

Last Revision: June 2022



Christabel LLC

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HOME & COMMUNITY – BASED SERVICES

ADULT MENTAL HEALTH POLICIES & PROCEDURES MANUAL

Approved April 2016

Revised June 2022

CONFIDENTIALITY

This manual details policies and procedures relevant to CHRISTABEL, LLC. Unauthorized copying and distribution are prohibited.

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ORGANIZATIONAL OVERVIEW

CHRISTABEL, LLC implements programs and services to provide comprehensive quality Home and Community-Based Services- Adult Mental Health in the patient/client homes, apartments, host home/companion care residence, assisted living facilities, and other small community-based residences.

We address the patient/client's unique psychological; safety, self-esteem, and self-actualization needs to enable each individual client to live and experience successful tenure in his or her community.

CHRISTABEL, LLC serves as a resource for the client, the client's family, and the community. We provide health care education for the client, the client's family, and the community. Registered Nurses, Licensed Practical/Vocational Nurses, Physical, Occupational, and Speech Therapists, Medical Social Workers, Psychiatrists, Counsellors, and Home Health aides will provide these services.

CHRISTABEL, LLC implements methods of screening applicants and evaluating their progress regularly to be able to provide quality personnel.

CHRISTABEL, LLC provides staff developmental opportunities and programs, including orientation and programs concerning current practices in nursing and allied health care.

CHRISTABEL, LLC provides current and accurate personnel records, including verification of current license/certification and health records.

CHRISTABEL, LLC maintains open communication with clients, employees, and physicians via frequent contact to achieve quality and cost-effective care.

CHRISTABEL, LLC continues to adhere to standards set forth by Federal, State, and Local Governing Bodies.

CHRISTABEL, LLC has approved written vision and mission statements that contain the Agency's operating purpose, philosophy, and operating ethics. The vision and mission statement is distributed to all employees, volunteers, and members of the Agency's Board of Directors. The mission may be amended only through proper approval by the Agency's governing authority.

The vision and mission statements apply to govern all activities of all its programs.

CHRISTABEL, LLC

ORGANIZATIONAL CHART

- **Please, see attachment.**

POLICIES AND PROCEDURES

A division of the CHRISTABEL, LLC shall be responsible for policy direction and financial management of the publicly funded mental health system. The division shall oversee both the review, execution and enforcement of the policy and procedures. The policies are required to ensure an explanation of access to treatment, quality, and coordination of services provided, rights, and support for the client.

POLICY

The organization has the legal authority to operate and is in compliance with local, state, and federal regulations. It is managed by its Board of Directors, which has ultimate responsibility and legal authority for the company.

LAW

42 CFR Subpart A §484.2, Subpart B §484.12(a)(b), §484.14(b), and §484.52

PROCEDURES

1. The organization has the legal authority to operate as defined by the following legal documents specific to its scope of service:
 - a. Articles of Incorporation, Bylaws, and any amendments (if needed)
 - b. Legal agreements
 - c. State Charter and licensure
 - d. Medicare certification
 - e. Signed waivers and other Secretary of State documents

2. The governing body is made up of individuals with relevant expertise, business acumen, and professional relationships, and in accordance with the stated mission of the organization.
3. Governing body members are oriented to the organization and are knowledgeable and responsive to key issues affecting the organization.
4. The governing body assumes full legal authority, responsibility, and accountability for organizational performance and carries out these responsibilities by the following:
 - a. Appoints a qualified Administrator and alternate Administrator in absence of the Administrator and designates Advisory Group membership as applicable.
 - b. Receives updates and recommendations for the Advisory Committee on the professional issues as part of the ongoing agency evaluation.
 - c. Establishes, reviews, and approves policies consistent with the organizational mission.
 - d. Operations and the assignment of qualified professionals to maintain the currency of policies through new/revised policies.
 - e. Approves and updates budgets and capital expenditures.
 - f. Evaluate management and hold them accountable for the organization's fiscal solvency and adequacy of financial resources.
 - g. Selects and evaluates the Chief Administrator
 - h. Evaluate the organization's performance and its' ability to meet consumers' needs and concerns.

- i. Develops and approves strategic and operational plans to include reviewing any legal and business documents considering real or potential changes to the organization on a periodic basis, but not less than every 36 months.:
 1. Articles of Incorporation
 1. Bylaws
 1. Legal agreements
5. The organization's bylaws and articles of incorporation to include amendments are maintained at the address of the registered agent.
6. The governing body complies with the organizational bylaws or other legal documents addressing:
 - a. Notice of scheduled and special meetings
 - b. Executive sessions
 - c. Attendance requirements at meetings
 - d. Appointment of officers
 - e. Terms of office
 - f. Committee structure and function
 - g. Quorum determination
7. Accurate, complete, and signed minutes are kept of all official meetings of the governing body. Documentation of actions taken are distributed in accordance with organizational policy and are retained for a minimum of five (5) consecutive years or consistent with state regulations.

Minutes include:

- a. Members in attendance, excused and/or absent
 - b. Summaries of agenda item discussion and actions taken
 - c. Motions documented as stated and acted upon
8. New members of the Board of Directors receive an orientation by the Administrator of the following:
- a. History of the Agency
 - b. Strategic Plan including Mission Statement
 - c. Organizational Chart
 - d. Bylaws and current Board Members
 - e. Minutes of previous meetings
 - f. Budgets
 - g. Meeting with the Administrator and other key personnel
9. Annually, the members of the governing body and executive staff provide written disclosure of all professional or personal relationships or interests, direct or indirect that might present a conflict of interest. Statements are on file in the office.

The following policies and procedures will guide the operations of CHRISTABEL, LLC

1.1 MISSION, VISION, AND PHILOSOPHY

POLICY

The mission, purpose, and philosophy statements are reviewed and revised as necessary by the governing body at least every 36 months. These statements are made available to our clients, staff, and the public as needed.

LAW

42 CFR Subpart B §484.1(1)

MISSION STATEMENT

Our mission is to provide professional and paraprofessional services that are geared toward the recovery of adults living with a diagnosis of serious mental illness (SMI) and having a record of an extended stay in a psychiatric hospital, a record of frequent arrests, or a record of frequent emergency room visits. We continue to provide services that enable our clients to achieve the highest level of potential to successfully live in their chosen community. We are committed to providing a high-quality, multidisciplinary Home and Community-Based Services – Adult Mental Health (HCBS-AMH) program through our staff and subcontractors by tailoring individualized plans of care to the clients’ unique journey to recovery. We encourage our clients to be the driver of their own recovery processes.

VISION

To become the HCBS-AMH Comprehensive Service Provider of choice in the state of Texas. We strive to be one of the leading providers of a wide range of quality Home and Community-Based Behavioral Health Services, recognized for enduring dedication to providing innovative, professional, and compassionate care to the communities we serve.

PHILOSOPHY

Our goals and services are based on two fundamental philosophical principles; the belief in the innate worth of the serious mental illness and the belief that each individual, regardless of age, race color, creed, sex, national origin, or handicap status is entitled to maximize his or her potential as a human being and a member of the society. We believe that people can recover from mental illnesses, just as they can recover from medical illnesses.

And, services will be delivered in a manner that supports the consumers' communication needs, including age-appropriate communication and translation services for beneficiaries that are of limited English proficiency or who have other communication needs requiring translation assistance.

In accomplishing this, it is felt that the self-respect of the individual can and will be enhanced.

We are vital members of the community. As an employer, we practice non-discrimination and strive to provide opportunities for personal and professional growth.

1.2 EXPERIENCE AND SCOPE OF SERVICE

POLICY

The agency and its staff operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. (In addition to accreditation standards if applicable). Regulatory compliance includes, but not limited to the following: CMS, OSHA, MDA, CDC, CLIA, and ADA.

LAW

42 CFR Subpart §484.12(a) & §484.14

SERVICES

1. The agency operating hours are 9:00 AM to 5:00 PM, Monday thru Friday. The Home Community Based Services – Adult Mental Health has services available 24 hours a day, 7 days a week. During non-office hours, a 24-hour answering service and an on-call clinician will provide services for the Home and Community-Based Services – Adult Mental Health.
2. As feasible and if conditions permit, services are provided before and after office hours.
3. Every client or his designated representative is provided with the name, address, and phone number of the service supervisor.
4. Home and Community-Based Services – Adult Mental Health is provided on a part-time or intermittent basis. The following services are available:

- a. Registered Nurse
 - b. Licensed Vocational Nurse
 - c. Physical Therapist
 - d. Physical Therapist Assistants
 - e. Psychiatrists
 - f. Counselors
 - g. Occupational Therapist
 - h. Certified Occupational Therapist Assistants
 - i. Speech pathologists
 - j. Medical Social Workers
 - k. Certified Nurse Assistants/Home Health Aides
5. The initial assessment visit is completed by the appropriate professional.

EXPERIENCE

CHRISTABEL, LLC has been a provider of mental health services for over 3 years.

CHRISTABEL, LLC has worked with individuals with severe mental illness in multiple settings such as hospitals, home-based assisted living, host/companion care residences, and supervised community settings, to mention a few. Working with these individuals has given deep insights into the unique way we are each made and helped to cultivate in us the need to always remember that everyone is a person and not a number. Their needs, feelings, and emotions must be acknowledged and when necessary, ensure their needs are met.

We became interested in the mental health field as we worked with patients in other specialty areas. Our experience taught us that just because you don't work behind locked doors in a psychiatric unit, does not mean that you won't run into patients with mental health issues during your career. The first step to working with psychiatric patients in all healthcare settings is getting over misconceptions and learning how to meet the patients' needs. Most people that work with mental health patients forget that individuals had a life before they arrived in the unit or before they had a mental illness. They attended school, had some kind of home, have a mother, father, wife, husband, and /or children. This is our driving force at CHRISTABEL, LLC. When we meet a new client with a mental illness, we always make sure to learn about who they are, not only who the chart says they are. We want to know where they used to work, where they went to school, how many brothers and sisters they have, and whether they are married and /or have children. We realized that whenever we approach a client as a person, rather than as a patient, they open and let down the wall that they come in with. We get to peep inside of their lives for just a moment and that's the true essence of client care.

The agency intends to employ a minimum of 5 employees and 6 sub-contractors to serve a minimum of 30 individuals as designated by regions served by the agency. There is also room to increase our number of employees and subcontractors as our patient load increases.

CLIENTS

As per the 84th Legislature which directed DSHS to expand HCBS-AMH to divert populations with serious mental illness (SMI) from jails and emergency departments (ED) into community treatment programs. The agency will offer services to the following group of clients:

1. Jail Diversion
2. Emergency Department Diversion
3. Long-term psychiatric hospitalization

For an individual to qualify to receive a referral into the program they must meet 1 of the 3 criteria below:

1. For jail diversion, during the three years prior to their referral, an individual must have;
 - a. Two or more psychiatric crises (that is, inpatient psychiatric hospitalizations and/or crisis episodes requiring outpatient mental health treatment, and
 - b. Repeated discharges from correctional facilities (that is, three or more)
2. For Emergency Department diversion, during the three years prior to their referral, an individual must have;
 - a. A history of inpatient psychiatric hospitalizations or outpatient mental health crisis episodes, and
 - b. A pattern of frequent utilization of the emergency department (ED) (that is, fifteen or more total ED visits)
3. For long-term psychiatric hospitalization, during the three years prior to their referral, an individual must have;

- a. Spent three or more cumulative or consecutive years in an inpatient psychiatric setting

The population of clients that CHRISTABEL, LLC intends to serve include:

- a. Extended tenure clients
- b. Frequent arrest clients
- c. Frequent Emergency Department visit clients

1.3 PROVISION OF SERVICES

POLICY

CHRISTABEL, LLC is a Texas state-wide program that provides home and community-based services to adults with serious mental illness. CHRISTABEL, LLC program provides an array of services, appropriate to each individual's needs, to enable him or her to live and experience successful tenure in their chosen community. Services are designed to support long-term recovery from mental illness.

PROCEDURES

1. CHRISTABEL, LLC services can be provided in-home and community-based settings, including individual homes, apartments, assisted living facilities, and small community-based residences. The services include:
 - a. Host Home/Companion Care
 - b. Supported Home living
 - c. Supervised Living Services
 - d. Assisted Living
 - e. Psychosocial Rehabilitation Services
 - f. Supported Employment
 - g. Employment Assistance
 - h. Minor Home Modifications
 - i. Home Delivered Meals
 - j. Transition Assistance

- k. Adaptive Aids
 - l. Transportation Services (non-duplicative of state plan medical transportation)
 - m. Community Psychiatric Supports and Treatment
 - n. Peer Support
 - o. Respite Care (short term)
 - p. Substance Use Disorder Services
 - q. Nursing
 - r. Flexible Funds
2. These services will be provided by direct care staff, subcontractors and/or care managers who will be involved in the early identification and assessment of the client's needs and implement timely plans that result in continuity of care and efficient use of program and community resources. Discharge planning from long-term psychiatric hospitalization shall commence upon a client's admission to the HCBS-AMH program. Case managers will help coordinate discharges for clients by collaborating with the client, family/significant others, inpatient health care team, and community resources, facilitating transitions (e.g., from inpatient to community services) including arrangements for follow-up services as a core case management service. The case managers will proactively assume responsibility for engaging the inpatient psychiatric hospital team, attending team meetings and initiating discharge planning for clients who are hospitalized. Case Managers will interact with the treatment team daily throughout the client's stay from the point of admission and these contacts will be documented in the

client's electronic records. Case Managers will also monitor the inpatient notes in the electronic records from the point of admission through discharge

3. Expectations: Case Managers will assume responsibility for actively following clients during inpatient episodes of care and function as active members of the inpatient care team. CHRISTABEL, LLC Access Center will collaborate with recovery manager(s) to notify case managers of an inpatient psychiatric admission through alerts and phone calls within 24 hours of admission, in the case of clients going back on readmission to the psychiatric hospital. Case managers will provide discharge planning services to clients who are hospitalized to ensure a smooth transition to community care and that there are no gaps in services as well as the provision of community-based services and support following discharge. Such services will commence upon a client's admission or upon notification of admission and include identification, assessment, goal setting, planning implementation, coordination, and evaluation.

1.4 GOVERNANCE

POLICY

The organization has the legal authority to operate and is in compliance with local, state, and federal regulations. It is managed by its Board of Directors, which has ultimate responsibility and legal authority for the company.

LAW

42 CFR Subpart A §484.2, Subpart B §484.12(a)(b), §484.14 (b) & §484.52

PROCEDURES

1. The organization has the legal authority to operate as defined by the following legal documents specific to its scope of service:
 - a. Articles of Incorporation, Bylaws, and any amendments (if needed)
 - b. Legal agreements
 - c. State Charter and Licensure
 - d. Medicaid/TMHP Certification/Authorization
 - e. Signed waivers and other Secretary of State documents
2. The governing body is made up of individuals with relevant expertise, business acumen, and professional relationships and in accordance with the stated mission of the organization. No staff member shall serve as a voting member of the governing board.
3. Governing body members are oriented to the organization and are knowledgeable and responsive to key issues affecting the organization.

4. The governing body assumes full legal authority, responsibility, and accountability for organizational performance and carries out these responsibilities by the following:
 - a. Qualified Administrator and alternate Administrator as applicable.
 - b. Receives updates and recommendations from the Advisory Committee on professional issues as part of the ongoing agency evaluation.
 - c. Establishes, reviews, and approves policies consistent with the organizational mission.
 - d. Operations and the assignment of qualified professionals to maintain the currency of policies through new/revised policies.
 - e. Approves and updates budgets and capital expenditures
 - f. Evaluate management and hold them accountable for the organization's fiscal solvency and adequacy of financial resources.
 - g. Selects and evaluates the Chief Administrator, when appropriate.
 - h. Evaluate the organizations' performance and its ability to meet consumers' needs and concerns.
 - i. Develops and approves strategic and operational plans to include reviewing any legal and business documents considering real or potential changes to the organization on a periodic basis, but not less than every 36 months:
 1. Articles of Incorporation
 1. Bylaws
 1. Legal agreements

5. The organization bylaws and articles of incorporation to include amendments are maintained at the address of the registered agent.
6. The governing body complies with organizational bylaws or other legal documents addressing:
 - a. Notice of scheduled and special meetings
 - b. Executive sessions
 - c. Attendance requirements at meetings
 - d. Appointment of officers
 - e. Terms of office
 - f. Committee structure and function
 - g. Quorum determination
7. Accurate, complete, and signed minutes are kept of all official meetings of the governing body, documentation actions taken are distributed in accordance with organizational policy and are retained for a minimum of five (5) years or consistent with state regulations.

Minutes Include:

- a. Members in attendance, excused and/or absent
 - b. Summaries of agenda item discussion and actions taken
 - c. Motions documented as stated and acted upon
8. New members of the Board of Directors receive an orientation by the Administrator of the following:

- a. History of the Agency
 - b. Strategic Plan including Mission Statement
 - c. Organizational Chart
 - d. Bylaws and current Board Members
 - e. Minutes of previous meetings
 - f. Budgets
 - g. Meeting with the Administrator and other key personnel
9. Annually, the members of the governing body and executive staff provide written disclosure of all professional or personal relationships or interests, direct or indirect that might present a conflict of interest. Statements are kept on file in the office.

1.5 FINANCIAL PLANNING

POLICY

Under the direction of the governing body, measures, processes, and tools are implemented to ensure the availability of adequate funding for long-term viability.

PROCEDURE

1. The Board of Directors governs the fiscal activities of the organization and makes all final approvals of budgets and capital expenditures.
2. Budgetary actions and capital expenditure plans are developed under the guidance of the governing body, chief executive, Program Directors, and other designated staff.
3. The governing body establishes budgets and capital expenditures to support and sustain the philosophy, mission, and vision of the organization through the valuation of all programs to include:
 - a. Program evaluation findings
 - b. Strategic and operational plans
 - c. Performance Improvement Initiatives
 - d. Consumer health care needs
 - e. Governing body initiatives
 - f. Research and Development findings
 - g. Technological Advances
 - h. Competitive Strategies

4. The accounting and billing departments work in unison to provide operational feedback to the governing body, administrative, and management personnel.
5. Activity and statistical reports are provided as necessary to the Administrator to facilitate oversight of the organization's operations and to ensure sufficient funding appropriations.
6. General ledgers can be reviewed by the governing body and balanced to document and monitor the organization's financial status and to provide appropriate and timely reports to the Administrator and the governing body.
7. The Administrator continuously assesses internal financial controls by reviewing internal audit procedures and annually reviews the organizations' financial plan and budget.
8. A qualified accounting professional provides an external audit annually.

Operational feedback reports and cash flow status assist the Administrator in verifying reimbursable services are billed on a timely basis.

1.6 PUBLIC DISCLOSURE

POLICY

The organization prepares a written annual public disclosure statement, in compliance with state and federal laws and regulations. It ensures public disclosure of accurate company information and upholds the organization's ethical standards.

PROCEDURE

1. The Administrator, or designee appointed by the Board, will prepare a written annual public disclosure statement, in accordance with state and federal laws and regulations.

The public statement is to be signed by the Administrator and made available to the public on request.

2. Public disclosure is accomplished through the availability and accessibility of the following public information:

- a. Board of Director names and addresses
- b. Mission statements, vision/purpose, and philosophy.
- c. Proof of license and accreditation status (as applicable)
- d. Notice of Client Bill of Rights to clients
- e. Annual survey findings

3. Public resource documents, brochures, press releases, and consumer information material provided current information about the company.

1.7 CONFLICT OF INTEREST

POLICY

The Agency expects all its employees to understand and be aware of potential situations where their personal interests may conflict with the business interests of the agency.

PROCEDURE

Employee participation in any business transactions where there might appear to be a conflict between the employees' personal interest and that of the company is to be reported to the Administrator.

Employees are to report any offer of gifts, including cash payments, fees, services, discounts, valuables, privileges, or other favors which would or might appear to improperly influence an employee in the performance of the employee's duties and responsibilities for the company.

The recommendation may be made for the employee to end his/her association with the entity of the Agency within a specific period.

The failure of an employee to cease the activity that management determines to be a conflict of interest will subject the employee to disciplinary action up to and including termination.

Upon hire, agency staff will sign a Conflict-of-Interest Statement.

Attachment: Individual Statement Regarding Conflict of Interest.

CHRISTABEL, LLC

INDIVIDUAL STATEMENT REGARDING CONFLICT OF INTEREST

I have read and am fully familiar with the Agency's policy statement regarding conflict of interest. I am not presently involved in any transaction, investment, or other matter in which I would profit or gain directly or indirectly because of my membership on the Agency's Board of Directors, its committees, or my employment. Furthermore, I agree to disclose any such interest, which may occur in accordance with the requirement of the policy, and agree to abstain from any vote, or action regarding the Agency's business that might result in any profit or gain, directly or indirectly for me.

Signature

Date

1.8 PROFESSIONAL ADVISORY COMMITTEE

PURPOSE

To oversee Home and Community-Based Services – Adult Mental Health Services by an appointed group of professionals and consumers.

POLICY

A Professional Advisory Committee will be appointed for the agency.

PROCEDURE

1. The Board of Directors will appoint a Professional Advisory Committee Comprised of at least one of the following:
 - a. A Psychiatrist licensed to practice in the state (maybe the Medical Director)
 - b. The Director of Nurses
 - c. A Registered Nurse
 - d. Professionals representing the disciplines providing services by the agency
 - e. Community members representing minority groups, senior citizens, and disabled persons
 - f. At least one member who is neither administrator nor an agency staff member
 - g. Clergy member
 - h. Attorney (optional)
2. The Professional Advisory. Committee will:
 - a. Advise the Board of Directors on professional issues concerning agency
 - b. Advise on Policies and Procedures

- c. Review and participate in the annual evaluation
 - d. Review the agency quality management and performance improvement activities
 - e. Assist the agency in its community education efforts
3. Meetings will be held periodically or more frequently as deemed necessary. The agency administrator or designee will serve as chair and coordinate meetings and activities of the Committee.
4. Minutes and attendance for meetings will be documented and forwarded to the agency's governing body.

1.9 AGENCY SUPERVISION

PURPOSE

To clearly define the manner supervision of the agency is operationalized as deemed necessary by the Board of Directors, Administrator, Managers, Care Coordinators and Supervisors. Agency supervision shall be goal-directed, professional, and organized to reveal inter-level relationships between a service line staff and his/her superior.

POLICY

The Board of Directors shall be the highest operating authority for the Agency's operations and will be responsible for her performances in providing HCBS-AMH services. Christabel, LLC is an hierarchical organization. The CEOs of the organization are the administrator and alternate administrator, who are the executives, and they are directly responsible for the overall day-to-day operations of Christabel, LLC. Quality improvement manager(s) and any other decision support professional(s) are considered senior managers/top-level managers. Operation managers and relationship managers are mid-level/intermediate management staff, while Care coordinators and House Supervisors are low-level management staff. Mid-level managers are subordinate to senior managers and the executive management, while low-level management staff are subordinate to other management levels. Intermediate managers are responsible for leading the teams in their service line(s), with jurisdiction over their job responsibilities, performances, and performance evaluations. They promote the provision of all HCBS-AMH services mandated by the contract between Health and Human Service Commission (HHSC) and Christabel, LLC.

Agency supervision of staff and subcontractors shall include, but not limited to:

- (i) Job performances
- (ii) Job definition and role clarity
- (iii) Job-specific training and education
- (iv) Provision of motivations and supports
- (v) Performance evaluation.

Supervision of staff and subcontractors shall be on a regular basis, but the frequency may vary due to the different nature of the jobs and the needs-level of individuals. Relationship managers will make weekly contact with each service-provider subcontractor and staff to have a clear understanding of the quality of services provided, settings safety, and where they will need some support and motivation.

PROCEDURE

1. The Board of Directors or his/her designee at a minimum will do on-site quarterly supervision of the agency.
2. Supervisory individuals will complete the “Agency Supervision Form”.
3. Agency Supervision Form will be maintained at the Board Office.
4. At minimum monthly reports are submitted to the Board.

1.10 OBLIGATION TO IDENTIFY INDIVIDUALS EXCLUDED FROM OIG PARTICIPATION IN TEXAS AND FEDERAL PROGRAMS

POLICY

The organization will screen all employees and subcontractors for exclusion on an ongoing monthly basis via the Texas Health and Human Services Commission – OIG List of Excluded Individuals/Entities website and the HHS-OIG Excluded Individuals/Entities Database.

PURPOSE

To ensure that all reasonable steps are taken to prevent making payments via federal funds to individuals that are excluded from participating in federally funded programs.

PERSONNEL

Human Resource Administration

PROCEDURE

1. Agency will screen all potential employees and subcontractors via the state and federal exclusions database prior to employment/contracting to ensure no excluded individual is hired and/or contracted as an employee/subcontractor of the Agency.
2. Agency will screen all employees/subcontractors once a month via the state and federal exclusions database and document the date of the search, employee/contractor/physician name and/or DOB, and report of any exclusions found. A report of exclusion found is printed out and the employees will sign and print names.

3. Agency will require a full Texas personal review fingerprinting yearly from its employees and subcontractors.
4. Agency will screen practitioners via the OIG Exclusions Search Database and OIG Excluded Provider List to confirm exclusions status prior to affiliation with this Agency.
5. Agency will report any discovered exclusion information to HHSC-OIG via written notification

to: Texas Health and Human Services Commission
Office of the Inspector General Chief Counsel's Mail code 1-1350
PO Box 85200, Austin Texas 78708

This written notification will include a complete description of circumstances surrounding the exclusion information, relevant facts, and the person involved. The written notification will also include the full name and telephone number of the person reporting.

RESOURCE

Home and Community-based Services Handbook (HCS): Appendix VII
Home Delivered Meals Provider Manual (HDDM PM): Appendix VII
Licensed Intermediate Care Facility for Individuals with an Intellectual Disability or Related conditions Provider Manual.

REQUIREMENT TO IDENTIFY INDIVIDUALS OR ENTITIES EXCLUDED FROM PARTICIPATING IN FEDERAL HEALTHCARE PROGRAMS

In accordance with Section I 128 of the Social Security Act (42 U.S.C. Section 1320a-7). The United States Health and Human Services Office of Inspector General (HHSOIG) excludes individuals and entities who have engaged in certain activities or have been convicted of certain crimes from participation in any federal health care program (i.e., Medicare, Medicaid, and the state Health Insurance program).

The Texas Health and Human Services Commission Office of Inspector General (HHS-OIG) similarly excludes such individuals and entities from participation in federal and state health care programs in accordance with title 1 Texas Administrative Code, Chapter 371, relating to Medicaid and other Health and Human Services Fraud and Abuse program Integrity.

Documentation of review should include:

- Printed name and signature of the person conducting the review
- First and last name and date of birth If the individual or entity:
- Whether the individual or entity is excluded and
- Date an excluded individual was reported.

1.11 EQUITY AND INCLUSION

CHRISTABEL, LLC re-affirms its commitment to building an organization that is equitable and inclusive. This means that in all aspects of its operations and at all levels of the organization, CHRISTABEL, LLC works to ensure that there is no discrimination on the basis of, but not limited to, ethnicity, language, race, age, ability, sex, sexual or gender identity, sexual orientation, family status, income, or refugee status (a), nationality, place of birth; generational status (b), political, or religious affiliation.

- a. CHRISTABEL, LLC recognizes that the barriers to employment and services may exist due to immigration or refugee status based on legislation and/or contractual funding obligations.
- b. Generational status is intended to protect individuals with United States citizenship who are first, second, or third-generation immigrants from discrimination.

CHRISTABEL, LLC further recognizes that the increasing diversity among residents in Texas Counties we serve has added cultural, social, and economic benefits to our community. It is also sensitive to the fact that oppressed groups experience marginalization and encounter barriers to full access and participation in the community. CHRISTABEL, LLC seeks to increase access and participation, especially for those who are marginalized, disadvantaged, or oppressed.

CHRISTABEL, LLC encourages individuals to participate fully and to have complete access to its services, employment, governance structures, (board of Directors, committees of the board,

and any board working groups that may be convened), and volunteer opportunities. It shall make every effort to see that its structure, policies, and systems reflect all aspects of the total community and to promote equal access to all. To this end, CHRISTABEL, LLC strives to ensure that:

- a. Discriminatory or oppressive behaviors are not tolerated.
- b. Individuals who engage with CHRISTABEL, LLC for service are valued participants who have opportunities to shape and evaluate our programs
- c. Community programs and services are developed and delivered to give priority to individuals in marginalized communities and are sensitive to the needs of diverse groups.
- d. Programs are delivered in such a way that systemic barriers to full participation and access are eliminated and so that positive relations and attitudinal change towards marginalized groups are promoted
- e. Services are provided with sensitivity to the influence of power and privilege in all relationships, including service relationships, and are delivered in keeping with anti-oppression principles.
- f. Communication materials present a positive and balanced portrayal of people's diverse experiences.

This policy is intended to act as a positive force for equity and the elimination of oppression.

SCOPE

This policy applies to all CHRISTABEL, LLC clients, employees, volunteers, and students.

PROCEDURE

1. CHRISTABEL, LLC has and will continue to work to embed the principles detailed in this policy within all relevant CHRISTABEL, LLC policies and procedures to ensure that equity and inclusion guides CHRISTABEL, LLC in all its endeavors.
2. Individuals who believe that they have experienced harassment or discrimination in a CHRISTABEL, LLC context are encouraged to use the following policies and procedures to have their concerns or complaints addressed:
 - a. Clients and community members must refer to the *Service User and Community Member Complaints* policy.
 - b. Employees, volunteers, and students must refer to the *Harassment and Discrimination* policy.
 - c. Unionized employees may elect to use the *harassment/Discrimination* provisions of the *Collective Agreement*.
3. CHRISTABEL, LLC staff, volunteers, and students may also refer to the *Discriminatory Requests for Service* policy for guidance in addressing clients or community members who made such requests.

1.12 CLIENTS RIGHTS AND RESPONSIBILITIES

POLICY

Individuals receiving service at CHRISTABEL, LLC have both rights and responsibilities. Clients and participants will be educated about their rights and responsibilities in a variety of ways (e.g., posters in service locations, in written form, by staff through the intake and assessment process).

SCOPE

This policy applies to staff of CHRISTABEL, LLC who serve clients and participants with the exception of CHRISTABELL, LLC that will have separate client rights statements particular to the requirements of their setting (e.g., in the case of the Seniors/Youth/Etc.).

LIMITATIONS

Clients have the right to ask for a change of worker; however, the request will only be granted when it is reasonable, and an alternative exists. Requests that are discriminatory in nature will not be granted.

PROCEDURE

1. Staff will explain to clients their rights and responsibilities as a regular part of the intake and assessment process.
2. Program managers will ensure the clients rights and responsibility statement (below) is available in written form to clients and participants in the clients' preferred language.

3. Staff will ensure they are familiar with CHRISTABEL, LLC privacy policies and procedures so that they can answer clients' questions and assist clients in exercising their rights regarding their records.

YOUR RIGHTS AND RESPONSIBILITIES AS A CLIENT OF CHRISTABEL, LLC

Welcome to CHRISTABEL, LLC.

We hope that we can give you the kind of support and help that you are looking for.

When you receive services from CHRISTABEL, LLC you have the right to:

- a. Receive high-quality HCBS-AMH services
- b. Be treated with respect and courtesy
- c. Have your information kept private and confidential as described in CHRISTABEL, LLC privacy statement
- d. Be listened to and have staff work with you to make a plan to address your concerns and needs
- e. Receive service in offices/houses that are safe, clean, and accessible
- f. Get information and support to help you make decisions to improve your situation
- g. Be served without discrimination
- h. Discuss your service with the staff to identify if it is working for you and express any questions or complaints that you may have
- i. Request a change of staff member if there is another staff person available who can address your issues and your request is reasonable. You should know that discriminatory requests will not be considered.

This is what we ask of you:

- a. Treat the staff and others at CHRISTABEL, LLC with courtesy and respect
- b. Let CHRISTABEL, LLC know 24 hours in advance if you cannot make it to any of your appointments. This will give us enough time to notify the provider.

Privacy Officer

The privacy officer for CHRISTABEL, LLC contacts and names will be provided on the website.

1.13 STAFF RIGHTS AND RESPONSIBILITIES

POLICY

CHRISTABEL, LLC is committed to providing a safe, just learning environment for all its employees. No person may cause or allow to cause conditions that are unfair without dignity or violate the human rights of any other employee of the organization.

SCOPE

This policy applies to all CHRISTABEL, LLC employees.

LIMITATIONS

CHRISTABEL, LLC personnel may not:

1. Employ people without a position description and means of systematic evaluation.
2. Violate the terms of the organization's collective agreement or any other employment contract.
3. Promise or imply employment that cannot be terminated with reasonable notice.
4. Deploy employees who regularly fail to demonstrate the attitude, knowledge, and skills required for their position.
5. Allow personnel to work in an unsafe work environment.
6. Prevent employees from grieving in situations where a violation of policy has occurred.
7. Fail to take appropriate, timely action in response to formal or informal allegations of racism, homophobia, sexual harassment, or any other form of discrimination or other contract violations.

RIGHTS

All employees, volunteers, students, and contractors have the right to:

1. Know about any risks or dangers in the workplace.
2. Participate in making the workplace safe.
3. Refuse unsafe work (Section 43, Occupational Health and Safety Act).

1.14 VOLUNTEER RIGHTS AND RESPONSIBILITIES

POLICY

CHRISTABEL, LLC recognizes volunteers as integral to the organization's ability to achieve goals and objectives. Volunteers will be treated with the same professionalism and respect as paid staff and in turn will be expected to act professionally and respectfully.

SCOPE

This policy applies to volunteers and to staff and students who are working with them.

RIGHTS

CHRISTABEL, LLC volunteers have the right to:

1. Be screened using processes that are equitable, fair, and free from discrimination
2. Tasks appropriate to their skills and interests
3. The necessary facilities, equipment, and space to perform their duties
4. Respect and recognition as a valued team member
5. A clearly written position description
6. An orientation to the organization, their position, and the location where they will volunteer
7. A copy of the organization's volunteer policies and any other organizational policies that are relevant to their work
8. Sufficient initial training to accomplish their tasks and on-going training as appropriate to the role

9. Supervision and support in their role
10. Feedback about their volunteer work
11. The opportunity to provide feedback and input
12. Recognition for their contributions
13. Work in a healthy and safe environment
14. Have their confidential personal information dealt with in accordance with
CHRISTABEL, LLC privacy and confidentiality policies
15. Adequate liability insurance coverage
16. Reimbursement for out-of-pocket expenses incurred on behalf of the organization

RESPONSIBILITIES

CHRISTABEL, LLC volunteers have the responsibility to:

1. Adhere to relevant CHRISTABEL, LLC policies and procedures
2. Maintain confidentiality and privacy with regards to organizational, client, and other
information of a confidential nature.
3. Work within the limits of their qualifications, education, and skills
4. Value, support and respect the rights of others
5. Complete and return all CHRISTABEL, LLC registration documents as indicated on the
orientation checklist
6. Maintain an accurate record of their volunteer hours
7. Be punctual and notify their supervisor of absences as much in advance as possible
8. Carry out Volunteer tasks specified in the position description responsibly

9. Maintain a professional attitude toward their tasks
10. Represent the organization accurately and positively to other organizations and individuals
11. Request support when needed
12. Participate in evaluations when asked
13. Address areas of conflict or concern in accordance with CHRISTABEL, LLC policies
14. Attend any designated training or orientation assigned by their supervisor
15. Report any health and safety concerns to their supervisor
16. Provide notice of intention to leave the organization or program

1.15 STUDENT RIGHTS AND RESPONSIBILITIES

POLICY

CHRISTABEL, LLC is committed to providing meaningful learning opportunities to students to contribute to the fields represented by students, to build community capacity and to encourage learning within the organization. Students placed at CHRISTABEL, LLC have rights and responsibilities associated with their learning placement.

SCOPE

This policy applies to students and CHRISTABEL, LLC staff.

RIGHTS

CHRISTABEL, LLC students have the right to:

1. Be screened using processes that are equitable fair and free from discrimination
2. And orientation to the organization their position and their work location
3. A copy of the organizations student policies and any other organizational policies that are relevant to their work
4. A clearly written learning agreement with goals appropriate to their skills and interest
5. Sufficient initial training to accomplish their goals and ongoing training as appropriate to their role
6. The necessary facilities equipment and space to perform their duties
7. Work in a healthy and safe working environment
8. Supervision and support in their role

9. Feedback about their work
10. Evaluation of their performance in accordance with the academic institution's requirements
11. The opportunity to provide feedback and input
12. Have their confidential personal information dealt with in accordance with CHRISTABEL LLC's privacy and confidentiality policies
13. Reimbursement for pre-approved out of pocket expenses incurred on behalf of the organization
14. Adequate liability insurance coverage
15. Respect and recognition as a valued team member
16. Recognition for their contributions

RESPONSIBILITIES

CHRISTABEL, LLC students have the responsibility to:

1. Read sign and honor the organizations confidentiality and conflict of interest agreements
2. Complete a criminal reference check in a vulnerable sector search, if required
3. Complete any other required paperwork
4. Meet regularly with their field instructor for supervision
5. Provide the field instructor with all necessary documentation from the respective educational institution
6. Read and follow all organizational relevant policies and procedures
7. Read and follow all policies and procedures from the relevant professional college

8. Complete documentation of their work according to CHRISTABEL, LLC standards
9. Notify the supervisor as soon as possible if unable to report to CHRISTABEL, LLC due to health or other reasons
10. Participate in performance evaluation
11. Complete their placement as agreed

1.16 SERVICE USER & COMMUNITY COMPLAINT PROCESS

PREAMBLE

CHRISTABEL, LLC values and encourages the feedback of service users and community members about the programs and practices of the organization. Complaints can provide important opportunities for improving service. A complaint may be defined as an expression of dissatisfaction or unmet expectation. A complaint can be made by the service user or community member with support if necessary. The complaint can relate to any aspect of the organization's programs and services. A service user or community member who believes they have experienced discrimination at CHRISTABEL, LLC contrary to Texas HHSC and Civil Rights can file a claim with the *HHSC Civil Rights Office*

Texas Health and Human Services Commission (HHSC) Office of Consumer Services
and Rights Protection Mail Code 2018
8317 Cross Park, Suite 175
Austin, TX 78754

Toll Free Number: 1-800-252-8154

Local Number: 512-206-5760

Relay Texas, Voice: 1-800-735-2988 Relate Texas, TTY: 1-800-735-2989

If the complaint process cannot or does not satisfactorily resolve the issue, persons have the option to contact the Office of the Ombudsman directly at:

Texas Health and Human Services Commission Office of the Ombudsman Mail Code:
H-700
P.O. Box 85200 Austin, TX 78708

Phone: 877-787-8999

Fax: 512-706-7130 (not toll free)

E-mail: contact@hhsc.state.tx.us

POLICY

CHRISTABEL, LLC is committed to listening to service user and community member complaints and responding in a fair, timely, and respectful manner. All complaints will be given due consideration without reprisal or discrimination. Language support for non-English speaking service users or community members will be provided.

CHRISTABEL, LLC actively informs service users and community members of their right to register complaints (verbal or written) and seek resolution. This information is accessible and publicized in CHRISTABEL, LLC *Client Rights and Responsibility Statement*. Service users or community members who speak languages other than those covered by the latter documents or who have reading difficulties are encouraged to have this policy explained to them by a CHRISTABEL, LLC staff person or the counselor at the beginning of service. CHRISTABEL, LLC will assist persons with disabilities to register their complaints and seek resolution.

All aspects of a complaint will be handled in confidence. However, if the complaint involves allegations of illegal or unethical behavior, information may need to be shared with external authorities.

All complaints are documented. The maintenance of complaint files is the responsibility of department managers.

Complaints deemed a risk to the organization are brought forward to the board of directors by the Executive Director. Complaints related to the violation of board governance policies are

reviewed by the board. Directors (senior management) will provide information about complaints to the Executive Director 's office so that a summary report can be created and submitted to the board annually. Clients with questions, comments or complaints about CHRISTABEL, LLC's privacy policies and procedures or about the collection use or disclosure of their personal information will be directed to the privacy officer.

SCOPE

The *Service User and Community Member Complaint* policy applies to all CHRISTABEL, LLC programs and services.

PROCEDURES

As a goal of CHRISTABEL, LLC is to give sufficient local authority to meet surface users' needs, complainants will be encouraged, but not required to work through the lines of authority within the organization.

To provide maximum support to the staff-service user and community member relationship, the complaint resolution process begins with the involvement of the staff person who provided service, unless this is not in the best interest of the service user or community member.

STEP 1: Receiving a Complaint

1. If the person providing service receives the complaint the service user or community member should be offered the earliest opportunity to discuss their concern(s).
2. If the complaint is received by any staff member or volunteer of the organization other than the person providing service, the service user or community members should be

directed to the person providing service with an explanation of CHRISTABEL, LLC's policy. If the complainant is reluctant to speak directly to the person providing service, they should be referred to that person's immediate manager. The person providing service should be alerted to the existence of the complaint.

3. In hearing a complaint, the person providing service may decide to involve or consult their manager at any stage. This option should be taken if the service user brings a friend or advisor.
4. If the complaint is handled to the mutual satisfaction of the complainant and the person providing service, the complaint and resolution is documented on the *Complaint Form* and a copy is forwarded to the manager of the person providing service in the department Director.

STEP 2: Discussion with a Manager

1. If the person providing service is unable to resolve a complaint, the complainant is offered the opportunity to speak with a manager.
2. The preferred method is to have the manager called the service user or community member. This affords the staff person the opportunity to discuss the matter with the manager prior to any further action or outreach to the complainant.
3. The manager calls the service user or community member as soon as possible after consulting with the person who provided the service.
4. If a service user or community member calls a manager to complain about the person providing the service or about the service provided, the manager should hear the

complaint, but offer no action without discussing the matter with the staff person involved.

5. From the point a manager takes a call from a service user or community member or calls a complainant about a complaint a meeting between the manager and complainant should be offered within five working days.
6. The staff person(s) and manager should jointly plan the response to the service users or community members complaint. Whenever possible the plan should support the integrity of the service user/community members/staff relationship unless clearly contraindicated, the staff person will present at any meeting between the manager and complainant
7. The role of the manager is to resolve the matter to the satisfaction of the service user or community member and staff person(s) or, failing this, to inform the complainant of their right to seek resolution through a meeting with the Director.

STEP 3: Meeting the Department Director

1. If the service user or community member is not satisfied with the response from the manager, the initiative for carrying the complaint to the Director rest with the complainant
2. The service user or community member should be informed of the name and phone number of the Director if she/he wishes to pursue the complaint. The Director is alerted immediately if a call is anticipated, and a copy of the completed *Complaint Form* is provided.

3. If requested, the Director will meet with the service user or community member within two weeks of receiving the request.
4. Prior to this the Director will contact the manager and the staff person and seek any necessary consultation. Whenever possible the Director will attempt to involve the staff and manager in the planning process and may invite one or both to the meeting.
5. The Director will attempt to resolve the problem with the service user or community member. Whatever the outcome the Director will inform the complainant by mail not more than two weeks after the meeting.
6. The Director will inform the Executive Director of the meeting with the service user or community member and the outcome.

STEP 4: Meeting the Executive Director

1. If the service user or community member is not satisfied with the response from the Director, the complainant may take the complaint to the Executive Director and should be informed of the name and phone number of the Executive Director
2. The Executive Director should be alerted immediately if a call is anticipated, and a copy of the completed *Complaint Form* should be provided.
3. If requested, the Executive Director or her or his designee will meet with a service user or community member within two weeks and attempt to resolve the matter.
4. Prior to this, the Executive Director will inform the Director, manager, and the staff person(s) of the approach and seek any necessary consultation.

5. Whenever possible the Executive Director will involve the staff person and manager in the planning process and may invite one or all of them to the meeting.
6. Prior to the meeting the director will ensure that a letter bearing his/her signature is sent to both the service user or community member and the Executive Director outlining the complaint and all the steps taken to resolve the complaint.
7. Within two weeks of the meeting the service user or community member, the Executive Director or his/her designee will send a letter to the complainant setting out any agreement reached, or failing this, the Executive Director's decision regarding the complaint. The person(s) providing the service and those at the first level of authority will be kept informed throughout all attempts to resolve complaints. In instances where there is an allegation of criminal or serious ethical breach of conduct by CHRISTABEL, LLC personnel, the Executive Director may waive the requirement to inform personnel until legal and or police advice is sought and may continue to refrain from informing the person during the course of an investigation providing there is no breach of a legal or contractual standard. While every attempt should be made to achieve a positive resolution with the complainant, the integrity of CHRISTABEL, LLC policies and the integrity and safety of CHRISTABEL, LLC personnel and other service users or community members must be maintained.

DOCUMENTATION

All complaints received from a service user or community member or initially documented by the staff person who received the complaint using the *Complaint Form*. A flag noting that a

complaint has been received as placed in the client or community member's record. A copy of the complaint is forwarded to the staff person's manager.

The complaint file (includes all documentation, correspondence, resolution, and follow up) is maintained separately from the service user's clients record or the community member's file in the appropriate director's office.

A record of the complaint will be made available to the complainant on request except in the case where the confidentiality of another service user or community member may be breached. These records will be retained for the same period of time as the client or community member record (currently this is 10 years).

SERVICE USER OR COMMUNITY MEMBER INFORMATION

Name:

File Number:

Contact:

SERVICE USER/COMMUNITY COMPLAINT FORM

COMPLAINT INFORMATION

Date of Complaint:

Complaint Issues:

Solutions Sought by Service User or Community Member: (note the solutions the complainant is seeking to each of the issues listed above)

Complaint Background: (brief description of client's circumstances and situations leading to the complaint)

ACTION(S) TAKEN:
STEP 1:
Date:
Staff Involved:
Notes:
Next Steps:
STEP 2:
Date:
Staff Involved:
Notes:
Next Steps:
STEP 3:
Date:
Staff Involved:
Notes:
Next Steps:
STEP 4:
Date:
Staff Involved:
Notes:
Next Steps:

OUTCOME RESOLUTION

(Describe outcome of complaint and any improvements implemented as a result)

Name of Staff Member

Signature

Name of Manager

Signature

Name of Director

Signature

Date

1.17 CONSENT FOR SERVICE

POLICY

To be valid, consent must be:

1. Voluntarily given, without any misrepresentation or fraud
2. Given by a person who is capable of making service decisions
3. Informed (meaning the person has been given sufficient information about the service and any implications of giving the consent)

CHRISTABEL, LLC programs and services are voluntary, unless mandated by court order. Participation in services is considered consent for service since clients are at liberty to withdraw from service at any time. CHRISTABEL, LLC does not work with any client who does not consent to service.

CHRISTABEL, LLC services and policies are first explained verbally at intake. At the first appointment. All clients will receive written information describing the service, relevant CHRISTABEL, LLC policies and client's rights. The client will be asked to read the information and sign a form indicating that they understand the policies and consent to service. In some situations, signed consent may not be possible. In such cases, staff will explain the contents of the document and obtain verbal consent. Verbal consent. Will be documented in the assessment.

SCOPE

This policy applies to all CHRISTABEL, LLC programs and services.

DEFINITIONS

- **Expressed consent** is verbal or written consent for service.
- **Implied consent** is consent that is implied either by the words or the behavior of the client or by the circumstances under which services are given. For example, where a client arranges an appointment, attends the appointment, and participates in service, consent can generally be implied.

Consent can be given by the client or the client's legally authorized representative (such as a legal guardian or a person having a power of attorney).

PROCEDURES

1. Written Information

- a. CHRISTABEL, LLC will ensure that written information describing the service, relevant CHRISTABEL, LLC policies and client's rights is available in the most common language of service. The information will include a brief description of CHRISTABEL, LLC services, eligibility for service, policies on confidentiality and access to records, fees, client rights and responsibilities, and procedures for complaints.
- b. The written information is provided to all new clients at their first appointment or as soon as is practical. Clients will be asked to review the information.
- c. Staff will provide help if needed (e.g., help to address challenges due to literacy, fluency in English, disability, or lack of familiarity with the concepts).

2. Written Consent

- a. The CHRISTABEL, LLC Settlement Worker will answer any questions about the written information.
- b. The client will be asked to sign a form acknowledging that the client understands the information and consents to service.
- c. Once assured of the client's consent and acknowledgement, staff will file the consent form and indicate the consent has been received in the client record.
- d. In exceptional circumstances, the client may be asked to sign the consent form as soon as practical and/or verbal consent will be obtained and documented in the client record.

3. Client Withdrawal of Consent

- a. A client may choose not to participate in a particular CHRISTABEL, LLC program.
- b. Staff will document the client's withdrawal of consent in the client file and close the file.

1.18 CLIENT RECORDS & PRIVACY, CONFIDENTIALITY & RELEASE OF INFORMATION

POLICY

In the course of delivering its services and programs, CHRISTABEL, LLC collects personal information from its clients. Personal information means any information that could be used on its own, or with other information, to establish the includes any other information about a client including information that is contained in a client record.

CHRISTABEL, LLC collects, uses, and shares client's personal information for the following purposes:

1. Providing quality programs and services to clients
2. Providing information to other people or organization with client consent (for example, making a referral for service)
3. Contacting clients, donors, and members to evaluate CHRISTABEL, LLC service and work
4. Conducting research to understand the kinds of issues our clients are facing
5. Contacting individuals about our fundraising and membership activities
6. Reviewing client files to ensure high quality of service and documentation

CHRISTABEL, LLC May also collect, use, and share personal information with consent or as permitted or required by law.

CHRISTABEL, LLC is committed to protecting the privacy of his clients and ensuring that:

1. The personal information it receives from clients is kept safe, secure, confidential, accurate, and up to date.
2. Clients understand why their personal information is collected by CHRISTABEL, LLC
3. CHRISTABEL, LLC obtains client consent before collecting, using, sharing, or releasing client information, except as set out in this policy or permitted or required by law
4. Only the personal information necessary for the purposes listed above is collected from clients, unless otherwise consented to by the client or permitted or required by law
5. Access to client information is limited to the CHRISTABEL, LLC employees, volunteers, and students involved in delivering services to clients
6. Any external agents to whom CHRISTABEL, LLC releases information have a need to know and only use and disclose client information for the purposes for which it was originally provided
7. Clients are able to withdraw their consent at any time to the collection, use and disclosure of their personal information
8. Clients have access to their record, except where CHRISTABEL, LLC is entitled to refuse an access request, and are able to copy or correct their record and ask questions about CHRISTABEL, LLC privacy policies and procedures
9. Complaints about CHRISTABEL, LLC privacy policies and procedures are handled efficiently and effectively

10. All legal and regulatory requirements regarding client information are met and maintained

Only a person who provides a provincially funded health resource to an individual may require the individual to produce his or her health card. CHRISTABEL, LLC personnel may ask clients to voluntarily provide their health card number in order to facilitate referrals to provincially funded health resources. CHRISTABEL, LLC will be responsible for keeping accurate and adequate records that document the services provided to the client in progress notes. The progress note shall meet the following requirements:

1. All entries must be legible
2. Use only ink
3. Every page must have some form of individual identification
4. The name of the individual receiving the service
5. The name of the service and a description of the service provided
6. The date of the contact the next line starts and stop time of the contact
7. The location where the service was provided
8. The individual's response to the services being provided
9. The progress or lack of progress in addressing individuals' outcomes as identified in the Individual Recovery Plan
10. Summary of activities and behaviors which occur during the provision of the service
11. The signature and credentials of direct service staff
12. All words must be tailored to the changing needs of the individual

13. Correcting errors: Do not use correction tape/fluid, or scribble over; Instead: draw a single line through the error and initial: then enter correct material
14. Only original authors may make alterations
15. Reviewers or supervisors may not edit original authors but may supply an addendum with dated signature; and
16. Acronyms and abbreviations; Use only universal or County designated acronyms and abbreviations.

SCOPE

This policy applies to all CHRISTABEL, LLC employees, students, and volunteers.

PROCEDURE

1. Obtaining Consent

- a. As CHRISTABEL, LLC services often involve collaboration and consultation among employees, CHRISTABEL, LLC employees will discuss the following with new clients:
 - i The nature and extent of consultation and collaboration in the CHRISTABEL, LLC program or service which the new client is accessing
 - ii The personal information that CHRISTABEL, LLC may collect
 - iii The purposes for which CHRISTABEL, LLC collects, uses, and shares personal information, as listed above

- b. Clients' rights and responsibilities including rights related to keeping client's personal information private will be reviewed with all new clients at their first appointment following intake
- c. Clients will be asked to use a form indicating that the organization's privacy policies have been discussed and that the client consents to the collection, use and sharing of personal information for the purposes listed in this policy.
- d. The signed forms will be maintained by the program (e.g., in the client's paper record, filed centrally within the program). A note will be made in the client's electronic record that the form has been signed.
- e. In cases where it is not possible or practical to obtain the client's written acknowledgment (e.g., telephone only service), a verbal acknowledgment that the organization's privacy practices have been explained to, and accepted by, the client will be recorded in an activity note in the client's record.
- f. Consent will be that of the individual and must be knowledgeable, relate to the personal information, and not be obtained through deception or coercion. I consent to the collection use or sharing of personal health information about an individual is knowledgeable if it is reasonable in the circumstances to believe that the individual knows, (a)the purpose of the collection, use, and or disclosure, as the case may be; and (b) that the individual may give or withhold consent.
- g. In the event that employees are concerned that the client does not have the capacity to consent to the collection, usage, and disclosure of his or her personal information, employees should:

- i Consider whether the client understands the decision they are being asked to make
- ii The question of whether the person understands the reasonably foreseeable consequences of the decision or lack of decision
- iii Consult with their supervisor

2. Clients Withholding, Limiting or Withdrawing Consent

- a. Clients have the right to stipulate who will have access to their personal information. This means that they can withhold, limit, or withdraw their consent to the collection, use or disclosure of personal information. The request may cover all or a specific part of a client's record. When this happens, staff will implement the following “lock-box” procedure.
- b. Electronic records: The CHRISTABEL, LLC employee receiving the clients request to withhold, limit, or withdraw their consent will:
 - i Record the verbal instructions by the client in an activity note in the client's electronic record
 - ii Scan any written instructions by the client into the client’s electronic record
 - iii Notify the information Technology (IT) department of the client’s instructions and the IT department will limit access to the electronic record in compliance with the client’s request (e.g., closing access to the record: limiting access to the individuals specified by the client to be allowed access).
- c. Paper records: If the client also has a paper file:

- i. The clients' file (either in whole or in part depending on the clients' instructions) to which access is to be limited will be placed inside an envelope that will be sealed with the instructions from the client stapled to the outside of the file. If the client's request is to withdraw consent, the file will be safeguarded by CHRISTABEL, LLC's privacy officer. If the client's request is to withhold or limit consent, the supervisor responsible for the program will determine how to best comply with the client's request.
- d. In cases where the withholding, limiting, or withdrawal of consent will limit or prevent CHRISTABEL, LLC from continuing to deliver services, employees will discuss with the client the consequences of their withholding, limiting, or withdrawal of consent.

3. Higher Levels of Confidentiality (Use of Aliases)

- a. CHRISTABEL, LLC serves clients periodically that require a higher level of confidentiality. For example public figures, staff of CHRISTABEL funders, LLC, former staff, students, and volunteers who may not wish to be known that they are accessing CHRISTABEL, LLC's services.
- b. In such situations, programs will provide clients an opportunity to select and use an alias. The alias will be used in the client record and in the client's interactions with CHRISTABEL, LLC.
- c. A list of the aliases, clients' real names, and file numbers will be confidentially maintained by a designated person in each department with a copy to the CHRISTABEL, LLC Privacy Officer.

- d. A higher level of confidentiality designation does not invalidate the normal legal limits to confidentiality, which includes subpoenas, search warrants, and the right of government funders to audit client records. Clients must be informed of these limitations on confidentiality.
- e. The Human Resources department will provide names of new staff members, volunteers, and students to the CHRISTABEL, LLC Privacy Officer so that a check of the client database can be completed. If the individual has received services from CHRISTABEL, LLC in the past, an alias will be assigned to the record in order to maintain the privacy of the new staff member, volunteer, or student.

4. Disclosure Without Consent Including Responding to Summons/Subpoenas/Court Orders and Requests from Police

- a. CHRISTABEL, LLC will not disclose the personal information of clients without their consent, except where:
 - i. It is believed the client or someone else is in imminent danger of serious physical harm (see *Duty to Warn* policy)
 - ii. CHRISTABEL, LLC is subpoenaed or is otherwise served with a court order, summons, warrant or a similar requirement issued by a person who has jurisdiction to compel the production of information in a proceeding
 - iii. It is otherwise permitted or required by law.
- b. If a CHRISTABEL, LLC employee, student, or volunteer is served with a warrant, summons, subpoena, order, or similar requirement issued in a proceeding, the individual must immediately notify their supervisor, who will provide advice and

direction as to how to respond. CHRISTABEL, LLC employees, students, or volunteers should follow the same procedure in response to requests by police officers for client information.

- c. In general, where an order, summons, warrant, subpoena, or other requirement to produce documents has been served on CHRISTABEL, LLC, CHRISTABEL, LLC will:
 - i. Make every attempt to respond in a way that is respectful of the order or other requirement, while at the same time taking steps to preserve the client's right to confidentiality
 - ii. Making an exact copy of the file to remain at CHRISTABEL, LLC and deliver the documents to the court or other proceeding in a sealed envelope marked “private and confidential”.
- d. Where CHRISTABEL, LLC discloses personal information without the client's consent, the client will be notified of such disclosure as soon as reasonable, practical, safe, and or legally possible in the circumstances.

5. Release of Information with Client Consent

- a. Subject to Section 4, personal information, whether all or part of a client record, will not be released to third parties without the written consent of the client or the client's substitute decision maker, where applicable. Clients are required to complete the CHRISTABEL, LLC *Authorization to Request or Release Information* form, depending on the nature of the request. Consents provided on these forms are valid for one year, unless otherwise limited or withdrawn by the client in advance of that

date. CHRISTABEL, LLC may disclose a client's personal information, provided that the disclosure to the best of CHRISTABEL, LLC's knowledge, is for a lawful purpose.

- b. Reports from third parties contained in a client record may not be released without the written consent of the third party. Clients will be encouraged to pursue access to this information directly with the third party.
- c. In exceptional circumstances, where written consent is not possible, the oral consent of the client to the release of personal information will be accepted and will be recorded in the client's file.
- d. In response to requests to release information to third parties, the CHRISTABEL, LLC service provider will ensure that the client understands the purpose for which the information is being released and to whom the information is being released. The CHRISTABEL, LLC service provider will also explain that CHRISTABEL, LLC cannot guarantee the confidentiality of the information once it has been released.

6. Safeguarding of Personal Information

- a. Client information stored electronically is protected by password. Access to the CHRISTABEL, LLC electronic databases limited on a need-to-know basis for added security.
- b. Client information collected in hard copy form is stored in locked cabinets accessible only by the counselors or other CHRISTABEL, LLC employees, students, and volunteers providing service to the client, and the relevant program managers.

- c. Access to client information will be limited to those who need to know the information for the purposes set out in the client's consent or as otherwise permitted or required by law.
- d. CHRISTABEL, LLC employees will never leave client personal information, in paper or electronic form, unattended or exposed to anyone other than the client.
- e. CHRISTABEL, LLC will not send confidential personal information to clients by email without the clients' prior consent. Personal information sent to clients or about clients will employ secure email. (Note that secure email ensures messages are encrypted. CHRISTABEL, LLC's regular email program is not a secure email.)
- f. Web-based counseling will use an encrypted website to protect client privacy and confidentiality.
- g. CHRISTABEL, LLC requires external agents, such as third-party auditors, to maintain the confidentiality of the client information and refrain from using client information for any purpose other than the purposes for which consent was provided by the client. Where appropriate and necessary, CHRISTABEL, LLC will obtain the consent of the client to disclosure of information to external agents. (External agents are persons or companies with which CHRISTABEL, LLC has contracts and that may come into contact with personal information.)
- h. When disposal is permitted or required, records of client's personal information will be disposed of in a secure manner such that reconstruction of the records is not reasonably foreseeable in the circumstances.

7. Notice to Clients of Theft, Loss, Unauthorized Access, Use or Disclosure of Personal Information

- a. Employees are required to report to their supervisor and to the CHRISTABEL, LLC Privacy Officer any theft, loss, unauthorized access, use, or disclosure of personal information of CHRISTABEL, LLC clients. And programs where funders require it, managers will file a serious occurrence report in this situation.
- b. In the event of such theft, loss, unauthorized access, use, or disclosure of personal information of a CHRISTABEL, LLC client, CHRISTABEL, LLC will notify the client as soon as possible.
- c. Oral contact with the clients will be logged in the client record and will be followed up by a letter, which will be included in the client record.
- d. In the case of former clients, contact will be made orally, if possible, and in writing, at the last known address for the client recorded in CHRISTABEL, LLC database.

8. Client Access to and Correction of Personal Information

- a. Clients wishing to review their records should contact the CHRISTABEL, LLC service provider, relevant program manager, or Privacy Officer.
- b. Within 30 days of any such request, an appointment will be made for the client to review his/her personal information in a confidential manner on CHRISTABEL, LLC premises, in the presence of a CHRISTABEL, LLC employee, unless CHRISTABEL, LLC is entitled to refuse the request, in which case written notice will be given. Clients may bring a support person to this appointment if they wish. Up to 60 days may be required in the case of complex search for records. In exceptional

- circumstances (e.g., a client is unable to come to the CHRISTABEL, LLC office due to health issues), a copy of the record may be sent to the individual with consent.
- c. CHRISTABEL, LLC is required to retain client personal information that is the subject of a request for access for as long as necessary to allow the client to exhaust any recourse under the *Personal Health Information Protection Act, 2004* that he or she may have with respect to the request. This may require CHRISTABEL, LLC to maintain the record for longer than the typical client record retention period.
 - d. Clients who wish an explanation of their records may contact their CHRISTABEL, LLC service provider, the relevant program manager, or the CHRISTABEL, LLC Privacy Officer.
 - e. Clients will not be permitted to access third party records without the consent of the third party. In such cases, the CHRISTABEL, LLC service provider will direct the client to obtain the requested information directly from the third party.
 - f. Clients wishing to correct information in their file shall provide the correction in writing to CHRISTABEL, LLC period their written correction will be included in the client's record and, within three weeks of receipt, CHRISTABEL, LLC will notify the client of its response to their correction.

9. Appointment of a Privacy Officer

- a. The name of the Privacy Officer for CHRISTABEL, LLC shall be provided
- b. The name and contact information of the Privacy Officer will be made available on the CHRISTABEL, LLC website (www.christabelllc.co), in the *Client Rights and Responsibilities Statement*, and in the CHRISTABEL, LLC Employees Directory.

c. The duties of the Privacy Officer include:

- i
 - ii Maintaining knowledge of privacy legislation and regulations
 - iii Ensuring that all employees and volunteers have training on the privacy policy
 - iv Monitoring employee compliance with CHRISTABEL, LLC privacy policy
 - v Responding to privacy-related complaints and concerns
 - vi Responding to requests for access and correction
 - vii Responding to inquiries from the public about CHRISTABEL, LLC's privacy practices
 - viii Liaising with other organizations, the public, and the government, as necessary, on privacy-related issues.

10. Inquiries and Complaints

- a. Questions, comments, or complaints about the CHRISTABEL, LLC privacy policies, and procedures or about the collection, use, or disclosure of personal information will be directed to the Privacy Officer.
- b. The Privacy Officer will follow the procedures set out in the Service User and Community Member Complaints policy in responding to, resolving, and recording privacy-related complaints.
- c. If the client is not satisfied with the response provided by the Privacy Officer, the client. May contact the *HHS Privacy Division, P.O. Box 149030, Mail Code 1355, Austin Texas 78714. By email at privacy@hhsc.state.tx.us or toll-free by phone at 877-378-9869.*

CHRISTABEL, LLC

AUTHORIZATION TO REQUEST OR RELEASE INFORMATION

Client Name:

Client Address:

Date of Birth (day/month/year):

I hereby authorize the following designated office or person of CHRISTABEL, LLC to release or request the following personal information about me:

___Request verbal report(s) from:

___Request written report(s) from:

___Release verbal information to:

___Release written information to:

(List agency, organization, school, hospital, professional, etc. on lines above)

The following information:

For the purpose of (specify):

This authorization can be terminated at any time in writing.

This authorization is valid for the duration of involvement, up to one year.

Signed: _____

(Client 18 years of age or older)

Date

Witness signature

Signed: _____

(Parent or Legal Guardian)

Date

Witness signature

1.19 RETENTION OF CLIENT RECORD

POLICY

CHRISTABEL, LLC will keep all records in any form required by the provider agreement, including electronic and paper records, until whichever latest of the following occurs:

1. Ten years from the date the records were created
2. Any audit exception or litigation involving the records is resolved.

Clinical records will be stored in a “double-locked” manner. Records will be locked in a filing cabinet located within a locked office. If records must be transported, CHRISTABEL, LLC will maintain the “double-locked” and safeguarding requirements by transporting records in a lockbox inside a locked vehicle trunk, and such record-containing box will not be left in an unattended vehicle. Electronic health records (EHR) will be stored in a password-protected computer located within a locked room.

The exchange or sharing of confidential information, particularly protected health information or other sensitive personal information will be done in compliance with HIPAA so as to maintain and protect the confidential information to the extent required by law.

CHRISTABEL, LLC will maintain the following and the clinical record for each individual:

- a. Demographic contact interaction for the individual
- b. Determination letters
- c. Notification of Participant Rights Form

- d. Documentation of Provider Selection Form
- e. Individual Recovery Plans
- f. Safety Plans and Crisis Plans
- g. Respite Provider Form
- h. Transportation Logs
- i. Progress Notes for all HCBS-AMH Program documentation
- j. Personnel Records

1.20 DISCRIMINATORY REQUESTS FOR SERVICE

POLICY

All service users (clients, groups, or communities) have the right to expect professional, nonjudgmental service that is sensitive and appropriate to their needs and consistent with CHRISTABEL, LLC *Equity, and Inclusion* policy. These values also guide the organization in dealing with service requests that are discriminatory towards our staff, students, volunteers, or other clients.

Clients or referral sources who insist on being served by a certain type of provider or refuse certain types of providers (e.g., a person of a certain culture, race, or sexual orientation) will be evaluated carefully. Requests that are deemed discriminatory and or counter to CHRISTABEL, LLC policy will be denied.

CHRISTABEL, LLC recognizes that people can encounter systemic barriers to full access and participation in the broader community on the basis of their ability, ethnicity, gender, race, and sexual orientation. These barriers may lead a client or referral source to make a specific request in order to allow for full access and participation. CHRISTABEL, LLC is committed to balancing the inequities and increasing access to services while still maintaining its values.

SCOPE

This policy applies to all CHRISTABEL, LLC programs services and clients.

LIMITATIONS

CHRISTABEL, LLC's ability to respond to client requests may be limited by:

- a. Available resources
- b. Finding contracts that limit service to a particular community or group
- c. Organizational policies and procedures

PROCEDURE

1. Requests for service by a potential client or referral source which seemed to be discriminatory in nature will be reviewed carefully by the manager of the program where service is being requested.
2. When a service request is discriminatory, for example, the client or a referral source will not accept an appointment with an employee from a different racial or ethnic background or sexual orientation, the request will not be honored.
 - a. Staff will explain the refusal and CHRISTABEL, LLC *Equity and Inclusion* policy.
 - b. If the client changes his/her mind and is open to service, staff will offer the first available appointment and encourage the potential client to meet with this assigned counselor.
 - c. If the potential client or referral source continues to refuse the assigned counselor (e.g., says does not want someone with a foreign-sounding name), they will be deemed to have refused CHRISTABEL, LLC services.
3. A group that refuses to hold an activity in one of CHRISTABEL, LLC meeting rooms and is less guaranteed that another group will not be in the building at the same time, is told this cannot be done.

4. At any point in service, client concerns about CHRISTABEL, LLC staff or practices will be handled using the established complaints protocol.
5. At any point in service, CHRISTABEL, LLC employees, students, or volunteers can involve their manager if they feel they are being affected by discrimination. A decision will then be made about the most appropriate outcome (e.g., termination of service, assignment to a new staff member).

1.21 ASSESSMENT & SERVICE PLANNING

POLICY

Assessment service planning is an ongoing, collaborative, and continuous process at CHRISTABEL, LLC. This process is a mutual exploration of the client's issues and strength, complemented by the staff's professional perspective and recommendations resulting in a jointly created plan with mutually agreed-upon goals.

SCOPE

This policy applies to all CHRISTABEL, LLC employees involved in direct service.

PROCEDURE

1. Assessment begins in the initial interview and builds on the information and presenting issues gathered during intake.
2. The initial assessment seeks together basic information, to explore client strengths and issues, and determine the client's desired outcomes. Based on the assessment, staff will work with the client to jointly create a service plan with mutually agreed upon goals which is documented in the client record.
3. Contextual information is gathered, as relevant and appropriate to the nature of the issues and outcomes desired, such as:
 - a. The client's presenting issue
 - b. History of the issues
 - c. Client's strengths and resources

- d. Safety issues (e.g., abuse, the current risk of self-harm, previous suicide attempts)
 - e. Physical and mental health issues
 - f. Social and environmental context (e.g., social support, work situation, income, living situation, neighborhood, family background)
 - g. Formulation of the problem/issue
4. The Settlement Worker and client will agree on the service goals to be achieved, the expected length of service, and any potential interventions that may be required to achieve the stated goals. This plan for the service will be documented in the assessment.
 5. Safety issues must be explored as appropriate. If there are any concerns, staff should follow the appropriate policy (e.g., adult abuse, client suicide). Where there is a risk of imminent harm, the assessment of risk and the development of a safety plan takes precedence over all other activities.
 6. Staff will summarize or formulate the issues to the client in a way the client can understand for their consideration.
 7. If more than one service provider is involved, staff should clarify who is ensuring service coordination, if needed, along with a clear direction from the client about the nature of communication among service providers. If needed, consent for the release of information should be obtained.
 8. The fee should be confirmed, where applicable, along with the payment expectations.
 9. The assessment will be documented for each client receiving service in their client record within five working days of the assessment interview.

1.22 REFERRALS TO COMMUNITY SERVICES

POLICY

CHRISTABEL, LLC creates and maintains linkages and relationships with other service providers, organizations, and professionals in the community in order to ensure clients have the opportunity to access the most effective, coordinated, and comprehensive services available. CHRISTABEL, LLC, with the informed consent and participation of the client, may make a referral to another service within CHRISTABEL, LLC or to external resources, at any time in service delivery (i.e., prior to offering service, while service is ongoing, or when services being terminated).

SCOPE

This policy applies to all CHRISTABEL, LLC personnel (employees, students, and volunteers).

PROCEDURE

1. Internal Referrals – Within Programs

- a. If staff determined that clients would be better served by another team member or where it is indicated that more than one counselor is needed (e.g., to work with a couple separately), staff negotiate this with other staff and ensure that they have the informed consent of the client. The manager must be informed.
- b. Once this new arrangement has been made staff must be notified and asked to book the appointment or the staff members must negotiate who will call the client to establish the first interview.

2. Internal Referrals – Between Programs

- a. Generally, internal referrals are made between programs to a worker or program that offers specialized expertise.**
- b. The appropriateness of the referral and the availability of the service will be discussed between staff.
- c. The client will be provided information on the expected waiting time, plans for follow up and the type of service, in order to make an informed decision.
- d. The program should be notified of the internal referral. Upon receipt of the referral, the program staff creates an attention message with the information in the client database and waits for the client to request the new service. If asked by the counselor, staff may open a case for the client in the new program.
- e. Staff will advise the program to which the client is referred to.
- f. The client will be asked to phone staff to request the service from the second worker or program. Staff may offer greater support to facilitate the referral if needed.
- g. When service is currently being provided by two or more CHRISTABEL, LLC programs, service coordination must be provided. In the situation of one program referring a client to another program, the referring person will assume the responsibility of coordination. If the client has initiated receiving the second service, then staff should negotiate the service coordination in the interest of the client and with the client's involvement.

3. External Referrals

- a. The referral of an ongoing client to a service outside of the organization involves an active role of the recovery officer as required by the Texas Department of State Health Services (page 24-32 of the Home and Community-Based Services Adult Mental Health).
- b. The following guidelines apply to external referrals:
 - i make a careful assessment of the client's expressed needs and the recovery manager's perception of that need considering as well the work in progress at that time period
 - ii Ensured the client's involvement in the process as well as in the decision-making, including suggesting possibilities and alternatives.
 - iii Support the referring staff member's active participation either through direct contact with the selected service or through encouraging the client's initiation of service.
 - iv Ensure referring staff member's continued contact with the client and other service providers, as necessary, including plans for ongoing CHRISTABEL, LLC involvement, follow up and the necessary steps to support the process
 - v Make sure that there is a clear and documented approach to service coordination
 - vi Check that the necessary documents are signed with regards to ensuring informed consent to share information between service providers throughout the referral and service delivery process and or verbal consent to do so is documented in the client record.

- c. When referring to private practitioners, wherever possible, provide clients with a minimum of three appropriate referral resources. If it is not possible to satisfy this minimum requirement, the client must be informed as to why this information must be documented in the client record.

4. Referrals to CHRISTABEL, LLC

- a. CHRISTABEL, LLC asks that clients phone the recovery officers requesting service for themselves as much as possible.
- b. Where it is not possible for a client to phone requesting service, professionals or persons in the community may contact the Recovery Management Entity requesting service on behalf of a client. The client's permission must be obtained before a client case will be opened by the Recovery Management Entity.
- c. CHRISTABEL, LLC does not typically follow up with referring agents to advise them that the person they referred has not called and arranged for service. The exceptions are referrals into CHRISTABEL, LLC mandated programs and programs where this is required by funders. In such situations, the referral source will be notified by telephone or fax that the client has not followed up on the referral and that the file will be closed within a certain period of time to allow the referral agent to contact the individual.
- d. At times, professionals initiating the referral may have questions with regard to CHRISTABEL, LLC services. At this point, the service access staff may call upon and appoint staff to support the process of referral, client contact, and overall service delivery.

- e. The role of the referral sources should be addressed early in the process of service delivery. Clients should be made aware of these discussions and approved decisions made with regard to the coordination of services.
- f. Follow-up with referral sources may be contracted, with client involvement and informed consent. The release of information must be signed and entered into the client file.

1.23 NO REJECTION POLICY

POLICY

CHRISTABEL, LLC may identify they are unable to serve a person either directly or through subcontractors due to the inability to provide a critical HCBS-AMH service for that person. In this CHRISTABEL, LLC will conduct the following:

- a. Complete a Good Faith Effort Exception Form; and
- b. Submit Good Faith Effort Exception Form as outlined in the HBCS-AMH Provider Manual

Through completion of this form, CHRISTABEL, LLC will articulate all reasonable efforts taken to provide the critical service(s) directly or through sub-contract. CHRISTABEL, LLC will document the nature of the service(s) they are unable to provide and how they are critical to the success of maintaining the person in the community.

HHSC will respond to the submission within 5 business days. During such time as a determination can be made, CHRISTABEL, LLC will remain responsible for providing service to the client.

1.24 URGENT SERVICES

POLICY

CHRISTABEL, LLC strives to provide immediate service to clients experiencing distress both routinely and after normal working hours. Recognizing that CHRISTABEL, LLC has limited capacity to respond to such emergencies, staff will involve community resources (e.g., 911, mental health outreach teams) as required and will clearly communicate the limitations of CHRISTABEL, LLC resources.

CHRISTABEL LLC has on-call duty staff after normal business hours during the week, on holidays, and on weekends. CHRISTABEL LLC provides 24/7 services and access to community resources. The community resources include, but are not limited to; MCOT (Mobile Crisis Outreach Team) services, a Suicide prevention hotline, community Psychotherapists and counselors, Emergency hospital services and transportation, and recreational activities. We keep phone numbers of these community resources at each of our supervised living and at the central office. Duty day assignment is just one mechanism by which urgent service and assistance is provided. All clinical staff are expected to serve as duty day workers on a rotational basis with rosters established by each team.

DEFINITIONS

Urgent Service: A system of “on call” staff to ensure immediate response to emergency or urgent service requests during open office hours. ***Duty Day Worker: The primary role of the duty day worker is to respond to emergency or urgent service requests within the limits of their liability to do so. The duty day worker may also be asked to assess whether people requesting service or clients in crisis will be seen, referred elsewhere, placed on the waitlist, or provided with telephone counseling.***

SCOPE

This policy applies to all program and service employees.

PROCEDURE

1. Accessing the urgency of the situation and calling your duty day worker

- a. When a client is upset and requests immediate consultation with the counselor, the staff involved will evaluate from the client's voice, appearance, or the content of the communication whether or not the situation is of an immediate serious nature. If it is apparent that a client is at risk of harming themselves or others, please refer to the *Duty to Warn* policy for guidance on how to proceed.
- b. If there is any doubt about the severity of the situation, the duty day worker should be called.
- c. If the situation does not appear urgent, she/he may ask the client if the situation can wait until a counselor is free or if they would like an alternative resource.
- d. If the client insists on talking to a counselor, or the support staff is convinced by the client's voice, appearance, or the content of the communication that the situation is of an immediate serious nature, a counselor must be involved as soon as possible.

2. Establishing a Duty Day Roster

- a. CHRISTABEL, LLC maintains a system of “on-call” counselors to ensure immediate response to urgent service requests. Programs must clarify the expectations for staff to participate in sharing duty day responsibilities.

- b. The existence of this system does not diminish the responsibilities of other counseling staff and managers to provide immediate responses to clients and consumers when needed.
- c. Counselors are drawn from the participating programs and the program managers are jointly accountable for ensuring the roster is maintained.

3. Serving as the Duty Day Worker

- a. The duty day worker will accept urgent interruptions, including interruptions during an interview. If it is necessary to have Voicemail Call Forward on during an interview, it may be necessary to reach the staff member by knocking on the door instead.
- b. Telephone calls must be returned on the day they are received. Non-urgent telephone requests which require counselor consultation may be returned the next day by the staff person who was on duty the day the request was received.
- c. The duty day worker is responsible for ensuring coverage when she/he must leave the office or is unable to be on duty and for advising relevant staff of the change.

4. Finding emergency support if the duty day worker is unavailable

- a. If the duty day worker is busy or out of the office, other staff may be called for backup. Staff who are not seeing clients should be called first; Otherwise, the manager may be called.
- b. During evening hours, there is no schedule for duty day coverage. Requests may come directly to programs. In case of need for backup counselor support, it will be provided by counselors on the premises. Program managers and/or directors will be available via cell phone to respond to urgent situations requiring additional support/ consultations.

CHRISTABEL LLC will involve community resources as needed 24/7. Phone numbers of community resources are kept at each of our supervised living and at the central office. Each employee and subcontractor have immediate access to the numbers. The community resources most often accessed are MCOT (Mobile Crisis Outreach Team) services, a Suicide prevention hotline, community Psychotherapists and counselors, Emergency hospital services and transportation, and recreational activities.

1.25 COLLECTING & STORING CLIENT DATA

POLICY

CHRISTABEL, LLC maintains an electronic database of information regarding clients and the services provided. Client and service data is collected, summarized and analyzed in order to report to funders, monitor and evaluate CHRISTABEL, LLC work, understand who CHRISTABEL, LLC is serving, and the nature of the services being provided, and advocate for funding. Employees involved in providing direct service or supporting direct service are responsible for ensuring that client and service data is complete, accurate, and up to date.

SCOPE

This policy applies to employees, students, and volunteers who provide direct service or support the provision of direct service.

PROCEDURE

1. Employees, students, and volunteers responsible for providing direct service to clients will enter complete, accurate, and up-to-date information about the client and/or service provided into the electronic database as soon as possible after the service/event information is collected and no later than five working days after the service/event information is collected. This includes client demographics, assessments, activity notes, records of community initiatives, etc.
2. Employees, students, and volunteers must ensure that client appointments are entered into the client and service database prior to clients being seen to ensure accurate records of client service.

3. Employees, students, and volunteers supporting direct service will ensure that information that they are responsible for collecting is complete and timely (e.g., client demographics).
4. Direct service employees, students, and volunteers as well as relevant managers and support staff will monitor the information in the electronic database about clients and services to ensure that information is complete and timely.

1.26 DEALING WITH EMERGENCIES

POLICY

CHRISTABEL, LLC staff, volunteer, student, and client safety takes precedence over all other concerns. CHRISTABEL, LLC will endeavor to ensure that all staff is trained and ready to address emergency situations when they arise. This policy covers medical emergencies such as cardiac arrest, seizures, or loss of consciousness. The individual who first responds to the call for help is responsible for coordinating emergency activities.

SCOPE

This policy applies to all CHRISTABEL, LLC staff, students, and volunteers.

PROCEDURE

When a health emergency occurs, the following steps are to be taken (adapt as necessary based on the location and the circumstances):

1. Stay with the person to the greatest extent possible. Do not move the person if possible until they have been assessed by medical personnel or someone with first aid training.
2. Page, shout, get help or ask someone else to do this. Explain that there is an emergency and the nature of the problem.
3. Call 911 or have someone call 911. When the call is answered, indicate if you need police, fire, ambulance, or a combination. The 911 caller should identify him/herself. The office location and the room location where the incident has occurred. Followed the 911 operator's instructions.

4. Notify reception that 911 has been called so the receptionist can direct emergency response staff upon arrival. If reception is not available and there are other people present on-site, delegate someone to direct emergency response staff.
5. A page for an individual with first aid training or have the reception issue the page: “An individual with first aid training is needed in [LOCATION] immediately.” Repeat twice.
6. Ensure immediate attention is provided to the client and organize first aid attention until emergency services arrive, if necessary.
7. If the emergency occurs in the reception area:
 - a. Depending on the nature of the emergency, one reception staff member may usher spectators away from reception or may remove the person concerned to a quiet room nearby.
 - b. The other reception staff will either attend to the individual of concern or the other people remaining in the reception area.
 - c. Follow the steps above (1-6).
8. Management staff should be advised of the situation at the first available opportunity (if they were not on-site or not involved in managing the emergency).
9. An *Incident Report* should be completed and left for the manager.
10. The relevant manager, in consultation with the person who acted as a crisis manager, should coordinate appropriate post-incident measures, depending on the nature of the emergency in those involved. These steps may be appropriate immediately following the emergency:
 - a. Provide/organize immediate attention and support to all those involved in the emergency, including witnesses.

- b. Provide brief information about the event to others on the site to allay fears and concerns.
- c. Advise staff of support services available to them including EAP debriefing services, EAP Critical Incident Response Team (CIRT), or other support. Arrange for support if they are needed.
- d. Determine the debriefing needs of any client(s) involved in the incident and make arrangements.
- e. Ensure that transportation is available for individuals who have experienced a traumatic incident and wish to go home.
- f. Ensure support from family and friends is available. While it can be helpful to alert those at home that support is needed, consent of the staff member (or client) is required.
- g. A debriefing session should take place within 48 hours of an incident to provide staff with a brief update of the situation and discuss any follow-up. A critical incident debriefing may also be arranged.

SUSPECTED DRUG OVERDOSE POLICY

If staff suspects a participant has taken a drug overdose, they should take the following actions:

1. Immediately notify another staff member of this suspicion (ideally the supervisor or coordinator of the program area involved).
2. Clarify the kind of substance ingested.

3. Clarify the amount of the substance ingested. If it is a liquid, find out the amount in fluid ounces. If it is a medication, find out the number of pills taken and the dosage amount of each pill.
4. Clarify or estimate the time-lapse since ingestion of the substance.
5. Apply Narcan nasally to reverse opioid overdose
6. Call for an ambulance and provide basic response information:
 - a. Gender and age of the person
 - b. Description of substance and amount taken (if know)
 - c. Current physical status (e.g., consciousness or unconsciousness)
 - d. Location/Address
7. Document the time of the emergency response request.
8. Arrange for staff to meet the emergency response unit at the front door.
9. Make the person as comfortable as possible. Assign a staff to remain with the person and provide support. Your single responsibility at this point in time is to link the person to emergency ambulance services for further assessment and transportation.
10. If staff are unsure of the validity of their reported overdose they should still respond in accordance with this protocol. They should not let their investigation slow down potential emergency response to the incident.
11. In the event that emergency response services are unable to assist the person and there is a difficulty, staff should continue to monitor the suspected overdose and take further action as necessary.

CRISIS INTERVENTION: A Step-by-Step Intervention Process

1. Make other staff on duty aware of the situation. Do not challenge the participant.
2. The first death member on the scene becomes the “lead” staff, and the others act as backup. If this is you and you feel that you are unable to handle this situation, ask reinforcement staff to act as they lead while you act as backup.
3. Backup staff should not rush into the situation, even if they assume they have a good relationship with the participant. It can be very intimidating for a participant to suddenly be surrounded by staff, and this may serve to escalate the situation rather than diffuse it.
4. “Back-up” should provide exactly that – backup. It is important for staff to present a united front. It is more useful for all staff to be working together on one situation, than for each person to try to implement their own solution. If you have a concern with the way the lead staff is handling the situation, this should be addressed later, in private, or during the debriefing.
5. Ensure that other participants are out of the way. This will both ensure their safety and may help prevent escalation of the situation. If other participants remain present, their “audience participation” may trigger the participant who is “ready to blow”.
6. If another participant is the target, and get them to a safe place, and if possible, have someone else stay with them.
7. Place yourself in such a way that you can leave the room without obstruction (look for the nearest exit).

8. Keep a safe distance from the participant (but not so far that you must shout). Give participants space to move and do not reach out to touch the person if they're agitated or angry. Do not turn your back on participants.
9. Advise participants, in a calm, steady voice, of consequences if this behavior continues. Give participants time to back down.
10. Use de-escalation techniques (described further below) as you engage the participant.
11. Encourage the person to leave so that they can cool down. Do not follow participants through the door as many violent incidents happen in a doorway. Your guard may be down and then there is a shift in power. Let them leave of their own accord.
12. If the participant refuses to go, warn them that you will have to call the police if they will not leave. Often, talking about calling the police is enough to convince the participant that it is in their best interest to leave. However, if they continue to refuse to leave, you should follow through with the call.
13. Do a debriefing with the targeted participant(s).
14. Do a debriefing with the staff involved.
15. Fill out an incident report.

As much as it is important for staff to train, prepare, and think through their responses to crisis situations ahead of time, it is also important for them to recognize at every conflict is unique, every person in crisis is an individual, and every conflict resolution approach needs to be tailored to the context of the situation and the particular people involved.

CRISIS INTERVENTION: De-Escalation Techniques

Communication:

Making other staff aware of the escalating crisis is, in some ways, the most important step. There need to be mechanisms in place to facilitate your ability to make other staff on duty aware of the situation.

Often, a facility is small enough that staff elsewhere in the building can hear loud and agitated voices. Nevertheless, it is a good practice to have other communication mechanisms in place. For example, **walkie-talkies**, **intercoms** in each room, or **“floating staff”**. The latter is a system where there is a worker in each room of the center and one additional worker who moves from room-to-room. This means that if coworkers have messages for each other, they can communicate them through the “floating” worker.

De-Escalation Techniques:

Often, the best way to diffuse an explosive situation is simply to talk to the person and give them some space to let off steam. Anger and belligerent behavior require a lot of energy to maintain and talking can be a kind of pressure-release valve that keeps these outbursts short. As people begin to talk, you can validate their feelings and help them find constructive solutions to their problems.

Engaging a participant in conversation:

Active listening: Show support in a way that is respectful and real, and not condescending. Explain to the agitated person that you want to understand what is going on, and that you want to hear both (or all) sides of the story. Give them supportive feedback, even as you are trying to

make suggestions for modifying the behavior. For example, I understand why you became angry, but we need to find another way to resolve this situation.

Separate Space: If possible, take the agitated person to a separate space that provides confidentiality and allows the participant to “save face” when they back down. It is best to take the person to a neutral area, like outside of the room, or down the hall, or to go get a coffee, or out for a smoke. Taking them into an office can feel punitive, humiliating, and infantilizing.

Avoid “why” questions: Avoid asking participants “why” questions because this can exacerbate aggression and frustration.

The tone of voice: While it is a good practice to speak in a calm voice and not get agitated in response, be wary of being too calm or too soothing. Appearing too calm can seem like an inappropriate emotional response to an intense situation while being soothing can be perceived as condescending and can trigger participants further. Further, these soft tones of voice are often part of a therapeutic approach that individuals who have been recipients of mental health services have experienced before, and this as well may trigger them further.

Panic spots: Recognize and take advantage of “panic spots” - these are moments where the person loses steam and is unsure how to continue or end the conflict. Staff may be able to use this hesitation to make their own suggestion of the direction this interaction should take, and participants may be more willing to agree at these times.

Writing it down: Depending on the explosiveness or intensity of the outburst, it may be helpful to offer the person a piece of paper and a pen and ask them to write down their concerns.

This may help them calm down and focus, and it can help you demonstrate that you are committed to working with them on the issues they are having.

Talking someone down: As you are talking someone down, use their name, and your name. This shows that you see them as a person and encourages them to see you the same way. Keep your points short and simple. You may find it effective to repeat the same point.

Slow things down: You may feel that you need to act quickly, but it is critical to take a few moments to reflect, order your thoughts, and bring coworkers in. Often situations can ignite by sudden movements, noise, gestures, or obvious displays of nerves. Tell the other person what you're going to do before you do it, particularly if it means moving about and certainly if you must move out of sight.

DOCUMENTATION

After an incident occurs, a report must be filled out as a record of what happened, who was involved, what staff interventions took place, and any required follow-up that needs to be done. The incident report forms should be a **standardized template**, rather than a blank piece of paper. This will ensure that important details do not get lost and forgotten and will help to standardize the information that gets recorded and how it is used. Further, staff will be less vulnerable to individual criticism or accusations of bias if the matter ever goes to court or becomes part of an inquiry.

It is important that this record be filled out as soon after the event as possible so that the memory of all the details is still fresh. It should be signed, not only by the staff who completed the form but also by the staff who witnessed the situation occur as well.

If the manager is present, the manager should also sign the report. If the manager is not present, they should be given the report the next time they are in and they should sign it at that point.

EMERGENCY PROTOCOL

Calling 911 is appropriate in the following situations:

- a. Someone has become violent or aggressive with staff or others
- b. Someone is seriously ill (e.g., seizure, bleeding, or injury)
- c. Someone is actively suicidal (they have threatened to kill themselves or have already taken steps to harm themselves)
- d. You believe that you or others are in immediate danger; or
- e. Another staff requests that you call 911

Calling 911: Tips for the Frontline Staff

When you call 911:

- a. The operator will ask you which emergency service you require; police, ambulance, or fire.
- b. They will ask you for the address. Say the address clearly and give them the nearest major intersection.
- c. Give them your name and explain that you are staff.

Answering 911 Operator Questions

- a. 911 will ask a series of questions about the location of the incident, how many people are involved, and for a description of the individual(s) in question. Answer as calmly as possible and give as much detail as you know. If the incident is happening in another part of the building, explain to the operator that you are communicating with other staff on-site and must-have information relayed.
- b. When 911 asks what the problem is, stick to the facts but ensure that they understand the urgency of the situation. If someone is violent or has a violent history, tell them. If someone has issued a threat of any kind of violence, tell them.

Managing Communications with the 911 Operator

- a. Communicate urgency. If they do not believe the situation is serious, they will give the call a low priority. The 911 operator may make judgmental statements about the situation: simply reiterate that it is very serious, that you would not have called otherwise, and urge them to send help.
- b. 911 may ask questions that we cannot answer (e.g., do you know the person's name). If it is not reasonable to obtain this information safely, explain that you can't provide it but reiterate that help is still needed.
- c. If the situation escalates, call 911 back immediately and tell them. If emergency crews do not respond, call back and ask for a re-call. Continue to do this until the situation is completely resolved to staff satisfaction.

- d. Do not cancel police calls, even if an individual leaves the building. The person may stay in the area, and it is important to make a report.

Staff Back-up

- a. Make sure that you are safely able to make a 911 call. Front desk staff must be able to stay on the line uninterrupted with 911 during an incident. If you are being threatened directly, call maintenance or other staff for backup and maintain a safe distance.

Documentation & Reporting of 911 Calls

- a. Document all dealings with 911 in an incident report and a report to the Manager.
Give details about how the operator treated you, whether or not emergency crews responded, and what the outcome of the incident was.
- b. Any contact with 911 is considered an incident and requires an incident report to be filled out and filed with the appropriate managers.

EMERGENCY SEARCH AND EVALUATIONS PROCEDURES

Basic Emergency Evacuation Procedure:

- a. Pick up client sign-in sheets (if any) and leave the area immediately (so you know who is/was in the building).
- b. Ensure that all disabled persons have the assistance they need to evacuate the building.
- c. Designated staff must check washrooms, offices, meeting rooms, etc.
- d. Go to the nearest exit and leave the building. DO NOT use elevators.

- e. Close the doors behind you. Take the keys with you.
- f. Call 911 as soon as possible. Give the correct name and address of the building, the type of emergency in your name.
- g. Meet at a designated nearby location and verify that all program participants, staff, and volunteers are accounted for. (When conducting drills or discussing evacuation procedures with participants, volunteers, and staff, emphasize the importance of meeting at this designated spot and not leaving the area until others have been able to account for your whereabouts. Explain that if others do not know you are safe, someone may risk their lives to try to find you).
- h. Advise emergency officials of any missing person, their age, physical description, and possible whereabouts in the building.
- i. Notify the Executive Director and/ or supervisor.
- j. No employee other than the Executive Director or his/her designee may speak to the public or the media about the emergency or evacuation.
- k. Do not re-enter the building until you are given permission to do so by emergency officials on the scene.
- l. Complete any reporting required it is per your organizational policies.

Unidentified and suspicious objects:

- a. If you find a suspicious object, DO NOT TOUCH IT.
- b. Note the description of the object, its location, and any other important pieces of information, and report immediately to the authorities.

- c. If an uninvited and suspicious object is found in the building, a quiet and systematic evacuation of the building is required.
- d. In such an event, staff must direct people to quickly and quietly leave the building, maintaining control and minimizing panic. Use the *Basic Emergency Evacuation Procedure*.

FIRE SAFETY POLICY AND PROCEDURES

In the event of a fire:

- a. Before opening any door, feel the knob for heat. If it is not hot, brace yourself against the door slightly and open it. If you feel air pressure or hot draft, close the door quickly.
- b. If you encounter smoke, consider taking an alternative stairwell/exit. Crawl low under the smoke.
- c. Activate the fire alarm and call 911 regardless of the size of the fire. Never assume that this has already been done. Give the correct name and address of the building, the location of the fire, and your name.

If you cannot leave your room or have returned to it because of fire or heavy smoke:

- a. Close your door.
- b. Be sure the door is unlocked so the firefighters can reach you.
- c. If you require assistance and can call 911, do so and let the Fire Department know where you are in the building.

- d. If smoke comes into the room, seal the base of the door with a wet towel or blanket and crouch down low to the floor.
- e. Move to the most protected area you can and open a window if possible. (Keep the window closed if smoke comes in).
- f. Wait to be rescued.
- g. Listen for any instructions by emergency personnel.

Fire Drill Procedures:

- a. Fire drills will be conducted by designating a staff person in coordination with the local Fire Department. Drills will be done on a regular basis to ensure that all participants, staff, and volunteers are familiar with the building evacuation procedures.
- b. After each drill a designated person will complete a *Fire Drill Report*.
- c. Fire extinguishers will be placed throughout the facility and will be tested annually and logged by a designated person.
- d. Fire extinguishers do not replace the need to call fire emergency services. Always call 911 when a fire occurs, even a small fire. Fire extinguishers are not designed to fit large or spreading fires.
- e. All staff and volunteers must be familiar with the location and operation of fire extinguishers.
- f. All new staff, volunteers, and program participants must be oriented to fire exits and building evacuation procedures.

- g. At least one staff member per shift, and, where possible, all staff members, are required to have a recognized First Aid and cardiopulmonary resuscitation (CPR) certification and should be trained in basic first aid and emergency procedures. This will be updated every two years or upon expiration.
- h. If an individual is injured, staff will ensure that the person receives appropriate first aid and medical attention. An accident report will be completed and filed in the program's records.
- i. The program must complete any reporting required as per organizational policy.

CHRISTABEL, LLC

INCIDENT REPORT

Date of incident: _____ **Time:** _____

Duration: _____

Location and Program:

Participant(s) involved:

Staff involved:

Name of Ambulance Attendant/Police Officer and badge# (if applicable:

Type of Incident:

Behavioral ☐

Medical ☐

Injury ☐

Property damage ☐

☐ Emergency (specify):

☐ Other (specify):

Description of Incident *(attach another page if more space is needed):*

Action Taken:

Follow-up/Next steps

Staff completing report:

Print Name	Signature
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Witness:

Print Name	Signature
-------------------	------------------

Supervisor/Manager:

Print Name	Signature
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1.27 CONFLICT RESOLUTION

CHRISTABEL, LLC recognizes that at time misunderstandings and conflicts may occur. CHRISTABEL, LLC is committed to resolving conflicts in the residential and work environments at the lowest level and before incidents occur.

Conflict will be managed at the lowest level, between individuals first, and with the mediation of CHRISTABEL, LLC leadership if necessary using the following steps:

1. Define the source of the conflict. Using a series of questions to determine the source of the conflict. “How did the problem begin?”, “When did you first feel upset?” Using active listening to encourage each party to share their story
2. Look beyond the incident. Often it is not the situation but the point of view that causes the disruption. Once again, using probing question and active listening techniques.
3. Request solutions. Asking each party how the situation could be changed or avoided going forward.
4. Identify solutions all parties can support. Suggesting the most acceptable and appropriate course of action. Further actions may be necessary for greater cooperation and collaboration to occur.
5. Establish agreement. The goal is to reach a negotiated agreement that will work within the confines of the environment for all parties, keeping safety and program integrity at the forefront of all agreements.

If an agreement cannot be reached or the situation escalates, additional behavioral and safety policies will apply.

1.28 AGGRESSIVE OR THREATENING BEHAVIOR

POLICY

CHRISTABEL, LLC promotes a safe and secure environment and does not tolerate aggressive or threatening behaviors. This policy covers how to deal with aggressive or threatening behavior on the part of the clients, people associated with clients, or the public. Staff, students, and volunteers do not have to tell the right such behavior and should report it immediately. Zero tolerance of aggressive or threatening behavior extends to all CHRISTABEL, LLC locations, including off-site home and community settings.

A series of steps can be taken to ensure a safe and secure work environment including:

1. Physical precautions in the work setting to prevent or safeguard against aggressive or threatening behavior.
2. Safety precautions in advance of problems including minimum coverage and case review in advance of an interaction with a high-risk client.
3. Limiting, refusing, or withdrawing service in the face of aggressive or threatening behavior.
4. Using co-leadership for groups where there may be safety issues.
5. Implementing service alerts or email alerts for clients who pose a safety concern.
6. Managing aggressive or threatening behavior.

Every effort will be made to ensure that clients are not stigmatized by inaccurate information. However, in ambiguous situations the safety needs of staff, volunteers, students, and other clients must take precedence.

DEFINITION

Aggressive or threatening behavior can include:

- a. Menacing, angry, loud, and/or abusive language
- b. Communicating a threat of bodily harm or injury to property, either verbally or through physical behavior
- c. Brandishing any object as a weapon
- d. Any threat, real or implied
- e. Any behavior that makes a staff person, student, or volunteer feel unsafe
- f. Loss of control

The aggressive or threatening behavior may be exhibited by the client or by someone associated with the client (e.g., a partner, relative, or friend).

SCOPE

All CHRISTABEL, LLC staff, volunteers, and students are covered by this policy.

PROCEDURE

1. Precautions to take **PRIOR to interacting with individuals or groups who pose a safety risk or concern**

- a. Review client file in determine which safety precautions to take, including:

- i Using an alternative interview right rather than personal office
 - ii Reviewing the Safety Alert System at your location and request panic button if required
 - iii Speaking with the referral source in advance of the initial meeting with the client
 - iv Scheduling the appointment with the client or group session at peak staffing level periods to ensure the availability of support and backup
 - v Advising support staff and management of the time and location of the interview with the client or group session concerned
 - vi Preparing the room for safety (e.g., clear out objects that could be used as weapons, leave the door ajar)
 - vii arranging to have staff colleagues monitor the interview room
 - viii Bringing a second staff member to assist in the interview
- b. Provide service, to the greatest extent possible, in a safe interview room that:
- i Does not have objects that can be thrown or used as weapons
 - ii Provides the option of leaving the door open/or window blinds open
 - iii Allow staff to easily leave the room
- c. Ensure minimum staff coverage for any service provided to a client who poses a safety risk (i.e., Service Alert on his/her file related to problematic behavior, concern based on clinical experience closed parentheses. One other staff must be in close proximity to the interview location while the interview is underway and aware of the situation.

- d. Develop a support plan with support staff, other staff, and management, including alternate safety strategies such as call-in manager or staff colleague at break and at the conclusion of the session.

2. Precautions to take DURING and AFTER an interaction with individual client or group session

- a. Staff should position themselves so that they may easily exit the room if required.
- b. Negotiate a contract with the client regarding unwanted behaviors and resulting consequences
- c. Escort clients out of the building and ensure that doors are locked, if possible.
- d. Request to be observed or accompanied when leaving.

3. WHEN the client is aggressive or threatening

- a. If staff, students, or volunteers feel they are not safe at any point in providing service, follow the principle of **safety-first** period do not minimize the situation that may be getting out of control period trust your gut feelings.
- b. Terminate the interview and ask the individual to leave the office.
- c. If the person is willing to do so, escort him/ her out of the building and ensure that the doors are locked (if possible).
- d. if the person is unwilling to leave, becomes volatile, disruptive, or unpredictable, leave the room immediately (if possible).
- e. Activate the safety alert system to summon help from other staff.
- f. If needed, create noise and disturbance to attract the attention of other staff.

4. ONCE the Safety Alert System has been activated

- a. Staff directly involved in the incident must advise the program manager of the situation. If the program manager is not available, assume the role of crisis manager or find another staff person to do so.
- b. Upon hearing the safety alert system:
 - i Staff who are not directly involved in the incident should follow the safety alert system for their location (e.g., stay in office or leave their office and proceed to the predefined area).
 - ii Staff at reception will follow the safety alert system for their location (e.g., leave one person to ensure the safety of reception clients or visitors while another staff leaves to find out what is happening and returns with more information).
- c. The person acting as crisis manager determines the location of the disruption and whether any contact has been made with the staff that activated the safety alert system.
- d. If no contact has been made, the crisis manager:
 - i Opens a line into the office where the incident is occurring
 - ii Listens to what is happening in the office to determine what to do
 - iii If possible and it makes sense, speaks to the people involved
- e. Once contact has been made, the crisis manager will determine the best course of action, organize first aid, and arrange to call 911 as needed.
- f. If the safety alert system has been activated in error, the staff member must call reception immediately to advise them.

5. Call 911

- a. Dial 911 and request police, fire, ambulance, or combination.
- b. Inform the 911 operator if there is an immediate threat of harm. Such calls are of higher priority and receive a fast police response.
- c. Identify yourself, the office location in the room location where the incident is occurring.
- d. Get a report number from the 911 operator to follow up if needed.
- e. Advise management staff at the first available opportunity.

6. AFTER the aggressive or threatening behavior

- a. Staff involved should document the behavior in the client file and determine whether a service alert, organization-wide alert, or trespass notice is required.
- b. The aggressive or threatening incident should be reported within the “Attention” button in the electronic record. The Manager of the Service Access Unit should also be informed.
- c. If there is reason to believe the aggressive or threatening behavior will continue, an organization-wide alert should be issued by email.
- d. Debrief on the situation with the manager, the crisis manager, and witnesses.

Determine whether follow up or support is required (e.g., EAP debriefing services, transportation for staff involved in any traumatic incident).
- e. If required, obtain additional support for staff, volunteers, students and/or clients involved in the aggressive or threatening incident (e.g., EAP debriefing, outside counseling, legal assistance, financial reimbursement, or time off).

- f. Complete an *Incident Report* once the situation has abated (see policy on *Incident Reporting/Accident Investigation*).
- g. Determine if service to the client should be limited or withdrawn.

7. Laying criminal charges

- a. In cases of aggressive and/or threatening behavior, the police may decide to lay charges against the client. In such cases, the staff is expected to cooperate fully. If staff members wish, they may discuss ethical issues with their supervisors.
- b. Affective managers and staff may ask their program director for approval to seek legal counsel through the organization's solicitors.
- c. If the police considered the evidence insufficient to lay a charge, CHRISTABEL, LLC may support the presentation of evidence to a Justice of the Peace. The legal consultation process to make this decision will involve the Executive Director, director, program manager, and involved staff. CHRISTABEL, LLC will provide legal services as a part of this process period decisions will be made on a case-by-case basis.

1.29 DUTY TO WARN/REPORT

PREAMBLE

The *Personal Health Information Protection Act (PHIPA) 2004* stipulates that an individual's personal information may be released without consent for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or a group of persons.

The *Mental Health Act (MHA) 1990* sets out circumstances in which a physician, justice of the peace, or police officer may detain a person for psychiatric assessment (i.e., involuntary assessment) and the procedures for doing so.

POLICY

CHRISTABEL, LLC protects the confidentiality of information related to clients within limits. These limits are discussed with all clients prior to beginning service and clients are asked to sign a document acknowledging that they have had the limits explained to them. This document also outlines the type of situations in which CHRISTABEL, LLC may breach confidentiality. CHRISTABEL, LLC reserves the right to breach confidentiality and notify authorities. Persons who know the client and/or persons who are at risk of harm in situations where the individual presents a significant and imminent risk of harm to himself/herself or others. This right is known as “duty to warn”. Employees are not under a duty to voluntarily inform authorities regarding a client's past or intended criminal act, except where there is a risk

of imminent physical harm. Involving authorities may lead to the termination that the client needs to be detained for an involuntary assessment.

SCOPE

This policy covers all employees, students, and volunteers who provide service to clients.

PROCEDURE

1. **The criteria for determining whether a disclosure of information is warranted** should be based on the following guidelines:

- a. there is a clear risk to an identifiable person or groups or persons
- b. there is a risk of serious bodily harm or death; and
- c. the danger is imminent

2. **Suicidal Clients**

- a. Wherever possible, employees/students/volunteers will obtain the client's voluntary agreement to seek medical assistance.
- b. When a client is not willing to seek assistance, employees/students/volunteers have a duty to disclose a client's active suicidal ideation and/or plan to commit suicide. The employee's disclosure may include, without being limited to:

1. Immediately reporting the suicidal intent to a CHRISTABEL, LLC manager and/ or director
2. Notifying a family member, a physician, or another appropriate person who can ensure the safety of the client

3. Contacting the police or a mental health crisis team with a request to escort the person to a hospital for a psychiatric examination (i.e., a voluntary or involuntary assessment).
- c. Employees should proceed according to CHRISTABEL, LLC policy on *Suicidal Behavior*.

3. Clients who present a risk of violence or harm to others

- a. Employees/students/volunteers have a duty to warn the intended potential victims of threatened violence.
- b. Employees should immediately report the threat to a manager or director.
- c. The threat should be reported to the police when the intended victim cannot be reached or in a situation of immediate danger. The police will determine the most appropriate next steps, including whether there are grounds to detain the client for an involuntary assessment (as per the *Mental Health Act (MHA) 1990*).

4. Clients who threaten or present a risk of violence to CHRISTABEL, LLC staff or property

Employees should proceed according to CHRISTABEL, LLC policy on *Dealing with Aggressive or Threatening Behavior* if they encounter a client who threatens or presents a risk of violence to them, other employees, or CHRISTABEL, LLC property.

5. Assaultive Partners

- a. When abusers are referred by Domestic Violence Courts or by probation officers to the PAR Program funded by the Ministry of the Attorney General, CHRISTABEL,

- LLC is required to initiate contact with their partners in accordance with the conditions set out in the contract.
- b. Abusers entering the program must consent to partner contact as a condition of entering the program to satisfy the requirements of informed consent.
 - c. Written consent is the exception; however, there may be occasions when verbal consent is acceptable (e.g., literacy issues, language issues). Documentation of this verbal consent must be recorded in the file.
 - d. In accordance with the guidelines set out by the Ministry of the Attorney General regarding court or probation mandated services, contact with the partner is limited to:
 - i Conveying information re: potential risk by the abuser
 - ii Obtaining information re: the partners abusive behavior
 - iii Informing partners of CHRISTABEL, LLC obligation to report violations of the probation or court order
 - iv Providing assistance with safety planning
 - v Informing the partner of available community support
 - vi Offering support or other services
 - e. Should consent be revoked by the abuser, CHRISTABEL, LLC services will be terminated.
 - f. The duty to warn will have precedence in guiding the worker's actions regarding informing the partner of this termination.
 - g. Persons who are assaulted may be seen on a voluntary basis. Consent for partner contact must be obtained. CHRISTABEL, LLC remains obligated to initiate contact

with the partner (or other threatened) where there is a risk of imminent harm to the partner.

6. In all situations, employees/students/volunteers should document the situation, including their assessment of the risk of harm or death, the information on which their assessment is based, and any actions taken in the client file.

1.30 ADULT ABUSE

PREAMBLE

CHRISTABEL, LLC recognizes that abuse in intimate adult relationships is a complex issue. Men are the perpetrators of most adult abuse and women are the most frequent victims. Abuse also has significant impacts on children. CHRISTABEL, LLC also recognizes that some groups within society, such as people who are older, people living with a disability, immigrant communities, and people who are members of the LGBTQ community are made more vulnerable to abuse due to a variety of intersecting oppressions.

CHRISTABEL, LLC programs and services are based on the premise that violence is a systemic issue rooted in the inappropriate and coercive use of power and control and personal relationships. CHRISTABEL, LLC recognizes that the type and nature of personal relationships varies and can include abuse perpetrated by a partner, an adult child, close family from, neighbor and/ or other trusted person.

POLICY

CHRISTABEL, LLC adult abuse policy is founded on the following principles:

- a. All forms of abuse or unacceptable. CHRISTABEL, LLC adopts a zero-tolerance policy for abusive behavior.
- b. The safety and well-being of the abused individual is a primary concern in the delivery of services.

- c. CHRISTABEL, LLC services shall reflect a belief in the dignity and self-determination of all people.
- d. CHRISTABEL, LLC strives to provide culturally sensitive and respectful services which are responsive to the needs of all clients.
- e. Services to abuse clients are provided within an equity and inclusion framework that recognizes and incorporates the impact of factors such as race, culture, age, gender, ability, sexual orientation, and economic status into the work with clients, and is sensitive to the power dynamic/hierarchy in the counseling relationship.
- f. Abuse is a societal and community issue. A comprehensive community response must be developed if abuse is to be reduced and ultimately stopped. As such, effective services to end violence must include public education, coordination, and networking among service delivery systems within and across sectors.
- g. CHRISTABEL, LLC will intervene promptly if there is a reason to suspect a client is mentally incapable and is at risk of suffering serious personal or financial harm.
- h. Services to adults will routinely include an assessment of the risk of abuse.
- i. All employees and subcontractors will be trained to recognize and report abuse and neglect on hire and annually.

SCOPE

This policy applies to all CHRISTABEL, LLC staff, students, and volunteers who serve adult clients.

DEFINITION

CHRISTABEL, LLC defines abuse as an expression of the misuse of power and control in a relationship. Abuse is any action or inaction that jeopardizes the health or well-being of an

individual. This can include physical, emotional, psychosocial, financial/economic, sexual, spiritual, or medication abuse, as well as passive or active neglect and denial of civil or human rights. Abuse is a deliberate act, neglect or withholding for which the perpetrator is responsible and accountable.

PROCEDURE

1. Screening for risk of abuse

- a. Services to adults routinely include an assessment of the risk of abuse as part of the intake screening process.

2. When abuse is detected or suspected

- a. Staff, volunteers, and students will communicate to abused adults and/or the alleged perpetrators that abuse of any type is unacceptable behavior and that no one deserves to be treated this way.
- b. Staff working with abused adults will make every effort to connect them to the justice system should they wish to take legal action (e.g., connecting clients to community relations or domestic violence liaison officers).
- c. Staff are required to report any suspected and/or alleged abuse and/or neglect to DFPS immediately, but no later than 1 hour of the of the allegation being made.

3. Safety planning

- a. When in contact with abused adults, the safety and well-being and the abused adults is a primary concern in the delivery of service. As such, staff will:
 - i. Evaluate the level of danger to the client and any other person in the home and/or connected to the person being abused, if applicable.

- ii Assist the client to plan for his/her safety and advise him/her that all safety planning will be kept confidential.
 - iii Informed the client of his/her right to police intervention.
 - iv Offer services designed to meet the client's needs.
 - v Urge the client to contact CHRISTABEL, LLC staff should abuse recur and reiterate that their information will be kept confidential, within the confines of the law.
 - vi Ensure all IRP's include a safety plan with identification of accessible crisis services.
 - vii Review the safety plan periodically and amend as needed.
 - viii Identify resources and community services available to the client.
 - ix Liaise, as necessary, with, with other services within CHRISTABEL, LLC (e.g., Violence Against Women Program, Seniors Program) or outside organization to assist the client. If it is not possible to gain client consent for external consultation, anonymous consultations within and outside CHRISTABEL, LLC will be permitted on a limited basis.
- b. The safety plan will include the following elements:
- i Establishing how the client will know they are at risk.
 - ii Establishing what a client will do in the situation (when she/he is able to leave home, when she/he should remain in the home).
 - iii Identifying important keepsakes and documents the client might need to remain safe and/or to leave a situation (e.g., Social Security Number, ID Card, health/insurance card, immigration documents, bankbook, checks or bank card,

list of medications, name and phone number of doctors, name, and phone number of pharmacy and preparing an emergency supply of medications.

iv Developing a plan on how to safely leave a situation if this need arises.

v Determining a way for the client to connect with the counselor should the situation change period

c. All safety planning discussions will be documented in the client's file and will include:

i The name of the alleged perpetrator if the client will provide it.

ii A summary of the content of the discussion with the client.

iii And assessment of the risk to the client. iv The safety plan that was developed.

v The name of the client's ongoing CHRISTABEL, LLC contact person

vi Any restrictions on follow-up with the client.

vii Developing a plan on how to safely leave a situation if this need arises.

viii Determining a way for the client to connect with the counselor should the situation change period

d. All safety planning discussions will be documented in the client's file and will include:

i The name of the alleged perpetrator if the client will provide it. ii A summary of the content of the discussion with the client.

iii And assessment of the risk to the client. iv The safety plan that was developed.

v The name of the client's ongoing CHRISTABEL, LLC contact person

vi Any restrictions on follow-up with the client.

4. When dealing with clients involved in criminal proceedings

- a. Staff working with perpetrators and alleged perpetrators will observe all relevant court orders where CHRISTABEL, LLC has been directly implicated, including bail orders, restraining orders, and peace bonds.
- b. Staff working with abused adults will advise clients to observe all relevant court orders including bill orders, restraining orders, and peace bonds.
- c. We are needed and possible, staff will provide support to abused adults throughout the court process and/or connect clients to external resources.

5. Participating in community initiatives

- a. Staff will actively participate in initiatives addressing the abuse of adults and make linkages to other sectors and organizations working on these issues.
- b. Staff will work to encourage various levels of government to provide comprehensive funding to problem resolution and prevention services for individuals at risk of abuse or who are being abused.

6. Dealing with homicide or serious injury caused by interpersonal violence

- a. When a staff person learns that a CHRISTABEL, LLC client has been killed or seriously injured or that a client has committed such an offense the staff person will immediately notify his/her manager.
- b. The manager will review the case with a staff person who provided service to the client involved. Together they will document the following in the case record:
 - i History of service received
 - ii Identification of risk factors
 - iii Safety planning that took place as a response to an identified risk
 - iv Precipitating factors to the suicide or circumstances of the death
 - v Police or the legal involvement
 - vi Follow-up plan
- c. The director and Executive Director will be immediately notified of all preliminary information and kept informed throughout the process including follow-up.
- d. The manager of communications will be informed by the director or Executive Director that there has been an incident involving a CHRISTABEL, LLC client that may result in media calls. A plan is developed to deal with this contingency.
- e. The director will support the local manager in ensuring that post-traumatic support is provided to staff, volunteers, students, and clients affected by homicide or serious injury.

1.31 SUICIDAL BEHAVIOR & CLIENT SUICIDE

POLICY

All forms of suicidal ideations or suicide threats will be taken seriously. Action must be taken in the case of every person contemplating suicide - whether it is a chronic or an acute ideation. When in doubt whether a situation is high or low risk, the response must be in line with the high-risk possibility.

Management will be immediately informed (regardless of hour or time of day) and will provide advice in all cases of suicide threats, attempts, or actual client suicide.

SCOPE

All employees, students, and volunteers are covered by this policy.

DEFINITION

Suicide Risk Factors: Individuals may be more likely to contemplate suicide at certain points in their lives or if certain conditions exist. The following factors should be considered in assessing suicide risk:

- a. **Means** is what the client intends to use to commit suicide. The more lethal the means, the more serious the risk (e.g., a gun is a more serious threat than pills).
Moreover, the more available the method, the more serious the risk (e.g., loaded gun).
- b. **Plan** is how the client will carry out his/her suicide. A more detailed and specific suicide plan indicates a greater risk.

- c. **Intent or motivation** reflects whether the client has a reason to live or not. The greater the motivation to die, the greater the risk.
- d. **History:** An individual who has attempted suicide in the past may be at higher risk of achieving their goal than someone who has no history of suicide attempts.
- e. **Age:** There is an increased rate of suicide in persons under 20 years of age and elderly persons also present a serious risk.
- f. **Gender:** Men have a higher rate of suicide than women. Men tend to seek help only when problems have reached serious proportions.
- g. **Stress:** Someone with a lot of stress in their life is at a greater risk for suicide.
- h. **Resources:** A person with fewer resources and support is at greater risk than a person with considerable resources. The more socially isolated the individual, the greater the risk.

PROCEDURE

1. Access suicide risk

- a. Client suicide risk will be assessed at intake (e.g., by the Service Access Unit, by the EAP Contact Center). If there are any concerns with respect to this, the duty day staff person will be contacted immediately.
- b. Staff working with clients will continue this assessment during service and respond accordingly.
- c. To determine the seriousness of the suicide risk, assist the client against the suicide risk factors (see definition above).

2. Serving clients with suicidal ideation (on the phone or in the office)

- a. Staff will establish a relationship with clients presenting a suicide risk and will continually assess for means (what they will use), plan and motivation/intention (reasons to live or die) to commit suicide. When in doubt whether a situation is high or low risk, pursue or respond that it seems high-risk responsibility (that the client has means, plan, and motivation).
- b. In high-risk situations of a client with active suicidal ideations (i.e., client has the means, plan, and motivation), the client must be continuously engaged while the staff person tries to get help (whether the client is on the phone or in your office). Clients who are in CHRISTABEL, LLC offices must be continuously engaged and not left alone.
- c. Communicate clearly that you do not want the person to take his/her life.
- d. Help the person identify the problem and reframe it. Do not offer unrealistic outcomes.
- e. Establish a suicide prevention plan with the client (e.g., direct the person to hospital, to a supportive friend, or family member).
- f. Go with the client or make direct contact with the resource (e.g., police, family doctor, psychiatrist) to ensure follow-up happens.
- g. Get the assistance of 911 (e.g., if available, ask a colleague to make this call).
- h. Immediately consult the manager (or first available manager) with respect to the situation and the prevention plan.
- i. Document all actions and responses in the client chart.

3. Reporting a client suicide

- a. Upon learning that a current CHRISTABEL, LLC client has committed suicide, a staff person should immediately notify his/her manager.
- b. The manager reviews the case with the service provider. Together, they review the client record and service history (e.g., identification of risk factors, suicide prevention planning, precipitating factors to the suicide, circumstances of the death, police, or other legal involvement). Ensure that the client record is as complete as possible, given the available information.
- c. Where funders require, the manager will notify the funder using a Serious Occurrence Report within an hour of being advised of the client suicide.
- d. The director is immediately notified about preliminary information and updated throughout the follow-up process. The director will determine whether to advise the Executive Director.

4. Arranging for case debriefing and support to staff involved

- a. The manager will organize a follow-up session with involved staff to discuss the client's case and possible changes in policy or procedure.
- b. The director or manager will ensure that post-traumatic support is provided to staff and clients affected by a suicidal death or injury. How this debriefing support is provided will be decided on a case-by-case basis.

1.32 CLIENT AUTONOMY

POLICY

Services provided by CHRISTABEL, LLC are client directed. The service plan responds to a client's stated need and is developed in consultation with him/her.

As active partners in their service, clients have the right to make decisions regarding their well-being, to state their preferences, and to refuse service. CHRISTABEL, LLC will respect the client's choice unless there is a concern that the client's ability to make decisions is impaired and that this decision will result in imminent harm to the client or others. In addition, CHRISTABEL, LLC reserves the right to refuse requests that are discriminatory (see *Discriminatory Requests for Service* policy).

SCOPE

This policy applies to all CHRISTABEL, LLC staff, volunteers, and students.

PROCEDURE

1. Clients have the right to state their preference to a service provider within the confines of available resources and the organization's service approach. CHRISTABEL, LLC will strive to match client preference to the service provider within reasonable limits.
2. Staff will attempt to maintain connections with hesitant or resistant clients but, at the same time, will respect the wishes of the client.

3. If the client decides to end service within a session, this decision should be respected. If appropriate, the client should be asked if the counselor can follow up in the future. When a client drops out of service, cancels, or fails to show up for an appointment, staff will attempt to make direct contact with the client to clarify the situation. This should not be an attempt to persuade the client to return to service but to make it safe for the client to express his/her views and receive validation. This contact should include acceptance of any feedback that the work was not helpful in whole or in part.
4. If the client no longer wants the service or does not want a particular treatment that has been recommended by the provider, the discussion will be recorded in the client file.

1.33 CONCERNS WITH THE CLIENT CAPACITY

POLICY

CHRISTABEL, LLC staff do not conduct capacity assessments. Rather, CHRISTABEL, LLC defers to legally authorized capacity assessors (see O. Reg. 460/05 Capacity Assessors.

Substitute Decision-Maker Act at

http://www.elaws.gov.on.ca/html/regs/english/elaws_regs_050460_e.htm)

CHRISTABEL, LLC programs and services are largely voluntary and client participation implies consent. Clients will be asked to sign a form that confirms that the client consents to service and has seen and understands the organization's policies. In all cases, CHRISTABEL, LLC presumes the capacity of the person of 18 years of age or older to give or refuse consent to service. Nevertheless, it may reveal a concern about a client's capacity to make certain decisions (e.g., decisions about finances, living arrangements, and personal care). If such concerns arise, employees or students may need to involve qualified health professionals to assess capacity or the person with the Power of Attorney for Personal Care or a Power of Attorney for Property (if one exists) to make the ultimate decision.

It is imperative to remember an individual may not be capable of making certain types of decisions (e.g., financial decisions) but capable of making other types of decisions (e.g., health or treatment decisions) or vice versa. Even when there are concerns about capacity, CHRISTABEL, LLC will always strive to involve the client in all decision-making processes and discussions.

SCOPE

This policy applies to all staff, volunteers, and students working directly with clients.

DEFINITIONS

Capacity: The definition of capacity in the *Health Care Consent Act, 1996* is very helpful to general understanding: “A person is capable with respect to a treatment, admission to a care facility, or a personal assistance service if the person is able to understand the information that is relevant to making a decision about the treatment, admission, or personal assistant service, as the case may be, and able to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.” 1996, c. 2, Sched. A, s. 4 (1).

Note: Psychologists are the only professionals who are subject to the Health Care Consent Act, 1996 (i.e., the Act does not apply to social workers).

Capacity assessment: capacity assessment is the formal assessment of a person's mental capacity to make decisions about property and personal care.

Under the *Substitute Decisions Act*, many situations require capacity assessments to be conducted by specially qualified assessors who must follow specific guidelines.

Capacity assessors: Regulated health professionals who are qualified, under O. Reg. 460/05, to carry out a capacity assessment. They include physicians, psychologists, nurses, social workers, and occupational therapists who are trained and certified as capacity assessors by the Ministry of the Attorney General.

Continuing Power of Attorney for Property: A Continuing Power of Attorney is a legal document in which a person gives someone else the legal authority to make decisions about their finances if they become unable to make those decisions themselves. The person who is named as the attorney does not have to be a lawyer. The power of attorney is called “continuing” because it can be used after the person who gave it is no longer mentally capable. Some people use the word “durable” which means the same as “continuing”.

Evaluators: Regulated health care professionals defined in the *Health Care Consent Act, 1996* who determined that an individual is incapable of giving informed consent. Within the context of the Act, evaluators are defined as audiologists and speech language pathologists, nurses, occupational therapists, physicians, physiotherapists, psychologists, and social workers.

Power of Attorney for Personal Care: A Power of Attorney for Personal Care is a legal document in which one person gives another person the authority to make personal care decisions on their behalf if they become mentally incapable.

PROCEDURE

1. For clients served in-person, employees will ensure that the client has signed the form indicating that they understand the policies relevant to their service. The signed form is placed in the client’s file or filed centrally by the program.
2. Clients served only by telephone will also be advised of the relevant policies and their acknowledgment will be recorded in an activity note.
3. If capacity concerns arise at any point in the course of service, staff should:

- a. Consider whether the client understands the decision they are being asked to make
 - b. The question of whether the person understands the reasonably foreseeable consequences of the decision or lack of decision
 - c. Consult with their supervisor
4. If the answer to either question is negative, staff will first determine if a Power of Attorney (whether for Personal Care or for Property) or some other legal guardian is named. Staff will tell the client that she/he is concerned about the client's capacity to make the requested decision and will request permission to speak to the appropriate substitute decision-maker and see a copy of the power of attorney (if one exists).
5. If a Power of Attorney has been signed by the client, CHRISTABEL, LLC shall follow the terms, if any, of the Power of Attorney with respect to determining capacity and providing service to the client. Any conversation should strive to also involve the client to the greatest extent possible.
6. If no Power of Attorney has been signed by the client, staff will exercise extreme caution and advise the client on a significant decision prior to a capacity assessment of the client with a capacity assessor authorized in accordance with the laws of Texas or in the case of FSEAP the laws of the province where service is being provided.
 - a. Staff will explain the purpose of the capacity assessment to the client and offer to facilitate the assessment arrangement.
 - b. With the client's consent, staff will arrange for the assessment at a time and place agreeable to the client.

- c. If there is family involvement and no Power of Attorney, staff will help the client identify a family member who is capable, available, and willing to take that role and provide the information required.
 - d. If there are no relatives and there is a friend who is willing to take that role, staff will provide information regarding the Consent and Capacity Board so that they can start the process.
 - e. If no one is willing and capable to take this responsibility or if there are concerns about abuse (e.g., financial, emotional, or physical), staff will involve the Office of the Public Guardian and Trustee.
7. It must be noted in the client file that the assessment has been requested. Any document related to the assessment and its results should also be entered into the file.
8. CHRISTABEL, LLC continues to provide service to the client, even while the capacity assessment is pending. Once the results of the capacity assessment are received (and potentially shared with CHRISTABEL, LLC) service will adhere to the results.

1.34 HARRASSMENT AND DISCRIMINATION

POLICY

CHRISTABEL, LLC recognizes the dignity and worth of every person and is committed to a policy of equal rights and opportunities without discrimination or harassment. Every individual has the right to work in an environment free from discrimination and harassment. No personnel may be discriminated against or harassed on the basis of the following prohibited grounds: race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, age, record of offenses, marital status, same-sex partnership status, family status, physical/mental/intellectual disability, or economic status.

CHRISTABEL, LLC seeks to create a climate of understanding and mutual respect. Discrimination, harassment, and racist incidents or behavior will not be tolerated. All supervisors shall ensure that this policy is communicated to personnel within their teams.

All individuals have the right, as defined in the *Texas Human Rights Code*, to file a complaint with the Human Rights Commission of Texas. This right is not limited in any way by this policy.

As required by the Code, CHRISTABEL, LLC will investigate all allegations of harassment and discrimination.

SCOPE

This policy applies to all management, unionized, and excluded employees. Bargaining unit employees may elect to have their complaints resolved through either this policy or may elect to use the procedures in the Collective Agreement.

DEFINITIONS

Workplace Discrimination: Discrimination includes but is not limited to unequal treatment based on one or more of the prohibited grounds under this policy.

Workplace discrimination can be intentional, unintentional, direct, or indirect and can take many forms including:

1. Refusal of employment
2. Employment/contracting requirements, which are not essential to the performance of the job, which have an adverse impact on members belonging to a protected group under this policy
3. Refusal of promotion or workplace opportunity
4. Creating and contributing to or condoning a poisoned work environment
5. Failure to provide appropriate employment accommodation
6. Failure of management to respond to allegations of harassment

Workplace Harassment: Harassment is a form of discrimination. Harassment means engaging in the course of conduct or comment which is known or ought reasonably to be known to be unwelcome. Harassment can be one or a series of unwanted, unsolicited remarks,

behaviors, or communications in any form, via any medium, that is directed toward a member of a group protected under this policy. The following are some examples of harassment:

1. Abusive behavior, racist, or homophobic comments, demeaning jokes
2. Displaying or distributing pornographic or hate-based pictures or email
3. Unwelcome sexual attention, contact or comments; Sexual innuendos or gestures;
Unsolicited physical contact
4. Taunting about a person's clothes, customs, accent
5. Refusing to converse or work with service user or organization personnel because
of his or her racial/ethnic background or gender/sexual orientation or disability
6. Interfering with, threatening, or intimidating an individual for exercising their
rights under this policy

Poisoned Work Environment: The presence of behavior, comments, or a work environment that ridicules, belittles, or degrades people or groups identified by one or more of the prohibited grounds of this policy. A poisoned work environment could result from a series and/or a single event, remark, or action and need not be directed at a particular individual.

PROCEDURE

1. While personnel cannot be required to report experiences of discrimination and harassment, they are strongly encouraged to bring forward complaints regarding violations of this policy.
2. If an individual believes they are being harassed or discriminated against, they can talk to the person on their own or with the support of a peer or supervisor.

3. The individual should notify the first level of management not involved in the complaint (free of bias or conflict of interest).
4. The individual can seek information or assistance from the Human Resources (HR) Department in bringing a complaint to the management attention. The HR Department is committed to responding neutrally and confidentially to any individual's request for the information about this policy in aspects of managing workplace discrimination and harassment issues.
5. **Supervisor's Responsibilities:** In responding two allegations of discrimination and harassment, all CHRISTABEL, LLC supervisors are responsible for:
 - a. Informing the relevant program director of the complaint as soon as possible
 - b. Acting quickly and appropriately
 - c. Determining the method by which to deal with the allegations based on the nature and complexity of the issue, needs, interests, and goals of the parties involved. Possible methods include direct management action, informal or formal dispute resolution (i.e., mediation, investigation), and may involve both internal and external "service providers" (i.e., mediators, investigators)
 - d. Recognizing that harassment and discrimination conflicts often involve power imbalances between the parties and ensuring that the power can be balanced in the process selected
 - e. Ensuring contracted service providers have the required expertise
 - f. Exercising proactive, prevention-oriented, and cost-effective practices

- g. Effectively managing workplace is in which there are possibly policy violations
 - h. Declaring a potential conflict of interest in relation to an allegation where the supervisor is, or may be perceived to be, either condoning or directly involved with the allegations. In such a case, another supervisor will be appointed to respond to the complaint.
 - i. Consulting with the HR Department regarding administering and enforcing this policy
 - j. Ensuring discrimination and harassment responses/remedies that aim to correct identified problems, prevent repeated violations, and restore the workplace
 - k. Imposing penalties, as appropriate to the circumstances of each case, up to and including termination of employment
6. **Mediation:** The following situations may not be appropriate for mediation:
- a. A significant power imbalance exists between the parties (e.g., status, position, authority, knowledge, resources)
 - b. One or both parties have revenge or punishment as a primary goal
 - c. Hostility is so high that communication and problem-solving is impossible
 - d. There is little desire to establish or mend a working relationship
 - e. There is a need to have a determination of guilt or innocence, such as where the alleged offender has a history of similar behavior or where discipline is an obvious remedy

7. **Timeframes:** While every effort must be made to comply with the following, failure to do so does not void the process.
 - a. Unless the situation warrants immediate referral for formal dispute resolutions or investigation, supervisors will attempt to resolve complaints themselves (in consultation with HR) within 30 days of becoming aware.
 - b. Dispute resolution must be completed within 15 days after assignment of a service provider unless extenuating circumstances exist.
 - c. An investigator must be assigned within 15 days after management's decision that the complaint will be investigated.
 - d. An investigation must be completed, and a final report submitted to management within 60 working days after assigning a complaint to an investigator, unless there are extenuating circumstances.
 - e. Parties and managers involved must be notified of the outcome of an investigation within 30 days of receiving the final report; And where an allegation is upheld: a statement regarding discipline imposed and/or other appropriate action taken.
8. **Penalties/Discipline:** Individuals found to have violated this policy will receive penalties/discipline, as appropriate to the circumstances of each case, up to and including termination of employment.
9. **Confidentiality and Privacy:** During the resolution of possible violations, all information must remain confidential subject to the rules below, except where sharing information is required by law.

- a. Complainants, respondents (the person against whom the complaint is made), and witnesses have access to statements they have made and information that they have provided.
- b. Respondents and complainants must have access to enough information about the allegations and responses of other parties and witnesses to enable them to make a defense or rebuttal.
- c. If a complaint is found to be unsupported, provided the complaint was not made in bad faith, no documentation will be placed in the personnel files of the individuals involved.

1.35 UTILIZATION MANAGEMENT

POLICY

CHRISTABEL, LLC will follow quality indicators developed by DSHS staff who monitor service utilization data in coordination with the approved IRP, as well as service encounters. DSHS criteria serves as guidelines for making consistent, clinically valid, service authorization decisions. CHRISTABEL, LLC will seek approval from DSHS for individuals who require intense provision of services or utilized services at a higher/lower rate per month, prior to the provision of such services. CHRISTABEL, LLC will coordinate with Recovery Management to present justification for required service(s) based on scientific and statistical evidence, and Clinical Practice Guidelines. CHRISTABEL, LLC will make decisions in an impartial and consistent manner, focusing on clinical need and efficacy of interventions. Utilization management will provide ongoing monitoring and evaluation of activities and services.

PROCEDURE

Clinical Practice Guidelines

For psychiatric conditions and developmental disabilities, clinical practice guidelines reflect the best evidence-based practice related to those disorders. Clinical Practice Guidelines are used by Utilization Managers to determine if a particular service is effective for the client's disorder **or** if a particular service is ineffective or contraindicated for that disorder. Decisions regarding service authorization show follow these guidelines. These guidelines are updated as new evidence supports change in best practice. These guidelines shall be reflected in other criteria such as eligibility requirements and length of stay protocols.

Level of Care (LOC) Determination

All individuals seeking access to behavioral health services through CHRISTABEL, LLC shall be evaluated for level of care using the LOCUS, CAFAS, PECFAS, or SIS. This document determines essential information about the functioning level of the consumer across critical areas and must be re-determined if the consumer's condition changes significantly, or at least annually (SIS every three years) for clients who remain in treatment for over one year.

Urgent Criteria

The level of care determination, Medicaid medical necessity determination guidelines, assessed mental status, and information about current and past substance use shall be used to make decisions about need for hospitalization, crisis home, or the use of continuum of crisis response services.

Service Description and Eligibility Criteria

All specific services that may be authorized by CHRISTABEL, LLC Utilization Managers will be described in the Medicaid Provider Manual as well as the CHRISTABEL, LLC Provider Manual with eligibility criteria and exclusion criteria if applicable. These descriptions and accompanying criteria will be used by Utilization Managers to determine if an individual is eligible for requested services. Eligibility criteria include consumer characteristics such as age, diagnosis, LOCUS, PECFAS, CAFAS, and SIS assessments, medical necessity and any other factors that are appropriate to consider for eligibility. Exclusion criteria include any situations, circumstances, diagnosis, etc. that would exclude the individual from the service. Eligibility and exclusion criteria may be based on knowledge about clinical effectiveness of services for a given

condition or designed to avoid duplication of service and promote integration of services. Service descriptions must be clear enough to allow Utilization Managers to determine if the service could reasonably be effective for the identified problem.

Length of Stay Protocols

Length of stay refers to the number of sessions/ units that may be authorized for a given client episode and for what duration. These numbers are determined based on the expected course of a disorder, level of care determination, statistical trends observed in locally covered populations, type of primary service, and appropriate review points for that service. Length of stay protocols are designed to establish limits on the number of sessions, or length of service that may be authorized without further review beyond a utilization manager and to assist providers in utilization management efforts.

1.36 HOUSING AND PLACEMENT

POLICY

The Texas Department of State Health recognizes housing to be a basic need and affirms the right of all consumers of public mental health services to pursue housing options of their choice. Just as clients living in license dependent settings may require many different types of services and support, persons living in their own homes or sharing their household with another may have similar service needs. CHRISTABEL, LLC shall foster the provision of services and support independent of where the client resides. When requested, CHRISTABEL, LLC shall educate clients about the housing options and supports available, and assist consumers in locating habitable, safe, and affordable housing. The process of locating suitable housing shall be directed by the client's interest, involvement, and informed choice. Independent housing arrangements in which the cost of housing is subsidized by CHRISTABEL, LLC are to be secured with a lease or deed in the client's name.

DEFINITIONS

Affordable: is a condition that exists when an individual's means or the combined household income of several individuals is sufficient to pay for food, basic clothing, health care, and personal needs and still have enough left over to cover all housing related costs including rent/mortgage, utilities, maintenance, repairs, insurance, and property taxes. In situations where there are insufficient resources to cover both housing costs and basic living costs, individual housing subsidies may be used to bridge the gap when they are available.

Habitable and safe: means those housing standards established in each community that define and require basic conditions for tenant/resident health, security, and safety.

Housing: refers to dwellings that are typical of those sought out and occupied by members of a community. The choices a consumer of mental health services makes in meeting his or her housing needs are not to be linked in any way to any specific program or support service needs he or she may have. These dwellings shall be designated and classified as “home and community-based” vs institutional.

PROCEDURE

CHRISTABEL, LLC shall develop policies and create mechanisms that give predominant consideration to client’s choice in selecting where and with whom they live. These policies and mechanisms shall also:

1. Ensure that CHRISTABEL, LLC supported housing blends into the community.

Supported housing units are to be scattered throughout a building, a complex, or the community in order to achieve community integration when possible. Use of self-contained campuses or other otherwise segregated buildings as service sites is not the preferred mode.

2. Promote and support home ownership, individual choice, and autonomy. The number of people who live together in CHRISTABEL, LLC supported housing shall not exceed the community’s norm for comparable living settings.

3. Assure that any housing arranged or subsidized by CHRISTABEL, LLC is accessible to the client and in compliance with applicable state and local standards for occupancy, health, and safety.
4. Be sensitive to the consumer's cultural and ethnic preferences and give consideration to them.
5. Encourage and support the client's self-sufficiency.
6. Provide for ongoing assessment of the clients housing needs.
7. Provide assistance to consumers in coordinating available resources to meet their basic housing needs. CHRISTABEL, LLC may give consideration to the use of housing subsidies when clients have a need for housing that cannot be met by the other resources which are available to them.

Setting Requirements:

CHRISTABEL, LLC follows all requirements set forth in CFR Title 42, § 441.710 (CMS), 1915(i) .

Program services shall:

1. Be physically accessible to the participant;
2. Be furnished in integrated settings and in a way that fosters the independence of each participant and the realization of the benefits of community living, including opportunities to seek employment, and work in competitive integrated settings;
3. Be person-driven to the maximum extent possible, treat each participant with dignity and respect, promote participant inclusion in community activities, and use natural supports and typical community services available and accessible to the same degree as persons not receiving program services; and
 4. Promote social interaction and participation in leisure activities and improve and maintain daily living and functional living skills.

To meet the assurances above, Home and community-based settings must have all of the following qualities, and such other qualities as the [Secretary](#) determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:

1. The setting is integrated in and supports full access of individuals receiving [Medicaid](#) HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving [Medicaid](#) HCBS.
2. The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
5. Facilitates individual choice regarding services and supports, and who provides them.
6. In a provider-owned or controlled residential setting, in addition to the above qualities at paragraphs (a)(1)(i) through (v) of this section, the following additional conditions must be met:
 - a. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has,

at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the state, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant and that the document provides protections that address eviction processes and [appeals](#) comparable to those provided under the jurisdiction's landlord tenant law;

b. Each individual has privacy in their sleeping or living unit:

i. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors;

ii. Individuals sharing units have a choice of roommates in that setting; and

iii. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

c. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time;

d. Individuals are able to have visitors of their choosing at any time;

i. The setting is physically accessible to the individual; and

ii. Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:

iii. Identify a specific and individualized assessed need.

iv. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.

- v. Document less intrusive methods of meeting the need that have been tried but did not work.
 - vi. Include a clear description of the condition that is directly proportionate to the specific assessed need.
 - vii. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
 - viii. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 - ix. Include the informed consent of the individual.
 - x. Include an assurance that interventions and supports will cause no harm to the individual.
- e. Home and community-based settings do not include the following:
 - (i) A nursing facility.
 - (ii) An institution for mental diseases.
 - (iii) An intermediate care facility for individuals with intellectual disabilities.
 - (iv) A [hospital](#).
 - (v) Any other locations that have qualities of an institutional setting, as determined by the [Secretary](#).

In addition, participants shall not receive Program Services if residing in any of the following settings:

- Any setting located in a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment.

- Any setting located in a building on the grounds of, or immediately adjacent to, a public institution.
- Any other setting that has the effect of isolating participants receiving Medicaid home and community-based services from the broader community of persons not receiving Medicaid home and community-based services.

1.37 STAFFING, JOB DESCRIPTIONS AND QUALIFICATIONS

POLICY

As an employer, CHRISTABEL, LLC practices nondiscrimination and strives to provide opportunities for personal and professional growth. CHRISTABEL, LLC also recognizes that barriers to employment and services may exist due to immigration or refugee status based on legislation and/or contractual funding obligations. Therefore, we provide detailed job description and qualifications to each employee upon employment to establish a summary and the requirements and expectations of their position. It is the policy of CHRISTABEL, LLC to employ persons who are qualified to provide excellent business, administrative, and clinical functions for consumers of mental health services. Minimum qualifications for education, experience, skills, and abilities shall be identified for each job description. Employment opportunities shall be available without regard to sex, race, color, religion, national origin, age, sexual orientation, mental and physical disability, or veteran status. Employees previously employed by CHRISTABEL, LLC shall be categorized as new employees for the purpose of determining seniority.

PROCEDURE

Job Descriptions

The job description is a tool to provide a clear definition of a summary of the job, essential functions, additional functions, job specifications (knowledge, skills, and abilities), education and experience and physical requirements/ working conditions for the position. The job description will contain the title of the job, classification, department, pay category, location,

the original date of the job description, a revised date (if applicable), who the employee reports to, and who the employee would supervise (if applicable).

The job classification will be determined by using the Fair Labor Standards Act (FLSA) testing procedure for each position. A disclaimer will be added to each job description stating the description is not meant to be all inclusive and/or the job is subject to change.

Creation of a job description will be the responsibility of the supervisor and the Human Resource Director, with input from the employee. An employee Job Description Assessment and a Supervisor Job Description Assessment shall be used to originate the process, the justification for the wage/ hour exemption and the nine-point factor analysis will be completed by the supervisor in connection with the employee. The Job Description Worksheet shall then be used to format the job description. Job descriptions shall be reviewed on an annual basis by the supervisor and the employee during the performance review process. In the event an employee's job title or job functions changed the HR Director shall be contacted and a new job description shall be written for the position. The Job Description Worksheet, Job Description Assessment and Point Factor Analysis are shown below.

Job Description Worksheet
To be Completed by Employee

Position: _____

Reports to: _____

Supervises: _____

Department: _____

What is the general purpose of your position?

JOB FUNCTIONS: Please describe what you do. Indicate those responsibilities you consider to be most important and/or most difficult, and the percentage of time spent on each.

a. Daily responsibilities

Percentage

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

b. Additional responsibilities

Frequently

Rarely

Occasionally

_____	_____	_____
_____	_____	_____

EXPERIENCE: Please specify the amount of experience needed to perform your responsibilities.

_____ No experience _____ One month to six months _____ Seven months to one year
_____ One to three years _____ Three to five years. _____ Five to seven years

Please indicate the experience you had when you started this position.

EDUCATION: Please check the educational requirements for your position, not your own educational background.

_____ High School diploma or equivalent _____ Associate's degree
_____ Bachelor's degree _____ Master's degree

List advanced degrees, special training, or specific professional licenses or certificates, if required for your position.

Please indicate the education you had when you started this position.

SKILLS/ABILITIES: Please list any skills required in the performance of your position. (For example – amount of accuracy, alertness, precision in working with described tools, methods, systems, etc.)

Specific skills:

Supervisory Responsibilities:

Working Conditions:

Other:

EQUIPMENT: If your position requires you to use any equipment and/ or programs, please list the equipment and check how often you use it.

<u>Equipment/Programs</u>	<u>Rarely</u>	<u>Occasionally</u>
<u>Frequently</u>		
Employee Name:		
Date:		

Point Factor Analysis

Step 2: KNOWLEDGE & SKILL ASSESSMENT POINT FACTOR ANALYSIS

To be completed by the supervisor with employee present (may be assisted by the Human Resources Director)

Position: _____

Factors to Consider	Importance X	Rarity of Knowledge X	Recovery Difficulty =	Criticality Score
	Impact on quality, reliable, efficient operations Localized vs. system-wide Existence of alternative methods	Redundancy of knowledge locally and system-wide LifeWays-specific knowledge Existence and cost of outside resources New hires with this knowledge available Loss gradual or abrupt	Documentation or records exist Lead time needed to document or transfer	Importance X Rarity of Knowledge X <u>Recovery Difficulty =</u> Criticality Score
Rating Score	1 = Low	2 3 = Moderate	4	5 = High

Employee: _____

ESSENTIAL JOB FUNCTIONS		Importance of	Rarity of	Criticality
Recovery	Function	Function	Difficulty	Score
=		X	X	
=		X	X	
=		X	X	
=		X	X	
=		X	X	
=		X	X	
KNOWLEDGE, SKILL AND ABILITY (KSA)		Importance of	Rarity of	Criticality
Recovery				y

Function	Function	Difficulty	Score
=	X	X	
=	X	X	
=	X	X	
=	X	X	
=	X	X	
=	X	X	

Completed by: _____

Date: _____

CHRISTABEL, LLC will indicate the minimum qualifications for all advertised jobs.

CHRISTABEL, LLC shall evaluate all resource needs considering most efficient and cost-effective means to perform the work. Consideration shall be made for part time employees, temporary employees, and/or individual contractors prior to posting a position as a full-time CHRISTABEL, LLC employee. Reasonable accommodation shall be provided for any qualified individual with a disability to allow the individual to complete the application process or perform the essential functions of the job unless such accommodation would impose undue hardship on CHRISTABEL, LLC. Personnel records shall be maintained in accordance with Federal and State laws and regulations. Employees are responsible to report all changes to their employment status based on requirements of CHRISTABEL, LLC as defined in the procedure.

Job Descriptions for Service

CHRISTABEL, LLC shall provide adaptive aids, host home/companion care, supported living, assisted living, supervised living, community psychiatric supports and treatment, employment assistance, home delivered meals, minor home modifications, nursing services, HCBS- AMH psychosocial rehabilitation, respite care, substance abuse disorder care, transition assistance services, transportation, and flexible fund services directly or through subcontractors as shown in form F below.

HCBS-AMH Service	Provide Directly	Subcontracted	Both
Adaptive Aids			x
Host Home/Companion Care			x
Supported Living*	x		
Assisted Living*			x
Supervised Living*			x

Community Psychiatric Supports and Treatment*		X	
Employment Assistance			X
Home Delivered Meals			X
Minor Home Modification		X	
Nursing*			X
Peer Support		X	
HCBS-AMH Psychosocial Rehabilitation*			X
Respite Care			X
Substance Use Disorder		X	
Transition Assistance Services			X
Transportation			X
Flexible Funds	X		

1. Adaptive Aids

CHRISTABEL, LLC will provide adaptive aid through Medicare, other Medicaid benefits, or other subcontractor resources. These aids will include vehicle modifications, service animals and supplies, environmental adaptations, and aids for daily living, such as reachers, adaptive utensils, certain types of lists, pill keepers, reminder devices, signs, calendars, planners, and storage devices. Individual items costing over \$500.00 will be recommended in writing by case managers to assess the individual's need for this specific adaptive aid and be approved by CHRISTABEL, LLC administrator.

2. Supported Home Living

CHRISTABEL, LLC will directly provide supported home living to individuals residing in their own apartment or family residence that is not owned by CHRISTABEL, LLC.. This service will include activities that facilitate the individual's inclusion and community activities, use of natural supports and typical community services available to all people, social interaction and

participation in leisure activities, development of socially valued behaviors, and daily living and functional living skills. In providing the supported home living, the following shall apply:

- a. The client and family members have a right to privacy
- b. Sleeping and individual living units may be locked at the discretion of the individual, with keys available only to appropriate staff or landlords
- c. Each living unit is separate and distinct from each other
- d. The individual retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk
- e. Service provision shall foster the independence of each individual
- f. Routines of service delivery must be individual-driven
- g. Any variations from these standards shall be documented

3. Assisted Living

CHRISTABEL, LLC may provide assisted living services directly or through its subcontractors. The services will be personal care, homemaker, and chore services; medication oversight; And therapeutic, social, and recreational programming provided in a home like environment and a licensed community setting in conjunction with residing in the assisted living setting.

The service will include 24-hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety, and security to the client. The clients will have the freedom and support

to control their own schedules and activities, have access to food and visitors of their choosing at any time, have access at any time to the commonly shared areas (including kitchens, living rooms, activity centers), and have the freedom to furnish and decorate units. The provision of assisted living services shall not be provided in a setting where the clients do not have a reasonable expectation of privacy, access to a kitchen/kitchenette and/or living room, and access to food and visitors at any time of the individuals choosing. The services will be rendered to clients who reside in their own living units, which may include dually occupied units when both occupants consent to the arrangement, that contain bedrooms and toilet facilities, and may or may not include kitchenette and/or living rooms. The assisted living setting must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). In circumstances where the clients do not have a private kitchen/kitchenette and/or living room or parlor, the individual will be provided full access to a shared kitchen with cooking facilities and comfortable seating in the shared areas for private visits with family and friends. The service will also include assisting individuals in acquiring, retaining, and improving skills such as communication, self-help, domestic, self-care, socialization, fine and gross motor skills, mobility, personal adjustment, relationship development, use of common resources, and adaptive skills necessary to reside successfully in home and community-based settings. As needed, this service may also include assistance in promoting positive social interactions, as well as services to instruct individuals in accessing and using community resources. These resources will include transportation, translation, and communication assistance related to the IRP goals and services to assist the individual in shopping and other necessary activities of

community and civic life, including self-advocacy. Assistance with activities of daily living (ADLs) and instrumental activities of daily living (IA DLs) are included. CHRISTABEL, LLC will apply the following standards while providing the assisted living service:

- a. The clients will have the right to privacy
- b. Sleeping in individual living units may be locked at the discretion of the individual with keys available only to appropriate staff or landlords
- c. Each living unit is separate and distinct from each other
- d. The client retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk
- e. Service provision shall foster the independence of each individual
- f. Routines of service delivery shall be individual-driven
- g. Any variation from the standard shall be documented

4. Supervised Living

CHRISTABEL, LLC may provide supervised living services directly or through its subcontractors; services that provide residential assistance as needed by the clients who live in residences in which CHRISTABEL, LLC holds a property interest and that meet program certification standards. The service will be provided by CHRISTABEL, LLC staff or subcontractors who are assigned on a shift schedule that includes at least one complete change of staff each day. Transportation costs will be included in the rate charged to the client. The type and frequency of supervision shall be determined on an individual basis based on the level of need for each client. The service will include assisting the client in

acquiring, retaining, and improving skills such as communication, self-help, domestic, self-care, socialization, finding gross motor skills, mobility, personal adjustment, relationship development, use of common resources, and adaptive skills necessary to reside successfully in home and community-based settings. As needed, this service may also include assistance in promoting positive social interactions, as well as services to instruct clients in accessing and using community resources. These resources may include transportation, translation, and communication assistance and services to assist the client in shopping and other necessary activities of community and civic life, including self-advocacy. Assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLS) will be included. CHRISTABEL, LLC will apply the following standards while providing the assisted living services:

- a. The clients will have the right to privacy
- b. Sleeping and client living units may be locked at the discretion of the individual, with keys available only to appropriate staff or landlords
- c. Each living unit is separate and distinct from each other
- d. The client retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk
- e. Service provision show foster the independent of each client
- f. Routines of service delivery shall be individual-driven
- g. Any variations from these standards shall be documented

5. Community Psychiatric Supports and Treatment

CHRISTABEL, LLC will seek the services of subcontractors to offer community psychiatric and treatment services; services that address specific client needs with evidence-based and evidence-informed psychotherapeutic practices designed specifically to meet those needs.

The subcontractors will be free to use psychotherapeutic practices so long as they are evidence-based and evidence-informed. Examples of practices that can be used by subcontractors may include Cognitive Behavioral

Therapy (CBT), Cognitive Processing Therapy (CPT), and Dialectical Behavior Therapy (DBT). The services will be provided face-to-face with the client present; however, family, or other persons significant to the client may also be involved.

6. Employment Assistance Services

CHRISTABEL, LLC will directly through subcontractors provide employment services following evidence based or evidence informed practices. The employment services shall:

- a. Focus on the clients' strengths and preferences
- b. Promote recovery and wellness by enabling clients to engage in work which is meaningful to them and compensated at a level equal to or greater than individuals without severe mental illness or other disabilities (competitive employment)
- c. Include systematic job development based on individuals' interest, developing relationships with local employers by making systematic contacts
- d. May not be for job placements paying below minimum wage

- e. Must be delivered in a manner that supports and respects the individual's communication needs including translation services, assistance with, and use of communication devices
- f. Do not supplant existing resources, such as state vocational rehabilitation programs available to the individual

CHRISTABEL, LLC will use employment services to enable a client to gain work related experience considered crucial for job placement (e.g., unpaid internship), only if such experience is vital to the person to achieve his or her vocational goal. The employment services shall be individualized and extended as needed to assist the client to obtain and maintain meaningful work period services are provided based on the client's preference and choice without exclusions based on readiness, diagnosis, symptoms, substance use history, psychiatric hospitalizations, level of disability, or legal system involvement. The services will be provided in regular integrated settings and do not include sheltered work or other types of vocational services in specialized facilities, or incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- a. Payments that are passed through to the client
- b. Payments for supervision, training, support, and adaptations typically available to other workers without disabilities filling similar positions in the business
- c. Incentive payments made to an employer to encourage hiring the individual
- d. Payments used to defray the expenses associated with starting up or operating in business

7. Home Delivered Meals

CHRISTABEL, LLC will directly and through subcontractors provide home delivered meals services too avail nutritionally sound meals to the client. CHRISTABEL, LLC will strive to provide a minimum of one-third of the current recommended dietary allowance (RDA) for the client as adopted by the United States Department of Agriculture. The staff or the subcontractor shall deliver the meals to the client's home. CHRISTABEL, LLC will advise the client that the home delivered meals do not constitute a full nutritional regimen. The meals will be delivered when the client meets the following conditions:

- a. The client is unable to do meal preparation on a regular basis without assistance
- b. The client does not have access to alternate resources for the provision of the meal provided by this service
- c. The client does not have natural support available that are willing and able to provide meal preparation services

CHRISTABEL, LLC will ensure compliance, during all stages of food service operation, with applicable Federal, Texas State, and local regulations, codes, and licensure requirements relating to fire, health, sanitation, safety, building, and other provisions relating to the public health, safety, and welfare of meal patrons.

In providing the services, CHRISTABEL, LLC will ensure that the food is prepared, served, and transported:

- a. With the least possible manual contact
- b. With suitable utensils

- c. On surfaces that have been cleaned, rinsed, and sanitized to prevent cross contamination prior to use

The meals will be served hot, cold, frozen, dried, or canned with a satisfactory storage life.

CHRISTABEL, LLC will develop menu standards to sustain and improve our participant's health through the provision of safe and nutritious meals that are approved by a dietitian.

CHRISTABEL, LLC will also develop a safety plan to ensure individuals will receive meals during emergencies, weather-related conditions, and natural disasters. The agency will utilize in-person delivery of the meals whereby a paid staff or volunteer delivers the meal to the client's home. The staff or the volunteer will be required to report any changes in the individual's condition or concerns to the client's meals.

8. Minor Home Modifications

CHRISTABEL, LLC will seek the services of subcontractors to provide minor home modifications in accordance with applicable state or local building codes. The agency will ensure compliance with the requirements for delivery of minor home modifications, which include requirements as to type of allowed modifications, timeframes for completion, specifications for the modification, inspections of modification, and follow-up on the completion of the modification. The minor home modifications shall address specific functional limitations documented in the IRP and must be approved by DSHS. Individual items costing over \$1000.00 will be recommended in writing by a service provider qualified to assess the individual's needs for the specific adaptive aid and be approved by DSHS.

9. Nursing Services

CHRISTABEL, LLC will provide nursing services directly through employees or subcontractors within the scope of the Texas Nurse Practice Act through RN, or LVN under supervision of a clinical supervisor RN licensed to practice in the state of Texas. The nursing services will cover ongoing chronic conditions such as wound care, medication administration (including training, monitoring, and evaluation of side effects), and supervising delegated tasks. Nursing services provide treatment and monitoring of health care procedures prescribed by a physician/medical practitioner, or as required by standards of professional practice or state law to be performed by licensed nursing personnel.

10. Peer Support

CHRISTABEL, LLC shall provide recovery-focused peer support services through a subcontracted Certified Peer Specialist or individuals who are in recovery from mental illness and/or substance use disorders. Peer support shall be aimed at promoting the development of skills for coping with symptoms of SMI and/or substance use disorders, which includes the identification and/or development of natural supports and strengths. CHRISTABEL, LLC will require peer support specialists to use their own experiences with mental illness, substance use disorder (SUD), and/or another co-occurring disorder (such as a chronic health condition), to help the client reach his/her recovery goals. The peer support services offered shall include:

- a. Helping clients make new friends and begin to build alternative social networks
- b. Promoting coping skills
- c. Facilitating use of natural resources/ supports

- d. Enhancing recovery-oriented attributes such as hope and self-efficacy
- e. Assisting the client with tasks such as setting recovery goals, developing recovery action plans, and solving problems directly related to recovery: including finding sober housing, making new friends, finding new uses of spare time, and improving one's job skills
- f. Providing assistance with issues that arise in connection with collateral problems such as having a criminal justice record or coexisting physical or mental challenges
- g. Helping clients navigate the formal treatment system, advocating for their access and gaining admittance, as well as facilitating discharge planning, typically in collaboration with treatment staff
- h. Encouraging participation in mutual aid groups in the community
- i. Facilitating participation in educational opportunities
- j. Developing linkages to resources that address specialized needs, such as agencies providing services related to HIV infection or AIDS, mental health disorder, chronic and acute health problems, parenting young children, and problems stemming from involvement with the criminal justice system.

11. HCBS Psychosocial Rehabilitation Services

CHRISTABEL, LLC will seek the services of subcontractors to provide HCBS Psychosocial Rehabilitation Services intended to achieve the identified goals or objectives as set forth in the individuals IRP. The skills of the rehabilitation services will include but are not limited to:

- a. Illness/recovery management

- b. Self-care
- c. Activities of daily living (ADLs)
- d. Instrumental activities of daily living (IADLs)

12. Respite Care

CHRISTABEL, LLC will directly provide respite care services for planned or emergency short-term relief for natural, unpaid caregivers. Respite shall be provided intermittently when the natural caregiver is temporarily unavailable to provide such care. Other services indicated on the IRP may be provided during the period of respite if they are not duplicative of or integral to services which can be reimbursable as respite or otherwise excluded by the HCBS-AMH Billing Guidelines. CHRISTABEL, LLC will ensure that respite is provided in coordinates with the IRP. In-home respite will be provided in the individuals home or place of residence or in the home of a family member or friend. Out of home respite can be provided in adult foster care homes, 24-hour residential habilitation home, licensed assisted living facilities, and licensed nursing facilities.

13. Substance Use Disorder Services

CHRISTABEL, LLC will seek the services of subcontractors to provide substance use disorder (SUD); specialized to meet the needs of the clients who have experienced extended institutional placement. The services will be aimed at assisting the client in achieving specific recovery goals identified in the IRP and in preventing relapse. The services will be provided using a team approach with other HCBS-AMH services, such as peer support. Clients will be required to

exhaust other state plan (SUD) benefits before choosing the HCBS-AMH SUD benefit unless other state claim benefits are not appropriate to meet the individual's needs, limitations, and recovery goal as determined by the independent evaluation (e.g., severe cognitive or social functioning limitations, or a mental disability). HCBS-AMH SUD services will only be utilized when other state plan issued services are exhausted or not appropriate. SUD services will include assessment, ambulatory group counseling, and individual counseling.

14. Transition Assistance Services

CHRISTABEL, LLC will provide Transition Assistance Services directly or through the services of subcontractors. Services may include:

- a. Security deposits for leases on apartments or homes, essential household furnishings and expenses required to occupy and use a community domicile (including furniture, window coverings, food preparation items, and bed and bath linens)
- b. Setup fees or deposits for utility or services access, including telephone, electricity, gas, and water
- c. Services necessary for an individual's health and welfare, such as pest eradication and one-time cleaning prior to occupancy
- d. Activities to assess needs, arrange for, and procure needed resources (limited to up to 180 consecutive days prior to discharge in parentheses).

15. Transportation Services

CHRISTABEL, LLC will directly and through subcontractors provide transportation services to clients without duplicating the transportation provided as part of other services or under the State Plan medical transportation benefit. The transportation services will be provided in support of the client's recovery goals as identified on the IRP. CHRISTABEL, LLC and its subcontractors will not bill for the service time spent transporting a HCBS-AMH participant when the transportation is related to or a part of another HCBS-AMH service such as Supported Home Living or Employment Services.

16. Flexible Funds

CHRISTABEL, LLC will directly and through subcontractors utilize monies for non-clinical supports that augment the IRP to reduce symptomology and maintain quality of life and community integration. Flex Fund vouchers will be issued to indigent clients so as to alleviate temporary situations caused or exacerbated by mental disorders that might otherwise result in accessing a higher level of care. Vouchers may include motel stays, transportation, food, clothing, and other items.

JOB DESCRIPTIONS AND QUALIFICATIONS

In addition to the procedures for job description and qualifications outlined above the following service specific job description and qualifications will be advertised to the candidates. CHRISTABEL, LLC will ensure all direct service staff, including employees and subcontractors, meet the necessary credentialing and licensure requirements as per the job description.

1. Supported Home Living Provider

Job Description

- a. Provide transportation of individuals in accordance with applicable state laws.
- b. Providing live in support to individuals in their homes and in the community by providing supervision, training, companionship, behavioral support, and other duties is deemed necessary by the client or the client's circle of support, including residing with the client in their home.
- c. Crisis support/awake overnights as needed
- d. Ensuring the safety of consumers and other people

Qualifications

Supported home living direct care providers must comply with the following requirements and qualifications:

- a. Be at least 18 years of age
- b. Have a high school diploma or Certificate of High School Equivalency (GED credentials) or documentation of a proficiency evaluation of experience and competence to perform job tasks including the ability to provide the required services as needed by the individual to be served as demonstrated through a written competency-based assessment
- c. Have at least three personal references from persons not related within 3 degrees of consanguinity that evidence the ability to provide a safe and healthy environment for the individual(s) to be served
- d. Complete initial and periodic training provided by CHRISTABEL, LLC
- e. Pass a criminal background check

- f. Required training by DSHS for supported home living are:
 - i. Restrictive interventions
 - ii. Opioid overdose prevention
 - iii. Prevention of suicide and interventions for suicidal ideations

2. Assisted Living Providers

Job Description

- a. Ensures consumer safety in the home and community
- b. Assist clients in achieving personal, behavioral, educational, or vocational goals
- c. Assist with household duties such as cleaning, cooking, and household management (may include yard upkeep) to maintain household in accordance with the guidelines determined by the client, and the client's circle of support
- d. Provides necessary support for consumer to meet personal needs
- e. Provides skills training when applicable
- f. Maintains current first aid and CPR certification
- g. Participates in all mandatory trainings
- h. Responds to crisis in accordance with laid down procedure
- i. Assists the client with any medical needs or appointments
- j. Provide supervision and support to clients in the home and community
- k. Develops and maintains written documentation, as requested
- l. Complies with CHRISTABEL, LLC goals policies and procedures
- m. Makes all decisions based on agency Vision and Value Statement

- n. Completes all other duties as assigned by the administrator

Qualifications

Assisted living direct care providers must comply with the following requirements and qualifications:

- a. Be at least 18 years of age
- b. Have a high school diploma or Certificate of High School Equivalency (GED credentials) or documentation of a proficiency evaluation of experience and competence to perform job tasks including the ability to provide the required services as needed by the individual to be served as demonstrated through a written competency-based assessment
- c. Have at least three personal references from persons not related within 3 degrees of consanguinity that evidence the ability to provide a safe and healthy environment for the individual(s) to be served
- d. Complete initial and periodic training provided by CHRISTABEL, LLC
- e. Pass a criminal background check
- f. Required training by DSHS for assisted living providers are:
 - i. Restrictive interventions
 - ii. Opioid overdose prevention
 - iii. Prevention of suicide and interventions for suicidal ideations

3. Supervised Living Providers

Job Description

- a. Fosters recovery and independence of the client by providing them with personal assistance with activities of daily living such as grooming, eating, bathing, dressing, and personal hygiene.
- b. Provide functional living tasks such as assistance with planning and preparing meals; transportation or assistance in securing transportation; assistance with ambulation and mobility; reinforcement of specialized rehabilitative, habilitative, or psychosocial therapies; assistance with medications based upon the results of a registered nurse assessment.
- c. Perform tasks delegated by a registered nurse in accordance with the Texas Board of Nursing rules as defined by Title 22 of the Texas Administrative Code, Part 11, chapter 225.
- d. Supervises the client's safety and security.

Qualifications

Supervised living direct care providers must comply with the following requirements and qualifications:

- a. Be at least 18 years of age
- b. Have a high school diploma or Certificate of High School Equivalency (GED credentials) or documentation of a proficiency evaluation of experience and competence to perform job tasks including the ability to provide the required services as needed by the individual to be served as demonstrated through a written competency-based assessment

- c. Have at least three personal references from persons not related within 3 degrees of consanguinity that evidence the ability to provide a safe and healthy environment for the individual(s) to be served
- d. Complete initial and periodic training provided by CHRISTABEL, LLC
- e. Pass a criminal background check
- f. Required training by DSHS for supervised living are:
 - i. Restrictive interventions
 - ii. Opioid overdose prevention
 - iii. Prevention of suicide and interventions for suicidal ideations

4. Host Home/Companion Care Providers

Job Description

- a. Provides personal assistance with activities of daily living such as grooming, eating, bathing, dressing, and personal hygiene.
- b. Provides functional living tasks such as assistance with planning and preparing meals; transportation or assisting in securing transportation; assistance with ambulation and mobility; reinforcement of cognitive training or specialized mental health therapies/activities; assistance with medications based upon the results of a registered nurse assessment
- c. Perform task delegated by a registered nurse in accordance with the Texas board of Nursing rules as defined by Title 22 of the Texas Administrative Code, Part 11, chapter 225.

- d. Supervises this client safety and security

Qualifications

Host home/companion care direct care providers must comply with the following requirements and qualifications:

- a. Be at least 18 years of age
- b. Have a high school diploma or Certificate of High School Equivalency (GED credentials) or documentation of a proficiency evaluation of experience and competence to perform job tasks including the ability to provide the required services as needed by the individual to be served as demonstrated through a written competency-based assessment
- c. Have at least three personal references from persons not related within 3 degrees of consanguinity that evidence the ability to provide a safe and healthy environment for the individual(s) to be served
- d. Complete initial and periodic training provided by CHRISTABEL, LLC
- e. Pass a criminal background check
- f. Required training by DSHS for host home/companion care are:
 - i. Restrictive interventions
 - ii. Opioid overdose prevention
 - iii. Prevention of suicide and interventions for suicidal ideations

5. Community Psychiatric Supports and Treatment Providers

Job Description

Provides goal directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's recovery plan (IRP).

Qualifications

Community psychiatric support and treatment direct care providers must comply with the following requirements and qualifications:

- a. Must be trained, credential, and demonstrate competency in the specialized psychotherapy used.
- b. Must be a licensed practitioner of the healing arts (LPHA).
- c. Complete initial and periodic training provided by CHRISTABEL, LLC
- d. Pass a criminal background check
- e. Required training by DSHS for community psychiatric support and treatments are:
 - i. Harm reduction – upon notification from DSHS
 - ii. Restrictive interventions
 - iii. Person-centered recovery planning, prior to service provision
 - iv. Prevention of suicide and interventions for suicidal ideations
 - v. And at least one of the following within one year of service provision:
 - a. Dialectical Behavior Therapy
 - b. Cognitive Behavioral Therapy for Psychosis
 - c. Cognitive Behavioral Therapy

6. Employment Service Providers

Job Description

- a. Helps clients with severe mental illness work at regular jobs of their choosing to achieve goals meaningful to them, such as increasing their economic security
- b. Helps the client to locate and maintain paid employment in the community and may perform activities on behalf of the client to assist in maintaining employment
- c. Provides individualized services to sustain individuals in paid jobs in regular work settings who, because of disability, requires support to be self-employed, work from home, or perform in a work setting at which individuals without disabilities are employed.

Qualifications

The employment service provider must comply with the following requirements and qualifications:

- a. Be at least 18 years of age
- b. Pass a criminal background check
- c. And meet one of the following qualifications:
 - i. Have a Bachelor's degree in rehabilitation, business, marketing, or a related Human Services field, and one year paid or unpaid experience providing employment services to people with disabilities

- ii. Have an Associate's degree in rehabilitation, business, marketing, or related Human Services field, and two years paid or unpaid experience providing employment service to people with disabilities
 - iii. Have a high school diploma or Certificate of High School Equivalency (GED credentials), and three years paid or unpaid experience providing employment services to people with disabilities
- d. Required training by DSHS for employment services are:
- i. Individual placement and support
 - ii. Restrictive interventions
 - iii. Person-centered recovery planning

7. Peer Support Providers

Job Description

- a. Provide services to self-identified clients who are in recovery from mental illness and/or substance use disorders to help them reach their recovery goals.
- b. Provide services to promote coping skills and facilitate use of natural resources or support services.
- c. Enhance recovery-oriented attributes such as hope and self-efficacy among the clients.

Qualifications

The peer support services direct care providers must comply with the following requirements and qualifications:

- a. Be at least 18 years of age and have lived experience as an individual with mental health and/ or substance use needs
- b. Individual providers must maintain a DSHS approved certification for mental health or substance use disorder peer specialist.
- c. Pass a criminal background check
- d. Required training by DSHS for employment services are:
 - i. Peer support specialist's certification
 - ii. Restrictive interventions
 - iii. Person-centered recovery planning
 - iv. Opioid overdose prevention – upon notification by DSHS
 - v. Prevention of suicide and interventions for suicidal ideations

8. Home Delivered Meal Providers

Job Description

- a. Provide a nutritionally sound meal to individuals, which is delivered to the individuals' home.
- b. Provide these services in facilities that comply with all applicable state and local laws and regulations related to fire, health, sanitation, and safety; and food preparation, handling, and service activities.
- c. Ensure safety and security of the clients.

Qualifications

- a. All individual staff and volunteers involved in food preparation must have or will have training in:
 - i. Portion control
 - ii. FDA food code practices for sanitary handling of food
 - iii. Texas food safety requirements
 - iv. Agency safety policies and procedures
- b. All individual staff and volunteers having direct contact with an individual must have or will have training in:
 - i. Protecting confidentiality
 - ii. How to report concerns, which may include; change of conditions; self-neglect, and abuse, to appropriate staff for follow up
 - iii. When to report to the RM any individuals considered high-risk, as a result of the nutrition risk assessment.
 - iv. Required training by DSHS for home delivered meal providers will be made available when produced by DSHS.

9. Psychosocial Rehabilitation Service Providers

Job Description

- a. Provides evidence-based or evidence-informed interventions which support the individual's recovery by helping the individual develop, refine, and/or maintain the skills needed to function successfully in the community to the fullest extent possible.

Qualifications

Individual psychosocial rehabilitation service providers must comply with the following requirements and qualifications:

- a. Be qualified and demonstrate competency and fidelity to the evidence-based practices (EBPs) used
- b. Have the level of education and experience required by the evidence-based modality employed
- c. The individual, at minimum, must have a bachelors' degree in psychology or related field and:
 - i. Have a DSHS-approved training and/ or certification in the EBP
 - ii. Must be supervised by a licensed clinician trained and certified in the EBP
- d. Required training by DSHS for Psychosocial Rehabilitation service providers are:
 - i. Person-centered recovery planning
 - ii. Prevention of suicide and intervention for suicidal ideation
 - iii. At least one of the following within one year of service provision
 - a. Illness management recovery
 - b. Cognitive adaptive training; and
 - c. Seeking safety

10. Minor Home Modifications Service Providers

Job Description

- a. Provide physical adaptations to an individual's home that are necessary to ensure the individual's health, welfare, and safety, or that enables the individual to function with greater independence in the home
- b. Ensure safety and security of the clients

Qualifications

CHRISTABEL, LLC shall comply with the requirements for delivery of minor home modifications, which include requirements as to:

- a. Type of allowed modifications
- b. Timeframes for completion
- c. Specifications for the modification
- d. Inspections of modification
- e. Follow up on the completion of modification
- f. Qualified building contractors provide minor home modifications in accordance with state and local building codes and other applicable regulations.
- g. The individual providers must meet applicable laws and regulations for the provision of the approved minor home modification and provide modifications in accordance with applicable state and local building codes.
- h. Required training by DSHS for minor home modification will be made available when produced by DSHS.

11. Transition Assistance Service Providers

Job Description

- a. Ensures payment of set up expenses for individuals transitioning from institutions into community settings necessary to enable individuals to establish basic households
- b. Ensure safety and security of the clients while providing the transition services

Qualifications

The individual providers must comply with the following requirements and qualifications:

- a. Be at least 18 years of age
- b. Pass a criminal background check
- c. Demonstrate knowledge and/or have experience in managing transitions to home and community-based settings.
- d. Must demonstrate knowledge of, and history in, successfully serving individuals who require home and community-based services'
- e. Required training by DSHS for transition assistance providers will be made available when produced by DSHS.

12. Adaptive Aids Providers

Job Description

- a. Provide specialized equipment and supplies including devices, controls, and appliances that enable individuals to increase their ability to perform activities of daily living, or to perceive, control, or communicate with the environment in a way in which they live.
- b. Provide items necessary for life support and ancillary supplies

- c. Provide equipment necessary to the proper functioning of the adaptive aid items, and durable and non-durable medical equipment not otherwise available under the Medicaid state plan
- d. Ensure safety and security of the clients while using equipment

Qualifications

- a. The sub-contracted adaptive aid provider and their employees must comply with all applicable laws and regulations for the provision of adaptive aids.
- b. Required training by DSHS for adaptive aid providers will be made available when produced by DSHS

13. Transportation Service Providers

Job Description

- a. Provide transportation services in order to enable individuals to gain access to services, activities, and resources, as specified in the IRP.
- b. Ensure safety and security of the clients while providing the transportation services

Qualifications

The individual transportation providers must meet the following qualifications:

- a. Be at least 18 years of age
- b. Valid driver's license
- c. Proof of automobile insurance
- d. Pass a criminal background check

- e. Required training by DSHS for transition assistance providers will be made available when produced by DSHS.

14. Respite Care Providers

Job Description

- a. Provide relief for parents of children with disabilities through caring for their children
- b. Provide personal care such as bathing, assisting in toileting, turning, and other activities of daily living
- c. Accommodate the needs of the family, which may include household chores and meal preparation
- d. Have a telephone at client's residence and use it to contact the client or leave messages for them
- e. Carry out any other duty that provides temporary relief from caregiving to the primary caregiver of an individual during times when the individual's primary caregiver would normally provide the care

Qualifications

The respite worker must adhere to the following standards:

- a. Be at least 18 years of age
- b. Trained in CPR/first aid
- c. Pass a criminal background check
- d. Not be on a list of Employee Misconduct Registry or Nurse Aide Registry

- e. Maintain current Texas driver's license and proof of automobile insurance if transporting individuals
- f. Be familiar with individual specific competencies
- g. Required training by DSHS for respite care providers is:
 - h. Restrictive Interventions

15. Substance Use Disorder Service Providers

Job Description

- a. Provide an assessment of clients regarding substance use disorders.
- b. Provides specialized services to meet the needs of individuals who have experienced extended institutional placement as per their IRP.
- c. Ensure safety and security of the clients while providing services.

Qualifications

Substance Use Disorder (SUD) treatment programs must be licensed by the Texas Department of State Health Services as Chemical Dependency Treatment Programs.

The individual counselors providing substance user disorder services must be:

- a. Qualified Credentialed Counselors (QCC's) for the provision of a service as defined by DSHS
- b. The individual providers must be licensed and/or appropriately credentialed to provide services and act within the scope of their licensure and/or credentialing.
- c. Required training by DSHS for substance use disorder service providers are:

- i. Training for provision of any EBP
- ii. Harm reduction
- iii. Motivational Interviewing
- iv. Restrictive interventions
- v. Person-centered recovery planning
- vi. Opioid overdose prevention

16. Nursing Service Providers

Job Description

- a. Provide nursing services that are within the scope of the Texas Nurse Practice Act and are provided by a registered nurse (or licensed vocational nurse under the supervision of an appropriate Clinical Supervisor RN), licensed to practice in the state.
- b. Provide nursing care for ongoing chronic conditions such as wound care, medication administration (including training, monitoring, and evaluation of side effects), and supervising delegated tasks.
- c. Provide treatment and monitoring of health care procedures prescribed by a physician/ medical practitioner, or as required by standards of professional practice or state law to be performed by licensed nursing personnel.

Qualifications

The individual service providers must:

- d. Maintain a Registered Nurse License (or LVN, licensed vocational nurse under the supervision of an appropriate Clinical Supervisor RN), registered to practice in the state or otherwise authorized to practice in Texas under the Nurse Licensure Compact.
- e. Required training by DSHS for substance use disorder service providers are:
 - i. Restrictive interventions
 - ii. Person-centered recovery planning
 - iii. Opioid overdose prevention
 - iv. Nursing Services Best Practices

17. Flexible Fund Providers

Job Description

- a. Provide monies utilized for non-clinical supports that augment the IRP to reduce symptomology and maintain quality of life and community integrity.
- b. Reserves the funds for indigent individuals.
- c. Identifies the flex funds in the clients IRP for review and approval by DSHS.
- d. Only provides flexible funds that fall within the scope of CHRISTABEL, LLC as per the DSHS review report.

Qualifications

- a. The sub-contracted providers of flexible funds will meet the requirements of the DSHS and laws regulating financial service provision in Texas.

- b. Required training by DSHS for flexible fund providers will be made available when produced by DSHS.

1.38 CREDENTIALING AND STAFF TRAINING

POLICY

CHRISTABEL, LLC has a policy to include members through appointments including both individual practitioners and organizational providers. The board of directors will also serve as credentialing committee. The committee reviews applicants for credentialed membership with CHRISTABEL, LLC. The committee may grant full credentialed membership if all requirements are met. Temporarily provisional memberships for practitioners and organizational providers may also be granted by the committee, provided all minimum requirements are met. The committee will meet no less than monthly. Decisions are based on a majority vote. The CHRISTABEL, LLC administrator retains final approval of credentialing committee decisions. In addition, all the staff, volunteers, and students of CHRISTABEL, LLC will have the right to training within the first 30 days of employment and annually. Training is not a substitute for annual training required of all CHRISTABEL, LLC and provider employees.

PROCEDURE

Appointment and Credentialing

Appointment to CHRISTABEL, LLC and granting of clinical membership shall be in compliance with: Title VI of the Civil Rights Act of 1964 (which prohibits discrimination on the basis of race, color, or national origin), Section 504 of the Rehabilitation Act of 1973 (barring discrimination against persons with handicap conditions), Title IX of the Education Act Amendments of 1972 (prohibiting sex discrimination) and the 1967 Age Discrimination Act. The credentialing and recredentialing processes do not discriminate against:

- a. A healthcare professional, solely on the basis of license, registration, or certification
- b. A health care professional who services high-risk populations or who specializes in the treatment of conditions that require costly treatment.

Individual Practitioner Applicants - The CHRISTABEL, LLC board of directors forwards a credentialing overview and a recommendation for credentialed membership to the credentialing committee. The committee reviews the summary for evidence of competency in the areas requesting to provide service. The committee has full authority to determine full, temporary provisional, limited, or denied membership of an initial application or re-credentialing application based on the information presented to the committee. The committee may grant full or temporary provisional membership not to exceed 150 days. Full membership is granted to practitioners who meet outline qualifications.

Organizational Provider Applicants – The CHRISTABEL, LLC board of directors forwards a credentialing overview and a recommendation for credentialed status to the credentialing committee. The committee reviewed the file for evidence of competency in the requested service areas. The committee has full authority to determine full, provisional, or denied status of an application or re-credentialing application based on the information presented to the committee. The committee may grant membership provided the organization meets all requirements, has sufficient qualified staff to perform service in the areas requested, and has a credentialing process in place that meets all requirements in the CHRISTABEL, LLC policies. The committee may grant full or temporary provisional membership. That full membership is granted to those applicants who meet all requirements. Temporary provisional membership may be granted to an organization which is operating under a current plan for improvement, has lost certification or

accreditation status, has not demonstrated compliance with the Best Practice Guidelines, or does not meet the requirements for full membership. Organizations operating under provisional status are subject to additional monitoring.

Criminal background checks

All new employees will be required to undergo a finger-print based criminal record check for employment eligibility with CHRISTABEL, LLC. The letter of hire given to new employees shall indicate that employment is contingent upon clearance on a background check. After a job offer has been made, the potential employee will be requested to fill out a consent allowing CHRISTABEL, LLC to investigate and obtain a record of criminal convictions and any pending felony charges from official law enforcement agencies. The form includes the following information: name, alias, date of birth, Social Security number, Texas Driver's License number, sex (optional) and race (optional). The consent form must also be signed by both the applicant and the Human Resource Department verifying the information is accurate to the best of their knowledge.

CHRISTABEL, LLC will also verify credentials and maintain documentation verifying malpractice or liability insurance for professional staff.

Training Within Thirty Days of Hire

In lieu of CHRISTABEL, LLC's Recipient Rights training requirements, providers who provide their own or contract with other agencies for their Rights training shall, upon execution of their contract with CHRISTABEL, LLC, submit the training curriculum and copies of all training

materials, employee training records evidencing training within 30 days of hire, names, addresses and credentials of those who provide the training to the office, for approval. Upon the establishment and notification from the contract manager/designee of a fully executed contract, new providers shall be notified of their Recipient Rights training requirements. The designated Recipient Rights staff shall schedule the employee, volunteer, or student and note which provider they represent and the individual's date of hire in the established excel database. Direct care training attendees shall use the conference rooms within the CHRISTABEL, LLC building for training. Scheduled attendees may be excluded from the direct care training session if tardy. Trainee shall receive written and verbal information with respect to the following and demonstrate competency with respect to the following information:

- a. Identification of what constitutes Abuse and Neglect under the Mental Health Code and their definitions
- b. Mandatory reporting laws including Abuse and Neglect reporting
- c. Confidentiality
- d. Whistleblowers Act
- e. Methods for reporting rights issues as indicated in this policy and procedure manual
- f. The names, phone numbers, and responsibilities of the Rights Staff
- g. Overview of all other rights as protected by the Texas Mental Health Code

Annual Trainings

CHRISTABEL, LLC students, volunteers, and provider employees shall receive annual Recipient Rights training. Providers who contract with others or who provide their own annual

Recipient Rights training shall submit their annual training requirements, if any. CHRISTABEL, LLC Personnel Administrator shall coordinate a training schedule with Rights staff and shall maintain documentation of orientation, annual, and other rights training in the employees' personnel record. Providers shall maintain documentation of orientation, annual, and other Rights training in their respective personnel records. This documentation shall be readily available to the Rights Office if relevant and necessary for the office to carry out a duty required by the Mental Health Code, Department of Community Health, or other authority. Annual training shall be conducted/facilitated by Recipient Rights Staff. Annual training may occur at CHRISTABEL, LLC administrative offices or elsewhere if mutually agreed upon with providers when necessary to accommodate providers, trainers, participants, and others. Training attendance shall be entered into the Access database established to monitor training/orientations provided by the Right Staff. This information is reported annually to the Department of Community Health Office of Recipient Rights. Providers shall receive a list of their employees' attendance and show maintained documentation of orientation, annual, and other rights training to their respective personnel records.

Staff Licensure, Qualifications, Certification Records

All skilled staff and subcontractors will have their professional license and certifications verified upon hire and upon license renewal. A copy of each skilled staff professional license will be collected at the time of employment application and kept in their personnel file and will be used for online license verification through their respective state licensing agent's website. CHRISTABEL, LLC will ensure that each skilled staff applicant's professional license and

certifications are current and active prior to allowing them to provide care for our clients. A copy of the online verification will be printed and kept in the skilled staff's personnel file, with the date of the verification in the initials of the person performing the verification. All personnel files will be reviewed monthly to ensure that all staff licenses and certifications are updated in current. CHRISTABEL, LLC will hire direct care staff that meet or exceed the minimum skills and training required to provide the assigned HCBS-AMH service to meet the primary objective of protecting and promoting the health, safety, and well-being of our clients.

1.39 HANDLING ILLICIT DRUGS AND WEAPONS

POLICY

It is a policy of CHRISTABEL, LLC to ensure that a therapeutic and safe environment is maintained, for all clients, staff, and visitors. Therefore, the administration will carry out authorized searches to give clarity to staff regarding what constitutes a room and a personal search. The policy ensures that individual clients involved in any form of a search are treated with respect and their dignity is maintained throughout the process. This policy will also ensure that CHRISTABEL, LLC clinical staff operate within the scope of their relevant codes of conduct and the Mental Health Code.

PROCEDURE

If staff have reasonable belief that a client is in possession of dangerous items such as weapons and tools or illicit drugs and alcohol, staff have the authority under common law and by duty of care to take reasonable measures to prevent them from possessing these items. This is regardless of whether they are detained under the Mental Health Code or not. A search to obtain the item may constitute a reasonable preventative measure against harm to the individual or others. Where a client physically resists being personally searched, physical interventions should normally only proceed on the basis of a multidisciplinary assessment, unless it is urgently required. When it is deemed necessary to use physical intervention in order to obtain the dangerous item or illicit substance the approved safe practices for physical intervention must be adhered to. A post-incident review must follow every search. At no stage should a member of staff put their own safety at risk during the search. Where significant safety concerns exist, the people in charge

of the client should discuss the matter (including the need for police involvement) with the duty senior specialist. If it is suspected that a staff member will be deliberately injured during a personal search, it must not be carried out. Observation guidelines should be applied. If a client wishes to make a formal complaint or an allegation following a search taking place the appropriate policy must be followed. All the discovered illicit drugs or weapons will be reported to the relevant authorities including the police.

1.40 SECLUSION AND RESTRAINT

POLICY

Individuals receiving service at CHRISTABEL, LLC have both rights and responsibilities. The rights of the recipients are respected with regards to all laws, rules, policies, and guidelines.

Seclusion and restraint are expressly prohibited interventions in community settings. Seclusion and/or restraint are permissible in inpatient settings as special treatment procedures subject to the provision and requirements set forth as defined in federal regulations, the Mental Health Code Sections 330.1742 and 330.1740, and other laws. CHRISTABEL, LLC will comply with TAC Chapter 415, subchapter F, regarding interventions in Mental Health Services.

DEFINITIONS

Seclusion: means to the temporary placement of a recipient in a room, alone, where egress is prevented by any means.

Restraint: means the use of any personal restraint or mechanical restraint that immobilizes or reduces the ability of the individual to move his or her arms, legs, body, or head freely.

Time out: means a voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

Freedom of Movement: all clients have the right to free movement in designated public areas at all program sites, and the freedom to access areas suited for vocational, social, and recreational activities, unless contraindicated and addressed in the client's person-centered plan of service.

Therapeutic de-escalation: means an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient and behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

Physical management: means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself herself or others. Except as provided per TAC subchapter 415.254, use of restraints or seclusions is prohibited.

PROCEDURE

Time out may be used when deemed clinically appropriate and only with the approval of the board of directors. Use of “time out” for therapeutic purposes shall terminate whenever the circumstance that justified its use ceases to exist. Physical management may only be used in situations when a recipient is presenting an imminent risk of serious or non-serious physical harm to himself, herself, or others and the lesser restrictive intervention has been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm. Both of the following shall apply:

- a. Physical management shall not be included as a component in a Behavioral Treatment Plan (BTP).

- b. Prone immobilization of a recipient for the purpose of behavior control is prohibited unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record.

The use of restraints or seclusion is prohibited during the course of the delivery of HCBS AMH services as provided per TAC subchapter 415.254. Restraint is used only as a last resort after less restrictive measures have been found to be ineffective or judged unlikely to protect the individual or others from harm. When applied, restraints are used for the shortest period possible and are terminated as soon as the individual demonstrates the release behaviors specified by the ordering physician. Individuals must provide informed consent regarding the potential use of restrictive intervention. This potential will be included in the individual safety plan and modification section of the IRP. Individuals will understand their rights, and how to report abuse, neglect, and exploitation. Direct staff show respect and preserve the right of an individual during restrictive intervention and provide an environment that is protected in private from other individuals and that safeguards the personal dignity and well-being of an individual placed in restrictive intervention. Direct service staff shall use only limited force as deemed reasonable and necessary to implement a particular restrictive intervention, and staff will ensure that individuals under restraints are free from harm, pain, or physical discomfort that were not present before the application of the restraint. All CHRISTABEL, LLC staff will receive initial and ongoing training on the use of restraints as per this policy and procedure.

1.41 PAYMENTS AND PAYROLL

POLICY

All the employees and subcontractors of CHRISTABEL, LLC are entitled to payment for services rendered as per the labor laws of the Federal and State governments. The board of directors has the responsibility of appointing an accountant who will be the head of the payroll department and ensure the timely payment of employees and subcontractors.

PROCEDURE

CHRISTABEL, LLC salaried and hourly staff, exempt or nonexempt, are paid on a biweekly basis. All the subcontractors will be paid upon completion of the contract or on such time as agreed upon. Paydays are every other Friday. If a scheduled payday falls on a weekend or holiday, payday will be the last working day before the scheduled payday. Payment received is for the current period that is, pay received on Friday is for the two-week period ending on the previous Friday. Partial pays for new hires, terminating staff, or staff utilizing disability leave or family medical leave shall be prorated based on the number of working days in the pay period. Additionally, an employee's regular salary may be adjusted with reference to "these policies and procedures". As per the Department of Treasury, Internal Revenue Service, all employee earnings are subject to Medicare, Federal, and State withholdings. Employees are required to fill out IRS form W4 to determine withholding amounts. Employees also need to fill out a city of Jackson W4 as well as a Texas W 4 form. All form W4's remain in effect until the employee fills out a new form. Any changes in payroll amount are documented on a Status Change Form by the payroll department and processed by the same department. All changes in deductions from

payroll are also handled in the payroll department. These include new hires, changes in salary amounts, tax changes, and all other deductions, such as insurance premiums, donations, and court orders of withholding amounts. As per the Internal Revenue Service, all employees shall receive form W2, Wage and Tax Statement before January 31 for the previous year's earnings. The payroll department will be responsible for all these activities including preparing payroll documents, making changes to the payroll, issuing paychecks to the employees who will receive them in the department and other necessary duties and responsibilities as outlined in this procedure. The department will also be responsible for checking the employee register on a daily basis that will be used to document the time of duty and reporting to work. This payroll information will be kept confidential within the payroll department. CHRISTABEL, LLC subcontractors are expected to submit invoices within two weeks of service provision.

1.42 TRANSITIONS AND DISCHARGE

POLICY

It is the policy of CHRISTABEL, LLC that clients transitioning to other programs within the CHRISTABEL, LLC network or being discharged from the Community Mental Health system receive assistance to assure a smooth transition and all needed services are in place.

PURPOSE

To establish for all clients served the expectation that transition/discharge planning demonstrates that CHRISTABEL, LLC is supportive of each client's transition to different levels of care and ultimately to be discharged based on their level of recovery, and that this transition will be completed in a manner conducive to the client's needs and recovery.

DEFINITIONS

Transition: For purposes of this document, transition may include planned discharge or movement to a different provider or level of care within the CHRISTABEL, LLC network. A transition plan may be a planned discharge, a status of inactive participation, a change in level of service in terms of scope, duration, and intensity or re-entry into a forensic criminal justice entity.

Discharge: For purposes of this document, discharge is the process of allowing a client to leave CHRISTABEL, LLC community and mental health system upon recovery and after an intensive review.

PROCEDURE

Transition services are critical for the support of the individual zoning recovery going well. Transition may include planned discharge or movement to a different provider or level of care within the CHRISTABEL, LLC provider network. The discharge plan is a clinical document that includes information about the person's goals, services, and reason for discharge and must be prepared when the person leaves services for any reason. Proactive attempts should be made to contact the person served after formal transition or discharge to gather needed information related to their post discharge status. Discharge information should be reviewed to evaluate the effectiveness of service. Transition/discharge planning should be initiated at the earliest possible point in the individual's planning and service delivery process. Transition planning should include early and active involvement by the person served, the family, referral sources, and other community agencies that will be serving the person. Transition services are critical when an adolescent is reaching the age of majority and will require ongoing services and adulthood. A written transition/discharge plan should be prepared to ensure continuity of services and when the transition plan indicates need for additional clinical services or supports the written document should identify the coordination with the treating psychiatrist and other clinical staff responsible for transition plan with referral services needed or documented or when possible. A copy of the transition/discharge plan should be shared with the client when beneficial and those persons to participate in the development of the transition plan should also receive copies of the transition plan when clinically appropriate. When the transition/discharge plan indicates the need for

additional services or supports the documentation must indicate how these services and supports will be provided.

A written transition plan when provided to external programs/services should include the individual's strengths, needs, abilities, and preferences. For persons leaving services, the written discharge summary must include:

- a. The date of admission and the date of discharge
- b. The presenting condition
- c. The extent to which outcomes were achieved
- d. The services provided
- e. The reasons for discharge (if discharging within 6 months of crisis home admission or 12 months of a psychiatric inpatient admissions evidence of BRMC review and approval must be documented)
- f. The person's need for support systems or other types of services that will assist in continuing his or her recovery or wellbeing (if referring to medication only supports documentation of the psychiatrist's agreement is required in LEO)
- g. Recommendations for services or supports
- h. Information on medications when applicable

A written transition plan should also identify the person's current:

- a. Progress towards his or her own recovery or move toward well being
- b. Gains achieved during treatment

- c. Strengths, needs, abilities, and preferences

1.43 SETTING

PURPOSE

To explain the setting of CHRISTABEL, LLC as required by the Texas Department of State Health.

PROCEDURE

The setting of CHRISTABEL, LLC meets the Texas Department of State Health requirements (Provider Manual section 11000).

1. The CHRISTABEL, LLC setting will be integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engaging community life, control personal resources, and receive services in the community, to the same degree of access as individuals not enrolled in HCBS-AMH.
2. The CHRISTABEL, LLC setting will be selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options will be identified and documented in the individual recovery plan (IRP) and are based on the individual's needs, preferences, and for residential settings, resources available for room import.
3. The CHRISTABEL, LLC setting shall ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint.

4. The CHRISTABEL, LLC setting shall be optimized, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact.
5. The CHRISTABEL, LLC setting shall facilitate individual choice regarding services and support, and who provides them.

Currently, CHRISTABEL, LLC offers both home and community-based adult mental health services therefore, it uses the client's residential home or that of their families as the setting. In providing community-based adult mental health services, CHRISTABEL, LLC will Lisa home or an apartment and get it certified by the Texas State government.

1.44 RECRUITMENT AND RETENTION

POLICY

CHRISTABEL, LLC strives to find qualified candidates with the experience and knowledge to provide services to the individual served.

CHRISTABEL, LLC uses multiple forms of recruitment and is open to all forms of recruitment that complies with local, state, and federal laws.

CHRSITABEL, LLC strives to keep good, qualified employees and subcontractors through proven methods of retention.

PROCEDURE

CHRISTABEL, LLC recruits personnel by posting open positions online on indeed Jobsite, Zip Recruiter Jobsite, and Craigslist Jobsite. Christabel LLC also recruits personnel through referrals from friends, present employees, and past employees.

CHRISTABELL, LLC uses proven retention methods such as:

- Creation of professional development and advancement opportunities
- Employee appreciation and recognition
- Competitive wages
- Flexible working environment

1.45 PERSONNEL RECORDS

POLICY

CHRISTABEL, LLC complies with the Commonwealths and Texas Department of Health Services objective to maintain complete and accurate records regarding each employee and position, to comply with legal requirements regarding retention and release of personnel records, and to preserve the confidentiality of personnel records. Accordingly, this policy sets forth CHRISTABEL, LLC requirements for the retention and transfer of employees' personnel records, the release of personnel information, and the reporting of employee and position changes within each agency.

DEFINITIONS

Official Records: All written or printed books, papers, letters, documents, maps and tapes, photographs, films, sound recordings, reports, or other materials, regardless of physical form or characteristics, prepared, owned, or in the possession of a public body or any employee or officer of a public body in the transaction of public business.

Personnel File: The “official” or master personnel file that includes documents with original authorization signature relating to an individual's employment with the Commonwealth.

Personnel Records: All records maintained on employees.

PROCEDURE

Record Keeping

CHRISTABEL, LLC shall retain a confidential personnel record for each direct service staff.

Christabel LLC keeps accurate personnel records and stores them separately from clients' records. Personnel records will be stored for 7 years before disposing of them.

CHRISTABEL, LLC is responsible to verify that direct service staff of subcontracted providers meet stated qualifications, criminal history, and registry checks. The official personnel files will include the following as required by the Texas Department of State Health services:

1. Current Criminal Background Check
2. Completion of DSHS required training
3. Completion of training required for competence of the service delivered by the direct service
4. Certification records for employees and subcontractors
5. Certification or registration with the state and federal government, as required by applicable state and federal laws
6. Current copy of professional licensure, certification, or registration with the state and federal government, as required by applicable state and federal laws
7. Educational history
8. Work history
9. Prior or pending malpractice litigation
10. Professional liability claims history
11. Criminal convictions
12. Individual complaints received by facilities or state agency

13. Any disciplinary action initiated against the provider by state board or other agency

14. Any curtailing, suspension, or termination of staff privileges at any medical or treatment facility or program
15. Any sanctions imposed by an insurance company or CMS, including sanctions related to the provider's participation in Medicaid or Medicare programs
16. Evidence of adequate malpractice or liability insurance
17. For physicians, information on the practitioner from the National Practitioner's Data Bank and the following:
 - a. Current invalid license from the Texas Board of Medical Examiners
 - b. Current invalid Drug Enforcement Administration (DEA) certificate
 - c. Evidence of graduation from medical school and completion of residency, or board eligibility/certification, if applicable
18. History, education, and ability to provide services to covered lives
19. History of previous training in providing the covered services
20. A statement by the applicant regarding:
 - a. Any physical or behavioral health problems that may affect their providers ability to provide service
 - b. History and current status of licensure and felony convictions
 - c. History and current status of privileges, including limitations, or disciplinary actions by the appropriate licensing agency or facilities
 - d. And add testation to the correctness and completeness of the application

CHRISTABEL, LLC shall only allow staff access to personnel records when conducting quality management reviews, invoicing verifications, and for other requests.

Verifications

Credentialing committee as outlined in this policies and procedure manual(1.36) will review Medicare or Medicaid sanctions for staff members, maintain documentation verifying malpractice or liability insurance for professional staff, verify license of staff members, review state regulation sanctions of staff members (i.e., employee misconduct and Office of Inspector General), review disciplinary actions against staff members (i.e., State Board or other agencies) and completes criminal history and fingerprint – based background checks for all staff involved in the administration of HCB-AMH services.

An organization or practitioner who is granted membership to CHRISTABEL, LLC is expected to adhere to applicable federal and state laws and regulations governing the practice of his or her respective discipline(s) in the provision of publicly funded mental health services. The provider will be familiar with, and adhere to, the requirements specified in the Texas Mental Health Code, as well as the professional principles described in discipline specific ethical codes. The scope of this credentialing/re-credentialing process applies to all the following health care professionals employed or contracted by CHRISTABEL, LLC:

- a. Physicians (M.D.s or D.O.s) including board certified or board eligible
- b. Physicians Assistants (P.A.s)
- c. Psychologists (Licensed, Limited License, or Temporary License)
- d. Licensed Masters Social Workers, Licensed Bachelors Social Workers, Limited License Social Workers, or Registered Social Service Technicians
- e. Licensed Professional Counselors
- f. Nurse Practitioners, Registered Nurses, or Licensed Practical Nurses

- g. Occupational Therapists, or Occupational Therapist Assistants
- h. Physical Therapists, or Physical Therapist Assistants
- i. Speech Pathologist
- j. Students
- k. Volunteers

All health care professionals must possess a current license or certification to practice in the State of Texas, where required. Except where otherwise noted by service qualifications, organizations employ persons who by license/certification may practice independently in the State of Texas. Appropriate supervision is granted to non-licensed or paraprofessional staff. The credentialing procedure and applications used to verify credentials for applicants to advertised CHRISTABEL, LLC career opportunities will be verified by the Credentialing Committee as outlined in this policies and procedure manual. (1.36)

1.46 CLIENT SAFETY

POLICY

CHRISTABEL, LLC shall provide a clean and safe environment for its clients, staff, and visitors. An organization wide Facilities Safety Management Plan is developed, implemented, and continuously monitored and evaluated to facilitate a hazard-free environment.

PROCEDURE

The CHRISTABEL, LLC recovery manager is responsible for the implementation and ongoing monitoring and evaluation of the agency's "approved" facilities Safety Management Plan. The Tenant's Association shall meet at least quarterly to review findings of safety evaluations and shall make recommendations to CHRISTABEL, LLC's administrator. All employees of the Board shall review the Board's policy and procedures related to Facility Safety Management. This review is documented on the employee's orientation or annual Staff Development Plan by the employee's Team Leader(s) and is kept in the employee's personnel file. Organizational providers under contract with CHRISTABEL, LLC and credentialed to provide direct service shall maintain a safety management plan consistent with CHRISTABEL, LLC Standards and Best Practice Guidelines. The safety management plan shall include provisions for staff training and emergency procedures. The Safety Management Program is designed to maintain a safe physical environment and to minimize the risk of injury. Procedures are developed to assure timely intervention, reporting and resolution of issues that may pose an immediate threat to life, health, or property within all direct or contractually operated Board

programs. The reporting of injuries is documented. The CHRISTABEL, LLC recovery manager reviews all injuries pertaining to safety and recommends appropriate action to correct the problems. The Safety Management Program is evaluated annually by the recovery manager.

Care by House Manager/Direct Care Staff

House Manager/Direct Care Staff working for CHRISTABEL, LLC or its subcontractors shall act as chaperone, looking over and monitoring client stability, offering meals, and ensuring the overall safety of clients. He/she shall act as a support person to advise and encourage clients to make choices that foster their recovery and overall well-being. Direct care staff cannot force clients to do anything. In the event the client is observed un-arousable, or in deep sleep, direct care staff shall immediately notify the administrator of CHRISTABEL, LLC and inform the client's Recovery Manager at the same time. An un-arousable or disoriented client shall never be left alone unattended. Direct Care Staff shall ensure the safety of clients and their environment at all times.

1.47 MEDICAID FAIR HEARING

POLICY

CHRISTABEL, LLC preparation for a hearing shall be completed in a customer friendly manner and resolve issues in a timely fashion. Every effort is made to resolve the dispute prior to the scheduled hearing date in a manner satisfactory to the consumer following principles of person-centered planning and resulting in the authorization of medically necessary services.

PROCEDURE

CHRISTABEL, LLC is notified by the Texas Administrative Hearing System for the Department of Community Health (MAHS) of a client's request for a hearing. If the notice sent to the consumer or legal representative is an advanced notice of suspension, reduction, or termination of services, the Administrative Law Judge may order CHRISTABEL, LLC to continue to provide the authorized service until a hearing decision is made. A copy of the hearing report request is faxed to the CHRISTABEL, LLC Fair Hearings Officer. Copies are distributed to Utilization Management. The Fair Hearings Officer shall request copies of all applications of medical necessity criteria and adherence to CHRISTABEL, LLC procedures for adverse actions. The Fair Hearing Officer will meet with the Utilization Management Director or team members to discuss the next step in the hearing process. The decisions are to:

1. Proceed with the hearing process without changing the denial action
2. Authorized the requested service
3. Authorized a different package of services

Following the decision, the Fair Hearings Officers shall request a meeting through the primary clinician with the client and their representatives. The purpose of the meeting is to explain the original action, the action CHRISTABEL, LLC is taking following the notification of the hearing request, and a discussion of how to meet the consumer needs with the medically necessary service array. Also, in attendance at the meeting, as appropriate, are the client representative, other staff, and a utilization management team member. Every effort shall be made to focus the discussion on the client's clinical needs and a way to effectively meet those needs. If a consensus decision is made about the authorization request, the primary clinician is asked to coordinate follow-up as necessary. The client or legal representative is requested to notify the Texas Administrative Hearing System in writing that agreement has been made and that the hearing request has been withdrawn. The Administrative Law Judge issues an Order of Dismissal. If an agreement cannot be reached, then the Fair Hearings Officer informs the meeting participants of the next step in the hearing process then the clients rights to have a person of their choice represent them at the hearing. Generally, about two weeks following the notice of the hearing request, the Fair Hearings Officer is notified of the hearing date. The notification includes the time and day of the hearing, the place, and the method of contacting the Administrative Law Judge.

1.48 MEDICATION SAFETY

POLICY

CHRISTABEL, LLC shall adhere to the TAC Chapter 415, Subchapter A in the provision of medication management. CHRISTABEL, LLC will be responsible for monitoring participants' medication regimens for individuals enrolled in HCBS-AMH who cannot self-administer and/or require oversight of self-administration of medications. The task of medication administration and documentation will be delegated to agency staff that are trained in medication administration. CHRISTABEL, LLC will assure that staff administering medications are retrained annually and are given ongoing instructions and support to do this task.

PROCEDURE

1. If applicable, the case manager has signed an authorization for the individual to self-administer each medication according to label directions
2. If the client requires supervision for self-administration of medications, CHRISTABEL, LLC direct service staff shall ensure that:
 - a. The medication must be in the original container labeled with the client's full name and expiration date
 - b. The client administers the medication and amounts according to the label directions or as amended by a physician
 - c. The client must administer the medication only to him or herself
 - d. The client must not administer the medication after its expiration date

- e. If applicable, the client may provide self-administration of non-prescription medications if CHRISTABEL, LLC obtains consent from the LAR prior to the self-administration of the medication. Consent will be given over the phone and documented by CHRISTABEL, LLC

DELEGATION

A Registered Nurse may delegate tasks including medication administration to unlicensed caregiver in accordance with Title 22, TAC, Chapter 225.

This applies only to situations that meet the following criteria:

- a. The client is in an independent living environment;
 - b. The client, if 16 or older, or client's responsible adult is willing and able to participate in decisions about the overall management of the client's health care; and
 - c. The task is for a stable, predictable condition (as defined by §225.4 of this same title).
- 1. The RN, in consultation with the client if 16 or older, and when appropriate the client's responsible adult, must make an assessment to determine if the care:
 - a. qualifies as an ADL or HMA not requiring delegation;
 - b. can be delegated to an unlicensed person; or
 - c. should not be delegated and only performed by a nurse.
 - 2. In making this determination, the RN shall consider each of the following elements of assessment to develop an overall picture of the client's health status:

- a. the ability of the client or client's responsible adult to participate in the health care decision and ability and willingness to participate in the management and direction of the task;
 - b. the adequacy and reliability of support systems available to the client or client's responsible adult;
 - c. the degree of the stability and predictability of the client's health status relative to which the task is performed;
 - d. the knowledge base of the client or client's responsible adult about the client's health status;
 - e. the ability of the client or client's responsible adult to communicate with an unlicensed person in traditional or non-traditional ways; and
 - f. how frequently the client's status shall be reassessed.
3. While each element must be assessed, strength in one factor may compensate/offset a weakness in another factor. The assessment under this section does not require the RN to know either the specific unlicensed person who will perform the tasks or the specific qualifications of the unlicensed person who will perform the tasks, thus the RN is not required to determine the competency of the unlicensed person.
4. When determining whether to delegate a nursing task or those ADLs or HMAs requiring delegation, the RN, in addition to the assessment under §225.6 of this title (relating to RN Assessment of the Client), shall:

- a. determine that the task does not require the unlicensed person to exercise nursing judgment;
- b. verify the experience and competency of the unlicensed person to perform the task, including the unlicensed person's ability to recognize and inform the RN of client changes related to the task. The RN must have either:
 - 1. instructed the unlicensed person in the delegated task; or
 - 2. verified the unlicensed person's competency to perform the nursing task based on personal knowledge of the training, education, experience and/or certification/permit of the unlicensed person.
 - 3. determine, in consultation with the client or the client's responsible adult, the level of supervision and frequency of supervisory visits required, taking into account:
 - a. the stability of the client's status;
 - b. the training, experience and capability of the unlicensed person to whom the nursing task is delegated;
 - c. the nature of the nursing task being delegated;
 - d. the proximity and availability of the RN to the unlicensed person when the nursing task will be performed; and
 - e. the level of participation of client or client's responsible adult; and
 - f. consider whether the five rights of delegation can be met: the right task; the right person to whom the delegation is made; the right circumstances; the right direction and communication by the RN; and the right supervision.

4. The RN or another RN qualified to supervise the unlicensed person shall be available, in person or by telecommunications when the unlicensed person is performing the task.

5. The competency of the unlicensed person to whom the nursing task is delegated must be adequately documented. The verification of competency may be by an individual or, if appropriate, by experience, training, education, and/or certification/permit of the unlicensed person.

6. The final decision to delegate shall be made by the RN in consultation with client or client's responsible adult.

A RN may delegate the following medication tasks unless the RN's assessment under §225.6 of this title (relating to RN Assessment of the Client) and §225.9 of this title (relating to Delegation Criteria) determines that the task is not a task a reasonable and prudent nurse would delegate.

Administration of medications that are administered:

- a. orally or via permanently placed feeding tube inserted in a surgically created orifice or stoma;
- b. sublingually;
- c. topically;
- d. eye and ear drops; nose drops and sprays;
- e. vaginal or rectal gels or suppositories;
- f. unit dose medication administration by way of inhalation for prophylaxis and/or maintenance; and

- g. oxygen administration for the purpose of non-acute respiratory maintenance.
- h. administration of oral unit dose medications from the client's daily pill reminder container in accordance with TAC 22, §225.11 (relating to Delegation of Administration of Medications From Pill Reminder Container);
- i. administration of insulin or other injectable medications prescribed in the treatment of diabetes mellitus administered sub-cutaneously, nasally, or via an insulin pump in accordance with TAC 22, §225.12 (relating to Delegation of Insulin or Other Injectable Medications Prescribed in the Treatment of Diabetes Mellitus);
- j. (13) certain emergency measures as defined in TAC 22, §224.6(4) (relating to General Criteria for Delegation);

In addition to all previous criteria listed, when delegating the administration of oral unit dose medications from the client's daily pill reminder container, the RN must:

- a. ensure that the unit dose medication(s) are placed in the client's daily pill reminder container, from properly dispensed prescription bottle(s), by the RN or a person mutually agreed upon by the RN and client or client's responsible adult who has demonstrated the ability to complete the task properly;

- b. instruct the client or client's responsible adult and the unlicensed person involved in such delegation activity about each medication placed in such a container with regard to distinguishing characteristics of each medication, proper time, dose, route and adverse effects which may be associated with the medication;
- c. provide to the client, client's responsible adult if applicable, and the unlicensed person(s) instructions to contact the RN before the medication is administered when there are questions concerning the medications or changes in the client's status related to the medication being given. An example is when the medications appear to be rearranged or missing.
- d. make supervisory visits in the event there are changes in the client's status related to the medication being given and determine the frequency of supervisory visits in consultation with the client or the client's responsible adult to assure that safe and effective services are being provided; and
- e. ensure the client or client's responsible adult acknowledges in writing that the administration of medication(s) under this section will be delegated to an unlicensed person.

In addition to all previous criteria listed, when delegating administration of insulin or other injectable medications prescribed in the treatment of diabetes mellitus administered subcutaneously, nasally, or via insulin pump the RN must

- a. arrange for a RN to be available on call for consultation/intervention 24 hours each day;

- b. provide teaching of all aspects of insulin or other injectable medications prescribed in the treatment of diabetes mellitus administered subcutaneously, nasally, or via insulin pump to the client and the unlicensed person to include, but not limited to proper technique for determination of the client's blood sugar prior to each administration of insulin or other medication, proper injection technique, risks, side effects and the correct response(s). The RN must leave written instructions for the performance of administering insulin or other injectable medications prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump, including a copy of the physician's order or instructions, for the unlicensed person, client, or client's responsible adult to use as a reference;
- c. delegate the administration of insulin or other injectable medication prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump to an unlicensed person, specific to one client. The RN must teach that the administration of insulin or other injectable medication prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump is to be performed only for the patient for whom the instructions are provided and instruct the unlicensed person that the task is client specific and not transferable to other clients or providers;
- d. delegate the administration of insulin or other injectable medication prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump to additional unlicensed persons providing care to the specific client provided the registered nurse limits the number of unlicensed persons to the number who will remain proficient in performing the task and can be safely supervised by the registered nurse;

- e. make supervisory visits to the client's location at least 3 times within the first 60 days (one within the first two weeks, one within the second two weeks and one in the last 30 days) to evaluate the proper medication administration of insulin by the unlicensed person(s). After the initial 60 days, the RN, in consultation with the client or client's responsible adult, shall determine the frequency for supervisory visits to assure the proper and safe administration of insulin by the unlicensed person(s). Separate visits shall be made for each unlicensed person administering insulin;
- f. make supervisory visits in the event there are changes in the client's status; and
- g. ensure that the client or client's responsible adult acknowledges in writing that the administration of medication(s) under this section will be delegated to an unlicensed person.

The following are nursing tasks related to medication administration that are not within the scope of sound professional nursing judgment to delegate:

- a. calculation of any medication doses except for measuring a prescribed amount of liquid medication and breaking a tablet for administration, provided the RN has calculated the dose;
- b. administration of medications by an injectable route except for subcutaneous injectable insulin or other injectable medication prescribed in the treatment of diabetes mellitus as permitted by TAC 22, §225.12 (relating to Delegation of Administration of Insulin) or other injectable medication prescribed in the treatment of diabetes mellitus and in

emergency situations as permitted by TAC 22, §224.6(4) (relating to General Criteria for Delegation) and TAC 22, §225.10(13)(relating to Tasks That May Be Delegated);

- c. administration of medications by way of a tube inserted in a cavity of the body except as permitted by TAC 22, §225.10(10);
- d. responsibility for receiving or requesting verbal or telephone orders from a physician, dentist, or podiatrist; and
- e. administration of the initial dose of a medication that has not been previously administered to the client unless the RN documents in the client's medical record the rationale for authorizing the unlicensed person to administer the initial dose.

It is the RN responsibility to know and conform to all laws and regulations affecting their area of practice.

Medication Errors

All the cases of medication errors shall be reported to DSHS as critical incidents, and a Critical Incident Reporting Form completed in faxed to the LMHA TCM within 72 hours of notification of the incident. In addition, CHRISTABEL, LLC will require all its direct service staff and case managers who are responsible for medication administration to both record and report medication errors to DSHS. Medication errors that CHRISTABEL, LLC staff will be required to report are as follows:

- a. Medication given to the wrong person

- b. Giving the person the wrong medication
- c. Giving the incorrect dose
- d. Failing to give the medication at the correct time
- e. Failing to use the correct route
- f. Discrepancy in the medication count
- g. Failing to accurately document the administration of the medication

Storage of Medications

Medications are to be stored in a container specific to the individual behind double locks. Medication containers will be labeled with identifying information for the individual they belong to.

Discontinued medications shall be removed from the current individual medication storage, labeled to clearly identify discontinued, and stored in a separate locked container and disposed of within 30 days.

Outdated medications shall be removed from the current individual medication storage, and disposed of immediately.

Disposal of Medications

Methods used for drug disposal shall prevent medication from being retrieved, salvaged or used in any way and comply with current state and federal regulations for drug disposal.

The disposal of drugs shall be conducted, documented and the process witnessed by one (1) other person. The documentation shall include:

1. Name of the client and date of disposal;
2. Name and strength of the medication;
3. Prescription number or OTC lot number (if available)
4. Amount disposed, reason for disposal and the method of disposal; and

(v) Name of the person disposing of the medication and the name of the person that witnessed the disposal.

Maintenance of Medication Records

Medication records must be kept for 7 years per Title 22 TAC, §165.1(b). Destruction of medication records shall be done in a manner that ensures continued confidentiality.

1.49 QUALITY MANAGEMENT PLAN, SAFETY PLAN, AND ANNUAL EVALUATIONS

POLICY

It is the policy of CHRISTABEL, LLC to provide quality mental health services by developing a framework that helps the agency to organize for, communicate about, monitor, and continuously improve all aspects of health care delivery by ensuring evidence-based practice. Quality Management (QM) is an ongoing function of CHRISTABEL, LLC and its network providers. It is driven by a commitment to the provision of quality care that produces functional outcomes. The CHRISTABEL, LLC QM model integrates philosophies and practices of quality assurance, quality planning, and continuous improvement.

PURPOSE

The purpose of the CHRISTABEL, LLC QM Program is to implement and maintain a Quality Management Plan that facilitates good process design and systematically measures, assesses, and improves organizational performance to produce good customer outcomes and satisfaction through the effective and efficient use of the available resources.

SCOPE

The scope of the QM program is wide-ranging: that is, it monitors and evaluates all clients, care settings, and types of service. Participation in network quality improvement activity is a job function for all CHRISTABEL, LLC employees and a term of all provider contracts or service agreements.

Dimensions of Performance Considered include:

- a. The efficacy of the procedure or treatment in relation to a client's condition, meaning the degree to which the care/service of the client has been shown to produce the desired outcome
- b. The appropriateness of a specific test, procedure, or service to meet a client's needs, meaning the degree to which care is relevant to meet the client's needs
- c. The timeliness with which a needed test, procedure, treatment, or service is provided to a client
- d. The clients' choice of competent organizations or practitioners, which will provide the needed test, procedure, treatment, or service
- e. The access to needed tests, procedures, treatments, or services for a client who needs them
- f. The clients' ability to self-determine which test, procedure, treatment, or service is needed to meet mental health needs
- g. The effectiveness with which tests, procedures, treatments, and services are provided
- h. The continuity of the services provided to a client with respect to other services, practitioners, and providers, and over time
- i. The health and safety of the client (and others) to whom the services are provided
- j. The efficiency with which services are provided
- k. The respect and caring with which services are provided

PROCEDURE

The CHRISTABEL, LLC QM program reflects the expectations and standards of the Texas Department of State Health Services, the Centers for Medicare, and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and the Commission for Accreditation of Rehabilitation Facilities (CARF). To achieve QM program effectiveness, each member of the organization must know their role in the process and understand and act on their responsibilities. The roles of the members and employees are indicated below. In carrying out these roles, CHRISTABEL, LLC will diagnose problems and track resolution and monitoring for improvement.

Christabel, LLC Board of Directors

1. Set policy for Quality Improvement
2. As a result of strategic planning, established the critical success factors and adopt a mission upon which the monitoring system and reporting are based
3. Apply principles of quality improvement to board activities
4. Understand that quality improvement requires a long-term commitment
5. Approved policy based on quality improvement findings
6. Support the Chief Executive Officer
7. Receive quality improvement activity progress reports
8. Celebrate successes and recognize system accomplishments

Christabel, LLC Administrator

1. Recommend Quality Improvement Policy to the board
2. Established the vision

3. Set goals and objectives
4. Create the environment
5. Encourage total CHRISTABEL, LLC personnel and provider involvement
6. Remove barriers
7. Display visible support
8. Monetary results
9. Participate in recognition
10. Establish regular communications
11. Approved quality improvement projects/teams and the result of improvement activities

Leadership

1. Assist in Network Quality Improvement Implementation
2. Encourage full participation
3. Provide coaching
4. Participate on QI teams
5. Communicate results
6. Participate in recognition
7. Adjust systems
8. Assist the QI plan
9. Help identify improvement opportunities and
10. Monitor results

Christabel, LLC Personnel and Provider Agency Personnel

1. Use the systems
2. Participate on continuous improvement teams and monitoring activities
3. Seek skill level improvement
4. Report progress
5. Identify obstacles
6. Suggest process and system improvements

Clients and Their Advocates

1. Recommend areas for improvement
2. Provide feedback through customer satisfaction processes, through means of periodic survey or individual interviews
3. Participate in service improvement activities
4. Serve on citizen advisory councils

Diagnosing Problems – Data Collection and Analysis

Performance Measures: Annually, the Quality Management Team, the CHRISTABEL, LLC Administrator, and the Board establish performance measures as part of the annual Quality Management Plan. These measures evaluate the quality-of-service delivery, process efficiency, and treatment outcomes for the CHRISTABEL, LLC network. The Quality Management Team collects data on performance measures established. The process for development of the Quality Management Performance Measurement System includes obtaining recommendations from the MI/DD Advisory Council and the Recipient Rights Advisory Council as well as from providers.

The Quality Management Team collects data on performance measures established. The measurement of Network performance is dynamic, based on current mandates, standards, and concerns. These performance measures are identified in one of several ways:

- a. Measurement mandates from the Texas Department of Community Health
- b. Measures established to monitor compliance to standards and best practice guidelines of accrediting bodies
- c. Measures established to monitor aspects of consumer care which are critical to customer satisfaction, high-risk, high-volume, or have a history of substandard performance
- d. Consumer and Consumer Advocate recommendations
- e. Measures developed to monitor areas critical to organizational and/or network quality performance
- f. The result of performance improvement activities

Data Collection Methods: For each performance measure, methodologies are established to ensure the collection of reliable data. The data collection method includes a description of the data source. Data are collected through many sources (including all significant information entered into Access databases), audits (including clinical case reviews, residential site reviews, billing verification reviews, and external audits of network provider organizations), and service provider reports (including any information necessary for performance monitoring which is not obtained through computer generated or audit reports). Data are collected for each performance measure on a monthly, quarterly, or annual basis, as defined within each measure.

Defined Data Sources: reports are published on a monthly, quarterly, or annual basis, as defined by the specific reporter or indicator, and consists of analysis of data collected on specific performance measures on an ongoing basis. Performance measures collection methodology and reporting frequency is included as part of the Annual Quality Improvement Plan.

Confidentiality and Privacy of Protected Health Information (PHI): In using client specific information, the quality management team recognizes its responsibility to adhere to the HIPAA Privacy rule (45 CFR Subtitle A, Subchapter C, 160-164, as amended). As the PHI used is owned by the client, while using the information the Quality Management Team ensures:

- a. Consumer authorization for the use of their PHI is obtained, or the data analysis being conducted is specifically needed for CHRISTABEL, LLC to carry out treatment, claims processing, or business operations
- b. The intended users of the information have they need to know the information included
- c. The PHI included is the minimum necessary information to complete the function of the analysis
- d. All recipients of the analysis are CHRISTABEL, LLC employees or have signed a contract, business associate agreement, or confidentiality statement that specifically addresses their responsibility to protect the information included in the report from further disclosure and/or unauthorized uses.

Performance Measure Development: Once an area for performance monitoring has been identified, a performance measure is developed. In addition, the following are identified for each measure:

- a. Data collection methodology(ies) (including data source, sample used)
- b. Analyses which are to be completed under the measure (analysis statements are specific and measurable)
- c. Data analysis schedule
- d. Reports in which each analysis is to be included
- e. Performance threshold (if applicable)

Performance Thresholds: When applicable, a threshold is established on those measures where performance of less than 100% is acceptable or when a targeted level of performance is desirable. Thresholds are established based on research of national norms and/or practice standards, standards set by the Department of State Health, established benchmarks, or performance expectations. Thresholds can be set on an entire performance measure or specific analysis under a measure as deemed appropriate.

Annual Evaluations

- 1. The administrator will conduct an annual agency evaluation.
- 2. The evaluation will include:
 - a. Statistical reports for volume and services provided
 - b. Human resources data
 - c. Staffing patterns and hours of service
 - d. Competencies of clinical staff
 - e. Administrative and financial activities
 - f. Client care

- i. Policies for assessment, care, and treatment
 - ii. Policies for continuum of care
 - iii. Medical supervision
 - iv. Emergent care
 - v. Management and improvement activities
 - vi. Quality indicator results
 - vii. Clinical record review results
 - viii. Consumer survey results
 - ix. Performance improvement activities and results
3. The Administrator will submit annual evaluation to Professional Advisory for review
4. The evaluation will be presented for discussion and review by the Professional Advisory Committee to determine and assure patient/client care is appropriate, adequate, effective, and efficient. The evaluation as well as conclusions and recommendations for actions will be forwarded to the agency's governing body.
5. Reference: Quality Improvement Policies and Procedures

CHRISTABEL LLC's QUALITY MANAGEMENT & SAFETY PLAN

INTRODUCTION

Christabel LLC employs the standard quality management practices of the health and human services commission (HHSC) to guide services and activities under the home and community-based adult mental health (HCBS-AMH). In collaboration with the client's recovery manager, Christabel LLC will render services demanded by client and approved by the state. We

shall furnish our services in accordance with provisions made by local, state and federal authorities. The health, welfare and safety of our clients is our priority. Christabel LLC shall participate collaboratively with the system agency in ongoing quality improvement and assurance activities.

Components of the HCBS-AMH QM system include:

- Development and review of the IRP;
- Annual required reviews of each HCBS-AMH Provider;
- Service utilization and billing analysis;
- Clinical outcomes analysis;
- Review and investigation of health and safety complaints by protective agencies;
- Training and Technical Assistance;
- Review and follow-up on critical incident reports;
- Collection and analysis of critical incident data to identify trends and initiate quality improvement strategies;
- The individual receiving service satisfaction; and
- Setting Requirements.

In collaboration with the recovery manager and the client, IRP shall be developed using Person-Centered Recovery Planning Process. Clients shall be the driver of their own recovery, and team members are free to suggest to client what he/she may need to achieve recovery, but such team member shall not impose his or her suggestion on the client. Elements of that process shall be reflected by assuring the IRP:

- Prevents the provision of unnecessary or inappropriate care;
- Prepares for the person's effective transition to the community;
- Promotes the person's inclusion into the community;
- Protects the person's health and welfare in the community;
- Supplements, rather than replaces, the person's natural support systems and resources;
- Is designed to prevent or reduce the likelihood of the person's admission into an inpatient psychiatric facility; and
- Is understandable to the person receiving services and supports, and the individuals important in supporting him or her, using the person's own words to the greatest extent possible (for Medicaid purposes, some adaptation may be required).

PRINCIPLES/STRATEGIES OF THE QUALITY MANAGEMENT PLAN.

The Quality Management Plan is designed with the methodology of continuous measurable improvement in the quality of services we provide to our clients in order to promote effective, efficient, and sustainable health management. To accomplish these, we utilize the following:

◆ **Teamwork.** Process improvement, new process design and/or problem solving is accomplished via individual and team-based approaches. A predefined process that reflects the Plan-Do-Study-Act (PDSA) methodology of continuous improvement will guide our improvement efforts:

- Define the problem
- Identify desired outcomes
- Develop effective process-based solutions
- Provide education and implement the improved process
- Monitor to evaluate the gains and continuously improve the process.

♦ **Customer awareness.** We listen to our customers; both internal and external, to measure our quality against their expectations. We commit to objectively measure all aspects of our service system, via key performance index, and evaluate points of variance from expected performance.

♦ **Fact based decision making.** We utilize valid, reliable data as a source of decision making, rather than instinct, personal preference, or feeling. Data resources within our organization will be shared whenever possible, respecting confidentiality and appropriateness of distribution while complying with HIPAA regulations.

♦ **Quality Planning.** This is conducted on at least an annual basis and includes the review of the strategic initiatives developed by the board of directors based on state and federal regulations and contractual requirements. During this planning, goals are established, responsibility assigned, and monitoring mechanisms of the outcomes are put in place.

♦ **Quality Control.** These are ongoing measurements designed to assess the achievement of a predetermined threshold. Quality control measures incorporate mechanisms to assess over- and under-utilization of services. Quality control activities are reviewed and revised as indicated or at least on an annual basis.

♦ **Quality Improvement.** These activities are identified through quality control, regulatory and Health plan quality initiative measurements. The focus of Quality Improvement activities is high risk, high volume services. Improvement activities are accomplished primarily via integrated team activities utilizing problem solving or new program design processes. The quality improvement model is based on The Plan-Do-Study-Act (PDSA) quality improvement model. PDSA is an iterative, problem-solving model used for improving a process or carrying out change.

Roles, Contact and Responsibility.

-Authority: The administrator and alternate administrator shall oversee services and authorization functions, and how activities are implemented, monitored, and managed. They shall be responsible for the overall quality of the program services and ensure services are based on participant needs. They will internally and periodically review progress notes to ensure that they justify the provision of services as defined by the individual recovery plan and meet the definition of the service in the provider manual billing guidelines.

-Leadership style: Depending on the situation. Leadership of the company would be a blend of transformational, transactional, task-oriented, and relationship-oriented leadership styles.

-Shared Administration

Christabel LLC is open to consultation and administrative advice from HCBS-AMH program coordinators and affiliated entities. We have an open-door policy, and we will be reaching out to renowned establishments that have a record of proven quality. Legal advice and guidance will be sought when necessary from legal experts such as legal shield.

-Management of subcontractors: It is the responsibility of the administrator and alternate administrator to manage subcontractor issues.

-Management of Staff: Root cause analysis will be employed to address staff incidents that may arise from our day-to-day operations. Staff shall report to a designated house manager who in turn reports to the administrator or alternate administrator.

-Billing integrity verification and Management of funds: All invoices shall be reviewed for appropriateness before submitting to the state. Funding shall be managed optimally to bring about highly enriched person-centered services and ensure there is no wastage. Only services and spending that are pre-approved by the state will be funded.

-Management of clients' records: All client's records will be stored in a secure centralized repository, and access to such records will be controlled, and tracked. Data resources within our organization will be shared whenever possible, respecting confidentiality and appropriateness of distribution while complying with HIPAA regulations.

-Risk management: Risk management shall fall under the responsibility of the administrator and alternate administrator. If deemed necessary, an outside agency could be employed to perform this service.

-Training management: Training of staff and subcontractors shall be ensured by the administrator and alternate administrator. Services of a renowned agency in the field of mental health can also be employed to train staff and subcontractors. Such training shall comply with the requirements of HCBS-AMH program.

Quality Improvement/Performance Improvement.

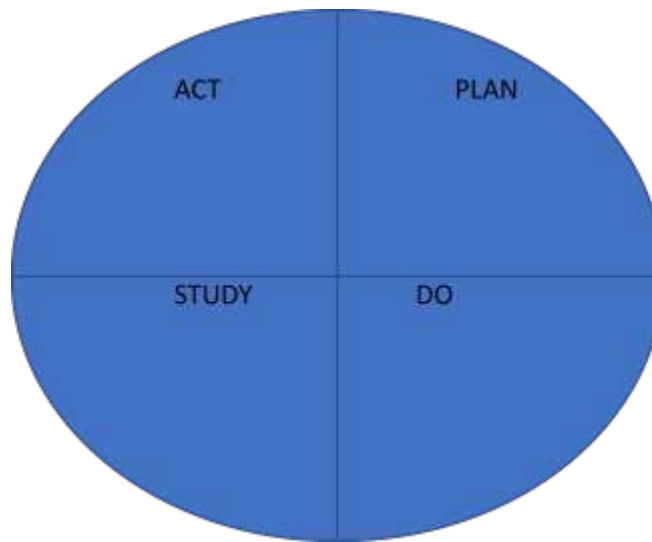
- Services are furnished per regulatory requirements and are designed to improve the health outcomes of our clients. We engage in collaborative effort with recovery management entities and the clients to develop a person-centered plan.
- We plan to utilize valid and reliable data methods to measure improvements and include internal data as well as external data such as the Consumer Assessment of Healthcare Providers & Systems Surveys (CAHPS); Healthcare Effectiveness Data & Information Set

measures (HEDIS), Health Outcome Survey (HOS), etc. Data is reviewed and analyzed by the Quality Management Committee. Quality management committee is comprised of the administrator, alternate administrator and the quality/operations manager.

The Model For Improvement: PDSA cycle.

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in an improvement?

The PDSA cycle



ACT: Determines what changes are to be made.

PLAN: Change or test

DO: Carry out the plan

STUDY: Summarizes what was learned.

Three types of Measures

- Outcome measures
- Process measures
- Balancing measures

Improvement methods to employ

- Clinical practice improvement methodology
- Root cause analysis

Improvement Process:

The improvement process shall have project phase, diagnostic phase, intervention phase, impact phase, and sustaining improvement phase.

Sustaining improvement phase:

- Standardization
- Documentation
- Measurement
- Training

Strategies for sustaining improvement:

- Document and report each clients baseline

- Measure improvement
- Holding a periodic meeting, usually every 3 months, to report positives and negatives
- Continuously refine services
- Reporting outcomes to the quality management committee and comparing outcomes with renowned establishments of similar vocation.

CHRISTABEL LLC'S SAFETY PLANS.

Purpose:

To develop, implement and maintain an effective, ongoing safety program throughout Christabel LLC operations, including subcontractors for housing and services.

Goal:

To provide HCBS-AMH services with the highest possible safety measures that meet the needs of clients living with serious mental illness in their journey towards recovery in the community. Environmental safety is a paramount component of recovery, or stability, for clients living with serious mental illness, and we are committed to make it one of our highest priorities as we serve individuals under our care.

Scope:

A Health and Safety coordinator shall be appointed to oversee clients and staff safety. Health and Safety coordinator shall conduct safety rounds in all Christabel LLC homes and subcontracted housings. Health and Safety coordinator will work closely with Quality

Improvement Manager and house managers to ensure safety becomes a daily focus at Christabel LLC, agency-wide. Effective September 1st, 2021, lawn equipment using gasoline will be stored in a shed away from the house where clients reside. Such storage shed shall be always under lock and the house manager on duty will be the only one with access to the equipment.

- Christabel LLC will conduct yearly fire inspections on its properties for residential services.
- No Firearms is allowed within or surrounding Christabel LLC's properties, except that of the law enforcement protecting citizens.
- Metal knives will be under lock with only the staff on duty having access to them.
- Medications will be always under double lock with only the staff on duty having access to them.
- Private rooms will be made available to client(s) who request one for his/her privacy, and not as an opportunity to do drugs in the house.
- There will be 24x7 supervision for clients receiving residential services.
- There will be 24x7 access to at least one therapist to attend to clients' needs.
- Smoke and Carbon-Monoxide detectors shall be examined once a month during safety rounds.

Revised Policy and Procedures for Christabel LLC will be stored electronically where all staff and subcontractors will have access to it.

1.50 REVIEW OF MEDICARE/MEDICAID SANCTIONS OF STAFF MEMBERS

POLICY

CHRISTABEL, LLC shall cooperate with and assist HHSC, DSHS, and any state or federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting suspected fraud and abuse, including the Office of Inspector General at HHSC. CHRISTABEL, LLC shall retain a confidential personnel record for each direct staff including Medicare/Medicaid sanctions. CHRISTABEL, LLC is responsible to verify the direct staff of subcontracted providers meets stated qualifications, criminal history, and registry checks.

PROCEDURE

The Credentialing Committee as outlined in these policies and procedures manual (1.36) will review Medicare or Medicaid sanctions for all staff members. Sanctions will be defined as recoupment, payment hold, imposition of penalties or damages, contract cancellations, exclusions, department, suspension, revocation, or any other synonymous action. All the staff and subcontractors will be required to state whether they have ever been sanctioned as defined above by any state or federal program. The staff or subcontractors will be required to fill in the Medicare/Medicaid sanction form below.

CHRISTABEL, LLC

“Sanction” is defined as recoupment, payment hold, imposition of penalties or damages, contract cancellations, exclusion, debarment, suspension, revocation, or any other synonymous action.

☐ Yes

Have you ever been sanctioned (as defined above) in any state or federal program?

☐ No

If Yes, fully explained the details, including date, the state where the incident occurred, the agency taking the action, and the program affected. (attach additional sheets if necessary)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Signature

Date

The form shall then be submitted to the CHRISTABEL, LLC Credentialing Committee for review and they may request a review of the findings or the methodology used to conduct the investigation leading to the sanction.

1.51 DOCUMENTATION OF PROFESSIONAL STAFF MALPRACTICE OR LIABILITY INSURANCE

POLICY

CHRISTABEL, LLC shall document and retain a confidential personnel record of any malpractice or liability insurance for each direct service staff. CHRISTABEL, LLC is ultimately responsible to verify that direct service staff or subcontracted providers meet the required qualifications, and do not have a criminal background of any malpractice or liability insurance.

PROCEDURE

CHRISTABEL, LLC will keep a confidential personnel record that documents the malpractice and liability insurance of its professional staff. The staff will be required to submit a copy of current and adequate malpractice insurance and personal professional liability insurance in the amount required by CHRISTABEL, LLC. The professional staff will also be required to fill in the indicated malpractice and liability information form if applicable. The form and any staff malpractice and liability insurance information shall be reviewed and documented by the Credentialing Committee of CHRISTABEL, LLC.

CHRISTABEL, LLC

**MALPRACTICE AND PROFESSIONAL LIABILITY
INSURANCE**

Please complete the following information for all malpractice insurance carriers for the past five years, starting with the most recent: *Attach Copy of Insurance Certificates Indicating Limits and Expiration*

Name/Address Carrier	of	Policy No.	Expiration Date	Amount of Coverage
<i>STATEWIDE</i>		<i>1000373006181</i>	<i>9/9/2020</i>	<i>\$2M</i>
<i>USLI</i>		<i>AH 1558951A</i>	<i>9/9/2021</i>	<i>\$3M</i>
<i>USLI</i>		<i>AH 155895B</i>	<i>9/9/2022</i>	<i>\$3M</i>

1.52 REVIEW OF STATE REGULATED SANCTIONS FOR STAFF MEMBERS (MISCONDUCT REGISTRY)

POLICY

CHRISTABEL, LLC shall cooperate with and assist HHSC, DSHS, and any state or federal agency charged with the duty of identifying, investigating, sanctioning, prosecuting or suspected fraud and abuse, including the Office of Inspector General at HHSC. CHRISTABEL, LLC shall review and retain a confidential misconduct registry for each direct service staff containing state regulated sanctions for staff members. CHRISTABEL, LLC is responsible to verify that direct service staff of subcontracted providers meet stated qualifications, criminal history, and registry checks.

PROCEDURE

The Credentialing Committee as outlined in this policy and procedures manual (1.36) will review state regulated sanctions for all staff members. Allegations of employee misconduct relative to the Corporate Compliance Plan and the Code of Ethics/Code of Conduct will be investigated by the Credentialing Committee swiftly, thoroughly, and fairly. All communications will be kept confidential to the degree possible while conducting the investigation. If employee misconduct is detected, corrective action will be taken. The findings of the investigations will be kept in the employee misconduct registry that will remain confidential.

1.53 DISCIPLINARY ACTIONS AGAINST STAFF MEMBERS

POLICY

It is a policy of CHRISTABEL, LLC to ensure professional practice in accordance with the available Code of Ethics and/or Code of Conduct. CHRISTABEL, LLC has the responsibility to ensure that staff members provide mental health services in accordance with their set out codes, rules, and regulations. Therefore, disciplinary action against staff members who violate the policies and codes may be taken by the board of directors.

PROCEDURE

The Credentialing Committee as outlined in this policy and procedure manual (1.36) will review disciplinary action against staff members (i.e., State Board or other agencies). The committee will also retain a confidential personnel record of the disciplinary action taken against the staff members. Performance problems shall be documented informally until such point that disciplinary action is deemed necessary by the board of directors. An employee may address the administrator in writing, if they wish to appeal the disciplinary actions taken against them.

1.54 STAFF MEMBER CRIMINAL HISTORY, BACKGROUND CHECKS, AND ABUSE REGISTRY CHECK

POLICY

CHRISTABEL, LLC shall cooperate with and assist HHSC, DSHS, and any state or federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting suspected fraud and abuse, including the Office of the Inspector General at HHSC. CHRISTABEL, LLC shall ensure that criminal history, background checks, and abuse registry checks are completed.

PROCEDURE

All new employees will be required to undergo a fingerprint-based criminal background check for employment eligibility with CHRISTABEL, LLC. The letter of hire given to new employees shall indicate that employment is contingent upon clearance on convictions check with the State of Texas. After a job offer has been made, the potential employee will be requested to fill out a consent allowing CHRISTABEL, LLC to investigate and obtain a record of criminal convictions and any pending felony charges from official law enforcement agencies. The form will include the following information: Name, alias, date of birth, Social Security number, Texas Driver's License number, sex (optional), and race (optional). The consent form must also be signed by both the applicant and the Human Resource Department verifying the information is accurate to the best of their knowledge. The fingerprint-based background check must be completed prior to the beginning of any services. If upon receipt the employees determined ineligible for employment, termination will be effective immediately. All information that pertains to

the criminal record request will be filed in the employees administrative file attached to the Criminal Background Check Authorization completed by the employee.

1.55 INFORMING CLIENTS OF RIGHTS AND RESPONSIBILITIES AND ORGANIZATIONAL GRIEVANCE PROCEDURE

POLICY

Individuals receiving services at CHRISTABEL, LLC have both rights and responsibilities and are free to air grievances and complaints. Clients and participants will be educated about their rights and responsibilities in a variety of ways (e.g., posters in service locations, in written form, by staff through the intake and assessment process). CHRISTABEL, LLC also values and encourages the feedback of the clients about the programs and practices over the organization. Complaints can provide important opportunities for improving service.

PROCEDURE

CHRISTABEL, LLC staff will explain to clients their rights and responsibilities as a regular part of the intake and assessment process. Program managers will ensure the clients rights and responsibility statement indicated in policy and procedure 1.12 is available in written form to clients and participants in the client's preferred language. Staff will ensure they are familiar with CHRISTABEL, LLC privacy policies and procedures so that they can answer client's questions and assist clients in exercising their rights in regard to their record. CHRISTABEL, LLC actively informs clients of their right to register complaints or grievances (verbal or written) and seek resolution. This information is accessible and publicized in CHRISTABEL, LLC *Client Rights and Responsibility Statement*. Clients who speak languages other than those covered by the latter documents or who have reading difficulties are encouraged to have this policy explained to them by a CHRISTABEL, LLC staff person or the counselor at the beginning of service.

CHRISTABEL, LLC will assist persons with disabilities to register their complaints or grievances and seek resolution.

1.56 SUBMITTING INVOICES TO DSHS/HHSC.

POLICY

CHRISTABEL, LLC Recovery Management Entity shall develop a process for the correct and accurate submission of invoices to DSHS. This process shall include adherence to the HCBS-AMH Billing Guidelines, a process by which CHRISTABEL, LLC will verify the individual's Medicaid for a billing period.

DEFINITION

Invoice: is the file that CHRISTABEL, LLC will submit to DSHS each month as evidence of HCBS-AMH services provided. This file is generated by encounter data.

PROCEDURE

CHRISTABEL, LLC shall develop a process for the correct and accurate submission of invoices to DSHS. This process shall include adherence to the HCBS-AMH Billing Guidelines, a process by which CHRISTABEL, LLC will verify the individual's Medicaid for a billing period as per the HCBS-AMH Billing Guidelines. This will be submitted using the HCBS invoice template on the Texas Department of State Health Services website. CHRISTABEL, LLC will also authorize DSHS to conduct quality checks on invoice for accuracy, completeness, and review the amounts against the approved IRP. Further authorization will be given to the DSHS to collect any information by accessing other data sources such as TMHP or requesting records from CHRISTABEL, LLC. The filled HCBS-AMH Invoice Template shall be submitted via

HIPAA compliant encrypted email to the Claims Processing Unit @dshs.state.tx.us with a copy to mhcontracts@dshs.state.tx.us and HCBSAMH.services@dshs.state.tx.us . CHRISTABEL, LLC shall seek and obtain prior approval by DSHS to submit the filed HCBS invoice template through a method other than the encrypted email. Invoice will be submitted to DSHS on a monthly basis for pre-approved services. Invoices for services rendered will be sent to DSHS not later than 45 days from the date service was provided. Accounts that remain unpaid after 30 days from the date of billing will receive a second statement for payment showing the outstanding receivable balance. Accounts that remain unpaid after 60 days of billing shall receive a third request for payment depicting the outstanding receivable balance.

1.57 MONITORING AND TRACKING PLACEMENT AND EXPANSION OF COMMUNITY HOUSING

POLICY

The Texas Department of State Health recognizes housing to be a basic need and affirms the right of all consumers of public mental health services to pursue housing options of their choice. In line with this requirement, it is the policy of CHRISTABEL, LLC to ensure effective monitoring and tracking of placement as well as expansion of community housing for its clients.

PROCEDURE

CHRISTABEL, LLC shall develop policies and create mechanisms that give predominant consideration to the effective monitoring and tracking of placement as well as expansion of community housing for its clients. These policies and mechanisms shall also:

1. Ensure that CHRISTABEL, LLC supported housing blends into the community.
Supported housing units are to be scattered throughout a building, a complex, or the community in order to achieve community integration. Use of self-contained campuses or other segregated buildings as service sites is not the preferred mode.
2. Promote and support home ownership, individual choice, and autonomy. The number of people who live together in CHRISTABEL, LLC supported housing shall not exceed the community's norm for comparable living settings.
3. Assure that any housing arranged or subsidized by CHRISTABEL, LLC is accessible to the client and in compliance with applicable state and local standards for occupancy, health, and safety.

4. Be sensitive to the customers cultural and ethnic preferences and give consideration to them
5. Encourage and support the client self-sufficiency.
6. Provide for ongoing assessment of the clients housing needs.
7. Provide assistance to consumers in coordinating available resources to meet their basic housing needs. CHRISTABEL, LLC may give consideration to the use of housing subsidies when clients have a need for housing that cannot be met by other resources which are available to them.

In monitoring and tracking a placement as well as expansion of community housing for its clients, CHRISTABEL, LLC shall adhere to the 1915(i) settings requirements for provider owned and operated and non-provider owned and operated settings in Texas Department of State Health Services. CHRISTABEL, LLC will also ensure expansion of the Community Housing Relationship Plan.

CHRISTABEL, LLC will immediately notify HHSC of any changes related to housing or placement movements of participants and reason for movement.

1.58 VERIFYING PROVIDER OWNED AND OPERATED HOUSING MEET SETTING REQUIREMENTS

POLICY

The Texas Department of State Health recognizes housing to be a basic need and affirms the right of all consumers of public mental health services to pursue housing options of their choice. In line with this requirement, it is the policy of CHRISTABEL, LLC to provide a mechanism for verifying the provider owned and operated housing meets the DSHS sitting requirements.

PROCEDURE

Provider owned or controlled home and community-based residential settings must be physically accessible to the individuals, and the individuals would have a lease or other legally enforceable agreement providing similar protection. The individuals will also have privacy in their unit including lockable doors, choice of roommates, and freedom to furnish or decorate the unit. The individuals will be able to have visitors at any time and have unrestricted access to food and drinks. Individuals will have the same responsibilities and protections from eviction that tenants have under the landlord/ tenant law of the state, county, city, or other designated entity.

CHRISTABEL, LLC's currently owned and operated housing does not have the settings of an institution but has the potential to have one as soon as necessary for the comfort and safety of the individuals we serve, if necessary by DSHS staff. CHRISTABEL, LLC's board of directors will annually review the housing requirement.

1.59 POLICY FOR CRITICAL INCIDENT REPORTING

POLICY

CHRISTABEL, LLC will provide critical incident training for its direct service staff on hire and annually. Cases of abuse, neglect, and exploitation will be reported to the appropriate investigative authority immediately when it is known to the management of CHRISTABEL, LLC and the agency will cooperate with any Adult Protective Services (APS) investigator to ensure APS is able to conduct and complete a thorough investigation.

PROCEDURE

CHRISTABEL, LLC will implement procedures which ensure the reporting of all critical incidents which may include, but not limited to, the following:

1. Abuse, Neglect, or Exploitation of a HCBS-AMH participant
2. Psychiatric hospitalization
3. Extended nursing home placement
4. Incarceration
5. When an individual is either hospitalized or discharged from the hospital, the Recovery Management Entity will complete and submit the critical incident reporting form to DSHS within 72 hours of the date notified of the hospitalization, and within 72 hours of the date notified of hospitalization discharge.
6. Restraint of an HCBS-AMH participant
7. A slip or fall, medication error, or medical complication

8. Incidents caused by the members such as verbal and/or physical abuse of staff or other members, destruction or damage of property, contraband, and member self-abuse
9. Eviction from primary residence or serious injury or death

CHRISTABEL, LLC will report any critical incidents that result in substantial disruption of the program operation involving or potentially affecting individuals enrolled in HCBS within 72 hours of notification of an incident the agency will submit all critical incident reporting forms to the recovery management within 72 hours of notification of an incident report using the following steps:

1. The Critical Incident Form 3007 will be submitted to HHSC at HCBS-AMH@hhsc.state.tx.us and
2. HCBS-AMH.CIR@hhsc.state.tx.us with the subject line titled “Critical Incident Reporting Form.”
3. Or through CMBHS @ <https://cmbhs.dshs.state.tx.us/> with appropriate access and training.

The Critical Incident Form includes, but is not limited to, the following information:

1. Date, time, and location of incident;
2. Person identifying or demographic information;
3. Categories of Critical Incidents: ANE, Injury, Medical Emergency, Behavioral or Psychiatric Emergency (including psychiatric hospitalizations), Allegation against client rights, Criminal Activity, Death, Restraint, Medication Error, Participant Departure (missing); and

4. Staff making report, witnesses, anyone involved in the incident, and associated contact information;
5. A detailed description of the incident
6. A detailed description of the action taken and plan
7. Outcome Summary
8. Information on the person completing the form, including contact information

If psychiatric hospitalization (or other institutionalization) occurs, the Recovery Management Entity must submit an Update IRP to HHSC within 30 days of discharge from the institution.

In the case of critical incidents, the HCBS-AMH Provider Agency and HCBS-AMH Recovery Management Entity are expected to take immediate action to resolve, when feasible, and to report to the appropriate state and/or law enforcement entities.

1.60 POLICY FOR REPORTING ABUSE, NEGLECT, AND EXPLOITATION

POLICY

CHRISTABEL, LLC will report cases of abuse, neglect, and exploitation to appropriate investigative authorities immediately when it is brought to the knowledge of the management, and the agency will cooperate to the fullest extent required for such investigation.

CHRISTABEL, LLC will implement and enforce a written policy that includes screening, documenting, and reporting policy for our subcontractors/ providers and train all direct staff on reporting requirements. Reporting documentation will be retained on site and will be made available for inspections by DSHS when requested.

PROCEDURE

Incidents that result in substantial disruption of program operation involving or potentially affecting individuals enrolled in HCBS-AMH shall be reported to Recovery Management within 72 hours from notification of the incident, including allegations of abuse, neglect, and exploitation. Critical incident report form provided by DHS at <http://www.dshs.state.tx.us/mhsa/hcbs-amh/forms.aspx> will be used to submit a report to the Recovery Management. Final investigative report from DFPS (Department of Family and Protective Services) will also be submitted to Recovery Management within 72 hours of receiving such a report.

Reporting to DFPS

CHRISTABEL, LLC will report incidents of abuse, neglect, and exploitation to the department of family and protective services when alleged or suspected abuse involves a person responsible

for the care, custody, or welfare of the individual. Any person having cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation is required to report the information immediately to DFPS. All contacts related to reporting of suspected abuse, neglect, and exploitation will be documented by all direct service staff. The documentation will include:

1. Date of contact
2. Name of service provider and provider agency
3. Name of member the report is being made on behalf of
4. Brief synopsis of allegations
5. Name of DFPS employee taking the report

CHRISTABEL, LLC may not change a confirmed finding made by a DFPS investigator but may request a review of the findings or the methodology used to conduct the investigation.

1.61 POLICY TO VERIFY STAFF LICENSES

POLICY

CHRISTABEL, LLC will verify licenses and certifications of healthcare professionals who are privileged to serve our client. All skilled staff and subcontractors will have their professional license verified upon hire and upon license renewal. A copy of each skilled staff's professional license will be collected at the time of employment application and kept in their personnel file and will be used for online license verification through their respective state licensing agency website. CHRISTABEL, LLC will ensure that each skilled staff applicant's professional license and certifications are current and active prior to allowing them to provide care for our clients. A copy of the online verification will be printed and kept in the skilled staff personnel file, with the data verification and the initials of the person performing the verification.

PROCEDURE

Health care professionals who are employed by CHRISTABEL, LLC or those under a contractual agreement will be required to comply with appropriate state and federal licensure, certification, or registration requirements. Health care professionals include, but are not limited to:

1. Physicians (MD/DO/DMD/DDS/DPM)
2. Nurse Practitioners and Physician Assistants (NP/PA)
3. Registered Nurses (RN)
4. Licensed Vocational Nurses (LVN)
5. Certified Home Health Aides (CHHA)

6. Certified Nurse Assistants (CNA)
7. Physical Therapists (PT)
8. Occupational Therapists (OT)
9. Speech Therapists (ST)
10. Medical Social Worker (MSW)

All personnel files will be reviewed monthly to ensure that all staff licenses and certifications are updated and current. Staff members will be notified in advance that their license is expiring and will be placed on progressive corrective action if they allow their professional license to expire. Such staff's employment could be suspended, terminated, or the staff will be placed in a position which does not require licensure.

1.62 POLICY TO DOCUMENT TRAINING FOR STAFF

POLICY

CHRISTABEL, LLC will implement and maintain a plan for initial training of staff members and service providers that ensures direct service providers are qualified to deliver services as required by the current needs and characteristics of the individuals to whom they deliver services and are knowledgeable of acts that constitute abuse, neglect, or exploitation of an individual and methods to prevent the occurrence of abuse, neglect, and exploitation. Periodic training will be provided as needed and documented to ensure service providers comply with state and federal laws and regulations, and to ensure the individual safety and security.

PROCEDURE

All direct service staff will be trained on:

1. HCB-AMH program philosophy
2. Policy and procedure
3. Identifying, preventing, and reporting of critical incidents and abuse, neglect, and exploitation
4. Safe use of personal restraint

CHRISTABEL, LLC will hire direct care staff that meet or exceed the minimum skills and training required to provide the assigned HCBS-AMH service to meet the primary objective of protecting and promoting the health, safety, and well-being of individuals we serve.

CHRISTABEL, LLC may identify training and technical assistance needed to DSHS at any time

by contacting the HCBS-AMH staff. CHRISTABEL, LLC or DSHS may identify issues and suggest potential remedies. All CHRISTABEL, LLC service staff will attend and satisfactorily complete the relevant HCBS-AMH specific training prior to the provision of HCBS-AMH services or within a designated time frame. There are many required and recommended trainings for each of the HCBS-AMH services and direct service staff will be required to fulfill these requirements. Most HCBS-AMH training is available at Texas Centralized Training. Some of the courses are online, and some are available in person. Web based training will produce a certificate upon completion of the training, and these will be made available in each provider's personnel file for review by DSHS at quarterly desk or annual site reviews. The need for training and technical assistance may be identified through results of DSHS reviews and technical assistance contacts, and the use of quality indicators.

CHRISTABEL, LLC will maintain training documentation in personnel files of each staff member, and they will be secured in a “double locked” manner.

1.63 POLICY ON INITIAL AND ONGOING TRAINING OF STAFF ON SECLUSIONS AND RESTRAINTS

POLICY

CHRISTABEL, LLC will provide initial training for direct service staff on the use of restraints and seclusion, where and when necessary. Restraints will be used only as a last resort after less restrictive measures have been found to be ineffective or judged unlikely to protect the individual or others from harm. Restrictive interventions will be used for the shortest. Possible and terminated as soon as the individual demonstrates the release behavior specified by the ordering physician.

PROCEDURE

Direct service staff will receive initial trainings on:

1. Techniques, methods, or tools that would help the individual effectively cope with his or her environment
2. Consideration information that could contradict otherwise affect the use of personal restraints
3. Pre-existing medical conditions or any physical disabilities and limitations, including substance use disorders that would, place the individual at greater risk during restraints
4. Any history of sexual or physical abuse that would place the individual at greater psychological risk during restraint; and

5. How to enter information in the clinical record

Within 24 hours of the application of restraint, information that should be entered in the clinical record include:

1. The circumstances that led to the use of personal restraint
2. The specific behavior and necessitating the restraint and the behavior required for release
3. Less restrictive interventions that were tried before restraint begin
4. The names of the direct service staff who implemented the restraint
5. The date and time their restraint began and ended; and
6. The individual's response

LAR will be notified within 12 hours of initiating a restrictive intervention, and this will also be documented including date and time for the notification.

The use of chemical restraints, mechanical restraints, and seclusion is prohibited. The use of personal restraint is also prohibited, except in a behavioral health emergency.

Direct service staff shall receive training before assuming job duties, and at least annually thereafter. Direct service staff will receive training and demonstrate competency and the following:

1. The use of restraint, including how to perform the restraint

2. Identifying the causes of aggressive or threatening behaviors of individuals who need mental health services, including behavior that may be related to an individual's non psychiatric medical condition
3. Identifying underlying cognitive functioning and medical, physical, and emotional conditions
4. Identifying medications and their potential effects
5. Identifying how age, weight, cognitive functioning, developmental level of functioning, gender, culture, ethnicity, and elements of trauma-informed care, including history of abuse or trauma and prior experience with restraints or seclusion, may influence behavioral emergencies and affect the individual's response to physical contact and behavioral interventions
6. Explaining how the psychological consequences of restraint or seclusion and the behavior of staff members can affect an individual's behavior, and how the behavior of individuals can affect a staff member
7. Applying knowledge and effective use of communication strategies and a range of early intervention, de-escalation, mediation, problem solving, and other non-physical interventions such as clinical timeout and quiet time; and
8. Recognizing and appropriately responding to signs of physical distress and individuals who are restrained or secluded including the risk of asphyxiation, aspiration, and trauma.

A registered nurse, Nurse Practitioner, or Physician Assistant who is authorized to perform assessment of individuals who are in restraint will also receive training before the commencement of their job duties, and at least annually thereafter.

1.64 POLICY FOR TRANSFERS OF INDIVIDUALS TO ANOTHER HCBS PROVIDER

POLICY

An individual may transfer from one HCBS-AMH provider agency to another. Reason for transfer could be:

1. That the individual selects different provider agency because individual chooses to transfer to obtain HCBS-AMH services through a different provider agency in the same service area
2. HCBS-AMH agreement termination. The HCBS-AMH provider agreement is terminated between HCBS-AMH provider and DSHS and the individual must be transferred to another HCBS-AMH provider
3. The individual relocates outside the provider service area. An individual may relocate to a county within Texas that is served by the HCBS-AMH program but not by the current HCBS-AMH provider.

PROCEDURE

The Recovery Management will be responsible for the coordination of the transfer activities to another HCBS-AMH provider. CHRISTABEL, LLC will work with Recovery Management to ensure a smooth transfer.

CHRISTABEL, LLC will immediately notify HHSC of the discharge of any participant from HCBS-AMH and reason for discharge.

1.65 POLICY FOR DISCHARGE OF INDIVIDUALS FROM HCBS

POLICY

An individual may be discharged from HCBS under the following reasons and justifications:

1. **Voluntary.** The individual requests to be discharged from HCBS-AMH and recovery management entity or the individual chooses to discontinue necessary participation in HCBS-AMH program
2. **No clinical need.** HCBS-AMH services are no longer required to meet the clinical needs of the individual, or the individual has not received any HCBS-AMH services for one year
3. **Higher clinical need.** HCBS-AMH services are no longer appropriate or effective to meet the clinical needs of the individual, or the clinical needs of the individual place the individual and/or community at risk and cannot be addressed by available HCBS-AMH services
4. **No longer eligible (for other than clinical need).** The individual is enrolled in a Medicaid waiver program or no longer meets financial eligibility
5. **Unable to locate.** The individual is unable to be located for 90 consecutive days
6. **Out of service area (and not able to be transferred).** The individual permanently moves out of state or the individual moves to a county where HCBS-AMH does not have a contracted provider agency

7. **Hospitalization (greater than 180 days).** Individual has been hospitalized for a period greater than 180 days and does not receive an extension on suspension of their services
8. **Criminal Justice involvement (greater than 180 days).** Individual has been incarcerated in a criminal justice institution greater than 180 days and does not receive an extension on suspension of his/her services
9. **Individual's choice of setting.** The individual chooses to live in a setting that does not meet CFR HCBS 2249-F/2296-F and is not able to have services
10. **Service is no longer available.** A service critical to the individual's continued tenure in the community is no longer available to the individual. These services include but are not limited to: (i) available housing; and (ii) no HCBS-AMH provider available in individual's area of residence
11. **Death.** The individual has died
12. **Non-compliant with services.** The individual declines to participate in the recovery planning process or address goals essential to their continued health and safety in the community for 90 consecutive days.

PROCEDURE

Recovery Management and CHRISTABEL, LLC will not modify, discontinue, or refuse services to an individual enrolled in HCBS-AMH unless documented efforts have been made with the individual and/or LAR to resolve the situation that triggers such modification,

discontinuation, or refusal to provide services. CHRISTABEL, LLC will work closely with the recovery management to ensure a smooth transition planning and discharge.

CHRISTABEL, LLC will immediately notify HHSC of the discharge of any participant from HBCS-AMH and reason for discharge.

1.66 DETERMINATION OF CAPACITY FOR INITIAL SERVICE

POLICY

CHRISTABEL, LLC will determine the capacity of individuals that we will be able to serve initially by surveying what is available in a similar job market for our service providers. Client-to-staff ratio will be based on the needs and acuity of the individuals. CHRISTABEL, LLC will place priority on providing services which are effective and will be evident in the individuals we serve. Client-to-staff ratio would be somewhere between 1:1 and 10:1, depending on the needs of the individual or group.

PROCEDURE

CHRISTABEL, LLC hires experienced direct staff who will be more efficient on the job, and provide periodic training as recommended by HHSC.

1.67 INFECTIOUS DISEASE PREVENTION/MANAGEMENT AND INFECTION CONTROL

POLICY

CHRISTABEL is committed to providing a safe and healthy workplace for all our employees. CHRISTABEL, LLC will take proactive steps to protect the workplace(s), employees, subcontractors, clients and the public from infectious disease. It is the goal of CHRISTABEL, LLC to operate effectively and ensure that all essential services can be provided in a safe manner.

PROCEDURE

Infection control begins with screening, prevention, training and the proper precautions to prevent the spread of infection.

PRECAUTIONS AND PREVENTION

Standard precautions are used for all settings. Standard precautions make use of common sense in prevention and protection. Proper cleaning and disinfecting procedures are used at all times.

1. Hand Hygiene
 - a. Wash hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol and a moisturizer.
2. Respiratory and Cough Etiquette
 - a. Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.

- b. Throw used tissue into no-touch trash can and immediately wash hands with soap and water.
- 3. Social distancing
 - a. Maintain at least 6 feet distance between you and others.
- 4. Cleaning and Disinfecting of the Environment
 - a. Cleaning high touch surfaces and shared objects once a day and after each exposure to someone who is ill.
- 5. Proper handling of equipment, textiles, and laundry
 - a. Use gloves whenever possible when handling items used by someone who is ill
 - b. Hold soiled items away from body
- 6. Proper handling of injection supplies
 - a. Use approved sharps containers and follow cleaning and handwashing protocols before and after each use
- 7. Wear a mask if you are feeling ill or around others with respiratory symptoms.

Tuberculosis (TB)

Tuberculosis (TB) a disease caused by *Mycobacterium tuberculosis*, a germ that is spread from person to person through the air. TB germs are put into the air when a person with TB disease of the lungs coughs, sneezes, speaks or sings. TB usually affects the lungs, but can also affect other organs and may lead to death without treatment.

TB screening and testing is required on hire, and annually.

Personnel will be screened on hire, and annually. The local health department will be notified and follow up screening per CDC guidelines performed for any suspected positive results. A baseline risk assessment will be conducted along with a symptom screening. Anyone with a positive risk assessment or screening will require a Purified Protein Derivative (PPD) test, Interferon-Gamma Release Assay (IGRA) or cleared CXR (based on history). An annual screening will occur and testing will be required for any positive screening as per the CDC and State of Texas guidelines. TB screening and test results will be kept with the personnel file in the office. Employees and subcontractors will notify CHRISTABEL, LLC immediately of any suspected illness or exposure and the CDC and Texas guidelines will be followed.

COVID (Coronavirus)

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing, or breathe.

The best way to prevent the spread of the virus is to be well informed. CHRISTABEL, LLC employees and subcontractors will receive education and practice prevention techniques such as frequent handwashing or use of hand gel, use of a face mask if unvaccinated or around others who are unvaccinated, social distancing when possible, cleaning and disinfecting, temperature checks prior to visiting clients and telehealth visits in the place of in person visits when clients or others in the home are exhibiting symptoms.

COVID-19 vaccines are effective at preventing COVID-19 disease, especially severe illness and death. CHRISTABEL encourages employees to receive the COVID-19 vaccination as a part of a

multi-layered infection control approach. Fully-vaccinated employees will provide CHRISTABEL, LLC with proof of vaccination for their file. Anyone not providing proof will be asked to follow the masking guidelines set forth by the CDC and CMS at this time.

Workplace

Employees, whether fully-vaccinated or not, will need to continue to follow all guidance in all other workplace locations.

Prevent and Reduce Transmission Among Employees

Monitor federal, state and local public health communications about COVID-19 regulations, guidance and recommendations and ensure that employees have access to that information.

Frequently check the [CDC COVID-19 website](https://www.cdc.gov/covid-19).

Symptoms of COVID-19

There are a wide range of symptoms reported in people with COVID-19 – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Below is a list of most likely symptoms.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

CDC will continue to update this list as we learn more about COVID-19.

Actively Encourage Sick Employees to Stay Home

- Employees and sub-contractors should self-monitor each work day prior to reporting to work
- Employees and sub-contractors should not enter the worksite Symptoms of COVID-19
 - Fever of 100.4° F or higher or report feeling feverish
 - Undergoing evaluation for COVID-19 infection
 - Diagnosis of COVID-19 infection in the prior 10 days
 - Close contact to someone with COVID-19 infection during the prior 14 days
- Employees and sub-contractors who have symptoms should notify their supervisor and/or safety coordinator immediately and stay home.
- Employees and sub-contractors who are sick with COVID-19 should isolate and follow CDC-recommended steps.
- Employees and sub-contractors who have known or suspected exposure should notify their supervisor and/or safety coordinator immediately.
- Employees and sub-contractors who are asymptomatic (have no symptoms) or pre-symptomatic (not yet showing symptoms) but have tested positive for COVID-19 should isolate and follow [CDC-recommended steps](#). Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers.

- Employees and sub-contractors who are well but who have a sick household member with COVID-19 should notify their supervisor and follow [CDC-recommended precautions](#).

Separate Sick Employees

- Employees and sub-contractors who appear to have symptoms upon arrival at work or who become sick during the day should immediately be separated from other employees, sub-contractors, residents, customers and visitors and sent home.
- CHRISTABEL will arrange safe transport of an employee who becomes sick while at work, in the event the employee needs to be transported home or to a healthcare provider.

Take Action if an Employee is Suspected or Confirmed to Have COVID-19

- Follow the CDC [cleaning and disinfection recommendations](#):
 - Clean dirty surfaces with soap and water before disinfecting them
 - To disinfect surfaces, use products that meet EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface.
 - Always wear gloves and appropriate for the chemicals being used when cleaning and disinfecting
 - Ensure there is adequate ventilation when using cleaning and disinfection products to prevent from inhaling toxic vapors.

Additional PPE may be necessary, depending on the setting and disinfectant product being used. Educate Employees About Steps to Take to Protect Themselves at Work and Home

- Encourage employees and sub-contractors to follow any new policies or procedures related to illness, cleaning and disinfecting and work meetings and travel
- Advise employees and sub-contractors to:
 - Stay home if they are sick, except to get medical care, and to learn what to do if they are sick
 - Inform their supervisor if they have a sick household member at home with COVID-19 and to learn what to do [if someone in their home is sick](#)
 - Wear a mask when in the office or on the worksite if not fully vaccinated
 - Wash their hands often with soap and water for at least 20 seconds or to use hand sanitizer with at least 60% alcohol if soap and water are not available. Inform employees that if their hands are visibly dirty, they should use soap and water instead of hand sanitizer
 - Key times for employees to clean their hands include:
 - Before and after shifts
 - Before and after work breaks
 - After blowing their nose, coughing or sneezing
 - After using the restroom
 - Before eating or preparing food

- After putting on, touching or removing cloth face coverings
- o Avoid touching their eyes, nose and mouth with unwashed hands
- o Cover their mouth and nose with a tissue when you cough or sneeze or use the inside of their elbow. Throw used tissues into no-touch trash cans and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
- o Practice routine cleaning and disinfection of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails and doorknobs
- o Avoid using other employees' phones, desks offices, or other work tools and equipment, when possible. Clean and disinfect them before and after use
- o Practice social distancing by avoiding large gatherings and maintaining distance (at least 6 feet) from others when possible

Clean and Disinfect the Facility routinely, especially when someone is sick

- Before cleaning and disinfecting:
 - o Close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting
 - o Wait as long as possible (at least several hours) before you clean and disinfect
- While cleaning and disinfecting
 - o Open doors and windows and use fans or HVAC settings to increase air circulation in the area
 - o Use products from EPA List N according to instructions

- o Wear a mask and gloves while cleaning and disinfecting
- o Focus on the immediate areas occupied by the person who is sick or diagnosed with COVID-19
- o Vacuum the space if needed

Screening of individuals receiving HCBS-AMH services

All individuals will be screened for communicable diseases:

- On admission to HCBS services by the nurse performing the Nurse Health Screening and Comprehensive Nursing Assessment
- On every nursing visit for signs and symptoms of communicable diseases
- On each annual Comprehensive Nursing Assessment Update
- With any significant changes
- Covid screening questions will be asked with each in person visit and positive signs and symptoms (not related to chronic issues or acute illness not related to covid) and/or known exposure and documented in the visit record,
 - o Signs and symptoms of Covid illness may include:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat

- Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- Screening performed during the Nursing Comprehensive Assessment includes vaccination status.

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Our Services

Host-Home/Companion Care

Clients receiving this service are under the care of their family members who provides assistance with activities of daily living.

Supervised Living Services

Clients receiving this service live in a home provided by Christabel LLC. We provide a broad range of assistance services to promote individual's recovery and Independence.

HCBS-AMH Psychosocial Rehabilitation Services

We support Individuals to develop, refine and/or maintain skills needed to function at their possible best.

Supported Employment

We provide support to foster Individual's success on the job.

Employment Assistance

Christabel LLC assist Individuals to secure a gainful employment in the community.

Minor Home Modifications

Physical adaptations required to promote individuals health and safety are provided.

Home Delivered Meals

We provide nutritionally sound meals to individuals we serve.

Transition Assistance Services

We provide transition assistance to enable individuals we serve meet some basic needs. This is a one time assistance and it's subject to prior approval by the state.

Supported Home Living

We provide assistance With activities of daily living tasks in Individual's home or family residence.

Adaptive Aids

Christabel LLC provides specialized equipment and supplies that enable individuals relate with their environment and improve on their AOL.

Transportation Services

(non-duplicate of state plan medical transportation): We help Individuals get access to needed services, activities and resources.

Community Psychiatric Supports and Treatment

Christabel LLC provides goal directed Psychiatric supports and solution-focused Intervention to help Individuals accomplish goals in their recovery plan.

Christabel LLC

and its staff operate and furnish services in compliance with all applicable Federal, State and local laws and regulations. Christabel LLC is capable of providing a wide range of services directly or indirectly through:



Peer Support

Individuals who are in recovery from mental illness and/or substance use disorder promote coping skills to help individuals we serve in their own journey toward recovery.

Respite Care (Short term)

Christabel LLC provides temporary relief to an individual's primary caregiver when the primary caregiver needs a short break.

Nursing

Our nursing staff provide nursing services within the scope of the Texas Nurse Practice Act. We support health and wellness of individuals in the HCBS-AMH program.

Substance Use Disorder Services

Christabel LLC provides specialized recovery services for Clients struggling with illicit drug use.

Assisted Living

We provide 24-hour on-site staff to provide daily assistance to individuals we serve.

Recovery Management

We work with recovery management entities in Dallas, Tarrant and Travis Counties to ensure the individuals we serve get the best out of the HCBS-AMH program.

Flexible Funds

Christabel LLC will seek approval of flexible funds from the state and ensure the money is utilized for non-clinical supports that augment individual's recovery plan (IRP).

HCBS-AMH

Comprehensive Services
Provider in Dallas, Tarrant
and Travis Counties

To enroll in the program, visit <https://hhs.texas.gov/services/mental-health-substance-use/adult-mental-health/adult-mental-health-home-community-based-services> or call your local Behavioral Health Authority. Call us today!

ENROLL IN THE PROGRAM



Vision

To become the HCBS-AMH Comprehensive Service Provider of choice in Texas.

Mission Statement

Our mission is to provide professional and paraprofessional services that are geared toward the recovery of adults living with a diagnosis of serious mental illness and having a record of an extended stay in psychiatric hospital, a record of frequent arrests, or a record of frequent emergency room visits. We continue to provide services that enable our clients achieve the highest level of potentials to successfully live in their chosen community.

We are committed to providing a high quality, multi-disciplinary Home and Community Based Services; Adult Mental Health (HCBS-AMH) program through our staff and subcontractors by tailoring individualized plan of care to clients' unique journey to recovery. We encourage our clients to be the driver of their own recovery processes.

Our supervised living single-family homes



6819 William Wallace Way, Austin, TX 78754



6414 Rock Canyon Circle, Dallas, TX 75232



5620 Cloverdale Drive, Fort Worth, TX 76134

CONTACT US

Christabel LLC

2704 Waterway Drive,
Grand Prairie, TX 75054
Tel: 682-307-1604
Fax: 214-945-1009

Monday - Friday 9am - 5pm
Saturday - Sunday Closed
(Staff on Call)



Christabel LLC
Caring in Words and Action.

HCBS-AMH

Comprehensive Service
Provider in Dallas, Tarrant
and Travis Counties.

www.christabelllc.co

Former Employees of a Texas State Agency

Name	Address	Phone Number	State Agency Previously Worked	Dates of Employment	Email
KELLY GUERRA	603 5th Street Marble falls, Texas 78654	830-220-4586	Texas Department of Criminal Justice	April 2000- May 2009	kguerra@christabelllc.co
KELLY GUERRA	603 5th Street Marble falls, Texas 78654	830-220-4586	Burnet County Jail, Burnet, Tx	June 2009 - September 2020	kguerra@christabelllc.co
YVONNE GARCIA	P.O. Box 171331 San Antonio, Tx	210-274-8958	Austin State Hospital Guadalupe St Austin, Tx 78751	2000 -present	ygarcia@christabelllc.co

NOTICE OF CRIMINAL ACTIVITY

CHRISTABEL, LLC shall cooperate with and assist HHSC, DSHS, and any state or federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting suspected fraud and abuse, including the Office of the Inspector General at HHSC.

CHRISTABEL, LLC shall ensure that criminal history, background checks, and abuse registry checks are completed. Christabel, LLC conducts both Federal and State background checks before or latest within one week of hiring new staff or subcontractor and notifies Program Coordinators immediately for clarifications on findings that may prevent such person from direct contact with individuals being served in her entity. Verification also includes finger printing and new hires are always aware that their hiring status is not automatic but based on the outcomes of their background checks and clearance from HCBS-AMH program coordinators.

CHRISTABEL, LLC ensures and warrants that all involved parties (owner, employees, subcontractors, and volunteers) are not:

- Engaged in any activity that could constitute a criminal offense equal to or greater than a Class A misdemeanor or grounds for disciplinary action by a state or federal regulatory authorities.
- Have not been placed on community supervision, received deferred adjudication, or been indicted for or convicted of a criminal offense relating to involvement in any financial matter, federal or state program, or sex crime.

Details of how Christabel LLC prevents criminal activities is detailed in the policy and procedures. Copies of background checks are kept in the office for review upon request.

NOTICE OF INSOLVENCY OR INDEBTEDNESS

Christabel, LLC has no insolvency and is in no financial distress. Christabel, LLC has a reputable Certified Public Accountant who helps with filing yearly taxes and maintenance of proper accounting. Christabel, LLC fulfills her obligation to both staff and sub-contractors by paying their salaries as at when due with necessary deductions through QuickBooks Accounting services.

Christabel, LLC would continue to ensure fairness by fulfilling her obligations to all direct staff, including caregivers, mental health technicians and subcontractors.

Christabel, LLC would notify HHSC should any insolvency occur. Christabel LLC has no known indebtedness to either the state of Texas or the IRS.

Thanks.

OE NO. HHS0010736
EXHIBIT H - SERVICE AREAS AND LOCATIONS

Applicant must select the county(ies) or Local Mental/Behavioral Health Authority service area(s) it intends to serve. If the Local Mental/Behavioral Health Authority service area is designated **Rural**¹, Applicant may choose a specific county(ies) it intends to serve. If the Local Mental/Behavioral Health Authority service area is designated **Urban**, Applicant must make all HCBS-AMH services available within every county within the selected service area(s).

Rural		
Local Mental/Behavioral Health Authority	County	Select (x)
Anderson Cherokee Community Enrichment Services (ACCESS)	Anderson	
	Cherokee	
Abilene Regional MHMR Center d\b\ a Betty Hardwick Center	Callahan	
	Jones	
	Shackelford	
	Stephens	
	Taylor	
Camino Real Community MHMR Center d\b\ a Camino Real Community Services	Atascosa	
	Dimmit	
	Frio	
	Karnes	
	La Salle	
	Maverick	
	McMullen	
	Wilson	
Central Texas MHMR d\b\ a Center for Life Resources	Zavala	
	Brown	
	Coleman	
	Comanche	
	Eastland	
	McCulloch	
	Mills	
	San Saba	
Central Plains Center	Bailey	
	Briscoe	
	Castro	
	Floyd	
	Hale	
	Lamb	
	Motley	

¹ All Texas Access Report, December 2020

<https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/all-texas-access-report-dec-2020.pdf>

OE NO. HHS0010736
EXHIBIT H - SERVICE AREAS AND LOCATIONS

	Parmer	
	Swisher	
Coastal Plains Community MHMR Center	Aransas	
	Bee	
	Brooks	
	Duval	
	Jim Wells	
	Kenedy	
	Kleberg	
	Live Oak	
	San Patricio	
Concho Valley Center for Human Advancement d\b\ a MHMR Services for the Concho Valley	Coke	
	Concho	
	Crockett	
	Irion	
	Reagan	
	Sterling	
	Tom Green	
Gulf Bend MHMR Center	Calhoun	
	De Witt	
	Goliad	
	Jackson	
	Lavaca	
	Refugio	
	Victoria	
Lakes Regional Mental Health and Mental Retardation Center d\b\ a Lakes Regional Community Center	Camp	
	Delta	
	Franklin	
	Hopkins	
	Lamar	
	Morris	
	Titus	
Texoma Community Center	Cooke	
	Fannin	
	Grayson	
West Texas Centers for MHMR	Andrews	
	Borden	
	Crane	
	Dawson	
	Fisher	

OE NO. HHS0010736
EXHIBIT H - SERVICE AREAS AND LOCATIONS

	Gaines	
	Garza	
	Glasscock	
	Howard	
	Kent	
	Loving	
	Martin	
	Mitchell	
	Nolan	
	Reeves	Reeves
	Runnels	
	Scurry	
	Terrell	
	Terry	
	Upton	
	Ward	
Winkler		
Yoakum		

Urban		
Local Mental/Behavioral Health Authority	Counties	Select (x)
Andrews Center Behavioral Healthcare System	Henderson; Rains; Smith; Van Zandt; Wood	
Bluebonnet Trails Community MHMR Center d\b\ a Bluebonnet Trails Community Services	Bastrop; Burnet; Caldwell; Fayette; Gonzales; Guadalupe; Lee; Williamson	
Border Region MHMR Community Center	Jim Hogg; Starr; Webb; Zapata	
MHMR Authority of Brazos Valley	Brazos; Burleson; Grimes; Leon; Madison; Robertson; Washington	
Burke Center	Angelina; Houston; Jasper; Nacogdoches; Newton; Polk; Sabine; San Augustine; San Jacinto; Shelby; Trinity; Tyler	
The Center for Health Care Services, Bexar Co. MHMR Center	Bexar	
Central Counties Center for MHMR Services	Bell; Coryell; Hamilton; Lampasas; Milam	
Sabine Valley Regional MHMR Center d\b\ a Community Healthcore	Bowie; Cass; Gregg; Harrison; Marion; Panola; Red River; Rusk; Upshur	
Denton County MHMR Center	Denton	
El Paso MHMR d\b\ a Emergence Health Network	El Paso	
The Gulf Coast Center	Brazoria; Galveston	
The Harris Center for Mental Health and IDD	Harris	
Heart of Texas Region MHMR Center	Bosque; Falls; Freestone; Hill; Limestone; McLennan	

OE NO. HHS0010736
EXHIBIT H - SERVICE AREAS AND LOCATIONS

Helen Farabee Centers	Archer; Baylor; Childress; Clay; Cottle; Dickens; Foard; Hardeman; Haskell; Jack; King; Knox; Montague; Stonewall; Throckmorton; Wichita; Wilbarger; Wise; Young	
Hill Country Community MHMR d\b\ a Hill Country MHDD Centers	Bandera; Blanco; Comal; Edwards; Gillespie; Hays; Kendall; Kerr; Kimble; Kinney; Llano; Mason; Medina; Menard; Real; Schleicher; Sutton; Uvalde; Val Verde	
Austin-Travis County MHMR d\b\ a Integral Care	Travis	X
Collin County MHMR Center d\b\ a LifePath Systems	Collin	
Nueces County MHMR Community Center d\b\ a Behavioral Health Center of Nueces County	Nueces	
North Texas Behavioral Health Authority	Dallas; Ellis; Hunt; Kaufman; Navarro; Rockwall	X
Pecan Valley MHMR Region d\b\ a Pecan Valley Centers	Erath; Hood; Johnson; Palo Pinto; Parker; Somervell	
Permian Basin Community Centers for MHMR d\b\ a Permiacare	Brewster; Culberson; Ector; Hudspeth; Jeff Davis; Midland; Pecos; Presidio	
Spindletop MHMR Services d\b\ a Spindletop Center	Chambers; Hardin; Jefferson; Orange	
Lubbock Regional MHMR Center d\b\ a Starcare Specialty Health	Cochran; Crosby; Hockley; Lubbock; Lynn	
MHMR of Tarrant County	Tarrant	X
Texana Center	Austin; Colorado; Fort Bend; Matagorda; Waller; Wharton	
Texas Panhandle MHMR	Armstrong; Carson; Collingsworth; Dallam; Deaf Smith; Donley; Gray; Hall; Hansford; Hartley; Hemphill; Hutchinson; Lipscomb; Moore; Ochiltree; Oldham; Potter; Randall; Roberts; Sherman; Wheeler	
Tri-County Behavioral Healthcare	Liberty; Montgomery; Walker	
Tropical Texas Behavioral Health	Cameron; Hidalgo; Willacy	

OE NO. HHS0010736
EXHIBIT H - SERVICE AREAS AND LOCATIONS

Applicant must provide a list of each service location

[illegible]

SUBCONTRACTORS INFORMATION

Name of Subcontractors	Business Structure (Type of Entity).	DBA	Texas County	Physical Address/Mailing Address	Contact Phone #	Contact Email	H U D	Services
Dennis Charles Swanson			TARRANT	8601 Las Vegas Court apt 2121 Fort Worth Tx 7616	817- 210- 8620	dswanson@christabelllc.co		Psychosocial
Diana Ndwiga	Limited Liability Company	DMN Adult Living	TARRANT	5651 Greenbriar Drive Fort Worth Texas76065	469- 213- 9972	ndwiga@christabelllc.co		Supervised Living
Diana Ndwiga	N/A	N/A	TARRANT	5651 Greenbriar Drive Fort Worth Texas76065	469- 213- 9972	ndwiga@christabelllc.co		Registered Nurse
Rashida Erika Cooper	Limited Liability Company	Carla James Residential Care Home	TARRANT	310 Christopher Circle Murphy, TX 75095	469- 406- 9815	rcooper@christabelllc.co		Supervised Living
Yvette Amador	Incorporation	Assured Living Center	TARRANT	9300 Aubree Court Fort Worth, Tx 76124	972- 815- 6808	yamador@christabelllc.co		Supervised Living
Keary Atkinson	Limited Liability Company	Kinship Place	TARRANT	4436 Arborwood Tail, Fort Worth, TX 76123	817- 298- 6533	katkinson@christabelllc.co		Supervised Living
Keary Atkinson	N/A	N/A	TARRANT	4436 Arborwood Tail, Fort Worth, TX 76123	817- 298- 65-33	katkinson@christabelllc.co		Registered Nurse
Mary Willrich	Sole Proprietor	Miraculous Haven	TARRANT	4135 Timber Vista Drive, Burleson Tx, 76028	817- 797- 6107	mwillrich@christabelllc.co		Supervised Living
Saprina Winbush	Incorporation	Morning Starr new beginnings	DALLAS	1242 April Showers Ln, Lancaster Tx, 75134	469- 236- 4913	swinbush@christabelllc.co		Supervised Living

Timothy Hankins			DALLAS	1431 Acapulco Drive, Dallas Tx 75232	214- 545- 7649	thankins@christabelllc.co		Supervised Living
Margret Adeyemi		Mojicare	DALLAS	338 Hastings Drive, Cedar Hill Tx, 75104	214- 563- 8979	madeyemi@christabelllc.co		Supervised Living
Jack Brown	Limited Liability Company	Peer 2 Peer whole wellness	TARRANT/DALLAS	334 Cardinal Creek Drive Duncanville, Tx 75137	214- 710- 5582	jbrown@christabelllc.co		Peer Support
Loraine Moffett	N/A	N/A	DALLAS	3506 Jugde Dupree Dr. Dallas Tx, 75241	214- 796- 8107	lmoffett@christabelllc.co		Psychosocial
Zundra Dilworth	N/A	N/A	TARRANT	3020 Fransiscan Drive, Apt. 1017 Arlington Tx, 76015	469- 658- 6921	zd.coilworth@christabelllc.co		Psychosocial
Kerina Kalteborn	Limited Liability Company	Let's Talk Success	DALLAS	545 Cumberland Dr. Allen Tx, 75002	972- 891- 2225	kkalteborn@christabelllc.co		Psychosocial
Gayle Washington	N/A	N/A	DALLAS	3013 Avenue K Fort Worth Tx, 76105	817- 350- 5014	gWASHINGTON@christabelllc.co		Substance Use Disorder
Jan L. Birks	Profession al Limited Company	JBIRKSCONSU LTING	TARRANT/ DALLAS	2025 Langston St Fort Worth Tx, 76105	817- 770- 6937	jbirks@christabelllc.co		Substance Use Disorder
Kenneth Grant	N/A	N/A	TARRANT/DALLAS	4634 Tacoma Street, Dallas Tx, 75216	214- 296- 7602	kgrant@christabelllc.co		Peer Support
Maurice Carrington	N/A	N/A	TARRANT	2713 Maple Brook Ct, Bedford Tx, 76103	512- 773- 8535	mcarrington@christabelllc.co		Psychosocial
Trendolyn Davies	N/A	N/A	DALLAS	325 Post Oak Drive, Grand Prairie Tx, 75050	469- 226- 1769	tdavies@christabelllc.co		CPST

Thelma Foster	N/A	N/A	TARRANT	3337, Raleigh Drive Fort Worth Tx, 76123	817-832-8862	tfoster@christabelllc.co		CPST
Sharon Gillum	Limited Liability Company	Real Comfort Living	TRAVIS	9894 Bissonnet St Ste 421, Houston, Tx, 77036	281-923-6119	admin@realcomfortliving.com		Supervised Living
Yvonne Garcia-Johnson	N/A	N/A	TRAVIS	2235 Lotus Blossom, San Antonio Tx, 78217	210-274-8958	ygarcia@christabelllc.co		Psychosocial
Yagya Paul Bimali	N/A	N/A	TRAVIS	607 Screech Owl Drive Pflugerville, Tx, 78660	510-710-4342	ybimali@christabelllc.co		Registered Nurse
Julia Hayes	N/A	N/A	DALLAS/TARRANT/TRAVIS	6467 Lochside View, Colorado Springs, CO 80927	915-222-6964	jhayes@christabelllc.co		Quality improvement management

AH 1558951A
Renewal of Number

POLICY DECLARATIONS

No. AH 1558951B

United States Liability Insurance Company
1190 Devon Park Drive, Wayne, Pennsylvania 19087
A Member Company of United States Liability Insurance Group

Customer Copy
Direct Bill Policy

NAMED INSURED AND ADDRESS:

CHRISTABEL LLC
2704 WATERWAYS DR
GRAND PRAIRIE, TX 75054

POLICY PERIOD: (MO. DAY YR.) From: 09/09/2021 To: 09/09/2022

12:01 A.M. STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS:

BUSINESS DESCRIPTION: Home healthcare and case management

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE
WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
Commercial Liability Coverage Part	\$594.00
Professional Liability Coverage Part	\$2,837.00

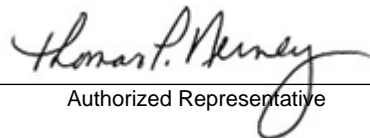
TOTAL:	\$3,431.00
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Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue
See Endorsement EOD (1/95)

Agent: GATEWAY SPECIALTY INSURANCE (1819)
1170 Devon Park Drive
Wayne, PA 19087

Issued: 09/08/2021 11:47 AM

Broker: Financial Colors Property & Casualty

By: 
Authorized Representative

UPD (08-07)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS,
COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF,
COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. AH 1558951B

Effective Date: 09/09/2021

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to multiple coverage parts

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG2170	01/15	Cap On Losses From Certified Acts Of Terrorism
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
Jacket	07/19	Policy Jacket
L 728 AH	04/10	Limits Of Insurance Under Multiple Coverage Forms
L TX	06-11	Texas State Amendatory Endorsement
LLQ100	07/06	Amendatory Endorsement
LLQ368	08/10	Separation Of Insureds Clarification Endorsement
RM TX Notice	03/19	Notice to Policyholders - Texas
TRIADN	12/20	Disclosure Notice of Terrorism Insurance Coverage
TX NOTICE USLI	07/20	Important Notice

The following forms apply to the Commercial Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG0103	06/06	Texas Changes
CG2107	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2109	06/15	Exclusion - Unmanned Aircraft
CG2147	12/07	Employment-Related Practices Exclusion
CG2170	01/15	Cap On Losses From Certified Acts Of Terrorism
CG2404	05/09	Waiver Of Transfer Of Rights Of Recovery Against Others To Us
IL0168	03/12	Texas Changes - Duties
IL0275	11/13	Texas Changes - Cancellation and Nonrenewal Provisions for Casualty Lines and Commercial Package Policies
L 703DWL	12/15	Molestation or Abuse Insurance (Defense Inside Limits)
L 795	01/15	Exclusion - Live-In And Overnight Services
L TX	06-11	Texas State Amendatory Endorsement
L-232s	09/05	Classification Limitation Endorsement
L-514 TX	02/18	Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Liability
L-549	12/07	Absolute Professional Liability Exclusion
Notice-Unmanned Aircraft-GL	05/16	Advisory Notice To Policyholders
RM TX Notice	03/19	Notice to Policyholders - Texas
TX NOTICE USLI	07/20	Important Notice

The following forms apply to the Professional Liability coverage part

EXTENSION OF DECLARATIONS

Policy No. AH 1558951B

Effective Date: 09/09/2021

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
AH	04/10	Allied Healthcare Professional Liability Coverage Form
AH-205 TX	05/12	Retroactive Date Endorsement
AH-211	04/10	Independent Contractor Endorsement
AH-226	06/15	Patient Molestation Or Abuse Exclusion
AH-227	01/15	Live-In/Overnight Services Exclusion
AH-TX	02/11	Texas State Amendatory Endorsement
L TX	06-11	Texas State Amendatory Endorsement
RM TX Notice	03/19	Notice to Policyholders - Texas
TX NOTICE USLI	07/20	Important Notice

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. AH 1558951B

Effective Date: 09/09/2021
12:01 STANDARD TIME

LIMITS OF INSURANCE

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Included
General Aggregate Limit	\$3,000,000
Allied Health Abuse Molestation Each Claim Limit	\$50,000
Allied Health Abuse Molestation Aggregate	\$100,000

LIABILITY DEDUCTIBLE \$0

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Location	Address	Territory
1	2704 Waterways Dr, Grand Prairie, TX 75054	001

PREMIUM COMPUTATION

Loc	Classification	Code No.	Premium Basis	Rate		Advance Premium	
				Pr/Co	All Other	Pr/Co	All Other
1	Terrorism Coverage	08811	1.00% of prem. (\$588)				\$6
1	Waiver of Rights of Recovery	49956	1 Person Or Organization	Included	50.000	Included	\$50
1	Home Health Aide (non-medical)	73719	24 Per Professional	Included	22.400	Included	\$538
1	Abuse and Molestation Liability - Allied Health	41793	36 Per Unit	Included	0.000	Included	Included
MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:							\$206
TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:							\$594
MP - minimum premium							

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Form EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

PROFESSIONAL LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

No. AH 1558951B

Effective Date: 09/09/2021

12:01 AM STANDARD TIME

Professional Liability

LIMITS OF LIABILITY:	\$1,000,000	EACH CLAIM
	\$3,000,000	ANNUAL AGGREGATE
DEDUCTIBLE:	\$0	EACH CLAIM
PREMIUM:	\$2,837	
RETROACTIVE DATE:	09/09/2019	

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:
See Endorsement EOD (01/95)

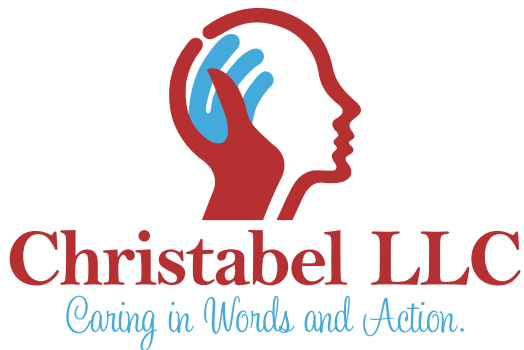
THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Solicitation Number :OE NO. HHS0010736

Public Information Act Copy of Application– N/A (This page intentionally left blank as does not apply)

OE NO. HHS0010736
APPENDIX A – CHECKLIST FOR SUBMISSION

#	Document Title	Check
1	Exhibit A – Affirmations and Solicitation Acceptance	✓
2	OE Addenda, if applicable	N/A
3	Exhibit C – Assurances Non-Construction Programs	✓
4	Exhibit D – Certification Regarding Lobbying	✓
5	Exhibit E – Attachment 2 (Security and Privacy Initial Inquiry Form)	✓
6	Exhibit F – Contact Person Information Form	✓
7	Minimum Qualifications	✓
8	Exhibit G – HCBS-AMH Service Plan	✓
9	Organizational Chart	✓
10	Company Information	✓
11	Notice of Criminal Activity	✓
12	Notice of Insolvency or Indebtedness	✓
13	Exhibit H – Service Areas and Locations	✓
14	Subcontractor Information	✓
15	Insurance	✓
16	Public Information Act Copy of Application, if applicable	N/A



Home and Community - Based Services Adult Mental Health Policies & Procedures

Emergency Preparedness & Response Plans: 12/8/2024

An emergency is defined as any unforeseen event that threatens clients', employees', or service providers' safety & well-being and suddenly disrupts operational activities of the HCBS-AMH program and poses to have a negative impact on the participants of the program. Christabel LLC has designated its Clinical Care Coordinators to act as the agency's disaster coordinators, while the program supervisor, the program manager, the alternate administrator, and the administrator will provide back-up support to the Clinical Care Coordinators during any emergency situations. Business operation plans during an emergency will entail all client services which are essential to the well-being of program participants. Emergency financial needs will be assessed, and funds will be taken from the company assets, company savings, and any governmental financial assistance to mitigate the effects of the disaster. Caregivers are critical personnel and will be highly supported during an emergency. The management of Christabel LLC will hold daily meetings during the emergency to assess the situation and discuss how to return to normal operations as quickly as possible.

Disaster-related news and information will be monitored by the management of Christabel LLC through the Health and Human Services Commission (HHSC), local news outlets, national news, Federal Emergency Management Agency (FEMA), and the Center for Disease Control (CDC). The management of Christabel LLC will be on call to receive warnings of imminent or occurring disasters during the weekends, holidays, and after operation hours.

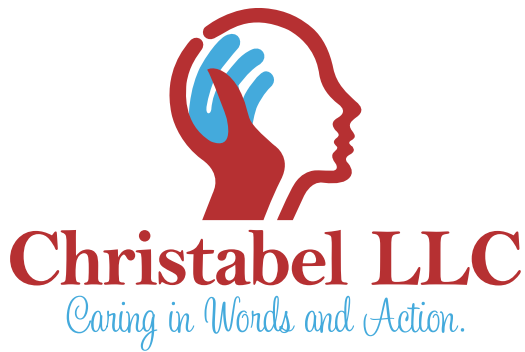
RISK ASSESSMENT: As a home and community support service agency, Christabel LLC identified risks such as (i) Slips, trips, and falls; (ii) Acute declination in client's medical or physical stability; (iii) Caregiver shortage; (iv) Identifying clients in need of assistance during an emergency evacuation; (v) Communication modes and procedures; (vi) Adequacy of staff and backup staff during an emergency; (vii) Ease of access to client's information during an emergency; (viii) Access to essential community resources during a disaster; (ix) Caregiver and client training; (x) Caregiver burnout; (xi) Building an emergency kit with food, water, medicines, and other essential needs that can last for two (2) weeks.

- **SLIPS, TRIPS AND FALLS:** Clients and caregivers can experience a slip, trip, and fall when there is a loss of traction between their foot and the floor surface which may be due to a wet floor, obstructive object on the passageway, or inattention on the part of the caregiver or client. Christabel LLC will ensure there are no obstructions limiting clients and caregivers' mobility

at the supervised living homes. At least, one home will be equipped with environmental adaptations for wheelchair access. A registered nurse will conduct a fall risks assessment on each of the clients and make recommendations to the management of Christabel LLC. These recommendations will be acted upon immediately. Training will be provided to caregivers upon hire on how to always maintain clients' and staff safety at the home. Whenever a fall with impact is reported or observed, Emergency Medical Services will be called to assess and evaluate. For falls without impact, a registered nurse will assess and evaluate the client(s) involved.

- **ACUTE DECLINATION IN CLIENT'S MEDICAL OR PHYSICAL STABILITY:** Participants of the HCBS-AMH program are deemed medically stable to live in the community. In the event that a client experiences a decline in his/her medical stability, an Emergency Medical Services (EMS) will be called and allowed to assess the client and make determinations based on their assessment. In the event of changes in client's physical stability EMS will also be called and allowed to assess and make determinations. During a local, regional or national disaster when access to EMS services may not be readily available, all employees and staff of Christabel LLC will be available to transport any distressed client(s) to the hospital for emergency care.
- **CAREGIVER SHORTAGE:** Shortages of caregivers may be experienced during a local, regional, or national disaster. Whenever there are shortages and effort to employ new caregivers is not fruitful, the management of Christabel LLC will immediately contract with some staffing agencies and bring emergency temporary caregivers onboard. In the event that emergency temporary staffing agencies are not able to supply Christabel LLC with caregivers, the management of Christabel LLC will temporarily shut down the supervised living home that has no caregivers and move the clients to the homes with caregivers. Management staff will also be on ground to provide immediate assistance and support to any home that is stretched beyond its usual capacity. Subcontractors' services will also be employed and utilized to the maximum extent allowable on the clients' Individual Recovery Plans (IRP).
- **IDENTIFYING CLIENTS IN NEED OF ASSISTANCE DURING AN EMERGENCY EVACUATION:** A registered nurse will identify the clients who may have a physical, medical or mental condition and may need evacuation assistance during an emergency. For local, regional, and national emergencies, the management of Christabel LLC will convene an emergency meeting with its subcontractors who are registered nurses and identify community partners and resources available to mitigate the effects of the disaster(s). Clients that need evacuation assistance will be evacuated first, followed by the clients who are physically, medically, and mentally capable of following the evacuation plan placed at the supervised living homes. Clients' triage during a disaster will be done by a registered nurse who may be present onsite or through telehealth.
- **COMMUNICATION MODES AND PROCEDURES:** Clients and employees will be trained on the mode of communication and the procedure to follow during an emergency. In the event of an emergency, internal directives will ONLY be given by the program manager in a clear and concise manner. All external directives will also be channeled through the program manager. Verbal communication is the ONLY mode of communication that is adopted by Christabel LLC for the management of any emergency situations. There shall be no ambiguity in the directives given by the program manager and all the receivers of the directives.

- **ADEQUACY OF STAFF AND BACKUP STAFF DURING AN EMERGENCY:** Caregivers' role in the provision of HCBS-AMH services is an essential one. Christabel LLC will ensure there are enough caregivers to provide care and support to our HCBS-AMH participants living in our supervised living homes. Host home providers will also be given support to provide safety and assistance to the client under their care. In the event of caregivers' shortages during a disaster, Christabel LLC will use a third-party staffing agency to provide caregivers for HCBS-AMH participants in the homes.
- **EASE OF ACCESS TO CLIENT'S INFORMATION DURING AN EMERGENCY:** Employees and staff of Christabel LLC will use the Clinical Management for Behavioral Health Services (CMBHS) to retrieve client's information that is not readily available in the client's binder at the supervised living home. A biographic face sheet containing pertinent client information will be provided to EMS upon arrival at the supervised living during a disaster. The house manager (Caregiver) will immediately report the occurrence of the emergency event to the program manager and document a detailed account in the shift note.
- **ACCESS TO ESSENTIAL COMMUNITY RESOURCES DURING A DISASTER:** Availability of community resources is an integral part of emergency management. Christabel LLC will access every form of resources made available by private individuals, local agencies, the state of Texas, or any other governmental agencies to mitigate the negative effects of a disaster.
- **CAREGIVERS AND CLIENTS TRAINING:** Disaster management training will be provided to the employees especially the various house managers who are in direct contact with the clients most of the time. Clients will be trained on the evacuation plan. There will be periodic disaster preparedness training provided to the clients at regular intervals by the service providers. Exit routes and gathering areas will be communicated to the clients during these therapeutic meetings. Employees will be trained on the appropriate actions to be taken in each phase of emergency planning which include mitigation, preparedness, response and recovery.
- **CAREGIVER BURNOUT:** Christabel LLC will provide and encourage its caregivers to take breaks, reduce stress, make time for self-care, and take care of their health. The company will ensure there are backup employees to help out at the supervised living homes at all times. Caregivers are an essential part of the HCBS-AMH service provision, and their well-being and safety will be supported by Christabel LLC.
- **BUILDING AN EMERGENCY KIT WITH FOOD, WATER, MEDICINES AND OTHER ESSENTIAL NEEDS THAT CAN LAST FOR TWO (2) WEEKS:** As part of the emergency plan at Christabel LLC, two weeks' worth of food, water, medications, comfort wears and any other essential needs will be stocked up in advance of any local, regional or national emergencies. Management of Christabel LLC will also connect with community resources to ensure unhindered access to these essential needs. Daily inventory will be taken to assess the adequacy of the stored items and the need for more supplies.



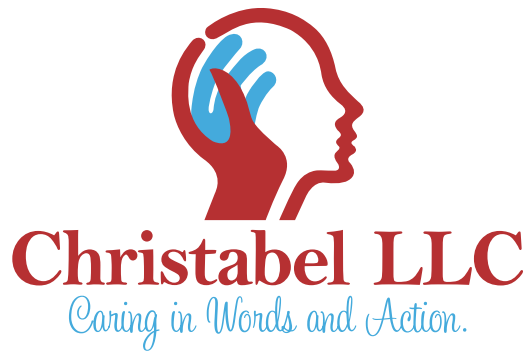
Addendum to Policies & Procedures

Policy on Data Entry into CMBHS

This policy is part of the service agreement to provide Home and Community-Based Services Adult Mental Health (HCBS-AMH) on behalf of Christabel LLC. All staff and subcontractors of Christabel LLC who have the privilege to use the State-sponsored electronic record system, Clinical Management for Behavioral Health Services (CMBHS), to access clients' information and for the documentation of progress notes must do so in a manner that preserves the integrity of the information and protects the confidentiality of the clients. Documentation of services rendered must be accurate and complete.

Falsification of electronic data entered in CMBHS shall have consequences. All staff and subcontractors should double-check their documentation for accuracy and completeness before saving them as closed complete. Information entered in the CMBHS cannot be deleted, therefore the need for high consciousness and absolute focus during documentation. In the event of documentations which are fraudulent or intentionally misleading, service providers will be held legally answerable and such malpractice will be reported to the licensing board of the service provider and/or to the Office of the Inspector General (OIG). Service provider who entered such falsified information will be separated from Christabel LLC immediately.

Service description and the place of service must be accurate, and the time of service should not overlap with any other services. It is mandatory for all service providers to sign in and out at the supervised living. Nurses should always use HHAexchange EVV system to clock in and out of client's residence effective from October 1, 2024.

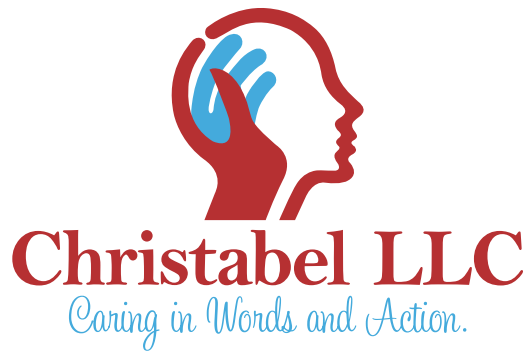


Addendum to Policies & Procedures

Policy on Hand-Off Communication of Participant's Status Change Among Service Providers

This policy is part of the service agreement to provide Home and Community-Based Services Adult Mental Health (HCBS-AMH) on behalf of Christabel LLC. Timely and effective communication among service providers plays a great role in the recovery of the clients we are privileged to serve; therefore, service providers should use appropriate type(s) of communication to manage clients' behavior, develop the plan of care, and manage their day-to-day service delivery.

The staff and subcontractors at Christabel LLC communicate via phone calls, video conferencing, audio conferencing, emails, written notes, and text messaging. Whatever may be the choice of communication we use, it should be done in a way to protect the client's privacy. Whenever there is a change in the client's status or an interruption to the client's services, the staff or subcontractor who gets to know of the information first must share such information with the rest of the client's team immediately without any delays. Only the initials of client's first name and last name are allowed in text messaging. Communications should be made in a manner that may not be construed by others as harassing or offensive based on race, sexual orientation, age, disability status, national origin, religious affiliation & beliefs, or any other characteristics protected by federal, state, or local laws. All information about a client, their medications, or their condition is confidential and must not be revealed to anyone who has no professional needs to know. All communications about the clients must be handled in a professional and respectful manner. Clients' privacy and confidentiality should be made as important as the information we are communicating.



Notice of Updated Policy on Client Safety

12/10/2023

Notice of Updated Policy on Client Safety.

HHSC requested that all direct care staff working with our clients be made aware of Christabel LLC's updated policy on client safety. Please, read and acknowledge your understanding of this policy by signing below.

CARE BY HOUSE MANAGER/DIRECT CARE STAFF

House Manager/Direct Care Staff working for Christabel LLC or its Subcontractors shall act as Chaperone, looking over and monitoring client's stability, have meals offered and ensure the overall safety of clients. He/She shall act as a support person to advise and encourage clients to make choices that foster their recovery and overall well-being. Direct Care Staff cannot force clients to do anything. In the event that a client is observed un-arousable, or in a deep sleep, direct care staff shall immediately notify the supervisor, manager, or administrator of Christabel LLC and also inform the client's recovery manager at the same time. An unarousable, or disoriented, client shall never be left alone unattended. In the event that a client ingests a harmful/chemical substance, Direct Care Staff shall call 911 immediately for assessment and care. Direct Care Staff shall ensure safety of clients and their environment at all times.

Name: _____

Signature: _____

Date: _____