487-3131

C. R. E. S. T., Inc.

PO Box 971

Fayetteville, North Carolina 28302

**HOW TO FILE A COMPLAINT:**

You may complain to CREST or to the Secretary of the U. S. Department of Health and Human Services, Office of Civil Rights if you believe we have violated your privacy rights. CREST cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something you believe to be unlawful. To file a complaint with CREST (all complaints will be investigated), please mail to the following address:

ATTENTION: Privacy Officer Phone: 910-487-3131

C.R.E.S.T., Inc.

PO Box 971

Fayetteville, NC 28302

To file a complaint with the Secretary of the U. S Depart of Health and Human Services, Office of Civil Rights, you may contact:

U. S. Department of Health and Human Services Phone: 866-627-7748

Office of Civil Rights

Medical Privacy Complaint Division

200 Independence Avenue, SW

Washington, DC 20201

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| --- | --- | --- |
| CREST  PO Box 971  Fayetteville, NC 28302   |  |  | | --- | --- | | Client:  Record Number: |  |   **NOTICE OF PRIVACY PRACTICES**  **ACKNOWLEDGE FORM**  CREST is required by the Health Information Portability and Accountability Act (HIPPA) of 1996 to maintain the privacy of your health information as stated in our Notice of Privacy Practices.   * I acknowledge that I have been informed about the Notice of Privacy Practices for CREST. * I understand that the Notice of Privacy Practices discusses how my personal health information may be used and/or disclosed, my rights with respect to health care information, and how and where I may file a privacy-related complaint. * I may review a copy of the Notice of Privacy Practices in the waiting room of the agency. * The Notice of Privacy Practices has been made available to me and I acknowledge that additional copies are available from the agency by requesting one from the receptionist located near the waiting area or from the agency’s Privacy Officer. * I understand that the terms of the Notice of Privacy Practices may be changed in the future, and these changes will be posted in each service delivery site in visible areas. I may also request a copy of the new Notice of Privacy Practices by contacting the Privacy Officer at 910-487-3131.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Signature/Legal Responsible Person Date  Effective Date: 4/14/2003 |

## CLIENT ACCESS TO RECORDS

**SCOPE:** All clients that are currently or have received services at CREST.

**PURPOSE:** To ensure clients the right to inspect and/or obtain a paper copy of their protected health information as required by Health Insurance Portability and Accountability Act.

**Definition:**

“Client” shall refer to an individual seeking or receiving services at any CREST agency.

**POLICY:** CREST understands the importance of clients having access to their records. Therefore, CREST will provide client’s review of their medical information upon request. This information will be reviewed by the Senior Management to determine what information is appropriate to release. Clients will be provided the right to inspect and obtain a paper copy of their protected health information that is contained within the designated record set. Exceptions include clinical notes, information compiled for use in civil, criminal, or administrative actions. The agency may deny a request under certain circumstances outlined in this procedure.

**PROCEDURE:**

Requests for Access and Timely Action

1. CREST or its contracted agents must permit a client to request access to or be provided with a paper copy of his or her protected health information as contained in the designated record set. CREST will require for access to be presented in writing on an “Authorization for Use or Disclosure of Protected Health Information “form.
2. CREST must act on a request for access no later than (15) days after receipt. The information will be made available, in full or in part within this time frame. If the request is being fulfilled in part, CREST will inform the authorized requestor if the information does not exist, cannot be found, or is not yet complete. Upon completion or location of the information, CREST will notify the requestor.

**Extenuating Circumstances:**

1. If it is foreseeable that the request cannot be met within (15) days, Administration must be informed by the Senior Management of the delay no later than (5) business days prior to the deadline and must act to remediate the situation.
2. If records have been destroyed in accordance with the CREST Retention and Destruction of Records Policy, Senior Management designee must provide the client with a written statement advising that the request cannot be fulfilled.

**Providing Access**

These steps should be followed when providing clients access to their records:

1. The agency must produce protected health information from the primary source or system as outlined in the designated record set definition.
2. The agency will provide a copy of the portions of the record requested, in the format requested, if readily available. If electronic records are requested, but are not readily available, paper copies will be provided. Online access may not be provided.
3. A summary format may be provided if the client agrees to the format and the associated fees.
4. The agency must offer the client a convenient time and place to inspect or obtain a copy of the record or make arrangements to mail a copy.
5. Reasonable, cost-based fees may be imposed for copying, postage and preparing a summary or explanation as allowable and in accordance with State Law. Payment for copy changes should be collected prior to release or requested copy. In case of non-payment, the client may inspect without receiving a copy.

**Denial of Access**

The agency may deny access in the following circumstances. These are unreviewable grounds for denial.

1. The protected health information is exempted as outlined in the policy statement above. If the information that is contained in the records is subject o the Privacy Act of 1974, (U.S.C 552a) and the denial meets the requirements of that law, Examples are:
   1. Personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personnel privacy;
   2. Personnel and medical files and similar files that would deprive a person of a right to a fair trial or an impartial adjudication.
2. If CREST does not maintain the information; but knows where the information is maintained, CREST will inform the individual where to direct his or her request.
3. The protected health provider under a promise was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
4. An individual access, provided that the individual is given right to have such denials reviewed as described below, in the following circumstances: .
   1. A licensed professional has determined in the exercise of professional judgment, that access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
   2. The protected information makes reference to another person (unless such another person is a health care provider) and a licensed professional has determined, in the exercise of professional judgment, that the access requested is a reasonably likely to cause substantial harm to such other person; or
   3. The request for access is made by the individual’s personal representative, and a licensed professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause harm to the individual or another person.
5. The agency must, to the extent possible, provide any other protected health information after excluding the information to which the facility has a ground to deny access.
6. A timely, written denial to the client must be provided from Senior Management.
7. The client may request a review of the denial request. CREST will seek the legal opinion of its legal counsel and legal counsel will respond in writing within reasonable period of time.

**REFERENCES:** Privacy Act of 1974, (5 U.S.C. 552a)

## OFFENSES RELATED TO CLIENTS

**SCOPE:** All clients attending or enrolled in CREST programs

**PURPOSE:** For protection of clients.

**POLICY:** It is unlawful for any person who is not a client in the facility to:

1. To assist, advise or solicit, or to offer to assist, advise or solicit a client of a program to leave without authority.
2. To transport or to offer to transport a client of a facility without authorization or
3. To engage in or offer to engage in an act with a client of the facility that would constitute a sexual offense

**PROCEDURE:** Any CREST employee found in violation of this policy will be terminated

## LIVING ENVIROMENT

**SCOPE:** All clients residing in CREST’S residential facilities

**PURPOSE:** To allow each resident to individually decorate private room space

**POLICY:** Each client may suitably decorate his/her room with respect to the client’s choice, normalization principals, and with respect for the physical structure. CREST shall have the right to limit decorations if they present a safety hazard.

**PROCEDURE**:

1. Provide a quiet atmosphere for uninterrupted sleep during scheduled sleeping hours
2. Provide areas accessible to the client for personal privacy, for at least limited periods of time unless determined inappropriate by the treatment or habilitation team

## HEALTH HYGIENE AND GROOMING

**SCOPE:** All clients enrolled in CREST programs.

**PURPOSE:** To assure the facilities are accessible to all clients, with or without a disability

**POLICY:** Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming.

**PROCEDURE:** Such rights shall include;

1. Opportunity for shower or tub bath daily, or more as needed
2. Opportunity to shave at least daily
3. Opportunity to obtain services of a barber or beautician
4. Provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such items include, but not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensils
5. Bathtubs, showers and toilets which ensure individual privacy for each client while using the bathroom facilities
6. Adequate toilets, lavatories and bath facilities equipped for use by a client with a mobility impairment shall be available.

## CLIENT FEE FOR SERVICES

**SCOPE:** All clients enrolled in CREST Programs.

**PURPOSE:** To ensure that all clients in need of CREST services are not restricted due to their financial status or lack of financial support

**POLICY:**

1. **RESIDENTIAL SERVICES:**

Charges for room and board in residential facilities will be established on an in state rate for residents of DDA group homes, depending on individuals being ambulatory or non-ambulatory as determined by the NC Department of Health and Human Services. A check from each resident is written to CREST for the established rate required by each individual.

Medicaid is billed for personal care services depending upon the client’s level of personal care required. This rate is set by the Division of Medical Assistance. These fees become part of the revenue of the budget for operations. Clients/families will not be charged for any services, supports, and/or equipment that are billed to Medicaid.

**PROCEDURE**:

CREST will follow State and federal guidelines to administer any fees.

## CLIENT USE OF TOBACCO/ SMOKING

**SCOPE:** All clients, family members

**PURPOSE**: To assure a safe and healthy environment for all individuals on the premises of CREST.

**POLICY**: In keeping with CREST intent to provide a safe and healthful work environment, smoking or tobacco use in the workplace is prohibited, except in the case of consenting adult clients. Those adult clients will be allowed to smoke in designated areas located in the rear of the ADVP/DAY Program during their attendance at CREST’s ADVP/DAY Program during lunch and smoke breaks. Smoking is not permitted in any CREST residential facility; clients must smoke outside in designated area.

**PROCEDURE:** CREST shall have all indoor areas posted as non-smoking and posted designated smoking areas outdoors for use by adult clients for smoking on their breaks. This policy applies to CREST’s ADVP/Day Program and residential facilities.

## STORAGE, PROTECTION OF CLOTHING AND POSSESSIONS

**COPE:** All clients residing in CREST’s residential facilities

**PURPOSE:** To ensure the protection and security of all personal items belonging to client’s residing in all of CREST’S Residential facilities

**POLICY:** To inventory and account for all belongings and clothing of CREST Residential clients

**PROCEDURE:**

Facility employees should make every effort to protect each client’s personal clothing and possessions from theft, damage, destruction, loss and misplacement. This includes, but is not limited to, assisting the client developing and maintaining an inventory of clothing and personal possessions if the client or legally responsible person desires.

# OPERATIONAL PROGAMMATIC POLICIES

## TREATMENT CODE OF ETHICS POLICY

**SCOPE:** All clients, family members: and full time, part time, and contract employees.

**PURPOSE:** In recognition of their obligations to the public, clients, stakeholders and to fellow employees of CREST, employees pledge to:

* Recognize and avoid relationship or activities that present a conflict between personal interests and professional ethics
* Perform work duties and make decisions with integrity and in compliance with rules of confidentiality, impartiality and fairness
* Observe local rules and regulations when visiting other agencies and facilities
* Maintain a professional demeanor in all settings
* Treat ,fellow employees and clients with dignity, courtesy and respect at all times
* Promote healthy, safe, productive and harmonious work environments

**POLICY:** It is the policy of CREST that provides ethical care to all clients

**PROCEDURE:**

1. **Client Welfare**

Primary Responsibility. The primary responsibility of CREST is to respect the dignity and to promote the welfare of clients.

Positive Growth and Development. CREST encourages client growth and development in ways that foster the clients’ interest and welfare; CREST avoids fostering dependent client relationships.

Treatment Plans. CREST staff and clients work jointly in devising integrated, individual treatment plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. CREST staff and client regularly review treatment plans to ensure their continued viability and effectiveness, respecting clients’ freedom of choice.

Family Involvement. CREST recognizes that families are usually important in clients’ lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

Career and Employment Needs. CREST works with their clients in considering employment in jobs and circumstances that are consistent with the clients’ overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. CREST neither places nor participates in placing clients in positions that will result in damaging the interest and welfare of clients, employers, or the public.

1. **Respecting Diversity**

Nondiscrimination. CREST does not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socio-economic status.

Respecting Differences. CREST will actively attempt to understand the diverse cultural backgrounds of the clients with who they work. This includes, but is not limited to, learning how the agencies own cultural/ethnic/racial identity impacts the values and beliefs about the therapeutic process.

1. **Client Rights**

Disclosure to Clients. When treatment is initiated, and throughout the treatment process as necessary, CREST staff informs clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. CREST staff takes steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing treatment plans; and to refuse any recommended services and be advised of the consequences of such refusal.

Freedom of Choice. CREST offers clients the freedom to choose whether to enter into a therapeutic relationship and to determine which professional(s) will provide treatment. Restrictions that limit choices of clients are fully explained.

Inability to Give Consent: When treating minors or persons unable to give voluntary informed consent, CREST staff acts in these clients’ best interests.

Clients Served by Others: If a client is receiving services from another health care professional, CREST with client consent, will inform the professional persons already involved and develops clear agreements to avoid confusion and conflict for the client.

1. **Personal Needs and Values**

Personal Needs: In the therapeutic relationship, CREST is aware of the intimacy and responsibilities inherent in the therapeutic relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

Personal Values: CREST is aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients.

Dual Relationships; Avoid When Possible. CREST is aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. CREST makes every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, CREST takes appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

Superior/Subordinate Relationships. CREST does not accept as clients; superiors or subordinates with who they have administrative, supervisory, or evaluative relationships.

1. **Sexual Intimacies with Clients**

Current Clients. CREST does not have any type of sexual intimacies with clients and do not counsel persons with who they have had a sexual relationship.

Former Clients. CREST employees do not engage in sexual intimacies with former clients within minimum of 2 years after terminating the therapeutic relationship. CREST employees, who engage in such relationships after 2 years following termination, have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature, based on factors such as duration of treatment, amount of time since treatment, termination circumstances, client’s personal history and mental status, adverse impact on the client, and actions by the employee suggesting a plan to initiate a sexual relationship with the client after termination.

Multiple Clients: When CREST agrees to provide therapeutic services to two or more persons who have a relationship (such as husband and wife, or parents and children), CREST staff clarify at the outset, which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes an apparent threat that CREST staff may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately.

1. **Group Work**

Screening: CREST screens prospective group counseling/therapy participants. To the extent possible, CREST staff selects members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well being will not be jeopardized by the group experience.

Protecting Clients: In group setting, CREST staff takes reasonable precautions to protect clients from physical or psychological trauma.

1. **Fees and Bartering**

Advance Understanding. CREST staff clearly explains to clients, prior to entering the therapeutic relationship, all financial arrangements related to professional services.

Bartering Discouraged. CREST refrains from accepting goods or services from clients in return for therapeutic services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship.

1. **Termination and Referral**

Abandonment Prohibited: CREST does not abandon or neglect clients in treatment. CREST assists in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, and following termination.

Inability to Assist Clients: If CREST determines an inability to be of professional assistance to clients, they avoid entering or immediately terminate a therapeutic relationship. CREST is knowledgeable about referral resources and suggests appropriate alternatives. If clients decline the suggested referral, CREST should discontinue the relationship.

Appropriate Termination: CREST terminates a therapeutic relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required when treatment no longer serves the client’s needs or interests or when agency or institution limits do not allow provision of further therapeutic services

**Ethics Policy Violations**

CREST will not condone allegation or violations of this policy by any staff representative of the agency during the course of providing treatment to all clients, nor those no longer receiving services from the agency. In the event there is an allegation of staff violating this policy', CREST will take the following steps:

All reports of allegations and or violations will be reported to the staff member's immediate supervisor, who will report this information verbally as well as in written form to the Executive Director.

The Executive Director will:

* Initiate an investigation within 24 hours of the allegation.
* Interview all suspected staff as well as clients involved in this allegation.
* Ensure that during the course of the investigation there will be a temporary newly assigned case manager to work with the client and family until investigation is completed.
* The Executive Director will ensure that all allegations and violations are reported to the QA/QI committee to keep them aware of the initiated as well as ongoing investigation
* Report all findings and conclusions to the committee as well as the agency's actions taken as a result of the findings, this information will also be shared with the client and family, LME and stakeholders
* Ensure that there is an unbiased individual present who is an advocate or stakeholder involved with the client.

Also, the CREST QA/QI committee will utilize information to implement in future staff trainings and other agency programs.

Reference: Abuse and Neglect Policy; [http://www.couseling.org/resources/ACA Ethics.pdf](http://www.couseling.org/resources/ACA%20Ethics.pdf);

## GEOGRAPHICAL AREA

**SCOPE:** Cumberland County Residents and out of county residents in need of CREST services.

**PURPOSE**: To establish appropriate priority levels for acceptance of clients applying for services.

**POLICY**: Applicants for services from Cumberland County will receive priority enrollment in CREST programs. Acceptance within the South Central Region shall be given second priority. Third priority shall be given to the residents of other regions of North Carolina.

**PROCEDURE**: When CREST receives a referral, staff taking the referral will gather information on the client’s presenting problem/needs as well as the client’s county of residence. The CREST staff taking referral will provide information to the client’s representative face-face or via telephone on CREST’s policy of priority being given to Cumberland County residents for services.

In an attempt to assist clients of the MR/DD population which reside outside of the Cumberland County Region, our staff will make a reasonable effort to link them with other MR/DD Day/Residential provider listings that may be beneficial to them.

## CLINICAL SUPERVISON

**SCOPE:** All full time, part time, and contract employees that provide direct care to any clients.

**PURPOSE:** To assure ethical, legal and clinically sound treatment to all clients of CREST

**POLICY:** All employees providing services to any client will be under the direct supervision of a licensed mental health professional or a qualified supervisor as stated by the regulations of the applicable program. On a monthly basis, the supervisor will have a formal supervision meeting with each employee providing services to clients. The supervisor will document the meeting by completing a Clinical Supervision form and filing the form in the Clinical Supervision Binder. The supervisor may provide more frequent supervision if the clinical need of a client requires more extensive direction and oversight.

**PROCEDURE:**

1. Each supervisor must follow and implement the written policy for clinical supervision of all staff that directly provides services.
2. Each supervisor must document his/her supervision of each employee. The following is considered appropriate documentation:
   1. A specific individualized plan for supervision including type and frequency. The initial plan is to be completed at the time of employment.
   2. The Supervision form will be completed during each supervision session including date, time, length of the session and type of supervision.
   3. The Supervision form will be written and signed by the supervisor; it will summarize his/her observations and recommendations relative to the employee’s job performance, and will be placed in the employee’s record.
3. Supervision of staff shall include direct clinical review, assessment and feedback regarding the delivery of services and discussion of ethical and legal concerns.
4. One or more of the following means will accomplish supervision:
   1. A face-to-face session with individual employees to review cases, assess performance and provides feedback;
   2. A session, in which the supervisor accompanies, observes and assesses an employee during the delivery of services to a recipient(s), followed by feedback regarding the employee’s performance.
5. Face-to-face sessions with a group of six (6) or fewer employees to problem-solve, provide feedback, and generated peer supervision and support.
6. Supervisory reviews of recipient records for evaluation and feedback on employee job performance.
7. Annual performance evaluations.
8. Review of recipient reports and staff meetings that assess the recipient’s performance and provide the staff direction regarding individual cases.
9. Supervision must be provided in a culturally sensitive manner that is representative of cultural needs and characteristics of the staff and the service area.
10. Supervision must be available by telephone whenever the employees are delivering services or are on call.

## PRIVILEGING COMPETENCIES & SUPERVISON OF STAFF

All employees who supervise or provide services to consumers must be privileged to do so. Privileging must be completed on an individual prior to their working with consumers. The privileging process is initiated by the Vocational or Residential Coordinator, who completes the privileging form and submits it to the Executive Director for final approval. Should privileges need to be granted to the Executive Director, they will be approved by the Board of Directors.

Competency-based training must take place prior to the full privileging of an individual. Qualified professionals, associate professionals and paraprofessionals must demonstrate knowledge, skills and abilities in each area of training based on the individual habilitation plan.

Temporary privileges may be granted by the Executive Director for a period not to exceed thirty (30) days while competency-based training is being conducted.

Each Associate Professional is supervised by a Qualified Professional. The Qualified Professional will develop an Individualized Supervision Plan for the Associate Professional upon hire.

Each Paraprofessional is supervised by a Qualified Professional or an Associate Professional. An Individualized Supervision Plan will be developed for each paraprofessional upon hire.

Qualified Professional: As defined in the Mental Health Standards for Area Programs, Qualified Professional means:

(i) a graduate of a college or university with a Master’s degree in a related human service field and has one year of full-time, post-graduate accumulated MH/DD/SA experience with the population served and a substance abuse professional shall have one year full-time post-graduate accumulated supervised experience in alcoholism and drug abuse counseling; or

(ii) a graduate of a college or university with a baccalaureate degree in a related human service field and has two years of full-time, post-baccalaureate accumulated MH/DD/SA experience with the population served and a substance abuse professional shall have two years full-time post-graduate accumulated supervised experience in alcoholism and drug abuse counseling; or

(iii) a graduate of a college or university with a baccalaureate degree in a field not related to human services, and has four years of full-time, post-baccalaureate accumulated MH/DD/SA experience with the population served and a substance abuse professional shall have four years of full-time, post-graduate accumulated supervised experience in alcoholism and drug abuse counseling; or

iv) a substance abuse professional who has a counseling certification by the North Carolina Substance Abuse Professional Certification Board; or

(v) a registered nurse who is licensed to practice in the state of North Carolina by the North Carolina Board of Nursing and has four years of full-time accumulated experience in psychiatric mental health nursing.

Associate Professional (AP) within the DMH/DD/SAS system of care means an individual who is a :

(i) graduate of a college or university with a Masters degree in a related human service field with less than one year of full-time, post-graduate accumulated mh/dd/sa experience with the population served and a substance abuse professional with less than one year full-time, post-graduate accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience; or

(ii) graduate of a college or university with a baccalaureate degree in a related human service Field with less than two years of full-time, post-baccalaureate accumulated mh/dd/sa experience with the population served and a substance abuse professional with less than two years of full-time, post-baccalaureate accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience; or

(iii) graduate of a college or university with a baccalaureate degree in a field not related to human services with less than four years of full-time, post-baccalaureate accumulated mh/dd/sa experience with the population served, and a substance abuse professional with less than four years of full-time, post baccalaureate accumulated supervised experience in alcoholism and drug abuse counseling upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets fours of experience; or

(iv) registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing and has less than four years of full-time accumulated experience in psychiatric mental health nursing.

Paraprofessional within the DMH/DD/SAS system of care means an individual who has:

(i) a GED or high school diploma; or

(ii) no GED or high school diploma, employed prior to November 1, 2001 to provide a mh/dd/sa service; and

(iii) upon hiring, an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional or associate professional with the population served.

## REFERRAL POLICY

**SCOPE:** All CREST affiliated facilities

**PURPOSE:** To ensure the agency processes all referrals in a timely manner, as well as make appropriate outside referrals to other agencies to address the needs of the client and

1. To monitor all referrals received at the agency level
2. To monitor and track when referral was received/intake complete
3. To have a reference to for which Qualified Professional completed the intake.
4. To ensure adherence to compliance standards of the agency for processing of referrals/assessments
5. Satisfies legal contractual requirements of the LME, 01-FL-IS and Commission on Accreditation of Residential facilities (CARF).
6. To allow for referral/assessment outcomes to be utilized for improvement of service delivery in the identified area•.
7. To ensure that all clients who receive an assessments are on the basis of the reflective interpretive analysis.

**POLICY**:

The leaders of CREST develop and monitor a referral process and procedure to ensure all referrals received on potential non-potential clients are processed as follows;

* Anyone requesting information about services will be provided such information upon request, to include appropriate referral to other agencies if needed.
* All agency referrals will be categorized as one of the following by staff taking referral; Urgent, Emergent or routine to address client mental health needs and other concerns.
* The initial referral shall consist of referral of clients to emergency services if deemed there is a threat to themselves or others, to include the agency representative taking the call to contact 911 if necessary.
* All referrals shall be properly processed in an efficient manner to determine the need for services. CREST shall assist clients who are in need of other services in finding other agencies that can provide that identified services.
* Once a client has been referred and an agency intake has been completed the client will then be processed under CREST”s Admission Policy.

**Method of maintaining referrals,** status of each referral and outcome of all referrals will be tracked and maintained in a separate notebook for review to monitor program effectiveness in this area.

## ADMISSION AND SCREENING POLICY

**SCOPE:** All potential clients and previous clients

**PURPOSE:** To assure that all potential and previous clients are given equal access to treatment services.

**POLICY:** CREST Admission and Readmission policy is to accept and treat individuals that meet the program requirements for services. Some admission and readmission criteria are established by State and funding sources. The agency will not refuse admission on the grounds of age, except where funding by the State or federal monies and the appropriate program office’s eligibility criteria indicate age restrictions.

**PROCEDURES:**

ADVP/DAY PROGRAM SERVICES

* Clients must be at least 18 years of age
* Have a substantial mental retardation, severe physical disabilities or substantial developmental disability
* Possess basic self-help skills and
* Be screened and referred to CREST through Cumberland County Single Portal Committee or Vocational Rehabilitation Services.

RESIDENTIAL SERVICES FACILITIES

* Clients must be at least 18 years of age
* Have a primary diagnosis of developmental disability
* Must be ambulatory in accordance with DD regulations
* Must possess or have the ability to develop self-help skills
* Must be in need of supervised living
* Must be willing to participate in a day program, supported employment or competitive employment and
* Be screened and referred to CREST through Cumberland County Single Portal Committee.

**ADMISSION ASSESSMENT**

The initial assessment will be performed by a licensed person and will reflect an interpretive summary of data gathered from the legal guardian client and others that may be presently involved with the client providing services. The interpretive summary should include current/past medication use, history of abuse, neglect, and violence.

**Method of performing** assessments should be completed by a licensed professional who specializes in the field for which the agency is attempting to provide services; in the even the client has a substance abuse problem the licensed professional should also be licensed in this area as well.

Each individual who is accepted as client must be assessed to appropriately identify needs(s)/problem(s) of the client and when appropriate needs for the family of the client. The assessment shall be completed within 24 hours. The elements of the assessment process include, but are not limited to;

* Reason for admission, which include need(s)/problem(s)
* Strengths
* Preferences
* Evaluations, as appropriate, including but not limited to psychological, developmental, functional, social, behavioral, economic, intellectual
* Mental Status, as appropriate
* Diagnosis

Information gathered during the screening process or by other means such as discharge summaries, evaluations, etc. are used to meet the assessment requirements. If other summaries, evaluations, etc., are used to meet these required elements, the summaries, evaluations, etc. shall be referenced and documented to demonstrate that the information has been reviewed and still current and accurate. A copy of the referenced documentation shall be filed in the client’s record. There may be instances when all elements in the assessment cannot be fully completed. When this occurs, information that is gathered at a later date shall be recorded on the assessment as an addendum with the entry dated and signed by the individual making the addendum. The assessment shall be reviewed and updated as annually or semi-annually or as needed.

**Screenings**

Prior to delivery of services, a screening will be done and shall include

An assessment of the individual presenting problem or need

An assessment of whether or not CREST can provide the services to address the individual’s needs

The disposition, including recommendations and referrals

Screenings may be done face-to-face or over the telephone

**Readmissions**

Patient seeking readmission will follow the same protocol as a new admission.

## DISCHARGE POLICY

**SCOPE:** All clients who will be terminating services with CREST through planned or unplanned means.

**PURPOSE:** To assure proper completion of treatment goals and effective and efficient discharge to a less intensive service in the community or to independent management of the client’s needs.

**POLICY:** CREST will discharge any and all clients for the following reasons:

**DISCHARGE CRITERIA:**

**Client Driven**

1. Upon the death of the client.
2. Voluntary withdrawal or relocation, or client is unavailable for services (e.g. hospitalized)
3. Repeated no-shows or client/family refusal of services.
4. Pattern of non-compliance with program rules.
5. Individual behaves in a manner deemed likely to cause physical harm to others or serious harm to self interferes with treatment of others in the program, and all other available resources have been used to minimize the behavior without success.
6. Non-emergency services may be terminated due to client’s unwillingness (not inability) to pay for service.

**Treatment Driven**

1. Treatment/habilitation goals have been accomplished, or treatment is ended by mutual consent. Evaluation and/or screening had been completed.
2. Improvement of client’s condition to a degree as to warrant a service of less intensity, or discontinuation of services.
3. The client’s condition has deteriorated to the extent that a service of greater intensity is necessary in order to protect the individual’s safety and security.
4. The client ages out of service.
5. The client no longer meets eligibility criteria and/or the program in which the client is admitted is no longer the most appropriate, least restrictive service.
6. Services appropriate to client needs are unavailable.

**PROCEDURE:** At the time of discharge, the primary counselor will:

1. Responsible professional will discuss the need or purpose for client discharge with their supervisor and/or treatment team.
2. If the discharge request is not coming from the client or legally responsible person, lead staff will discuss the recommendation with the client or other, obtaining consents if necessary.
3. If the client or legally responsible person is not in agreement with the discharge, either will be informed in writing of the reason for discharge within 5 working days of the date service was terminated of the right to appeal the discharge.
4. The responsible professional’s supervisor and/or treatment team should review any clients on inactive status who have not received services for one year for possible discharge.
5. A written transfer or discharge summary and other required documentation will be completed, per Transition or Discharge policy and procedure. The Transition or Discharge Summary must include the designation of alternative service determined to meet the client’s needs and a discharge plan.
6. The primary counselor will follow up with the discharged clients within 72 hours of discharge for unplanned discharges and within 30-days for planned discharges.

If discharge is to occur for aggressive or assaultive behaviors, the Clinical Supervisor and the client will meet to discuss the options available within the community or the state. If the person served has caused harm to CREST staff, the procedure is to immediately contact the local authorities and have the individual removed. Under these circumstances, the immediate agencies that would be involved would include law enforcement and the court system.

## CAP SERVICES / DAY SUPPORTS

**SCOPE:** All Clients and Staff who are participating in CAP Services and Day Support Programs.

**PURPOSE:** To assure proper completion of treatment goals and effective and efficient discharge to a less intensive service in the community or to independent management of the client’s needs.

**POLICY:** CREST will provide **Day Support Services** in accordance with the Day Supports Service Definition/DMA qualification, policies, procedures and standards, MH/DD/SAS guidelines, and the CAP Manual. These services will include: Providing assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills, which take place in a non-residential setting, separate from the home or facility in which the participant resides. CREST will focus intensively on enabling participants to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the Person Centered Plan. In addition, habilitation services will be utilized to reinforce skills or lessons taught in school, therapy, or other settings. CREST will also adhere to the policies and procedures outlined in reference to Community activities that are provided and may originate from a licensed day facility which are to be billed as Day Supports. In the interest of coordinating services to clients who receive **CAP/MR-DD services**, the following guidelines are provided for CAP workers, CREST staff, and Contract Agencies and Mental Health staff responsible for the habilitation of the client.

**Staff Qualifications:**

* Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200
* Staff must have a high school diploma or GED
* Staff must meet client specific competencies as identified by the individual’s person-centered planning team and documented in the Person Centered Plan.
* Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
* Paraprofessionals providing this service must be supervised by a Qualified Professional.
* Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.
* Must have a criminal record check
* A healthcare registry check as required in accordance with 10A NCAC 27G.0200
* If providing transportation, have a North Carolina or other valid driver’s license, a safe driving record and an acceptable level of automobile liability insurance.

**The Vocational Coordinator or the Community Living Services Coordinator will:**

* Provide an orientation to the CAP worker to ensure compliance with CREST policies and procedures;
* Provide feedback to ancillary agencies regarding client progress and CAP worker performance;
* Monitor CAP worker’s adherence to scheduled hours and sign time sheet;
* Monitor overall care and programming of the client while in a CREST facility;
* Maintain routine and ongoing communication with Family Alternatives, Mental Health and the CAP worker to ensure continuity of care.

**CREST Job Coach or Group Home Staff will:**

* Provide the CAP worker with instructions related to carrying out the client’s goals.
* Provide training, methods of working with the client to achieve the goals, and monitor client’s progress toward goals;
* Provide and monitor goal training;
* Integrate the client into activities of the group whenever appropriate;
* Document progress in the client’s record;
* Progress direction to the CAP worker and client related to contract work (specific job tasks, quality control, etc);
* Ensure that appropriate activities are assigned and carried out during downtime;
* Ensure that the CAP worker has no additional duties other than those directly related to the care and training of the specific CAP client to whom he/she is assigned;
* Participate in conferences related to the CAP client upon request of Senior Management.
* CREST day program or group home staff may not release information to anyone outside CREST without express authorization of Senior Management.

**Coordination of CAP Services**

|  |
| --- |
| (Residential Only) Maintain responsibility for ensuring the maintenance and care of the client’s room, laundry, food preparation, etc. other than as it directly relates to goal training handled by the CAP worker. |

**CAP Plan and the client’s treatment plan;**

* Provide overall supervision to the CAP client;
* Provide behavior management, when necessary, requesting assistance from CREST staff when needed;
* Assist the job coach work, area instructor or group home staff in carrying out client goal training;
* Provide feedback to CREST on progress toward goals;

**Contract Agencies and Mental Health will:**

Keep the Vocation Coordinator informed of concerns related to client care or programming or on other issues which impact on the client’s programming;

Arrange for a period of orientation prior to placing a CAP worker with a specific client;

In conjunction with the appropriate Coordinator, outline the CAP worker’s specific responsibilities as they relate to the CAP Plan;

* + Coordinate meetings related to the client’s residential or day programming with the appropriate Senior Management;
  + When requested, participate in the development of the client’s goal plan to ensure coordination with the client’s CAP Plan;
  + Notify the appropriate CREST Coordinator of changes in the client’s CAP Plan when the changes have the potential of impacting on programming;
  + Notify the appropriate CREST Coordinator of vacancies in the CAP worker position in a timely manner.
  + Maintain routine and ongoing contract with the appropriate Senior Management to ensure continuity of care and open communication;
  + Provide written documentation to the appropriate Coordinator releasing CREST from-liability and guardian authorization when the client is being transported by the CAP worker;
  + Request progress reports or other confidential information from the Senior Management. CREST day program or group home staff may not release information to anyone outside CREST without the express authorization of Senior Management.

## TRANSITION PLANNING POLICY

**SCOPE:** All clients who will be transitioning services within or outside of CREST

**PURPOSE:** To assure proper transition to the appropriate intensity of service within the agency, community, or to independent management of the client’s needs.

**POLICY:** It is the policy of CREST to initiate the process of transition planning as early in a client’s treatment as possible. Transition planning will allow clients to progress to appropriate intensity levels of care within or outside CREST programming. Transition planning will fully involve the client and will result in a written transition plan when exiting the program. The client will be contacted after transition or discharge to gather information about their current status to determine whether additional services are needed and to determine the effectiveness of services rendered.

**PROCEDURE:**

1. Stages of Transitional Planning:

**Initial Assessment**: Transition planning will occur within the initial assessment upon entry into programming. Through the process of assessing the client’s expectations of participation in programming, and overall goals and objectives in the initial plan of care that will result in a successful experience in treatment is determined. Issues related to transition, such as length of stay, program goals related to program completion, and the development of needed community resources and supports for future needs are discussed and agreed upon at this time.

**Individual Plan**: Transition planning will occur as part of the individual plan through the development of goals and objectives related to successful program completion and goals that are specifically related to assisting the client’s transition to another level of care or community aftercare support systems. Review process through determining the status of the client’s achievement of program goals and objectives. Specific transition planning will occur through an analysis of length of stay and the further development of goals specific to the actual transition process.

**Transition Plan**: A transition plan will be developed prior to a client’s exit from a CREST program. It will be developed through consultation with staff members and direct input from the client. It may also be developed with the input and participation of others, when appropriate such as family members, legally authorized representatives, referral source or other community services. The original transition plan will be placed in the record and a copy will be provided to the client. Copies may also be provided to others who participated in the development of the plan, when permitted. Transition plans will be developed for all clients’ exiting any CREST program. They will be developed for both clients entering other programming within the organization and clients exiting the organization.

2. Components of Transition Plan:

1. Date of program admission.
2. Date of program transition
3. Strengths
4. Needs
5. Abilities
6. Preferences
7. Name of program transitioning from
8. Name of program transitioning to (if applicable)
9. Presenting condition at the date of entry Current diagnosis
10. Progress in recovery or move toward well-being
11. Gains achieved during program participation
12. Referrals to assist in supporting continued maintenance or progress toward meeting personal goals and objectives
13. Information about the person’s medication, (if applicable)
14. Client’s status at last contact.
15. Recommendations to support and increase adjustment and well-being.
16. Referral source information, such as name and telephone number, if the client is in need of assistance
17. Signatures of the staff member completing the plan and the client.

3. Need for Additional Services or Supports

1. When a transition plan indicates the need for additional services or supports, CREST personnel will assist in the transition in the following ways:
   1. Assist with the maintaining the continuity and coordination of needed services by providing follow-up contact with the client and other programs, services, and community resources, should the client permit such contact.
   2. Determine through follow-up with the client whether further services are needed.
   3. Offer or refer the client to needed services if it is determined through follow-up after transition that such services may be beneficial to the client’s adjustment and well-being.
2. If a client leaves a program for any reason other than a planned transition outlined in the client’s individual plan, follow-up will be provided by CREST to:
   1. Determine whether further services are needed.
   2. Provide or refer the client to needed services, when possible.
3. Follow-up of unplanned transitions will be documented in the client’s record.

5. Removal from programming due to aggressive behavior.

1. If a client has to be discharged or removed from a program due to aggressive or assaultive behavior, follow-up will be provided by CREST to:
   1. Ensure that linkage has occurred to provide appropriate care.
   2. Ensure that the follow-up has occurred within 72 hours of the exit from the program.
2. Follow-up of clients discharged due to assaultive or aggressive behavior will be documented in the client’s record.

## ACCESSIBILITY-REMOVAL OF BARRIERS-ACCOMMDATIONS

**SCOPE:** All employees and clients of CREST.

**PURPOSE:** To assure that accessibility, accommodations, and identification of removal of barriers for client, employees and other stake holders.

**POLICY:** CREST provides reasonable access to all facilities and services for its clients, personnel, and other stakeholders. CREST ensures that all barriers to service or provision of services have been eliminated/or are actively working on all identified barriers during the course of treatment. CREST further ensures that if a barrier, such as architecture, environment, attitude, financial, employment, communication, transportation, or community integration is presented; a process s for rectification will be instituted. In addition, CREST maintains a proactive Accommodation Plan.

**PROCEDURE:**

1. If any client, personnel or other stakeholder identifies any barriers or needs for accommodations, the individual requests and completes the “Request for Accommodation /Removal of Barriers.” Clients and employees can also report barriers through surveys and suggestion boxes.
2. The request is forwarded to Senior Management.
3. Senior Management will establish a corrective action if deemed appropriate and will implement the corrective action within (30) working days, if feasible. If necessary, alternative services will be offered until actual barrier remove occurs and /or accommodations are provided.
4. All identified barriers will be documented in the quality assurance quarterly summary reports and will be noted in the quality assurance procedures. These reports will include description of the program, proposed solution, person responsible, date, actual date of completion, and any remarks. A Quality Assurance Annual Report will be written summarizing the removal of barriers, and identification of areas in need of improvement, if applicable.

**REFERENCES: CREST Accommodation Plan**

## LEAST RESTRICTIVE ALTERNATIVE

**SCOPE:** All clients enrolled in CREST Programs.

**PURPOSE:** To redirect or deescalate client’s behavior with the least restrictive intervention.

**POLICY:** It is the goal of CREST to provide services using the least restrictive, most appropriate and effective positive treatment modality

**PROCEDURE:** The use of intervention procedures are designed to reduce a behavior shall always be accompanied by positive treatment or habilitation methods which shall include;

* The deliberative teaching and reinforcement of behaviors which are non-injurious
* The improvement of conditions associated with non-injurious behaviors such as enriched educational and social environment
* The alteration or elimination of environmental conditions which are reliably correlated with self-injury

## BEHAVIOR INTERVENTION PROCEDURES

**SCOPE:** All clients, family members: and full time, part time, and contract employees.

**PURPOSE:** Behavior intervention procedures used in CREST on an emergency basis must be authorized by a Qualified Professional with documented training and experience in behavior intervention.

**POLICY:** Behavior interventions on a planned basis must be developed by a licensed practicing Psychologist or Qualified Professional with documented training and experience in behavior interventions in consultation, with review by and authorization by Licensed Practicing Psychologist.

**PROCEDURE: NON-RESTRICTIVE PROCEDURES FOR STRENGTHENING APPROPRIATE BEHAVIOR**

* **Positive Reinforcement Techniques**-The delivery of positive reinforce contingent upon a behavior or response
* **Token programs/Token system**-Token system used to reinforce desired behavior
* **Differential Reinforcement of appropriate Behavior**-A procedure in which reinforcement is given following the performance of a specified appropriate behavior
* **Non-restrictive** procedures for weakening inappropriate behavior
* **Extinction**-procedure in which the reinforcement that has been sustaining or increasing an undesirable behavior is withheld
* **Differential Reinforcement of Other Behavior (DRO)**-a procedure in which a reinforce is given at the end of specified interval provided that a pre-specified misbehavior has not occurred during the interval
* **Differential Reinforcement of Incomplete Behavior (DRI)**-a procedure in which a reinforce is given following the performance of a pre-specified appropriate behavior that is physically and functionally incompatible with the targeted inappropriate behavior
* Differential Reinforcement of low Rate Behavior (DRL)
* Redirection
* **Correction** - CREST is a restraint-free facility, as such that we do not use restrictive procedures

## PROHIBITED BEHAVIOR INTERVENTION PROCEDURES

**SCOPE:** All clients, family members: and full time, part time, and contract employees.

**PURPOSE**: CREST’s goal is to always treat clientswith respect and dignity to that end the agency must never employ certain heinous acts.

**POLICY**

The following interventions are prohibited in all CREST facilities:

* Any intervention which would be considered corporal punishment under G.S. 122C-59;
* The contingent use of painful body contact;
* Substance administered to induce painful body reactions, exclusive of Ant abuse:
* Electric shock (excluding medically administered electro convulsive therapy);
* Insulin shock;
* Unpleasant tasting foodstuffs;
* Planned non-attention to specific undesirable behavior when the target behavior is health threatening;
* Contingent deprivation of any basic necessity;
* Contingent application of any noxious substances which include but are not limited to noise, bad smells or splashing with water;
* Any potentially physically painful procedure or stimulus which is administered to the client for the purpose of reducing the frequency or intensity of a behavior.
* Those interventions determined by governing body to be unacceptable for use in the facilities or prohibited by the funding or regulations shall also be prohibited.
* Use of Seclusion

## SEARCH AND SEIZURE

**SCOPE:** All clients and employees of CREST

**PURPOSE:** To assure the safety of all clients and employees from the dangerous or prohibited objects to maintain a safe work and therapeutic environment.

**POLICY:** CREST reserves the right to use search and seizure practices for clients when current or past behaviors, returning to the facility from a scheduled visit warrant the use of this practice. If an employee has good, reliable cause to believe that the client has been drinking or using drugs or has dangerous, stolen articles or substances or illegal items may also justify a search. This policy is designed to assure the safety and well-being of all individuals involved in the activities on CREST premises.

**PROCEDURE:**

**A. AUTHORIZED SEARCHES BY CREST**

1. Clients may be required to deposit all backpacks, purses, and any other objects that can conceal weapons or other inappropriate objects in a designated room at the CREST facilities. Staff has the right to search the contents of these objects in the presence of another staff member.
2. Clients may be required to empty the contents of all of their pockets in front of a staff person to assure that no inappropriate objects are present. Anything that is determined to be hazard or inappropriate, will be confiscated and a staff person will contact the authorities or the client’s parent or guardian to report the inappropriate findings. If the content is not determined to be dangerous or a hazard, the items will be returned to the client or the guardian when they leave the facility.
3. Properly trained and oriented staffs have the right to pat down clients to check for inappropriate items in their clothing or on their person. This pat down will consist of one staff member gently checking the client’s shirt, waistline, pockets, socks, and shoes in the presence of another staff member.
4. Use of strip searches is strictly prohibited.
5. If a search produces concealed weapons or illegal drugs, Senior Management will be notified immediately and the proper authorities will be called. A critical incident report will be completed within 24 hours of the incident.
6. The following situations warrant searches:
   1. When drinking, drug abuse or possession of dangerous articles or substances has been witnessed by an employee, reported by another client or another reliable informant, or is clearly indicated by surrounding circumstances;
   2. When changes in the client’s behavior are observed or reported such as slurred speech, ataxia, odor of alcohol, disruptive behaviors, excluding expected changes due to psychotropic medications;
   3. When urine screens performed by an outside medical professional has resulted in positive, to ensure client is not possessing or using drugs on agency premises;
   4. When a stolen item has been witnessed by an employee, reported by another client or other reliable informant or is clearly indicated by surrounding circumstances and no criminal charges are anticipated;
   5. And other incidences that in the judgment of staff warrant searches.

**B. SCOPE OF SEARCHES**

1. The procedure outlined in this section are intended for internal security, to protect the program from civil liability, and to provide an inventory of the client’s personal property and are not intended for the purpose of criminal prosecution.
   1. Searches by employees shall be conducted at any location and may include searching a client, personal effects of the client and the surrounding area
   2. Searches by staff may include all facility buildings
   3. Agency staff are prohibited from performing body searches
2. At least 2 staff should be present during the search. An internal client advocate may be present during the search. An employee of the same sex shall be present during a search.
3. A client affected by a proposed search shall be notified before the search is conducted, if appropriate, and shall be given the opportunity to be present during the search. Individual locked storage spaces shall only be searched when the client is present unless there is an immediate danger of personal injury.
4. Searches shall be reported pursuant to existing incident reporting policy and procedures.

**C. DISPOSITION OF SEIZED PROPERTY**

1. If property is seized in search includes firearms or ammunition, the facility employee shall contact the law enforcement agency for advice regarding disposition of the property. The employee shall consult with Senior Management regarding disposition of the property.
2. If personal property seized in a search includes controlled substances illegally possessed, the substance shall turned over to law enforcement so that they may dispose of it.
3. If personal property seized in a search includes alcoholic beverages, the beverages shall be disposed of by the facility manager.
4. If personal property seized is during a search includes prescription drugs in properly labeled containers, over the counter medications, dangerous items such as knives, or other items prohibited by CREST, such items may be stored and returned to the client guardian to be removed from the premises.

**D. SEARCH OF FACILITY**

1. The entire facility or parts of the facility may be searched by the any CREST employees if there is a good, substantial, and reliable cause to believe that a threatening situation exists that may be dangerous to the client(s) and /or program staff.
2. Senior Management or a group home manager shall give written/verbal permission for a search to be conducted.
3. Clients affected by the proposed search shall be given opportunity to be present during the search as long as it is not a dangerous situation,
4. Individual locked storage spaces should be searched only if they do not pose an immediate danger of personal injury to a person.
5. An inventory of the confiscated items shall be made and kept on file with a copy of the inventory given to the client or his legally responsible person if ownership is determined.

**E. NOTIFICATION**

Clients and his/her legally responsible person shall be notified of the policy on search and seizure upon a client’s admission to any of CREST provided services or facilities

**F DOCUMENTATION OF SEARCH AND SEIZURE**

Every search or seizure shall be documented shall include:

* + - 1. Scope of search
      2. Reason for search
      3. Procedures followed during the search
      4. A description of any property seized
      5. An account of the disposition of the seized property

**REFERENCES: NC STATE RULES AND REGULATIONS FOR LICENSED METAL HEALTH FACILITIES**

## INTERVENTION PROCEDURES REQUIRING CLINICAL/MEDICAL AUTHORIZATION

**SCOPE:** All clients, family members: and full time, part time, and contract employees.

**PURPOSE:** The determination that a procedure is clinically or medically indicated, and the authorization for the use of such treatment for a specific client, shall only be made by a physician or a licensed practicing psychologist who has been formally trained and privileged in the use of the procedure.

**POLICY:** To provide staff with proper intervention techniques and guidelines when dealing with clinically or medically indicated situations.

**PROCEDURE:**

1. The following procedures shall only be employed when clinically or medically indicated as a method of therapeutic treatment:

* Planned non-attention to specific undesirable behaviors when those behaviors are health threatening;
* Contingent deprivation of any basic necessity; or
* Other professionally acceptable behavior modification procedures that are not prohibited by APSM 95-2, R.0102 or APSM 95-2, R.0104
* When authorized behavior modification or behavior intervention procedures as defined in R.0102 or R.0104 of this manual are implemented on an emergency basis without sanction of an authorized treatment plan the attending staff must immediately notify Senior Management for authorization and the authorization must be documented by Senior Management in the client service record.
* Whenever any of the above interventions are employed three (3) or more times in a calendar month, the intervention must be incorporated into the client’s existing treatment plan within 10 working days of the third When any of the listed interventions in section A of this policy are incorporated into a client’s treatment plan, the intervention must be reviewed and authorized by the designated Qualified Professional or identified staff under supervision of the designated Qualified Professional.
* The Qualified Professional shall inform the client or legally responsible person of the following and document the notification in the client service record:
  1. Name of the procedure or treatment and purpose expressed in laymen’s terms;
  2. Evidence that the benefits, risks, possible complications and possible alternative methods of treatment have been explained to the client or the legally responsible person; and notification that the consent may be withdrawn at any time without reprisal;
  3. Specific length of time for which consent is valid;
  4. Permission granted to perform the procedure or treatment.
* In addition, the client or legally responsible person, after receiving the above explanation and granting informed consent must authenticate the consent by signature on the client’s treatment plan.
* A Treatment Team, comprised of the Senior Management and a designated Licensed Practicing Psychologist, must approve each intervention plan prior to implementation. The Treatment Team shall sign and authenticate the intervention plan.
* Each planned intervention will be monitored and reviewed at least monthly by the Treatment Team. This will be documented by the respective Coordinator in a progress note in the client record.
* Facility staff must be properly trained to implement the interventions listed in Section A of this policy. A copy of each staff member’s training and documentation of supervision is located in the individual personnel files. All instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the local Department of Social Services.
* Whenever a client has been prescribed a medication that is known to present serious risk, the client will be closely monitored. Should a staff member notice any unusual signs, symptoms or behaviors, he/she will immediately notify Senior Management. Senior Management will then take immediate action to assure that medication levels are appropriate. Particular attention is given to the use of narcoleptic medications.
* Restrictive interventions are not used.
* Staff is prohibited from restricting the rights of the client, unless there is imminent danger to the client or others. Should restrictions be necessary, it must be determined by a Qualified Professional and put in writing.

**REFERENCES: North Carolina Rules for Residential Mental Health facilities Licensure**

# MEDICAL POLICIES

## MEDICAL QUALITY OF CARE

**SCOPE:** All clients receiving medication while receiving residential services at CREST.

**PURPOSE:** To assure that the highest quality of care is provided to our clients.

**POLICY:** It is the policy of CREST to establish proper procedures for the highest quality of care to all of the clients we serve.

**PROCEDURE:** CREST will adhere to the following procedures when providing proper quality of care services. All clients will have access to the following services:

1. A qualified medical professional who is available for consultation 24 hours a day, 7 days a week to deal with all issues related to medications and adverse reactions.
2. A qualified medical professional that will identify and document any medication reactions experienced by a client.
3. A qualified medical professional that will review and document past medications use by the client including: Effectiveness, Side Effects, Allergies or Adverse reactions.
4. A qualified medical professional that will evaluate any co-existing medical conditions of the client and note the course of action needed, if applicable.
5. A qualified medical professional that will evaluate each client for issues related to alcohol or other drug use.
6. A qualified medical professional that will document and confirm informed consent for each medication prescribed to the client as evidenced by a case note.
7. A qualified medical professional that will document all medication errors on a case note and a corrective action will be taken to remedy the error and assure that the client is taking the exact medication intended by the doctor.
8. A qualified medical professional that will document all psychoactive, non-psychoactive, and over the counter medications on the Medication Documentation Form each time the client is seen.
9. A qualified medical professional that will discuss medication choices for women of child bearing age and woman who are pregnant.
10. CREST will secure a contract with a medical waste disposal company to properly handle all waste generated from dispensing or administering medications.
11. CREST educates all personnel, clients, and stakeholders on the emergency telephone number for the Poison Control Center. The Poison Control number will be displayed in prominent areas in the offices of CREST
12. CREST reviews all incidents of medication errors and drug reactions on a quarterly basis. A quality assurance quarterly summary report will be produced to address any changes in policy that is needed to improve the quality of services.
13. A qualified medical professional that will discuss with clients any special dietary needs or restrictions associated with particular medications. This information will be documented in the doctor case note.
14. A qualified medical professional that will notify all other prescribing physicians regarding drug reactions or medication problems to assure cooperative and effective medical care.
15. A qualified medical professional that will order and review all required laboratory studies, test, or other procedures that are needed for effective management of each client’s conditions.
16. A qualified medical professional that will coordinate with other doctors that are prescribing medications to the client for primary care needs or any other physical or mental health conditions.
17. CREST will annually have a medication utilization evaluation conducted by a qualified physician, pharmacist, or other professional with legal prescribing authority who is not immediately responsible for the prescribing process but unable to provide feedback to the prescribing practitioner. When available, a system of internal peer review may be use.

**I. DOCTORS/DENTIST (Residential Program Only)**

Physicians and dentists will be secured for all residential consumers who cannot remain under the care of their current physician or dentist, or are not currently seeing a physician or dentist.

**II. EXAMINATION/APPOINTMENTS (Residential program only)**

A physician examination (including a tuberculin test) is required for each consumer prior to admission, and annually thereafter. These examinations must be recorded on a Medical Long Term Service Physical examination Form (FL-2). The group home manager is responsible for scheduling all FL-2 appointments. The staff member on duty should fill out the top portion of the form before the schedule appointment. Before leaving the physician’s office the staff member should check the FL-2 to be sure that the doctor has accurately listed all current medications, has documented on line twenty (20) that a tuberculin test was administered (The results of this test will later be documented on the DSS-1867.), and has signed and dated the form appropriately.

The completed FL-2 form should immediately be given to Senior Management. CREST will forward the light blue copy of the FL-2 to the Medicaid Services at DSS, the pink copy will be placed in the resident’s folder at the group home and the white copy filed in the resident’s record at the main office.

On-duty staff members also take residents to their physician within Cumberland County as the need arises. The legal guardian of the resident will have the primary responsibility for taking the resident to their physician appointments that are out-of-county and surgical. Resident’s records should be taken to every doctor’s visit and should be checked thoroughly before leaving the physician office to make sure that all information (physician’s orders, prescription, etc.) has been documented and dated appropriately on the *Mental Health Physician’s Orders Form* (pink sheet) and the DSS-1867. Any order given by phone *must* be signed by the doctor the next day. Also, a follow-up appointment will be scheduled as soon as possible.

A dental examination is recommended prior to admission. Following admission, examinations are scheduled biannually or more frequently if needed.

All appointments must be called into the Residential Coordinator as soon as they are scheduled so that they may be placed on the calendar in the office.

**MEDICATION EDUCATION:**

* 1. Each client started or maintained on a medication by a physician shall receive either oral or written education regarding the prescribed medication by the physician or designee. In instances where the ability of the client to understand the education is questionable, a responsible person shall be provided either oral or written instructions on behalf of the client.
  2. The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely administer the medication and to encourage compliance with the prescribed regimen.
  3. The physician or designee shall document in the consumer record that education for the prescribed psychotropic medication was offered and either provided or declined. If provided, it shall be documented in what manner it was provided (either orally or written or both) and to whom (consumer and responsible person).

**MEDICATION REVIEW:**

1. If a consumer receives psychotropic drugs, the Residential Coordinator will be responsible for obtaining a review of each client’s drug regimen at least every six months. The review shall be performed by a pharmacist or physician. The staff member shall assure that the client’s physician is informed of the results of the review when medical intervention is indicated.
2. The findings of the drugs regimen shall be recorded in the consumer record along with corrective actions, if applicable.

**MEDICATION CHANGES**

No change in medication can be made without the physician’s written permission or telephone orders. All changes must be recorded in the resident’s *Physician’s Orders* form (pink sheet) and DSS-1867. If the physician’ orders for a medication are changed simply place a green *Direction Change/Refer* *to Chart* sticker on the medication box, bottle, etc. Do not make any changes on the medication label. If a physician takes a resident off a medication temporarily but does not discontinued the medication, the staff member should place a blue *Hold Medication* sticker on the front of the MAR in the appropriate space. All changes must be documented in the physician’s orders on the front of the MAR.

**TRANSFER OF MEDICATION UPON DISCHARGE:**

When a resident is discharged from our program, all medication is given to the resident or to the person who has signed responsibility for him/her.

## SAFE HANDLING AND DISPENSING OF MEDICATIONS

**SCOPE**: All clients receiving medication while receiving services at CREST

**PURPOSE:** To assure that all medications are properly handled with the highest degree of safety and effectiveness while being administered or dispensed.

**POLICY**: It is the policy of CREST that all medications will be properly handled by adequately trained personnel at all times. It is also the policy of CREST to dispense or administer all medication in compliance with all applicable local, state and federal laws pertaining to all medication and controlled substances. All CREST employees are required to read and sign a medication Management Agency Agreement that the necessary steps pertaining to medication management are adhered to.

**PROCEDURE:**

1. All CREST employees involved in dispensing or administering medications to clients will follow all handling directions noted on all packages.
2. CREST will use adequately trained personnel to teach the client per the proper techniques to safely handle their individual medications.
3. Prescription or non-prescription drugs shall only be administered to a client in the written order of a person authorized by law to prescribe drugs.
4. Medication shall be self-administered by client only when authorized in writing by the consumer’s physician.
5. Medications, including injection, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legal qualified person and privileged to prepare and administer medication.
6. A Medication Administration Record (MAR) of all drugs administered to each consumer must be kept current. Medication administration shall be recorded immediately after administration. The MAR is to include the following:
   1. Consumer’s name
   2. Name, strength, and quantity of the drugs
   3. Instructions for administering drugs
   4. Date and time the drugs are to be administered
   5. Name and initials of the person administering the drugs
   6. Consumers request for medication changes or checks shall be reported and kept with the MAR file followed up by an appointment or consultation with a physician.

**STANDARDS PROCEDURES FOR ADMINISTERING MEDICATION**

1. Check the physician’s orders on the front of each MAR to determine which resident’s are to receive medication.
2. At the appropriate time, pour the prescribed dosage of medication from one resident’s medication package into a small medium cup, and prepare a cup of water. Call only one that resident over to the medication administration area, give the medication and water to the resident. Watch to be sure that the resident does take the medication.
3. If the resident refused to take the medication, place an “R” in the appropriate time and date space on front of the MAR and document refusal on the back of the MAR with date, time, refused, dosage, reason, and initials.
4. If the resident takes the medication place your (the staff member’s) initial in the appropriate time and date space on the front of the MAR.
5. If the medication is a as needed (PRN), it must also be documented on the back of the MAR with date, time given, dosage, reason, and initial. The same procedure outlined in #11 for documenting on the count sheet must be followed.

**DOCUMENTING A PRN MEDICATION**

PRN (as needed) medication should also be documented on the MAR when they are administered. The staff member who administers the PRN should record his/her initials on the front of the MAR in the appropriate dated space. On the back of the MAR the staff member records the date, time, medication, and dosage. In the “reason” space the staff member documents why the medication was given. No time is placed in the hour space on the front of the MAR since PRN’s cam be administered at any time. No slash is required to show that a PRN medication was not administered.

**HOME VISIT MEDICATION**

The procedure for documenting home visit will be as follows: continue to document that the resident is on home visit by placing an “O” in the medication administration space; document on the back of the MAR that the resident is on a home visit, and the number of capsules that the parent or guardian have take out of the residence to be administered while on a home visit. Changes should be made on the drug count sheet, making sure that you deduct all of the tablets or capsules that you have sent home to be administered. If any of the tablets that you have sent on a home visit is returned, those medication should be returned to the primary pharmacy.

**WORK MEDICATION**

The procedures for documenting medication while the client is at work or the Adult Developmental Vocational Program (ADVP) is as follows: Place a “W” in the medication administration time space, for the residents who receives afternoon medication while they are at work; document on the back of the MAR the number of tablets or capsules that is sent to the clients work or the ADVP. Change the count on the count sheet showing the number of tablets or capsules that were taken out of the residential facility medication for work or the ADVP. A twenty (20) day supply should be sent to the clients work or ADVP for those clients that requires an afternoon medication.

The same procedures will also be used for temporary medication, however, the number of tablets that you would send to work or ADVP for afternoon medication administration times will depend on the number of days that the physician prescribes the medication. If a resident is administered medication at the residential facility rather than at work/ ADVP due to being out sick, etc medication from the residential facility supply should be used and documented appropriately. An explanation of why the medication is administered at the residential facility rather that work/ADVP should be entered in the “reason” space on the back of the MAR, and the count sheet should be changed to show the number of tablets or capsules that were taken out of the residential facility medication.

The staff member on the duty should periodically check with the staff at the work site to determine how much medication is in stock. Medication should be re-ordered at least two weeks before it runs out.

All medication administered at work/ADVP will comply with the physician order on the front of a copy of the original MAR if the client is from the residential facility. If the client does not reside in a facility, staff members will obtain a blank copy of a MAR form the primary pharmacy and transcribe the doctor’s order onto the MAR. A registered nurse from the primary pharmacy will review all transcription for all ADVP clients to ensure accurate transcription and medication administration. A copy of all prescription will be filed in a folder at the ADVP. If a client works outside of CREST ADVP such as in the community and they resides in a residential facility it then becomes the responsibility of the residential staff to ensure that the client receives their medication, if it is to be taken at noon. If the client does not reside in a residential facility, then it becomes the client’s guardian/case manager/client responsibility to ensure that they are in compliance with their physician orders as it relates to their medication.

**HOSPITALIZATION**

If a resident is admitted to the hospital you would document each day that the resident is in the hospital by placing an “H” in ach appropriate medication administration space. Then on the back of the MAR, the staff member should document the time, date, medication, and dosage. In the “reason” space it should be noted that the resident is in the hospital.

**REFUSAL OF MEDICATION**

If a resident refuses to take their medication, the staff member on duty should continue to offer the client their medication up to two (2) hours of the original time. If the resident continues to refuse the staff member should place an “R” in the appropriate medication administration time space on the front on the MAR and recording the medication, dosage, date, and time on the back of the MAR along with a reason for refusal.

**MEDICATION ERRORS**

All errors made in administering or counting medication must be documented on the back of the MAR. If the error poses a risk to a client’s safety or well being (i.e. administering too much medication, or too little medication), medical Emergency Procedures must be followed. Erasing or marking over errors is unacceptable. The correct documentation procedures are as follows:

1. When an error is made on the MAR, the staff member should draw a horizontal line through the error and documented the error in the back of the MAR with the staff member’s initial.
2. When an error is made on the count sheet, the error should also be documented on the back of the MAR with the staff member’s initial and an explanation that the error was made on the count sheet.
3. All errors should be documented and initialed only by the person who made the error.

**MEDICATION COUNT**

A medication count must be done at each shift change. In the event that there is a discrepancy in the medication count (the count from the previous shift change count does not match the number of dosage administered) the medication must be counted again. If there is still a discrepancy, the error must be documented on the back of the MAR with the date, time, medication, dosage, and the reason for the error. Senior Management should then be notified All medication should be counted when they are received from the pharmacist to insure that the count is correct.

**SELF MEDICATION (only ADVP)**

The following procedures will be followed in order for a resident to self-administer his/her medication:

1. Determine that the medication dosage is stable through the resident’s physician.
2. Secure authorization from the physician that the client is capable of administering his/her own medication. The authorization should include the physician’s signature and date.
3. Discuss the self medication program with the client to secure consent from legal guardian if applicable.
4. Counsel client to develop an awareness of what medication he/she is taking, its name, reason for the medication, and the consequences if not taking it. Agree upon a time of reference when medication would be taken. Explain self medication program and the reason why the client should be responsible for his/her own medication, e.g., he/she is more reliable, not dependent on other people, pride, vacation, etc.
5. Instruct the resident that from now on he/she should remember when to take his/her medication and should come to the staff areas to obtain it. When the resident remembers and comes to the staff area without prompting, the staff member should verbally positively reinforce him/her. When the client forgets to come, he/she is reminded to come to the staff area to obtain his/her medication.

## PHARMACOTHERAPY/ MEDICATION MANAGEMENT

**SCOPE:** All clients receiving medication while receiving services at CREST

**PURPOSE:** To assure that all medications are written, monitored and managed with the highest degree of safety and effectiveness.

**POLICY:** CREST does not provide pharmacotherapy services to its clients. CREST will assist clients in finding appropriate pharmacotherapy services, if needed.

## RECORD ENTRY

**SCOPE:** All records produced by CREST employees and contractors who produce clinical or administrative documentation on clients.

**PURPOSE:** To efficiently and effectively submit and enter clinical or administrative documentation produced regarding client information.

**POLICY:** CREST requires all employees and contractors to submit all clinical and administrative notes in a timely manner to assure proper billing and filing.

**PROCEDURE:** Time frames will be followed for the submission and entry of the following types of documentation:

1. Admission within 24 hours (all)
2. Discharge within 2 weeks
3. Service notes; (residential) weekly community support
4. QP note; (residential) weekly community support
5. LPC notes (residential) weekly

Review of the Records Entry Policy:

1. The clinical supervisor reviews all new client charts one time a week, every two weeks, for the first month to verify that all notes are accounted for and the record is intact.
2. The clinical supervisor reviews all client charts one time a month to verify that all notes are accounted for and the record is intact.
3. The clinical supervisor performs a Quarterly Review of a random sample of all client files to verify that all required information is accounted for in the chart.

## LAB TEST AUTHORIZATION AND DOCUMENTATION

**SCOPE:** All clients residing in all of CREST Residential facilities

**PURPOSE**: To assure all lab tests are ordered by a physician who is an attending CREST physician for all CREST Residential clients.

**POLICY**: It will be the responsibility of the Associate Director for Residential Services to follow up on all lab results

**PROCEDURE:** The Associate Director for Residential Services is responsible for documenting the client’s record to record the following information regarding each laboratory test administered.

1. Name and date of any lab test ordered
2. Name of physician ordering test
3. Date and time the specimen was obtained

The copy of lab tests results shall be included in the client record.

This rule shall not apply to testing done anonymously for HIV INFECTION

## PURCHASING/ODERING OF MEDICATIONS

**SCOPE:** All clients receiving medication while receiving services at CREST

**PURPOSE:** To establish proper procedure for the purchase of medications by CREST

**POLICY:** CREST shall not be financially responsible for the purchase of any medication for clients receiving services at the agency. CREST will assist each client with the billing process, ensuring that the clients’ insurance company such as Medicaid, Medicare, Tri-Care and any out of pocket expense is appropriately billed for the purchase of any medication.

**PROCEDURE:** Medication may be ordered from a reputable pharmacist using either of the following two methods:

1. The physician may call in the prescription to the pharmacist.
2. The staff member may fax the prescription to the pharmacist. (*Prescription must be on white paper in order for them to be effectively faxed.)*

Prescription drugs should only be administered if a current prescription is issued by a qualified physician and dispensed by a licensed pharmacist. Non-prescription drugs must be authorized in writing by the physician and entered into the client’s record. Physicians prescribing medication will be asked to advise the resident and responsible staff member of the medication’s purpose, dosage, possible side effects, and any other pertinent data deemed necessary by the physician. Information should be recorded on the Medication Administration Form as necessary.

If a medication is prescribed for a resident and there is insufficient time to order and receive medication form the primary pharmacy, the physician’s order should be taken to a local pharmacy that is assigned by the primary pharmacy to be filled. Once the prescription is filled, the staff member should request the physician’s order from the pharmacist and then fax it to the primary pharmacy. The assigned pharmacy will only provide sufficient medication to last until the primary pharmacy can make a delivery. The staff should inform the assigned pharmacy that CREST business manager will be sure to bill the consumers account.

**RE-ORDERING MEDICATION**

CREST staff is responsible for insuring that all medication supplies are adequate and are always on hand. Medication should be re-ordered according to the re-order date which is stamped on the left side of the white medication box or when the residence has a two week supply of medication left. At no time should a resident’s medication run out. Failure to re-order medication as indicated are grounds for disciplinary action up to termination.

## TRANSPORTATION AND DELIVERY OF MEDICATION

**SCOPE:** All clients receiving medication while receiving services at CREST

**PURPOSE:** To assure that all transportation and delivery of medications are properly managed with the highest degree of safety and effectiveness.

**POLICY:** CREST will assist clients with picking up and delivering medications prescribed by a medical professional when it is appropriate and part of the services provided. CREST will make arrangements for necessary medications to be delivered to clients in an effort to assure compliance and assist in medical stability.

**PROCEDURE:**

**Delivery:**

1. The pharmacy will deliver client medication to the central office monthly for all residents and medications will be secured by the Associate Director or other Senior Management if needed.
2. Group home staff will pick up the medications and secure them at the group home.

**New Orders**

1. New orders will be faxed in to the pharmacy for same day delivery to the group home.
2. If the medication cannot be delivered timely, group home staff will transport clients to a local pharmacy to pick up required medications and return them home in an expeditious manner.

**Documentation**

CREST will document the receipt of medications with the pharmacy and will have residential personnel document the exact medications that have been delivered. All medications delivered will be transported in a locked box.

## STORAGE OF MEDICATIONS

**SCOPE:** All clients receiving medication while receiving services at CREST

**PURPOSE:** To assure that all stored medications are properly managed with the highest degree of safety and effectiveness.

**POLICY:** It is the policy of CREST that all medications will be properly stored under lock and key. CREST staff will be charged with management of all stored medications.

**PROCEDURE:**

1. Medications for external use are stored separately from internal and injectable medications.
2. Disinfectants are stored separately from all medications.
3. Medications are stored under proper conditions of sanitation, temperature (between 59 and 86 F), light, moisture and ventilation. Ifn a refrigerator is required temperature should be between 36 and 46F.
4. If the refrigerator is used for food items, medication shall be kept in a separate, locked compartment or container.
5. Outdated medications are not stocked.
6. Only staff authorized to administer or supervise self-administration of medication have access to medications.
7. Disposal of needles is conducted in accordance with established Occupational Safety Health and Administration (OSHA) policy for handling medical waste.
8. The telephone number of existing poison control centers, ambulance and other emergency medical centers is readily accessible to the staff.

## PACKAGING AND LABELING OF MEDICATIONS

**SCOPE:** All clients receiving medication while receiving services at CREST.

**PURPOSE:** To assure that all stored medications are properly managed with the highest degree of safety and effectiveness.

**POLICY:** CREST will keep all stored medication in its original packaging with the clients’ name, the dosing directions, and all pharmaceutical information attached. CREST qualified staff or the prescribing medical professional will be responsible for confirming each client's proper medications and dosage before administering.

## SAFE DISPOSAL OF MEDICATIONS

**SCOPE:** All clients receiving medication while receiving services at CREST.

**PURPOSE:** To assure that all medications are properly disposed of with the highest degree of safety and effectiveness.

**POLICY:** It is the policy of CREST to deliver all medications for disposal to the pharmacy to be disposed in accordance with all state and federal guidelines properly.

**PROCEDURE:**

All partially used or unused medications will be returned to the pharmacy for disposal according to the laws of the State Pharmacy Board, if applicable. Documentation of drugs returned will be logged in a medication return book with the date, client's name, type of medication, number of pills, and the pharmacy in which it was returned. The pharmacy will sign confirming the accurate number of medications returned. All medical waste associated with dispensing or administering medications will be properly disposed of in approved medical waste containers and taken of site by a licensed disposal company, if applicable.

**Discontinuation of Medication**

Medication may only be discontinued by a licensed physician and must be destroyed in a accordance with federal and state law. When a physician discontinues a medication he/she must document and date the discontinuation on the resident’s *Mental Health Physician’s Orders Form* (pink copy) and the DSS – 1867.

The staff member should simply put a diagonal slash in the appropriate dated space on the front of the MAR. Write DC above the slash, and then place a red Stop Medication sticker to the right of the space. The remaining spaces to the right of the sticker are to be left blank. All discontinued medication must be placed in a return bag and given to the pharmacy driver when he comes to the home. A *Medication Return Form* must be filled out for the medication being returned. The staff member and the drive must sign the return form. The first two (2) copies of the form will go with the pharmacy driver, and the third copy which is pink, should be placed in the resident’s medical record at the home.

## INVENTORY OF MEDICATIONS

**SCOPE:** All medications stored on site at CREST

**PURPOSE:** To assure that all medications are properly inventoried with the highest degree of safety and effectiveness

**POLICY:** CREST will properly inventory all medications that are stored on site. The inventory will be made by qualified staff and the inventory will be stored in the medication cabinet. Only proper staff will be allowed to document and handle on site medications.

**PROCEDURE:**

1. All medications be will be inventoried by designated or assigned staff upon their arrival at CREST.
2. All medication documentation will include: name of client, name of prescribed medication, dosage frequency and expiration date.
3. The inventory document will be revised as the client is given dosages of the prescribed medications.
4. Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacture’s label with expiration dates clearly visible
5. Prescription medications, whether purchase or obtained as samples, shall be dispensed in tamper-resistant packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of the unit-of-packaged drugs, a zip-lock plastic bag may be adequate.
6. The packaging label of each prescription drug dispended must include the following;

* The name of the client
* The prescriber’s name
* The current dispensing date
* The name, strength, quantity, and expiration date of the prescribed drug
* The name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center) and the name of the dispensing practitioner.

## MEDICATION SAFEGUARD

**SCOPE:** All clients receiving medication while receiving services at CREST.

**PURPOSE:** To assure all rights to treatment are safeguarded.

**POLICY:** It is the policy of CREST to ensure all clients are protected from the use of experimental drugs or medication.

**PROCEDURE:** The use of experimental drugs or medication shall be considered research and shall be governed by G.S. 122C-57(1), applicable federal laws, Licensure requirement codified in 10 NCAC 14K.0350 through .0355, or any other applicable licensure requirement not inconsistent with state or federal laws.

The use of other drugs or medication as treatment measure shall be governed by G.S. 122C-57 and G.S. 90.

As stated in G.S. 122C-57, Right to Treatment and Consent to Treatment.

Each consumer has the right to be free from unnecessary or excessive medication. Medication shall not be used as punishment, discipline, or staff convenience.

Medication shall only be administered in accordance with accepted medical standards and only upon the order of a physician as documented in the consumer’s record.

Each voluntarily admitted consumer or his legally responsible person has the right to consent to or refuse any treatment offered by the facility. Consent may be withdrawn at any time by the person who gave consent. If treatment is refused, the Qualified Professional shall determine whether treatment in some other modality is possible. If all appropriate treatment modalities are refused, the voluntarily admitted consumer may be discharged.

In an emergency, a voluntarily admitted consumer may be administered treatment or medication, other than those specified in sub-section (F) of this policy, despite the refusal of the consumer or his legally responsible person.

Treatment involving the electroshock therapy, the use of experimental drugs or procedures, or surgery other than emergency surgery may not be given without the express and informed consent of the consumer or his legally responsible person. This consent may be withdrawn at anytime by the person who gave the consent.

**REFERENCES: noted above**

# STAFF POLICIES

## STAFF KNOWLEDGE OF CLIENT RIGHTS

**SCOPE:** All full-time, part-time and contract employees of CREST.

**PURPOSE:** The staff of CREST shall be kept informed of the rights of clients as specified in these policies and in G. S. 122C, Article 3, as well as applicable rules and policies developed and implemented by the Board of Directors

**POLICY:** Upon Board approval of any policy related to client’s rights or any amendments in G. S. 122, a copy of the policy or rule shall be provided to each staff member

**PROCEDURE:**

Documentation of receipt of information shall be signed by each staff member and maintained in the administrative offices of CREST.

Additionally, staff shall review policies and procedures related to client rights annually and shall sign the Acknowledgment of Client Rights statement. This acknowledgment shall be maintained in the personnel office.

**REFERENCES** G. S. 122C, Article 3

## PROTECTION FROM REPORTING ABUSE/NEGLECT

**SCOPE:** All full time, part time, and contract employees of CREST

**DEFINITIONS:** As defined by CLIENT RIGHTS IN COMMUNITY MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE COMPLIANCE DOCUMENTATION:

1. ABUSE means the infliction of physical or mental pain or injury by other than accidental means, or unreasonable confinement, or the deprivation by an employee of services which are necessary to the mental and physical health of the client.
2. NEGLECT means the failure to provide care or services necessary to maintain the mental health, physical health, and well-being of the client.
3. EXPLOITATION means the illegal or improper use of a client or client’s resources for another person’s profit, business or advantage. The term includes taking or using personal property from a client with or without the client’s permission.

**PURPOSE:** To protect all staff from retaliation or other derogatory behavior when the staff suspect alleged abuse, neglect and has reported it to the appropriate supervisor.

**POLICY:** Employees shall protect all clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. An employee of CREST, or a volunteer, who knowingly causes pain or injury to a client or who borrows or takes personal property from a client is guilty of a misdemeanor. This violation is punishable as noted in G.S. 14-3.

CREST employees or volunteers, who witness or have knowledge of a violation of this section or of an accidental injury to a client, shall report the violation or accidental injury to Senior Management immediately. No employee making a report may be threatened or harassed by any other employee on account of the report. Violation of this paragraph is a misdemeanor punishable by a fine.

Abuse, neglect, and/or exploitation of clients is in violation of North Carolina State Statutes and will not be tolerated by CREST. Suspected abuse, neglect, or exploitation of a client will be reported to Department of Social Services. Additionally, violation of these laws will result in disciplinary action.

Failure to report suspected and/or witnessed abuse, neglect, or exploitation in accordance with the laws of North Carolina is considered a serious act and may result in disciplinary action up to and including termination.

**III. PROCEDURES** Any staff person who suspects that a client has been abused, neglected, exploited, or has knowledge that a client has been abused, neglected, or exploited shall immediately report the suspension or knowledge of the event to his/her immediate supervisor.

1. The supervisor shall immediately report the event to Senior Management, and receive instruction as to how to proceed.
2. The Coordinator, after consultation with the Executive Director, will contact the Cumberland County Department of Social Services, Adult Services Unit, and report the suspicion of abuse, neglect or exploitation.
3. **REFERENCES**: G.S. 14-3; CLIENT RIGHTS IN COMMUNITY MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE COMPLIANCE DOCUMENTATION

## RECORD REVIEW AND RECORD DUPLICATION

**SCOPE:** All employees of CREST are required to understand the policy and procedure of record review and duplication. Only Senior Management is authorized to duplicate records.

**PURPOSE:** To assure access to records for clients.

**POLCY:** It is the policy of CREST that the review or duplication of the client record to the client, his/her attorney, guardian or other legal representative is reasonable and encouraged when such release/review is not detrimental to the client. In the absence of a court order, the determination as to the appropriate disposition of a request for information from client records will depend upon the nature of the information requested, the identity and purpose of the requestor, the impact that the release of this information might have upon the clinician /client relationship and that possible adverse effect that the release of this information might have upon the client. If the client wishes to take information from the agency, CREST procedure for clients to obtain treatment records consists of the following:

**PROCEDURE:**

1. The client/legally responsible person must come to the agency in person to complete a release of information form. In the event the client does not sign the following applies to release of information for CREST purposes, the consent is good for the specified time (usually 1 year) after the date of signature and can be revoked by the client/legally responsible person;
2. The client’s legally responsible person
3. Personal representative of a deceased client if the estate is being settled or next of kin of the deceased client if the estate is not being settled.
4. The fact of admission/discharge of a client to a facility may be disclosed to the client’s next of kin whenever the responsible professional determines that the disclosure in the best interest of the client.
5. A client advocate shall be granted, without the consent of the client or legally responsible person, access to routine reports and other confidential information necessary to fulfill his monitoring and advocacy functions.
6. An external advocate shall have access to confidential information only upon the written consent of the client and his/her legally responsible person.
7. The clinical supervisor will render an opinion as to whether release/review of clinical record is deemed to be detrimental to the client prior to releasing information; this determination will be made by the Executive Director. Violators under this policy can be charged per G.S. 90-21.4(b).
8. Agency personnel will retrieve and photocopy the requested information within a 5 working day period or within 24 hours if the information is needed for emergency purposes. CREST is not allowed to copy any third party information that was received while providing services to the client.
9. Documents that are copied and given to clients include but not limited to: treatment dates, lab results, treatment plan, medication log, and physical evaluation results.
10. Requests for other forms of documentation will have to be approved by CREST legal counsel.

**REFERENCES: G.S. 90-21.4(B)**

## SUBPOENAS, SEARCH WARRENTS ETC,

**SCOPE:** All full-time, part-time, and contract employees of CREST

**PURPOSE:** To establish and assure a consistent system for all CREST employees and contractors receiving subpoenas, summonses, and complaints initiated by either a state or federal government agency against CREST, and correctly and appropriately responding to the issuing party in the given time frame using appropriate legal counsel agencies under the normal course of business.

**POLICY:** CREST strives to comply fully with all of rules and regulations governing the industry. CREST has been and will continue to provide full cooperation to government authorities while at the same time protecting its rights.

CREST acknowledges that government health care regulations and their enforcement is a very complex area of the law. As such, inquires are important and often complicated. This policy is a uniform method for CREST employees and contractors to respond to any contact for information regarding CREST its entities, its services, its employees or any other matter that will affect CREST by a government employee, either during office hours or at home.

**PROCEDURE:**

1. If any CREST employee is contacted by any agency of the government either by telephone or by written letter (subpoena, summons), the employee should immediately contact the Associate Director, who will then inform the Executive Director of the correspondence. The Executive Director will inform the Board Chairperson of the situation to be addressed at the agency’s next scheduled Board meeting. All CREST employees should follow these guidelines:
   * 1. Do not turn over the information called for in the subpoena.
     2. Do not discuss the case with the individual who served the subpoena; and
     3. Do not discuss the subpoena with anyone other than those designated by Senior Management.
2. The Executive Director with the assistance of legal counsel will be given primary oversight duties to assure complete and prompt compliance with the court document in question and the filing of necessary pleadings to answer, suppress, modify or otherwise protect the response.
3. If any employee’s help or testimony is needed, the Executive Director will contact them directly with instructions on how to assist in the effort.
4. If a government agency attempts to execute a search warrant, CREST should follow these guidelines:
   * 1. Do not interfere with the agents,
     2. Attain a copy of the search warrant, verify it and attain the name and title of the agent in charge.
     3. Immediately inform the Executive Director and assist the agents in locating those items called for in the search warrant and no more. Do not interview; explain operations, bookkeeping, records or meanings of the documents with the agents. No one is required to submit to questioning by government investigators or employees.
5. Verify only items on the search warrant are indeed taken; and
6. Attain a correct and complete inventory of all items taken before the agents leave the premises.
7. If any agent makes requests or demands of you inconsistent with these instructions, seek contact with the Executive Director immediately.

## DRESS CODE

**SCOPE:** All full-time, part-time and contract employees of CREST.

**PURPOSE:**

* To ensure proper role models for clients
* To ensure safety for employees
* To project a professional image in the community and program

**POLICY:**

All employees will dress in clean, pressed, mended, well-fitting clothing. The activities of the day should dictate the type of clothing worn. For example, If the employee anticipates taking clients to church or attending a business meeting, the employee should have dress clothes available at the facility.

**PROCEDURE:**

Casual wear is appropriate for general daily duties working and this includes:

* Shirts (other than t-shirts);
* Jeans;
* Shorts/Skirts/Dresses - Only if loose fitting and no shorter than 3" above the knee;
* Casual shoes - For safety reasons, no sandals or open toe shoes should be worn in work areas, especially when working with equipment or mobile crews.

You may not wear:

* Tight fitting clothing;
* T-shirts
* Clothing that is revealing, including mid-drift and tank tops;
* Clothing with logos or graphics which display potentially offensive, sexual, racial or
* religious themes, or promote tobacco or alcohol/drug products;
* Hats while inside.

If you have questions regarding the appropriateness of an article of clothing, please bring it for review prior to wearing it and discuss with your supervisor.

## TELEPHONE USE

**SCOPE:** All full-time, part-time and contract employees of CREST.

**Purpose:** Telephones in CREST facilities are intended for program use. They are not to be used by staff to make long distance calls unless such calls are related to the program.

**Policy:** Personal calls made by staff, including local, should be limited to five minutes per call. Whenever possible, personal calls made from the group homes by staff should be made when the residents are not in the home. Use of personal cell phones is not allowed in the work areas. Staff who abuse phone privileges may be subject to disciplinary action.

**Procedure:** Long distance calls may be made for CREST business, in a personal emergency or with prior approval from Senior Management.

## CELLULAR TELEPHONE USE

**SCOPE:** All full-time, part-time and contract employees of CREST.

**PURPOSE:** To prevent misuse of company cell phones

**POLICY:** CREST cellular telephones are for business use only. Personal use is not allowed. Staff assigned cellular telephones are expected to carry telephones when away from the workshop or group home and are responsible for reporting any repairs needed to the Administrative Assistant as soon as possible. Group home cellular telephones may be used by residents to make long distance calls to family as a cost saving measure to reduce the expense of long distance charges on group home telephones, as long as the carrier plan includes free long distance calls.

**PROCEDURE:** For the safety of clients and/or staff when transporting clients or driving CREST vehicles, cellular phone use is **not** permitted at **any** time. If an incoming call is work related, staff will either pull over to answer the call, or wait to return the call when they have arrived at their destination.

Personal cellular telephone usage during work hours will be limited to break/lunch times or emergency circumstances and these calls are to be made away from clients, with proper coverage being provided in staff’s absence. Failure to follow the above procedures may result in disciplinary action.

Upon termination of employment, or a change in position, staff will turn in assigned cellular telephone to Senior Management.

## FAX MACHINES

**SCOPE:** All full-time, part-time and contract employees of CREST.

**PURPOSE**: Fax machines located in each group home are the property of the contract Pharmacy and are used for the purpose of submitting resident prescriptions to be filled. Any maintenance needed on equipment should be reported to the contract pharmacy.

**POLICY:** CREST’s fax machine is located in the office of the administrative building. It is the Receptionist’s responsibility to receive and distribute incoming faxes.

Outgoing faxes are to be related to CREST business. All faxes should be accompanied by a transmission sheet that includes a statement about “privileged and confidential information.”

Abuse or misuse of fax equipment, or information transmitted, may result in disciplinary action

## ATTENDANCE AND PUNCTUALITY

**SCOPE:** All full-time, part-time and contract employees of CREST.

**PURPOSE:** All employees are expected to be at their work site on time during scheduled work hours. The exceptions are when PTO or compensatory time has been scheduled.

**POLICY:** For all CREST employees to inform his/her supervisor of their absence from work so that proper coverage can be arrange, in the event an employee fails to inform his/her supervisor of their absence it may result in disciplinary actions.

**PROCEDURE:** When appropriate leave time cannot be scheduled ahead of time, the immediate supervisor will be notified as soon as possible before the start of the work day.

Day program employees are expected to be on site and prepared to begin work promptly at 8:00 a.m. daily. Residential staff are expected to be on site and prepared to begin work promptly at the beginning of each shift.

Failure to report to work on time, excessive absences, or failure to notify the supervisor when unplanned leave occurs may result in disciplinary action.

## SUPPLEMENTARY EMPLOYMENT

**SCOPE:** All full-time, part-time and contract employees of CREST.

**PURPOSE:** To ensure that there is no conflict with an employees work commitment and obligations to their job duties/responsibilities to CREST

**POLICY:** Employees are not permitted to work other jobs during the hours which they are scheduled to work in our program. The impact of additional employment upon an employee’s ability to adequately perform his/her job duties and to meet the needs of the clients must be taken into consideration

**PROCEDURE:**

Employees must inform their supervisor of secondary employment. When the immediate supervisor and/or the Executive Director believe that the additional employment is detrimental to the employee’s job performance, the employee will be requested to make a decision regarding his/her continued employment with our program.

## INTERNSHIPS AND SUBSTITUTES

**SCOPE:** All intern and substitute employees of CREST.

**PURPOSE:** To set supervision guidelines and requirements for individuals allowed to work at CREST in the position of an internship or substitute

**POLICY:** CREST supports the placement of interns from local colleges and universities within the day program and residential facilities. This practice provides educational opportunities under structured supervision, enhances the programs of CREST and encourages individuals to enter the field of developmental disabilities

**PROCEDURES:**

Interns will be accepted in CREST programs when, in the opinion of the Executive Director, resources exist to provide adequate supervision of the placement in accordance with CREST policies and those of the placement institution. Supervision of interns must be provided by an individual holding a Master’s Degree in a field approved by the referring institution.

**ELIGIBILITY**

* Interns must follow all guidelines and requirements of CREST ***Hiring Process Policy*** except car insurance and registration documentation.
* Interns will be interviewed prior to placement to determine areas of interest and current knowledge of day and residential programming.
* Interns will not be allowed to drive a CREST vehicle.
* CREST reserves the right to deny or terminate internship status to any individual who is deemed unsuitable for placement in a CREST facility without notice.

**PLACEMENT REQUIREMENTS**

* Interns are required to abide by the policies and procedures of CREST as well as the policies and procedures of all governing agencies, i.e., Mental Health, Social Services.
* Interns will meet weekly with the designated CREST supervisor.
* Information to be utilized in class sessions at the referring institution shall be approved by the CREST supervisor to ensure confidentiality of the clients. Unless otherwise provided by the referring institution,
* The intern shall maintain a standard time sheet. The time sheet will be initialed by the CREST supervisor following each session in a CREST facility.
* The intern shall notify the CREST supervisor 24-hours in advance of anticipated absences except in case of an emergency.
* Interns are expected to conduct themselves in a professional manner at all times while on the premises and during professional meetings away from the agency. Failure to do so may result in termination of the internship.

**INTERNSHIP EXPERIENCES**

Interns will be granted the opportunity to participate in all aspects of day and residential programming during the internship under the direct supervision of a Qualified Professional (QP). These experiences may include, but are not limited to:

* Participation on the Admission/Discharge Committee;
* Admission assessments
* Client assessment through the formalized Vocational Evaluation process;
* Development of the written annual Vocational Evaluation;
* Development of Social Histories;
* Development and implementation of individualized treatment (goal) plans;
* Client training in social, vocational, personal, cognitive, and communication skills utilizing the client’s person-centered plan;
* Progress note writing;
* Development of quarterly assessments;
* Development of Life Skills lesson plans and implementation of plans in a classroom setting;
* Development of Recreation and Leisure Skills activities and implementation of the activities;
* Participation in Adult Sub-Committee and Cumberland County Developmental Disabilities Interagency Council;
* Development of Discharge summaries;

**TERMINATION**

The Internship will be terminated upon:

* Successful completion of the term of internship
* Failure to abide by the policies and procedures of CREST;
* Personal conduct unbecoming of a professional;
* Failure to perform assigned duties;
* Abuse or neglect of any facility client;
* Any action which, in any way, demeans or harms a client;
* Violation of a client’s rights;
* Breach of confidentiality;
* Failure to maintain agreed upon schedule of training or failure to notify supervisor of anticipated absences;
* Performance or behavior which hinders the smooth, continued operation of a CREST program.

The specific need for substitutes at CREST changes as its programs grow and develop. The needs for substitutes are determined by Senior Management.

Persons who are interested in providing substitute services at CREST must complete a State Application. An interview will be conducted by the appropriate Management Team member. If Senior Management wishes to pursue using this applicant, the applicant must follow the guidelines and requirements of all new employees under the Hiring Process Policy of CREST.

Prior to working with clients, substitute training must at a minimum include:

Program Orientation, Client Rights, Confidentiality, Applicable Policies and Procedures, such as Dress Code, Smoking Policy, 1st Aid/CPR, NCI, food Service (residential only), Medication Administration (residential only), Personal Care Service (residential only).

**REFERENCE:** Hiring Process Policy

## AGENCY PROVIDED TRANSPORTATION

**SCOPE**: All clients enrolled in CREST Programs.

**PURPOSE**: To identify the transportation procedures for clients enrolled in CREST programs. To specifically outline the procedures and precautions taken when transporting clients, as well identify clients responsibilities while being transported on CREST vehicles.

**POLICY:** Transportation services are a supportive means of assisting clients in their receipt of services as needed. Services related to community employment/community involvement/CREST related extra-curricular activities. When transportation is provided, CREST strives to ensure client safety.

CREST provides transportation for clients eligible for the residential program. Transportation is also provided for ADVP clients who are involved in employment and training activities, or field trips. CREST provides transportation to and from the ADVP for those clients who reside in CREST residential facilities only. There is no fee charged to clients for transportation services. Clients are always transported in CREST vehicles which are equipped with seat belts. Vehicles used for transportation of clients shall not be labeled in a manner which indicates that a disability group is being transported.

CREST employees are responsible for ensuring the health and safety of clients at all times. All drivers must observe safe driving practices and speed limits. Any employee violating this policy or found deliberately practicing unsafe driving habits will be subject to disciplinary actions.

**PROCEDURES:**

The following procedures are implemented to ensure the safety of clients and staff:

* No client shall be transported in a CREST vehicle without client-specific emergency information being available and easily accessible to the vehicle operator. This information shall include the name, address and phone number of the person to be contacted in the event of a sudden illness or accident, as well as any known allergies. Additionally, the name, address, and phone number of the client’s preferred physician shall be indicated. A First Aid kit shall be available and easily accessible on each CREST vehicle.
* Each driver providing transportation shall hold a valid driver’s license and shall be registered with CREST’s vehicle insurance carrier. Refer to Safe Driving Policy.
* A seat and a seat belt shall be available for each individual being transported.
* Prior to moving a vehicle, the driver of the vehicle shall make a visual inspection of all clients to determine seat belt usage. The staff member is to encourage each client to wear his/her seat belt. Clients refusing to wear a seat belt shall receive counseling and the staff member will document the counseling in the client service record goals directed toward attainment of this practice shall be implemented when appropriate.
* When physically handicapped individuals are transported, the vehicle shall provide secure storage for adaptive equipment.
* Under no conditions shall an individual driving a CREST vehicle or riding in the front seat be allowed to do so without wearing a seat belt. The driver shall not move the vehicle when a front seat passenger refuses to comply with NC law.
* There will be no loud music, loud talking, horse play or similar behavior on CREST vehicles.
* Vehicle doors shall be locked at all times while transporting clients.
* ADVP clients who refuse to comply with the rules of the vehicles may be suspended from activities away from the facility.
* Personal vehicles should only be used when absolutely necessary. Personal mileage must be logged for reimbursement at the rate set by the Executive Director

**II. EMERGENCY PROCEDURES (See Roadside Emergencies)**

**REFERENCES:** Also Read Drug Free and Alcohol Policy; Staff Safe Driving Policy and Cellular Phone Usage Policy; Roadside Emergencies Policy

## STAFF DRIVING RECORDS & PRACTICES

**SCOPE:** All full time, part time and contract employees of CREST

**PURPOSE:** Safe driving practices of employees are of great concern to CREST. CREST employees with driving records containing accidents and serious traffic violations pose an increased threat to client safety and to the public. Employees with unacceptable driving records may cause substantively higher automobile insurance premiums. Additionally, employees with unacceptable driving records could be cause for CREST to lose its automobile insurance coverage

**POLICY:** Any employee with an unacceptable driving record is prohibited from driving a CREST vehicle or a private vehicle on CREST business. Any employee who violates this policy or who is observed violating driving laws of the State and/or is deliberately practicing unsafe driving habits will be subject to disciplinary action.

**PROCEDURE:**

In addition to the policies outlined in the Agency Provided Transportation Policy, the specifics of this policy are:

A. Employees who will be operating motor vehicles owned by CREST shall have a valid North Carolina driver’s license. Additionally, employees shall be registered with CREST’s vehicle insurance carrier.

B. Each employee shall report to his/her supervisor any involvement in a vehicle collision resulting in injury or death of any person or property damage not later than 24 hours after the collision.

C. The supervisor shall immediately notify and provide a written warning to employees whose driving record is deemed marginal. Supervisors will be notified of those employees whose records are deemed marginal. Employees will be required to acknowledge receipt of the warning and to take steps to improve their safe driving practices. Supervisors will insure that the acknowledgment is delivered to the Executive Director for filing in the employee’s personnel file.

D. The Executive Director or his/her designee shall immediately remove an employee from driving status upon receipt of credible information that the employee has an unacceptable driving record. The supervisor will give written notice of non-driving status and will require the employee to acknowledge receipt and understand that he/she has been removed from driving status. In those cases where driving constitutes a condition of employment, the employee may be terminated in accordance with the Suspension and Dismissal Policy.

E. No applicant shall be employed by CREST who has an unacceptable driving record if the position applied for requires driving as a condition of employment.

F. No employee who has an unacceptable driving record shall be promoted or transferred to a position requiring driving as a condition of employment.

A marginal driving record is a driving record which contains either convictions or accidents fewer in number or severity than an unacceptable driving record. It is based on an analysis of all the facts surrounding the conviction or accident. Further, it is based on a case by case determination of whether it is more likely that the person poses a higher risk that normal of future accidents or injuries. A person may remain in marginal driving status for three years or less provided there are no intervening accidents or convictions.

The following criteria shall be followed in determining an unacceptable driving record for job applicants and for the evaluation of existing CREST employees. An unacceptable driving record shall include but not be limited any one of the following:

* A conviction of driving while intoxicated, impaired or under the influence of drugs/alcohol within the last three years;
* A conviction of reckless driving or racing on streets and highways within the last three years;
* A conviction of speeding in excess of 25 miles per hour over the posted limit within the last three years;
* A conviction of manslaughter involving an automobile or death by vehicle within the last three years;
* A combination of any three or more moving violations or at fault automobile accidents within the last three years;
* Combination of any two or more moving violations or at fault automobile accidents within the past year;
* A revocation of driving privilege within the last year.

Provided there are no intervening convictions or accidents, an acceptable driving record status will be removed after three years. A conviction is based on a decision by a judge or an admission of guilt. The fact that a plea of nolo contender was accepted or that a prayer for judgment or limited driving privilege granted shall not affect the determination of an unacceptable driving record.

**NOTIFICATION OF PRESCRIPTION USE**

Any employee, who is prescribed medication which can result in drowsiness, or has precautions against using machinery or driving a vehicle, shall report the drug use to the Executive Director. The employee may be required to take PTO leave or, when possible, assigned duties which do not require driving a CREST vehicle while taking the medication.

**REFERENCES: Also Read Drug Free and Alcohol Policy; Agency Provided Transportation Policy and Cellular Phone Usage Policy, Roadside Emergency Policy**

## STAFF SAFETY AND LIABILITY

**SCOPE:** All full time, part time and contract employees of CREST

**PURPOSE:** To assure that all CREST employees understand the safety and liability issues associated with delivering services.

**POLICY:** CREST staff members are required to serve the needs of clients in the agency setting. Staff is oriented to personal safety, preventing risk and emergency procedures while delivering services during their new employee orientation training.

**PROCEDURE:**

1. Staff shall be oriented and trained to be mindful of the safety concerns of all clients when services are being delivered. Staff is required to provide adequate supervision of the client to prevent any inappropriate incidents from occurring to the client or other individuals in the agency.
2. Staff shall be trained to be able to assess their surroundings for unsafe/liable circumstances such as client /family history or violence, crime filled neighborhoods, poorly lit areas, areas without proper entrances and exits, etc.
3. Staff shall be trained to anticipate risk associated with providing services to prevent risky situations. Beyond the specific circumstances that could potentially create risks to safety and liability, staffs are informed that they expected to rely on their personal instinct to determine the level of safety and liability even there are no clearly defined dangers.
4. Staff is required to immediately discuss the issues of safety and liability with the Clinical Supervisor to determine a proper method to be able to deliver services needed by the client.
5. Staff shall be oriented and informed of the safety and liability that is inherit with direct care. They are advised of CREST liability policies that will provide coverage for any injuries a client may suffer while involved with CREST employees.

## STAFF TOBACCO & SMOKING

**SCOPE:** All full time, part time, and contract employees.

**PURPOSE**: To assure a safe and healthy environment for all individuals on the premises of CREST.

**POLICY**: In keeping with CREST intent to provide a safe and healthful work environment, smoking or tobacco use in the workplace is prohibited, except in the case of consenting adults. Staff will be allowed to smoke in designated areas located in the rear of the ADVP/DAY Program during their attendance at CREST’s ADVP/DAY Program during lunch and smoke breaks. Smoking is not permitted in any CREST residential facility; staff must smoke outside in designated area.

**PROCEDURE:** CREST shall have all indoor areas posted as non-smoking and posted designated smoking areas outdoors for use by staff for smoking on their breaks. This policy applies to CREST’s ADVP/Day Program and residential facilities.

# HUMAN RESOURCE POLICIES

## COMPENTENCY AND DIVERSITY POLICY

**SCOPE:**  All full-time, part-time and contract employees of CREST.

**PURPOSE:** To assure an understanding of the various cultural and diversity issues that exist in the population served.

**POLICY:**

“Cultural Competence is the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races ,ethnic backgrounds and religions in a manner that recognizes, affirms and values the cultural differences and similarities and the worth of individuals, families and communities and protects and preserves the dignity of each. Cultural competence involves recognition and respect for differences among clients in terms of their values, expectations, and experiences with clinical treatment, while at the same time recognizing the culture–based practices and dictates of organized treatment, and the values, expectations and experiences of the providers who practice it. Culturally competent care becomes possible only with the skillful management of the interplay between these elements which make up an encounter, and determine the points of access or barrier at the institutional level.”\*

**PROCEDURE:**

CREST requires that all employees undergo cultural competency and diversity training within (90) days of hire to assure that all employees are competent to provide the most effective and efficient treatment possible to each person served. Each employee is also required to participate in an annual review of CREST cultural competency and diversity policy.

CREST takes all possible steps to assure that all levels of employees (leadership, management, direct services and supportive services, volunteers) are reflective of the population served. CREST advertises in the local and regional newspapers in which the person served resides. We assess the ability of each applicant to assimilate into the community that we serve and depending on professional competency, we attempt to hire staff is as reflective to our population as possible.

**REFERENCES**:

\* **CCHCP’S *Cultural Competency Curriculum, 1999***

## EQUAL OPPORTUNITY POLICY

**SCOPE:**  All staff, clients, families and other CREST affiliated parties.

**PURPOSE:** CREST, believes that a strong commitment to equal employment opportunity is more than a legal and moral obligation; it is also sound business practice to realize the potential of every individual. To provide equal employment in advancement opportunities to all individuals, employment decisions at the agency will be based on merit, qualifications and abilities. Except where required or allowed by law, employment practices will not be influenced or affected by an applicant’s or employees race, creed, religion, sex national origin, age disability, or any characteristic protected by law. This policy governs all aspects of employment, including selection, job assignments, compensation, counseling, and discipline, and termination, access to employee services, benefits, and training. Our agency will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship.

**POLICY:** In accordance with Title VI of the Civil Rights Act of 1964 and with Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination Act of 1975, CREST does not discriminate on the basis of race, color, national origin, handicap, or age in regards to hiring of personnel of admission of clients.

If you have questions and concerns about and type of unlawful harassment or discrimination in the workplace, you are strongly encouraged to bring these issues to the attention of your immediate supervisor. You can raise concerns and make reports without fear of reprisal. Anyone found engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

## AMERICANS WITH DISABILITIES ACT

**SCOPE:**  All staff, clients, families and other CREST affiliated parties.

**PURPOSE:**

It is the policy of CREST to comply with all the relevant and applicable provisions of the Americans with Disabilities Act (ADA).

**POLICY:**

CREST will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person’s physical or mental disability.

## TEAM MANAGEMENT AND JOB DEVELOPMENT

**SCOPE:**  All full time, part time and contract employees of CREST

**POLICY:** In keeping with the philosophy of excellence in program services, CREST is committed to ensuring quality client care and programming. It is the belief of the agency that this can occur only when a team approach to client care is utilized. To this end, the Board of Directors, Administration, and Staff of CREST are committed to the concept of a Team Management Approach.

**PURPOSE:**

**Team Management**

* Promotes staff involvement in and responsibility for program operation;
* Promotes staff involvement and accountability for client services;
* Provides team oversight and responsibility for client’s skill development;
* Provides broader perspective of client’s strength and weaknesses;
* Utilizes the skills and knowledge of the individual staff members in program planning, client evaluation, and skill development;
* Provides greater flexibility in programming and scheduling;
* Provides a broader knowledge base to problem solving when addressing client needs and concerns;

**PROCEDURE:**

**Team Responsibilities for all Staff**

* Provide input to regarding program operation, training, personnel, and client needs;
* Monitor and collect data to ensure progress and appropriateness of client goals;
* Notify Senior Management of agenda items for staff meetings;
* Assists Senior Management in interviewing applicants when a vacancy occurs.
* Team assigns individual staff members as an advocate for each client; the advocate then assists the client in planning for and participating in his/her service plan meeting;
* Presents programmatic and administrative concerns to Senior Management and works cooperatively to resolve issues;
* Presents programmatic and administrative concerns to Senior Management and works cooperatively to resolve issues;
* Ensures that each staff member is a vital, contributing member of the team and seeks to resolve staff conflicts and differences. When issues are unable to be resolved, requests assistance of Senior Management.
* Works cooperatively with other team members to develop monthly activity calendars;

**ADVP Team Responsibilities:**

* Arrange for classroom relief when a team member is absent, job developing, or engaged in other duties.
* Documentation of monthly progress reports and quarterly summaries;
* Assist in development of habilitation plans/service plans/Person Centered Plans including client strengths, weaknesses, vocational plans, long-range goals, etc.
* Ensures that each job coach is a vital, contributing member of the team and of CREST and seeks to resolve staff conflicts and differences. When issues are unable to be resolved, request assistance of Senior Management to resolve the issue.

**Residential Team Responsibilities**

* Arrange relief staff from employee pool provided by the Senior Management
* Record monitoring and documentation in shift notes, progress reports, and monthly summaries.
* Assist in development of habilitation plans/service plans/ including client strengths, weaknesses, vocational plans, long-range goals, etc.;
* Monitor and collect data to ensure progress and appropriateness of client goals;
* Assists Group Home Supervisor and Senior Management in interviewing applicants when a vacancy occurs on the team;
* Team assigns individual staff members as an advocate for each client; the advocate then assists the client in planning for and participating in his/her habilitation plan meeting;
* Scheduling and monitoring of vehicle maintenance and care with monthly reports to Senior Management.

**JOB DEVELOPMENT**

Job development is the responsibility of each and every person committed to the mission of CREST. The Board of Directors, the administrative staff, job coaches and group home staff will be responsible for job development.

**ACCOUNTABILITY**

* Monthly documentation is placed in client service record.
* Significant events are documented in the client service record within 24 hours of their occurrence and Senior Management is notified immediately.
* Monthly and quarterly notes are provided to and authenticated by the Chief of Administration. The Clinical Coordinator actively participates on each team.
* Minutes and a log of team activities are kept of all team meetings with a copy forwarded to the Director.
* In ADVP, a summary of contacts with businesses shall be provided in writing to the Executive Director monthly (See attached job placement contact Record). Contacts will be coordinated during weekly staff meetings to prevent duplication of effort.

## SEXUAL HARASSMENT

**SCOPE:** All full time, part time and contract employees of CREST

**DEFINITION**: Sexual harassment is defined as deliberate, unsolicited and unwelcome verbal and/or physical conduct of a sexual nature or with sexual implications by a supervisor or co-worker which (1) has or may have direct employment consequences resulting from the acceptance or rejection of such conduct; (2) creates an intimidating, hostile or offensive working environment or (3) interferes with an individual’s work performance.

**PURPOSE:** This procedure provides an orderly means of communication between the Director, supervisors and employees and establishes principles of administration to insure a prompt, orderly and fair response to an employee’s problem as it relates to the issue of sexual harassment.

**POLICY**: Every employee shall have the right to present his/her grievance in accordance with these procedures free from interference, coercion, restraint, discrimination and without fear of reprisal.

**PROCEDURE:**

* It shall be the policy of CREST that no employee may engage in conduct that falls under the definition of sexual harassment indicated above.
* No personnel decisions shall be made on the basis of granting or denial of sexual favors.
* All employees are guaranteed the right to work in an environment free from sexual harassment.
* Sexual harassment does not include personal compliments welcomed by the recipient or relationships freely entered into by employees or prospective employees.
* Any current or former employee who feels that he/she has been sexually harassed in violation of this policy may file a grievance through the procedures outlined in the grievance policy.
* An employee or former employee may report a complaint of sexual harassment to his/her supervisor or to the Executive Director. The complaint must be reported in writing within a reasonable length of time from the date of the occurrence of the alleged conduct.
* Prompt reporting of the incident must be made to insure a thorough and accurate investigation.

**CONSEQUENCES:** Substantiated sexual harassment shall be grounds for termination of the perpetrator.

## DRUG FREE WORKPLACE

**SCOPE:** All full time, part time, and contract employees.

**PURPOSE:** CREST is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any employee illegally uses drugs or consumes alcohol on the job, comes to work under their influence, or possesses, distributes or sells drugs or alcohol in the workplace. Therefore, CREST has established a drug and alcohol free workplace.

**POLICY:** To ensure that client safety and employee performance is not affected by any use of alcohol or drugs and to ensure that employee behavior while representing CREST is not affected by the use of substances, the use of drugs and/or alcohol is prohibited during work hours and at appropriate time intervals prior to reporting to work that would lead the employee to generate a positive alcohol/drug test result. This prohibition extends to job related activities such as conferences etc.

* It is a policy violation for any employee or agent of CREST to possess, sell, or trade, illegal drugs or alcohol, or otherwise engage in the illegal use of drugs, or consumption of alcohol while on the job.
* It is a policy violation for any employee or agent of CREST to report to work under the influence of illegal drugs or alcohol.
* Violations of this policy when reporting for duty, or while on duty, and illegal drug and alcohol violations while OFF DUTY are subject to disciplinary action.

CREST offers an Employee Assistance Program (EAP). Any employee who feels they have a substance abuse or alcohol problem may request EAP assistance. However, this request must occur prior to being subject to any post-employment testing.

**PROCEDURE:**

**PRE-EMPLOYMENT DRUG SCREENING**

Pre-employment alcohol/drug testing is required for all positions with CREST. Alcohol and drug testing of applicants will be done as part of pre-employment processing. An applicant shall be denied employment with CREST if his/her alcohol/drug test is positive. Such an applicant may be considered for future employment upon submission of documentation satisfactory to the Board of Directors showing successful completion of a drug/alcohol rehabilitation program. A job applicant who refuses to consent to an alcohol and drug test, or does not report to the designated testing facility in a specified time, will be denied employment with CREST.

**PROHIBITION OF ALCOHOL AND/OR DRUG USE**

Also, the employee should not use drugs and /or alcohol during work hours; breaks or meal times which occur between working hours; job-related activities away from the workplace, including workshops, retreats, conferences, meetings, etc; at all such functions away from the workplace, employees are prohibited from being under the influence of any substance when participation in these functions is required; and prior to reporting to work if the consumption of alcohol or drug use would result in a positive alcohol/drug test result. Employees should not use drugs and/or alcohol when on call.

**POST-EMPLOYMENT ALCOHOL/DRUG SCREENINGS**

**Reasonable Suspicion**

CREST has established an alcohol/drug abuse testing policy which allows a supervisor who has reasonable suspicion of an employee’s alcohol consumption or drug use to notify the Executive Director of their suspicion and request that the employee be tested for alcohol/drug abuse. Reasonable suspicionmeans a belief based on specific objective facts and rational interferences drawn from those facts that an employee has consumed or is under the influence. of drugs and/or alcohol while at work. Circumstances which constitute a basis for determining “reasonable suspicion” may include, but are not limited to:

Observable occurrences, such as direct observation of the use of alcohol and/or the physical, emotional, and/or behavioral symptoms of being under the influence of drugs or alcohol, including:

* + The employee’s walking and balance is unsteady or uncharacteristic of their usual posture;
  + The employee’s eyes are bloodshot, extremely teary, or glassy looking;
  + The employee’s speech is unusually slurred or stammering;
  + The odor of alcohol is on the employee’s breath and/or person.
  + The report of the use of drugs and/or alcohol by an employee while at work provided by credible source.
  + A pattern of unexplained preventable accidents and/or information based on specific objective facts that an employee has caused, or contributed to an accident at work while under the influence of drugs and/or alcohol.
  + Evidence that an employee is involved in the unauthorized possession, sale, solicitation or transfer of drugs or alcohol while working or while operating a CREST vehicle.

Any employee, who has reasonable suspicion of another employee’s use of drugs or alcohol, when reporting for duty or while on duty, shall immediately notify his/her supervisor, who will immediately notify the Executive Director. The employee being tested for reasonable suspicion shall be transported to a designated alcohol/drug testing facility for testing. Arrangements will then be made to ensure transportation home for the employee and he/she will be relieved of duty for the remainder of the work shift, or until results of the test are known by the Executive Director.

**Post Accident Testing**

Any employee involved in a work related injury, regardless of severity, that requires professional medical treatment, will be subject to a drug test. This includes an accident or safety-related incident of any kind while in a company vehicle, or privately owned vehicle if transporting clients; while on company time; or on company property

**Testing Procedures for Post-Employment Alcohol/Drug Screening**

Only the Executive Director may request post-employment alcohol/drug testing. Upon notifying an employee of a post-employment alcohol/drug screening, the Executive Director will ask the employee to sign a consent form authorizing the test and permitting the release of test results to the Executive Director of CREST.

Employees selected for testing will report to a designated alcohol/drug testing facility within a specified time frame. An employee who refuses to consent to an alcohol/drug test is subject to immediate dismissal. An employee requesting delay in a drug test, or failing to appear within the specified time frame, will be considered to have refused to consent to an alcohol/drug test and is subject to immediate dismissal.

**CRIMINAL DRUG CHARGES OR CONVICTIONS**

All employees will be subject to disciplinary action up to and including dismissal for conviction of crimes committed outside the workplace and as specified in Chapter 90, “Medicine and Allied Occupations” of the NC General Statutes:

* to manufacture, sell or deliver, or possess with intent to manufacture, sell, or deliver, a controlled substance;
* to create, sell or deliver, or possess with intent to sell or deliver, a counterfeit controlled substance; or to possess a controlled substance.

An employee shall notify his/her supervisor of a charge and/or conviction of any drug related offense no later than 24 hours after occurrence.

**REFERENCE: Employee Assistance Program Policy**

## HIRING PROCESS POLICY

**SCOPE:** All full time, part time, and contract employees and potential and new hires into CREST

**PURPOSE:** To recruit the best possible candidates for employment at CREST and secure all appropriate documentation that would lead to a successful employee experience.

**POLICY:** CREST will meet work force needs through systematic recruitment which identifies, selects, and develops the human resources necessary for present and future work. The employment of individuals will be carried out with forethought for the balance of skills needed to sustain growth and assure future leadership. Programs and practices which foster internal advancement for current employees will be adhered to. At the same time, there will be a planned and reasoned infusion of persons from outside the organization who can offer talent, a fresh perspective, or the latest academic knowledge.

**PROCEDURE**:

**Posting and Announcement of Vacancies:**

Vacant positions to be filled will be publicized to permit an open opportunity for all interested employees and applicants to apply. Vacancies which will be filled from within the agency will be posted. Any vacancy for which CREST wishes to consider outside applicants will concurrently be listed with the local Job Service Office of the Employment Security Commission (ESC). Listings will have an application period of not less than seven work days. Additionally, announcements of vacancies for Senior Management positions will be advertised through the media.

Employees of CREST will be given first consideration for vacancies when the employee has demonstrated a satisfactory work performance meets the educational requirements of the vacant position and demonstrates the knowledge, skills, and abilities required to carry out the duties of the position.

**Applicant Information and Application**

Persons applying for a vacancy must complete a State Application Form available from the CREST receptionist or the Employment Security Office. The Executive Director of CREST or his/her designee will be responsible for evaluating the accuracy of statements made in an application and may seek job-related evidence of the applicant’s suitability for employment.

An applicant may be disqualified if he/she:

* lacks any of the preliminary qualifications established for the position being applied for;
* has been convicted of a crime of a nature which raises serious public doubt about suitability for the responsibilities of the specific position being applied for;
* knowingly and willfully discloses false or misleading information or conceal dishonorable military service; or conceals prior employment history or other requested information, either of which are significantly related to the job responsibilities on an application for employment; If employed before fraudulent information is discovered, the employee may be subject to;
* Disciplinary action up to and including immediate dismissal from employment.
* Disqualification shall be mandatory where the applicant discloses false or misleading information in order to meet position qualifications;
* Used or attempted to use political pressure or bribery to secure an advantage in the selection process;
* fails to submit an application correctly or within prescribed time limits;
* Has directly or indirectly obtained information concerning any required selection procedure to which an applicant is not entitled;
* Lacks the physical or mental ability to perform the essential duties of the position even with reasonable accommodations;
* Holds an office or has other employment which would constitute a conflict of interest with the responsibility vested in the position being sought.

**Employment of Relatives**

The employment of members of the same family within CREST is discouraged. An exception will be considered by the Board of Directors when two current employees marry or if significant recruiting problems exist. Under no circumstances, however, will a CREST employee supervise another family member.

**Minimum Qualifications**

The employee or applicant must possess at least the minimum education and experience requirements set forth by the Division of Mental Health (when required by standards) and/or those set forth by the Board of Directors of CREST. This shall apply in new appointments, promotions and demotions.

The education and experience requirements serve as indicators of the possession of the skills, knowledge and abilities which have been shown through job evaluation to be important to successful performance, and as a guide to primary sources of recruitment. It is recognized that a specific quantity of formal education or number of years experience does not always guarantee possession of the necessary skills, knowledge and abilities for every position. Qualifications necessary to perform successfully may be attained in a variety of combinations.

The Executive Director in conjunction with other Senior Managers are responsible for determining the vacancy-specific qualifications that may be in addition to minimum standards. Such qualification requirements will bear a logical and job-related relationship to the minimum standards. No agreement for employment with CREST will be valid unless in writing and approved by the Executive Director. Further, no agreement for employment shall be valid unless funds for compensation for such services have been appropriated by the Board of Directors.

**Background Checks**

Prior to an agreement for employment with CREST, all applicants must provide the necessary information in order to conduct a criminal background check, as well as process a motor vehicle report. These checks are to be conducted annually thereafter. The cost of all background checks are the responsibility of CREST.

A check with the State Health Care Registry is also required of all direct care applicants. This check is to be repeated and documented annually.

**Probationary Status**

All new CREST employees will serve a probationary period. This period is an essential extension of the selection process and provides the time for effective adjustment of the new employee or elimination of those whose performance will not meet acceptable standards.

The length of the probationary period shall not be less than six months nor more than nine months of either full-time or part-time employment. In the case of trainee status, the probationary period may be up to twelve months. The length is dependent upon the complexity of the position and the progress made by the particular individual in the position. When the employee’s performance meets the required standard of work, after at least six months and not more than nine months in the position, or twelve months in the case of a trainee, the employee shall be given permanent status.

If the desired level of performance is not achieved within nine months after initial appointment, the employee shall be separated from service unless in trainee status; an employee with trainee appointment is not expected to reach a satisfactory performance standard for the position until he/she has completed the training period.

At any time during a probationary period an employee may be terminated from the position for causes related to performance of duties or for personal conduct detrimental to CREST without right of appeal or hearing. The employee must be given notice of dismissal. CREST employees who move from one position to another position, will serve up to a 90 day trial period. This does not have any effect on probationary or permanent status. If the Executive Director determines, within the 90 day trial period, that the employee is not working out in the new job, the employee will be moved back to their previous job if it is available or to another position within the company.

**Promotion**

A promotion is a change to a position of a higher level. This may result from movement to another position or by the present position being reallocated to a higher level as a result of increases in the level of duties and responsibilities. When possible, a vacancy should be filled by promotion of a qualified employee. Selection should be based upon demonstrated capacity and quality of service. If promotion results from movement to another position, the candidate must possess the minimum education, training, and experience necessary for the position.

**Demotion**

A demotion is a change in classification to a lower level. It may result from the choice of the employee, reallocation of a position, inefficiency in performance, unacceptable conduct, reduction-in-force, or better utilization of individual resources. When an employee in permanent status is demoted, it is expected that he/she will possess the minimum qualifications required for the position to which he/she is being demoted.

**Separation**

Separation occurs when an employee leaves the payroll for reasons indicated below or because of death. Employees who have acquired permanent status will not be subject to involuntary separation or suspension except for cause or reduction-in-force.

**Resignation or Retirement**

An employee may terminate his/her service with CREST by submitting a resignation to the Executive Director. It is expected that an employee will give two weeks’ notice prior to his last day of work.

**Dismissal**

Dismissal is involuntary separation for cause and shall be made in accordance with the provisions of the policy on Employee Actions.

**Reduction-In-Force**

For reasons of work shortage/stoppage, reorganization, lack of funds, the Executive Director may separate employees. Retention of employees affected shall be based on systematic consideration of the significance of position to ongoing CREST operation, length of service, and demonstrated efficiency of the employee. No permanent employee will be separated while there are probationary employees in the same job class unless the permanent employee is not willing to transfer to the position held by the non-permanent employee.

An employee in a probationary status who is separated through these provisions may retain his/her status for one year from the date of separation. If suitable employment becomes available during the period, the employee may be reinstated to the position assuming his/her performance was of a satisfactory nature.

A permanent employee who resigned in good standing or was separated by reduction-in- force may be reinstated any time in the future that suitable employment becomes available.

The employer may choose to offer employment with a probationary appointment. The employee must meet the current minimum education and experience for the position.

**REQUIRED PRE-EMPLOYMENT EMPLOYEE DOCUMENTATION**

**MEDICAL STATEMENTS**

CAP-MR/DD applicants are required to provide a medical statement from a physician, nurse practitioner, or physician’s assistant that indicates, at a minimum, the absence of any indication of active tuberculosis. Medical statements must be updated annually. CREST will incur the cost of the annual medical statements for employees.

**REFERENCE:** Employee Actions Policy

## PRE-EMPLOYMENT BACKGROUND & CREDENTIALING

**SCOPE:** All full-time, part-time and contract employees of CREST.

**PURPOSE:**  To assure that all employees have the academic background required and that all licensed professionals are in good standing with their licensing board.

**POLICY:**  CREST confirms that all licensed applicants are currently in good standing, and have no pending malpractice suits with their governing board and holds the proper license to perform their job duties, in accordance with the requirements of the program. CREST will also verify that each applicant has a clear criminal background check.

**PROCEDURE:**

1. A designated CREST employee will confirm prior to employment that each applicant has a current, active license, and has no pending malpractice suits with the applicable board and verify good standing. This will be done by telephone or computer and verification will be documented on the Background/Credentialing Confirmation Form. This procedure will be duplicated on an annual basis.
2. CREST will engage the services of law enforcement or a private investigative firm to perform the criminal background checks on all employees prior to employment with CREST.
3. CREST will require all applicants to submit names and contact numbers for three professional references. These references will be contacted and a written recommendation will be completed by a CREST employee prior to employment.
4. CREST requires that all applicants provide the agency with an official documentation to confirm verification of their degree and proper training.
5. CREST requires that all applicants submit to and pass a pre-employment drug screen provided by a contracted agent in accordance with CREST human resource policy (if applicable).
6. CREST requires that all applicants name and identification be submitted to the Health Care Registry to ensure there are no past, recent or pending allegations of abuse, or neglect results will be maintained in staff’s files.
7. Prior to hiring CREST requires all applicants provide:
   1. A valid driver’s license,
   2. A personal auto registration card,
   3. A current TB test
   4. Personal auto insurance documentation
   5. A signed application
   6. A social security card
8. CREST requires that applicants verify that they have read and understood at or before hiring:
   1. Drug Free Workplace Forms,
   2. Confidentiality Forms,
   3. Client Rights Forms
   4. Employee Handbooks
   5. Signed Job Description
   6. Signed Offer Letter
9. Employees must also submit at or before hiring a:
   1. NC-4
   2. W-4
   3. W-9

Any applicant or employee not meeting the above mentioned requirements will not be eligible for employment or continued employment with CREST

**REFERENCES: NC G.S. STATUTE FOR MENTAL HEALTH AGENCIES LICESURE/RULES**

## ORIENTATION AND TRAINING

**SCOPE:**  All full-time, part-time and contract employees of CREST

**PURPOSE:** To assure all employees are properly oriented and trained to the program requirements for services. This orientation and training will assure that all employees are competent to provide the designated services.

**POLICY**: CREST requires that all full time and part time employees complete an orientation and training program. This program assures that the employee has a thorough understanding of program services and requirements. Orientation and training allows the agency to build the competency necessary to provide proper services to its clients.

**PROCEDURE:** All CREST employees complete the following trainings within 90 days of their initial employment.

**ORIENTATION AND TRAINING STATEMENT:**

CREST had developed and implemented an orientation program, which all new staff shall complete. CREST has also developed a separate Orientation and Training manual to be used in this process.

**TRAINING**

1. All training shall be documented in writing in the employee’s personnel record.

A. Training includes the following topics:

1. Confidentiality Training

2. Cultural Competency

3. Client Rights and Responsibilities

4. Workplace Violence Prevention

5. Person Served Planning

6. Person/Family Centered Planning

7. Personal Conduct

8. Blood Borne Pathogens

9. Air Borne Pathogens

10. General Office Safety

11. Fire and Emergency Safety

12. Corporate Compliance

## EMPLOYEE ACCESS TO PERSONNEL RECORDS

**SCOPE:** All Past/Present full-time, part-time and contract employees of CREST.

**PURPOSE:** To assure privacy of all CREST employees’ confidential information

**POLICY:** Personnel files are maintained on each employee. These files may be accessed only with the permission of the Executive Director or Board of Directors. In accordance with state and federal legislation, all employees have the right to review materials in their personnel file with the exception of references which were gathered on the employee prior to hiring.

**PROCEDURE:** In order for an employee to review his/her file, a written and dated request must be made stating the reason for wanting to do so. Employees may request to review the file, request that materials be removed, or submit a written rebuttal concerning materials to which they take exception. Materials will be removed from the file only upon authorization of the Board of Directors.

In addition to materials placed in the file at the time of hiring, performance evaluations, commendations, training records, and disciplinary notices will also be maintained in the personnel record.

## EMPLOYEE GRIEVANCE

**SCOPE:** All full-time and part-time employees of CREST.

**PURPOSE:** To assure employees have an avenue to resolve grievances and complaints.

**POLICY:** It is the policy of CREST that all employees of the agency have an avenue for grievance resolution. A procedure of this nature works best when it is as simple as possible and the grievance is heard and resolved by all levels of managements in the shortest amount of time.

**PROCEDURE:** In order to insure fair treatment of all employees, CREST has an established grievance policy. Every employee has the right to present his/her grievance in accordance with this policy, with or without a representative of his/her own choosing, free from interference, coercion, restraint, discrimination, penalty or reprisal. This includes any cause for dissatisfaction outside the employee’s control. All employees are entitled to sufficient time off without loss of pay in order to process such a grievance. When filing a grievance employees shall use the following procedure:

**Step I - Discussion Between the Employee and Immediate Supervisor**

The employee who has a problem or grievance will discuss it first with his/her immediate supervisor. The supervisor may call higher level supervisors into the discussion if the employee agrees, or the supervisor may consult with higher level supervisors seeking advice or counsel before giving any answer. The employee shall receive an answer as soon as possible but no later than five working days or be advised of the conditions which prevent an answer within this time frame and be advised as to when an answer can be expected.

**Step II - Appeal to the Executive Director**

If the employee feels that the answer provided in Step I is not sufficient or if an answer is not given within the appropriate time period he/she may request that the matter be reviewed by the Executive Director. The request must be presented in writing. The employee and immediate supervisor will then be requested to provide all pertinent information to the Executive Director who will review the facts and hold whatever discussions he/she deems necessary with the parties involved.

After reviewing the information provided, the Executive Director will inform the employee and the immediate supervisor of his/her decision in writing within five working days.

**Step III - Appeal to the Board of Directors**

If the employee is not satisfied with the decision rendered in Step II, he/she may request job security in writing, within five working days, a hearing by the Board of Directors. The request should be mailed to the Personnel Committee Chairman at his/her home or business address.

The date and time of the hearing will be determined by the Board President, but will not be more than fourteen days after the request is made. The employee will be notified of the appeal date by the Personnel Committee Chairman. Minutes shall be kept of the appeal hearing and entered into the official minutes of Executive Sessions. Within fourteen days after the hearing, the Board shall notify the employee, in writing, of its decision.

The decision of the Board of Directors is final.

## EMPLOYEE ACTIONS

**SCOPE:** All full-time and part-time employees of CREST.

**PURPOSE:** CREST recognizes that it is important that disciplinary action, suspension and dismissal be administered in a uniform manner. To assist all levels of supervision in promoting efficiency and equitable treatment for all employees, the following policy is established:

**POLICY**

No permanent employee of CREST shall be discharged, suspended, or reduced in pay or position, except for just cause. It is the intent of CREST in establishing this policy to provide for our employees a fair, clear, and useful tool for correcting and improving performance problems, as well as to provide a process to assist management in handling instances of unacceptable personal conduct.

Any employee, regardless of occupation, position or profession may be warned, demoted, suspended or dismissed by CREST. The degree and type of action taken shall be based upon the judgment of the employee’s supervisor, the Executive Director, and the Board of Directors in accordance with the provisions of this policy.

Temporary or probationary employees whose work is unsatisfactory may be dismissed by the Executive Director. At any time during a probationary period an employee may be separated from service for causes related to performance of duties or for personal conduct detrimental to CREST without right of appeal or hearing. The employee will be given written notice of dismissal.

There are two bases for the discipline or dismissal of employees. These are:

1. **Discipline Imposed on the Basis of Job Performance**

The term “unacceptable job performance” means the failure to satisfactorily perform job requirements as specified in the job description, policies and procedures of CREST, or as directed by the supervisor. Determination of satisfactory performance shall be made by the supervisor and/or Executive Director; there is a presumption that the determination is proper and factually supported.

1. **Discipline Imposed on the Basis of Personal Conduct**
   1. The term “unacceptable personal conduct” is defined as:
   2. Conduct for which no reasonable person should expect to receive prior warnings;
   3. Job-related conduct which constitutes a violation of state or federal law;
   4. Conviction of a felony or an offense involving moral turpitude;
   5. The willful violation of known or written CREST policies and/or work rules; or
   6. Conduct unbecoming an employee that is detrimental to the agency.

Either unacceptable job performance or unacceptable personal conduct constitutes just cause for discipline or dismissal. The categories are not mutually exclusive, as certain actions by employees may fall into both categories, depending upon the facts of the case. The decision by the supervisor to issue an official warning must be reviewed and approved by the Executive Director.

**COUNSELING**

In administering this policy, supervisors should be aware that, in part, the intent of this policy is to assist and promote improved employee performance, rather than to punish. Counseling should not be considered a form of disciplinary action; rather, it is a form of supervision intended to make the employee aware of performance difficulties which have an impact on job performance. It is recommended that the supervisor meet with the employee to inform the employee of the specific performance deficiencies that are the basis for the counseling. The employee should be given an opportunity to respond to the information. The supervisor will encourage the employees to improve his/her performance and discuss possible methods for doing so.

The supervisor should document the counseling session on the appropriate form. The employee must sign the form indicating that counseling has been received. Failure to sign the form may result in disciplinary action, up to and including dismissal.

Counseling may not be the first step in the disciplinary process. While counseling is the preferred method of handling performance difficulties, the circumstances surrounding the problem may warrant more severe action.

**WRITTEN WARNING**

In a private discussion with the employee, the supervisor shall do the following:

* 1. Inform the employee that this is a warning, and not a non-disciplinary process such as counseling;
  2. Inform the employee of the specific performance deficiencies that are the basis for the warning;
  3. tell the employee what specific improvement must be made to correct the unsatisfactory performance;
  4. Let the employee know how much time is being allowed to make the required improvement(s);
  5. Tell the employee of the consequences of failing to make the required improvement(s);
  6. Complete the Warning Notification - The employee is required to sign this form. Failure to sign the form may result in additional disciplinary action up to and including termination.

***NOTE:*** *It is recommended personnel practice to allow the employee to respond to the specific reasons for the warning. In some cases, this may affect the supervisor’s decision on whether to discipline an employee.*

* 1. Review the warning with the Executive Director; and
  2. Upon approval, give the letter to the employee.
  3. The employee may respond in writing to the written warning. The warning and the employee’s response are maintained in the personnel file.

The Executive Director may request the employee take up to a day’s leave with pay to consider whether or not the employee wishes to continue his/her employment with CREST. This time away from the job site shall not be charged to the employee’s vacation or sick leave; it shall be considered as the employee’s assignment for that time not at the normal work site.

**DISMISSAL RELATED TO JOB PERFORMANCE**

Failure to demonstrate sufficient improvement in job performance within the established time frames following a warning will result in dismissal. The dismissal may result from those specific issues defined in the written warning or from other performance problems which result after the initial warning.

A dismissal conference will be held with the employee, his/her supervisor and the Executive Director. The employee will be notified in writing of the dismissal and the right to appeal.

**DISMISSAL RELATED TO PERSONAL CONDUCT**

1. Cause for immediate dismissal related to personal conduct includes, but is not limited to:
   1. Fraud in securing employment;
   2. Consumption of alcohol or use of illegal drugs while on duty or arriving at work intoxicated or in a chemically induced state;
   3. Abuse, neglect, or exploitation of clients;
   4. Discourteous treatment of clients, other employees, or the public;
   5. Insubordination which has a detrimental effect on job-related activities;
   6. Dishonesty in job-related matters, such as falsifying client records to cover performance shortcomings;
   7. Stealing or embezzlement of client or CREST funds, resources, supplies, or equipment;
   8. Breach of resident, staff, or agency confidentiality;
   9. Excessive or inexcusable absences from work duties;
   10. Conviction of any crime which could be directly related to job responsibilities or performance;
   11. Chronic tardiness.
2. Employees may be dismissed, demoted, suspended or warned on the basis of unacceptable personal conduct. Discipline, up to and including dismissal may be imposed as a result of unacceptable conduct without prior warning to the employee.
3. Disciplinary demotions, suspensions, or dismissals for personal conduct require written notification to the employee. Such notification must include specific reasons for the discipline and notice of the employee’s right of appeal.
4. Prior to dismissal of a permanent employee on the basis of personal conduct, there shall be a pre-dismissal conference between the employee, the supervisor and the Executive Director following the procedures outlined under Section II, Written Warning, relating to unsatisfactory job performance.

**SUSPENSION**

1. Investigatory or disciplinary suspension may be used by management in appropriate circumstances; however, the following provisions shall control its use:
   1. An employee who has been suspended for either investigatory or disciplinary reasons must be placed on compulsory leave of absence without pay.
   2. Investigatory suspension without pay may be used to provide time to investigate, establish facts, and reach a decision concerning an employee’s status in those cases where it is determined that the employee should not continue to work pending a decision. Investigatory suspension without pay may be appropriately used to provide time to schedule and notify the employee in writing and hold a pre-dismissal conference. Also, management may elect to use investigatory suspension in order to avoid undue disruption of work or to protect the safety of persons or property. An investigatory suspension without pay shall not exceed 45 calendar days. However, the Board of Directors may, in the exercise of its discretion, extend the period of investigatory suspension without pay beyond the 45-day limit.
2. The employee must be informed in writing of the extension, the length of the extension, the specific reasons for the extension and his right of appeal. If no action has been taken by management at the end of 45 calendar days, and no extension has been made, one of the following must occur:
   1. Reinstatement of the employee with full back-pay;
   2. Appropriate disciplinary action based on the results of the investigation;
   3. Reinstatement of the employee with up to three days pay deducted from the back- pay.
3. An employee who has been suspended for investigatory reasons may be reinstated with up to three days pay deducted from his salary. Such determination is to be based upon management’s determination of the degree to which the employee was responsible for or contributed to the reasons for the suspension. This period constitutes a disciplinary suspension without pay in accordance with (4) and (5) below.
4. An employee may be suspended without pay for disciplinary purposes for causes relating to any form of personal conduct or in conjunction with a written warning for performance of duties. However, a disciplinary suspension without pay must be for at least one full working day, but not more than three work days. Prior to placing an employee on disciplinary suspension without pay, the Executive Director shall conduct a pre-suspension conference with the employee.
5. An employee who has been suspended without pay must be furnished a statement in writing setting forth the specific reasons for the suspension and the employee’s appeal rights. A pre-suspension conference is required only when the employee is suspended without pay for disciplinary reasons; a pre-suspension conference is not required where an employee is suspended without pay for the purpose of an investigation.

**DEMOTION**

1. Any employee may be demoted as a disciplinary measure. Demotion may be made on the basis of either unsatisfactory job performance or unacceptable personal conduct.
   1. Job Performance An employee may be demoted for unsatisfactory job performance after the employee has received a warning on his performance.
   2. Personal Conduct An employee may be demoted for unacceptable conduct without any prior warning. Cause for demotion on the basis of personal conduct does not have to be as serious as cause for dismissal.
   3. Notice An employee who is demoted must receive written notice of the specific reasons for the demotion, as well as notice of his appeal rights.
2. Disciplinary demotions will result in the employee’s pay being lowered to the pay scale of the position to which he/she has been demoted.

**SPECIAL PROVISIONS - CREDENTIALS**

(A) By statute, some duties assigned to positions may be performed only by persons who are duly licensed, registered, or certified by the relevant law. See Pre-Employment Background & Credentialing Policy.

(B) Employees in such classifications are responsible for maintaining current, valid credentials as required by law. Failure to maintain the required credential is a basis for immediate dismissal without prior warning. An employee who is dismissed shall be given a written statement of the reason for the action and his appeal rights.

(C) Employees assigned to group homes are required to maintain CPR, First Aid, and Food Service Certification. Additionally, group home employees must receive annual health cards indicating they are free from communicable diseases. Failure to maintain current certification in these areas may result in suspension or dismissal.

(D) Day program employees with direct care responsibility must maintain CPR, First Aid, and Crisis Intervention certification. Failure to do so may result in suspension or dismissal.

**APPEALS**

Any employee who has been suspended, demoted, or terminated shall have the right of appeal as outlined in the Employee Grievance Policy.

**REFERENCE:** See Pre-Employment Background & Credentialing Policy

## INFORMATION MANAGEMENT AND TECHNOLOGY

**SCOPE:** All administrators and office managers will be responsible for the daily maintenance of electronic data.

**PURPOSE:** To assure that all electronic data is properly stored to prevent loss of data and interruption in services to clients and the agency.

**POLICY:** CREST committed to quality and effective information management. CREST has available the services of a computer consultant for its hardware and software needs. CREST requires strict adherence to the procedures of backing up essential data on a daily basis. Security and confidentiality of all records and files are ensured through the use of a password system. This multilevel password protected system administrates access for each employee to appropriate files and information.

**PROCEDURE:**

1. All information maintained on CREST computers are copied in the back-up server and the backup is made through a contract back-up service.
2. All backed up files are stored in a source in a secure off site location by the service.
3. Each day a new copy of data is made and stored in a safe off site location.

CREST disaster recovery plan includes:

* Utilization of its back-up records

CREST ensures virus protection through:

* The use of anti-virus, which is updated with current definitions weekly.

CREST will provide assistive technology to its clients or staff such as;

* Microsoft magnifier, narrator, or on screen keyboard.

## COMPUTER PROCEDURES

**SCOPE:** All full-time, part-time and contract employees of CREST.

**PURPOSE**: CREST strives to provide its staff with the most efficient tools available to perform their duties, and its clients with supplemental educational resources. Computers provide these means. The Executive Director shall determine the placement and quantity of computers as deemed necessary.

**POLICY:** Any purchase of a computer will be authorized by the Executive Director, to include the type of computer, any accessories that are needed, as well as, where to purchase the system

**PROCEDURE:** Depending on the cost of the computer or computer accessories purchased, these items may be tagged in accordance with CREST’s inventory procedures. When a complete system is purchased, the cost will be determined as a whole and all items will be tagged. When replaced or purchasing accessories to add later, the cost of the individual item purchased will determine whether it will be tagged.

**Software**

As software products are constantly changing and updating, CREST will look to utilize the software that provides the most features for its needs, to be utilized on the majority of computers. Programs that are related to financial and payroll information shall be limited to the Senior Management and fiscal staff.

Any programs selected for the clients will be appropriate in content to provide supplemental training to that provided by the Vocational Specialists and Compensatory Education Specialist, and will be approved by the Executive Director. The Executive Director will have access to all computers.

**Internet**

The internet provides access to valuable research information, as well as being a communication tool. For this reason CREST maintains an on-line service that meets its needs in price, users and hours of on-line time. The Executive Director will determine which staff computers will have internet access.

Use of the internet shall be for CREST purposes and will not be used for personal gain. Staff utilizing the internet will abide by the licensing agreement terms of the internet provider as well as any web sites that are visited. No employee shall, without legal authority, disclose confidential information concerning personal interest or affairs of CREST, its staff and/or clients. Staff who abuses their internet privileges may be subject to disciplinary action, as well as criminal action should the situation warrant.

## PAY AND FRINGE BENEFITS

**SCOPE:** All full-time, part-time, and contract employees of CREST.

**PURPOSE:** To ensure that all of CREST employees are fairly compensated and paid for all hours worked, along with the proper required as well as requested payroll deductions computed

**POLICY:**

**Payroll Computation:** Employees of CREST are paid regularly on a bi-weekly basis on the normal work week of 40 hours per week as documented on the employee’s time sheet. Adjustment to the normal rate of pay will be made based on information approved by the employee and his/her supervisor on the time sheet.

Time sheets are to be submitted to the employee’s immediate supervisor for approval. The supervisor will submit the time sheet to the appropriate Senior Manager for review. The Senior Manager will forward to the Chief of Administration for payroll processing.

**Payroll Deductions**

Federal and State laws require the following deductions:

Federal Withholding Taxes

State Withholding Taxes

Social Security (FICA)

Tax Levies (when applicable, upon notification)

The following deductions will be made at the employee’s request:

Employee’s share of Health Insurance premiums

Tax-deferred Annuities

Deductions will also be made when CREST is in receipt of a court order for a deduction (i.e. child support, alimony). This deduction is immediate, and will be taken out of the next regularly scheduled pay check. The employee will be notified of the order for deduction prior to the first deduction. The deduction will continue until another order is received stating the obligation has been met.

Also, deductions shall be made when the employee has incurred absences not covered by the Leave Policy.

**WORKER’S COMPENSATION**

As required by Chapter 97 of North Carolina General Statutes, employers are provided with worker’s compensation insurance which provides income and covers medical expenses should an employee be unable to work due to job related injury. This benefit is provided at no cost to the employee.

**HEALTH INSURANCE**

CREST will pay a percentage of the premium costs for major health and dental insurance coverage for full-time employees as funding allows. Employees are eligible for coverage following sixty days of employment. Coverage continues until the last day of the month employment is terminated. Employees may elect to discontinue coverage during the open enrollment period each year by notifying the Business Manager. The open enrollment is during the month of January each year, with the changes going into effect with the first payroll in February.

Employees on Leave Without pay (LWOP) under *Family and Medical Leave*, or due to a work related injury, shall be responsible for paying the employees share of the group health plan. Failure to submit payment before the end of the month shall result in termination of health/dental coverage retroactive to the 1st of the month. An employee’s coverage may be reinstated upon return to work.

The COBRA Act mandates that employees terminating service with CREST may elect to continue insurance coverage for up to (18) months providing assumes 100% of the cost of insurance.

**UNEMPLOYMENT**

In accordance with Chapter 96 of NC General Statutes, CREST pays a State Unemployment Tax (SUTA) as assessed by the NC Employment Security Commission. Employees who are discharged through no fault of their own and are unable to find employment may receive up to 26 weeks of employment benefits. Employees who resign, are discharged for substantial fault on their part, or due to misconduct may receive reduced benefits or may not be eligible for unemployment.

**COMPENSATORY TIME**

Refer to Wage and Hour Policy.

**TRAVEL REIMBURSEMENT**

In circumstance in which the employees have received approval to use one’s personal vehicle for travel, mileage will be reimbursed at the North Carolina reimbursement rate. Also, see Wage and Hour Policy.

**MEAL REIMBURSEMENT**

When the employee is required by his/her duties to be out of town overnight, the employee shall be reimbursed at State of North Carolina approved rates for expenses incurred, provided appropriate receipts are provided for verification, or the employee accept the State rates throughout the specific event. For example, the employee can’t submit a receipt for breakfast and then choose to accept the State rate for lunch. Excess reimbursement must be approved by the Executive Director

**FINAL PAY**

Employees leaving the employ of CREST either through resignation or termination shall complete all required documentation and exit requirements prior to receiving a final payroll check. The employee’s final check will be withheld until time sheets, keys, and client documentation are turned in to the appropriate supervisor. The final pay for any exiting employee will be mailed to the employee on the customary payday.

## LEAVE TIME

**SCOPE:**  All full-time, part-time and contract employees of CREST.

**PURPOSE:** To establish leave time available to staff.

**POLICY:**

Only scheduled work days shall be charged in calculating the amount of any leave taken. Holidays shall not be counted as PTO leave except in instances in which the employee is absent in accordance with the Family and Medical Leave Act.

1. **PAID TIME OFF (PTO) LEAVE**

PTO leave is to be taken at the discretion of the employee; however, it shall only be taken upon written approval of the immediate supervisor or Executive Director. Approval of requested leave will be based on ensuring normal operations of CREST. Requests for PTO leave, when possible, should be submitted on the Request for Leave form (See Attachment 2) one week in advance of the requested leave. Requests for leave of an extended period of time, such as a week, should be submitted as early as dates are known to allow for proper coverage.

PTO leave shall be earned at the following rates:

|  |  |  |
| --- | --- | --- |
| Years of Aggregate Service | Leave Earned per Month | Leave Earned Annually |
| 0 - 5 years | 1.41 days | 17 days |
| 5 - 15 years | 1.67 days | 20 days |
| 15+years | 4.16 days | 25 days |

Employees who work less than forty (40) hours per week shall not earn leave. The standard work week is forty (40) hours and one (1) day equals eight (8) hours. The full eligible PTO will be available for use at the start of the fiscal year period, however if an employee leaves during the fiscal year CREST will adjust the employees final check for any unearned leave taken. For new employees the PTO will be awarded on a monthly basis for the first year. Employee will only be allowed to carry over 3 days at the end of the fiscal year. Employees shall be credited with PTO leave during absences due to on-the-job injuries. Any time taken off in excess of the employee’s accrued leave shall be considered leave without pay.

1. **SHORT TERM DISABILITY**

STD will be provided for staff effective instituted effective 10/1/13. The basic tenets of the policy are:

* A week waiting period before the benefits can be accessed.
* Employees can use PTO leave during the waiting period.
* The policy will pay the employee 60% of their salary for up to 11 weeks.

A copy of the short term disability policy is available in the business office.

1. **ANNUAL LEAVE**

Effective October 1, 2013 annual leave was discontinued. All annual leave balances up to 240 hours were paid off.

1. **SICK LEAVE**

Sick leave phases out between October 1, 2013 through December 31, 2014.

* Sick leave will be phased out and short time disability instituted.
* Staff was allowed to keep up to 80 hours of their current sick leave balance
* The 80 hours of sick leave must be used by 12/31/14.
* After December 32, 2014 sick leave will be totally discontinued and the balance of this policy will be void.

Sick leave must be earned prior to being taken. All full-time employees shall earn sick leave at a rate of eight (8) hours per month or twelve (12) days per year. Employees who work less than the standard forty (40) hour work week shall not earn leave.

Employees shall be credited with sick leave during absences due to on-the-job injuries.

When sick leave is needed to care for an immediate family member or the employee’s own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the operation of CREST.

**Request for Sick Leave:** When possible, sick leave shall be requested in writing prior to the scheduled leave. In emergency situations, the Request for Leave form shall be completed immediately upon the employee’s return to work.

An employee giving notice for paid or unpaid sick leave must explain the reasons for the needed leave so as to allow the supervisor to determine if the leave qualifies as Family and Medical leave if applicable.

Revised 5/26/2011

**Uses of Sick Leave:** Leave may be used for illness or injury which prevents an employee from performing usual duties and for the actual period of temporary disability and for:

* + - 1. Medical and dental appointments;
      2. Illness of a member of the employee’s immediate family. Immediate family is defined as the employee’s spouse, child and parents. Refer to Family and Medical Leave Act for relate definitions;
      3. The actual period of temporary disability connected with childbearing.

**Verification of Leave:** The employee shall provide verification of illness from a physician when sick leave of three (3) days or more is required. To avoid abuse of sick leave privileges, the Executive Director or designee may require a statement from a medical doctor or other acceptable proof that the employee is unable to work due to personal illness, family illness, or medical appointments for periods less than three (3) days. Also refer to Family and Medical Leave Policy for required certifications related to a serious health condition if applicable.

1. **LEAVE WITHOUT PAY (LWOP)**

Any employee who has PTO leave or sick leave available (and compensatory time for exempt employees) must exhaust any appropriate leave balance(s) prior to requesting LWOP. CREST does recognize that there may be circumstances where it becomes necessary for an employee who does not have any PTO leave available to take time off; such as a new employee, or someone who needs time off for medical reasons. On a **case by case** basis, LWOP ***may*** be granted, according to the needs of the organization. The Executive Director must approve any LWOP. An employee who is out an extended period and is on LWOP is considered to be in a “no pay” status and will not accrue any PTO or sick leave until they return to work. Also during this LWOP period, no holiday pay will be paid.

Employees, who repeatedly request LWOP, may be subject to disciplinary action due to excessive absences in accordance to the Attendance, Punctuality, and Call-in policy.

1. **MATERNITY LEAVE**

Employees shall not be penalized because they require time away from work caused by or contributed to pregnancy. An employee’s entitlement to leave for a birth or placement for adoption or foster care expires at the end of the 14 week period beginning on the date of the birth or placement.

Accumulated PTO leave shall be used prior to the employee going on unpaid leave for maternity purposes. A doctor’s certification will be required verifying the actual time of disability.

An employee who has exhausted leave and Short Term Disability benefits shall take LWOP. The employee is responsible for medical insurance premiums when she takes LWOP for five or more days during a pay period.

The employee shall request maternity leave in writing 30 days prior to the requested leave, when possible, and submit it to the appropriate supervisor. The employee is obligated to return to duty within or at the end of the determined time. If the employee finds they will not return to work, they should notify the Executive Director immediately. Failure to report at the expiration of the approved leave of absence shall be considered a resignation.

1. **JURY DUTY**

An employee required to serve on a jury is entitled to leave with pay for period of absence required. Verification of jury duty will be required. He is entitled to his regular compensation plus jury fees for jury duty. Days of absence for jury duty will not be deducted from the employee’s regular leave.

1. **COURT ATTENDANCE**
   1. When an employee attends court in connection with official duties, no leave is required.
   2. When an employee is subpoenaed or directed by proper authority to appear as a witness in other than an official capacity, leave without pay shall be granted. The employee may use PTO leave rather than leave without pay. The employee shall provide verification of the subpoena and the length of the absence to his/her supervisor.
   3. When an employee is summoned to court for traffic violations, domestic affairs or other reasons of a personal nature, PTO leave shall be required.
2. **FUNERAL LEAVE**

Funeral leave is an authorized absence from work, with pay, granted because of the death of a member of an employee’s immediate family. Immediate family includes spouse, parent, sibling, child, foster or adopted child, grandparent and grandchild.

Funeral leave is a privilege granted by CREST. An employee is allowed up to three (3) eight (8) hour days, for a total of twenty-four (24) hours funeral leave with pay for each occurrence of death. The Executive Director has the authority to extend funeral leave based on the following paragraph:

In determining the number of days to grant, the Executive Director may consider the needs of the facility; the distance the employee must travel to attend the funeral, the degree of closeness between the decedent and the employee, and other relevant factors.

If an employee requires an absence extending beyond the maximum of three days, the employee may request use of PTO leave, or leave without pay. Supervisors, if deemed necessary, may require reasonable proof of death before allowing use of funeral leave.

1. **PARENTAL LEAVE FOR SCHOOL**

It is the desire of CREST to promote and encourage parental involvement in the school system. The North Carolina General Assembly has enacted NC General Statute 95-28.3 requiring all North Carolina employers, both public and private, to grant at least four (4) hours of leave per school year so that employees may become involved in their children’s schools.

Any employee who is a parent, guardian, or person standing in loco-parent of a school age child shall be granted up to four (4) hours of paid leave per school year so that the employee may attend or otherwise be involved at that child’s school.

Leave under this section is subject to the following conditions:

* + - 1. Leave shall be at a mutually agreed upon time between CREST and the employee.
      2. The employee shall provide the immediate supervisor a written request for the leave at least forty-eight (48) hours prior to the time of the desired leave, when foreseeable.
      3. The employee, upon request, shall furnish written verification from the child’s school that the employee attended or was otherwise involved at that school during the time of the leave.

For the purpose of this section, school means any public school, private church school, school of religious charter, or non-public school, as described in parts 1 and 2 of Article XXXIX of Chapter 115C of the NC General Statutes, that regularly provides a course of grade school instruction, a preschool, and child day care facilities, as defined in NC General Statute 110-86(c).

1. **LEAVE TIME FOR ADVERSE WEATHER CONDITIONS**

It is the policy of CREST to remain open unless extremely hazardous weather conditions exist. Clients of CREST will attend the day program based on the schedule followed by the Cumberland County School System, when in session. When school is not in session, the Executive Director will make the necessary determination.

Day Program employees will follow the schedule for teachers of the Cumberland County School System, when in session. For example, if it is an optional teacher workday, it will be an optional workday for CRESTday programemployees. Employees choosing to remain at home will be required to take PTO leave. If there is an operating delay for the schools, CREST will delay opening. Announcements regarding such closing or delayed openings are made via the news media.

Residential staff is expected to remain on-the-job during hazardous weather. In event of shift change, the employee on duty is required to remain with the residents until relief staff is in the home. For assistance and/or guidance in an emergency situation, contact Senior Management.

1. **HOLIDAYS**

CREST will observe the following holidays:

New Year’s Day (January)

Martin Luther King’s Birthday (January)

Good Friday (April)

Memorial Day (May)

Independence Day (July 4)

Labor Day (1st Monday in September)

Veteran’s Day (November)

Thanksgiving Days (4th Thursday and Friday in November)

Christmas Day\*\* (December)

New Years Day

\*\*The Christmas Holiday may be 2 or 3 days depending on which day the holiday falls.

Full-time employees are granted eight hours away from work on each of these days except where operational needs require work on a designated holiday. All employees required to work on the following days will be paid 1.5 times their normal rate in addition to the holiday pay.

The federally designated holidays of:

Martin Luther King’s Birthday

Memorial Day

Labor Day

Thanksgiving Days (Thursday Only)

And the actual dates/days of:

New Year’s Day (January 1)

Easter Sunday

Independence Day (July 4)

Veteran’s Day

Christmas Day (December 25 only)

1. **MILITARY LEAVE**

This regulation is promulgated pursuant to North Carolina General Statute 127A-166. The military leave policy applies to full-time and part-time permanent, trainee and probationary employees that fully support the nation’s defense efforts and also promotes safety and welfare of the State’s citizens.

1. **MILITARY LEAVE WITH PAY:** Leave with pay shall be granted to members of Reserve Components of the United States Armed Forces for certain periods of active duty training. Reserve Components of the U. S. Armed Forces are the National Guard, the Army Reserve, the Navy Reserve, the Air Force Reserve, the Marine Corps Reserve, and the Coast Guard Reserve. Among the reserve components, the National Guard has a dual role. It is both a reserve of the U. S. Armed Forces and the Militia of the State. In its role as the State Militia, the North Carolina Army and the Air National Guard respond to the Governor as Commander-in-Chief, and serve as a military arm of State government.
   * 1. **Periods of Entitlement for All Reserve Components**
        + 1. Military Leave with pay shall be granted for up to 120 working hours (prorated for part- time employees) during the Federal fiscal year, beginning October 1 and ending September 30 of each year, for any type of active military duty for members not on extended on active duty.
          2. Regularly scheduled unit training assemblies occurring on weekends are referred to as drills. Although these periods do not normally require military leave, the employing agency is required to excuse an employee for all regularly scheduled military training duty. If necessary the employees work schedule shall be appropriately rearranged to able the employee to attend these mandatory training assemblies. The employing agency may require the employee to provide a unit training schedule which lists training dates for a month or more in advance. Military leave with pay (see (a) above) or vacation may be used if drills occur on weekdays. (Explanatory Note: Drills occur on Saturdays and Sundays. For most employees these are non-workdays, therefore, requiring no leave. If, however an employee is scheduled for an activity, such as taking a convoy to a specific site, and is required to leave on a Friday, the employee may be allowed to use military leave with pay for that time).
          3. An employee shall be granted necessary time off when the employee must undergo as required physical examination relating to membership in a reserve component without charge to leave.
     2. **Additional Periods of Entitlement for Members of the National Guard**
        + 1. Infrequent, special activities in the interest of the State, usually not exceeding one day, when so authorized by the Governor or his authorized representative.
          2. State duty (domestic disturbances, disasters, search and rescue, etc.) For periods not exceeding thirty consecutive calendar days. For periods in excess of thirty days, employees shall be entitled to military leave with differential pay between military pay and their regular pay if military pay is the lesser. Military leave for active State duty is to be considered separate from and in addition to all other authorized forms of military leave.
     3. **Periods for Which Military Leave With Pay Is Not Authorized**
        + 1. Employees shall not be entitled to military leave with pay for the following periods:

Duties resulting from disciplinary action imposed by military authorities.

For unscheduled or incidental military activities such as volunteer work at military facility (not in duty status), unofficial military activities, etc.

For inactive duty training (drills) performed for the inconvenience of the members, such as equivalent training, split unit assemblies, make-up drills, etc.,.

Employing agencies are not required to excuse an employee for military service performed under the circumstances described in (a), (b), and (c) above.

* + 1. **Administrative Responsibility**

The employing agency may require the employee to submit a copy of the orders or other appropriate documentation, such as the units training schedule, certifying performance of required military duty.

* + 1. **Retention and Continuation of Benefits**
       1. During the period of military leave with pay, the employee shall not incur any loss of service or suffer adverse performance ratings. The employee shall continue to accumulate PTO leave, aggregate service credit, and receive any promotion or salary increase for which otherwise eligible.

1. **MILITARY LEAVE WITHOUT PAY:** Military leave without pay shall be granted for certain periods of active duty to include attendance at service schools. Except for extended periods of active duty (covered in a later section) the employee may use all or part of his/her 120 hours annual military leave (prorated for part-time employees) with pay or regular vacation leave in lieu of or in conjunction with military leave without pay.
   * 1. **Attendance at Service Schools**
        1. Military leave without pay shall be granted for attendance at service schools when such attendance is mandatory for continued retention in the military reserve component.
        2. For purposes other than retention, military leave without pay may be granted employees for attendance at resident military service schools. However, when the employee is required by a reserve component to attend a resident specialized course because the course is not available by any other means (i.e., correspondence course, USAR School, etc.) military leave without pay shall be granted. To verify that such a course is mandatory the agency may contact the Adjutant General, North Carolina National Guard, Attn: Vice Chief of Staff-State Operations.
     2. **Attendance at Initial Active Duty Training under the Reserve Enlistment Program of 1963 (REP-63)**

The employee may use all or part of his/her 120 hours military leave with pay or regular vacation leave or a combination of the two in lieu of military leave without pay.

* + 1. **Extended Active Duty**

Leave without pay shall be granted, as outlined below, for periods of active duty in the armed forces of the United States. Use of military leave with pay is not authorized upon entry into active duty.

* + - 1. Definitions:
         1. Armed forces or active military serve - Army, Navy, Air Force, Marine Corps, Coast Guard
         2. Extended active duty - That period of time for which a employee is ordered to active military service under the following conditions:

One voluntary enlistment or entry into any of the active military services for a period not to exceed four years plus, any period of additional service imposed pursuant to law, any time during the employee’s career as an employee of the agency.

All such enlistments or entries into active military service during a declared State of national emergency or during time of war.

Upon call-up (mobilization) or order to Federal active duty for an employee in one on the Reserve Components.

Induction into military service via Selective Service conscription.

* + - 1. Additional periods of military leave without pay shall be granted in the following situations:

While awaiting entry into active duty provided any delay is not due to the employee’s own fault. If desired by the employee, this shall include any period up to 30 days to allow the employee to settle any personal matters.

Any period of involuntary extension of an enlistment which originally was made for four years or less when such extension was not voluntary or due to the fault of the employee Employees may be required to provide evidence that such extensions were involuntary.

Extensions of enlistments due to hospitalization for service connected injury or illness. Military leave without pay shall be permitted for that period certified by the attending physician as required for adequate recuperation for release from active duty and return to employment.

* 1. **Employee Responsibility**

The employee shall make available to the agency a copy of orders to report for active duty and shall advise to the effective date of leave and the probable date of return.

* 1. **Employer Responsibility**

It shall be the responsibility of the agency head to ascertain that the employee is eligible for military leave without pay. The agency head shall explain to the employee the rights and benefits concerning leave, salary increases, retirement status, and reinstatement from military leave.

* 1. **Reinstatement from Military Leave without Pay**

Employees on leave without pay who are separated or discharged from military service under honorable conditions shall be reinstated to the same position or one of like status and pay with the agency. If during military service the employee is disabled to the extent that the duties of the original position cannot be performed, the employee shall be reinstated to a position with duties compatible with the disability.

The employee’s salary upon reinstatement shall be the same as when placed in a military leave without pay status plus any general salary increase effected during military leave. In no case will the reinstated employee’s salary be less than when placed in a military leave status. At the discretion of the agency head, military experience may be considered as a qualifying reinstated trainee employee for a permanent status if it can be determined that military experience was directly related to development in the area of work to be performed in the position. Employees who resign to enter military service without knowledge of their eligibility for leave without pay and reinstatement benefits but who are otherwise eligible shall be reinstated as if they had applied for this benefit.

**PERIODS OF ENTITLEMENT FOR DUTY WITH THE CIVIL AIR PATROL**

While the Civil Air Patrol is not a reserve component, it is an auxiliary to the Air Force. Its members are not subject to obligatory service. When performing missions or training authorized by the Air Force or emergency missions for the State as authorized by the Governor or Secretary, Department of Crime Patrol and Public Safety, its members are entitled to military leave with pay not exceed 120 hours (pro-rated for part-time employees) in any calendar year.

Exceptions may be granted by the Governor. Such service may be verified by the Secretary, Department of Crime Patrol and Public Safety upon request to the employing agency.

Regularly scheduled unit training assemblies, usually occurring on weekends are not acceptable for military leave with pay, however, employing agencies are encourage to arrange work schedules to allow employees to attend this training.

**PERIODS OF ENTITLEMENT FOR MEMBERS OF THE STATE OF DEFENSE MILITIA**

The State Defense Militia is considered a reserve to the National Guard, but it is not a reserve component of the U. S. Armed Forces. Its members are not subject to obligatory service unless they are assigned to a unit that is ordered or called out by the Governor. Only under conditions described below are employees who are members of the State of Defense Militia entitled to military leave with pay. Under the conditions an employee may be granted military leave not to exceed 120 hours (pro-rated for part-time employees) during any calendar year.

* 1. Infrequent special activities in the interest of the State, usually not exceeding one day, when ordered by the Governor or his authorized representative.
  2. State duty for missions related to disasters, search and rescue, etc. Only when ordered by the Governor or his authorized representative.

Employees who are members of the State Defense Militia are not entitled to military leave with pay when volunteering for support of function or events sponsored by civic or social organizations even though such support has been authorized..

Regularly scheduled unit training assemblies, usually occurring on weekends, are not acceptable for military leave with pay, however, employers are encouraged to arrange work schedules to allow the employee to attend meetings. Duty status may be verified with Office of the Adjutant General, North Carolina National Guard, and Attn: Vice Chief of Staff-State Operations.

## FAMILY MEDICAL LEAVE ACT

**SCOPE:** All full-time, part-time and contract employees of CREST

**PURPOSE:** To inform CREST employees of the agency’s FMLA Policy

**POLICY:** As CREST is a small, non-profit organization with less than 50 employees, this policy has been rescinded and is no longer in effect

**References:** Agency Leave Time policy & procedure 2004

## TUITION REIMBURSEMENT

CREST provides tuition n reimbursement for approved educational activities. The purpose of the tuition reimbursement program is to provide opportunities for employees of CREST to improve their skills and knowledge through personal career development.

1. **Employee Eligibility**
   1. Tuition reimbursement is available to staff continuously employed for at least one year.
   2. Tuition reimbursement for graduate courses is limited to full-time staff.
   3. Otherwise eligible employees are or become ineligible for tuition reimbursement under this policy, if:
      1. The employee has received a written warning within six months prior to his or her request for pre-approval; or
      2. The employee receives a written warning following pre-approval and before the course is completed. Accordingly, despite pre-approval, CREST will not reimburse your tuition payment if you receive a formal warning at any time prior to you completing the course.
   4. Applications from full time staff will be given priority.
2. **School Eligibility**

Colleges or universities must be accredited by an accrediting agency that is recognized by the U.S. Secretary of Education. A list is available on the U.S. Department of Education’s web site.

1. **Course Eligibility** 
   1. Certificate, Associates, Bachelors and Masters Degree programs will reimbursed if they are business or job related. All courses, required and elective, which are related to are employee’s work or which lead to business-related or job-related degree will be reimbursed. CREST will determine, in its sole discretion, whether a degree program or course is business or job related.
   2. CREST will not reimburse employees for courses in which the employee can receive a grade of only “PASS” or “FAIL,” unless no other grade option is available for the course. Neither will CREST reimburse for audited courses.
   3. Individual classes outside of degree program will be reviewed for approval on a case-by-case basis and are restricted to courses that are directly related to your present position or to prepare for another specific position in the company. Courses that meet these criteria, but are not consistent with the intent of this program may be denied for reimbursement.
2. **Reimbursement Level**
   1. For all time employees, tuition reimbursement will be 100% of tuition cost up to an annual maximum of $2,500. For part-time employees tuition reimbursement will be 50% of tuition costs up to annual maximum of $1,250.
   2. The annual maximum is based on the fiscal year, July through June. Reimbursement will be credited to the fiscal year in which the class was completed. For example, if a class is completed in June but the reimbursement is not paid until July, the reimbursement is considered part of the prior year annual maximum allowable amount.
   3. Grants, scholarships, or other funds which the employee does not have to repay must be disclosed when applying for these programs so the employees does not receive more than 100% reimbursement for the tuition.
3. **Non-Reimbursable**
   1. The following do not qualify for tuition reimbursement: professional seminars and workshops, symposia, short (non-credit) courses/university entrance exams; review programs for entrance exams; or courses at non-accredited institutions.
   2. Itemized fees not reimbursable to employees include application/pre-admission registration fees, transcript fees, test preparation fees, admission testing fees, placement fees, course addition, deletion or transfer fees, student activity fees, student union fees, institution fees, alumni fees, and other similar fees.
   3. Tuition and eligible fees are not reimbursable when employees:
      1. Voluntary terminate employment, or are terminated for cause, prior to course completion,
      2. Have not received advance approval, particularly those associated with a degree program.
      3. If an employee fails to successful complete the course the course with at least a grade of “C”: they are not eligible for reimbursement.
   4. Employees must remain an employee of CREST for two years subsequent to the completion of the course. If the employee leaves within the two year period, they will be required to refund CREST the full amount of tuition reimbursed.
4. **Tax Considerations**
   1. The rules of this program are governed by the Internal Revenue Code. As such, certain reimbursement may be subject to income taxes. All reimbursements are processed through the payroll system regardless of whether they are subject to income tax or not. The payment of any taxes due remains the responsibility of the employee. Finally, the rules of the program may be modified at any time without notice to keep the program in compliance with the Internal Revenue Code.
5. **Work Schedule Limitations**
   1. Unless specific approval of the Executive Director is obtained in advance, an employee may not take a course during scheduled working hours. When the educational program requires being away from one’s job during normal work assignments are met.
   2. No legal or contractual obligations for overtime premium can be incurred as a result of employees taking a course that will be reimbursement program under this policy.
   3. Participation in the tuition reimbursement program should not in any way interfere with the employee’s ability to perform her or his job.
6. **Application and Disbursement**
   1. To apply for tuition reimbursement, an employee shall submit a letter to the Executive Director Stating the course name, course description, institution, credit hours, dollar amount of request, start and completion date of course, and rational for taking the course, and rational for taking the course and why it will be of value to CREST and the employee.
   2. Following their review of the employee’s application for participation in the Tuition Reimbursement Plan, the Executive Director will notify the employee in writing as to whether the application has been approved.
   3. Within 30 days of completion of the course, the course, the employee should also submit the following document to the Executive Director.
7. **Evidence of the grade earned:** 
   1. Official grade report or transcript
   2. A verified statement of the cost of tuition or adequate receipts.
8. **Other Issues**
   1. Any exception to this policy requires the approval of the Executive Director.
   2. All approvals of request for tuition assistance will be subject to:
      1. The needs of CREST
      2. The availability of funds and
      3. The priorities of CREST
9. Approval of applications is not to be considered a right of eligible employees.

## EMPLOYEE ASSISTANCE PROGRAM

**SCOPE:** All full-time, part-time and contract employees of CREST

**PURPOSE:** In order to enable early detection and effective treatment of personal, emotional and substance abuse problems of our staff and their immediate family members, CREST offers an Employee Assistance Program (EAP).

**POLICY:** The program is provided by KV Consultants & Associates. The evaluation and any other necessary treatment or intervention is strictly confidential.

**PROCEDURE:**

There is no cost to CREST employees and their families for evaluation. After evaluating the employee, recommendations and/or referrals will be made. Expenses incurred for further treatment and/or hospitalization will be borne by the employee (unless covered by insurance) and will be provided according to the terms of the Employee Assistance Program and the facility providing the care.

Staff wishing to utilize EAP services may contact a representative at 1-888-553-8327.

## WAGE AND HOUR POLICY

**SCOPE: All** CREST Employees

**PURPOSE:** To establish clear wage and hour guidelines for staff and to comply with the Fair Labor Standards Act (FLSA).

**POLICY STATEMENT**

CREST will comply with the Federal statute which establishes minimum wage, overtime compensation, and child labor requirements.

**PROCEDURES:**

The FLSA does not require:

* vacation, holiday,PTO, severance or sick pay;
* meal or break periods, holidays off or other forms of leave;
* premium pay for weekend or holiday work;
* pay raises or fringe benefits;
* Discharge notices, reason for discharge or immediate payment of final wages to terminated employees.

These matters are governed by internal policies set forth at the discretion of the Board of Directors. All supervisors are responsible for enforcing the wage and hour policy provisions outlined. All employees are responsible for complying with enforcement of these provisions. Any known or suspected violation of this policy must be reported to the Executive Director promptly.

**Minimum Wage:** All employees shall be paid no less than the currently established State minimum wage.

**Salary and Compensation:** Employee salary rates are established under the currently established Pay and Fringe Benefit Policy by the Board of Directors. The salary rate may be administered on a bi-weekly or hourly basis. An employee’s salary represents the straight-time compensation for his/her standard work week hours; Any hours of work performed beyond the employee’s standard work week will be compensable as outlined in Section B, Compensatory Time.

**Hourly Rate of Pay:** The hourly rate of pay is obtained by dividing the annual salary by 2080 hours (52 weeks x 40 hours).

**Payroll Period:** The payroll period consists of two consecutive work weeks. For purposes of calculating overtime, each work week must be considered separately. An employee’s hours of work may not be averaged between the two weeks of the payroll period.

**Overtime:** Overtime is considered to be any hour(s) worked beyond the fortieth (40th) hour of the work week. For purposes of calculating overtime, each work week within the payroll period stands alone.

* **SCHEDULING**
  1. Supervisors are responsible for planning program coverage efficiently and for insuring that all work activities are completed within the regular work schedules of the staff. Overtime work is prohibited except for emergencies or other unusual circumstances. Generally, an emergency is considered to be any situation which threatens either the health or safety of a client or employee; or in the interests of CREST.
  2. Prior to approving and/or scheduling overtime, supervisors must consider whether (a) the situation can be addressed within the regular work schedule; (b) sufficient time will be available within the week or the pay period to compensate overtime with time off for exempt employee; and (c) funds are available for overtime compensation for non-exempt employees.
  3. If the schedules of any exempt or non-exempt employee or group of employees begin to reflect overtime work on a regular basis, the situation will generally indicate that the work being performed is not of an unusual or emergency nature. In such cases, the supervisor and the Executive Director must reexamine work schedules and effect changes necessary so that all work activities can be accomplished within the maximum number of straight-time hours budgeted for a position.
  4. Any overtime hours worked by any exempt or non-exempt employee must first be authorized by his/her supervisor.
  5. Overtime hours earned cannot be waived under any circumstances by either the employee or the employer.
* **COMPENSATORY TIME**
  1. The Fair Labor Standards Act requires the employer to provide compensation for overtime worked beyond the forty (40) hour work week. It does not require overtime payment for hours in excess of eight (8) per day or for work performed on weekends, holidays or leave days.
  2. Bona fide executive, administrative and professional employees are exempt from the overtime provisions of the FLSA. CREST employees who are exempt from the overtime provisions are Senior Management. All other employees whose job duties do not meet the test of federal exemption guidelines are considered non-exempt from said provisions.
  3. **Exempt Employees (Full & Part-time)**
  4. Employees who are exempt from overtime provisions of the FLSA will be compensated with time-off of one hour for every hour of overtime worked beyond their standard work week. Compensatory time shall be taken off within 30 days of accrual with prior approval of the employee’s supervisor. All hours of accrued compensatory time as of December 31st of each year shall be converted to annual leave. In the event the employee is terminated, the employee shall be paid for accrued compensatory time up to 40 hours at his/her rate of pay.
  5. **Non-Exempt Employees**
     1. **Regular schedule employees (Day Program) and Irregular schedule employees (Residential**)**:** Employees shall not accrue compensatory time off where the granting of compensatory time off would unduly disrupt operations or work schedules. These Non-Exempt employees shall be paid overtime pay at one and one-half times their regular rate for each hour worked in excess of their designated work week or period.
     2. **Termination:** A non-exempt employee who has accrued compensatory time off upon termination of employment shall be paid for all unused compensatory time at a rate of compensation equal to one and one-half times their regular rate for each hour of overtime.
* **RECORD KEEPING**
  1. All working time must be recorded on the time record exactly as worked. All time records must be signed by both supervisors an employee. Time sheets are due to the supervisor by 9:00 a.m. on Monday prior to payday for all employees. Failure to adhere to these deadlines will result in withholding of pay until the following pay period.
  2. Falsification of the time record by the employee or the employer, whether for or against the benefit of either party’s interests, will be subject to disciplinary action, including dismissal.
* **PAYROLL CHECKS**
  1. Payroll checks will only be released to the employee to whom the check is written except when the employee has provided written, time-limited authorization to release the check to another individual. The person who has been authorized to pick up the check may be required to show identification prior to receiving the check. See attached authorization.
* **VOLUNTARY SERVICE**
  1. An employee is, without exception, prohibited from “volunteering” to perform duties within CREST beyond his/her regular work schedule. Regardless of the intent, such time is considered compensable and must be recorded as working time. Similarly, a supervisor is prohibited from either formally or informally agreeing to such a practice.
* **ON-CALL**
  1. An employee who is required to remain on-call on the premises of CREST or so close thereto that the employee cannot use the time for his/her own purposes is considered to be on-call duty. An employee who is merely required Wage and Hour to leave word as to where he/she may be reached or who responds to a beeper system is not on-duty.
  2. Time spent performing duties in response to an emergency call is considered working time, including travel time from home to the site of the emergency. Non-exempt employees will be compensated in the form of time off for overtime spent in performance of on-call duties at one and one-half hours for each hour of overtime. Exempt employees will be compensated in the form of compensatory time off on an hour for hour basis for work in excess of 40 hours per week.
* **LECTURES, MEETINGS & TRAINING**
  1. Attendance at training sessions, conferences, workshops and meetings whether before, during or after the employee’s standard work schedule is working time only if (a) it is done at the request of his/her supervisor and, (b) its contents are related to improving the employee’s efficiency within the scope and level of his/her job duties. Time spent in training designated to advance the employee’s skill level beyond that of his/her present job duties is not working time. Voluntary attendance at training sessions, workshops, conferences and meetings is not considered working time.
* **TRAVEL**
  1. Whether travel time is considered hours worked depends upon the circumstances.
  2. Home to Work:
  3. An employee who travels to work from home is engaged in an activity incident of employment. This is true whether he/she works at a fixed location or at different sites. Normal travel from home to work is not considered working time.
  4. Home to Work Emergencies Only
  5. If an after-hours emergency requires an employee to travel from home to a designated job site, such travel is working time.
  6. Home to Work on Special One-Day Assignments in Another City
  7. When an employee who regularly works at a fixed location in one city is given a special one-day assignment in another city, such travel is considered working time except equivalent portions of time usually spent in normal home to work travel and meals. These portions of time must be deducted.
* **MEAL PERIODS**
  1. A bona fide meal period is a span of at least thirty (30) consecutive minutes during which an employee is completely relieved of duty and free to use the time for his/her own purposes. Any meal period of less than thirty (30) consecutive minutes is compensable working time. Meal periods do not include coffee breaks or snacks. An employee does not need to leave the work premises in order to be credited for a meal period but must at least be both away from his/her regular work station and completely relieved of duty.
* **SLEEP/MEAL PERIODS FOR RESIDENTIAL PROGRAM STAFF**
  1. Time spent sleeping is not working time if such period is at least five (5) but not more than eight (8) consecutive, uninterrupted hours in length. If at least five (5) hours of sleep cannot be obtained during the designate sleep period then all time in said period is considered working time. Bona fide meal periods are also not considered working time.

**WAGE & HOUR REQUIREMENTS FOR EMPLOYERS WITH CONSUMERS WITH DISABILITIES.**

CREST will comply with the Fai r Labor Standards Act (FLSA), a Federal statute which establishes minimum wage, overtime compensation, and child labor requirements. In addition, CREST will comply with all Special Minimum Wage Requirements for employers who have employees with disabilities for the work being performed. C.R.E.S.T. will continually secure and maintain appropriate Special Minimum Wage Certificates from the U.S. Department of Labor. C.R.E.S.T. will comply with all procedures allowing the payment of wages that are less than the prevailing wage to workers who have disabilities for the work being performed on contracts subject to the McNamara-O’Hara Service Contract Act (SCA) and the Walsh-Healey Public Contracts Act (PCA) when applicable. C.R.E.S.T will report and complete all documentation relating to Special minimum wages/commensurate wage rates information based on the worker’s individual productivity, no matter how limited, in proportion to the wage and productivity of experienced workers who do not have disabilities performing essentially the same type, quality, and quantity of work in the geographic area from which the labor force of the community is drawn.

**Resources: FLSA Section 14(C), The Payment of Special Minimum Wages to Workers with Disabilities for the Work Being Performed. Fact Sheet No. 39**

## PERFORMANCE EVALUATIONS

**SCOPE:** All full time, part time, and contract employees of CREST

**PURPOSE:** To evaluate the competency and performance of each employee over various intervals of employment.

**POLICY:** CREST evaluates each full time, part time, or contract employee at various intervals during employment to assure competency and clinically appropriate skills. Supervisors, in consultation with Senior Management, will complete the evaluation and review the evaluation with the employee in face to face meeting. The supervisor, a Senior Manager, and the employee will all sign the document and it is filed in the employee’s personnel file.

**PROCEDURE:**

1. A formal evaluation normally will be conducted after the first 90 days of employment, annually, upon transfer or promotion into a new position. Additional evaluations (formal and informal) are conducted to provide the employee and their supervisors the opportunity to discuss job tasks, encourage and recognize strengths and weakness , identify areas of improvement, discuss specific goals and their approach in order to meet performance goals.
2. Formal written performance evaluations are scheduled after the first 90 days of employment and every 12 months thereafter according to the annual date of hire.
3. Pay adjustments based on merit are awarded by the agency to recognize job performance. The decision to award a merit adjustment depends on numerous factors, including the information documented on the performance evaluation and budgetary means of the agency.
4. A written evaluation regarding the staff’s member’s performance in quality and nature of their relationship with clients is created. CREST will also interview the client or guardians and note their confidential response regarding care.
5. The agency strongly recommends and encourages employees and their supervisors to discuss job performance and goals or an informal, day-to-day basis.

Job descriptions will be reviewed on a bi-annual basis by Senior Management.

# FISCAL POLICIES

## BUDGET POLICY

**SCOPE:** All Company-affiliated facilities

**PURPOSE:** The leaders of CREST develop and monitor an annual operating budget and, as appropriate, as long-term capital expenditure plan. The budgeting process of CREST is used to estimate the financial implications of our strategic plans and to monitor our progress throughout the year. During the subsequent year, variances of actual results from expectations serve to direct management to the areas that may deserve a greater allocation of capital and those that may need adjustments to retain their viability.

The two basic functions of our budgeting are planning and control. Planning encompasses the entire process of preparing the budget, from initial strategic direction through preparation of expected financial results. Careful planning provides the framework for the second function of budgeting, control.

Control involves comparing actual results with budgeted data, evaluating the differences, and taking corrective actions when necessary. The comparison of budget and actual data occurs only after the period is over and actual accounting data are available. The comparison of actual results with budget expectations is performance reporting. The budget acts as a gauge against which the financial managers compare actual financial results.

**POLICY:**

1. **REASONS FOR BUDGETING:** The budget offers a variety of benefits to CREST. Some of the benefits of budgeting include the following:
   1. Requires periodic planning.
   2. Fosters coordination, cooperation, and communication.
   3. Forces quantifications of proposals.
   4. Provides a framework for performance evaluations.
   5. Creates an awareness of business costs.
   6. Satisfies legal and contractual requirements.
   7. Orients CREST' activities toward organizational goals.
2. **EFFECTIVE BUDGETING**: In order for CREST to use the budgeting process effectively we do the following:
   1. Prepare budgets that are oriented to help us accomplish our goals and objectives.
   2. Create budgets that are realistic plans of action,
   3. Utilize the control phase of CREST budgeting to effectively provide a framework for evaluating performance and improving budget planning.

Use the budgeting process as a vehicle for modifying the behavior of CREST employees to achieve company goals.

**PROCEDURE:**

1. **Budgeting**
   1. The Chief Executive Officer completes the budget for CREST..
   2. The annual budget is presented and approved at the Board of Directors meeting scheduled for the beginning of the fiscal year.
   3. An independent audit of the budget is performed on an annual basis. Recommendations arising from this audit are presented at a Board of Directors meeting and actions are taken to respond to such recommendations.
   4. Quarterly, Board Members receive a complete financial packet prepared by management with the assistance of an outside accounting firm. The packet includes: a budget analysis, revisions, accounts payable/receivable, cash assets, and other information requested by the Board. The Board reviews the packet and adjustments are authorized if necessary and appropriate.
   5. CREST applies to the LME on an annual basis for contract renewal,
   6. CREST follows State guidelines and procedures in order to receive grant funds, collect client fees, and contract with other community organizations to provide services for fees, in order to continue financial solvency, and provide services necessary for desired outcomes.
   7. CREST provides an insurance program that adequately protects all assets, Board Members, staff members, and persons served. Insurance assets include: facility/property, general liability, board, employee theft, and worker’s compensation. The insurance program is reviewed annually and changes are made as deemed necessary.
2. **Board Approval of Expenditures**

Any cost that is not customary to agency operations and/or is in excess of $5,000 must have prior approval of the Board of Directors at an official meeting reflected in the minutes accordingly.

1. **Financial and Accounting Policies**

CREST has adopted the following written financial policies and procedures for the program. These policies and procedures reference: Record keeping, Accounting Services, Audited Financial Statements, Internal Controls, Fraud, Chart of Accounts, Cash Fee Collection, Fee Collection Shortages, Accounts Receivable/Third Party Billing, Accounts Payable, Payroll, Contracted Services, Budgeting, Board Approval of Expenditures, Financial Reporting and Inventory. Each is explained below:

* 1. **Record Keeping**

CREST maintains financial records for each program of the agency. All records are prepared in accordance with generally accepted accounting principles, consistently applied. Records for each program and each grant are open to review by the funding source or their representative.

* 1. **Accounting Services**

CREST utilizes the services of a Certified Public Accountant (accounting firm) to manage all accounting, fiscal management, and required financial reporting. The qualifications of and functions to be performed by the accounting Firm is as follows:

* + 1. Services are contracted to a Certified Public Accounting firm recommended by the Chief Executive Officer and approved by the Board of Directors. The firm must have experience with accounting procedures for non-profit, publicly supported agencies.
    2. Under the direction of the Chief Executive Officer and subject to review by the Board of Directors, the accounting firm performs the following services:
       1. Maintain a journal of non-monetary disbursements, when appropriate.
       2. Maintain records of checking, savings, and other accounts at financial institutions,
       3. For each grant or contract, submit quarterly financial reports (or as stipulated in the grant) in the approved form as required by the funding source.
       4. Prepare quarterly governmental financial statements and draw requests in appropriate form as required by the funding source.
       5. Comply with the requirements of the grants or contracts including any manual of directions required by the funding source.
    3. CREST and its accounting firm shall make available to the funding source for review all budgets and financial records of programs that are funded.
  1. **Audited Financial Statements**

The agency will contract with a Certified Public Accountant, to perform an annual independent, certified audit of the agency's financial condition. The audit is to comply with Circular A­-133 and other conditions as required by the award of public or private funds.

* 1. **Internal Controls**

CREST utilizes a set of internal controls to protect the assets and ensure the integrity of the financial records of the agency. These include establishing and maintaining systems of authorization and approval, segregating record keeping duties from the operating duties of a program, and/or being the custodian of assets. The agency maintains agency funds and a cash receipts journal, intended to provide reasonable assurance that:

* + 1. Transactions are executed in accordance with management's general or specific authorization;
    2. Transactions are recorded to permit preparation of financial statements in conformity with generally accepted accounting principles and to maintain accts ratability of assets;
    3. Access to assets is permitted only in accordance with management's authorization; and,
    4. The recorded accountability for assets is compared with the existing assets at regular intervals and appropriate action is taken to reconcile any differences.
  1. **Fraud**

Fraud will be handled in accordance with CREST’s Fraud Policy.

* 1. **Chart of Accounts**

CREST Chart of Accounts will be designed in a systematic manner in accordance with the approved line items of the granting agencies and approved budget expenditures. All transactions will be posted to the proper account by the management and reviewed by the accounting firm.

* 1. **Receipts**

The Chief Administrative Officer (CAO) is responsible for the collection and safeguarding of cash.

* + 1. In regards to all receipts CREST will:
       1. Have a safe, lock box or other locked device to secure cash.
       2. On a daily basis, have the receptionist initial the cash check out sheet as cash is collected or checks are received and compared to the pink receipts. The CAO will prepare the deposit; place the funds in a bank bag which the Receptionist will deposit daily.
       3. If funds are collected subsequent to the daily deposit, it will be placed in the safe, accessible only by Senior Management.
       4. On a monthly basis, the CPA will compare weekly deposits received with the bank statement and produce a detailed report.
       5. The Executive Director will audit cash receipts, comparing departmental records with weekly deposits.
       6. The departmental monthly revenues, bank statements and other fiscal data are forwarded to the accounting firm at the end of each month.
    2. Cash Receipts: CREST cash management system will:
       1. Systematically have the receptionist record a log of daily cash receipts and receipt numbers and maintain a receipt book, numerically issued by the CAO, listing all receipts of the agency.
       2. As monies are received, a pre-numbered two-part receipt will be initiated. The white copy will be given to the client. The yellow copy will be maintained in the receipt book, which will be kept in the administrative offices.
       3. All receipts will be completed with client name and amount received. If an error occurs in the completion of the receipt, the receipt will be voided and a new receipt issued. All three copies of the receipt (old copy,' copy with payment and new receipt issued) MUST be stapled in the receipt book. All three copies will be reviewed and verified by administrative personnel.
       4. **No changes are allowed in the receipt book.** If a receipt is voided, all copies are to remain in the receipt book for accounting verification.
       5. When receipt books are completed, the book will be given to the CAO.

1. **Fee Collection Shortages**

In the event that a shortage occurs in the collection of program fees, the Executive Director is notified immediately. An investigation is conducted and an incident report is filed. At the discretion of the Executive Director, the accounting firm may be requested to conduct a formal investigation, and is required to submit a form report to the Executive Director and the Board on their findings. These reports are filed with the Board minutes.

1. **Accounts Receivable**

Each department will follow the system for fee collection and accounts receivable described below. These include:

* 1. It is the responsibility of the CAO to monitor the client files and to monitor the receipt of fees. Upon completion of fee collection and deposit administrative personnel will enter all receipts in a main computer utilizing an appropriate software system. Ledgers are generated and distributed to the various departments on a weekly basis.
  2. The accounting firm reviews all third-party billing. Information is submitted to the designated staff person by the 10th working day of the following month. Information received is entered into a computer database and sent to the appropriate source by the 15th day of the month. A ledger is maintained and payments recorded for each third party source. A copy of these ledgers is distributed to the various components.
  3. Procedures for enforcing accounts receivable and fee collections will be governed by the primary concern for the client's recovery and continuation in treatment and will be in accordance with State and Federal regulations:

1. **Accounts Payable** 
   1. The accounting firm maintains the accounts payable ledger. The accounts payable system uses a voucher request system to maintain proper internal controls. The system is designed as follows:
   2. Each Program Director is responsible for projecting the needs of their program and for completing proper supply requisitions/purchase orders. Administrative personnel monitor requisition and purchase order requests taking into consideration normal budget constraints.
   3. The CAO and the Executive Director approve requisitions and purchase orders. Copies of the approved requisitions or purchase orders are forwarded to the designated staff person.
   4. Receipts and invoices are prepared by the designated staff member, provided to the accounting firm on a monthly basis, and reconciled when payment is rendered.
   5. Invoices received by the agency are given to the accounting firm. The accounting firm compares the invoice to the purchase order and the requisition, verifying the propriety of the purchase.
   6. The designated staff member prepares a disbursement request voucher, designating payee, amount, grant, general ledger account, and due date.
   7. Disbursement request vouchers and backup are forwarded to the Executive Director and to the designated members of the Board of Directors for final approval and payment.
2. **Payroll** 
   1. Processing of payroll occurs on a bi-weekly basis. Employees are paid on every other Friday. If a payday falls on a weekend or a holiday, employees will be paid on the preceding Friday.
   2. Payroll processing will be performed as follows:
      1. To ensure accuracy of time sheets, time sheets will be completed by the employee, reviewed by supervisors, then reviewed by Senior Managers, and submitted to the CAO for review and compilation, then submitted to the accounting service for processing.
      2. The annual budget document will allocate employees to the appropriate general ledger account; if an employee substitutes in a location other than their base location, it will be reflected on their time sheet.
      3. Paychecks and payroll registers are processed by the accounting service ;
      4. The designated staff person compares gross salaries per the payroll register to the requests;
      5. The accounting service is responsible for the proper withholding of Federal income taxes, Social Security, and Medicare, advancing payment and filing quarterly and annual reports in a timely fashion;
      6. The accounting service is required to prepare employees Form W-2 (Wage and Tax Statement) at the end of each year;
3. **990 Filing**

The accounting firm is responsible for preparation of the agency's 990 and filing with the Internal Revenue Service.

1. **Contracted Services**

See Sub-Contract Policy

1. **Program Budgeting** 
   1. Program budgets are prepared annually based on approved grants, the amount of funds allocated, available agency funds, and projected revenues. The grant or contract proposals are required to be approved by the Board of Directors prior to submission to the funding source. Grant proposals will be prepared in accordance with the requirements of each funding source. The final budget is prepared once a grant or contract is approved by the funding source. Procedures for program budgets are as follows:
   2. Senior Management will review the utilization of service units every other month;
   3. The Executive Director will review the monthly financial statements and monthly general ledger. The coding to the general ledger will be compared to the voucher requests and payroll disbursement requests submitted during the month;
   4. Each monthly financial statement prepared by the accounting firm will be reviewed for adherence to the budget.
   5. If significant budget variations exist, the Executive Director will propose budget adjustments to the Board.
2. **Internal Financial Reporting**

The contracting auditing fire- shall generate an annual financial statement for all CREST -programs and operations in accordance with fund accounting principles. Statements shall be submitted to the Chief Executive Officer and reviewed by the Board.

1. **Authorized Check Signers**

Agency fund transfers are verified by two authorized individuals. Authorized individuals are the Board Chairperson, either Board Co-Treasurer, or Executive Director

1. **Inventory**

All equipment and furnishings shall be inventoried biannually by the CAO, who submits it to the Executive Director for review, and who then submits it to the Board of Directors. The option is available to retain inventory information on videotape. An inventory list is maintained in the administrative offices of CREST All equipment, furnishing, vehicles, and supplies shall be assessed annually and reflected in the annual financial statement generated by the contracted auditing firm.

## SUB-CONTRACT SERVICES

**SCOPE:** All individuals or agencies that provide services as independent contractors.

**PURPOSE:** To assure that all individuals or agencies providing services to CREST and its clients are qualified and competent in their areas of expertise.

**POLICY:** CREST from time to time, utilizes contracted services or positions. Any sub-contractors of CREST will be required to have the same documentation and requirements as that of full/part- time employees. A written agreement (contract) will be signed and dated by the Agency and the sub-contracted party. This contract will be effective for one year and reviewed annually. At this time the contract can be renegotiated if so desired by both parties. All Sub-Contractors are responsible for adhering to the same rules and standards set forth by the funding source.

**PROCEDURE:** Processing of payroll for contracted services is similar to the processing of the general employee payroll. The differences are outlined as follows:

* 1. New, contractors will complete a W-9 before services begin. A copy of the W-9 will be forwarded to the accounting department to ensure correct withholding, if applicable.
  2. The accounting service will prepare the contractors Form 1099 (Miscellaneous Income Statement) at the end of each year and shall maintain a copy of the contract approved and executed by the Board of Directors.
  3. Contracted services such as major repair/maintenance, equipment purchase, and capital improvements are subject to required procedures that call for an objective bidding process. The Executive Director and/or his/her designated staff persons shall obtain three written bids for contacted services. The Executive Director shall review bids and make a recommendation to the Board. The Board will make the final selection and will approve the contract. Vendors bidding for contracted work must agree to and sign standard confidentially forms.

CREST will maintain a sub-contractor record for all individuals contracted by the agency. The record will contain documentation of the following.

**Clinical / Administrative Staff**

* Current resume or Vitae
* Copy of current professional license
* Required education including a copy of the diploma /college degree
* Copy of certificate of malpractice insurance ($1,000,000- $3,000,000), if applicable
* Copy of valid driver’s license
* Signed IRS form W-9
* Copy of criminal background check
* Copy of Work of Hire contract
* Job Description

**CONTRACTED VENDORS**

* Licensed to perform contracted services
* Proof of professional liability insurance
* Licensed and bonded , if applicable
* Professional references , if applicable
* Copy of valid driver’s license
* Signed IRS form W-9
* Copy of criminal background check
* Copy of Work of Hire contract
* Job Description

CREST will maintain written documentation in the sub-contractors’ personnel record that the sub-contractor possesses the experience and educational credentials required for his/her position.

## EMPLOYEE COMPENSATION

**SCOPE:** All full time, part time, and contract employees.

**PURPOSE:** To establish a consistent and fair methodology for compensating staff**.**

**POLICY:** The Employee Compensation plan consists of rules of salary administration and a schedule of salary ranges established by the Board of Directors for all positions. The range assigned to each class is based on responsibility and difficulty of work, and reflects prevailing compensation for comparable positions internally and in the external labor market

For each salary range, minimum and maximum rates are provided. Within basic policies and rules established by the Board of Directors, the Executive Director shall administer the compensation plan. The Executive Director shall conduct continuing studies of the relationship between classes in order to reduce or eliminate inequities between classes of positions.

**PROCEDURES:**

**PAY STATUS:** An employee is in pay status when working, when on paid leave or when on worker’s compensation leave. An employee must be in pay status in order to accrue PTO leave and receive holiday pay. An employee is not in pay status while on leave without pay, after the last day of work when separated because of resignation, dismissal, death, retirement and reduction in force. Lump sum payment of vacation leave upon separation is not paid leave status.

**OVERTIME:** CREST is subject to the Federal Fair Labor Standards Act. These provisions are contained in the Wage and Hour Policy.

**AVAILABILITY OF FUNDS:**  Approval of all personnel action is subject to the availability of funds. No action can be taken which would exceed the funds appropriated for salaries and wages.

**APPOINTMENTS**: A new appointment is the initial employment of an individual to a position or the re-employment of an individual who is either not eligible for reinstatement or, the Director’s option, is not offered reinstatement.

An employee entering into service in a permanent position shall be given a probationary (refer to Probation Policy) or trainee appointment unless the employee is eligible for and the agency chooses to make, reinstatement to permanent status. The probationary and trainee appointment periods are intended to serve as an extension of the selection process and are used to determine whether the person will be able to meet acceptable performance standards for the work for which employed. The employee in a probationary or trainee status will earn all the benefits of a permanent employee during this time.

**SALARY RATE:**

1. Step one of the appropriate salary grades, or trainee rate where applicable, shall normally be paid a qualified new employee.
2. It is intended that as few appointments above step one as possible be made. Rates above this may be requested when:
   * + - 1. A tight labor market exists and recruitment efforts have not produced qualified applicants or
         2. The applicant possesses exceptional qualifications above the minimum requirements of the specification, and operational needs exist which justify filling the position at salary above the minimum of the range. The additional experience and training must be in the same or closely related area to that stated as acceptable in the class specification.

Appointments of an employee at steps one through five are made by the Executive Director. Appointments above step five must be authorized by the Board of Directors.

1. If conditions justify appointment above step one, CREST may elect to use step one for initial appointment with the option in increase in salary to a rate above step one upon successful completion of the probationary period.
2. In the event CREST elects to hire a temporary employee, step one shall normally be paid. Temporary employees shall be paid hourly rates.
3. Employees with permanent part-time appointments shall be a proportionate annual rate.

**SALARY OF TRANSFERRED EMPLOYEES:** The salary of an employee transferring to a position of the same grade shall be affected by the transfer. The salary of an employee transferring to a lower position by his/her request shall be reduced to the grade of the lower position and the salary step assigned as appropriate based on the employee’s education and experience in the specific work and as allowable by the budget.

**PROMOTION:** When a promotion occurs, the employee’s salary shall be increased, if it is below the new minimum, to at least the minimum rate of the salary range assigned to the class to which he is promoted. If an employee’s current salary is already above the new minimum salary rate, his salary may be adjusted upward or left unchanged at the discretion of management, provided that the adjusted salary does not exceed the maximum of the assigned salary range. If the salary falls between steps in the salary range, it may be adjusted to the next higher step in the range based on availability of funds.

**DEMOTION:** When an employee’s current salary falls above the maximum of the range for the lower class, his salary may remain the same until general schedule adjustments or range revisions bring it back within the lower range; or his salary may be reduced to any step in the lower salary range, as long as the reduced salary does not fall below the minimum salary rate of that range. If the employee’s current salary falls between steps in the lower range, it may be reduced to the next lower step.

Salary adjustments may be made in one of three (3) basic fashions:

* + - 1. Across-the-board increases (Cost-of -living)
      2. By performance-based pay increases
      3. Salary adjustments due to job assignment

**SALARY ADJUSTMENTS**

**Salary Plan Revisions**

When the salary rates in the salary plan are changed or a class is moved to a higher or lower salary grade, the following adjustments shall be made in the employees’ salary rates:

* + - * 1. When it is an upward revision and the employee’s current salary is less than the minimum salary rate of the salary range for the position, the employee’s salary shall be adjusted to at least the minimum of the range. If the employee’s salary is already at or above the new minimum of the range, management may elect to increase the salary to another step within the range. An employee’s salary may not, however, exceed the maximum of the range.
        2. If there is a downward revision, management may elect to reduce each employee’s salary rate by a corresponding amount or allow the salary rates to remain the same.

1. **Performance-based pay Increases**

CREST advocates the rewarding of exceptional employee’s performance with the granting of performance-based pay increases. Such increases will be recommended by an employee’s immediate supervisor and reviewed by the Executive Director, who will make recommendations to the Board of Directors. If the recommendations are approved by the Board of Directors, the increases will be effective July 1st, the beginning of a new fiscal year.

**REFERERENCE**: EMPLOYEE PERFORMANCE EVALUATION AND PERFORMANCE- BASED PAY POLICY.

## WASTE FRAUD AND ABUSE POLICY

**SCOPE:** All CREST-affiliated facilities

**PURPOSE:** The leaders of CREST develops and monitors annually the agency’s waste, fraud and abuse to monitor and prevent fraud and abuse of billing for services that have/have not been rendered to clients on behalf of the agency

**POLICY:**

**Fraud and Abuse Investigations**: CREST is committed to identifying fraud, especially Medicaid fraud. We actively pursue any leads indicating fraudulent practices and use them as a source to begin investigations.

**PROCEDURE:**

CREST will ensure that all allegations of fraud, waste, and abuse reported will be investigated by the Executive Director within 24 hours of the reported allegations, with all findings recommended follow up be documented and reviewed by the Board Directors.

The Executive Director receives complaints from patients, their families, other providers, former employees of a provider, and through federal and state referrals. The Executive Director investigates every complaint and identifies patterns of fraud and abuse by monitoring and review of billing sheets and contact follow-up with clients.

The Executive Director Officer also targets areas with a high risk potential for abuse and submits suggestions for improvement to the Quality Assurance committee who will work with staff to find solutions.

**Criminal Fraud Prosecution**

When CREST identifies Medicaid fraud, staff and the Board shall take appropriate steps and inform the North Carolina State’s Attorney General or the Cumberland County District Attorney to possibly pursue legal action to convict a provider of criminal fraud. The agency will coordinate their efforts with the Medicaid Fraud Control Unit of North Carolina to resolve fraud cases.

**Public Concern over Fraud, Waste, and Abuse in Health Care**

Health care costs are increasing every year. The available money to fund Medicaid and other State programs is decreasing. Fraud and abuse takes money from needy children, the elderly, blind, and disabled. Therefore, identifying, investigating, preventing and recovering money billed improperly to Medicaid is an important mission for this agency.

The majority of providers and their billings are honest and accurate. However, one dishonest provider can take thousands of dollars slowly over time by billing for services not rendered or medically unnecessary. Far worse, with computerized electronic billing, one dishonest provider can illegally take hundreds of thousands of dollars in a few weeks or months. These occurrences often provide a negative perception of the overall program.

While many reviews are targeted at specific complaints or suspicions, often our reviews are routine. Our review process is not intended to impugn the integrity of any provider or category of care but merely to verify the accuracy of the need, provision, and payment for the services provided. We attempt to make every routine review as convenient as possible and work with the provider to reduce the distraction that might occur

**REASONS FOR WASTE, FRAUD, AND ABUSE:**

1. Would have substantial financial costs for agency
2. To ensure there will be zero tolerance for fraudulent behavior
3. Provides a framework for performance evaluation.
4. To ensure adherence to compliance standards of agency
5. Satisfies legal and contractual requirements.
6. To ensure adherence to Medicaid integrity standards.

**REFERENCES**: **NC Medicaid Waste Fraud and Abuse guidelines and procedures 2010**

## ADVP FEES

**SCOPE:** ADVP PROGRAM

**PURPOSE:** To ensure that the ADVP program is fiscally sound.

**POLICY:**

Consumers participating in the ADVP program may be charged the ADVP rate for participation in the program to the extent their participation exceeds reimbursement by the LME up to a maximum of 30 hours per week. Consumers that reside in group homes may be charged 50% of the ADVP rate.

If a consumer is unable to pay the ADVP fee noted above , They may request a waiver of the fee from the Executive Director

**PROCEDURE:**

When the Executive Director determines that the fees are needed to ensure the fiscal fitness of the Program he/she may institute this policy. The executive Director must report the instituting of this policy at the next regularly scheduled Board meeting.

Approved: October 16, 2012

Effective : November 15, 2012

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# Glossary

**ADVP Adult Day Vocational Program**

**APSM Audit Processors Systems Manual**

**CARF Commission on Accreditation of Residential facilities**

**CAP-MR/DD Community Alternatives Program for Mentally Retarded and Developmentally Disabled**

**CCHCP Cross Cultural Health Care Program**

**CREST Cumberland Residential & Employment Services & Training**

**DRI Differential Reinforcement of Incomplete Behavior**

**DRL Differential Reinforcement of Low Rate Behavior**

**DRO Differential Reinforcement of Other Behavior**

**EAP Employee Assistance Program**

**FLSA Fair Labor Standards Act**

**GH Group Home**

**DHHS Department of Health and Human Services**

**HIPPA Health Insurance**

**IRIS Internet Referral Information Systems**

**IRS Internal Revenue Service**

**LME Local Management Entity**

**LWOP Leave Without Pay**

**MR/DD Mental Retardation and Developmental Disabilities**

**NC State of North Carolina**

**NC-DMA North Carolina Division of Medical Assistance**

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***PTO Paid Time Off***

**QA Quality Assurances**

**QI Quality Insurance**