**The Twelve of Southwest Virginia, LLC**

***A Clinically Managed Low Intensity Residential Home***

**3.1**

**Program Policies and Procedures**

**2020**

**Policy and Procedure Manual**

**POLICY**

The Twelve, LLC, Low Intensity Clinically Managed Residential Facility, hereafter referred to as The Twelve shall maintain a policy and procedures manual governing service operations. Regular reviews of The Twelve Recovery Program operations manual shall be conducted with staff at all levels. Staff shall have the opportunity to make recommendations for additions, deletions and revisions. The operations manual shall be accessible to all staff and volunteers.

PROCEDURES

* The regular review of the operations manual shall be conducted by the Medical Director and the Clinical Director.
* The Medical Director and the Clinical Director shall amend and/or approve the manual by December of each year.
* Any changes made throughout the year shall be communicated, in writing, to the Medical Director and the Clinical Director.
* A complete, current copy of the manual shall be available to all staff and volunteers.
* The master copy will be maintained at the facility's Outpatient Treatment Program's office.
* The Twelve Recovery shall employ a program planning system to focus on long-range goals. The system shall be reviewed and updated regularly, culminating in an analysis of the previous year's activity, results and events. This material shall be used for the agency’s evaluation report.

Purpose: Specification Compliance with Virginia Department of Mental Health and Substance Abuse Services Requirements

* The Twelve Recovery shall maintain a current set of program policies and procedures specifying guidelines for program operation, treatment practice and professional conduct.
* The Twelve Recoveryshall make available for audit and review complete copies of client records
* The Twelve Recovery shall maintain and make available for audit the progress notes for each client in the program
* The Twelve Recovery shall make available access to staff employment records for purposes of program oversight and review
* The Twelve Recovery shall make available as a matter of public record the policies and procedures of the program.

**Program Purpose**

The primary purpose of The Twelve, LLC is:

* + To provide effective, affordable treatment to persons with substance abuse disorders including co-occurring disorders.
	+ To utilize evidence-based treatment methods and qualified staff, in order to promote recovery for the individual,
	+ To advance the safety and well-being of the community; and to engage treatment professionals, students and educators in ongoing efforts to promote and improve the treatment and prevention of substance abuse.

Our view is that, at the core, people are good, but the disorder causes them to think and act in ways which are destructive to themselves and others. There tends to be deficits in all or some of the following areas; cognitive and behavioral, perceptual, emotional, social, and coping strategies.

The view of recovery is a total change in lifestyle and image. It is a form of developmental learning that takes place within a social context of self-help and mutual and reciprocal concern. It is not something that is “given” to the person in treatment, or something the person “gets”. Recovery is a process, not an event. This clinically managed residential setting can help initiate lifestyle and image change, and then it is up to the individual to use the tools he has learned to continue his recovery.

The view of Recovery is designed to apply in all life areas. These include truth and honesty in word and deed; living in the “here and now”; acceptance of personal responsibility for one’s destiny; living by a clear moral code; social responsibility (you are your brother’s keeper); and the value of hard work and excellence. In this approach, the inner person is seen as basically “good”, although his thoughts, feelings, perceptions, and actions may be maladaptive. The Twelve treatment approach uses the values of right living which it believes is an effective tool for personal change.

1. **Truth and Honesty** (in word and deed): telling the truth, even when it hurts. Honest not just with others, but with ourselves.
2. **Work Ethic**: the value of hard work; doing what needs to be done with excellence; a personal commitment in effort.
3. **Necessity of Earning Privileges and Rewards**: being willing to prove you have the maturity not to abuse privileges or rewards; having an attitude of humility, not entitlement.
4. **Value of Learning**: trying to educate yourself in all areas of your life; being open to advice from others, and being willing to better yourself in any way possible.
5. **Personal Accountability**: owning up to what you have done without becoming defensive; taking full responsibility for all your thoughts, feelings, perceptions and actions.
6. **Economic Self-Reliance**: learning to budget; living within your monetary means; supporting yourselves without depending on others.
7. **Responsible Concern toward Peers and Family**: being concerned for the welfare of others; being willing to go the extra mile in helping others; being willing to confront others out of care and concern; being responsible for and accountable to your community and family.
8. **Community Involvement**: being an active part of your community, participating in community functions, and initiating action when needed.
9. **Good Citizenry**: obeying the rules and laws of your community and the larger society; doing what is right, even if it’s uncomfortable.

10 **Thoughtfulness, Compassion & Empathy:** to be respectful toward others; to be supportive of others without enabling; to be able to identify how our actions can impact others.

Behaviors are addressed first within the residential setting looking at the choices one makes and the impact on self and on others. House meetings and inhouse support groups are designed to raise awareness. As residents become behaviorally compliant, they are more able to address other issues such as emotional management, cognitive thinking errors, and social development. New residents may have difficulty with change. The inherent structure and processes of the community are designed to help residents learn the importance of increasing their tolerance for change because change is the only certainty in life. Residents gradually learn *how* to learn, and value learning as a way of coping with life. One’s peers can be one of the biggest resources for change, learning and support, and building a relationship with the community one lives in, while applying the tools of recovery, can be both enriching and rewarding for all concerned. Sustained change must happen in freedom and it is he goal of The Twelve Recovery House to provide a safe, compassionate, structured environment for restoration and renewal.

**Program Description and Clientele**

Addiction is a disease and a disorder which affects the entire person, his family and the community in which he lives. The view of the disorder is not seen as just a problem with substance abuse, but a disorder of the whole person and the substance abuse is often merely a symptom. People entering residential care have some immediate needs, generally health and life crisis, but resolution of these is only the beginning, not the end. While The Twelve’s view of this disorder supports total abstinence and recognizes the physical manifestation of addiction, it also challenges and addresses the continuum of care that is involved in treating the whole person, the family and the community.

* The program access is restricted to clients, staff and interns of The Twelve Recovery and of Anderson and Associates, LLC in Roanoke, VA.
* The Twelve Recovery serves adults aged 18 and up. It does not serve women with children.
* The program provides office space and treatment settings in a residential environment.
* The program provides secure, locked storage space for client records and for urine drug screens.
* Client confidentiality is maintained by virtue of record security and restricted program access and specialized access to an Electronic Medical Records (EHR) System, RXNT.
* Major co-occurring disorders requiring medication will be handled in house by trained staff or will be referred to local psychiatrists or to Connect or Respond should hospitalization be indicated: all other co-occurring disorders identified by staff will be handled in individual sessions and discussed with supervisors and consultant.

**210.** – **Fiscal Accountability**

 A. All financial arrangements will be based om an established line of credit with a constant prudent reserve adequate to ensure 90 days of ongoing operations. The amount will be based on a working budget showing projected annual revenue and expenses.

 B. The Twelve Recovery will utilize Boitnott and Schaben CPA’s, LLC, to prepare:

1.An operating statement showing revenue and expenses for the prior year

2. A balance sheet showing assets and liabilities for the prior year.

 C. There will be a system of checks and balances utilized by the medical Director and the Clinical Director separately to oversee incoming and outgoing monies in order to minimize theft and/or opportunities for embezzlement.

 D. Fiscal management will ultimately be the responsibility of Boitnott and Schaben,CPA,LLC

 The Twelve Recovery will not hold any cash on the premises. All insurance payments or monies collected will be transacted at the main outpatient office at 706 Campbell Avenue, Roanoke VA. 24016. Anderson & Associates, LLC will maintain office desk keys and monies in a digital safe. All payments are recorded in an EHR.

**220. 1, 2, 3, 4** – **Indemnity Coverage**

 Anderson & Associates, LLC and The Twelve Recovery, LLC will have Indemnity Coverage to include: general liability, professional liability, commercial liability and property damage through HPSO.

 Indemnity Coverage

**230** – **Fee Schedule**

 Initial Therapy Assessment: $125.00

 Psychiatric Intake: $280.00

 Follow-up Psychiatric Session: $90.00

 Group Counseling Session: $60.00

 Individual Counseling Session: $100.00

 Intensive Outpatient per billing unit (3 hours of group equals one unit): $250

 Daily Residential Rate per billing unit:$175 per day

 Out of pocket Residential Rate:

**240.A** – **Policy on Funds of Individuals Receiving Services**

 Individuals who are working will be helped to set up bank accounts with the goal of saving 75% of their earnings toward establishing autonomy in the community. B. Each resident will develop and manage a weekly budget with staff and all monies will be accounted for and any excess turned back in at the end of the week. Program staff will maintain a financial ledger which will be reviewed monthly by the Program Director.

C. A surety bond will be secured in order to assure security of residents’ monies.

 Financial Information Form

**260** – **Building Inspection and Classification**

Certificate of Occupancy

**265 Floor Plans**

Floor Plan

**270 A,B -Building Modifications**

If and when the building is under construction, there will be a visible building permit to all employees and clients. Necessary safety precautions and guidelines will be carried out by the licensed construction company that will be providing the construction services. All employees will receive email and verbal notification of the dates and details of the construction that will be taking place; along with specific instructions if their job responsibilities will be impacted. There will also be a notice posted in the visibility of all clients in regard to the dates of the construction. If modifications are made to the building, a written safety plan will be submitted to the office of licensing.

**280-** **Physical Environment**

1. The physical environment will be appropriate for the services being rendered and will be in compliance with city codes. The structure, lighting and furnishings will be conducive to residential living and a shared community.
2. The physical environment will be handicap accessible.
3. The physical environment shall be well maintained, odor free, ad above all, safe.
4. All floor surfaces will be well maintained and will allow for ease and mobility.
5. The physical environment shall be well ventilated at all times with regular maintenance on all HVAC systems and with the temperature set between 65degrees and 80 degrees Fahrenheit.
6. The hot and cold-water systems will be regulated and in compliance with code.
7. Indoor lighting will be sufficient for all designated activities and outdoor lighting will be conducive for safety especially around entrances and parking lots.
8. Garbage including recycling shall be in compliance with city codes and with hygiene guidelines.
9. Smoking will only be allowed outside in designated smoking areas. These areas will be kept clean and well maintained.

**290 Food Service Inspection**

 This section does not apply to community residential homes

**300** **Sewer and Water Inspections**

This service location is on a public water and sewage system.

 Report from Building Inspector

**310** – **Weapons Policy**

 The use and/or possession of firearms, pellet guns, air rifles and other weapons on The Twelve premises is strictly prohibited. Regardless of possession of a concealed weapons permit, or if an individual is allowed by law to possess a weapon, weapons are prohibited on The Twelve property. Employees or clients who violate this policy will be subject to disciplinary actions, up to and including employment termination or program discharge.

**320-Fire Inspections**

 The Twelve shall supply documentation at the time of original application, that buildings and equipment are maintained in accordance with the Virginia Statewide Prevention Code. This documentation will be updated annually.

**325- Community Liaison**

 The residential director will be assigned the task of community liaison and shall be responsible for facilitating cooperative relationships with neighbors, local law enforcement, local government officials and the community at large.

**330-Beds**

The number of beds will always be in compliance with regulations as set forth by licensing guidelines.

**340- Bedrooms**

**A.** 1. Single occupancy rooms shall have no less than 80 square feet of floor space

 2. Multiple occupancy rooms shall have no less than 60 square feet of floor space per individual

**B.** There will be no more than four (4) individuals per room

**C.** Each individual will be provided with a wardrobe or closet for personal storage of clothing and personal belongings.

**350- Condition of Beds**

All beds shall be maintained and provided with a mattress, pillow, blankets and bed linens. The residents will be responsible as part of their treatment to wash their linens weekly as well as notify staff if there are any issues with their bed linens.

**360- Privacy A,B,C**

All bedrooms and bathrooms shall provide privacy. Bathrooms with more than one shower or toilet will be enclosed in stalls to provide privacy. There will not be any path to the bathroom which requires the induvial to travel through another bedroom.

**370- Ratio of Toilets, Basins, Showers or Baths**

 There will be one toilet, one basin, and one shower for every 4 individuals.

**380- Lighting**

The Twelve will have adequate lighting in all hallways and bathrooms at night.

**390- Confidentiality and Security of Personnel Records**

 Records in a personnel file are confidential to all except management. Personnel files should be stored in a locked cabinet or drawer with access appropriately limited. Employees are allowed access to their employee personnel files under the guidance and supervision of Human Resources staff. Employee personnel files are considered to be the property of the employer who has the responsibility to maintain and safeguard them.

 Confidentiality of electronic records will be ascertained by making sure that only authorized individuals have access to information. The process of controlling access—limiting who can see what—will be assured by establishing authorized users. The practice administrator will identify the users, determine what level of information is needed, and assign usernames and passwords. Basic standards for passwords include requiring that they be changed at set intervals, setting a minimum number of characters, and prohibiting the reuse of passwords.

 Employees with disabilities shall have their health-related information stored separately form personnel files.

**400 .A,B,C,D** – **Criminal Registry Check**

 Anderson & Associates will complete the Human Rights Policies and Procedures/Human Rights Affiliation process and register with the DBHDS Background Investigation Unity to initiate the Criminal Background Check process. All potential employees, contractors, students and volunteers of Anderson & Associates will be responsible for contacting the Virginia Department of Social Services to complete the Central Registry Check process. Background checks will be submitted within 30 days for new hires. New hires will be expected to inform hiring staff of any pending charges if a position s offered.

The Central Registry Search fee is $10.00 and the form below will be mailed to:

**Virginia Department of Social Services**

**Office of Background Investigations – Search Unit**

**801 East Main Street, 6th Floor**

**Richmond, VA 23219-2901**

**410 Job Descriptions**

**Program Director**

* Oversees of all aspects of the programs and facilities to ensure quality and initiate any quality improvement that may be necessary.
* Supervises weekly Treatment Team Meetings ensuring effective communication among team members, proper oversight of client service delivery and progress and ensuring that team approaches are utilized.
* Works closely with referring agencies marketing the program and building relationships with referrers.
* Recruits clinically competent and dually trained IOP Mental Health/ Substance Abuse clinicians to provide group and individual services to patients.
* Supervises IOP staff in the delivery of clinical treatment services and ensure timely documentation/billing, and treatment planning.
* Provides for the adequate and ongoing training of facility employees and ensures that sufficient oversight/supervision are provided for all staff performing services.
* Designs programs utilizing a group and individual format employing evidence-based treatment modalities for patients with substance abuse and dual diagnosis.
* Provides for the completion of regular utilization reviews and oversees therapist process of utilization review.
* Provides for adequate coverage for the delivery of individual, group and family therapy. May co-lead process group and/or any additional clinically oriented groups on an as needed basis.
* Responsible for maintaining an average daily census in all programs/facilities oversees

**Qualifications:**

* Licensed Chemical Dependency Counselor, licensed clinical social worker, licensed professional counselor, or licensed marriage and family therapist
* Three years of experience providing management of behavioral health treatment services for all age groups
* Minimum of 5 years experience providing direct clinical therapy to persons with a primary substance abuse diagnosis.

**Office Manager**

* Responsible for finances and medical billing, staff supervision, filing and secretarial/office duties.
* Uses coded data to produce and submit claims to insurance companies
* Works directly with the insurance company, healthcare provider, and patient to get a claim processed and paid
* Reviews and appeals unpaid and denied claims, verifying patients’ insurance coverage and estimates patient responsibility
* Answers patients’ billing questions
* Handles collections on unpaid accounts
* Manages the facility’s Accounts Receivable reports, generates and send out patient statements
* Keeps track of and requests new and on-going prior authorizations
* Reads EOB’s and posts insurance payments
* Communicates effectively with insurance companies, doctors, therapists and patients

**Qualifications:**

* Must have a high school diploma or GED, experience with electronic medical records required
* Knowledge of HIPPA guidelines required
* Must have excellent written and oral communication skills along with excellent customer skills
* Must possess good organizational and time management skills
* Must be able to multitask

**Front Office Staff**

* Responsible for creating a warm, responsive interaction between the facility and customers
* Courteously greets and directs patients appropriately
* Efficiently processes incoming and outgoing calls
* Files and copies documents as needed
* Types correspondence, written communication and reports as needed

**Qualifications:**

* Ability to multi-task and work well under pressure
* Knowledge of basic computer software, and the ability to learn billing software and electronic medical records required
* Communicates well with patients and medical staff
* Prior experience in a medical office setting
* Ability to follow OSHA/HIPPAA guidelines

**Group Facilitator/ Individual Counselor**

* Facilitates counseling groups and provides individual and family counseling
* Develops written treatment plans/updates and continuing care plans and make appropriate referrals; maintain electronic health records in accordance with standards
* Provides activities to achieve goals of treatment plans
* Responsible for all aspects of the clinical documentation, timely entries into the treatment record, and maintains compliance with standards for documentation.
* Conduct periodic reviews with managed care companies for authorization of treatment
* Complete written discharge summaries and correspondence within established time lines.
* Provides quality direct and indirect patient care to individuals with mental health and chemical dependency issues
* Communicates with referral sources and other appropriate parties regarding patients' progress, and coordinates patients' discharge planning and implementation.
* Conducts clinical intakes and assessments
* Provides support to client and family
* Provides the client with information on community services and agency services which will address their needs and make the appropriate referrals on behalf of the client
* Provides ongoing therapy in both individual and group therapy modalities as well as family therapy.
* Educates client on all areas related to program participation including rights and responsibilities and appeal rights

**Qualifications:**

* Licensed Chemical Dependency Counselor, licensed clinical social worker, licensed professional counselor, or licensed marriage and family therapist
* Eligible for Qualified Substance Abuse Professional or Certified Substance Abuse Counselor (CSAC).
* Possesses knowledge and skills of treatment of population served, behavior modification, treatment planning, record documentation, de-escalation of volatile client situations, individual, group, and family counseling, and knowledge of human behavior,
* Good written and oral communication skills, diagnoses and community resources.
* Ability to establish and maintain professional relationships with consumers and families/caregivers.
* Must possess basic computer proficiency.

 **Specimen Collector**

* Facilitates the collection, processing and shipping of urine specimens
* Collects urine specimens from patients
* Follows departmental policies to correctly identify the patient before any specimen is obtained
* Properly labels and documents the specimens and prepare for shipment
* Demonstrates customer service and compassion when interacting with patients, physicians, and clinic staff
* Communicates with, understands, and reacts effectively to a diverse patient population base
* Follows Universal Precautions and all OSHA standards when handling specimens
* Strictly adheres to HIPAA guidelines
* Maintains neat, clean, orderly patient/work areas at all times
* Orders processing & office supplies as needed

**420 A, B, C, D- Qualifications of Employees or Contractors**

 All employees and contractors will meet the minimum requirements and qualifications of that position. Each individual will meet the requirements of the Department of Health Professional. The residential director will design, implement and document the hiring process and the requisite steps to verify each professionals’ credentials.

**430 Employee or Contractor Personnel Records**

1. Employee records can be hard copy or electronic**.**

Pursuant to licensing guidelines, each personnel record will include:

* + - * 1. Individual identifying information
				2. Education and training history
				3. Employment history
				4. Professional licenses and certifications
				5. References
				6. Results of all background checks
				7. Performance evaluations
				8. Disciplinary actions
				9. Adverse actions by licensing or oversight bodies
				10. Record of participation in orientation and trainings
1. These records will be maintained in their entirety for a minimum of three years.

**440 Orientation of New Employees, Contractors, volunteers and Students**

 Each employee, contractor or student will be oriented within 15 business days. The orientation shall cover:

1. Objectives and philosophy of the provider
2. Practices of confidentiality
3. Practices that assure and individuals rights including orientation to human rights regulations
4. Personnel policies
5. Emergency preparedness
6. Person centeredness
7. Infection control practices and measures
8. Specific policies and procedures which may apply to specific duties

 **Staff Orientation Form**

**450 Employee Training and Development**

 All employees, contractors, volunteers and students will have annual training in effective ways to manage volatile behavior, CPR and First Aid, human rights and overall emergency preparedness. No medications will be stored or administered on site. All training and retraining will be documented and stored in each person’s personnel file. Supervisors will be competent in providing the services that will be overseeing. All staff will be given a copy of the policy and procedures manual and will be expected and required to read and understand it. They will be required to sign and document their understanding.

**460 Emergency Medical or First Aid Training**

 All employees of The Twelve will be annually certified in CPR issued by the American Red Cross.

**470. Employees notification of policy changes**

 All employees and contractors will be notified of all policy changes by email, written notice and within a formal staff meeting.

**480 A,B,C Employee or Contractor Performance Evaluation**

The Twelve will have a written policy for evaluating employee and contractor performance.All employees and contractors will have a yearly evaluation which will address how core duties and responsibilities are being performed, continued training needs and staff development. Evaluations will be stored in individual personnel files.

**480 Performance Evaluation Form**

**490. Written Grievance Process**

 This policy supports the rights of each employee and is committed to ensuring the protection of those rights in its provision of care, treatment and services.

Any employee will be afforded the opportunity to file a grievance on matters associated with their treatment if they believe their human rights have been violated. Anderson & Associates will enter into a dispute resolution process to facilitate resolving misunderstandings and maintaining a beneficial working relationship. An allegation that an employee’s rights under this policy have been violated also will be subject to review under the grievance procedure.

**A. Pre Grievance Counseling**

The Program Director will be available to counsel staff who believe they have a grievance. If the issue is with the Program Director, the employee will be assisted in contacting their EEOC representative. The Pre-Grievance counseling is to help the grievant identify the source of the problem and to provide the grievant with information and/or feedback that could resolve the complaint.

**B. Informal Resolution**

Anderson & Associates will make a good faith effort to seek informal resolution of a problem brought to its attention. This will be attempted through discussion and communication with all parties involved and with any appropriate outside entities. There is the expectation that all parties will consult with the appropriate staff members and consider the option of mediation or other dispute resolution mechanisms before proceeding with the formal grievance process. Efforts will be made to protect the privacy of persons involved to the extent possible. This informal resolution process will not deny a grievant continuing access to the prescribed grievance procedures.

**C. Grievance Procedure**

The Grievance Procedure begins generally with a conversation between the Program Director and the other staff member. If not resolved there, step 2 in the process is for the employee to submit his/her concerns in writing to the Medical Director. The final step, if needed, is for the client to contact their EEOC Advocate to pursue a formal complaint.

These procedures are designed to provide a fair internal mechanism for resolving complaint. The success of these procedures depends upon willingness of all staff members to participate when asked and to participate truthfully. This procedure will not cause any reflection on the employees’ status. Retaliation against an employee who participates in the grievance process or any informal resolution process is prohibited. Any staff who penalizes or retaliates may be subject to termination.

**500.A Students and Volunteers**

 Students will be subject to the learning agreements and contracts made between their institutions and Anderson and Associates, LLC, the parent company. Each student will be supervised by a licensed clinician and will have sanctions and expectations which will be agreed upon on an individual basis between the students on site supervisor and the schools field placement supervisor. Students nor volunteers will be relied on for direct service nor will they be included in staff meetings.

.

**510 A, B, C, D Tuberculosis Testing**

New hires, contractors, students and volunteers will be tested for TB within 30 days of hire or within 30 days of having contact with clients. TB testing will be performed annually. Anyone coming into contact with someone who has tested positive for tuberculosis or who develops symptoms of tuberculosis will be screened within three weeks. Anyone suspected of having an active TB case will not be permitted to return to work until they have been cleared by a physician. All health records will be stored in the health portion of the employee files.

**520 Risk Management**

**A.** The Program Director in conjunction with the Medical Director are responsible for risk management oversight. **B**. This policy addresses a systematic process of identifying, evaluating and reducing losses associated with patient, employee or visitor injuries, property loss or damages and other sources of potential legal liability.

 Risk Management strategies include

 **• The identification of risks**

 **• The analysis of the risk identified**

 **• The treatment of risks**

 **• The evaluation of risk treatment strategies**

**Risk Identification** is the process through which Staff becomes aware of risks in the health care environment that constitute potential loss exposures. The staff will utilize the following information services to identify potential risks:

• Identification of trends through the incident reporting system

• Patient, visitor, staff and physician complaint reports

• Performance improvement functions

• Peer review activities

• Informal discussions with management and staff members

**Risk Analysis** is the process of determining the potential severity of the loss associated with an identified risk and the probability that such a loss will occur. These factors establish the seriousness of a risk and will guide management in the selection of an appropriate risk treatment strategy.

**Risk Treatment** refers to the range of choices available to management in handling a given risk. Risk Treatment strategies include the following:

A. Risk acceptance involves assuming the potential loss associated with a given risk and making plans to cover any financial consequence of such losses.

B. Risk avoidance is a strategy utilized when a given risk poses a particularly serious threat that cannot be effectively reduced, and the conduct or service giving rise to the risk may perhaps be avoided.

 C. Risk reduction or minimization involves various loss control strategies aimed at limiting the potential consequences or frequency of a given risk without totally accepting or avoiding the risk.

**Risk Strategies** may include staff education, policy and procedure revision and other interventions aimed at controlling adverse occurrences without completely eliminating risk activities.

Any single strategy or combination of the above Risk Management strategies may be employed to best manage a given situation.

**Risk Management Evaluation**

The final step in the Risk Management process is risk management evaluation, whereby the effectiveness of the techniques employed to identify, analyze and treat risks are assessed and further action taken when warranted. If improvement and/or resolution of the risk is evident, additional follow-up will be done at predetermined intervals to evaluate continued improvement.

**C. ANNUAL APPRAISAL**

As part of the Risk Management Program, the scope, organization and effectiveness of Risk Management activities will be reviewed annually by appropriate safety inspectors. Program revisions will be recommended, approved and implemented as necessary.

**520.C Facility Inspection Checklist Form**

**520.D**

 Serious incidents or injuries to employees, contractors, students, volunteers and visitors will be documented. Use of the “Serious Incidents/Injury/ Death Report Form will be required and will be submitted to the Licensing Board with 24 hours. All documentation will be stored for 3 years.

**Each documented incident shall include:**

* the name of the individual involved in the incident
* the time and location of the incident
* the name(s) of all parties, staff and clients, involved
* the nature of any property affected or involved
* the time and date the report was written
* a clear and complete description of the incident
* a clear and complete description of any action taken
* specification of injuries, if any, to clients, staff or visitors
* specification of the degree of seriousness of any injury
* on site treatment
* offsite treatment
* hospitalization
* specification of the medical or emergency treatment provided to any injured party
* the name, title and signature of the person making the report

Any and all recommendations for improvement shall also be documented and where applicable, implemented.

**520 D Incident Report**

 **530. Emergency preparedness and response plan.**

**530.A EMERGENCY ACTION PLAN AND FIRE PREVENTION PLAN**

 All office personnel have been instructed to exit the building in the event there is an emergency that would require the facility to be evacuated. Employees, contractors and students will be on how to respond to emergencies that could occur in the office. They are instructed to take appropriate action to control the emergency or evacuate the area. Those individuals that have been trained to contain an emergency will be under the supervision of either the Program Director or the Medical Director.

**EMERGENCY**

**ESCAPE**

The emergency exits will be clear of all obstructions at all times and will be checked on a regular schedule. If an evacuation of the building is required, all employees and clients will report to the place of safe refuge: Primary Safe Refuge is located in the parking lot. Secondary Safe Refuge is located at the bottom of the hill. All employees that are not engaged in controlling the emergency will report to the Safe Refuge Point and wait for instructions. The director and staff members will take a headcount to account for all employees and clients. Diagrams of the building are posted to show all emergency routes to evacuate the building.

The Program Director or other licensed personnel will direct operations in the event of an emergency. His duties include the following: - Evacuation of the facility - Directing any fire suppression - Accounting for all employees (Safe Refuge) - Insuring that all new employees are trained on their duty during an emergency

**FIRE**

All employees will be trained to respond to incipient fires (fires that have just started). At this stage you can sometimes extinguish these fires with the proper extinguishing agent and

knowledge of how to use a fire extinguisher. Remember - ALWAYS GIVE THE ALARM FIRST.

 If there is not a mechanical alarm in the building the alarm will be given orally. If an emergency exists, the first person that identifies the emergency will give the alarm and respond as directed by their supervisor.

**MEDICAL**

In the event there is a need for medical attention or rescue efforts, employees are instructed to dial 911.

 **TRAINING**

All employees, contractors and students will be trained in how to use the fire extinguishers and will be familiarized with all emergency numbers and protocol for evacuation. Those individuals that have not been trained on the use of portable fire extinguishers will evacuate the building.

All employees will have been instructed on the above requirements. The Program Director or Office Manager will review this plan with each employee upon initial assignment.

**530.A.2** All emergency personnel contacted during the course of an incident will be documented with name of coordinator called, number called, time of the call and plan or feedback received.

**530.A.3** An analysis of any hazards that may disrupt service will be made and contingencies will be implemented if the electrical system fails or if the phone system fails. Emergency numbers will be posted and cell phones will be recognized as an option in calling emergency personnel.

**530.A.4** Policies outlining the responsibilities of staff are inherent in the organizational chain of command with all staff having training in emergency response and all staff having knowledge of evacuation procedures and access to emergency numbers.

**530.A.5** If a medical emergency is reported, dial 9-1-1 and request an ambulance. Provide the following information: number and location of victim(s), nature of injury or illness, hazards involved, nearest entrance (emergency access point) and if there are trained employees to respond to the victim’s location and to bring a first aid kit or AED. Only trained responders should provide first aid assistance .and no personnel should move the victim unless the victim’s location is unsafe. Staff should control access to the scene. and take “universal precautions” to prevent contact with body fluids and exposure to blood borne pathogens. Staff should meet the ambulance at the nearest entrance or emergency access point and direct them to victim(s). All electronic records will be maintained on a hard drive accessible outside of the facility itself.

**530.A.5.a** Clients receiving services at the time of an emergency will be warned and guided to the nearest exit. The senior staff member will bring the employee roster and client roster to the evacuation assembly area to account for all involved. The evacuation team leader will be informed if anyone is missing or injured.

530.A.5.b All employees, contractors, students and clients will be notified of all action that is taking place and what and how the emergency plan has been implemented.

**530.A.5.c** The organizational chain of command will be utilized when outlining responsibilities in an emergency. The emergency response team will always be led by the most senior members of staff and all staff members are expected to have been trained in the evacuation plan. All staff including students and contractors are expected to be able to play reciprocal roles in responding to an emergency.

**530.A.5.d** Access to secure areas will be provided by the senior licensed staff member on duty.

**530.A.5.e** Evacuation to emergency shelter will be facilitated by the local Red Cross or other first responders.

**530.A.5.f N/A**

**530.A.5.g** All family members of staff including students and contractors as well as family members of clients will be immediately notified of the emergency and of the outcome and the welfare of any related personnel.

**530.A.5.h** The owner of the property, The Twelve LLC, Companies will be notified as well as the local electric and water companies

**530.A.5.j** The Program Director will maintain 24- hour phone access capability.

**530.B** Employees including students and contract staff will be educated regarding the types of emergencies that may occur and trained in the proper course of action annually and periodically. They will understand the function and elements of the emergency action plan, including types of potential emergencies, reporting procedures, alarm systems, evacuation plans, and shutdown procedures.

General training will address individual roles and responsibilities; threats, hazards, and protective actions; notification, warning, and communications procedures; a means for locating family members in an emergency; evacuation, shelter, and accountability procedures; the location and use of common emergency equipment; and emergency shutdown procedures. Contract staff and employees will also have trained in first-aid procedures. Emergency action plans including practice drills will be evaluated and assessed for strengths and weaknesses.

**530.**C The emergency response plan will be reviewed annually by the Program Director and the Medical Director.

530.G The Twelve will maintain an emergency supply of food and water which will supply each resident for a 3- day period. These food products will be such that they would not require cooking. Each resident will one gallon of water in reserve in case of emergency.

**Fire Safety Form 530.E**

**540.A, B, C There will be access to telephones in emergencies located in staff offices.**

 **Emergency Numbers Posted**

**Roanoke Emergency Management: 540-853-2426**

**Roanoke Tree Emergency: 540-853-2000**

**Roanoke Emergency Medical Services/EMT: 540-344-6256**

**Animal Control: 540-777-8606**

**Fire: 540-777-8701**

**Police: 911**

**Poison Control: 804-828-4780**

**Carillon Hospital/ Connect: 540-981-7000**

**Lewis Gale Hospital/ RESPOND: 800-541-9992**

**American Electric Power: 540-985-2530**

**Roanoke Water Authority: 540-853-5700**

**550 First Aid Kit Accessible**

**A**. There will be two fully stocked first aid kits easily available for use for minor injuries and emergencies. Each kit will contain a minimum of a thermometer, bandages, saline solution, Band aids, sterile gauze, tweezers, instant ice pack, adhesive tape, first aid crème and antiseptic.

**B**. A CPR face guard or mask will also be readily available

.

 **560 Operable Flashlights or Battery Lanterns**

There will be 4 flashlights available to employees and contractors for services that operate between dusk and dawn including room checks.

  **570. MISSION STATEMENT**

We believe our mission is to enrich lives. That begins with every life we encounter: Our employees, our patients and those who love and care for them, the communities in which we operate, and society as a whole. Here, our highly trained staff combine caring service and advanced technology to treat the whole person - mind, body and spirit - because every blueprint for health is unique. We are committed to maintaining and improving the quality of life for those we serve with a sense of warmth, kindness, individual pride, extraordinary service and compassionate care.

 Our primary mission is "To Improve People's Lives".

 **Description of program philosophy**

•The treatment philosophy of The Twelve Recovery is predicated on the value of evidence-based intervention to treat and ameliorate substance abuse

• The Twelve selects as the basis for treatment those approaches that have been shown to be effective with substance abusers

•The Twelve treatment philosophy is holistic: the program is predicated on the coordination of substance abuse treatment interventions with a highly structured regimen

• The Twelve treatment philosophy is long term: we recognize that the benefits of treatment are long term; evidence of effectiveness has been positively associated with length of treatment

•The Twelve treatment philosophy is based on ongoing assessment of operationally stated treatment goals, preparation of the client with intellectual, emotional and behavioral skills needed to avoid substance abuse

•The primary treatment modality of the program is Cognitive Behavioral Therapy which will also employ holistic methods to achieve the goal of sustainable recovery through a structured group process and therapeutic community focus

 **580. Service Description Requirements**

 **A** The services provided reflect the mission statement and the written description of all services is available for public review.

 **B, C, D, E, F, G, H**

**Service Goals**

The primary objective of The Twelve is to reduce relapse, to foster recovery and to facilitate a successful transition into the community as a productive, responsible member of that community. Our goals include teaching and modeling pro-social, drug free living within a community. The community within the house is engineered to be similar to the greater society but to also be structured and therapeutic. In an engineered community, negative influences can be minimized; trial and error learning can occur with controlled consequences and behavior can be monitored and addressed more closely. Service goals are:

* The Twelve will provide the opportunity for the individual and his family to assess his or her own addiction patterns and to gain insight into the negative consequences of abusing alcohol and other drugs. Long term abstinence improved medical status, improved functioning at work or school, improved family and social relationships, and mental health stabilization are among the goals of treatment.
* Clients’ program of care shall include an assessment of and plan for addressing the long term and/or immediate effects of physical, sexual, or emotional abuse, childhood neglect, or related facts as these effect prior and current drug use and projected recovery.
* The biopsychosocial assessment shall identify and describe developmental trauma or neglect at the time of admission to the program.
* The regularly scheduled staff meeting monitoring treatment progress shall include attention to the behavioral evidence of trauma and neglect, their effect on drug use, their impact on treatment progress, and the degree to which the traumatic events are recognized by the client.
* The counseling staff will have regular training and supervision relating to the effects of childhood and adolescent trauma and neglect on subsequent substance abuse, cognitive functioning, and emotional control, both for the general population and the particular needs of individual clients in the program.
* The Twelve will provide identification and treatment of co-occurring mental health issues including medication management and treatment specific groups and individual counseling.

To reach these general goals, the following objectives are set:

1. Develop a drug free positive lifestyle
2. Develop and change negative conceptions of self to ones which includes viewing oneself as a valuable pro-social member of society
3. Develop an understanding of substance abuse and its effects on all life areas.
4. Identify and correct thinking errors
5. Improve skills in emotional management
6. Teach residents basic life skills
7. Create an environment where residents can support each other in positive change
8. Teach and develop values consistent with pro-social living
9. Allow residents to practice new skills in a safe environment
10. Educate residents regarding the impact of substance abuse and criminality on families and communities
11. Prepare residents to re-enter society

Within a social environment it is possible to teach and reinforce positive outcomes to these objectives.

The Twelve provides the highest quality of care possible to people who are suffering from substance use disorders or co-occurring substance use and mental health disorders in an environment that preserves and promotes the dignity of the persons served without regard to race, color, creed, gender, economic or social circumstance, sexual orientation, or national origin. We welcome all clients in need of compassionate direction and aggressive recovery. We strive to provide life-enhancing recovery options that are stage matched for individuals. In order to provide the most holistic and comprehensive recovery treatment, we recognize the importance of integrating attention to the entire person; physically, psychologically, mentally, socially and spiritually. Individuals will be required to attend 12-Step meetings thus becoming involved with a community- based support system that has created a bridge to recovery across the globe.

 Each patient will be closely monitored and discharged when deemed appropriate. Aftercare plans will be established for each client and may include individual, family or marital counseling.

Each client shall complete a biopsychosocial assessment as soon as feasible following the initial phone contact. Each biopsychosocial assessment shall be completed by a qualified member of the treatment staff. Each biopsychosocial assessment shall address the following:

* + - The clients presenting problem
		- The history of the problem up to the present
		- Assessment of prior treatment for substance abuse, mental illness and domestic violence, including child and spousal abuse
		- Developmental history of health issues, including current medical problems, treatments and complications
		- A comprehensive history of drug and alcohol use
		- A comprehensive history of violent behavior, including sexual assault as a perpetrator or as a victim
		- A family social history, including foster and surrogate families, specifically including drug and alcohol use
		- Educational history, accomplishments, and identified difficulties
		- Cultural and religious orientation; personal spirituality
		- Work history, including vocational education, employment, military experience, ETC
		- Developmental history of sexual activity, including sexual practices that put the client at risk for HIV, AIDS, or STD.
		- Marital and domestic partner history, including all significant intimate relationships, note same sex relationships in this category
		- Recreational and leisure interests and activities
		- History of legal difficulties: include both criminal and civil matters
		- Economic history, projected earning potential, economic resources
		- Current level of functioning physically, intellectually and emotionally, note any changes from prior functional levels
		- Support system. Note domestic supports such as family, friends, others. Note economic supports including work potential.
		- Identify current medications including name of medication, type, purpose, dosage, administration route, prescribing physician, length of time the client has been taking the medication
		- Note the client’s Addiction Severity Index score. Identify any factors that may cause a revision in the assessment of addiction severity.
		- Assessment of /client’s strengths and vulnerabilities. Include physical, intellectual, social, economic, and spiritual
		- Identify client’s expectations of The Twelve Recovery experience
		- Summary, diagnosis and recommendation. Include signature and credentials of the worker completing the assessment

**590 Provider Staffing Plan**

**590.A.1** Population needs will be assessed at the time of intake and throughout treatment. Clients will be assessed as to appropriateness of admission and as to chronicity of both mental health and substance use issues.

**590.A.2** Services will include housing, medication management, group therapy, individual therapy and family therapy psychoeducational groups. Some holistic groups may be offered such as yoga, music therapy, meditation and acupuncture. Participation in acupuncture and yoga is voluntary. If a person rejects these services, they will be provided with step work or recovery worksheets to work on during that time.

**590.A.3** The Twelve Residential Program will consist of a daily regimen which will include but not be limited to, one hour of group 5 days a week.

**590.A.4** Resident capacity is 4 women and 16 men.

**590.B** Any addition of services or expansion of location will be addressed with the staff involved and within the treatment team.

**590.C Supervision**

1There will be weekly group staff supervision Mondays from 4pm to 5:30pm by the Program Director, a Licensed Clinical Social Worker. This will be a time to discuss concerns regarding clients, any programmatic issues and ideas and plans that staff may have regarding ways to promote fluidity and continuity of care within individual groups and for the program as a whole. Individual supervision toward licensure will be provided weekly on an as needed basis according to the regulations of the board. Supervision for residents in counseling will be scheduled Fridays between the hours of 9am and 12pm. Supervision will be documented, and staff meetings will be documented by the taking of minutes.

2The clinical supervisor shall have professional education, certification and experience appropriate to the position. Each staff member including students and contract staff shall have at least one hour of group clinical supervision by the program supervisor weekly, supplemented by individual consultations as needed. The supervision may include but is not limited to:

* + 1. case reviews
		2. group supervision and instruction
		3. peer supervision and review
		4. professional development
		5. policy and procedure training

3All clinical supervision sessions shall be documented in the employees professional file. Supervision documentation will note the name, credentials, position, and beginning and ending time of supervision session. Supervision sessions shall be considered and documented separately from professional continuing education

4Topics considered appropriate for clinical supervision include but are not limited to:

* + 1. Appropriateness of treatment interventions selected
		2. Appropriateness of clinical goals selected
		3. Appropriateness of intervention methods selected
		4. Counselor skill in utilizing the intervention method selected
		5. Effectiveness of interventions in client goal attainment
		6. Professional growth of the counselor
		7. Policy and procedural issues
		8. Treatment plans and revisions
		9. Approving assessments

**600 Nutrition**

A) Food will be prepared and served onsite and we will:

1. provide a menu which will be nutritional and well balanced, will offer variety and will be designed to be healthy

2.provide a menu which will include items which take into consideration the culture of the residents, personal preferences and specific dietary needs of those being served

 3.Provide assistance to those who may need help in feeding themselves.

 B) Monthly physical check- ups will be required in part to monitor food consumption and nutritional needs by:

 1.Noting warning changes in weights, vital signs and mental status which may be related to nutrition

 2. Ascertaining that any aspect of the ISP which pertains to the individual’s nutrition is adhered to fully

 **Menu**

**610 Community Participation**

All efforts will be made to make residents aware of, and to have access to, community events and activities that are of particular interest to residents and which are in accord with the mission statement of the program and in the overall philosophy of sober living.

**645 Initial Contacts, Screening, Admission, Assessment, Service Planning, Orientation, and Discharge**

1. Individuals interested in becoming a resident of The Twelve will fill out an application either in person or online. The application will be reviewed by the treatment team and the case manager will call the individual in to start the admissions process or to refer to an appropriate outside agency.
2. An initial face sheet will be maintained either as part of the individuals permanent record or as part of the initial request for services documentation which will be maintained at Anderson & Associates main office. The initial face sheet will include:

1.Date of contact

2.Name, age, and gender

3. Address and telephone number of the individual

4. Reason for requesting services

5. Disposition of the individual including acceptance into residential treatment, referral to other services, placement on a waiting list, or other services within the agency.

**Face sheet**

**Application/Prescreening**

1. Each individual will be helped to access other services if they are not admitted to residential treatment.
2. Documentation of initial contact and screening will be maintained for 6 months if the individual is not admitted to residential treatment and this documentation will be retained in the individuals permanent record should they be admitted.

 **650Assessment Policy**

1. The biopsychosocial assessment shall be completed at the time of intake and inputted into the EMR according to licensing and ASAM requirements.
2. Assessments will be completed by a licensed staff member, a license eligible staff member or a certified substance abuse counselor and will involve any authorized representative in the assessment or reassessment and will take into consideration the individual’s strengths, needs, goals, preferences and abilities and will also consider any cultural needs..
3. Clients who have discontinued treatment and been subsequently readmitted shall have a new biopsychosocial report completed, in accordance with the above timelines.
4. Staff conducting assessments will have training in conducting and reading the SASSI, the DAST and will have knowledge regarding the ASAM Assessment Dimensions. They will also make all reasonable efforts to obtain prior assessments or treatment records.
5. The assessment will be initiated prior to admission. This assessment will be detailed enough to begin an initial ISP that will assess immediate needs such as health and safety needs and will include at a minimum
6. Diagnosis
7. Presenting needs and onset and duration of problem
8. Current medical problems
9. Current medications
10. Current and past substance use or abuse including cooccurring mental health disorders
11. At risk behavior to self or others
12. A comprehensive assessment will be finalized within 30 days of the initial assessment and will update and complete any missing information. It will be in accordance with licensing guidelines:

 Comprehensive Assessment

**660 Individualized Service Plan (ISP)**

1. Each client is provided with an individualized service plan (ISP), based on the biopsychosocial assessment, assessment inventories, and clinical impressions of the primary counselor and the treatment team. The individual will be actively involved in the development of his own plan, and the revision and review of said plan. This process will be consistent with all human rights and laws of confidentiality.
2. The treatment plan reflects case management conducted on site, coordination of related addiction treatment, health care, mental health, social and vocational concerns as well as housing needs which are being addressed by placement in residential housing. The ISP will also include a review of the resident’s most recent psychiatric history and mental status examination. This initial service will be implemented within the first 24 hours of admission into the program.
3. A comprehensive person-centered service plan will be implemented as soon as possible after admission but no later than 30 days after entering treatment.
4. **ISP Requirements**

A. The ISP will be based on the individual’s needs, strengths, abilities, personal preferences, goals and natural supports which were identified in the assessment and will include:

* Statement of the problem at the time of admission
* History of the problem behavior
* Measurable goals for improvement; with target dates included
* Specification of the presenting problem
* Identification of client strengths and areas of vulnerability
* Specification of treatment goals that are specific, measurable, observable, and time specific
* Specification of intervention methods to be employed; articulation of the relevance of the method selected to the problems and goals addressed
* Description of client’s role in treatment planning; assessment of client’s engagement in the process
* Signature of the counselor and the client on the treatment plan document
* Criteria to determine eligibility for discharge; includes programmatic and individual treatment plan criteria
* Specification of the scheduled dates for review of the plan; procedures or updating the plan
* Additional reviews will be occasioned by failure to meet monthly treatment goals
* Individual Service Plan reviews will occur immediately after medical or behavioral incidents
* Individual Service Plan updates will occur every three months and changes will be made if needed
* Each Individual Service Plan will be reviewed at least once per month

B Reviews will be required when a client is assigned a new primary counselor and the ISP will be signed and dated by the person implementing the plan and by the client or authorized representative.

* The treatment plan for each client shall include an assessment of and plan for addressing any issues of religion, ethnicity, sexual orientation or other marginalizing social considerations as these may affect the treatment and aftercare.
* The biopsychosocial assessment shall address individual identity and cultural diversity factors at the time of admission to the program.
* The regularly scheduled staff meeting monitoring treatment progress shall include attention to the cultural and contextual aspects of the client’s premorbid environment as the client prepares for discharge and aftercare.
* Insofar as the makeup of the counseling staff allows, the assignment of primary therapists shall be informed by the cultural and ethnic factors affecting the client’s treatment plan.
* The counseling staff will have regular training and supervision relating to the cultural diversity considerations in the general population, and to the particular needs of individual clients in the program.

**675 Reassessments and ISP Reviews**

 A Reassessments will be completed at least annually or when there is a need based on medical, psychiatric or the behavioral status of the individual.

 B The ISP will be updated annually. The ISP shall be reviewed every 3 months or whenever there are changing needs or goals. The reviews will also document the individuals progress toward meeting goals and objectives and the continued relevance of the ISP’s objectives and strategies.

**680 Progress Notes and Other Documentation**

The Twelve will utilize Lauris EHR to complete, sign and date all progress notes and any other relevant client documentation.

**690. Orientation**

A**.** Anderson & Associates, including The Twelve Residential Home, welcomes all clients for services related to alcohol and drug addiction, and in need of life enhancing recovery from co-occurring conditions. We expect that many clients presenting for treatment at our facility will have co-occurring issues and we will screen for these disorders. We provide options including integrated services related to alcohol and drug addiction and other behavioral health disorders.

Our goal is to maintain an empathic, ethical, responsive, and professional attitude in all phases of care, and we are dedicated to creating an environment of opportunity, choice, and hope for our program participants. All individuals seeking services will be received in a welcoming and respectful manner – regardless of presenting needs, symptoms, or illness.

Anderson & Associates’ staff will aid all individuals navigating the mental health, alcohol and drugs, and medical treatment systems. Our approach is a system-based effort, and as a result of advocacy and referral, individual needs are addressed either by our direct services or by a collaborating provider within the local therapeutic community. Our philosophy is to ensure that individuals receive all the services they need and for which they are eligible.

  B**.**

1. Our mission is to actively and aggressively intervene, as early as possible, against the physical, psychological, social, educational, and family crisis experienced by individuals who are affected by substance use disorders or co-occurring substance use and mental health disorders in an environment that preserves and promotes the dignity of the individuals served without regard to race, color, creed, gender, economic, or social circumstance, sexual orientation, or national origin. Our vision is to provide individualized care to address person-specific needs and incorporate group dynamics to enhance growth and overall recovery.

2.Confidentiality & Privacy Policy

The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed without written permission.

Exceptions include:

* Suspected child abuse or dependent adult or elder abuse, for which we are required by law to report this to the appropriate authorities immediately.
* If a client is threatening serious bodily harm to another person/s, we must notify the police and inform the intended victim.
* If a client intends to harm himself or herself, we I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, we will take further measures without their permission that are provided to me by law in order to ensure their safety.

3.Human Rights which ensure the process that a patient will be an active, informed participant in his/her plan of care, the patient will be empowered with certain rights and responsibilities as described in the Patient Rights and Responsibilities. A patient may designate someone to act as his/her patient representative. This representative, on behalf of the patient may exercise any of the rights provided by the policies and procedures established by the agency.

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

Before or upon admission, the staff will provide each patient and/or their representative with a copy of the Patient Rights and Responsibilities. The Patient Rights and Responsibilities will be explained and distributed to the patient prior to the initiation of agency services and annually. This explanation will be in a language he/she can reasonably understand. Communication of these rights and responsibilities can occur through verbal or written means or by a translator if necessary.

4. The right to have access to, review, and obtain copies of pertinent information needed to make decision regarding treatment/services in a timely manner and to have the opportunity to participate in discharge planning

As well as the rights to informed consent or refusal or expression of choice regarding participation in all aspects of care/services and planning of care/services.

5. Access to fire safety and emergency preparedness procedures. Emergency preparedness, response, and recovery begin at the individual level. The best way to prevent injury and loss of life during an emergency evacuation is advance planning that prepares the individual for such an event. Experience shows that without proper planning and preparedness, disasters become even more chaotic and unnecessary loss of life and injuries result. In short, individuals may face increased risk, higher death rates, and difficulty in evacuating without prior planning at both the household and agency levels.

Prior to, during, or after a disaster, there is often a need to establish areas of safe refuge or shelters to temporarily house those who are displaced as a result of a disaster. Each participant will be expected to follow the emergency exit routes that are displayed in each room.

6. The right to a grievance procedure that includes the rights to: be informed of appeal procedures, initiate appeals, have access to the grievance procedures posted in a conspicuous place, receive a decision in writing, and appeal to an unbiased source. It is imperative that patients have a means to openly discuss and document issues that are interfering in the recovery process. The Twelve staff wants to be informed of any patient grievances and will resolve all issues to the best of their ability. Patient’s actions will not result in retaliation or barriers to services.

“Grievance” is defined as; “any circumstance for which there is just cause for protest”. The grievance procedure at The Twelve shall be as follows:

a. The agency shall provide the patient with a written statement on the “grievance procedure.”

B The patient will sign the Receipt of Patient Orientation Packet form to document his or her receipt and understanding of the rights and responsibilities of each patient.

c. Patient Grievance forms are readily available at all locations upon request.

d. All grievances shall be made in writing to the Office Manager or Director in the staff office. If the complaint is made by telephone, The Twelve personnel will gather the information and if necessary connect the client or family member with the Office Manager or Supervisor. The Office Manager or Director will document the compliant either by phone or at a scheduled meeting to assure an understanding of the nature of the grievance. If the grievance involves the agency Office Manager or Director, the staff will contact the Medical Director to complete the grievance report.

e. The Program Director is required to investigate, review and make a written determination of his\her findings including action to be taken to address the complaint.

f. The Program Director is required to refer the grievance and his/her report to the Human Right Committee.

g. In all cases, every attempt will be made by all parties to the resolve grievances informally within thirty (30) working days.

h. The patient has a right at any step of the grievance review process to take his/her grievance directly to an external reviewer.

i. Each new patient will be given the location of a copy of the grievance procedure.

Anderson & Associates will conduct an annual review of formal complaints to determine any trends, areas needing improvement, and subsequently develop actions to be taken based on these results.

7. The right to access to service guidelines including admissions, discharge or transfer criteria. Admission to the program will be determined by information gathered during the biopsychosocial assessment shall be completed at the time of intake, including information gathered from the SASSI, the DAST and ASAM Assessment Dimensions. All discharges are at the complete discretion of program staff although each client will have knowledge of any infractions and he will have the opportunity to make behavioral changes before being discharged unless the behavior involves harming another individual or breaking the law.

8. Hours and days of operation and the scheduling of events. The Twelve is a fully staffed, 24-hour, 3.1 level of care.

9. Availability of after-hours and on call services and staff.

10. Charges or fees will be made known at the initial assessment.

11. In the case of an emergency, Anderson & Associates will release needed protected medical information without the consent of patient in accordance with 45 CR 164.512 of HIPAA.

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

PATIENT RESPONSIBILITIES:Patient agrees to meet the following guidelines for successful completion of treatment/services:

A. Providing Information. The responsibility to provide, to the best of your knowledge, accurate and complete information about complaints, past illness, hospitalizations, medications, and other matters relating to the patient's health. A patient has the responsibility to let his/her health care provider know whether he or she understands the treatment and what is expected of him/her. It is the patient's responsibility to notify us of any changes to their contact information and insurance.

B. Respect and Consideration. The responsibility for being considerate of the rights of other patients and health care personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the property of the facility. We ask that patients refrain from using profanity or raised voices. Keep cell phone usage to a minimum in the waiting area and turn off cell phones while in the clinical areas.

C, Compliance with Medical Care. The responsibility for complying with the medical and nursing treatment plan, including follow up care recommended by health care providers. This includes keeping appointments on time and notifying the health facility when appointments cannot be kept.

D, Medication Management. Patients and/or their family members have the responsibility to ask the health care provider what to expect regarding their medication management and to participate in discussion and decisions. Patients should ask and notify the health care provider if symptoms are not relieved; share their concerns.

E. Rules and Regulations. The responsibility for following the rules and regulations effecting patient care and conduct.

F. Reporting of Patient Concerns. The responsibility for helping staff provide the best possible care to all beneficiaries. Patient's recommendations, questions or concerns should be reported to the Clinical Supervisor or the Office Manager.

G. Patients agree to attend and participate in all required treatment/services as mandated by the agency and the program requirements.

H. Failure to meet scheduled appointments will be defined as non-compliance. Non-compliance is grounds for discharge or transfer out of the agency or the program.

I. Participation in any illegal or suspicious activity or acting out, or defacing The Twelve’s property, will not be tolerated. Any threat or act of violence directed toward staff, other patients, or visitor to the clinic is grounds for immediate dismissal from the program.

J. Selling, giving away or using drugs on Anderson & Associates premises or The Twelve’s premises will be defined as non-compliance and will result in an immediate discharge.

K. Stealing from staff or other patients will result in an immediate discharge.

L. Known or suspected abuse or neglect will be reported immediately.

M. Spouses, family members or significant others will be permitted to participate in treatment/services with proper permission and consent.

N. You will be expected to dress appropriately whenever on the premises.

O. The Twelve is not responsible for loss or theft of any personal property.

P. You will be expected to honor the Federal Confidentiality Law.

Q. Each client will be expected to participate in his own treatment planning and discharge planning.

Patient Orientation

**691 Transition of Individuals Among Service**

 A. Clients that no longer meet the criteria for a 3.1 level of care may be transitioned to a lower or higher level of care, whichever is appropriate. The Twelve will have 8 beds designated for a 3.3 level of care should it be determined that that level of care is warranted. The high intensity 3.3 level of care will be utilized when the individual is demonstrating cognitive limitations due to substance use or a dual diagnosis which warrants more intensive attention and remediation.

 1. Transitioning or transfer of care will be determined by the treatment team during regular staffing or as needed in situ if it becomes necessary due to decompensation or violence.

 2. The client or authorized representative will be involved in the transfer process

 3. The transfer process will be addressed within the clients record and ISP. The destination of the client will be noted in this documentation.

 4. Documentation will be completed within 24 hours

 5. Discharge summaries to the referring facility or inhouse will be completed and sent within 24 hours

B. **Transfer Summary**

**693 Discharge**

A**,** B, C Programmatic discharge from The Twelve Recovery shall be limited to those persons who have:

* Completed the required treatment process
* Have been reviewed under the applicable Criteria for discharge. These criteria shall be a part of the program's written policy and procedures.
* Have accomplished all identified goals on the individual treatment plan
* Upon completion of treatment the client will take part in discharge planning
* Each client shall develop with the counselor a discharge plan and relapse prevention program
* Each client shall sign an approved release of information for all community agencies and resources that will be part of the identified continuing care program
* Each element of the plan shall be signed and retained in the client clinical record within 30 days

 Compliance may be determined by a review of the following:

• Discharge protocols

• Discharge assessment instruments

• Continuing care plans

• Discharge summaries

• Policy and procedures

• Treatment records

**700 A, B Written Policies and Procedures for Crisis or Emergency Interventions**

Emergencies are always considered the highest priority for clinical services. An emergency is any situation where there is an actual or potential threat to oneself or others. A crisis may also be defined as when a person is demonstrating behavior which is perceived by the staff, or others as potentially dangerous, threatening, unstable, unpredictable, or concerning, or if a resident appears to be in considerable distress or reports being in a crisis. Signs that someone is experiencing a crisis or an emergency include:

* uncontrollable crying
* confusion
* disorientation
* expression of hopelessness
* expression of suicidal intent or thoughts
* Inappropriate e-mail or telephone communications
* Outbursts of anger or cursing
* Verbal abuse
* Threats of violence
* Threats of self-harm
* Physically stalking at work or home
* Sexual advances without or without physical contact
* Harassment of staff, other students or visitors
* Violent or aggressive behavior, including physical assault of employees/ staff or other residents
* Exhibiting bizarre/abnormal behavior
* Refusing to submit to a voluntary mental evaluation or urine drug screen
* Attempted suicide or threatens suicide with a ***plan of action***

**Behavior Management Techniques**
Here are **six safe and effective behavior management strategies** for remaining calm and professional during challenging situations.

1. **Be Mindful of Your Own Reaction.**
A vital component of managing difficult behavior is knowing that your behavior affects the behavior of others. What you say or do in response to an individual’s behavior affects whether the behavior escalates or stops. When you’re aware of this factor, and when you’re equipped and empowered with other effective and respectful behavior management strategies, you’re better able to de-escalate difficult behavior and help individuals regain control and make positive choices.
2. **Maintain Rational Detachment.**
When you’re rationally detached, you maintain control by not taking negative comments or actions personally. Without this key ability, team members may react instinctively or defensively, which will only escalate a situation. Equipped with this skill, you’re better able to defuse challenging behavior and encourage positive behavior.
3. **Be Attentive.**
When people feel ignored, marginalized, or not cared for, they often act out. An effective way to counter a person’s anxiety is to validate her feelings. Pay attention to what she says. Give her plenty of personal space. Show her through your facial expressions and body language that you’re listening, and you can take away her reasons for being upset—and give her a reason to regain control.
4. **Use Positive Self-Talk.**
Remind yourself that when you’re the target of an outburst or a negative situation, you’re rarely the cause of the behavior.And just as thinking, "I can't deal with this" might cause you to react one way, telling yourself, "I know what to do" will cause a more productive response.
5. **Recognize Your Limits.**
Being a professional doesn't mean that you can handle everything. Knowing that you have support and backup is crucial to staying in control of your own behavior and responding appropriately. Accept your limits and keep in mind that sometimes the best decision is to let someone else take over.
6. **Debrief.**
Be sure to debrief after any incident. Talking about it can help relieve the stress. It’s also important to consider what was done well and how to respond better the next time a situation occurs.

All emergency medical numbers and information will be posted in each room. Crisis evaluation and intervention services will be provided to, or on behalf of, a client experiencing either urgent or emergency conditions. In emergency situations, immediate response by other agencies (such as law enforcement or emergency medical agencies) may be required. The Twelve staff will use verbal de-escalation if a resident is violent. They will not attempt to physically restrain a resident. All emergency or crisis incidents will be documented on the appropriate form and filed in the client’s chart.

**710 Documenting Crisis Intervention and Emergency Services**

**Behavioral Health Emergency Service Contact Form**

This form will become part of the resident’s permanent record.

**720 Health Care Policy**

Any situation experienced by the client which would result in an immediate psychiatric or medical emergency condition, or any situation in which it is apparent that intervention should not be delayed for a scheduled appointment should be responded to by trained staff immediately. A response to an urgent condition or situation will be made in a manner and length of time appropriate to resolving the crisis.These situationsmay include when a client presents a danger to self or others.The Medical Director will assess for immediate medical trauma and will facilitate stabilizing the client either on site or until the client is transported to an appropriate level of care. Each resident will be required to undergo a thorough physical before entry into the program.

IndividualISP’s will address any known medical concerns or conditions that the client presents with at the time of admission into the program. These needs will be addressed with the Medical Director throughout the course of treatment and if additional medical needs are identified, case management staff will assist the client in accessing these services. The Twelve staff will not manage medical issues but will be cognizant of any implications caused by a medical condition and will have available medical and dental resources and will facilitate client’s access to those services if needed.Staff members will obtain releases of information from clients for outside medical providers and will maintain an appropriate continuity of care. A list of community medical and dental resources including names, numbers and addresses will be accessible to all staff. A Fall Risk assessment will be included in each client file and staff will be made aware of any potential at risk clients.

**740 Physical Examination for Residential Services**

 A comprehensive medical examination will be performed by the medical director or by a provider of their own choosing within 30 days of admission. If the resident provides their own copy of a physical, the physical must have been performed within a year prior to admission. If special provisions are indicated as a result of the physical, these provisions will be made available and mandatory.

**750 Emergency Medical Information**

**Emergency Medical Information Form**

**770 Medication Management**

Staff training on medication administration:

Any staff, prior to the set up and/or administration of medication, must successfully complete a medication technician course. This course allows for staff to oversee residents taking their own medication. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures.

This training will be completed for each staff person during orientation, within the first 60 days of hire, and annually thereafter and will include a review of this policy and procedure. However, staff that demonstrate a pattern of difficulty with accurate medication administration may be required to complete retraining at a greater frequency and/or be denied the responsibility of administering medications. Staff who do not have direct service responsibility are not required to complete the medication administration training. Documentation for this training and the demonstrated competency will be maintained in each staff person’s personnel file.

Medication set up

 A. Medication setup means the arranging of medications according to instructions from the pharmacy, the prescriber, or a licensed nurse. A prescription label or the prescriber’s written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber. Staff will document the following information in the person’s served medication administration record:

1. Dates of medication set up.

2. Name of medication.

3. Quantity of dose.

4. Times to be administered.

5. Route of administration at the time of set up.

6. When the person will be away from the service location

7. To whom the medication was given.

 Medications ordered to be given as an “AM medication” and/or “PM medication” may be observed and administered at a routine daily time. The routine time will be established with the residence to follow their established time.

 Staff administering medication must know or be able to locate medication information on the intended purpose, side effects, dosage, and special instructions.

Staff must be knowledgeable regarding specific procedures on administration of medication by routes such as oral tablet/capsule/lozenge, liquid medication, buccal medication, inhaled medication, nasal sprays, eye medication, eardrop medication, and topical medication.

 Medication authorization will be obtained prior to administering medication for the person served which will include written authorization from the person served and/or legal representative to administer medications or treatments, including psychotropic medications. The written authorization to administer medication or treatments will be reviewed and obtained annually from the person served and/or legal representative.

 If authorization by the person served and/or legal representative is refused, the company will not administer the medication or treatment. This refusal will be immediately reported to the person’s prescriber and staff will follow any directives or orders given by the prescriber.

Injectable medications: Injectable medications may be administered to a person served according to their prescriber’s order and written instructions when one of the following conditions has been met. A registered nurse or licensed practical nurse will administer injections. There is an agreement that must be signed by The Twelve, the prescriber, and the person served and/or legal representative that will be maintained in the service recipient record.

This agreement will specify:

a. What injection may be given.

b. When and how the injection may be given.

c. That the prescriber retains responsibility for the company to give the injection.

Psychotropic medication: when a person served is prescribed a psychotropic medication and The Twelve is assigned responsibility for the medication administration, the requirements for medication administration will be followed. This information will include a description of the target symptoms that the psychotropic medication is to alleviate, documentation of whether or not the target symptoms have been alleviated or changed. This will be noted in the resident’s ISP.

 If the person and/or legal representative refuse to authorize the administration of a psychotropic medication as ordered by the prescriber, The Twelve staff will not administer the medication and will notify the case manager as expediently as possible. After reporting the refusal to the case manager, The Twelve will follow any directives or orders given by the prescriber.

**Although staff will be knowledgeable regarding the administration of residents’ medication, the resident himself will be responsible for taking their prescriptions as prescribed with staff observing.**

**780 Medication Errors and Drug Reactions**

**MEDICATION ERRORS INCLUDE, but are not limited to, when:**

* **the medication was given to the WRONG INDIVIDUAL,**
* **the WRONG MEDICATION was given to an individual,**
* **the medication was given in the WRONG DOSAGE,**
* **the medication was given at the WRONG TIME, or was not given at all,**
* **a medication was administered via the WRONG ROUTE**

**Common adverse drug reactions**

Digestive disturbances—loss of appetite, nausea, a bloating sensation, constipation, and diarrhea—are particularly common adverse drug reactions, because most drugs are taken by mouth and pass through the digestive tract. However, almost any organ system can be affected. In older people, the brain is commonly affected, often resulting in drowsiness and confusion.

The following information will be reported to the legal representative and case manager as they occur:

1. Concerns about a person’s self-administration of medication or treatment.

2. A person’s refusal or failure to take or receive medication or treatment as prescribed.

3. Any reports as required regarding:

 a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by staff error, the person’s error, or by the person’s refusal

 b. Occurrence of possible adverse reactions to the medication or treatment

**790 Medication Administration and Storage**

 Medication Administration Record (MAR) will be documented on a person’s medication administration record and will contain information on the current prescription labels or the prescriber’s current written or electronically recorded order or prescription that includes the:

a. Person’s name

b. Description of the medication or treatment to be provided

c. Frequency of administration

d. Other information needed to safely and correctly administer medication or treatment to ensure effectiveness e. Easily accessible information on risks and other side effects that are reasonable to expect and any contraindications to the medications use

f. Possible consequences if the medication or treatment is not taken or administered as directed

g. Instruction on when and to whom to report 1.if a dose of medication is not administered, or treatment is not performed as prescribed, whether by staff error, the person’s error, or by the person’s refusal or 2. the occurrence of possible adverse reactions to the medication or treatment become evident

g. Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by staff error, the person’s error, or by the person’s refusal, or of adverse reactions, and when and to whom the report was made.

h. Notation of when a medication or treatment is started, administered, changed, or discontinued.

**Medication Documentation and Charting**

Staff will transcribe a prescriber’s new, changed, and discontinued medication/treatment orders to the monthly medication sheet by comparing the label on the medication with the prescribers to ensure they match. Any discrepancy must be reported to the pharmacy immediately. This will also be performed by copying any new medication/treatment or change from the original prescriber’s orders to the monthly medication sheet. When there is a change in a current medication/treatment, the revision is written on the MAR in order to implement the medication change. This is done by entering the medication/treatment name, dose, route, frequency, and times to be administered as well as by writing the date the medication is to start, the name of the prescriber who ordered the medication, and the initials of the person making the entry. Discontinuing a medication/treatment as ordered by writing “D/C” or “Discontinued,” the date, the prescriber’s name, and the initials of the person making the entry and by completing any applicable health documentation regarding the entry and notifying the necessary personnel.

 Staff will document a medication given from the Standing Order Medications List form by:

1. Writing the medication on the monthly medication sheet exactly as it is written on the Standing Order Medications List.

2. Initialing in the correct box for the date the medication was administered and the time.

3. Documenting what medication/treatment was administered, the dose, the reason it was given, and the effect in the health documentation one hour after the medication was given.

4. Following any special instructions noted on the Standing Order Medications form and notifying the assigned nurse consultant or prescriber as directed.

Staff will document administration of medications/treatments on the monthly medication sheet by:

1. Ensuring the person’s name, allergies, prescriber’s name, month, and year are on the monthly medication sheet.

2. Completing documentation on the monthly medication sheet in black ink.

3. Ensuring whiteout, erasing, or disfigurement, such as scratching out are not used at any time.

 Initiations, dosage changes, or discontinuations of medications will be coordinated with the residential provider and prescriber and discussed as needed to ensure staff and/or the person served has a clear understanding of the order. If the order has only been done verbally, staff will request a written or electronically recorded copy from the prescriber. Staff will not make any changes to medications or treatment orders unless there is a written or electronically recorded copy.

 All prescriber instructions will be implemented as directed and within required timelines by staff and/or the person served and documented in related health documentation.

 Concerns regarding medication purpose, dosage, potential or present side effects, or other medication-related issues will be promptly communicated to the residential provider and prescriber by staff, the manager and nurse consultant.

Any changes to the physical or mental needs of the person as related to medication will be promptly made to the residential provider in addition to the legal representative and case manager.

The designated staff person for medication administration will be responsible for checking medication supply routinely to ensure adequate amount for administration. A request for more medication will be made to the provider in an adequate amount of time to prevent running out of the medication.

All written instructions regarding changes to medications and treatments are required to be documented through a prescription label or the prescriber’s written or electronically recorded order for the prescription. Any concerns regarding these changes and the order will be resolved prior to administration of the medication to ensure safety and accuracy.

The designated person will be responsible for reviewing each person’s medication administration record to ensure information is current and accurate. This will include a review of the monthly medication sheets, referrals, medication orders, etc. At a minimum, this review will occur quarterly.

Based upon this quarterly or more frequent review, the reviewer will notify the and/or manager, as needed, of any issues. Collaboratively, a plan must be developed and implemented to correct patterns of medication administration errors or systemic errors when identified. When needed, staff training will be included as part of this plan to correct identified errors.

The medication storage area/container will always be locked when unattended by staff and will be kept clean, dry, and within the appropriate temperature range. Medication will not be left unattended or administered by a separate staff in lieu of the staff that prepared them for administration.

Medication will not be kept in the same area as food or chemicals (in the case of refrigerated medications, they will be kept in a locked container and separated from food).

 Medications will be disposed of according to the Environmental Protection Agency

recommendations.

 GENERAL AND SPECIFIC PROCEDURES ON ADMINISTRATION OF MEDICATION BY ROUTES A. General procedures completed before administering medication by any route:

 1. Staff must begin by washing their hands and assembling equipment necessary for administration.

2. The person’s monthly medication sheet is reviewed to determine what medications are to be administered and staff remove the medication from the storage area.

 3. Staff will compare the medication sheet with the label of each medication for the following: a. Right person b. Right medication c. Right date d. Right time e. Right route f. Right dose g. Expiration date

 4. If there is a discrepancy, the medication will not be administered. Instructions will be verified by contacting the assigned nurse, nurse consultant, pharmacist, or prescriber.

5. Staff will compare the label with the medication sheet for the second time.

6. Immediately prior to the administration of any medication or treatment, staff will identify the person and will explain to the person what is to be done.

7. Staff will compare the label with the medication sheet for the third time before administering it, according to the specific procedures below, to the person.

 8. After administration, staff will document the administration of the medication or treatment or the reason for not administering the medication or treatment.

 9. Staff will contact the nurse consultant, residential provider, or prescriber regarding any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed.

10. Adverse reactions will be immediately reported to the assigned nurse, nurse consultant, or prescriber.

11. Staff will remain with the person to ensure that the medication has been absorbed into the cheek and that they have not drank any liquids.

12. Staff will throw away all disposable supplies and place all medications in the locked medication storage area/container prior to leaving the area.

13. Staff will wash their hands.

**800 Policies on Behavior Interventions and Supports**

Staff, including contract individuals and students will be instructed not to use physical restraint or interventions. They will be instructed to call emergency personnel should the need arise. The use of verbal de-escalation as a behavior management technique will be utilized as indicated. We will utilize techniques to “slow the situation down” with the use of listening with empathy and trying to understand where the person is coming from. De-escalation through communication will be enacted by giving the person undivided attention; being nonjudgmental; focusing on the person's feelings, not just the facts; allowing silence; and using restatement to clarify messages.

.

**870 Paper and Electronic Records Management Policy**

Anderson & Associates, LLC ensures that full and accurate records of all activities are created, managed and retained or disposed of appropriately, and in accordance with relevant legislation. This will enable the staff to achieve information accessibility, business enhancement and improvement. It will also meet its obligations for accountability while ensuring that it protects the rights and interests of the staff, clients and the community. This policy provides a framework and outlines responsibilities for the operation of the Records Management Program. All staff must comply with this policy in their conduct of official business. This policy applies to records in all formats, including electronic records.

**870.A.1,2,3,4,5,6,7** Documented information about an individual that is required for service delivery will be sought with the individual's written consent (or the written consent of person responsible or guardian). That information will be created and maintained in individual records, and will accurately record all relevant personal, medical and service provision information. This information will ensure the existence of an adequate information base to facilitate the identification, implementation and delivery of quality services. As all client information is confidential, all client records will be stored in a secure environment at all times.

Only authorized staff will have controlled access to client information/records which will be kept in a separate, locked, secured space. Electronic records are password protected and can only be accessed with administrative privileges. Client records are the property of the organization, but clients may have supervised access to their own records following written a request, either by mail or electronically, and authorization by the Program Director. Information contained in a client's record will only be disclosed with the written consent of the client, parent or legal guardian specifying the information that is to be released. The organization is obliged to disclose information about a client, with or without the client's consent, where prescribed as a legal requirement. The retention period of the organization’s client records 10 years. Following the expiration of the appropriate record retention period, the paper file will be shredded under secure conditions. The organization’s computer record detailing basic information about the client and relevant details of service delivery will be retainedin a secure environment as a permanent service record.

**870.B** The records policy is in compliance with the Code of Virginia and with HIPPA (public law 104-191).

**870.B.1 Section 32.1-127.1:03 of the Code of Virginia**

**870.B.2 42 USC 290dd**

**870.B.3 42 CFR Part 2; and**

**870.B.4 The Health Insurance Portability and Accountability Act (Public Law 104-191) and implementing regulations(45 CFR Parts 160,162, and 164).**

**12VAC 35-115-80.C** Confidentiality. A. Each individual is entitled to have all information that a provider maintains or knows about him remain confidential. Each individual has a right to give his consent before the provider shares information about him or his care unless another law, federal regulation, or these regulations specifically require or permit the provider to disclose certain specific information. B. The provider’s duties. 1. Providers shall maintain the confidentiality of any information that identifies an individual receiving services from the provider. If an individual’s services record pertains in whole or in part to referral, diagnosis or treatment of substance abuse, providers shall release information only according to applicable federal regulations (see 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records). 2. Providers shall tell each individual, and his legally authorized representative if he has one, about the individual’s confidentiality rights. This shall include how information can be disclosed and how others might get information about the individual without his consent. 3. Providers shall prevent unauthorized disclosures of information from services records and shall convey the information in a secure manner. 4. If consent to disclosure is required, providers shall get the written consent of the individual or the legally authorized representative, as applicable, before disclosing information. In the case of a minor, the consent of the custodial parent or other person authorized to consent to the minor's treatment under § 54.1-2969 is required, except as provided below: a. Section 54.1-2969 E of the Code of Virginia permits a minor to authorize the release of records related to medical or health services for a sexually transmitted disease or family planning but requires parental consent for release of records related to outpatient care, treatment or rehabilitation for mental illness or emotional disturbance. b. A minor may authorize the release of outpatient substance abuse records without parental consent in programs governed by 42 CFR Part 2. 5. When providers disclose information, they shall attach a statement that informs the person receiving the information that it must not be disclosed to anyone else unless the individual consents or unless the law allows or requires further disclosure without consent. 6. Upon request, providers shall tell individuals the sources of information contained in their services records and the names of anyone, other than employees of the provider, who has received information about them from the provider. Individuals receiving services should be informed that the department may have access to their records. C. Exceptions and conditions to the provider’s duties. 1. Providers may encourage individuals to name family members, friends, and others who may be told of their presence and general condition or well-being. Consent must be obtained and documented in the services record for the provider to contact family members, friends, or others. Nothing in this provision shall prohibit providers from taking steps necessary to secure a legally authorized representative. 2. Providers may disclose the following information without consent or violation of the individual's confidentiality, but only under the conditions specified in this subdivision and in subdivision 3 of this subsection. Providers should always consult 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, if applicable, because these federal regulations may prohibit some of the disclosures addressed in this section. See also § 32.1-127.1:03 of the Code of Virginia for a list of circumstances under which records may be disclosed without consent. a. Emergencies: Providers may disclose information to any person who needs that particular information for the purpose of preventing injury, death or substantial property destruction in an emergency. The provider shall not disclose any information that is not needed for these specific purposes.

**880 Documentation Policy**

1. The medical record shall be complete and legible.

2. The documentation of each patient encounter shall include:

* reason for the encounter and relevant history, physical examination findings, and prior diagnostic test results.
* assessment, clinical impression, or diagnosis.
* plan for care.
* date and legible identity of the patient and the author.
* past and present diagnoses
* appropriate health risk factors should be identified. patient's progress, response to and changes in treatment, and revision of diagnosis should be documented.

The Twelve recognizes that records are a vital asset to:

•facilitate information accessibility, and enhance business by supporting program delivery, management and administration

•deliver customer services in an efficient, fair and equitable manner

•provide evidence of actions and decisions and precedents for future decision making, and

•protect the rights and interests of its clients and citizens.

The Documentation Policy seeks to ensure that:

* it has the records it needs to support and enhance ongoing business and customer service, meet accountability requirements and community expectations
* these records are managed efficiently and can be easily accessed and used for as long as they are required
* records are stored in a secure, locked space designated by the Director
* all contract staff will manage records that they create on behalf of The Twelve according to the terms of their contract.
* all staff are aware of their recordkeeping responsibilities
* the migration of digital records is conducted carefully
* the support and infrastructure to ensure that records kept in electronic form are managed so that they are accessible, readable, inviolate, complete, comprehensive, and authentic for as long as required
* there is a performance of routine and comprehensive system backups of data
* records remain authentic, complete, accessible and useable

Current hardcopy records should be stored. Rarely used records or records no longer in use for official purposes that are still required to be retained will be kept in a locked file cabinet. Electronic records will be retained online. Records of short-term value will be disposed of at suitable intervals. If vital records are stored on removable media, copies should be made.

The location of each record will be to be recorded and updated at every movement of the record. This ensures that records, as assets, can be accounted for in the same way that the other assets are.

Anderson & Associates is responsible for ensuring that records and environmental conditions are monitored regularly to protect records. This will include checking temperature and humidity levels in dedicated records storage areas for paper records and ensuring that digital records are refreshed or replicated when scheduled, when new storage devices and media are being installed or when degradation is detected.

Maintenance of electronic records can also entail the migration of data. Migrations must produce authentic, complete, accessible and useable records.

Records must be available to all authorized staff that require access to them for business purposes.

All records created by contractors performing work on behalf of Anderson & Associates belong to Anderson & Associates. This includes the records of contract staff working on the premises as well as external service providers and students.

**890 Individual’s Service Record**

* Each client shall have a regular record kept of treatment progress. This record is maintained in the clients file. Progress note entries are to be made on the day that the treatment activity occurred.
* All progress notes will be dated at the time that the entry is made into the record.
* All progress notes will include the beginning and ending time of the treatment activity being noted
* Each entry into the client’s progress notes shall be legibly signed by the counselor or staff person providing the intervention
* Each staff signature shall include notation of the credentials of that person
* Each progress notation will specify the problem, goal or objective addressed in the treatment contact. The progress note shall reference the problem, goal or objective in the client’s Individual Service Plan.
* Each progress notation will make note of the intervention method used to address the problem or goal.
* Each progress notation will record the measures or impression of the client’s progress resulting from the session; each notation will address any resistance or lack of progress
* Each progress notation shall record the client’s observed response to the intervention, and note any interpretations of the staff member about the observed response
* Each progress notation will specify new goals, problems or objectives that were identified during the intervention
* Programmatic discharge shall be limited to those persons who have
	1. Accomplished all identified goals on the individual treatment plan
	2. Developed with the counselor a discharge plan and relapse prevention program
	3. Signed an approved release of information for all community agencies and resources that will be part of the identified continuing care program
	4. Established a plan for family reintegration
	5. Established a plan for development of social and therapeutic support for continuing recovery

 **890.B Client Face Sheet Form**

**900 Record Storage and Security**

**•**It shall be the policy of The Twelve Recovery to maintain a confidential file of information from outside sources.

• Information from other entities shall be retained in the client’s treatment record

• Information obtained from other entities shall not be re-released except as allowed by the applicable laws and regulations governing confidentiality.

* It shall be the policy of The Twelve Recovery to regard all treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a client as both privileged and confidential.
* The identity of all clients who have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged. Such information shall only be available to persons or agencies actively engaged in the treatment of the client unless a state or federal law exception applies.
* It is the goal to limit access to drug or alcohol abuse treatment information to only those persons or agencies actively engaged in the treatment of the patient and only the minimum amount of information necessary to carry out the purpose designated by any release of information.

**A.2 Storage of Records**

* Access to client records is restricted to persons with a need to know.
* Requires client records be stored under lock and key in a secure area, or alternatively in a secure electronic record keeping system with controlled access.
* Closed client records will be stored under lock and key or secure electronic file.
* A period of retention of seven 7 years.
* Records disposed of or destroyed under confidential conditions.

**A.3 Storage of Electronic Records**

* Access to electronic records will be dictated by a need to know based on staff hierarchy; staff administrators will have full access.
* We will ensure the operation of an effective electronic information collection system (Lauris) which includes proper security for the data. The Twelve Recovery shall assign staff to perform tasks related to the management information system.
* Only appropriate staff shall have access to and use of the information system data. Other persons or organizations requesting same must be approved by the Program director.
* Information collected which identifies clients shall be kept in a locked file housed in a secure area.

Releases of information which identify clients must be accompanied by the appropriate signatures.