United Cerebral Palsy of Maine
Elizabeth Levinson Center

Abuse, Neglect, Mistreatment, Injury of Unknown Origin
Reporting and Investigating

The residents of United Cerebral Palsy of Maine/Elizabeth Levinson Center (UCP/ELC) have the right to be treated in a courteous, considerate and humane manner. Each employee has a responsibility to guard against client abuse, neglect and mistreatment. As mandatory reporters, all staff of UCP/ELC must promptly report all possible cases of resident abuse, neglect or mistreatment or injuries of unknown origin to their supervisors. All allegations must then be reported to State officials in accordance with State and Federal Laws and regulations.

An allegation of mistreatment is just that – an allegation; there is no presumption of wrongdoing on the part of the staff member. The only effective way to deal with any allegation is by a prompt and thorough investigation which results in the revelation of the facts in each case. Substantiated charges of resident mistreatment will result in disciplinary action.

Definitions:

1) **ABUSE** is the willful infliction of injury, unreasonable confinement, intimidation or punishment with the resulting physical harm, pain or personal anguish.

   a. **Physical Abuse** refers to any action intended to cause physical harm or pain, trauma or bodily harm (e.g. hitting, slapping, punching, kicking, pinching, etc.) It includes the use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.
   b. **Verbal Abuse** refers to any use of insulting, demeaning, disrespectful, oral, written or gestured language directed towards and in the presence of the client.
   c. **Psychological Abuse** includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation, sexual coercion and intimidation (e.g. living in fear in one's home). Please note: since many clients residing in ICF/IIDs are unable to communicate feelings of fear, humiliation, etc. associated with abusive episodes, the assumption is made that any actions that would be viewed as psychologically or verbally abusive by a member of the general public, would also be viewed as abusive by the client residing in the ICF/IID, regardless of that client's perceived ability to comprehend the nature of the incident.
   d. **Sexual Abuse** includes any incident where a client is coerced or manipulated to participate in any form of sexual activity for which the client did not give affirmative permission (or gave permission without the attendant understanding required to give permission) or sexual assault against a client who is unable to defend him/herself.

1) Neglect means a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Please note: Staff failure to intervene to prevent self-injurious behavior may constitute neglect. Staff failure to implement safeguards once client to client aggression is identified, may constitute neglect.
2) Mistreatment for the purposes of this guideline, includes behavior or facility practices that result in any type of client exploitation such as financial, physical, sexual, or criminal/ Mistreatment also refers to the use of behavioral management techniques outside of their use as approved by the Human Right and Assurance Committee and facility policies and procedures.

3) Inappropriate Conduct: Improper interaction between staff and clients that does not rise to the level of abuse, neglect or mistreatment.
4) Confidentiality: The act of ensuring that all medical administrative records, reports and facts contained in them are not disclosed by any person without proper authorization.
5) Injury of Unknown Origin: Any physical injury which was **not** witnessed and cannot be explained by the individual's medical condition, medication, or known behaviors for which a

program is in place or otherwise noted in the individual's care plan.

Reporting Procedure:

All allegations of abuse, neglect, mistreatment, resident injury, and injury of unknown origin (child or adult) will be reported to the Division of Licensing and Regulatory Services (DLRS) Department of Health and Human Services *immediately*, either by phone 1-800-383-2441 or in writing via fax (207) 287-9307.

I. Abuse, Neglect and Mistreatment

All staff, whether paid or volunteer, including directors, supervisors, and the Chief Executive Officer are required to report any case of neglect, abuse or exploitation or suspected neglect, abuse or exploitation to DHHS per 22 M.R.S.A. §3477 for Adults and 22 M.R.S.A. §4011-A for Children. The supervisor receiving the report will *immediately* notify the facility Director/Administrator, DLRS, the DHHS Adult Protective Service 1-800-624-8404 (for individuals eighteen years of age and older) and the residents parent and/or guardian, if appropriate, of the allegation. For individuals under eighteen years of age, Child Protective shall also be notified. (CPS- 1-800-452-1999). The Director of Nursing has the authority to act in the Administrator's absence and take immediate corrective actions necessary to assure a client's safety.

If the initial (*immediate*) notification is made by phone the allegation must be followed up in writing within twenty-four (24) hours after the initial phone report of the incident. The Director/Administrator or his/her designee will complete a Reportable Events Form for all residents involved and submit the form to DHHS per protocol.

In addition, pursuant to 22 M.R.S.A. §4011-A(1) regarding reporting suspected abuse or neglect for children, if a staff member does not report concerns directly to DHHS and instead reports their concern to a member of management, the mandated reporter (notifying person) must acknowledge in writing that they have received confirmation that the report has been made by UCP of Maine to the Department of Health and Human Services' (DHHS') Child Protective Services. The confirmation must include the name of the individual making the report to the department, the date and time of the report and a summary of the information conveyed. This confirmation is generally documented on the Incident/Accident Form. If the mandated reporter does not received confirmation within 24 hours of notifying UCP of Maine, the mandated reporter is required to report directly to DHHS.

II. Resident Injury and Injury of Unknown Origin

All resident injuries witnessed or un-witnessed will be recorded on an "Incident Report" and posted on the physician board for review by the Director of Nursing Services, Administrator and Physician.

All injuries of unknown origin will be recorded on an "Incident Report" and reported immediately to the Facility Director/Administrator (or designee) and DLRS. Reporting will be accomplished through the use of the "Incident Report" Form. If the injury is the possible result of abuse, neglect or mistreatment, the individual's guardian will be notified and the reporting and investigation procedures for abuse, neglect or mistreatment will be followed.

Injuries are considered to be of unknown origin when both conditions are met:
1. Source of injury was not witnessed by any person **and** the source of injury could not be explained by the resident; **and**
2. Injury is suspicious because of the extent of the injury **or** the location of the injury.

Any employee found to be in violation of this reporting procedure may be subject to disciplinary action.

Investigation:

I. Abuse, Neglect and Mistreatment

1. When an allegation of resident abuse, neglect, or mistreatment is made, the Director/Administrator or designee will:

   A. Ensure that the parent, guardian or correspondent of the resident(s) involved has been notified;
   B. Ensure that the Human Rights and Assurances Committee receive notice of any allegations and investigations conducted in the facility regarding allegations of abuse, neglect, mistreatment, or exploitation of a client.

2. All staff with knowledge of the incident or who have been interviewed as part of the facility investigation must keep confidential all knowledge of the incident and investigation. Staff is to refrain from discussion so as not to impede or prejudice any investigation.

3. The Director/Administrator or designee will give written notice to the employee(s) involved regarding the nature of the alleged resident mistreatment. A copy will be sent to the employee's supervisor.

4. The individual alleged to have perpetrated the abuse, neglect or mistreatment will be prohibited from providing direct services to any resident during the preliminary investigation.

5. The Director/Administrator or designee may place any employee on administrative leave or temporary reassignment pending the outcome of an investigation if it is determined that resident or employee welfare should warrant such action or to ensure that there will be an equitable investigation. Administrative leave pending investigation will not prejudice subsequent disposition of the case.

6. The facility will conduct an investigation of the alleged abuse, neglect, or mistreatment.

7. The investigation shall include at a minimum, where appropriate, the resident's description of The incident, the collection of all interviews, statements, physical evidence and any pertinent maps, pictures or diagrams, review of all the gathered information, resolution of any discrepancies, summary of conclusions and recommendations for action both to safeguard all the clients during the investigation and after the completion of the report.

8. Should it become apparent to the investigator(s) that a witness may become subject to disciplinary action resulting from the investigation for not reporting, he/she will be informed in writing. (See Personnel Policy: Grievance Policy)

9. The completed investigative report will contain a summary of all pertinent evidence, supporting written statements of witnesses, and a determination of whether or not the alleged resident mistreatment is substantiated or not substantiated. If substantiated, the report will contain a recommendation for employee discipline as well as recommendations for steps to prevent recurrence. The results of all investigations will be reported to the Director/Administrator of the Elizabeth Levinson Center, DLRS, and UCP's Chief Operations Officer within five (5) working days of the incident.

10. After reviewing the investigative report, the Director/Administrator will:

    A. notify the employee(s) if the alleged resident mistreatment is found to be unsubstantiated or;
    B. if the resident mistreatment is substantiated, the Director/Administrator will direct the employee's supervisor to discipline the employee(s);
    C. The Director/Administrator will notify the Human Rights and Assurances Committee of the results of the investigation at the next scheduled HRAC meeting.

II. Injury of Unknown Origin

1. All resident injuries of unknown origin will be investigated by the facility.

2. The investigator will immediately report to the facility Director/Administrator if it is believed that the injury of unknown origin may constitute Abuse, Neglect or Mistreatment. In addition, procedures for Investigating Abuse, Neglect or Mistreatment will be implemented.

3. The outcome of all investigations into injuries of unknown origin shall be reported, in writing, to the facility Director/Administrator within five (5) working days.

4. The final investigation report will be forwarded to the Division of Licensing and Regulatory Services within five (5) working days.

A copy of this policy is to be signed and dated by the employee annually and signed and dated by a witness. A copy of this policy will be maintained in the employee's personnel file.

Date: _____ _____
Employee's Name PRINTED

Date: _____ _____
Employee's SIGNATURE

Date: _____ _____
Witness' SIGNATURE

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Resident Protection Investigation Administrative Leave
(Attachment Ca)

To: _____

From: _____

Date: _____

Subject: Temporary Administrative Leave due to an Allegation of Mistreatment

____ This is to inform you that an allegation of mistreatment has been made against you. You are not to work in direct contact with residents pending the outcome of an investigation of the allegation.

____ You are being placed on administrative leave until an investigation of an allegation is concluded.

_____ This administrative leave action is conducted without prejudice and without pay. Please make yourself available by telephone during this period. If an allegation is found to be unsubstantiated, any regular part-time or fulltime employee will receive pay for loss of worktime during the suspension.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Accessibility Statement

I. Purpose

The regulation implementing Section 504 requires that an agency/facility "... adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons."

II. Policy

United Cerebral Palsy of Maine and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons
- Curb cuts and ramps between parking areas and buildings
- Level access into first floor level with elevator access to all other floors
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no charge for such aids. Some of these aids include:
    - Qualified sign language interpreters for persons who are deaf or hard of hearing
    - A twenty-four (24) hour telecommunication device (TTY-TDD) located at the Elizabeth Levinson Center which can connect the caller to all extensions within the facility, for use by persons who are deaf, hard of hearing, or speech impaired
    - Readers and taped material for the blind and large print materials for the visually impaired
    - Flash Cards, Alphabet boards and other communication boards
    - Assistive devices for persons with impaired manual skills

III. Required Posting

A posting that contains the information in this policy is posted in all reception areas of the agency. Individuals who wish to access features referenced here should contact the receptionist or their UCP provider.

(Revised 8/2016)

Active Treatment

United Cerebral Palsy of Maine/Elizabeth Levinson Center instructs and supervises staff to their responsibility and accountability in providing for safety, health, care and training of its residents. An active treatment program for each resident shall include activities for the development of daily living, behavioral, leisure time and social skills with the goal of increasing independence. Direct care staff is assigned responsibilities as both primary trainers and to assist in carryover activities designed and monitored by an appropriate professional.

Procedure

A. Direct care staff shall provide each resident with an appreciable and appropriate amount of attention each day. All training shall be carried out in a continuous and documented manner. A personalized homelike atmosphere shall be maintained by staff to the maximum extent possible. Adequate administrative and fiscal support shall be provided to ensure appropriate programming. Work schedules should be arranged and sufficient staff provided so that staff members are not diverted from their resident care responsibilities by regular housekeeping and clerical duties or any other nonresident care activities.

B. Direct care staff representing each shift shall participate in the Interdisciplinary Team (IDT) Process. Administrative support will ensure that participation by direct care staff in the IDT meeting is realized.

C. Habilitation plans must be based on specific evaluations that identify each resident's needs for growth and development. These plans and programs:

1. Shall be available to direct care staff;
2. Shall be part of the resident's record;
3. Shall be reviewed by a member of the IDT at least monthly and documented.

D. Individual activity schedules are part of the direct care staff's responsibility and:

1. Shall be implemented daily and be truly reflective of each resident's identified needs;
2. Shall be part of the resident's record;
3. Shall be updated annually and as needed;
4. Shall allow for individual activities with appropriate materials as specified by the IDT;
5. Shall allow for some group activities as applicable to the resident's developmental level with appropriate materials as specified by the IDT.

E. Residents:

1. Shall spend a major portion of each waking day out of bed;
2. Shall spend a major portion of each waking day out of bedroom area;
3. Shall have planned daily activity and exercise periods;
4. Shall be mobile whenever possible.

F. All residents shall have planned periods of outside time on a year-round basis suitable to weather and season.

G. Residents shall be permitted personal possessions. A Personal Property Inventory shall indicate resident's belongings to include clothing.

H. Contraindications of any of this policy by the resident's current condition shall be documented with reasons on the resident's record and reviewed quarterly.

I. Activity programs or training not accomplished as set up by the Interdisciplinary Team shall be documented with reasons on the resident's records and shall be discussed at the Interdisciplinary Team Meeting for further recommendations.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Admission Policy

It is the policy of the United Cerebral Palsy of Maine (UCP) and the Elizabeth Levinson Center (ELC) to provide admission to care for eligible individuals.. In evaluating individuals for admission, UCP and ELC do not discriminate because of race, creed, color, national origin, sexual orientation, gender, disability, age, or as otherwise prohibited by law with respect to the admission, retention and care of residents.

The criteria for admission are as follows:

- Diagnosis of intellectual disability or a related disorder causing deficits in functional skills and/or adaptive behaviors (ICD-10 CM coding F70-79); or Autism Spectrum or Rett Syndrome.
- Presence of a medical condition , or conditions, which would constitute a need for a minimum of eight hours of nursing care per day;
- A current Comprehensive Functional Assessment that establishes the need for Active Treatment services.
- Physician certification of need for active treatment and nursing care.

UCP and ELC recognize long term care admissions only:

A. **Long-Term:** An admission that is anticipated to result in a residential stay greater then twenty-one consecutive days and is approved through the Medicaid classification process.

Applications that are funded from non-Medicaid funding will be considered on an individual basis. In the admissions process, priority is given to individuals in need of long term placement for services.

There are limits on the extent of medical (nursing) services that can be provided at UCP/ELC. ELC cannot accept or monitor care to individuals who have any acute illness, display signs of communicable disease, have diseases or other conditions that require the degree of care and treatment which acute care hospitals, Skilled Nursing Facilities or other non ICF/IID health care facilities are designed to provide. It shall be the responsibility of the Director of Nursing and Facility Director to determine medical need and UCP/ELC's ability to meet that need. In addition, UCP/ELC staffing levels do not allow admissions for individuals that:

1) Require one-to-one staffing.
2) Present behaviors which are a danger to self or other medically fragile individuals.

Admission Procedures
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All admissions are governed by the following process:

Application Process:

- The process for admission begins when a referral is made to UCP/ELC's Social Services Department.
- Once a referral is made, UCP/ELC's Social Work Department will send an "Application for Admission" to the referring agency or individual.
- When a completed "Application for Admission", and current Comprehensive Functional Assessment are received by UCP/ELC, the Administrative Team will meet to review the application. The following criteria are used by the UCP/ELC Administrative Team to determine the appropriateness of an individual's admission:

  1) Diagnosis of intellectual disability.
  2) Medical needs that require the presence of a licensed nurse for supervision at least eight hours per day.
  4) A current Comprehensive Functional Assessment that establishes the need for Active Treatment Services.
  5) UCP/ELC's ability to meet the needs of the individual.
  6) Physician certification of need for nursing care and active treatment.

- A home visit by the DON and Social Worker is recommended for all long-term placement requests.
- A trial visit may be requested before a final determination of placement is made.
- Once a decision is made as to the appropriateness of placement, a letter will be issued to the referring agency or individual.
- If the UCP/ELC admission team members believe that a placement is inappropriate, the team will notify the referring agency or individual.
- If placement is determined appropriate, a pre-placement meeting will be scheduled to plan the individual's transition into UCP/ELC, identify needed services and develop a pre-placement Individual Program Plan (IPP). This may or may not coincide with the date of admission.

Admission

- Admissions to UCP/ELC will be scheduled at the discretion of the administrative team based on client/family needs.
- Only a parent, legal guardian, or designee can admit a resident to the Center, unless under Court Order.
- A registered nurse will be available to assess the medical condition of the individual at the time of admission.
- Federal and State regulations require that prior to admission, UCP/ELC **must** have the following information:
  1) A complete medical history, with immunization records.
  2) Current medical status and physical disabilities.
  3) Transfer Form BMS-85 or other eligibility certification as directed by the Department of Health and Human Services.

4) Nursing Plan of Care.
5) Preliminary Individual Program Plan (IPP).
6) Current Individual Educational Plan (IEP), if available.
7) Reason for referral if emergency.
8) Personal property inventory signed and dated.
9) Documentation of legal guardianship.
10) Physical examination report from a physical completed no more than seven (7) days prior to or forty-eight (48) hours following admission.
11) Current Physician's orders.
12) Birth Certificate.
13) Social Security Card.
14). Client Personal Funds (Social Services Department).
15). Speech/language, PT, OT, most recent psychological report if available

- UCP/ELC will be appointed representative payee for client. Client, parent, or guardian will assist in the process.
- Guardian will provide facility with choice of Funeral Director and any special requests including cultural or religious customs related to the facility in the event of unexpected passing in the facility.
    - All admissions to ELC must be vaccinated for Influenza prior to admission and must continue to receive booster unless contraindicated by physician.

Occasionally, emergency admissions of clients may occur without the benefit of a preliminary evaluation having been conducted prior to admission. When situational emergencies necessitate admission before a preliminary evaluation can be conducted, or when pre-admission information is incomplete, the completion of the preliminary admission evaluation within seven (7) calendar days is required.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

ADMISSIONS AGREEMENT

Resident: _____

Services to be provided per this agreement include but are not limited to:

Residential Unit:
Daily exercise, ADL skill training, communication of significant events, participation in IPP Process, execution of Hab Plans, access to religious activities, transportation, socialization, recreation, and community experience.

Responsibility: Q.I.D.P.

Day/School Program:
General supervision of resident's health and safety, daily exercise, communication of significant events, participation in IPP Process, development and implementation of Hab Plans (based on IDT recommendations), plans for general habilitation service delivery to client, mobility and safety skills, recreation/community exposure.

Responsibility: Q.I.D.P.

Client Services Manager:
Casework services including SS/SSA monitoring, certification, guardianship planning and placement, communication, facilitation of family relationships, visitation with family, facilitate release of information, participation in IPP process, maintains documentation of client status.

Responsibility: Social Services Designee

Program Manager:
Preparation, chairing, participation and follow-up monitoring of IPP process, facilitating/monitoring use of behavior management programs, development and implementation of Hab plans, regular communication and visits to day/school programs, facilitating arrangements for psychological/psychiatric services and evaluations, facilitating ancillary evaluations (i.e., OT, PT, Speech), coordination of programming and activities.

Responsibility: Q.I.D.P.

Medical/Nursing:
Annual physical, dental, vision, hearing, ongoing medical treatment; diet and medication review; medical monitoring/intervention PRN; clinics as needed. Supervision of the health and safety of residents.

Responsibility: **Director of Nursing**

Administrative:
Those services not included in reimbursement will be billed to the legal guardian. Services included are lab work, over the counter medications that are not stock drugs, non-contracted dental services, personal expense items (i.e., snacks, clothing, haircuts, individually preferred cosmetics and personal care items), and optional recreational activities.

As provided by State Statute, families are entitled to thirty (30) days written notice prior to unplanned discharges. A thirty (30) days notice will also be given to legal guardians for review and renegotiation of Agreement prior to any changes in rates, responsibilities or services.

Parent/Guardian Signature **Date**

Facility Representative Signature **Date**

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Alcohol and Drug Use

It is the policy of United Cerebral Palsy of Maine/Elizabeth Levinson Center that no alcohol or illegal substances may be brought onto or consumed on the facility premises to include buildings and property.

It is also the policy of United Cerebral Palsy of Maine/Elizabeth Levinson Center that no employee, volunteer, contractors or work study students shall report to work under the influence of alcohol or illegal substances. Any supervisor who suspects that an individual is under the influence of intoxicating substance will prevent the individual from providing direct care and call the Facility Director.

Violations of this policy are grounds for immediate disciplinary actions, including dismissal.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Instructions: Each section of this form must be carefully reviewed. Please note incomplete or inaccurately completed forms will not be honored by UCP of Maine.

Resident Name: _____ Case #: _____ Date of Birth: _____

I understand that health care information is confidential and will not be released without my authorization unless permitted by law. I understand that I have the legal right to refuse authorization to disclose all or some health care information, but refusal may result in improper diagnosis or treatment, denial of insurance coverage, or other adverse consequences.

SECTION 1: Releasing/Requesting Information

I hereby grant my permission for the authorized employees or agents of UCP of Maine, located at 700 Mt. Hope Avenue, Suite 320, Bangor, ME 04401

By law, providers are required to release the minimum amount of information necessary to carry out the purpose of a release. Use the line beside each document type below to indicate the date or range of dates for written information to be disclosed under this authorization, as appropriate.

IMPORTANT: At least one box in each column MUST be checked:

To **RELEASE** the following information:	To **REQUEST** the following information:
☐ None	☐ None
☐ Admission/Intake Summary: _____	☐ Admission/Intake Summary: _____
☐ Assessment/Evaluation Information: _____	☐ Assessment/Evaluation Information: _____
☐ Psycho-Social History: _____	☐ Psycho-Social History: _____
☐ Treatment Plan/Plan of Care: _____	☐ Treatment Plan/Plan of Care: _____
☐ Discharge Summary/Discharge Orders: _____	☐ Laboratory/X-Ray Results: _____
☐ Progress Notes: _____	☐ Psychiatric Evaluation/Diagnosis: _____
☐ Ongoing verbal communication for treatment and discharge planning: _____	☐ Discharge Summary/Discharge Orders: _____
☐ Other (specify): _____	☐ Progress Notes: _____
	☐ Ongoing verbal communication for treatment and discharg planning: _____
	☐ Medical Information: _____
	☐ Other (specify): _____

Information to be **RELEASED TO/OR REQUESTED FROM:**

Company (if applicable): _____ Attention: **Records Departmen**

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

SECTION 2: Purpose of the above release (Place an X by each appropriate option).

The information and material above may only be used for the following purpose (s):

_____Verification of Services _____Ongoing Service Coordination _____Treatment/Service Planning
_____Legal Matter(s) _____Other (specify): _____

OVER

SECTION 3: Special Consents

I understand that the party (ies) listed in Section 1 of this authorization need(s) my specific consent to disclose information pertaining to treatment and/or diagnosis of mental health conditions, substance abuse and/or HIV status. I understand that authorizing the release of such information does not confirm the existence of such history or treatment.

(PLEASE CIRCLE ONE)

I **DO/DO NOT authorize** the release of any information, which refers to the diagnosis or treatment of ALCOHOL OR DRUG ABUSE under this authorization.

If I authorize the release of this information, I understand that the recipient of such information may not further release this information without my specific consent or unless permitted by law.

I **DO/DO NOT authorize** the release of any information, which refers to the diagnosis or treatment of MENTAL HEALTH under this authorization.

I **DO/DO NOT** wish to review the material indicated, before release.
If I have not initialed, it will be assumed that I do not wish to review the material.

I **DO/DO NOT authorize** the release of any information, which refers to the testing, diagnosis or treatment of HIV/AIDS.

SECTION 4: Revocation and Expiration
I have the right to revoke this authorization in writing or verbally at any time. Revocation will not cover information/material released prior to that date, but will prevent further release of information. I understand that revocation may be the basis for denial of health benefits or other insurance coverage or benefits.

This release expires on_____

This release may not exceed a maximum of 1 year (six months for minors in residential treatment facilities).

SECTION 5: Signatures
My signature below indicates that I have read this release form and have had all of my questions answered, if any.

- I understand what this form authorizes and consent to the release of information as recorded on this form.
- I authorize the party (ies) listed in SECTION 1 of this form to make subsequent disclosures to the same recipient pursuant to this authorization.
- I understand that information released by UCP of Maine might be further released by the receiving party noted in SECTION 1, and that if this occurs: UCP of Maine cannot guarantee the protection of this information once disclosed.
- I understand that I have a right to request a copy of this authorization.

_____ _____
Resident Signature Date

_____ _____
Representative* Date

*Indicate relationship to client
- ☐ Parent
- ☐ Legal Guardian
- ☐ Other Legally Authorized Representative (specify):_____

Witness _____

United Cerebral Palsy of Maine
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Behavior Incident Report

If a behavior occurs and you are not sure if you should report it, please do.

You will fill out a behavior incident report when:

1) Self-injurious behavior results in physical injury.

2) Behavior that causes harm or potential harm to another person.

3) A behavior places an resident or others in jeopardy.

4) Behavior that causes property damage.

5) Potentially harmful behavior is observed.

If the resident is an adult, (over 18 years) fill out a Reportable Event Form and fax to Region III, DHHS, Office (Fax #561-4396).

Any behavior-related incident which causes physical injury must be reported on a behavior
And regular Incident Report. Regulations governing Emergency interventions and Behavioral Treatment for People with Intellectual Disabilities and/or Autism (14-197, MR,
Ch.5) gives further clarification on reportable events.

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CAMPFIRE POLICY

Periodically ELC staff may host a campfire activity for residents on ELC grounds. Before burning the following criteria must be met:

1. Fires must be planned and listed on the weekly activity schedule ahead of time.
2. ELC can only burn on days that are Class 2 or below for fire danger as ranked by the Maine Forest Service. Please check the Maine Forest Website at http://www.maine.gov/dacf/mfs/wildfire_danger_report/index.html to determine the day's Class ranking before burning.
3. Per city ordinance ELC cannot burn if wind speed is above 10 MPH. Current wind speed can be found on National Weather Service website at http://forecast.weather.gov/MapClick.php?CityName=Bangor&state=ME&site=CAR&lat=44.8322&lon=-68.7875#.VYw9D_PD_IU
4. Fires must be in contained fire pit provided by the facility at designated burning location. Do not burn within 50 feet of any structure.
5. There must be two staff persons at the campfire at all times.
6. A fire extinguisher must be at the camp fire sight at all times while burning. One has been provided by Maintenance.
7. All fires must be completely extinguished at completion of the activity.
8. Only burn materials provided by the facility.
9. Do not use flammable liquids to start the fire or at any time during the process.

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Cell Phone Policy

Use of cell phones in residential areas while working should be limited to work related functions. This includes using Paylocity, Electronic Health Records, timing seizures, or computer log in authentication. Staff may use phones directly with residents for educational purposes.

Staff use of cell phones for personal use should be made during breaks outside of the residential areas.

Use of cell phones should never interfere with resident care.

During planned activities/outings employees may use their cell phones to take pictures of approved residents to share with guardians or the Activity Coordinator if previously requested by guardian or Admin. Once the photo is sent to the recipient, it needs to be immediately deleted from the employee's phone. Any other photography is strictly prohibited at any time.

United Cerebral Palsy of Maine
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CNA Staffing on Units

United Cerebral Palsy of Maine/Elizabeth Levinson Center uses Certified Nursing Assistants (CNAs) as required by State ICF/IID Nursing regulations.

Procedures

All residential staff assigned direct care responsibilities will have a documented criminal background checks on file at Human Resources.

All residential staff assigned to units will have a CNA credentials.

All CNAs at United Cerebral Palsy of Maine/Elizabeth Levinson Center must be listed in good standing with the Maine CNA Registry.

A licensed nurse will supervise and evaluate the nursing care performance of CNA staff on the nursing units along with the Director/Administrator or designee. The QIDP will supervise and evaluate active treatment performance. This will be accomplished in part by the following:

A. Nurses attending unit staff meetings;

B. Nurses providing brief training vignettes or updates to CNA staff on a regular basis;

C. Nurses being available to answer any clinical questions that CNAs may have;

D. Nurses provide supervision and direction to CNAs on the units and report pertinent information and/or issues to Director of Nursing.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Committees

The following shall be standing Committees at Elizabeth Levinson Center:

Policy Review and Acceptance Committee

This Committee shall review existing policies of the Center and shall recommend to the Director/Administrator changes in existing policies or development of new policies.

Meeting Schedule: At least annually.
Membership: Parents, Administrative Team, Chief Executive Officer of UCP, and Pharmacy Representative.
Terms: None

Human Rights and Assurances Committee

This Committee shall review, approve and monitor individual programs designed to manage inappropriate behavior and other programs that involves potential risks to resident's rights and protection.

Meeting Schedule: At least quarterly.
Voting Members: Parent/Guardian, Social Service Designee and interested community members.
Non-Voting Members: Administrator, Director of Nursing, CNA Coordinator, Program Director
Terms: This membership will serve as an appointment of the Chief Executive Officer of UCP.

Incident/Behavior Review Committee

This Committee shall review documented incidents/behaviors involving residents. The Committee shall make recommendations to the Administrator on preventive practices or program issues.

Meeting Schedule: At least quarterly in conjunction with the HRAC meeting.
Membership: CNA Coordinator, Administrator, Q.I.D.P., Director of Nursing Services, one staff from each wing and the Social Service Designee.
Terms: This membership will serve at the discretion of the Administrator.
For efficiency: IBRC & HRAC may meet at the same time.

Education Committee

The Education Committee has been established to coordinate staff training opportunities at ELC. This group will meet periodically to identify staff learning needs and facilitate programs to meet those needs. Membership on the committee will be drawn from among ELC staff. Additional staff from UCP and/or ELC may also be invited to participate as needed to assist with planning and implementation of educational offerings.

United Cerebral Palsy of Maine
Elizabeth Levinson Center
Committees

State Review Committee (3-Person Committee)

This Committee is an external state mandated committee for review and approval of each resident's restraints and any intrusive behavior plan(s). ELC's Social Service Designee collects relevant information to be presented and approved by the 3-Person Committee. ELC's Social Service Designee, also, represents ELC at the 3-Person Committee meetings as needed or requested acting as a resident advocate and liaison between ELC and the Committee.

Resident Council

The Friends and Family Group of United Cerebral Palsy of Maine/Elizabeth Levinson Center Group serves as the Resident Council for all residents under guardianship.

Meeting Schedule: Bi-annually.
Membership: Parents/Guardians, Social Work Designee, Administrator, Q.I.D.P., D.O.N.
Terms: None

Infection Control

This Committee is to assure the type of surveillance and reporting are adequate and are in compliance with State and Federal Laws. The committee shall monitor the control measures used for prevention of communicable diseases and evaluate those documented in the facility.

Meeting Schedule: Annually.
Membership: Director/Administrator, Physician (if available), Infection Control Nurse, DON, CNA Coordinator, Facility Manager, a Custodian, Cook II and one staff from each wing.
Terms: This membership serves at the discretion of the Director/Administrator.

Dietary Committee

This committee will case review dietary needs of each resident as well as review dietary policy/ procedures to ensure highest quality and excellent interdepartmental communications.

Meeting Schedule: Annually or more frequent as determined necessary.
Membership: Administrator, DON, QIDP, Food Service Manager, Registered Dietician
Terms: None

Safety Committee

Safety Committee will be managed by UCP.

(Revised 8/2018)

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Common Area Furniture & Donations

UCP of Maine Elizabeth Levinson Center can only accept donations of furniture, décor, or chairs that can be used commonly by all residents.

The donated item must be clean, in good condition, safe, and meet all regulatory requirements including but not limited to local, state, federal, Life Safety, and UCP/ELC Policy.

All donations must be preapproved by the Administrator, Director of Nursing, Social Service Designee, and Director of Maintenance. Due to space limitations we will be very restricted on what can be accepted.

If family, friends, or guardian want to bring or donate a piece of furniture to a specific resident it must stay in the resident's room. It must also be preapproved by the Administrator, Director of Nursing, Social Service Designee, and Director of Maintenance. The item must meet all safety, policy, and regulatory requirements. For safety and compliance reasons rooms cannot be overcrowded.

This policy will take effect September 14, 2016. All furniture placements or donations prior to this date will be waived from this policy.

Note: All resident furniture already in facility at the time of this policy will be eligible to be replaced by parent/ guardian due to wearing out or other approved reasons. Any new items must meet all regulatory requirements.

(Added 8/2016)

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Communicable Disease Policy

United Cerebral Palsy of Maine/Elizabeth Levinson Center shall not employ or otherwise permit any person to serve in any capacity if such person has a communicable or contagious disease or condition which would make him/her dangerous to the health and welfare of the residents. The facility may require a medical examination that will present satisfactory evidence verifying the presence or absence of any such disease or condition. See Table I.

PPD

All new employees are required to have either a tuberculin test PPD (intermediate strength) on hire or present written documentation of a current PPD. This will be coordinated by UCP Human Resources.

Influenza

All new employees must be fully vaccinated for Influenza prior to starting employment. All employees must continue to receive the boosters for both per CDC or DLRS guidance.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Staff Communicable Disease
Table I

Disease		***Work Status***
IMPETIGO	**(GROUP A STREP)**	OFF UNTIL 24 HOURS OF ANTIBIOTIC TX
STREP THROAT	**(GROUP A STREP)**	OFF UNTIL 24 HOURS OF ANTIBIOTIC TX & AFEBRILE
SHINGLES	**(HERPES ZOSTER)**	OFF UNTIL LESIONS DRIED-USUALLY 6-14 DAYS
CHICKENPOX	**(VARICELLA ZOSTER)**	OFF UNTIL LESIONS DRIED-USUALLY 5-7 DAYS
HEPATITIS A, B, C		RELEASE FROM PRIMARY MD TO RETURN TO WORK
HEADLICE/ SCABIES		OFF UNTIL TX (1 DAY)
COVID-19		REFER TO MOST RECENT GUIDANCE.
RINGWORM		IF LESION CANNOT BE COVERED;OFF UNTIL AFTER TX HAS BEGUN AND LESION HAS STARTED TO SHRINK
BACTERIAL CONJUNCTIVITIS		OFF UNTIL 24 HOURS AFTER ANTIBIOTIC TX
INFLUENZA / URI		OFF PER PRIMARY MD RECOMMENDATION AND MINIMUM 24 HOURS AFEBRILE
HIV		AT MD DISCRETION
MRSA (INFECTED)		OFF UNTIL CULTURES ARE NEGATIVE (COLONIZED) MD RELEASE REQUIRED OR UNTIL OPEN DRAINING WOUND THAT CANNOT BE COVERED OR CONTAINED IS HEALED
KNOWN MRSA (COLONIZED)		MD RELEASE

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Confidentiality

Date of Origin: July 22, 2004
Modification Date(s): 4/14, 2/20/15, 5/13/19
Date of Last Review: 06/11/2019
Policies Referenced: Client Records Policy

I. Purpose

To outline the expectations of UCP of Maine employees, volunteers and contractors regarding client and employee confidentiality

II. Definitions

Confidential Information - Information made confidential by law, such as "Protected Health Information" (PHI) under the Health Information Portability and Accountability Act of 1996 (HIPAA) or by UCP of Maine policies.

III. Policy

All information relating to UCP of Maine clients and family members, vendors and all employee records are confidential and must be treated as such. Confidential information may be information in any form including but not limited to written, electronic, oral, overheard or observed. Access to all information is granted on a need to know basis. A "need to know" is defined as information that is required in order to do your job.

Provision for the protection of the client's right to privacy shall be maintained at all times within the Agency. The client's right to privacy shall be paramount among staff and information will be shared for professional purposes and on a "need-to-know" basis only.

Employees/Volunteers/Contractors shall not access nor disclose confidential information during his/her employment or thereafter except as required in the performance of his or her job in accordance with law and UCP of Maine policies.

All employees, volunteers and contractors, regardless of job category, should appreciate the importance of maintaining confidentiality and the security of electronic protected health information, and understand that compliance with this and other security policies is required of UCP's Code of Conduct. Violation of UCP's security policies will be grounds for disciplinary action, up to and including termination.

Employees and contractors are not permitted to access confidential and protected health information for any individual that is not receiving services from the employee/contractor as part of their regular job duties. Employees and contractors who wish to access information on themselves, family members or other individuals that they do not have a work-related need-to-know, must request such information following the Client Clinical Records policy and is never permitted to access such information independently regardless of relationship to the client/person.

All employees, volunteers and contractors will receive a general orientation to basic confidentiality and security training. Training will be updated regularly on an ongoing basis. UCP will maintain documentation on confidentiality and security awareness and training in UCP training files for employees and in volunteer and contractor files.

Basic confidentiality and security training includes but is not limited to:

- Accessing and disclosing confidential information on a need-to-know basis only
- Proper use of the computer system including email and the Internet
- Proper use of Secure Email
- Procedures for saving data to network drives
- Prohibition on improper copying of files and programs, or loading of unauthorized programs on the information system
- Prohibition on attempting access to electronic protected health information without authorization
- Precautions against malicious software, and procedures to follow if the individual suspects that malicious software has been introduced
- Password management

For employees and contractors with access to confidential and protected health information, additional security training will be conducted on the following:

- Proper use of security features of specific applications being used
- The necessity of maintaining the confidentiality of access codes and passwords
- Additional password management policies
- Reporting security incidents
- Reporting access issues
- Prohibition on attempting access to electronic protected health information not required for the job function
- Client Clinical Records policy
- Other electronic security policies

Employees, volunteers and contractors will review and sign UCP's Confidentiality and HIPAA Statement at hire/engagement and annually thereafter.

IV. Confidentiality and Electronic Technology

Employees will be granted access only to electronic systems required for the employee to perform their job. Volunteers will not have access to UCP's electronic systems that include confidential information. Contractors will only have access to UCP's electronic systems that include confidential information as needed to perform contracted services. Any contractor that has access will receive a full orientation on UCP's confidentiality and IT access policies and will sign a Business Associate Agreement prior to engagement.

The Agency will protect confidentiality of clients and employees by limiting use of cellular phones, facsimile machines, automated information systems and/or technologies when possible. When portable (a.ka. jump or zip) drives are used, the portable drives must always be password protected and must always be a company-issued portable drive.

An employee or contractor who uses a cellular phone for work purposes is required to have a passcode to access information and for use of their phone. Any employee or contractor who uses email or other electronic communication devices is required to send confidential information only via Secure Email unless emails are going from one UCP outlook account to another UCP outlook account, in which case emails are already secure within the same server from employee to employee and secure email is not necessary. Confidential information (information that allows for identification of protected client or employee information) that is shared via email that is not sent via UCP's Secure email is considered a confidentiality breach and must be reported to the Director of Operations, as UCP's Privacy Officer.

Whenever possible, all information/messages need to be carefully considered and "de-identified" regarding client-specific information.

When a staff member ends employment with UCP of Maine, all confidential information must be immediately returned and secured prior to the individual's last day of employment and all client information contained on a personal cell phone must be deleted.

V. Client Records

All information in the client's record is privileged and confidential. Records are kept behind locked doors and are not available to unauthorized persons.

Release of information in a client's record is allowed only with the informed and written consent of the client or client's family/guardian. The expiration date placed on a release of information form should be an appropriate length of time directly related to the purpose of the release form, but never to exceed one year. Signed release of information forms will be updated yearly by the client's worker. In the case of client's inactive status, records will be released only upon presentation of a release with a current date (within one year).

Information in the record is released only after the requesting agency or individual documents the need and right to know.

Specific rules regarding the access, use and dissemination of client records is located in the **CLIENT CLINICAL RECORDS** policy.

It is always the prerogative of the client or parent/legal guardian as to whether or not information is released to another agency or individual, unless by court order, subpoena or statute. If at any time, an Agency worker has concern about this, they may contact the client or family to advise them that a request for information has been received from an agency or individual and ask for their consent to comply with the request.

VI. Use of Client Information in Supervisions

UCP will inform clients that their confidential information may be shared in supervision and consultation to improve the quality of the service(s) being provided.

VII. Reporting of Confidentiality Violations

Any employee, volunteer or contractor who becomes aware of a potential or actual confidentiality or HIPAA violation should immediately report the violation to the Director of Operations, UCP's Privacy Officer.

(Revised 8/2016)

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Consent to Use of Health Care Information

I understand that UCP of Maine will make use of my health care information for purposes of treatment and other lawful functions of UCP of Maine's practice, including securing payment and other usual health care operations. I understand that this information may be available to persons working on UCP of Maine's behalf, who will be subject to the same duty of confidentiality as UCP of Maine with respect to my information.

I understand that if UCP of Maine holds certain sensitive information related to my health care, such as: (1) records covered by federal rules governing confidentiality of alcohol or drug abuse treatment programs; (2) records covered by state rules governing the rights of recipients of mental health services; or (3) records concerning my diagnosis or treatment for HIV infection, then my specific authorization will be required to disclose such information to others. However, I consent to the use of such information by UCP of Maine for purposes of my evaluation and treatment, and I understand that such information may be made available to persons working on UCP of Maine's behalf, who will be subject to the same duty of confidentiality as UCP of Maine with respect to such information. I understand that I may refuse to allow the sharing of some or all such information, but that refusal may result in improper diagnosis or treatment or other adverse consequences.

_____ _____

Resident or Authorized Representative Date

CLIENT:_____

Cost of Living Acknowledgement

UCP recognizes longevity of employment may result in an employee capping out on the pay scale. The agency still wants to recognize employees with a cost-of-living acknowledgment. The ELC Cost of Living Acknowledgement Policy is housed in the UCP Company Policy Library.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Death of a Resident

In the event of the death of a resident from the Elizabeth Levinson Center (ELC), the focus will be on rendering the appropriate care to the resident and assuring that ELC meets its obligation for documentation of the final event as well as coordination of all other aspects associated with the death. There are multiple notifications and procedures which must be instituted by ELC staff. The precise steps will vary, depending on the location where the death occurred, i.e. at ELC, or at another facility, such as EMMC. In addition, any need for autopsy or other special circumstances may impact these procedures.

Death Outside of the Facility:

A resident death which occurs in another care setting, such as at home (if away on a Leave of Absence) or at an acute care hospital, will be handled by community or hospital personnel in accord with their policies. A **"Reportable Event"** form must be entered by ELC staff into EIS online within four (4) hours of the notification of the death. For those residents 18 and older. For those residents below 18, this form will be submitted ONLINE through EIS to the Office of Child and Family Services. The Social Worker will work with the surviving family members to determine how best to dispose of all personal items. The Director of Nursing (DON) will notify the DHHS Waiver Program Manager bt entering death into the DHHS Portal. DON will call/fax Division of Licensing and Regulatory Services (DLRS) to notify them of the death and confirm the discharge date. The DON will also collect the medical records and secure them for archiving. Medications will be disposed of according to approved procedures. (See procedure for "Disposal of Unused Medications"). The Administrator will notify the CEO and COO of UCP and coordinate disbursement of the resident's personal funds within 30 days.

Death at the Center

It is expected that all nursing staff be aware of the Code status for each resident in its care. In the event of a death of a resident within ELC, the following steps are to be followed:

(1) The Charge Nurse on duty at the time of the death will:
- Inspect the resident for the absence of apical pulse, spontaneous respiration, etc.
- Notify the Medical Officer On-Call of the death and determine who will certify the death; also obtain a physician's order to release the body to the designated funeral home, once pronounced.
- Notify parents/guardians.
- Notify the ELC Administrator.
- Notify the ELC Director of Nursing.
- Notify the ELC Social Worker.
- Notify the QIDP.
- Notify the designated funeral home, if known.

- Complete "Reportable Event" online in EIS within 4 hours for residents 18 years and older.
- Complete "Reportable Event" online in Children's Services EIS within 4

hours.

- Notify DHHS Waiver Program by entering into DHHS Portal.
- Notify DLRS of death.
- Document in the progress notes the time respiration apparently ceased, details of the death, time of notification of all parties, results of notification, the time body was removed from ELC and by whom it was removed.
- Complete the Funeral Home receipt for the body (SEE ATTACHED) at time of removal from the facility and place it in the resident's medical record.
- Remove all medication according to the procedure "Disposal of Unused Medications."
- Cancel resident's diet.
- Complete Census Report in accord with timeline for the death.

Available nursing staff will be responsible for cleaning and preparing the deceased client for discharge, including bathing the body if needed, straightening the limbs, laying the resident flat, inserting or having available any dentures, eyeglasses, etc., dressing in light clothing or night clothes. Retain custody of any valuables at ELC and secure them until the family can collect the belongings.

(2) The Administrator will:

- Notify the CEO and Chief Operating Officer of UCP.
- Coordinate disbursement of all personal funds to the responsible estate within 30 days.
- In the event of an unexplained death, complete the Department "Critical Incident" Form. An unexplained death constitutes a Departmental Level I Critical Incident. (Please see Department Policy Protocol in Policy Book.)

(3) The Social Service Designee will:

- Acts as liaison with family to address questions or concerns.
- Work with family to dispose of personal belongings.

(4) The Director of Nursing will:

- Notify the resident's next of kin and/or guardian and advise of their right to request autopsy findings if one is performed. Determine preferred funeral home to take the body.
- Coordinate arrangements for securing personal property and completion of personal property list with dual signatures (see UCP/ELC Personal Property Protocol).
- Complete the NF transfer (Deceased section) form at http://gateway.maine.gov/transfers/
- Notify Division of Licensing and Regulation of deceased resident.
- Coordinate disposal of medications as per procedure.
- Collect all medical and active treatment records and secure for archiving;
- Provide copies of medical information needed for autopsy to EMMC on request of the physician.
- Obtain a copy of the death certificate for the client's medical record.

(5) The Medical Director or his designee will:

- Pronounce the resident and certify the death. The physician who certified the resident's death will be responsible for completing the Death Certificate using block printing or typing only and making it available to the appropriate funeral home. The Death Certificate must be an original, not a copy.
- Provide the order to release the body to the funeral home.
- Evaluate need for autopsy and notify Medical Examiner. If no autopsy is required, arrangements with the funeral home may be made immediately for removal of the body. If arrangements for removal will be delayed due to an autopsy or location of parents or guardians, the morgue at EMMC, or Brookings-Smith Funeral Home (or parents/guardian's choice) will be used for holding the body. The designated funeral home will be called to remove the body. All official reports, (e.g., copies of Death Certificate and Autopsy) are to be sent to ELC.

(6) Housekeeping Service will:

(1) Clean bed and laundry storage areas after removal of body.

(2) Apply new linen and preparation of resident area.

Attachments (1) Certificate of Death **(2) Morticians Receipt**

CERTIFICATION OF DEATH
ATTACHED

UCP/ELC MORTICIAN'S RECEIPT

ATTACHED

United Cerebral Palsy of Maine
Elizabeth Levinson Center
159 Hogan Road
Bangor, Maine

Funeral Home Receipt

This to certify that on _____ at _____, the remains of
(Date) (Time-AM/PM)

_____ together with the personal effects listed below.
(Resident's Name)

Were received from _____.
(Name of Facility)

Body released by _____.
(Nurse or Facility Representative Signature)

Certifying Physician _____.

Mortician's Signature_____

Address _____

City, State, Zip _____

Telephone _____

Personal Effects _____

_____

_____

_____

_____

_____

_____

_____

_____

Directions: Please photocopy and give copy to the funeral home representative. Place original in the ELC medical file.

Dental Services

Dental Services will be made available to all long-term residents of ELC. Emergency dental care will be made available on a 24-hour, 7 days a week basis.
Newly admitted individuals to long-term residents who have not been evaluated by their family dentist during the year prior to admission are to be scheduled with the consulting dentist for assessment and treatment. Prior to a resident's discharge all areas of programmatic tooth brushing, dental evaluations and treatment/ recommendations are shared with parents.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Diagnostic Services

Laboratory Services

Laboratory services are available to United Cerebral Palsy of Maine/ Elizabeth Levinson Center through a contractor. We will call to arrange a draw then fax the order to them.

Routine laboratory specimens will be obtained by A.L.I. phlebotomist or E.L.C. Nurses. Other laboratories are also available for our use when we need non-routine tests performed such as amino acid screening.

X-ray, EEG and EKG Services

These tests are available to the Center through Eastern Maine Medical Center on request of the resident's physician. When a test is ordered, the appropriate department at the hospital will be notified and an appointment made.

When a resident goes to Eastern Maine Medical Center for any of the above services, he/she will be accompanied by a nurse or CNA and take his/her hospital card and emergency file with them.

Effective March 2019, ELC signed an agreement to have MobilexUSA mobile ex-ray services performed at ELC when this option would be best.

Director/Administrator

The Director /Administrator of United Cerebral Palsy of Maine/Elizabeth Levinson Center (UCP/ELC) is responsible to act for the governing body in the overall management of the facility and must arrange administrative coverage of the facility at all times.

The UCP/ELC Director/Administrator acts as the liaison between the Human Rights and Assurances Committee and UCP's leadership; participates as a member of the Resident Council, and the Infection Control Committee.

The Director/Administrator or the Social Services Designee will present all individual programs designed to manage behavior and other programs that may involve risks to resident protections and rights to the Human Rights and Assurances Committee (H.R.A.C.).

Administrator

Each ICF/IID larger than twenty (20) beds in size shall have a full time (at least 40 hours per week) administrator. In ICFs/IID of twenty (20) beds or under, the administrator may be part-time. All duties and schedules of working hours of a part-time administrator of the ICFs/IID must be outlined in the policies of the facility. The ICF/IID shall make such changes in the written policies as the Department of Health and Human Services, Licensing and Regulatory Services may require. An Administrator of an ICF/IID Nursing Facility must be licensed in the State of Maine as a Nursing Home Administrator.

Person to Act in Absence of Administrator

A person, qualified and authorized to act in the absence of the Director/Administrator during the normal working day, shall be designated. Any planned absence of the Administrator for a period longer than thirty (30) days shall be reported in writing to Department of Health and Human Services, Licensing and Certification Division for prior approval.

Acting Administrator for Emergency Conditions

If the licensee of a licensed ICF/IID is required to secure a new Administrator under emergency conditions, he/she may, within seventy-two (72) hours notice to Department of Health and Human Services, Licensing and Certification Division and in accordance with these Regulations, place the ICF/IID in charge of an Acting Administrator. This shall be for such limited time mutually agreed upon between Department of Health and Human Services, Licensing and Regulatory Services and licensee as may be necessary to permit the securing of a qualified Administrator, but in no event to exceed sixty (60) days. When a qualified Administrator has been secured, the name, qualifications, home address and office telephone numbers shall be sent to the Department of Health and Human Services, Licensing and Certification Division. The current license shall be returned to Department of Health and Human Services, Licensing and Certification Division and a new license will be issued within thirty (30) days. If it is unable to secure a qualified Administrator within sixty (60) days, the ICF/IID must immediately submit written evidence of actions being taken to secure a qualified Administrator.[1]

[1]This material comes from the State of Maine Regulations Governing the Licensing and Functioning of Intermediate Care Facilities for Persons with Mental Retardation from the Department of Health and Human Services. Division of Licensing and Certification. 1991.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Discharge Planning Policy

Overview:
ELC will discharge a resident when:

- The resident, or his/her family, desires a change in placement;
- The resident is hospitalized in excess of 25 days;
- The resident's care needs exceed the care that can be provided by ELC;
- The resident's care needs are no longer consistent with ICF placement.

Discharge Planning will be initiated and coordinated by the Social Worker who will collaborate with the Q.I.D.P. and Director of Nursing on the plan for transition. ELC will provide significant information to the subsequent provider to assure continuity of care.

The Director of Nursing will:

1. Compile key information related to the resident's medical and nursing care;
2. Prepare a nursing discharge summary;
3. Submit the resident BMS-85 to DHHS;
4. Coordinate discharge activities-medication reconciliation, caregiver training, discharge physical assessment by nurses, etc.

The Q.I.D.P. will:

1. Compile key information for Active Treatment and functional performance;
2. Prepare an active treatment discharge summary.

Discharges due to hospitalizations:
MaineCare allows for Bed Holds for up to 25 days for a resident who is having a short-term hospitalization, as long as the resident is expected to return to the ICF setting. If a hospital period exceeds that period, the resident may be discharged and may be readmitted to the facility upon availability of a bed in the ICF, so long as the care needs are consistent with ICF level of care. ELC must give written notice to the resident, legal guardian and/or family that the bed-hold limit has been exceeded, and that the family and friends have the option to hold the bed by making payment not to exceed the MaineCare reimbursement.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Disclosure Notice

I acknowledge that I have received a copy of UCP of Maine's "Notice of Privacy Practices." I understand it is UCP of Maine's policy to treat all health care information and records as confidential, and not to disclose them unless authorized to do so. I understand that I have the right to control the disclosure of my health care information, subject to certain disclosures that are permitted or required by law, and that my health care information will not be disclosed unless: (1) I have specifically authorized the disclosure; or (2) the disclosure is permitted or required by law. I understand that it is UCP of Maine's policy not to share any of my health care information with my family or household members, except as specifically directed by me. The family or household members, if any, with whom I direct UCP of Maine to share my health care information, are the following:

_____.

The information that UCP of Maine may share with those persons consists of: _____

_____.

_____ _____

Resident or Authorized Representative Date

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Protocol Regarding the Implementation of
Do Not Resuscitate (DNR) Orders
Physician Orders for Life Sustaining Treatment
(POLST)

Purpose:

Unless otherwise specified, CPR is initiated for residents in unanticipated need of resuscitation to prevent sudden, unexpected death. UCP/ELC is deeply committed to our resident's health and quality of life. We assist our residents and their families/guardians in a clear, concise and collaborative manner with treatment decisions. UCP/ELC recognizes that residents and guardians may have wishes in regards to withholding life-sustaining attempts. Therefore, UCP/ELC will ensure that all residents and guardians wishes regarding life sustaining treatment is documented in valid format. This valid format will be a form called Physician Orders for Life Sustaining Treatment (POLST).

POLST:
The POLST form is a clear and specific set of medial orders that expresses a resident's wishes for care near the end of life. It makes a resident's treatment wishes known to doctors and other members of the health care team. It makes clear a resident's wishes for medical care even if they are unable to speak for themselves. It provides medical orders to be followed in any health care setting and helps the health care team honor a resident's wishes.
The POLST remains with the resident when transferred between health care settings regardless of whether you are in the hospital, at home or in a long-term care facility.

Procedure:

1) Upon admission to ELC all resident's and guardians will be expected to complete a POLST form (on 24lb weight, lime green card stock) and ensure that their wishes regarding end of life care are known. The form will be completed with the resident and/or guardian by the physician, nurse practitioner, physician assistant, nurse or social worker.
2) The POLST form must be signed and dated by the resident and/or guardian and the health care provider (physician, nurse practitioner or physician assistant).
3) The original POLST form is then placed in the front of the resident's medical record and a copy in the resident's emergency file at ELC. (All copies are done on 24 lb lime green card stock also).
4) IF DNR is chosen, then a DNR sticker is placed on the binder of the resident's medical record and the resident's wing book.
5) A copy of the POLST is also shared with school and/or day program. (All copies are done on 24 lb lime green card stock also).
6) All POLST orders will be reviewed during each resident's annual PCP meeting.

Updated: 9/2018

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Documentation of Dissenting Views

During the introduction of the Person Centered Plan (PCP) process to the Interdisciplinary Team (IDT*), the facilitator shall inform the team members of their right to express and document dissenting view or opinions of the PCP. The QIDP does not have this right.

If at all possible, dissenting views or opinions should be resolved by consensus of the team, without losing focus on resident needs. All efforts should be made to resolve dissenting views during, not before or after the PCP Meeting.

Following the meeting, the QIDP will document that dissenting views were made in the PCP Meeting Minutes and will document the nature of the dissent.

Dissenting view statements will be included in the resident case record and a copy furnished to the dissenter.

* The Interdisciplinary Team (IDT) consists of the following:

QIDP, DON, Social Service Designee, DTC, DT, OT, PT, ST, RDT, the parents/guardians, educator, and any other specialist appropriate to the treatment plan.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Down Staffing Policy

There are occasionally days throughout the year that is it prudent to reduce the amount of direct care staff in the building based on no residents' home, no appointments, reduced census and there is ample staff present to complete the work needed to be done. When these days occur, it is at the discretion of nursing to determine if down staffing should occur. If down staffing occurs, the DON or designee on call will be notified.

Down Staffing is defined as the reduction of staff on the unit. Down staffing can be done by volunteer or mandate. Before down staffing can occur, nursing needs to be sure that there are no unmet needs on the units. There needs to be enough staff to care for the residents that are home (if any), there needs to be enough staff for transport. There is always to be at least 2 CNAs in the building at all times, in the event a resident needs to come home from school or day program.

Guidelines for Down Staffing:

1. Ask for a **volunteer** of who wants to go home in this order
    a. Agency Staff is sent home first (not optional for them)
    b. Ask per diem next
    c. Ask staff with overtime hours next
    d. Ask staff with extra time next
    e. Ask all other staff in order of seniority.
2. If no staff want to go home early and it is deemed best that down staffing occurs, then a **mandated** down staff will occur in this order:
    a. Per diem
    b. Overtime
    c. Extra time
    d. Staff in inverse seniority order
3. A Down Staff Log will be maintained with employee name and date of down staff. (Voluntary or Mandate). This log will house a seniority list to refer to.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Dress Code Procedure

EFFECTIVE JULY 1, 2014:

FOLLOW UCP OF MAINE's DRESS CODE GUIDELINES

FOUND IN PERSONNEL POLICIES

United Cerebral Palsy of Maine
Elizabeth Levinson Center.

DRUG FREE WORKPLACE POLICY

EFFECTIVE JULY 1, 2020:

FOLLOW UCP OF MAINE's DRUG FREE WORKPLACE GUIDELINES

FOUND IN PERSONNEL POLICIES

United Cerebral Palsy of Maine
Elizabeth Levinson Center
Employee Solicitation

No person shall solicit, give away, canvas, sell or offer for sale, items or materials or make collections for past or current obligations in any of the agency's facilities or any office where agency business is conducted, except that solicitation on behalf of charitable, non-profit organizations will be allowed provided:

(1) Employees are not intimidated or coerced to support, donate or contribute to any charity or non-profit organization.

(2) In the case of employee solicitation, the employee soliciting may not receive salary, tips, commissions or any other type or enumeration from the charity or non-profit organization and shall solicit only during non-work times.

(3) All solicitations shall be done in non-work areas.

(4) All persons soliciting donations or contributions shall obtain prior written authorization from the facility Director/Administrator.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Equal Employment Opportunity / Affirmative Action Statement

The Department of Health and Human Services and United Cerebral Palsy of Maine/Elizabeth Levinson Center affirms its commitment to equal employment opportunity guaranteed by the Maine Human Rights Act, Title VII of the Civil Rights Act, and the Americans with Disabilities Act. We shall follow both the spirit and letter of the law as we continue to pursue a policy of non-discrimination through assertive, dynamic affirmative action programs.

(1) Recruitment, testing, selection and promotion will be administered without regard to race, color, religion, gender, sexual orientation, national origin, ancestry, age, physical and mental disability or marital status unless a essential job function qualification exists. Occupational qualifications shall be based on essentials job functions.

(2) Further, personnel actions and conditions of employment, such as compensation, benefits, layoffs, releases, job assignments and discipline shall be administered with the same absence of bias as above, except where based on a essential job function or where consideration of clients' right to privacy, the security within this institution or the safety of clients, employees or the general public are considered paramount.

(3) Employment decisions will be based on the principles of equal employment opportunity and affirmative action. In making assignments, the gender of the employee/applicant shall be given consideration only relative to the privacy interests of the client(s), or where clinically indicated. Such gender based assignments will be narrowly construed and in strict adherence to established procedure.

(4) Reasonable accommodations will be made for any otherwise qualified individual-applicant or employee-in accordance with the provisions of the Maine Human Rights Act and the Americans with Disabilities Act.

(5) Managerial and supervisory personnel are responsible for awareness of and response to potential discriminatory situations. Supervisory employees are required to cooperate fully with the investigation and/or resolutions of any discrimination complaint. No manager or supervisor may act in a retaliatory or harassing manner toward any employee who has been involved in the filing, investigation or resolution of a discrimination claim.

(6) The facility will attempt to address and resolve employee complaints regarding discrimination and harassment as expeditiously as possible.

Evacuation

UCP/ELC DISASTER AGREEMENT
WITH DOROTHEA DIX PSYCHIATRIC CENTER
See RED BOOK: EMERGENCY OPERATIONS PLAN

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Exit Interview

It is the policy of United Cerebral Palsy of Maine/Elizabeth Levinson Center that personnel notify the payroll department using the Payroll Status Change Form (PSCF) upon notice of any employee's resignation or termination. The employee is entitled to an exit interview with a representative from HR before the termination date. The employee may choose not to have an exit interview. The completed Exit Interview Forms will be kept in the individual employee's personnel file.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Exposure Control Plan

Statement

United Cerebral Palsy of Maine/Elizabeth Levinson Center has established procedures to follow in the prevention and control of contagious, infectious or communicable diseases. Infection control policies and procedures apply equally to all employees, clients, parents, visitors, volunteers and the general public alike, regardless of race, color, creed, national origin, religion, age, gender, handicap or veterans' status.

Purpose

To prevent exposure to blood borne pathogens and to effectively support any individual who is exposed to blood borne pathogens or other potentially infectious materials.

Objectives

(1) To meet all criteria as specified by current State and Federal Regulations and Center for Disease Control Guidelines.

(2) To provide information consistent with standards of nursing practice for infection control.

(3) To prevent transmission of blood borne pathogens.

(4) To establish the procedures to follow when an individual has had accidental exposure to blood borne pathogens.

(5) To promote the development of a facility-wide educational program which will ensure that all employees who are at risk of exposure to blood or other potentially infectious materials participate in a training program.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Exterior Door Key Issuing Protocol

The following protocol will be used when issuing an exterior door key to employees:

- The following employees will be issued keys to the exterior door if necessary: Full-Time Nurses, Maintenance, Administration, DTC, or DT's.
- Maintenance will keep record of all keys issued.

Temperature Extremes Policy

Purpose: To care and treat residents when outdoor temperatures are extremely cold or hot.

Policy: Elizabeth Levinson Center will ensure residents are appropriately cared for and monitored during times of severe outdoor temperatures.

Procedure:

A. Temperature extremes will be determined by Administrator, Director of Nursing, or Nurse on duty. Several factors will be used in determining temperature extremes including but not limited to temperature, humidity, dew point, time of day, winds, location and time of activity or outing, condition of residents, and any standing orders. Resources such as the National Weather Service.

B. When there is a period of severe heat that may have an adverse effect on residents, staff will when applicable:
   a. Ensure air conditioners are on and operating well.
   b. Turn on resident's own room fan if appropriate.
   c. Keep windows in facility closed, unless outside temperature is cooler than internal temperature and the air conditioner is not working.
   d. Close drapes to protect the room from heat from the sun.
   e. Provide extra fluids and encourage/ assist residents to drink plenty of fluids unless to do so would worsen a resident's medical condition.
   f. Turn off corridor lights as long as there is adequate lighting for residents.
   g. Ensure that staff members also have adequate fluids to drink.
   h. Prepare cold meals that require little or no cooking if appropriate.
   i. Consider keeping residents in the facility if going out could have an adverse impact on them or follow current provider orders if there are set parameters.

C. When there is a period of severe cold that may have an adverse effect on residents, staff will when applicable:
   a. Ensure heaters are on and operating well.
   b. Keep windows closed.
   c. Close drapes to prevent heat loss.
   d. Ensure residents are dressed warmly with proper footwear. Offer blankets to keep warm.
   e. Consider keeping residents in the facility if going out could have an adverse impact on them.

D. In the event building temperatures cannot be maintained at a safe level or if temperatures reach levels placing facility out of compliance with regulations, the Emergency Operations Plan will be activated and facility may be evacuated.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Family Involvement Policy

It is the policy of Elizabeth Levinson Center of United Cerebral Palsy of Maine to encourage and facilitate family involvement for the residents who reside at Elizabeth Levinson Center.

Purpose

Elizabeth Levinson Center believes it is important for families and residents to maintain health involvement with each other. Elizabeth Levinson Center will encourage and facilitate family involvement for the residents who reside at Elizabeth Levinson Center so the residents and families can provide mutual support, nurturance, and involvement in treatment and programming. The Elizabeth Levinson Center staff will be available as an information and support source for families and will provide all available services needed to facilitate the healthiest involvement possible for families and their family members.

Procedure

1. Family to Resident Contact:
    A. Parents/guardians and other significant family members will be encouraged to make and maintain contact with the residents through correspondence, telephone calls, family visits to the center, and home visits for the resident, as appropriate.
    B. ELC will support such contact by accommodating the contact to the greatest extent possible without jeopardizing the quality of service being provided at the center.
    C. The staff at ELC will ensure each resident receives his or her mail, unopened. The staff will open and/or read the mail to the resident, at the request of the resident or as appropriate.
    D. The staff will ensure each resident receives his or her telephone calls or message if the resident was not available at the time of the call.
    E. When families have made prior arrangements to visit a resident, the staff will ensure the resident is at the center at the time the family is expected.
    F. When visits out of the center are planned, the staff will ensure the resident and the resident's belongings are prepared for the visit at the time of expected pick up. Staff will be available in the center at the time of expected drop off.
    G. ELC may provide transportation for visits with families as needed and as possible, without jeopardizing the quality of services being provided within the center.

2. Resident to Family Contact:
    A. Residents will be encouraged to make and maintain contact with parents and other significant family members through correspondence, telephone calls, family visits to ELC, and home visits for the resident, as appropriate.
    B. ELC will support such contact to the greatest extent possible without jeopardizing the quality of service being provided within the center.
    C. The staff will encourage the residents to correspond by sending cards at holidays, writing letters, making drawings, writing thank you notes, etc. The staff will ensure all such written correspondence is mailed to the appropriate person(s) in a timely manner.
    D. The staff will encourage the residents to telephone family members, as requested by the family, the resident, or appropriate.

E. The staff will encourage the residents to invite family members to visit the center and to interact with family during visits.
F. The staff will encourage the residents to prepare for and participate in visits to family members homes.
G. The staff will provide available means for resident to family contact to the greatest extent possible without jeopardizing the quality of service being provided within the center.

3. Administrative Contact:
   A. The Administrator/Designee will coordinate family visits to the center and visits for the residents to their respective family's home when appropriate.
   B. The Administrator/Designee will ensure family contact is made on a regular basis.
   C. The Administrator/Designee will ensure family members and guardians are informed of any programmatic issues.
   D. The Administrator/Designee will ensure appropriate family members are notified of formal meetings regarding respective residents, and given the opportunity to provide input to the meeting even if he or she can not attend.
   E. The Administrator/Designee will provide feedback and progress reports to family members.
   F. The Administrator/Designee will ensure (writing paper, telephone, private area for visiting) for family contacts are available for use.
   G. The Administrator/Designee will ensure that parents/guardians are aware of opportunities to participate on committees.

Habilitation Services

United Cerebral Palsy of Maine/Elizabeth Levinson Center provides habilitation services that are identified through assessment and evaluation and agreed to by an interdisciplinary team for all residents. Whenever possible, the individual resident shall be a contributor to this process.

Habilitation services shall be individualized and appropriate to each resident's assessed needs and shall have outcomes that are attained by measured, time limited objectives. These services may be provided in group or individual settings and include but not be limited to OT, PT, Speech and community integration, intellectual, leisure time, sensory motor, social, behavioral, vocational and functional self-help skills.

Procedures

1. Assessments that identify resident needs shall be completed by persons who are competent, and, if necessary, licensed or certified to perform the assessment.

2. The assessed needs shall be used to formulate a comprehensive plan that is developed and monitored to evaluate its effectiveness to meet the needs.

3. The plan shall be part of the resident's record and available to all involved staff.

4. Documentation shall be present in the record that reflects the habilitation services as prescribed, the resident's responses to them, and any additions, changes or deletions that occur.

5. All staff involved in habilitation services shall be adequately trained to provide the services assigned to them and shall be in numbers sufficient to meet the needs of the residents.

6. Each resident shall have an individualized schedule of activities and services that are available to all involved staff and is:

A. Implemented daily

b. Part of the record and documented therein

C. Updated as necessary, reflect seasonal changes and include indoor and outdoor activities

d. Shall allow for individual as well as group activities with materials that are age appropriate

e. Truly representative of their identified needs and developmental levels

7. Habilitation services shall be provided throughout the day.

8. Habilitation services are the primary purpose of the facility and its various functions and support systems.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Housekeeping Services

United Cerebral Palsy of Maine/Elizabeth Levinson Center maintains a safe, clean and aesthetically pleasing environment for its residents. In order to carry out this objective, the following housekeeping services will be provided:

(1) All rooms, corridors, living areas and stairways used by or to serve residents are to be cleaned and arranged in an orderly fashion.

(2) Floors will be kept clean at all times. Throw or scatter rugs may only be used in resident bedrooms or where it does not present a tripping hazard.

(3) The Center will be free from unnecessary accumulations of possessions, equipment and supplies.

(4) Bath tubs, shower stalls or lavatories shall not be used for laundering, janitorial or storage purposes. These facilities shall be kept clean and sanitary at all times.

(5) No nursing care equipment shall be placed on the floor or on top of tray tables.

(6) Storage areas shall be maintained in a safe and neat condition.

(7) The basement and other similar areas shall be kept free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Infection Control

United Cerebral Palsy of Maine/Elizabeth Levinson Center utilizes the current CDC infection control practices for long-term care facilities for the health and safety of the residents, staff and visitors. This practice allows for a multifaceted approach in the prevention and monitoring of infectious diseases in the facility.

The policy will include references to the Infection Control Committee, the utilization of current CDC practices and the Infection Control Nurse designated to coordinate the infection control program and in-service education.

Infection Control Committee

The purpose of this Committee is to assure that the type of surveillance and reporting are adequate and are in compliance with State and Federal Laws. The Committee shall monitor the control measures used for the prevention of communicable diseases and evaluate those documented in the facility. It is the responsibility of this Committee to investigate trends by reviewing the infection control log, evaluating practices and interviewing personnel as appropriate. Recommendations for practice revisions are made as needed in addition to contacting the required State and Federal agencies.

The Committee suggests meeting quarterly but will at least meet annually and can include the following members: Director/Administrator, Director of Nursing Services, Physician (if available), Maintenance, Housekeeping; Dietary staff, CNA Coordinator, Direct Care Staff, QIDP, and the Infection Control Nurse.

Minutes of the meetings and recommendations are kept on file and made available to all UCP/ELC staff if requested.

Infection Control Nurse

The Infection Control Nurse will be designated to coordinate the Infection Control Program. It will be the Infection Control Nurse's responsibility to provide in-service education, collect data on infections to include types, nosology and, community acquired infections. Administer appropriate health screening tests, evaluate current practices and implement as needed.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Informed Consent Policy

It is the policy of United Cerebral Palsy of Maine to ensure that informed consent has been obtained from the legal guardian for all medical, dental, medication, and therapy related treatment. United Cerebral Palsy of Maine will obtain permission from the legal guardian to arrange for all scheduled and unscheduled medical, dental and therapy treatment appointments and emergencies.

A guardian may utilize a Power of Attorney (P.O.A.) to represent them during absences and unavailability. The P.O.A. may be used to authorize unplanned or emergency treatment. Any record of the delegation of a P.O.A by the guardian needs to be updated annually and a copy of the appointment of the P.O.A. must be on file in the legal section of the individual's historical binder. The procedure for obtaining informed consent from the P.O.A. is the same.

Purpose:
Informed consent by the legal guardian is required for all medical, dental, medication, and therapy related treatment. Informed consent is defined as the understanding of the facts, implications, and positive or negative consequences of an action or treatment. Informed consent shall not be obtained under pressure and all decisions are to be made freely by the guardian. The guardian must participate in determining the choices and decisions regarding health care options, medication and treatment. This policy is intended to define when informed consent is to be obtained and applied, how it will be implemented and documented, what needs to happen when informed consent cannot be obtained and how United Cerebral Palsy of Maine will monitor itself for compliance with this policy.

Procedure:

A. Obtaining Informed Consents for Planned and Unplanned Appointments and in Emergencies:

1. United Cerebral Palsy of Maine must obtain consent from the guardian to arrange and schedule all planned medical, dental, and therapy treatment appointments.
2. United Cerebral Palsy of Maine must further obtain guardian consent prior to following through with any treatment prescribed (accompanied by doctor's orders) by the treating professional (related to medication, additional services required, plans to implement at the program, etc.)
3. The legal guardian will be given prompt notification of all unscheduled or emergency appointments and every effort will be made to obtain their consent prior to the appointment.
4. United Cerebral Palsy of Maine will make every reasonable effort to coordinate the scheduling of appointments and accommodate the expressed intent of the legal guardian to attend the appointment.
5. When the legal guardian is unable or chooses not to participate in an appointment the medical provider may be requested, by United Cerebral Palsy of Maine to contact the legal guardian directly and discuss the outcome and treatment
6. recommendations (i.e. medication changes, etc.). When direct contact is not possible the medical provider will be requested by United Cerebral Palsy of Maine to make other reasonable accommodations. United Cerebral Palsy of Maine may offer assistance in contacting the guardian.
    a. All efforts to contact and/or actual contact of the guardian will be documented in accordance with this policy.

B. Obtaining Informed Consent for Planned Complex or Intrusive Procedures:

1. Informed consent from the legal guardian will be obtained directly by the medical provider and/ or ELC staff when surgery, anesthesia, or other intrusive treatment plans are ordered by the medical provider. A doctor, nurse or other health care provider recommending treatment will be responsible for ensuring that the guardian/patient understands the purpose, risks, and other options before starting treatment.

2. The guardian may be asked to sign a consent form or a refusal of treatment form by the provider in more complex situations. United Cerebral Palsy of Maine staff will request a copy of the form for documentation and tracking purposes and will file it in the consents section of the Individual's File.
3. United Cerebral Palsy of Maine will not be able to follow through with any planned complex or intrusive procedure without prior guardian consent.
4. All efforts to contact and/or actual contact of the guardian will be documented in accordance with this policy.
5. All complex or intrusive procedures are presented to the Human Rights & Assurance Committee if applicable

C. When Informed Consent cannot be obtained:

1. When United Cerebral Palsy of Maine has made every attempt but is unable to secure guardian consent prior to treatment for unplanned or emergency appointments from the guardian- treatment will be sought and notification of the guardian will be completed following treatment. United Cerebral Palsy of Maine will maintain annually signed medical releases for these instances. In the event the circumstances are of a serious nature, requiring invasive procedures, the treating medical providers will be responsible for obtaining informed consent or making the judgment to treat without prior consent.
2. In any instance when prior informed consent cannot be obtained, United Cerebral Palsy of Maine will continue to attempt to reach the guardian, up to and including notifying the guardian following treatment.
3. United Cerebral Palsy of Maine will document all guardian contact attempts made, actions taken and outcomes as described in this policy.

D. Documentation of Informed Consent:

1. All written documentation of informed consent obtained through the medical provider will be filed in the client file. Documentation shall include those informed verbal consents so noted and witnessed by the medical provider.
2. United Cerebral Palsy of Maine will document all activities related to informed consent, permission to schedule appointments, and notification of emergencies in the client files. Documentation will include the name of the guardian, the request, the time, the outcome, the medical provider, and if the guardian was available or unavailable to provide consent.

3. When a guardian is unavailable to provide informed consent United Cerebral Palsy of Maine will document each attempt to contact them in the resident files. It may become necessary for United Cerebral Palsy of Maine or the medical provider to notify DHHS of any persistent unavailability of a guardian.
4. United Cerebral Palsy of Maine staff will document in the resident files all information specific to medical appointments and the outcome of those appointments.

Quality Assurance and Tracking of this Policy:

1. The Administrator/designee will conduct audits of the programs and resident files to determine compliance with the required content and the accuracy of the documentation involving informed consent and medical appointments.
2. The Administrator/designee will conduct periodic audits of the individual files to ensure that documented informed consent obtained by medical providers is properly recorded and that releases are current.
3. The Administrator/designee will be responsible for ensuring the proper documentation of all medical appointments, treatment recommendations, and guardian contact in the resident files.
4. All stock medication orders, psychotropic medication renewal forms, and other physician orders will be updated and filed in the resident file.
5. All Medication Administration Records except for the current month will be maintained in the client files.
6. The Person Centered Plan/Individual Treatment Plan will be referenced to determine that specific needs, requests and accommodations regarding advanced consent by the guardian were recorded. In some instances, it may be acceptable for some routine appointments (i.e. routine blood draws, blood pressure checks, weekly counseling appointments, allergy shots, etc.) to be agreed upon in advance

for the year, and then would only require guardian consent should the nature of the appointments change, or changes in treatment are recommended.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Interdisciplinary Team (IDT) Process

Purpose

(1) To define resident's needs as defined by the CFA and develop a PCP to address those needs.

(2) To refine the PCP based on the resident's needs. The PCP will focus and direct the work of various staff and disciplines toward ongoing active treatment or habilitative training. The IDT, as a continuous meeting process, recognizes and accommodates to changes in resident status.

Procedures

1. Management Support for the Interdisciplinary Team Process

The IDT process at United Cerebral Palsy of Maine/Elizabeth Levinson Center is central to the development of each resident PCP.

Attendance at IDT Meetings is a high priority for team members. United Cerebral Palsy of Maine/Elizabeth Levinson Center staff will come to meetings prepared to participate positively in the IDT process through the following: (1) a discussion of strengths, newly acquired skills, motivators and needs; (2) the identification of unmet needs and their priority for attention and treatment; (3) the development of prioritized training areas and measurable resident centered objectives and treatment objectives derived from a consideration of resident assessment(s); (4) the assignment and acceptance of responsibilities related to recommendations, referrals and any additional considerations.

2. Interdisciplinary Team Participation

The annual IDT meeting schedule will be distributed to all team members in sufficient time to allow reasonable advance notice (but not less than 3 weeks) of the meetings. (Other IDT meetings shall also be scheduled to provide reasonable notice.) As part of the preparation responsibilities for each annual IDT meeting, reports from the individual IDT members will be submitted to the QIDP no later than 4 business days preceding the date of the IDT meeting. The content of these reports should include the following information based on the involvement of the individual staff person writing the report:

(1) A description of the current program or services being provided, along with a brief summary of progress/problems of significance.

(2) A status report on all objectives (if assigned by previous IDT) and/or a review of resident response to habilitation plan(s) (if assigned by previous IDT).

(3) Listing of the resident's strengths, newly acquired skills, motivators, unmet needs and other relevant observations.

(4) Assessment(s) as applicable/required.

(5) Recommendations for programs or services that shall be specified in writing in terms that are specific and measurable.

With the exception of assessment material, the above report will be typed and signed by the individual IDT member, and will constitute a formal IDT report that will satisfy all ICF/IID and other regulatory agencies requirements. The information will reflect the perceptions of the individual IDT member at the time of preparation for the IDT meeting. Through the IDT process, a consensus will be reached by discussion of the information and recommendations reflected in the individual reports, and an PCP will be developed. The PCP shall be available in the chart within 30 calendar days from the date of the IDT meeting.

3. Habilitation Plans

The Q.I.D.P. is the person responsible for writing habilitation plans to cover resident objectives including data collection sheets.

It shall be the responsibility of the QIDP or designee to arrange for any necessary training or staff communication and to file the habilitation plan(s) in the resident record within 14 calendar days.

4. QIDP Monitoring Function

The QIDP is charged with the continuous monitoring of all treatment and resident centered objectives and all PCP or habilitation plan specified activities following the completion/implementation of the PCP. The monitoring shall include: (a) ensuring the timely development of habilitation plans (as above); (b) ensuring that habilitation plans identify responsible parties for implementation, provide descriptions of program techniques, and address the schedule for use/implementation of these programs/techniques; (c) ensuring the timely provision of any staff training as identified or recommended in the IDT/habilitation plan; (d) ensuring that habilitation plans are communicated to and carried over to program/residential areas (unless otherwise specified in the IDT/habilitation plan); (e) ensuring the collection of data as specified, and (f) monitoring the status of IDT requested evaluations.

The QIDP shall be responsible for reconvening the IDT process if: (a) there are significant changes in the resident's status, (b) the resident fails to show expected progress, or (c) the resident's plan, in the judgment of the QIDP, requires modification or change.

5. Monthly IDT Program Review

The QIDP will be responsible for conducting a monthly IPP review.
The purpose of this review is to verify the implementation, or modification for whatever reason, of the IDT developed goals and objectives and assigned service responsibilities. On a monthly basis, the QIDP may contact the appropriate staff to review each resident's total program developed at the IDT meeting and as reflected in the annual active treatment plan, and the service agreement. It will be the responsibility of each person or program area providing services to the resident to notify the QIDP as expeditiously as possible, of any significant change or interruption in any residents' IDT developed program objectives and/or service provisions. This is particularly important when a program area or discipline enrolls or discharges a resident in a specific program or service.

6. Additional IDT Meeting

The QIDP will schedule an IDT meeting to evaluate the adjustment of each resident in the following situations.

a) Admission/Re-Admission: The QIDP will determine when an IDT Meeting requires scheduling.

b) Special Circumstances: The QIDP will schedule and hold a Special Circumstances IDT Meeting on an as needed basis.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Isolation

In the event any resident of United Cerebral Palsy of Maine/Elizabeth Levinson Center requires isolation/observation for medical reasons a room will be provided. Adequate supervision and staffing for the isolated resident is the responsibility of the Nursing Department.

Strict isolation techniques will be used by all staff members according to the isolation procedures listed below:

(1) Single Room	-	The door should remain closed at all times and be labeled "isolation".
(2) Hand Washing/ Sanitizing	-	Before entering room and just prior to leaving room.
(3) Gowns (If appropriate)	-	Gowns are to be worn while giving direct care to the client. Discard gown in bag provided in room before leaving the room.
(4) Masks (If appropriate)	-	Masks placed on before entering room and removed after exiting.
(5) Gloves	-	Gloves are utilized at all times. Discard in bag provided in room.
(6) Linen	-	Discard contaminated linen in laundry basket inside room. Double-bag soiled linen in doorway of resident's room before removing. Label "Isolation Linen".
(7) Dishes	-	Use disposable dishes and utensils. Discard in bag provided in room.
(8) Discardable Waste	-	Discard all waste in appropriate bags inside clients room. Double bag waste at doorway of resident's room. Labeled "Contaminated".
(9) Disinfection	-	Complete disinfection of room and equipment is necessary after isolation is terminated. If the isolation was for C-diff, please note that housekeeping will disinfect with bleach.
(10) Respirator Fit Testing		Any employee using a respirator requiring fit testing must be fit tested according to the ELC Respirator Program.

United Cerebral Palsy of Maine
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Laundry Services

Laundry shall be handled in the following manner:

(1) Personal clothing/bedding will be laundered on-site.

(2) Slings and positioning equipment will be laundered on-site.

Laundry rooms will be provided for clothes washed and dried at United Cerebral Palsy of Maine/Elizabeth Levinson Center.

Procedure for Soiled Linen

(1) All laundry contaminated with blood/body fluids will be placed in water soluble bags, tied with attached tie and then placed into laundry container. Excessively wet laundry should be double bagged.
(2) All soiled linen will be placed in appropriate soiled linen bins on the residential units.
(3) All soiled linen will be bagged or placed in containers at the location where it was used and will not be sorted or rinsed in the location of use.
(4) All soiled linen shall be collected and transported to the laundry room in the laundry bags in which originally placed, by means of laundry carts.
(5) At no time should soiled linen and/or clothing be stored in areas which contain clean linen and/or clothing.
(6) Personal laundry shall not be washed with bed linens.
(7) Soiled linen shall not be transported through Food Service areas.
(8) Containers used to collect soiled linen shall not be used to transport or store clean linen.

Procedure for Clean Linen

(1) Clean linen, will be sorted and transported to the residential areas using laundry carts/racks.
(2) Laundry done on site shall be sorted, folded and transported to the residential areas by laundry carts/racks.
(3) Clean linen will be stored in the linen closets on the appropriate residential units.
(4) There will be maintained in the Center, a minimum of 2 sets of bed linens to include blankets, for each client.
(5) A sufficient supply of bedspreads shall be available at all times and one shall be on each client's bed at all times.
(6) There will be a sufficient supply of clean linen at all times to ensure that incontinent clients are kept clean and comfortable.
(7) Clean linen shall not be transported through Food Service areas.
(8) Clean linen shall not be transported or stored in containers used to collect soiled linen.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Maintenance

I. Maintenance

United Cerebral Palsy of Maine/Elizabeth Levinson Center will maintain its equipment and property in good repair and appearance. All preventive maintenance suggested by the manufacturers and the NFPA Life Safety Code will be followed.

Periodic visual checks of all equipment and property will be done on a daily, weekly, monthly, quarterly, and annual program to maintain all equipment and property in a safe condition. Reports of all problems will be documented and investigated to solve as soon as possible.

II. Fire and Suppression Systems

The sprinkler system main valve is located in the boiler room. The system feeds the sprinkler heads located in the boiler room, basement/storage area, main kitchen and the kitchen storage room. There are smoke and heat detectors throughout the building which are identified and tested on a regular basis. The fire panel is located near the main electrical panel in the basement. Below is a preventive maintenance schedule for the fire detection and suppression system.

Daily:
a) check the water pressure on the sprinkler system.
b) check the water pressure at the main valve.
c) check all exits for safe passage to a reasonable distance from the building.

Weekly:
a) check all emergency exit lights.
b) check all magnetic doors for proper operation.

Monthly:
a) test the fire alarm panel.
b) test a fire pull station.
c) check all the fire extinguishers.
d) check eye wash stations
e) check all emergency lights

Quarterly: a) the sprinkler system tested by a licensed service technician.

Yearly:
a) fire panel tested and serviced by an authorized service company.
b) test all fire detection and initiation devices by an authorized service company.
c) all fire extinguishers inspected and tagged by an authorized service company.

Every 2 Years: a) fire alarm system sensitivity testing by an authorized service company.

Documentation/Record Keeping

All checks will be documented and noted in log as appropriate.

III. Heating System

The heating, air conditioning and ventilation system will be maintained in accordance with the State of Maine Bureau of Labor Standards. The preventive maintenance program will ensure a safe and comfortable environment within the facility. The maintenance mechanic or backup heating/air conditioning contractor will be called in the event of a system failure. Below is a preventive maintenance schedule for the heating, air conditioning and ventilating system.

Daily: ***Compressor***

a) check water drain valve
b) check oil level

Domestic Hot Water

a) check the pump operation
b) check water temperature
c) check for leaks

Mechanical Room

a) check motor operation
b) check for water leaks
c) hot water to pipes
d) air conditioning to pipes
e) check for broken fan belts
f) check all lights

Boiler Room

a) check all lights
b) check the chimney door
c) check the condensate pit
d) check the sump pump pit
e) check the exhaust fan

Boiler

a) Check panel for normal operations

Documentation/ Record keeping:
All inspections will be visual. Documentation will be done if there is an issue.

Monthly:

a) check water temperatures

Quarterly:

a) change the air filters
b) check cold air return
c) check all fan belts
d) blow down relief valve
e) blow down low water cut off
f) check all water temperatures
g) grease the air handler motors
h) oil all electric motors

Yearly:

a) clean the boiler and chimney base
b) oil tank inspected by a State certified inspector
c) water back flow device inspected by a local certified technician
d) change the oil in the compressor

Documentation/Record Keeping:
All checks will be documented and noted in log as appropriate.

IV. General Maintenance

The building and its contents will be inspected on a regular basis to ensure a safe environment and operation of equipment. Any items being brought into the building will be inspected prior to use

whether they are new or used. Below is a list of items, equipment and structural property that will be inspected on a regular basis. Any discrepancies will be documented, investigated and fixed in a timely manner.

1) Electrical items such as:

   a) radio / tape player
   b) television / VCR
   c) adaptive equipment
   d) client support equipment
   e) computers
   f) lights / lamps
   g) toys / games
   h) anything with an electrical cord

2) Doors and windows

3) Plumbing fixtures

4) Floors

5) Walls

6) Ceilings and fans

7) Electrical outlets and switches

8) Room lighting

9) Furniture

10) Blinds / curtains

11) Roof

Documentation / Record Keeping

All checks will be documented and noted in log as appropriate.

V. Generator

The generator will be inspected and operated under a full load on a regular basis in accordance with current NFPA regulations. Daily, monthly inspections and operation are documented. Below is a list of the preventive maintenance and operation programs.

Weekly:
a) check the fuel level, float switch, piping, hoses
b) check the connectors
c) check for oil
d) check the cooling, exhaust & electrical systems

Monthly:
a) Run the generator under a full load

Yearly:
a) complete service and inspection performed by qualified service technicians

Documentation / Record Keeping

All checks will be documented and noted in log as appropriate.

VI. Grounds

The preventive maintenance program shall include the exterior of the building and the surrounding ground up to the property lines. This will ensure the safety of all personnel, clients and visitors of United Cerebral Palsy of Northeastern Maine/Elizabeth Levinson Center. Daily, weekly and monthly inspections will be performed on a regular basis and change to suit the existing weather conditions. Any problems will be documented, investigated and resolved in a timely manner. Below is a list of preventive maintenance and grounds keeping programs.

Daily:
a) check all exits to ensure there are no obstructions
b) check the surrounding area to ensure no hazardous conditions exist

Monthly:
a) check the sewer pump station (Sewer pump station is a confined space. Any persons entering the space must follow confined space entry protocol).
b) check the outside electrical entrance pit and the generator exhaust pit
c) check all the signs around the building
d) check the exterior lighting

Documentation / Record Keeping

All checks will be documented and noted in log as appropriate.

VII. Vehicles

The vehicles will be inspected and serviced on a regular basis according to the manufacturer's specifications. Any problems will be documented, investigated and fixed in a timely manner. It is the responsibility of the driver to check the vehicle prior to operating to ensure the safety of the driver and passengers. The operator is also responsible for reporting any problems to their supervisor or departmental staff. Below is a list of operator responsibilities and the preventive maintenance program.

Operator:
a) visually checks the tires
b) checks for exterior damage
c) checks the gas level and fills the vehicle when it drops below ½ tank
d) make sure all passengers wear safety belts or other vehicle restraint devices
e) note the weather condition and possible changes prior to driving the vehicle
f) drive in a safe and prudent manner

Preventive Maintenance

Weekly:
a) check tire condition and pressure
b) check all the fluids
c) note the condition of the interior and exterior

Monthly:
a) check tire pressure and condition
b) check all fluids
c) check the air filter
d) interior and exterior condition
e) start and run the vehicle
f) check all the safety and operational features
g) check the doors and windows
h) check the spare tire

As recommended by manufacturer:

a) oil and lubrication job
b) safety check by a qualified auto service technician

Every 6000 Miles:

a) rotate the tires

Yearly: a) vehicle inspection by a State Vehicle Inspection Station

Documentation / Record Keeping

All checks will be documented and noted in log as appropriate.

Mandating Staff

Staff are expected to make every effort to arrange for anticipated and unexpected situations so they may attend work. In the event an employee cannot make their shift, mandate of others may occur. Mandating occurs when an employee is required to remain involuntarily in excess of (3) three or more hours beyond their normal shift, when no other coverage is available.

Mandating will occur if the direct staff to resident ratio is below 1:3.2 (per regulation below) and/or at the discretion of the Director of Nursing, Administrator or designee in order to safely meet the needs of the residents.

483.430(d)(3)(i) For each defined residential living unit serving children under the age of 12, severely and profoundly intellectually disabled, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic behavior, the staff to client ratio is 1:3.2

Guidelines for Mandating:

1. All departmental staff will be contacted to inquire about covering the needed shift
2. Once all staff contacted and no one agrees to cover the shift, then mandating will occur
3. All qualified staff are subject to being mandated, including DTs, DTC, Activity Coordinator, CNA Coordinator
4. Mandating will be determined by taking into consideration hours worked prior to mandating, hours scheduled after mandating, and prior history of being mandated. Decision will be made with all attempts at the best promotion of resident health and safety and fairness to the employee. The Nurse will make the decision and will notify the DON or on-call Admin member of the mandating. If guidance is needed on who to mandate the DON or on-call Admin member will be consulted.
5. If all factors taken into consideration are equal between one or more employees, mandating will occur according to inverse seniority on a rotational basis.
6. A Mandate Log will be maintained with employee name and date of mandate. This log will house a seniority list to refer to.
7. If a staff member voluntarily stays over (3) three or more hours beyond their shift to cover staffing, their name gets added to the mandate log as part of the rotation.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

MEDICAL AUTHORIZATION

I hereby authorize any staff nurse, social worker, or Administrator of United Cerebral Palsy of Maine/Elizabeth Levinson Center to consent to medical treatment for, _____, should an emergency arise and I should not be readily available to give such consent. I will not hold the **above-named** responsible for the consequences of exercising this power so long as such employees act in good faith with the best interests of the resident in mind. I expect to be informed of the condition and the treatment provided as soon as possible.

I further consent to any treatment by any hospital or physician which in their judgment is in the resident's best interest. I will not hold any hospital or physician responsible for the consequences of treatment upon receiving the consent of the **above-named** and upon being shown this Medical authorization.

Date: _____

_____ _____
Witness Signature Parent(s)/Guardian Signature *

_____ _____
Witness Signature Parent(s)/Guardian Signature *

*** Both parents must sign if available**

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Medical Services

I. *Admissions*

The parents or guardians will be interviewed by the staff nurse at the time of admission. A recorded plan of care (POC) will become a part of the resident's record thereafter. This must be accomplished within 48 hours of admission.

The ELC physician will do a complete physical examination within 48 hours of admission unless one has been completed no more than 7 days prior to admission. All relevant medical records shall be available to the physician at the time of admission.

II. *Ongoing Care*

Every resident will be re-evaluated medically, orders updated and signed and progress notes written by the physician every ninety (90) days. Acutely ill residents or residents requiring more frequent visits will be seen as often as deemed necessary by the physician or as requested by the nurse.

III. *Emergency Care*

Whenever a resident at the facility shows signs or symptoms of acute illness or injury, the facility nurse shall consult with the physician or his designee to determine the most reasonable course of management. The Director/Administrator or designee shall be immediately advised of these events as they occur.

IV. *Record Keeping*

Medical records shall be kept in accordance with ICD/IID regulations.

V. *Short Term Admissions* **(NOTE: AS OF 03/01/2014, SHORT TERM ADMISSIONS HAVE BEEN SUSPENDED INDEFINITELY).**

Medical services will be provided to residents admitted to short-term services as recommended by the individual plan of care. Medical and pharmacy bills incurred during a short-term admission are the responsibility of the resident's medical insurance and/or family/guardian.

VI. *Physician Staffing*

All residents of United Cerebral Palsy of Maine/Elizabeth Levinson Center have access to medical services

24-hours a day
7 days a week

United Cerebral Palsy of Maine
Elizabeth Levinson Center

New Equipment

United Cerebral Palsy of Maine/ Elizabeth Levinson Center will maintain necessary equipment that safely meets the needs of our program. Equipment will be fully functional, in good shape, inventoried in Maintenance Connection, and inspected on a regular basis.
New Equipment Purchases: All new equipment purchases will be preapproved by the Administrator or UCP Chief Operations Officer. Equipment purchases will follow the UCP capital purchasing policy and procedure.

Arrival to Facility: When new equipment arrives at the facility, the Facility Manger will take next steps:

- Equipment will be inspected by Facility Manager or designee.
- Facility Manager will enter the equipment information into Maintenance Connection.
- Packing slips or Proof of Delivery will be sent to UCP Finance Office
- Facility Manager will review and understand all safety features of the equipment. If training is needed, Facility Manger will contact manufacturer or other resource to ensure proper understanding of equipment.
- Facility Manager will add necessary information about the equipment to the Monthly Equipment Inspection tool including what safety devices are on the equipment, and how to ensure the equipment is functioning properly.
- Facility Manager will then train supervisors how to use the equipment including Director of Nursing, CNA Coordinator or other as necessary. Record of the training will be sent to Administrator.

Staff Training: Facility Manager will ensure supervisors have proper documented training on use and care of the equipment. Supervisors will then be responsible to train all staff that will use the equipment. Staff must be trained on the proper use of equipment before using it.
Documentation of the staff training must be sent to the Administrator.

Safety Features: All manufacturer safety features of a piece of equipment will be used at all times. Equipment safety features will not be removed or tampered with in any way. Any equipment that has issues with safety features or other problems will be immediately removed from use and inspected by a member of the facilities team.

Safety Feature Exception: The only exception to using the safety features of a piece of equipment is on an individual basis based on medical need. There must be a documented medical reason in the PCP for a specific resident that explains why they need safety equipment altered. There also needs to be clear instructions defining the alteration. Staff need to be trained in the process before using modified equipment.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access to this information. Please review it carefully.

UCP of Maine is required by law to maintain the privacy of your health care information, and to provide you with a notice of our privacy practices. While required to abide by the terms of the notice that is currently in effect, UCP of Maine reserves the right to change UCP of Maine's privacy practices at any time. If UCP of Maine's privacy practices change, UCP of Maine will provide you with a revised notice at your next visit following the change.

Use of your health care information

UCP of Maine may use your information for treatment, payment, and health care options. For example:

Your information may be used to develop a diagnosis and treatment plan, or to coordinate referrals to another health care provider.

Portions of your information may be submitted to your insurance carrier or other third-party payor to secure payments on your behalf.

Your information may be used in the course of health care operations, such as for quality assurance, evaluation, training, or audit activities.

Business associates performing services on UCP of Maine's behalf related to treatment, payment, or health care operations may also have access to your information solely for the purpose of providing such services, provided that the business associate has agreed in writing to maintain the confidentiality of such information.

UCP of Maine may disclose information without your authorization as permitted or required by applicable law, including any of the following: to comply with public health statues and rules; to make any required reports of abuse or neglect; to comply with health oversight activities by government agencies (for example, licensure); to comply with a court order, government subpoena, or other lawful process; for research purposes; in the event of your death, to a medical examiner; to avert a serious threat to health or safety; or for workers compensation purposes.

UCP of Maine may use your information to contact you for appointment reminders, or to provide information about treatment alternatives or other health services. Except as described above, UCP of Maine will not disclose your information, except with your written authorization. You may revoke your authorization at any time by giving written notice of revocation to UCP of Maine.

Your Rights

You have the right to request restrictions on the use and disclosure of your information. However, UCP of Maine is not required to agree to a requested restriction, and it is UCP of Maine's policy not to agree to such restrictions unless UCP of Maine determines, in UCP's soul discretion, that a compelling reason exists to do so.

You have the right to receive communications from UCP of Maine in a confidential manner. If you would like UCP of Maine to use another address or telephone number to contact you, you must so request in writing.

You have the right to receive an accounting of disclosures of your health care information that you have not authorized. To receive such an accounting, please contact UCP of Maine at the address given below.

You have the right to inspect and copy your information. If you wish to do so, you will be provided an opportunity to inspect your information within 30 days of receipt of your written request. You may be charged reasonable costs of copying your information, or of preparing any summaries that you request.

You have the right to amend your health care information. If you wish to do so, please submit the proposed amendment in writing to UCP of Maine at the address given below.

You have the right to a copy of this Notice of Privacy Practices upon request.

You have the right to complain to UCP of Maine and to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint, please contact UCP of Maine as set forth in this notice. Nobody is permitted to retaliate against you for filing a complaint.

For further information about UCP of Maine's privacy policies, please contact:

Scott Tash
Chief Executive Officer
UCP of Maine
700 Mount Hope Avenue, Suite 320
Bangor, ME 04401

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Nutrition and Food Service

The Dietary Department aims to assure a pleasant, safe environment and meals that are attractive, nutritious and pleasing to all the residents. A varied menu is planned which follows the U.S. Dietary Guidelines for residents. Adaptations are provided to accommodate a variety of special food needs and to meet the therapeutic diet orders as required. The meals planned include interfacing with the State School Lunch Guidelines as well.

Alternate choices are offered at all meals.

The following areas are given specific attention:

*daily fluid needs
*texture modifications
*between meal snacks
*elimination concerns using a natural food source recipe

All staff receive training on the special feeding needs of the residents. A five (5) week cycle menu is planned by the Food Service Director (Cook II) and approved by the consultant dietitian. These menus are written twice yearly. One set is for the fall and winter. The second set covers spring and summer.

Nutrition assessments are completed on all admissions by the Registered Dietitian (R.D.). Quarterly progress notes and yearly reassessments are done as well.

Recommendations for the resident's care plan are made by the R.D. The dietitian functions as a member of the Interdisciplinary Treatment Team.

Food Service

All food preparation equipment shall be washed and sanitized as often as necessary to maintain a sanitary environment.

Food served and not eaten shall be discarded.

Individual desserts not served within 3 days will be discarded.

Prepared juices will be discarded after 7 days.

All permanently installed equipment shall be cleaned as necessary or at least daily.

Frozen food shall be thawed in refrigeration, or
*under potable running water, or
*as part of the continuing cooking process

Frozen food shall be stored at 0 degrees F or below.

Thermometer shall be accurate to plus or minus 3 degrees F.

Containers of food shall be stored at least 8 inches off the floor.

Food shall not be used for disciplinary purposes.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

On-Call Staffing

Some positions at ELC require on-call coverage including Director of Nursing Services and Facility Manager. Other positions may require on- call coverage if determined necessary by Administrator or Designee.

On-call means the employee will be readily available to be called on the telephone for consultation or assistance, or they may be called into the facility to manage a situation or situations during the designated on-call period.

On- call periods will be outside of normal working hours. Any employee serving on-call will be compensated through payroll process.

Any employee on-call must:

1. Respond to calls from the facility within 1 hour and…
2. Be within 50 miles of the facility or within a 60-minute drive at normal speed limits.

Effective 9 2019

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Parking

Winter Parking:

Front Parking Lot - Park next to the road during the DAY

Park next to the building at NIGHT

Back Parking Lot - Park on the hill during the NIGHT

Park in the center and on the hill during the DAY

Unattended Vehicles:

Keys to any vehicles left unattended in the parking lot overnight (left at owners own risk) are to be left with the Nurse.

Personal vehicles parked in the parking spaces next to the building in the back parking lot are parked at their own risk. UCP/ELC remains free of liability from damages of snow and/or ice falling from the roof.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Per Diem Policy

At ELC, we have 24 hour per day RN, LPN, and CNA coverage. Per Diem positions allow greater scheduling flexibility and coverage for staff. Per Diem employees can pick up call-outs, cover vacations, and fill other gaps without committing to a regular schedule.

A per diem employee is defined in the UCP of Maine Personnel Policy Manual as:

Per Diem= an employee who is not regularly scheduled.

The following rules apply to per diem positions:

Employees in a Per Diem position must work:

- One weekend a month, (if facility has a need)
- One major summer holiday per year. Holiday defined as Memorial Day, 4th of July, Labor Day.
- One major winter holiday per year. Holiday defined as New Year's, Thanksgiving and Christmas (if needed by facility).

If an employee in a per diem position goes 90 days without working, the decision to terminate employment may occur after discussion with employee.

It is important for per diem employees to stay informed of facility policy, practice, the condition of residents, regulatory changes, and any other pertinent information. All employees in a per diem position are expected to attend in-services and staff meetings on a regular basis to keep caught up on information and changes.

Employees in a per diem role are expected to comply with ELC policy as well as UCP of Maine Personnel and Corporate policy and all local, state, and federal regulations.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Pet Visitation Policy

It is the policy of United Cerebral Palsy of Maine's Elizabeth Levinson Center to provide a policy for pet visitations to give residents an additional source of companionship and pleasure while protecting the interests of the facility.

The Pet Visitation Policy is designed to outline the procedures and responsibilities in order to facilitate a program that benefits the residents while protecting the employees and residents.

1. Pet owners must provide the facility with their address, veterinarian's name and the pet's health/shots record or a signed statement indicating the pet is current on shots.

2. Pets participating in visitations will be clean, healthy, calm, and housebroken.

3. Pets will usually be restricted to the facility's South Wing and Central Living Room areas with exceptions being made on a case by case basis by the Administrator, Director of Nursing or Charge Nurse.

4. If a pet becomes too noisy or disruptive, the owner may be asked to remove the pet from the premises.

5. Pet owners are responsible for any injuries, messes or damages caused by the pet.

6. Public Health and Centers for Disease Control and Prevention (CDC) guidelines will be followed.

7. Residents with known allergies will not participate in pet visitations.

8. Employees may not bring pets to work during their scheduled work hours, unless prior approval has been given by the Administrator or designee.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Release for Photographs/Videos

Resident's Name_____

I understand the videotapes or photographs will be used to promote the programs and services of UCP/ELC of Maine, through television, brochures, reports, newsletters, or other educational materials.

1._____ I **DO/DO NOT** give UCP/ELC permission to use footage of my child/young adult for educational purposes.

2._____ I **DO/DO NOT** give UCP/ELC permission to display pictures of my child/young adult in the facility and during presentations.

3.____ I **DO/DO NOT** give UCP/ELC permission for other parents to take pictures of my child/young adult during parties, graduation, and other gatherings. UCP/ELC cannot guarantee the protection of these photos/videos once disclosed.

4.___ I **DO/DO NOT** give UCP/ELC permission to use footage of my child/young adult for on going promotional purposes.

5.___I **DO/DO NOT** give ELC staff permission to process photos of this resident.

6.___I **DO/DO NOT** give UCP/ELC permission to take pictures of my child/young adult with other residents to share with residents and families.

7. ___I **DO/DO** NOT give UCP/ELC permission to display pictures of my child/young adult with other residents in the facility and during presentations.

8.___I **DO/DO NOT** give permission for other parents to take pictures of my child/young adult with other residents. UCP/ELC cannot guarantee the protection of the photos/videos once disclosed.

9.___I **DO/DO NOT** give permission for UCP/ELC to take videos of my child/young adult with other residents for presentation within the facility for educational purposes.

I understand I have the right to revoke this authorization in writing or verbally at any time that would prevent further release of photographs/videos.

_____ _____
Signature of Parent/Guardian Date

This release expires on: _____

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Pool Use Rules and Procedures

United Cerebral Palsy of Maine, Elizabeth Levinson Center (ELC) offers access to water therapy through the use of its indoor, heated pool. The aquatic medium is ideal for individuals for whom land-based movement and exercise options are limited.

With a prior signed agreement, ELC will make its pool available for use by UCP clients and their families; UCP employees and their families; and, individuals with disabilities being served by other community agencies.

General Pool Rules

1. Use of the pool must be coordinated with ELC's front desk, at (207) 992-0600.
2. Signage posted in the pool area must be adhered to at all times.
3. No drinking, food, gum or glass containers are allowed in the pool area.
4. No running, pushing, yelling or horseplay is allowed in the pool area.
5. **No diving and No jumping into the pool are allowed.**
6. After using the pool, the pool area and changing areas must be left neat and clean.
7. Therapy mats must be hung to dry after each use.
8. Incontinent briefs will be disposed of properly in the wastebasket in the changing area.
9. All personal items are to be removed from the pool area after each use.
10. All windows and doors must be closed and locked after using the pool.
11. Proper lifting and transfer protocols must be followed at all times.
12. In an effort to keep the area clean, outdoor shoes are not allowed in the pool area, **except** by individuals using the mechanical lift.
13. All episodes of bowel incontinence or vomiting must be reported to the facility's Administration immediately.

Pool Use by ELC Residents

- There must be one (1) employee or family member in the water for every one (1) resident in the water. Hands on supervision will be maintained for each resident.
- There must be at least one additional employee out of the pool who is CPR certified for every four residents in the pool that is responsible for the following:
  a. assisting people into the pool,
  b. overall supervision and eyes-on residents at all times,
  c. ensuring that all pool rules are followed,
  d. assisting with emergencies and calling for help, if needed.
- If there are residents in the pool area but not in the pool, there must be a ratio of one (1) supervising employee to every four (4) residents on deck.

Pool Use by UCP Clients or by Outside Agencies

- A **"United Cerebral Palsy of Maine/Elizabeth Levinson Center Pool Agreement of Use"** must be signed prior to using the pool and then annually thereafter.
- This procedure must be adhered to at all times.
- UCP clients and their families must be accompanied by their UCP worker.
- There must be at least two adults present for supervision of every 1-4 children under the age of 12 years old who are using the pool.
- There must be one (1) employee or family member in the water for every one (1) client in the water.
- There must be at least one additional person who is CPR certified on deck for every four children in the pool that is responsible for the following:
  a. assisting people into the pool,
  b. overall supervision and eyes-on clients at all times,
  c. ensuring that all pool rules are followed,
  d. assisting with emergencies and calling for help if needed.
- The maximum number of people per group permissible to use the pool is six (2 adults: 4 clients or children), unless pre-approved by the Administrator.
- Use of pool by clients and their families, and outside agencies is done so at everyone's own risk.

Pool Use by off-duty UCP Employees and their Families

- A **"United Cerebral Palsy of Maine/Elizabeth Levinson Center Pool Agreement of Use"** must be signed prior to using the pool and then annually thereafter.
- This procedure must be adhered to at all times.
- Employees must be accompanied by at least one other person at least 12 years old in the pool area who may be in or out of the pool.
- Employees must ensure that they have at least two adults present for supervision of every 1-4 children under the age of 12 years old who are using the pool.
- The maximum number of people per group permissible to use the pool is six (2 adults: 4 clients or children), unless pre-approved by the Administrator.
- Use of the pool by off-duty employees and their families is done so at their own risk.

ELC's Administrator reserves the right to make exceptions to these rules and procedures.

(Revised 8/2015)

United Cerebral Palsy of Maine/Elizabeth Levinson Center Pool Agreement of Use

By signature below, I acknowledge that I have been provided with a copy and have read the Pool Use Rules and Procedures, which I and my guests agree to abide by at all times. I agree to leave the pool premises in a neat, sanitary and clean condition and to take care of all garbage and trash that is a result of our use.

I understand that **NO LIFEGUARD is on duty**; therefore, all parties using the pool do so at their own risk. The below party shall not hold United Cerebral Palsy of Maine or any of its Board of Directors, employees or other representatives responsible or liable what so ever for any injury to self, his/her representatives or guests.

This agreement is in effect for one year from the date that it is signed.

_____ _____

Printed Name Date

_____

Signature

_____

Agency Name (if applicable)

_____

Address

_____

City/State/Zip

_____

Phone

Please send a copy of this signed Agreement to the following address:

United Cerebral Palsy of Maine
Elizabeth Levinson Center
159 Hogan Road
Bangor, Maine 04401

For questions call: (207) 992-0600.

(Reviewed 06/2015)
Effective (7/01/14)

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Privacy and Residential Care Protocol

Residents of United Cerebral Palsy of Maine/Elizabeth Levinson Center (UCP/ELC) have the right to be treated in a courteous and considerate manner in all settings while in the community or at UCP/ELC. Residents of UCP/ELC are reliant on facility staff for privacy, safety and assistance with their routine activities of daily living. Staff needs to be mindful that residents are extremely vulnerable to the threat of injury or loss of personal dignity during toileting, bathing or changing activities. All staff at UCP/ELC will observe the utmost safety and privacy for all UCP/ELC residents when participating in bathroom/changing activities both while at UCP/ELC and on community outings.

The following protocol will be followed when staff is engaged in hygiene activities with a resident:

- No resident will be left unattended ("eyes on" must be maintained) in a bathroom or changing area (any exception must be outlined in the individual's program plan).
- All residents will be covered or robed during transport to and from bathroom.
- Privacy screens, curtains and doors will be used during treatment or other activities that could compromise their privacy.
- If assistance is needed while providing care, DO NOT LEAVE THE RESIDENT IN A UNSAFE SITUATION, use the call bell to call for assistance.
- ***Staff must respond immediately to the sound of the call button***

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Quality Improvement Plan

I. *Purpose*

United Cerebral Palsy of Maine/Elizabeth Levinson Center (UCP/ELC) strives to deliver the highest quality resident care possible. The Quality Improvement Plan continually pursues opportunities to improve client care by monitoring critical client care services, resolving identified problems or seeking to provide management interventions/strategies to minimize or prevent undesired client care events.

II. *Goals*

A. To identify opportunities to improve resident care by monitoring and evaluating the quality of services delivered by all departments, programs, disciplines and committees facility-wide.

B. To coordinate all of UCP/ELC's Quality Improvement functions in order to identify, investigate and correct problems or potential problems related to resident care.

C. To integrate into Quality Improvement the functions of the programs listed in II.B. so that there may be a coordinated effort toward improving client care, as well as organizational efficiency and accountability.

D. To assure facility-wide compliance with regulating agency standards (i.e. Dept. of Health and Human Services) as well as facility policy and procedures.

E. To evaluate the effectiveness of the Quality Improvement Plan annually and propose improvements as necessary.

III. *Scope*

Quality Improvement shall identify all the facility's present activities concerned with quality client care and shall recommend modification of those activities and/or additional activities as needed. It shall promote and assist in the development of standards of care. All departments and programs are responsible for developing standards of care for their areas and shall monitor their services and report their performance in regard to these standards of the Quality Improvement Plan.

IV. *Accountability*

It is the responsibility of the UCP/ELC Director/Administrator to establish and support the Quality Improvement measures and activities within the facility.

V. *Organization*

The Quality Improvement Plan coordinates, manages, integrates and evaluates the following UCP/ELC functions: Incident/Behavior Review Committee, Infection Control Committee/Safety Committee and Human Rights and Assurances Committee.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Re-Admission from a Hospital

United Cerebral Palsy of Maine/Elizabeth Levinson Center (UCP/ELC) strives to provide the highest quality health care services possible to individuals served by the facility. In our effort to ensure an uninterrupted continuum of services, the following policy for re-admission from a hospital has been developed.

Due to regulatory and staffing constraints, United Cerebral Palsy of Maine/Elizabeth Levinson Center (UCP/ELC) is unable to provide or monitor the medical care of individuals who have any illness, diseases or other conditions that require the degree of treatment which Acute Care Hospitals or Skilled Nursing Facilities are designed to provide. It shall be the responsibility of the Director of Nursing and Facility Director to determine individual medical need and UCP/ELC's ability to meet that need. To facilitate an informed decision about an individual's health care needs, and UCP/ELC's ability to meet those needs a thorough transfer of information from the Hospital to UCP/ELC must occur. Upon transfer to acute care and/or SNF, DON or Designee will complete a "Reportable Event" in EIS and enter a "Transfer" form in the DHHS online portal.

Re-admission to UCP/ELC from a Hospital will be scheduled so that ELC can assure a safe transition in care, they will be scheduled at the discretion of the administrative team based on client/family needs. In addition, the following procedures must be adhered to:

- Transferring hospital will coordinate discharge planning with ELC DON or designee.
- Whenever possible, UCP/ELC nursing staff will meet with hospital staff and review the individual's condition prior to re-admission.
- Whenever possible, UCP/ELC physician or nurse practitioner will be informed of the readmission.
- The discharging facility must provide a discharge summary, and prescriptions at the time of discharge…
- Client Discharge Summary will be faxed to UCP/ELC prior to discharge from hospital.
- Upon return to ELC, DON or designee will enter a "Transfer" form in DHHS Portal.

(Revised 8/2016)

REGULATIONS/ RESIDENT RIGHTS

ELIZABETH LEVINSON CENTER

Department of Mental Health, Intellectual Disability, and Substance Abuse Services

Levinson Center Note: To keep this document brief, ELC has only listed the Rights of Persons with Intellectual Disabilities once and has deleted duplicate statements from subsequent client rights regulations listed within this document (Chapter 5 Regulations Governing ICF-IIDs and 4 CFR section 483.420 Federal Regulations Governing ICF-IIDs).

INTELLECTUAL DISABILITY Ch. 5 34-B 5601

SUBCHAPTER IV

RIGHTS OF PERSONS WITH INTELLECTUAL DISABILITY

Section

§ 5601. Definitions.

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings:

1. **Day facility.** "Day facility" means any nonresidential facility owned, operated, licensed, or funded, in whole or in part, by the department or through the Department of Health & Human Services.

2. **Express and informed consent.** "Express and informed consent" means consent voluntarily given with sufficient knowledge and comprehension of the subject matter involved so as to enable the person giving consent to make an understanding and enlightened decision, without any element of force, fraud, deceit, duress or other form of constraint or coercion.

3. **Habilitation.** "Habilitation" means the process by which an individual is assisted to acquire and maintain those life skills which enable him to cope with the demands of his own person and environment, to raise the level of his physical, mental and social efficiency and to upgrade his sense of well-being, including, but not limited to, programs of formal, structured education and treatment.

4. **Normalization principle.** "Normalization principle" means the principle of letting the mentally retarded person obtain an existence as close to normal as possible and making available to him patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society.

5. **Residential facility.** "Residential facility" means a facility providing 24-hour residential care for persons with mental retardation which is owned, operated, licensed or funded, in whole or in part, by the department or through the Department of Human Services.

6. **Seclusion.** "Seclusion" means the placement of a client alone in a locked room for a period in excess of one hour.

7. **Treatment.** "Treatment" means the prevention, amelioration or cure of a client's physical and mental disabilities or illness.

§ 5602. Purpose.

It is the intent of the Legislature to guarantee individual dignity, liberty, pursuit of happiness and the protection of the civil and legal rights of mentally retarded persons and to articulate rights of mentally retarded persons, so that these rights may be exercised and protected.

§ 5603. Entitlement.

Each person with intellectual disabilities or autism is entitled to the rights enjoyed by citizens of the State and of the United States, unless some of these rights have been suspended as the result of court guardianship proceedings.

§ 5604. Protection.

The Legislature finds and declares that the rights of persons with mental retardation or autism can be protected best under a system of services that operates according to the principles of normalization and full inclusion and that the State's system of services must operate according to these principles with the goals of:

1. Community-based services. Continuing the development of community-based services that provide reasonable alternatives to institutionalization in settings that are least restrictive to the person receiving services; and

2. Independence and productivity. Providing habilitation, education and other training to persons with intellectual disability or autism that will maximize their potential to lead independent and productive lives and that will afford opportunities for outward mobility from institutions.

§ 5605. Rights and basic protections of a person with intellectual disabilities or autism

A person with intellectual disability or autism is entitled to the following rights and basic protections.

1. Humane treatment. A person with intellectual disability or autism is entitled to dignity, privacy and humane treatment.

2. Practice of religion. A person with intellectual disability or autism is entitled to religious freedom and practice without any restriction or forced infringement on that person's right to religious preference and practice.

3. Communications. A person with intellectual disability or autism is entitled to private communications.

A. A person with intellectual disability or autism is entitled to receive, send and mail sealed, unopened correspondence. A person who owns or is employed by a day facility or a residential facility may not delay, hold or censor any incoming or outgoing correspondence of any person with intellectual disability or autism, nor may any such correspondence be opened without the consent of the person or the person's legal guardian.

B. A person with intellectual disability or autism in a residential facility is entitled to reasonable opportunities for telephone communication.

C. A person with intellectual disability or autism is entitled to an unrestricted right to visitations during reasonable hours, except that nothing in this provision may be construed to permit infringement upon others' rights to privacy.

4. Work. A person with intellectual disability or autism engaged in work programs that require compliance with state and federal wage and hour laws is entitled to fair compensation for labor in compliance with regulations of the United States Department of Labor.

5. Vote. A person with intellectual disability or autism may not be denied the right to vote for reasons of mental retardation illness, as provided in the Constitution of Maine, Article II, Section 1, unless under guardianship.

6. Personal property. A person with intellectual disability or autism is entitled to the possession and use of that person's own clothing, personal effects and money, except that, when necessary to protect the person
Or others from imminent injury, the chief administrator of a day facility may take temporary custody of clothing or personal effects, which the administrator shall immediately return when the emergency ends.

7. Nutrition. A person with intellectual disability or autism in a residential facility is entitled to nutritious food in adequate quantities and meals may not be withheld for disciplinary reasons.

8. Medical care. A person with intellectual disability or autism is entitled to receive prompt and appropriate medical and dental treatment and care for physical and mental ailments and for the prevention of any illness or disability, and medical treatment must be consistent with the accepted standards of

medical practice in the community, unless the religion of the person with intellectual disability or autism so prohibits.

A. Medication may be administered only at the written order of a physician.

B. Medication may not be used as punishment, for the convenience of staff, as a substitute for a habilitation plan or in unnecessary or excessive quantities.

C. Daily notation of medication received by each person with intellectual disability or autism in a residential facility must be kept in the records of the person with intellectual disability or autism.

D. Periodically, but no less frequently than every 6 months, the drug regimen of each person with intellectual disability or autism in a residential facility must be reviewed by the attending physician or other appropriate monitoring body, consistent with appropriate standards of medical practice.

E. All prescriptions must have a termination date.

F. Pharmacy services at each residential facility operated by the department must be directed or supervised by a professional competent pharmacist licensed according to the provisions of Title 32, chapter 41.[1]

G. Prior to instituting a plan of experimental medical treatment or carrying out any surgical procedure, express and informed consent must be obtained from the person with mental retardation or autism, unless the person has been found to be legally incompetent, in which case the person's guardian may consent.

(1) Before making a treatment or surgical decision, the person must be given information, including, but not limited to, the nature and consequences of the procedures, the risks, benefits and purposes of the procedures and the availability of alternate procedures.

(2) The person or, if legally incompetent, that person's guardian, may withdraw express and informed consent at any time, with or without cause, before treatment or surgery.

H. Notwithstanding the absence of express and informed consent, emergency medical care or treatment may be provided to any person with mental retardation or autism who has been injured or who is suffering from an acute illness, disease or condition if delay in initiation of emergency medical care or treatment would endanger the health of the person.

I. Notwithstanding the absence of express and informed consent, emergency surgical procedures may be provided to any person with intellectual disability or autism who has been injured or who is suffering from an acute illness, disease or condition if delay in initiation of emergency surgery would substantially endanger the health of the person.

9. Sterilization. A person with intellectual disability or autism may not be sterilized, except in accordance with chapter 7.[2]

10. Social activity. A person with intellectual disability or autism is entitled to suitable opportunities for behavioral and leisure time activities that include social interaction.

11. Physical exercise. A person with intellectual disability or autism is entitled to opportunities for appropriate physical exercise, including the use of available indoor and outdoor facilities and equipment.

12. Discipline. Discipline of persons with intellectual disability or autism is governed as follows.

A. The administrator of each facility shall prepare a written statement of policies and procedures for the control and discipline of persons receiving services that is directed to the goal of maximizing the growth and development of persons receiving services.

(1) Persons receiving services are entitled to participate, as appropriate, in the formulation of the policies and procedures.

(2) Copies of the statement of policies and procedures must be given to each person receiving services and, if the person has been adjudged incompetent, to that person's parent or legal guardian.

(3) Copies of the statement of policies and procedures must be posted in each residential and day facility.

B. Corporal Punishment or any form of inhumane discipline is not permitted.

C. Seclusion is not permitted.

D. Deleted. Laws 1993, c. 326, 9.

13. Behavior modification. Behavior modification of persons receiving services is governed as follows.

A. A person receiving services may not be subjected to a treatment program to eliminate bizarre or unusual behavior without first being examined by a physician to rule out the possibility that the behavior is organically caused.

B. Treatment programs involving the use of noxious or painful stimuli may be used only to correct behavior more harmful to the person receiving services than is the treatment program:

(1) On the recommendation of a physician or psychologist; and

(2) With the approval, following a case-by-case review, of the chief administrative officer of the residential facility and an advocate of the department.

14. Physical restraints. Persons who have intellectual disability or autism are entitled to be free from physical restraints, which include totally enclosed cribs and barred enclosures, but physical restraints may be employed only in emergencies to protect the person from imminent injury to that person or others.

A. Physical restraints may not be used as punishment, for the convenience of the staff, or as a substitute for habilitative services.

B. Physical restraints may impose only the least possible restrictions consistent with their purpose and must be removed when the emergency ends.

C. Physical restraints may not cause physical injury to the person receiving services and must be designed to allow the greatest possible comfort.

D. Mechanical supports used in normative situations to achieve proper body position and balance are not considered restraints, but mechanical supports must be prescriptively designed and applied under the supervision of a qualified professional with concern for principles of good body alignment, circulation and allowance for change of position.

E. Daily reports on the use of restraints must be made to the appropriate chief administrative officer of the facility.

(1) The reports must summarize all cases involving the use of restraints, the type of restraints used, the duration of usage and the reasons for the usage.

(2) A monthly summary of the reports must be relayed to the Office of Advocacy.

15. Records. All records of persons receiving services must remain confidential as provided in section 1207.

A. The person with intellectual disability or autism or, if the person is incompetent, a parent or guardian is entitled to have access to the records upon request.

B. The commissioner is entitled to have access to the records of a day facility or a residential facility if necessary to carry out the statutory functions of the commissioner's office.

§ 5606. Violations.

1. Report and investigation. Any alleged violation of the rights of a person receiving services must be reported immediately to the OADS and to Division of Licensing and Regulatory Services (DLRS).

A. The Disability Rights Center (DRC) shall conduct an investigation of each alleged violation pursuant to section 1205.

B. The DRS shall submit a written report of the findings and results of the investigation to the chief administrative officer of the facility in which the rights of the person receiving services were allegedly violated and to the commissioner within 2 working days after the day of the occurrence or discovery of the alleged incident.

2. Civil liability. Any person who violates or abuses any rights or privileges of persons receiving services granted by this subchapter is liable for damages as determined by law.

A. Civil damages may be awarded for negligent or intentional violations of this subchapter.

B. Good-faith compliance with the provisions of this subchapter in connection with evaluation, admission, habilitation programming, education, treatment or discharge of a person receiving services is a defense to a civil action under this subchapter.

3. Prohibited acts; penalty; defense. A person is guilty of violation of the rights of a person with mental retardation or autism who is receiving services if that person intentionally violates or abuses any rights or privileges of persons receiving services granted by this subchapter.

A. Violation of the rights of a person with intellectual disability or autism who is receiving services is a Class E crime.

B. Good-faith compliance with the provisions of this subchapter in connection with evaluation, admission, habilitation programming, education, treatment or discharge of a person receiving services is a defense to prosecution under this subchapter.

§ 5607. Notice of rights

The commissioner shall provide a written copy of this subchapter and of section 1207 to each person receiving services and, if the person receiving services has been adjudged incompetent, to the parent or guardian of the person receiving services.

1. Prompt notification. Each person receiving services must be promptly informed in clear language of that person's legal rights.

2. Posting requirement. A copy of this subchapter must be posted in each residential and day facility.

§ 5608. Government

Upon request of a person receiving services, the chief administrative officer of a residential facility shall initiate and develop a program of government to hear the views and represent the interests of all persons receiving services at the facility.

1. Composition. The government of the persons receiving services must be composed of residents elected by other residents and staff advisors skilled in the administration of community organizations.

2. Duties. The government of the persons receiving services shall work closely with the division and the Office of Advocacy to promote the interests and welfare of all residents in the facility.

Levinson Center note: Due to the nature of Elizabeth Levinson Center, instead of a Resident Council, we will attempt to organize a Parents and Guardians Group that will meet twice a year to review the issues normally reviewed in a Council.

§ 5609. Habilitation and Vocational Rehabilitation services

1. Habilitation services. The OADS and the Department of Education, through the Office of Rehabilitation Services, shall provide, to the extent of the resources available, for those habilitation and vocational rehabilitation services, defined in Title 20-A, section 18002, subsection 6, and any other service, including, but not limited to, supported employment, including work in rehabilitation facilities and work centers, as defined in Title 5, chapter 155, subchapter II;[1] job coaching; transportation, recreational and leisure services; and respite or day programs designed in consultation with an interdisciplinary team in order to make available to persons receiving services those services that are otherwise not obtainable, in the following order of priority:

A. Those persons receiving services who are living at home or in unsubsidized foster care who are between 20 and 26 years of age and are not receiving any day program; and

B. All other persons receiving services that are between 20 and 26 years of age and are not receiving an appropriate day program.

C. Deleted. Laws 1993, c. 329, 13.

All persons receiving services who are served under this program prior to their 26th birthday must be allowed to continue to receive services through the voucher system established by subsection 2.

For purposes of this section, an interdisciplinary team includes the person receiving services and a member of the person's family or the guardian of the person receiving services.

2. Payment for services. The OADS shall establish a voucher system to allow the interdisciplinary team to incorporate only those services determined critical and otherwise unavailable into a program, including work, habilitation and other services designated in subsection 1, when appropriate. The division shall establish a limit on the amount of transitional services available to persons receiving services eligible for services under this section.

3. Rules. The OADS shall adopt rules in accordance with the Maine Administrative Procedure Act[2] to establish a transitional program under subsections 1 and 2.

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REGULATIONS GOVERNING THE LICENSING AND FUNCTIONING OF INTERMEDIATE CARE FACILITIES FOR PERSONS WITH INTELLECTUAL DISABILITIES

W-122-157 **CHAPTER 5**

Legal\mrlaws

CLIENT PROTECTIONS **10/26**

5. A. Protection of Clients' Rights

Each facility must have, and shall implement written policies and procedures which ensure the rights of clients as set forth in 34-B M.R.S.A. sections 5601 et seq. (Rights of Persons with intellectual disability) and 42 C.F.R. section 483.420.

Policies and procedures shall require that:

5. A.1. The facility must:

a. Inform, in writing, each client, parent, if the client is a minor, or legal guardian, of the client's rights and the rules of the facility, including:

1. All services available; and
2. Changes in services or charges as they occur during the client's stay.

b. Inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment and ensure the opportunity for the client to participate in planning the total care and medical treatment, unless the physician decides that informing the client is medically contraindicated. This decision must be documented in the client's record.

c. Transfer or discharge clients only for:

1. Medical reasons;
2. The welfare of the client or that of other clients; or
3. Nonpayment, except as prohibited by the Medicaid Program;

d. Advise clients of their right to appeal, and notify advocacy agencies as appropriate.

Levinson Center Note: Though we desire to work with you to resolve any concerns internally, you also have the option to consult agencies outside the facility, such as:

DRC @ DHHS Region 3 Advocate . . . . . 561-4113 or 1-800-432-7825

e. Allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the State of Maine and the United States, including their right to file complaints, to due process and to vote.

1. The client and parents shall be informed of the advocacy services offered by the Office of Advocacy; and
2. Opportunity for client participation in the Resident Council or comparable mechanism for client input regarding the rules of conduct for the facility shall be provided.

Levinson Center Note: Due to the nature of Elizabeth Levinson Center, instead of a Resident Council, there is established a Parents and Guardians Group which will meet twice a year to review the issues normally reviewed in a Council.

f. Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities;

g. Ensure that clients are not compelled to perform services for the facility;

1. Training tasks may not involve the care or treatment of other clients.
2. Clients shall be encouraged and/or assisted to perform work in the least restrictive setting and at the highest remunerative value of which they are capable.

k. Housekeeping: A client may be asked to perform tasks of a personal housekeeping nature when:

1. They are included in the client's individual program plan (IPP) to develop new skills;
2. They are commonly performed by members of a nuclear family unit; or
3. They require the client to be reasonably responsible for keeping his/her personal areas clean and neat.

l. Ensure that each client is being treated with consideration, respect, and full recognition of his/her dignity and individuality. To that end, the client:

1. Shall have a right to private communications:
   (I) To be assisted with the writing and mailing of letters.

M. Ensure that each client shall be dressed in his/her own clothing each day.

1. The client shall be assisted in obtaining and, if necessary, provided with adequate, fashionable and seasonable clothing including shoes and coats;
2. Each client shall have sufficient, appropriate clothing for rainy, snowy or extremely cold weather;
3. Special or adaptive clothing shall be provided where necessary; and
4. Each client shall be involved in the selection of his/her clothing.

n. Provide opportunity for husband and wife who both reside in the facility to share a room;

o. Provide privacy for a married client during visits with his/her spouse;

p. As appropriate, provide training in sexuality and socialization to include information on contraception;

q. Ensure that clients shall have a right to the least restrictive conditions necessary to achieve the purposes of habilitation. To this end, the facility shall make every attempt to move clients from:

1. More to less structured living;
2. Larger to smaller facilities;
3. Larger to smaller living units;
4. Group to individual residences;
5. Segregated to integrated community living; and
6. Dependent to independent living;

and in concert with the clients' and/or guardians' preference.

r. Ensure that, unless contraindicated by the client's IPP, ICFs/IID shall house both male and female clients. Unrelated clients of grossly different ages, developmental levels and social needs shall not be housed in close physical proximity, and clients who are non-ambulatory, deaf, blind, epileptic, or otherwise with a physical disability shall not be grouped with lower functioning clients solely because of such disabilities.

s. Ensure that the facility's rhythm of life shall conform to practices prevalent in the community. For example, older clients ordinarily shall not be expected to live according to the timetable of younger children.

t. Ensure that clients who are non-ambulatory and have multiple disabilities shall, except where otherwise indicated by a physician's order, spend a major portion of their waking day out of bed, and out of their bedroom, have planned daily activity, and be rendered mobile by suitable methods and devices. Clients shall not stay in beds, cribs, wheelchairs or orthopedic carts all day long, except on the order of a physician, which must be in writing if the order is to remain in effect for more than four (4) hours.

W139 (b) Standard: Client finances

(1) The facility must establish and maintain a system that

W140 (I) Assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients; and

W141 (ii) Precludes any commingling of client funds with facility funds or with the funds of any person other than another client.

W142 (2) The client's financial record must be available on request to the client, parents (if the client is a minor) or legal guardian.

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W144 (2) Answer communications from clients' families and friends promptly and appropriately;

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W147 (5) Promote frequent and informal leaves from the facility for visits, trips, or vacations; and

****

W148 (6) Notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.

****

W152 (iii) The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment.

W153 (2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.

****

I have reviewed and received a combined copy of the Maine regulations regarding the Rights of Persons with intellectual disability and (State/Federal ICF-IID) Regulations Regarding Client Protections.

_____

Date

_____ _____

Witness Signature Parent/Guardian Signature

14-197 MR Ch 5

REGULATIONS GOVERNING EMERGENCY INTERVENTIONS

AND

BEHAVIORAL TREATMENT

FOR PEOPLE

WITH INTELLECTUAL DISABILITY AND/OR AUTISM

Section 1: Emergency Interventions

Section 2: Behavioral Treatment

Chapter 5: Regulations Governing Emergency Interventions and Behavioral Treatment for People with Intellectual Disability and/or Autism

SUMMARY: These regulations are designed to implement Maine Law regarding the Rights of Maine Citizens with Intellectual Disability or Autism. At 34B MRSA *§5601etseq.* these rights are specified, including the governance of emergency interventions and behavioral treatment procedures.

AUTHORITY: 34B MRSA 1203(3), 5601 *etseq.* ***1. STATEMENT OF INTENT***

A. These regulations are intended to govern the use of emergency interventions and behavioral treatment in a manner consistent with maximizing the safety, well-being, independence, and inclusion of Maine citizens with intellectual disabilities or autism.

B. These regulations acknowledge that the goals of safety, well being, independence and inclusion may sometimes best be achieved by means of systematic behavioral treatment, which

(1) Assists individuals in decreasing the frequency and severity of specifically identified dangerous or maladaptive behaviors,

(2) Assists individuals in learning safer, more adaptive behaviors in place of the dangerous or maladaptive behaviors, and

(3) Assists individuals and their supporters in modifying the home, workplace and recreational environment in order to minimize or eliminate factors that may provoke dangerous or maladaptive behaviors.

C. Because of the risks inherent in employing some behavioral treatment interventions, these regulations describe the procedural steps that must be taken prior to the implementation of planned behavioral interventions. These regulations also identify allowable forms of emergency interventions in the community and the specific criteria by which these interventions may be employed.

D. These regulations are not intended to regulate the use of therapeutic adaptive equipment or therapeutic interventions in occupational or physical therapy. They are also not intended to regulate medical practice or the use of psychoactive medication. Planning teams are encouraged to work closely with individuals' health service providers.

E. These regulations are intended to protect the rights of Maine citizens with intellectual disabilities or autism, whenever these citizens are receiving services funded in whole or in part by, licensed by or provided pursuant to a contract or agreement with the Department of Behavioral and Developmental Services.

F. It is not the Department's policy to promote either intrusive behavioral interventions or any form of emergency restraint, but only to assure that when utilized they are utilized in a fashion that protects the health and safety of participants.

2. DEFINITIONS

Adaptive: descriptive of a change in structure, function or form that produces the individual's better adjustment to the environment.

Assessment: an evaluation to determine needs, abilities, and limitations. Autism: as defined at 34B M.R.S.A. 6002.

Aversive: a stimulus is aversive to a given individual if (a) it would cause harm or damage to any individual, or (b) if it arouses fear or extreme distress in that specific individual, even when the stimulus appears to be pleasant or neutral to others.

Blocking: momentary deflection of an individual's movement, when that movement would otherwise be destructive or harmful. Blocking may occur as an emergency intervention, or a moderate or severely intrusive intervention.

Chemical restraint: the use of a medication, administered involuntarily, for the purpose of immobilizing an individual who is in imminent danger of self-injury or harm to others.

Coercion: the act of causing an individual to do something through the use of force or the threat of force.

Commissioner: the Commissioner of the Department of Behavioral and Developmental Services (BDS).

Dangerous behavior: behavior that imperils safety or is likely to cause injury or pain to self or others.

Department: the Department of Behavioral and Developmental Services (BDS).

Discipline: interventions that guide or correct.

Emergency: a situation in which there is risk of imminent harm or danger to the individual or others. Risk of criminal detention or arrest may constitute an emergency.

Emergency interventions: physical and/or chemical restraints employed to prevent or interrupt emergency situations.

Environmental alteration: the modification of a site, activity or schedule that appears to be triggering or contributing to a dangerous or maladaptive behavior.

Extinction: withdrawal of attention or planned ignoring of the target behavior that is in response to behavior that is disruptive but not harmful or destructive. This is a mildly intrusive behavioral intervention.

Fining: the forfeiture of an object or participation in an event when an individual engages in a target dangerous or maladaptive behavior. The object or event must have been provided by the service provider and cannot be a personal possession or everyday event. This is a moderately intrusive intervention.

Imminent: descriptive of a situation or event that is about to occur at any moment.

Inclusion: the status of being or becoming apart of the whole of the community.

Individual: a person receiving services by or through Intellectual Disabilities Services.

Intervention: the act of being an influencing force, in order to modify, promote or hinder some action.

Maladaptive behavior: behavior that is an inadequate, dangerous, harmful, or socially unacceptable response to circumstances or events, or interferes with the individual's acquisition or performance of appropriate and pro-social behaviors.

Mechanical restraints: an apparatus employed to restrain an individual, or the act of using an apparatus for this purpose. Mechanical restraints can include but are not limited to camisoles, strait jackets or similar garments, enclosed cribs, or tying an individual to abed or chair. They do not include positioning or adaptive devices when used correctly.

Mildly intrusive: descriptive of interventions in which some form of limitation is imposed upon the individual, but the individual voluntarily complies with the imposition.

Moderately intrusive: descriptive of interventions characterized by a greater degree of limitation than a mildly intrusive intervention, but the individual voluntarily complies with the imposition.

Non-emergency: descriptive of a situation in which no imminent harm or danger to an individual or others is present.

Noxious: distasteful, unpleasant or intolerable to the individual.

Overcorrection: activity done in excess of what would reasonably be required simply to restore a setting or situation to its original state. There are two forms of overcorrection. The first involves activity in excess of what is necessary or desired, such as mopping the entire room when milk is spilled onto the floor, rather than simply cleaning the spill. The second, also called positive practice overcorrection, consists of practicing an alternative more desirable behavior, such as spending ten minutes putting glasses into the dishwasher. This is a moderately intrusive intervention.

Painful: that which causes strong emotional or physical discomfort to an individual.

Physical holding: an intervention intended to interfere with the voluntary movement of an individual or any part of the individual's body, by grasping, hugging, embracing or similarly using one's body to affect the intervention.

Planning team: the group of people who are responsible for developing an individual's plan for habilitation.

Positive behavioral supports: the broad enterprise of helping people develop and engage in adaptive, socially desirable behaviors and overcome patterns of destructive and stigmatizing responding, but which do not entail any limitations upon the individual's rights. Positive behavioral support incorporates a comprehensive set of procedures and support strategies that are selectively employed based on an individual's needs, characteristics, and preferences.

Positive or neutral interventions: those which are directed toward reducing an individual's maladaptive behavior, but which do not entail any restrictions upon the individual's rights.

Potentially harmful: descriptive of behaviors or activities that might pose a risk to the physical or emotional well being of an individual.

Punishment/Punitive: descriptive of retaliatory responses that have no programmatic justification, teaching benefit or purpose to maintain safety.

Redirection: the distraction or diversion of the attention of an individual from a maladaptive or dangerous behavior to a positive or neutral behavior; a suggestion, by word or gesture, that an individual try an alternate activity. No threats or coercion are involved.

Restraint: a mechanism or action that deprives an individual of the use of all or part of the body. This does not include those devices or actions used for positioning when used correctly.

Review Committee: a group of persons, as defined at 348 MRSA §5605(13) (8), responsible for reviewing and approving all severely intrusive behavioral programs.

Routine use: the regular use of an emergency intervention as a result of nonexistent, inadequate, or improper planning for behavioral interventions. Restraints used three or more times in a two week period or any other regular pattern of use constitutes routine use.

Seclusion: placement in any room from which exit is prohibited or prevented, without constant monitoring. Rooms that fit this description include those that are locked or whose door is blocked or held shut by any means.

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Service Providers: any person or agency that provides services to an individual with intellectual disability or autism, whether funded by or through the Department, under contract, subcontract or agreement with the Department, or licensed by the Department. This includes employees of the State of Maine, and volunteers and students under the supervision and control of the service provider.

Severely intrusive: descriptive of interventions that involve some degree of coercion. They must be planned behavioral interventions except during an emergency.

Timeout exclusionary: the withdrawal of an individual from a reinforcing environment when the individual engages in targeted undesirable behavior. This is a voluntary response by the individual following a request by a service provider. This is a moderately intrusive behavioral intervention.

Timeout non-exclusionary: the voluntary withdrawal of an individual from a reinforcing activity or setting while remaining in the reinforcing environment. Coercion may not be used. This is a mildly intrusive behavioral intervention.

Verbal reprimand: a matter-of-fact message, delivered against a background of a generally positive and supportive environment, to express disapproval of an individual's behavior. It must be conveyed without humiliating or threatening language. This is a mildly intrusive behavioral intervention.

Voluntary compliance: circumstances under which the individual does not resist or object to the intervention or request, or agrees to follow the strategy.

3. PRINCIPLES. Individuals served by the Department are entitled to the same rights as every other Maine citizen, except as limited by reason of guardianship. Any emergency or behavioral intervention that limits the exercise of any of an individual's rights must adhere to the following principles.

A. The individual's behavior must be more destructive to himself or to others than is the imposed limitation.

B. A limitation may only be imposed:

(1) During an emergency, and for the duration of the emergency. Emergency interventions may not be employed as a punishment, for staff convenience, or as a substitute for planned behavioral interventions; or
(2) As part of a behavioral plan developed and approved by the planning team. Additional review and approval may be required in some instances.

Section 1: .Emergency Interventions 1. General Requirements

A. Emergency interventions may never be employed as a punishment, for staff convenience or as a substitute for planned behavioral interventions.

B. Emergency interventions must impose the least possible restriction consistent with the purpose for which they are used.

C. Emergency interventions may be employed only if alternative techniques have been tried and failed, unless it would be unreasonable under the circumstances to implement less restrictive techniques. When the use of an emergency intervention is predicated upon the failure of alternative techniques or a planned behavioral intervention, the individual's record shall reflect which alternative techniques were attempted and/or the planned behavioral intervention employed, and with what result. When no alternative techniques were attempted, the individual's record shall document why it would have been unreasonable to attempt to implement them.

2. Prohibitions. The following are not permitted as emergency interventions: A. Routine use of emergency interventions, B. Mechanical restraints, or C. Seclusion.

3. Permissible Emergency Interventions and Requirements for Their Use
A. Physical holding
(1) Physical holding must be stopped when the emergency ends. It may be employed for no longer than one *continuous* hour per application.
(2) Assessments must be utilized to establish the length of time the physical holding may be employed, up to the maximum allowed. Such assessment must be included as part of the planning process and must be discussed with the planning team as soon as is practicable after an episode. The assessment must specifically address issues of trauma (i.e., whether the physical holding of a person with a history of trauma would be more harmful than not doing so). (3) Records must document the length of time that physical holding was employed and must describe every holding technique used.
(4) Individuals employed to serve individuals upon whom physical holding may be imposed shall receive training in appropriate intervention techniques, as soon as possible after their hiring dates or once it is known that an individual may require such intervention. Individuals who have not received such training may not employ physical holding.

B. Chemical restraints
(1) Chemical restraints may only be administered by properly trained staff, as a last resort, in order to prevent imminent harm to self or others.
(2) Orders for the use of chemical restraints must be approved by the guardian if one has been appointed unless a physician determines that any delay in administration of the restraint increases the danger to the individual or others. In such a case, the guardian must be informed as soon as possible that the restraint has been used. Approval may include written approval of a plan of which the use of chemical restraints is a part, written blanket approval for treatment and intervention in emergency situations, written specific approval for the use of a particular chemical restraint in particular circumstances, or a monitored telephone call.

(3) Every use of a chemical restraint must be authorized by a physician prior to the administration of the medication. Each authorization shall remain in effect for a maximum of twelve hours. Physician orders for chemical restraint shall be confirmed in writing within 48 hours and the use of the chemical restraint shall be reviewed by the physician as soon as possible.
(4) Chemical restraints may not be used until a physician determines and documents that the harmful effect of the behavior clearly outweighs the potential harmful effects of the medication.

C. Review and Reporting
(1) Three uses of any chemical restraint or physical holding within a two week period or other patterns of use requires the individual's planning team to convene to review the adequacy of the individual's behavioral intervention plan and services.
(2) Use of an emergency intervention must be reported promptly to the individual's physician by the professional ordering or overseeing such use.
(3) Each use of an emergency intervention shall be reported daily to the manager of each program. Each use of an emergency intervention without a planned behavioral intervention procedure shall be reported daily to the appropriate BDS regional office.
(4) Other reports as may be required by the Department or other regulatory agencies shall be completed on time.

D. Other Circumstances. On rare occasions, emergency measures not specified in these regulations may be required. In such instances, the following procedures shall be followed;
(1) A telephone report of the use of an emergency intervention other than those named as permissible shall be made by the service provider within one business day to the appropriate BDS regional office. A written report must follow by mail or fax within two business days.
(2) The written report must describe the intervention used, the circumstances leading up to the use of the intervention, the effectiveness of the intervention, any injuries suffered by the individual as a result of the intervention, and any follow-up to the incident.
(3) Within two weeks of the use of such an intervention, the individual's planning team shall convene to review the use of the intervention. Such review shall be documented in the individual's record.

4. Other Regulations. These rules do not supplement any requirements governing the use of restraints that may be included in other Maine or Federal regulations, including but not necessarily limited to, Licensing and Functioning of Intermediate Care Facilities for Individuals with Intellectual Disabilities (10-144 CMR Ch 118) and Regulations Governing the Licensing and Functioning of Assisted Living Facilities (10-144 CMR Ch 113).

Section 2: Behavioral Interventions
1. Principles Individuals served by the Department are entitled to the same rights as every other Maine citizen, except as limited by reason of guardianship. Any behavioral intervention that limits the exercise of any of an individual's rights must adhere to the following principles.

A. The limiting intervention must be reviewed at least quarterly and approved by the planning team.

B. The intervention must be approved, in writing, by the individual or by the guardian when one has been appointed. Withdrawal of approval requires immediate termination of the intervention.

C. The use of an intervention must always be preceded by a behavioral assessment and

documented efforts to address the dangerous or maladaptive behavior by the use of less intrusive or more positive techniques, which have been tried systematically and determined to be ineffective.

D. Moderately intrusive interventions must be part of the written plan and approved by the planning team. The Review Committee, following review and approval by the planning team, must approve severely intrusive interventions.

E. Individuals with intellectual disability and autism have a right to receive effective intervention. While there are risks inherent in employing some behavioral interventions, it should also be noted that in some cases there are risks in not employing behavioral interventions.

F. Interventions must be limited to the individual in question. The imposition of group interventions is prohibited.

2. Positive Environment. As stated above, every individual is entitled to the same rights afforded every citizen of Maine, except as limited by guardianship. The Department is obligated to ensure that all individuals have the opportunity to live in a safe~ supportive environment. All service providers share this obligation. Any interventions that restrict an individual's rights, even if a guardian approves, will not be approved, unless the individual has been provided with necessary positive supports and appropriate services.

3. Prohibited Interventions

A. The following procedures and interventions are expressly forbidden in all circumstances:
(1) Intentional infliction of pain or injury.
(2) The intentional instilling of fear of pain or injury.
(3) Actions or language intended to humiliate, dehumanize or degrade an individual,
(4) Denial of basic rights including, but not limited to meals, sleep, adequate clothing, medications, medical treatment, and therapy.
(5) The use of experimental interventions, or those without scientific basis or merit.

B. A service provider's use of any such procedures will be cause for investigation and action by the Department, including, when appropriate, referral to a law enforcement agency, licensing authority or other similar oversight bodies.

C. Any limitation, whether actual or implied, upon an individual's freedom of movement or exercise of a right (see 348 MRSA §5605) is expressly forbidden unless it is either in response to an emergency, or a formal and approved portion of an individual's treatment plan.

D. There exists the possibility that unusual circumstances may cause a planning team, attempting to assure the health and safety of an individual who is engaging in extremely dangerous behaviors, to propose an unusual or noxious intervention. In cases where such a plan is proposed, it is required that the designer of that intervention show to the Review Committee, by a preponderance of the evidence, why that program should be allowed. See Section 2; subsection 9 for information about the Review Committee.

4. Meetings of the Planning Team to Develop or Review Behavioral Interventions
A. When it is proposed that a particular intervention be systematically used to change or eliminate a specific behavior of an individual, written documentation of the proposed use of the

intervention must be included in the individual's planning process. A planning team must approve this process.

B. The planning team must always include the individual and the guardian when one has been appointed. It must also include a caseworker or other Departmental representative, who must coordinate the inclusion of any other relevant planning team members. The planning team must include representatives of every site at which the behavioral treatment procedure is to be implemented.

C. Pursuant to 348 MRSA §5605(13), the planning team must evaluate factors that may be contributing to the occurrence of the behavior. Such factors may include but are not limited to

(1) Illness.
(2) Psychiatric conditions.
(3) Significant life events.

In the event that factors such as those listed above exist, the planning team may still determine that a behavioral plan is indicated, but the planning team shall include, as part of the plan, its rationale for so deciding.

D. The behavioral intervention procedure must include all of the following: (1) Consent by the individual or the guardian if one has been appointed;

(2) A concise and accurate identification and description of the specific behavior(s) to be addressed and the behavioral goal.
(3) A description of the baseline measurements of the frequency, duration, intensity, and/or severity of the behavior(s).
(4) A concise and precise description of the methodology for consistently implementing the plan.
(5) A description of the means of recording and measuring of the frequency, duration, intensity, and/or severity of episodes of the specific behavior(s) and the use of interventions.
(6) A schedule for periodic review of the plan, which shall be at least quarterly.
(7) Criteria for the discontinuation of the plan, whether because it has been successful, its continued implementation is unlikely to be successful, or it is causing the individual more harm than benefit. There may be behavioral plans, which show slow progress. These plans may require implementation and monitoring over an extended period of time.

5. <u>Positive Behavioral Supports</u>

A. Positive behavioral supports are those which are directed toward reducing an individual's maladaptive behavior, but which do not entail any limitations upon the individual's rights. The planning team should approve all behavioral interventions.

B. Examples of such interventions include but are not limited to:

(1) Rewarding positive behavior.
(2) Rewarding the absence of dangerous behavior.
(3) Modeling of appropriate behavior.
(4) Environmental alteration.
(5) Teaching of skills.
(6) Redirection.

C. Positive or neutral interventions may be used on an informal basis for individual safety or to promote a harmonious, supportive environment. The planning team must approve systematic use of an intervention.

6. Mildly Intrusive Interventions

A. Mildly intrusive interventions are characterized as those in which some form of limitation is imposed upon the individual, but the individual voluntarily complies with this imposition. Examples of mildly intrusive interventions include but are not limited to:
(1) No exclusionary timeout.
(2) Verbal reprimand.
(3) Extinction.

B. An individual's voluntary compliance in a mildly intrusive plan is essential. Coercion is not permitted. Even in cases where a guardian has approved a plan, implementation is predicated upon the individual's voluntary compliance.

C. Whenever a mildly intrusive plan is being considered, a member of the Office of Advocacy must be informed that such a plan is under consideration.

7. Moderately Intrusive Interventions

A. Moderately intrusive interventions are characterized by a greater degree of limitation being imposed upon the resident, but the resident voluntarily complies with this imposition. Examples of moderately intrusive interventions include, but are not limited to:
(1) Exclusionary timeout.
(2) Overcorrection.
(3) Fining.

B. A resident's voluntary compliance in a moderately intrusive plan is essential. Coercion is not permitted, but planning teams must be mindful of the possibility of more extreme behavior if compliance is not achieved. Even in cases where a guardian has suggested a procedure, implementation is predicated upon the resident's voluntary compliance.

C. Whenever a moderately intrusive plan is being considered, a member of the Office of Advocacy must be included in the planning team.

D. Blocking, depending upon how and when it is used, may be an emergency or a programmatic intrusive intervention.
(1) Blocking used by a staff person to deflect a potentially dangerous movement (e.g., a blow) and this response is not part of a behavioral plan, then blocking must be reported as an emergency restraint.
(2) Blocking may be used as part of a plan to replace stereotypical, potentially harmful behaviors with preferable substitutes. A planning team may determine that the plan is either moderately or severely intrusive, subject to the necessary levels of planning team approval and review.

8. Severely Intrusive Interventions

A. Severely intrusive interventions are those that involve some degree of coercion. They are distinct from emergency interventions, which are described in Section 1 of these rules.

B. Severely intrusive behavioral plans may never be implemented on an informal basis. They may only be instituted following:

(1) The consent of the resident or guardian if one has been appointed.
(2) Planning team approval. A member of the Office of Advocacy must be present as a member of the planning team.
(3) Approval by the Review Committee as described at Section 2, subsection 9.
(4) The consideration of trauma issues by both the planning team and the Review Committee.

C. The usually permissible forms of severely intrusive interventions are personal (i.e., physical) restraint and the temporary removal of personal property when that property is being used in a threatening or dangerous way. It is impermissible for any staff person to participate in a severely intrusive plan unless the staff person has received training in the specific plan and in physical restraint techniques approved by the Department.

D. Plans for severely intrusive interventions that include the temporary removal of personal belongings must comply with 348 MRSA 5605(6) and less intrusive efforts must have been tried and failed.

E. The maximum permissible time for continuous physical restraint is one hour. The planning team or the Review Committee may mandate a shorter duration for any given intervention. A severely intrusive behavioral intervention plan must include strategies to respond when the behavior continues beyond one hour.

F. A physician or physician extender (as described at 02-373 CMR Ch 1 and 2) shall evaluate the resident no more than three weeks prior to the implementation of an intrusive plan, in order to determine that the proposed plan is safe, given a resident's physical and emotional condition. The physician or physician extender must also determine whether the behavior would be better treated medically.

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G. Prior to approving a plan for a severely intrusive intervention, the planning team must identify a Licensed Psychologist or Psychiatrist who will recommend the intervention and;
(1) Meet the resident and the resident's support staff.
(2) Confer with the resident's family if involved and guardian if one has been appointed.
(3) Develop, recommend, or approve the written plan and the monitoring system.
(4) Agree to monitor the implementation and the effectiveness of the plan no less frequently than twice a month in the first month and once monthly thereafter.

H. Plans for severely intrusive interventions must include the agreement of the service provider to ensure that all individual staff members who work with the resident are trained as described at 8.C above. This training must be developed and approved or conducted by the Psychologist or Psychiatrist.

I. The Review Committee, prior to considering approval, must receive and review a documentary record of prior attempts and their relative effectiveness to address the behavior via less intrusive measures. A knowledgeable member of the planning team must meet with the Review Committee to present the plan. The Review Committee will make and announce its decision at the meeting and will provide a written notice to the planning team within ten working days following the meeting. The decision shall be one of the following:

(1) Approval.
(2) Approval with modifications. Modifications are limited to the duration of the intervention as described at 8.E. above.
(3) Disapproval. Committee requests or recommendations for modifications other than

duration shall constitute disapproval. In any instance in which the Committee is considering approval of an unusual or noxious intervention, the Committee is required to seek a second opinion from another clinician who is a licensed Psychologist or Psychiatrist. That clinician shall meet with the resident and the resident's support staff, and confer with the resident's family if they are involved and the resident's guardian if one has been appointed. The clinician will then provide an opinion of the potential risks and benefits of the proposed program. If the clinician providing the second opinion concurs in the need for the program and the Committee agrees that the program is necessary, the Committee must submit the program to the Commissioner for final approval.

J. A knowledgeable planning team representative must meet with the Review Committee at least quarterly to review the plan. At each of these meetings the Committee will decide whether or not to continue approval. The limitations of the Committee's decision are as described at 8.1.above. The Review Committee will make and announce its decision at the meeting and will provide a written notice to the planning team within ten working days following the meeting.

9. The Review Committee

A. A Review Committee is designated for each of the regional offices of the state. Each committee shall include persons identified in 348 MRSA §5605(13)(8).

B. This committee is responsible, as outlined above, for reviewing and approving all severely intrusive programs on a case-by-case basis, at least quarterly. The committee may elect to conduct reviews more frequently.

C. Any committee approval and approval with modifications must be unanimous.

D. The Review Committee has two distinct categories of review obligation, and the minutes of its deliberations on each case must reflect that it has covered both:
(1) That a proposed severely intrusive plan takes all possible steps to protect the health, Safety, and rights of the resident.
(2) That the plan is clear and comprehensible to all its users.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

RELEASE OF INFORMATION

Re: _____

I, _____, Director of Nursing, authorize _____ access to resident records, evaluations, programs and other records during their course study with the understanding that any information is to remain confidential and not to be used outside the facility for any purposes.

_____ _____
Director of Nursing, ELC Date

_____ _____
Student Date

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Resident Benefit Fund

Elizabeth Levinson Center uses all financial gifts and donations for the benefit of the residents of the center.

1. Funds will be deposited in an interest bearing checking account.

2. Funds are to be used in a manner which benefits all residents or for those residents who have no personal funds of their own.

3. Requisitions to use these funds must be approved by the Director/Administrator.

4. All invoices will be paid by check signed by either the Director/Administrator or appropriate designee.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Resident Clothing

Purpose: To define guidelines for appropriate attire for UCP/ELC residents both in and out of the Center.

Personnel: All direct care staff, and their supervisors are to be aware of this policy.

Forms: Personal Possessions List (PPL), Withdrawal Request (Form F-8).

Process: Clothing can be purchased by a resident's family or UCP/ELC staff at the family's request or approval. When staff identifies a resident's need for new clothing or personal possessions they are to follow the policy titled Resident Purchase Procedures when purchased by staff. A resident Money Request Form needs to be filled out and submitted to the social worker. If the family requests the purchase of personal items the staff is to notify the Social Worker with the request from the family. All articles of clothing or personal possessions are to be documented on the PPL according to the policy. When an item is discarded for any reason it is to documented and dated on the PPL.

Residents should be dressed in a clean, neat, respectful manner wearing appropriate clothing. Residents that go to a day program or public school are to be dressed according to the policy of that facility. Staff is to ensure that residents are dressed as follows:

- Well groomed, neat and clean
- Dignified, respectful
- Age appropriate
- Acceptable footwear for the weather and general appearance
- Clothing that is not acceptable in school or day programs are:
    - Hats, caps, hoods, headgear (outside only)
    - Non-prescription sunglasses inside
    - Clothing with slogans, pictures or diagrams that are not appropriate for school or are in poor taste, obscene, offensive, violent; that promote drug or alcohol use or are sexually suggestive, etc.
    - Clothing that is disruptive to the educational process, i.e. exposed midriffs, exposed undergarments, etc.
    - Outerwear, coats, jackets

Residents going on outings in the community are expected to be dressed according to the above guidelines or appropriately for the event and /or residents personality.

Clothing purchases will be made in accordance with family/guardian preference.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Resident Council

Due to the nature of individuals currently served at United Cerebral Palsy of Maine/Elizabeth Levinson Center, instead of a Resident Council, the Family and Friends of United Cerebral Palsy of Maine/Elizabeth Levinson Center Council that will meet twice a year to review the issues normally reviewed in the Resident Council.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Resident's Personal Funds

This policy outlines procedures to protect the financial interest of the residents of Elizabeth Levinson Center. All staff who handle the residents' money shall be held accountable and responsible for its proper safe keeping and use in accordance with policies related to resident funds. Accounts composed of resident monies shall be established by the individual resident's Representative Payee for the purpose of enhancing the resident's access to his/her personal money. Resident accounts shall facilitate training for the wise use of his/her monies in the area of casual spending, either individually or in a group activity. It is the additional goal of this policy to promote resident participation in the retail community, such as the purchasing of food, gifts, clothing and entertainment.

Procedures

All residents shall have access to their money to use with whatever level of supervision or guidance is deemed necessary by the Team. If the Team determines that the resident has no concept of money and it is believed that the resident would not benefit from training in the use or management of money the IDT shall so state. If the Team determines that the resident can benefit from training, the IDT shall determine whether such training is a priority. Residents for whom training is determined to be a priority shall receive appropriate instruction and progress shall be monitored against clearly stated objectives.

A. Residents will be involved in managing their money to whatever extent possible. The level of participation shall be clearly stated in their PCP and approved by the team.

B. Residents' money received shall be deposited directly in the resident's account. Cash needed to replenish a resident's $50.00 wing account may be obtained by the Social Service Designee filling out a Resident's Personal wing Account form and then having the Director/Administrator or his/her designee sign a check written from the "Personal Children's Funds" account. Money deposited into the resident's account will be recorded and managed by the Social Service Designee.

All resident personal funds are routed through and held accountable by the Social Service Designee. A responsible person(s) shall be identified and held accountable for deposits, withdrawals or accounting of funds in the absence of the Social Service Designee. The individual(s) responsible must understand that they shall be held accountable for handling of funds in accordance with policy/procedure.

1. An account book requiring a separate listing of individual accounts with current balance belonging to each resident shall be maintained. This record also shall show each resident's deposits to the fund. All withdrawals will be recorded on the ledger sheets as to use and disposition. Receipts shall be secured for all shopping and spending.

2. A cash book for safekeeping of the money in the fund shall be kept under double lock security. The area leading to the cash book must be locked and secured. Responsible person(s) overseeing residents' funds will maintain a key to the cash book and a key to the secured area.

The responsible person(s) is required to reconcile the ledger sheets with the residents' cash envelopes after each transaction. The ledger sheets and cash book will be periodically reviewed.

If any of the above records cannot be reconciled, the Director/Administrator shall be asked to assist in evaluating these records. Good accounting procedures require these records be kept in ink and prohibit any account from being overdrawn.

Should a correction be necessary for matching these records, the wrong entry shall be crossed out by drawing a straight line through the error and writing the correct amount over the error. The Social Service Designee will conduct an audit periodically throughout the year unless otherwise requested/directed. Continued maintenance of resident funds on residential wings is contingent upon the accuracy of records as well as security of the funds.

All funds brought to the residential wings by residents, parents, relatives or other interested persons for resident use, shall be received through the Nursing Department if the Social Service Designee is unavailable, with a receipt provided.

Each resident's funds on the wing shall not exceed $50.00 unless a specific exception has been approved by the Team. Any excess shall be deposited in his/her savings account. Once the Social Service Designee receives the funds, they are to be deposited in an interest bearing account at a local bank on the day received or as soon thereafter as possible. All monies will be deposited in individual resident accounts, and funds are for the benefit of the residents only. Proof of expense in the form of receipts shall be kept on file whether the resident's funds are derived from entitlement money or earned income. Receipts are required after any funds that have been utilized and must be returned to the Social Service Designee. A trial balance will be done monthly on the savings account.

Parents/Guardians have access to their child's ledger card at any time and will receive a report of the balance upon request of the Social Service Designee.

No funds will be maintained by the Social Service Designee upon discharge of a resident.

Resident Phone Call Process for Staff

Residents have many social obligations and commitments, one of these are video and phone calls. At ELC we support residents making these connections with their friends and families. Some calls are scheduled and regular each week, and sometimes our residents may ask to make a call, or someone may call in and ask for them. Occasionally, the calls go on beyond 30 minutes and for those calls, we will support each other so that the resident can continue their call, and our other residents still get the highest quality care.

Residents have the right to make and/or receive calls 24 hours per day, we cannot and will not stop them. Residents have the right to privacy if they or the guardian choose.
We cannot limit the time a resident is on a call.

Process:
Staff will check assignment sheet at start of shift for social call assignment for scheduled social calls and activities and plan for the shift.
Staff will prepare for the call ahead of the scheduled time.

- Prepare a space for the resident to have the call.
- Prepare the device that the resident will use for the call.
- Identify who the staff is that will check in around the 30-minute mark.

Staff will take the resident to the prepared space to begin the call.
Around 30 minutes after the call starts, the assigned staff will check in on the resident and their staff. If the call is to continue, Staff on the call will do one of the following:

- Trade out with another staff to cover the call and go manage the other assignments.
- Reassign work to be covered during the call.
- If no alternate staff are available: Excuse the interruption and inform the person on the other end of the call that you will need to step away to care for another resident.
  Do not give any information about the other resident. Make an agreement as to when you will return and keep your agreement or tag someone in if you are unable.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Resident Purchases Procedures

Each wing will identify primary staff that will be responsible for the following procedures:

1. The primary C.N.A. or D.T. will contact the Social Service Designee with a list of articles that the resident needs by completing the Resident Money Request Form (page 121).

2. The Social Service Designee will obtain approval from the guardian for the purchases.

3. Once the approval has been obtained, the D.T. or primary C.N.A. will go to the Social Service Designee who will give the D.T. or primary C.N.A. cash from the resident's account to cover the purchases.

4. Resident shopping will be done as an outing and the resident will participate in going shopping. Social Service Designee, Activity Coordinator, and Primary CNA will work together to coordinate the trip. Exceptions to this policy may be made by Administrator or DON.

5. Shopping should be done and once it is completed, all store receipts as well as any change left over from the shopping will be returned to the Social Service Designee to be deposited back into resident's account. The process of returning funds and receipts must be completed in 48 hours of purchase.

6. All purchases will then be added onto the resident's inventory list by the D.T., primary C.N.A. or designee.

Resident Needs Request Form

Resident Name:_____

CNA Requesting:_____

Date Requested:_____

What is being requested?:_____

Date and time guardian contacted:_____

Approved?: ____Yes ____No Funds Available? Y N

Date and time shopping is scheduled for:_____

Did the outing take place?:____Yes ____No

If no, why not?:_____

Reschedule Date:_____

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Resident Photographs

Federal Certification and State Licensing Regulations, along with State Statute MRSA § 34-B, requires United Cerebral Palsy of Maine/Elizabeth Levinson Center to keep all resident information confidential. This protection extends to resident pictures. In recognizing UCP/ELC's obligation to maintain resident confidentiality, the following requirements will be adhered to:

1) Any time a resident is photographed, filmed or videotaped for external purposes, a signed release form will be obtained.

2) The following will occur whenever UCP/ELC staff needs to photograph a resident for the purpose of documenting possible abuse or neglect, or to document a clinical medical condition:

   - UCP/ELC management staff must have knowledge of the picture being taken and give consent prior to the picture being taken.
   - When possible, guardian permission will be obtained and documented.

3) Pictures taken of residents at social events, outings or in-house activities are to be used for internal use only, except with guardian approval.

4) Guardian objections to having pictures taken will be reflected in the Person Centered Plan (PCP).

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Resident Supervision

The residents' of the Elizabeth Levinson Center (ELC) have the right to remain free of preventable injury or harm. Each employee has a continuous responsibility to ensure the safety and well being of all residents of the Center. ELC's direct care staff (CNA's) play a major role in ensuring the safety and well being of residents by ensuring compliance with care plans and program plans, monitoring the safety of the environment, reporting clinical abnormalities, and providing resident supervision.

To ensure the safety of ELC residents, staff should make every attempt to always be present, not leaving residents unattended*. It is recognized that there will be times when a CNA will need to leave a resident unattended to assist another CNA, find assistance, or obtain a needed piece of equipment or supplies. It is recognized that there are times when residents will be provided private time in their rooms as appropriate and they will be frequently monitored for safety during this private time.

The following procedures are to be followed to ensure resident safety:

- Residents will never be left unattended unless it is absolutely necessary**.
- If staff needs to leave a resident unattended, the time needs to be kept to the absolute minimum.
- Residents are NEVER to be left unattended in a bathroom.
- Residents are NEVER to be left unattended during a seizure or medical emergency unless it is the only way to obtain needed help.
- Residents are NEVER to be left on a wing without the presence of at least one staff on the wing.
- Staff needs to verbally transfer and confirm receipt of the transfer all responsibility of resident care/supervision to another staff before leaving the wing (this includes ensuring the presence of another staff before leaving).
- All direct care staff are responsible to know and always comply with each resident's program plan. Each resident's program plan establishes the needs for lifts, transfers, safety equipment, positioning devices, medical conditions, etc.
- No resident can EVER be left in an unsafe position, environment or condition.
- Ultimately, staff is always responsible for the safety of the residents, to include the safety of residents left unattended.
- Residents will be supervised while eating.

*For the purpose of this policy unattended is defined as, "*not being present on the wing.*"

**Examples of an absolute necessity is a medical emergency or physical plant emergency.

United Cerebral Palsy of Maine
Elizabeth Levinson Center.

SAFE RESIDENT HANDLING AND MOVEMENT POLICY

1. **PURPOSE**: This policy describes ways to ensure that employees use safe resident handling and movement techniques at ELC.

2. **POLICY:** ELC-UCP wants to ensure that its residents are cared for safely, while maintaining a safe work environment for employees. To accomplish this, direct care staff will be trained on resident protocols in advance to ensure the safest way to accomplish tasks. Additionally, mechanical lifting equipment and/or other approved resident handling aids should be used to facilitate the lifting and handling of residents. Naturally, in an extreme emergency; do what is necessary to move people. Drills are not emergencies.

3. **PROCEDURES:**

A. **Compliance:** It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their residents during activities, movement and transfers by following this policy. Non-compliance will indicate a need for retraining or disciplinary action.

B. **Resident Handling and Movement Requirements:**
1. Avoid hazardous resident handling and movement tasks at all times.

2. Use mechanical lifting devices and other approved resident handling aids for handling and movement tasks.

3. Use mechanical lifting devices and other approved resident handling aids in accordance with instructions and training.

C. **Training:** Staff will complete and document training initially, and as required to correct improper use and improve understanding of safe resident handling and movement techniques. ELC uses competency training on resident protocols and programs.

D. **Mechanical lifting devices and other equipment/aids:**
1. Supervisors will ensure that mechanical lifting devices and other equipment/aids are accessible to staff.

2. Supervisors shall ensure that mechanical lifting devices and other equipment/aids are maintained regularly and kept in proper working order. When a break or malfunction occurs it must be immediately reported in writing and tagged as "Out of Service", and reported in writing to maintenance.

3. Supervisors and staff shall ensure that mechanical lifting devices and other equipment/aids are stored conveniently and safely and ensure that batteries are charged.

E. **Reporting of Injuries/Incidents**: Staff shall report all incidents/injuries resulting from resident handling and movement per UCP-ELC policies.
Human Resources will continue to keep records on all work injuries.

AUTHORITY AND RESPONSIBILITY:

A **FACILITY DIRECTOR AND DON** shall:

1. Support the implementation of this policy.
2. Furnish sufficient lifting equipment/aids to require staff to use equipment for safe handling and movement of residents.
3. Furnish acceptable storage locations for lifting equipment/aids.
4. Provide staffing levels sufficient to comply with this policy and resident needs.
5. Ensure any new added equipment will be lift accessible (i.e. Tubs, ramps, beds, easy chairs, tables, etc.)

B. **NURSES** shall:

1. Ensure high-risk tasks are assessed prior to implementation and are completed safely, using mechanical lifting devices and other approved resident handling aids and appropriate techniques.
2. Ensure mechanical lifting devices and other equipment/aids are available, maintained regularly, kept in proper working order, and stored conveniently and safely.
3. Ensure employees complete initial and annual training, and provide re-training as needed if employees show non-compliance with safe resident handling and movement.
4. Refer all staff reporting injuries to HR.
5. Share information and make recommendations with safety and QA committee systems.
6. Ensure, in cooperation with QIDP, that all assessments are done as needed.

C. **EMPLOYEES** shall:

1. Comply with all parameters of this policy.
2. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of resident handling tasks.
3. Notify supervisor of any injury sustained while performing tasks.
4. Notify supervisor of need for re-training in use of mechanical lifting devices, other equipment/aids and lifting/moving techniques.
5. Notify supervisor of mechanical lifting devices in need of repair.
6. Supply feedback to Supervisor on safe handling and movement components.

D. **FACILTY MANAGER**: shall

1. Maintain mechanical lifting devices and any other equipment or mobility aids in proper working order, and maintain work order requests and resolution notes.

DEFINITIONS:

A. **High Risk Handling Tasks**: Resident handling and movement tasks that have a high risk of musculoskeletal injury for staff performing the tasks. These include but are not limited to transferring tasks, lifting tasks, reposition tasks, bathing residents in bed, making occupied beds, dressing residents, turning residents in bed, and tasks with long durations.

B. Manual Lifting: Lifting, transferring, repositioning, and moving residents using a caregiver's body strength without the use of lifting equipment/aids to reduce forces on the worker's musculoskeletal structure.

C. Mechanical Lifting Equipment: Equipment or materials used to lift, transfer, reposition, and move residents. Examples include portable base and ceiling track, mounted full body sling lifts, stand assist lifts, and mechanized lateral transfer aids.

D. Resident Handling Aids: Equipment used to assist in the lift or transfer process. Examples include gait belts with handles, stand assist aids, sliding boards, and surface friction-reducing devices, walkers and wheelchairs.

SAFE RESIDENT HANDLING AND MOVEMENT:
Lifting Policy

Lifting and transferring of non-ambulatory individuals, if done incorrectly, may result in injury to the individual being transferred or the staff doing the transferring.
It is the policy of United Cerebral Palsy of Maine/Elizabeth Levinson Center that mechanical lifts will be utilized unless the individual has the ability to independently stand-pivot or stand-pivot with assistance.

When mechanical lifts are impractical or impossible, the individual shall be transferred in accordance with recommendations written in the residents individual program plan (IPP). Absent any other directive (i.e., physical management guideline, or annual IPP) for an individual, the following Policy for lifting will be followed:

Weight of Resident	**Lifting Procedure**
0 – 30 lbs	One Person Lift
Over 30 lbs.	Mechanical Lift **Only**

Equipment/Furniture

0 – 30 lbs.: Employees MUST seek assistance from a co-worker for lifting large bulky pieces of furniture or equipment weighing 0-50lbs with the potential for its weight to shift.

Over 30 lbs.: Employees MUST seek assistance from ELC's Maintenance Department.

SAFE RESIDENT HANDLING AND MOVEMENT:
Mechanical Lifts/ Transfers

Residents of the Elizabeth Levinson Center are always encouraged to use their own abilities in mobility (walking, transfer, etc.) to the greatest extent possible.

Mechanical lifts, rather than physical lifts are used extensively at the Elizabeth Levinson Center for the safety of both residents and staff. The mechanical lift/transfer of residents can be safely completed with one or two staff, depending on the abilities of the staff and attributes (size, contractures, behavior) of the individual being transferred. In order to ensure the safety of all residents during a mechanical lift/transfer the following procedures will be followed.

- Within one week of hire and annually thereafter, all direct care staff will complete a Competency Based Training (CBT), on both a one and two person lift/transfer with a mechanical lift. This training will be documented and kept in the employees file.

- All mechanical lifts/transfers will be completed with **two** CNA or nursing staff unless otherwise specified in the individuals' program plan.

- Staff cannot use a one person mechanical lift unless it is approved by the individual's inter-disciplinary team (IDT), guardian and physical therapist.

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Second Opinions Requested by Parents or Guardians

In the event a second medical opinion is requested by parents or guardians for consultation, a list of physicians will be made available upon request. The cost of the second opinion, if not covered by MaineCare or private insurance, is the responsibility of the parent or guardian.

United Cerebral Palsy of Maine
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STAFF TRAINING

Continuous staff education is essential to the quality of services offered by any organization. Federal ICF's/IID regulations require that, "The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and completely". (CFR 484.430 (e) (1)

The purpose of this policy is:

1. To ensure that Facility staff is adequately trained to meet the needs of the Elizabeth Levinson Center's residents and to keep staff safe.

2. To ensure that Facility staff have access to training opportunities that promotes personal and professional growth.

3. To ensure that Facility staff have adequate training opportunities to maintain professional certification or licensing.

Staff training at Elizabeth Levinson Center is provided through a variety of methods including:

- A Facility library of DVD's
- Annual in-service trainings
- Department (DHHS) sponsored training
- Seminars
- Independent study

The Education Committee has been established to coordinate staff training opportunities at ELC. This group will meet periodically to identify staff learning needs and facilitate programs to meet those needs. Membership on the committee will be drawn from among ELC staff. Additional staff from UCP and/or ELC may also be invited to participate as needed to assist with planning and implementation of educational offerings. This may include the following:

- Facility Administrator
- Director of Nursing
- Designated Training Coordinator
- Facility Social Worker
- Facility QIDP/Program Manager
- Nursing Staff members
- UCP staff

The Director of Nursing may elect to designate a Training Coordinator who will be responsible for the coordination and scheduling of all trainings. The Training Coordinator will be responsible for the following:

- Identifying, contacting and scheduling presenters.

- Develop an in-service training schedule that will provide a monthly list of in-services, who the target audience is, and if the in-service is mandatory or not. This schedule will be distributed to all management staff and a copy posted next to the time clock.

- Ensure that attendance is taken at all trainings and submit the list to office support staff. Ensure that announcements of upcoming trainings are posted two weeks in advance, next to the time clock, nursing station, and lounge.

- September through December of each year solicit training needs for all staff including CNA's, Nurses, Housekeeping, Dietary, Maintenance and Management.

CNA TRAINING:

All facility Certified Nursing Assistants (CNA) are required by state law to complete a minimum of eight hours of training in a 2 year period.

All CNA's are responsible for meeting the annual training requirements of their certification.

NEW EMPLOYEE ORIENTATION:

All newly hired employees assigned to ELC will be required to successfully complete a one day orientation program coordinated by UCP Human Resources staff, as well as an orientation program specific to their role at ELC. CNAs participate in an 80 hour orientation at ELC. In addition to meeting with members of the administrative team for department specific trainings, they will orient to each wing and each resident. The wing/resident specific orientation will be conducted by CNA-DT trainers.

NURSING STAFF TRAINING: It is the policy of United Cerebral Palsy of Maine and the Elizabeth Levinson Center that all employees in the nursing department including RN's, LPN's, and BSN's will attain Continuing Education Units each year. The credits will come from an accredited resource and will be relevant to the position held at ELC.

The employee will be responsible for printing proof of participation and submitting to the Director of Nursing Services. A copy will be kept in the employee's personnel file.
The number of CEU's required will be as follows:

Full Time Employees: 8 CEU's per fiscal year.
Part Time Employees: 6 CEU's per fiscal year.
Per Diem Employees: 4 CEU's per fiscal year.

ADMIN TEAM: Members of Admin team will attend at least one full day at a training, conference, or seminar off campus per fiscal year that is relevant to their position. These days must be pre-approved by Administrator.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

SURVEY INCENTATIVE POLICY
FOR ELIZABETH LEVINSON CENTER EMPLOYEES

Date of Origin: *01/01/2017*
Modification Date(s):
Date of Last Review:
Policies Referenced:

I. Purpose

To establish the criteria for employee incentive payments for deficiency-free survey results at the Elizabeth Levinson Center.

II. Policy

In the event of a deficiency-free survey at the Elizabeth Levinson Center, (UCP's Intermediate Care Facility), ELC staff will be eligible for a financial incentive as deemed appropriate by UCP Leadership and as the financial situation of the organization allows. If approved, the financial incentive will be scheduled for a pay period following survey results, based on current operations and financial ability. Only employees who were employed at the time of the survey and also employed at the scheduled payroll date of the payout are eligible for the bonus.

UCP Leadership and the Board of Directors has the authority to approve or disapprove any survey related incentive based on financial performance of the overall organization.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Tobacco Use

Purpose: ELC is committed to the healthiest possible work environment for all staff; and a treatment environment that promotes to the fullest extent possible the wellbeing of those we serve.

Policy: Tobacco products (cigarettes, cigars, chewing tobacco, and any other tobacco-related substance) are not permitted to be used on the grounds of ELC. For the purpose of this policy, the grounds are within the boundaries defined by Hogan Road and the property lines on the North, South, and East. The scope of this policy includes vehicles owned or leased by UCP/ELC; as well as buildings utilized by ELC and the grounds of ELC.

Scope: All ELC staff, admitted children/young adults, physicians, visitors, students, volunteers, vendors, contractors, and intermittent employees.

Procedure:

RESIDENTS

All admissions, legal guardians or representatives will be informed of ELC's tobacco-free policy. Such notice will be in the form of printed materials, signage, and verbal notice by personnel as part of the admission process.

VISITORS

ELC visitors are not permitted to use tobacco products within ELC buildings or on ELC grounds.

ELC visitors who fail to comply with the visitors' policy regarding tobacco use may lose their visiting privileges.

STAFF

Notification of ELC's tobacco-free policy will be provided to new employees during the interview process and during orientation.

For purposes of this policy, the items governing staff use of tobacco products also will apply to physicians, visitors, contractors, vendors, volunteers, and contracted employees.

This policy applies to staff on resident accompanied activities off campus.

Staff is not permitted to use tobacco products on ELC grounds or within ELC's buildings or vehicles.

I. UCP OF MAINE SERVICE AGREEMENT

Information about this Service

1) **Duration and Location of the Service:** UCP of Maine staff strive to provide service in the shortest amount of time that is appropriate. Staff meet with clients at locations that best meet client needs. Often this is in a client's home, school or other community setting, based on client preference and appropriateness for the service. This service is completely voluntary and clients are free to end services at any time for any reason, although an ending process and "good-bye" meeting are recommended.
2) **Cancellation/No Show:** UCP of Maine recognizes that difficulties may arise which make it difficult or impossible to keep an appointment however, you are expected to provide as much notice as possible, preferably 48 hours, if you must cancel. Positive treatment outcomes are tied to consistent attendance. A pattern of cancellations will be discussed to evaluate if this is the right time for treatment and/or address barriers.
3) **Emergency Coverage:** If you have an emergency and have a Stabilization (or Crisis) Plan, please refer to it for direction. If you have an emergency during normal business hours you may attempt to reach your assigned staff person. After normal business hours or if you cannot reach your assigned staff person, you can access crisis services in your community by calling the statewide crisis number, 1-888-568-1112.
4) **Business Hours**: Main Office: Monday through Friday 7:00am-4:30pm/Penn Plaza: Monday through Friday 9:00am-6:00pm
5) **Individual Plans:** An Individual Plan will be developed with the client (and for children, family members as appropriate) that will state the goals and how, when, and by whom they will be accomplished, as well as how progress will be measured. **(Not applicable to Adult Services.)**
6) **Minors:** Parents and/or Guardians agree to meet regularly and to participate in the work with the staff person. *Failure to participate in this service may result in the discharge of the client from the service.*
7) **Independent Youth:** If a youth has obtained a formal court decree of emancipation, or has been living separately without support from parents/guardians for at least 60 days, the youth may give consent to obtain UCP of Maine services without parent/guardian consent or approval.
8) **Termination**: If at any time it is determined that treatment goals have been achieved, it is in the best interests of the client, any other client participating in UCP of Maine's programs, or for UCP of Maine that a client be discharged, notification will be provided. Children will be discharged only to those legally responsible for their care. **(Not applicable for Adult Services.)**

Payment Policies:

UCP of Maine accepts MaineCare (Medicaid) payment for services provided to eligible MaineCare beneficiaries. However, private insurance, Medicare, or other payment sources may need to be billed for services, if coverage is available, prior to billing MaineCare for services. Please check with your staff person for clarification of your coverage and responsibility for payment. A list outlining the cost of services at UCP can be obtained through the front office upon request.

Change of Insurance Coverage Status: Your signature on this form will remain valid for processing claims. You are expected to provide any information regarding changes in coverage to UCP of Maine. Your failure to do so may result in personal financial liability at UCP of Maine's established rates.

Termination and Responsibilities: This Agreement will continue in effect during service provision to the client and will terminate upon the client's discharge from UCP of Maine's services or, if the client's discharge plan provides for post-discharge service to be provided by UCP of Maine, upon completion of those post-discharge services. The client, parent or legal guardian, as applicable, will be responsible to pay UCP of Maine's charges for services provided prior to termination to the extent not paid by MaineCare, Medicare, or other insurance, unless personal responsibility is prohibited or limited by applicable MaineCare, Medicare or insurance plans or has been reduced or waived by UCP of Maine's express written agreement.

Insurance/Medicaid/Medicare Billing: Your signature indicates that you agree that Insurance/MaineCare/Medicare can be billed for services provided. You authorize payment of medical benefits to UCP of Maine for services provided by UCP of Maine personnel. You understand that the following information will be released in order to bill: types/dates of services and diagnosis. Under certain insurance plans UCP of Maine will be required to release additional information for billing and authorization of services. That information may include family history, symptoms, treatment plan and any other information about the problems or the treatment requested by the insurance company or its managed care representative.

II. SUMMARY OF CLIENT RIGHTS

If you do not understand written or spoken English, an interpreter will be made available to explain your rights. A copy of this Summary will be provided to you after it is reviewed.

For more information, please ask us for a copy of the *Rights of Recipients of Mental Health Services*. There are both child and adult versions of this booklet. A free copy is also available from the Maine Department of Health and Human Services, 11 State House Station, Augusta, ME 04333-0011 (tel. 207-287-2595). TTY: Maine Relay 711).

As a UCP of Maine client you have many rights: this is only a summary. In addition to the following rights, you have all of the basic human and civil rights enjoyed by all citizens:

1. You have the right to receive a full explanation of your rights at the onset of service.
2. You have the right to have a person of your choice, designated by you in writing, assist you to understand and protect your rights.

3. You may not be discriminated against on any basis (i.e. race, creed, color, national origin, sex, sexual orientation, handicap, or political affiliation).
4. You have the right to have your privacy and your dignity protected at all times.
5. You have the right to have information in your record kept confidential, to have access to that information, to designate the persons or agencies to which that information may be released and to request that the information be amended, all as described in UCP of Maine's Notice of Privacy Practices (see below).
6. You have the right to participate fully in the development of your Plan of Care (POC) and to have anyone that you designate assist you in developing your plan. You are entitled to a copy of this plan and may at any time; decline to participate in any component of your plan with which you no longer agree.
7. You have the right to receive services in the least restrictive environment possible.
8. You have the right to a clear and concise explanation of the recommended treatment, including its risks and benefits and the expected duration of the treatment proposed. You have the right to a complete and thorough explanation of any potential risks or benefits of any medications prescribed for you, including possible bio-chemical and/or side-effects of that medicine.
9. Every effort will be made to provide possible alternatives to treatment recommendations or access to a second opinion if requested.
10. You have the right to refuse recommended services or medications, without affecting other services or medications as long as they can be provided without risk of harm and consistent with proper professional practice.
11. You have the right to request a care provider of your choice or to change your care provider at any time during service, within the limits of availability and if clinically appropriate.
12. You have the right to be free from locked seclusion or mechanical restraint in all UCP of Maine programs and services.
13. You have the right to access the grievance procedure, if you believe that any of your rights have been violated, to have your grievance answered in writing, to appeal if you disagree with the answer (including appeal to the Department of Health and Human Services), and to be free from any retaliation for your filing a grievance. Information pertaining to the grievance process will be made available to you at any UCP of Maine office.
    - For assistance, you may contact, for adults, the Grievance Coordinator, Office of Adult Mental Health Services, Maine Department of Health and Human Services, 11 State House Station, Augusta, ME 04333-0011 (tel. (207) 287-2595, TTY Maine Relay 711), or for children or adolescents, the Children's Services Grievance Coordinator, Maine Department of Health and Human Services. 11 State House Station, Augusta, ME 04333-0011 (tel. (207) 287-3707, TTY Maine Relay 711), or for adults, children or adolescents, the Disability Rights Center, 160 Capitol Street, Suite 4 Augusta, ME 04338-2007 (tel.1-800-452-1948 or TTY: Maine Relay 711).
14. You have the right to be notified in the event that UCP of Maine offers a treatment or service that is either experimental or for research purposes, which will be clearly identified as such and must be conducted under a research plan as described in the *Rights of Recipients*. You have the right to refuse to participate in the research without your refusal in any way affecting the services being provided to you by UCP of Maine.
15. If you wish to use an interpreter and do not have one, an interpreter will be provided.

The following apply to Residential Facilities only.

16. **ight to Least Restrictive Setting:** You have the right to be treated in the least restrictive setting that is appropriate to meet your needs. R
17. **ight to Free Association & Communication:** You have the right to keep company with whom you wish, to have visitors and to communicate both by mail and phone unless restriction is determined necessary for safety reasons. R
18. **ight to Personal Property, Management of Financial Affairs:** You have the right to have and use personal items unless this infringes upon the rights of others or is a safety risk. You have the right to manage your own financial affairs except under court **order** or unless restrictions are a part of your treatment plan. R

The agency will provide service to all clients in a manner the client can be reasonably expected to understand in the language of their preference.

All clients of the agency have the right to seek a second option offered by another practitioner within the agency, who is mutually agreed upon by the client or legally responsible party and the agency. For more information, please reference Client Right to Second Opinion Policy.

III. NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003, revised February 4, 2015

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

UCP of Maine is required by law to maintain the privacy of your health care information, to provide you with a notice of UCP of Maine's legal duties and privacy practices with respect to your health care information and to notify affected individuals if there should be a breach of unsecured health information held by UCP of Maine. UCP of Maine is required to follow the terms of the privacy notice in effect at any particular time, but UCP of Maine reserves the right to change its privacy practices at any time. Any change will apply to all health care information maintained by UCP of Maine and will be set forth in a new notice of privacy practices which will be available at your next visit following the change. At any time, you may obtain a copy of the notice of privacy practices currently in effect by

requesting a copy in writing from UCP of Maine's Privacy Officer at the address specified below.

Use and Disclosure of your Health Care Information

UCP of Maine may use your health care information for purposes of treatment, payment and health care operations. For example:

- Your information may be used to assess your needs and develop a plan of care or to coordinate a referral to another health care provider.
- Portions of your information may be submitted to a state agency, insurance carrier or other third-party payer to secure payment for services provided to you, unless you have arranged personally to pay in full all charges for services provided to you.
- Portions of your information will be submitted to APS for authorization of services if your insurance is MaineCare.
- Your information may be used for operations of UCP of Maine related to health care activities, such as quality assurance, evaluation, training, audits and administration.

UCP of Maine may use your health care information to contact you to remind you of an appointment or to provide information about treatment alternatives or other health services or about UCP of Maine and our programs.

UCP of Maine may disclose your health care information to another person or entity performing services on UCP of Maine's behalf which relate to treatment, payment or health care operations and which require access to your information. That person or entity will have access to your information only to perform those services and must agree in writing to maintain the confidentiality of your information.

UCP of Maine may disclose your health care information without your authorization as permitted or required by applicable law, including any of the following: to comply with public health statutes and rules; to make any required reports of abuse or neglect; to comply with health care oversight activities of a government agency (such as licensing); to comply with a court order, search warrant or other lawful process; to allow approved research projects to be conducted; to provide information to a medical examiner in the event of your death; to avert a serious threat to your or anyone else's health or safety; or to provide information for workers compensation purposes.

Except as described above, UCP of Maine will not use or disclose your health care information without your written authorization. Your written authorization will in any event be required for any use or disclosure of psychotherapy notes and for any use or disclosure of health care information which is for marketing purposes or which involves sale of your health care information. You may revoke any authorization at any time, in writing or verbally, by communicating the revocation to the clinician or caseworker principally responsible for your care or to a supervisor or manager within the program from which you receive services, or to a member of UCP of Maine's Client Records Department staff. Revocation will not, however, be effective with regard to actions already taken in reliance on your authorization.

We participate in HealthInfoNet, the statewide health information exchange (HIE) designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a health care facility not affiliated with UCP of Maine, health care providers there will be able to see important health information held in our electronic medical record systems.

Your record in the HIE includes prescriptions, lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name, birth date and social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations.

You do not have to participate in the HIE to receive care. For more information about HealthInfoNet and your choices regarding participation, visit www.hinfonet.org or call toll-free 1-866-592-4352

Your Privacy Rights

You may request restrictions on the use or disclosure of your health care information, but UCP of Maine is not required to agree to any requested restriction. It is UCP of Maine's policy not to agree to such a restriction unless UCP of Maine determines, in its sole discretion, that there is compelling need for the restriction and the restriction can feasibly be implemented. UCP of Maine will, however, agree not to disclose your health care information to a health plan in order to obtain payment for services provided to you if UCP of Maine has received payment in full for the services from you or someone acting on your behalf.

You may request that communications to you be given in a way which will help keep them confidential, for example, by using a particular address or telephone number to contact you. UCP of Maine will comply with such a request if it is reasonable and feasible.

To request restrictions or a confidential manner of communicating, you should submit a written request to the clinician or case manager principally responsible for your care, or to a supervisor or manager within the program from which you receive services, or to a member of UCP of Maine's Client Records Department staff.

You have the right:

- To receive an accounting of any disclosures of your health care information apart from ones which you authorized or which were made for treatment, payment or health care operations (we will provide one such accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months);

- To inspect and copy your health care information:
- To amend your health care information; and
- To receive a paper copy of this Notice of Privacy Practices.

To exercise any of the above rights, please submit your request in writing to UCP of Maine's Privacy Officer at the address below. You may also contact the Privacy Officer to obtain further information about UCP of Maine's privacy policies and practices.

If you believe your privacy rights have been violated, you may complain to UCP of Maine or to the Secretary of the U.S. Department of Health and Human Services. To file a complaint with UCP of Maine, please submit your complaint in writing to UCP of Maine's Compliance Officer at the address below. A complaint form will be supplied on request but is not required. Nobody is permitted to retaliate against you for filing a complaint.

To exercise rights or obtain information:
Scott Tash
UCP of Maine
700 Mt. Hope Ave, Suite 320
Bangor, ME 04401

To file a complaint with UCP of Maine:
Compliance Officer-Janet Kelle
UCP of Maine
700 Mt. Hope Ave, Suite 320
Bangor, ME 04401

(207) 941-2952

IMPORTANT NOTICE OF FEDERAL RIGHTS CONCERNING ALCOHOL OR DRUG ABUSE TREATMENT RECORDS

Any information which is contained in client records maintained by UCP of Maine and which UCP of Maine obtains for the purpose of or uses in connection with treatment, diagnosis or referral with respect to abuse of alcohol or drugs is protected by Federal law and regulations. Generally, UCP of Maine may not say to a person outside of UCP of Maine that a client has requested, is receiving or has received such services and may not disclose any such protected information (including protected information that identifies a client as an alcohol or drug abuser), *Unless:* (1) The client specifically consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to a qualified service provider under contract to insure privacy for research, audit, program evaluation purposes, or for certain other professional services, but only on a need-to-know basis. Violation of the Federal law and regulations by a covered program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a client either on UCP of Maine's premises or against any person who works for UCP of Maine or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 tor Federal laws and 42 CFR part 2 for Federal regulations.)

SPECIAL RULES REGARDING THE DISCLOSURE OF MENTAL HEALTH SERVICES AND HIV-RELATED INFORMATION

I understand that if UCP of Maine holds certain other sensitive information related to my health care such as (i) records covered by State rules governing the rights of recipients of mental health services; or (ii) records concerning my diagnosis or treatment for HIV infection, then my specific authorization will be required to disclose such information to others unless otherwise noted further in this section. However, with respect to mental health records (other than as stated above for psychotherapy notes) I do specifically consent to the use of such information by UCP of Maine for purposes of my evaluation and treatment, and understand that such information may be made available to persons working on UCP of Maine's behalf (including other licensed health care practitioners or licensed facilities), who will be subject to the same duty of confidentiality as UCP of Maine with respect to such information. I understand that I may refuse to allow the sharing of some or all such information by giving subsequent written notice to UCP, but that refusal could result in the improper diagnosis or treatment or other adverse consequences. With respect to **HIV-related information**, a portion of a medical record containing such information about you may not be disclosed, discoverable or compelled without your written authority except in proceedings held pursuant to Maine's Adult Protective Services Act, Maine's child protection laws, certain of Maine's laws concerning involuntary hospitalization, and pursuant to a court order upon a showing of good cause. Pursuant to Maine law, HIV information may also be released for utilization review purposes to duly authorized committees or organizations for research, audit, or program evaluation purposes, but personnel conducting such work are prohibited from identifying or otherwise disclosing the identities of individual patients in any report. In addition, the state-designated health information exchange may disclose your HIV status if in a health care provider's judgment such disclosure is necessary to (1) avert a serious threat to the health or safety of others, but only if additional criteria are met under HIPAA Reg. § 164.512(j), or (2) prevent or respond to imminent and serious harm to yourself and disclosure is to a provider for diagnosis or treatment

POLICY AND STATEMENT OF UNDERSTANDING FOR THE REPORTING OF NEGLECT OR ABUSE OR SUSPECTED NEGLECT OR ABUSE

In compliance with Maine Statutes, it is the policy of UCP of Maine that at the intake meeting, the client, parent/guardian of the client shall be informed of the agency's policy on the reporting to the Department of Health and Human Services (DHHS) a case of child abuse/neglect or suspected abuse/neglect. The parent/guardian will then be asked to sign an acknowledgment of the policy.

All direct care staff, including the social workers, program team leaders, directors, supervisors/clinicians, and the CEO are required to report any case of neglect or abuse or suspected neglect or abuse to DHHS. Agency secretarial and bookkeeping staff, students and volunteers are not required to, but may make a report to DHHS if that person knows or has reasonable cause to suspect that a client has been or is likely to be abused or neglected.

The CEO, program team leader, supervisor/clinician, or the person reporting will then notify other agency members of the report on a need-to-know basis. The CEO or designee must be made aware of all reports made to DHHS as soon as possible. The report will be documented in the client's file and a written report sent to DHHS, if requested. Interagency discussion or a report may occur only with a signed release by the parent/guardian.

The program director/clinician or employee may or may not discuss the report with the parent/guardian. This decision will be made on a case-by-case basis, in consultation with the program supervisor/clinician and/or CEO.

Play Groups & Support Groups in Maine

- The Bangor Daily News posts a variety of local support groups and play groups in the Bangor area. Check the website or paper for current, up-to-date groups.
  http://bangordailynews.com/2011/06/07/news/bangor/local-support-groups/

- Eastern Maine Medical Center has a wide variety of support groups offered.
  http://www.emmc.org/support_groups.aspx

- Bangor Info has a large list of support groups with great contact information.
  http://bangorinfo.com/Directories/support_groups.html

- The GEAR Parent Network is a great organization with many different locations across Maine of support groups and has large list of helplines
  http://gearparentnetwork.com/workshops-a-support-groups/groups
  http://gearparentnetwork.com/resources/additional-support-groups

- BangorBaby.com has information for new mothers and different support groups in the area.
  http://www.bangorbaby.com/?cat=13

- Healthy Hancock offers support groups and play groups for families in Hancock County. Check out their recent calendar of events.
  http://www.healthyhancock.org/parenting/calendar.htm

- Penquis offers ongoing play groups for new mothers and families.
  http://www.penquis.org/index.php?id=2&sub_id=3669

- Maine.gov has grief support groups in many areas throughout Maine.
  http://www.maine.gov/suicide/docs/Survivor-Kit/GriefSupportCentersList.pdf

- The Bangor YMCA offers a support group for breast and cervical cancer patients and survivors called Caring Connections.
  http://www.bangory.org/caringconnections

AUTHORIZATION SIGNATURE PAGE FOR SERVICE AGREEMENT INFORMATION

My signature below indicates that I have read the preceding sections I, II, Ill, and IV that I have been provided a copy of the documents noted below, and that I have had an opportunity to discuss and ask questions about them with a clinician/representative from UCP of Maine. My signature below also indicates that I agree to have UCP of Maine provide services as described above in Section I. UCP of Maine Service Agreement and that I agree to the provisions within that section. This Service Agreement will be in effect and apply to any and all UCP of Maine programs in which may be enrolled in or transferred to at any time and will terminate only when I am discharged completely from all UCP of Maine services.

I. _____ UCP of Maine Service Agreement document

II. _____ Summary of MH Rights of Recipients document

III. _____ UCP of Maine Privacy Practices document

IV. _____ I have been given information on Community Support Groups in Maine

V. _____ Notice of Federal Rights Concerning Alcohol or Drug Abuse Treatment Records

VI. _____ I have read UCP of Maine's Policy and Statement of Understanding for the Reporting of Neglect or Abuse or Suspected Neglect or Abuse.

VII. The booklet, "Rights of Recipients" has been offered to me. (Please Circle)

- I would like a copy of the booklet
- I do not want a copy at this time, but as stated above, have received the summary of the information that applies to items I-V

VIII. I would like a complete copy of this Service Agreement sent to me after I have signed to include this Signature Page Section. (Please Circle)

- Yes
- Not at this time, but understand I can ask for a copy at any time.

IX. If Legal Guardian, proof of Guardianship has been provided to UCP of Maine (Please Circle)

- N/A
- Yes
- Not at this time, but understand it must be provided at next visit.

X. Call/Voice Message Information: **(Circle one or both, as appropriate)** **DO NOT CALL**

- Maine.gov has complied a large list of a variety of support groups all across the state http://www.maine.gov/dhhs/samhs/osa/help/meetings.pdf

- Autism Society of Maine has compiled their own list of support groups in the state http://www.asmonline.org/support_groups.asp

- NAMI in Maine for your Respite needs www.namimaine.org

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Use of Psychotropic Medication

It is the policy of UCP of Maine/Elizabeth Levinson Center that the use of psychotropic medication is in accordance with the goals and objectives of the service plan and shall not use such medication unless less restrictive alternatives have either been tried and failed or are diagnostically eliminated. If a psychotropic medication is being prescribed for the use to manage behaviors then the specially constituted committee (HRAC) must approve the use of the medication prior to implementation.

1. The staff will obtain from the prescribing physician a written report detailing the reasons for prescribing the particular medication, expected results of the medication, and alerting staff people to potential side effects.

2. The staff will obtain from either the prescribing physician or another physician a written report on each resident receiving such medication at least every 30 days, based on actual observation of the client and review of the daily monitoring reports. Each report will detail the reasons medication is being continued, discontinued, increased in dosage, decreased in dosage, or changed.

3. The staff will monitor each resident who receives medication on a daily basis. A staff person trained in the recognition of side effects of the medication prescribed will complete this daily monitoring report.

4. The staff will record any medication errors and drug reactions and shall report such immediately to the physician who ordered the drug.

Unless there is a court order to the contrary, the facility shall ensure that the guardian of a resident whom medication is prescribed gives prior, informed, written consent to the use of the medication at a particular level of dosage. Either the resident or the resident's guardian shall have the right to revoke consent at any time.

When consent is revoked the facility:

1. Shall cease administration of the medication immediately.

2. Shall inform the prescribing physician.

3. Shall inform the resident's guardian if revoked by the resident.

4. Shall immediately note in the resident's record the date and time, the name of the person administrating the medication and the resident's stated reason for refusal.

5. Shall provide documentation to the resident, the resident's guardian, and the responsible agency regarding the refusal.

Use of Psychotropic Medication

6. May, if indicated, seek a court order to continue medication.

A resident who refuses to take medication three consecutive times shall be considered to have revoked consent. If consent has been revoked by refusal of medication, the required report shall be signed by two staff people who personally witnessed the refusal, and if possible, by the resident. If this refusal presents a serious health risk to the safety of the resident and others an interdisciplinary team meeting will be convened.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Utilization Management Plan

Utilization Management is a proactive process used to determine that individuals are receiving the correct care at the right level for their needs and that the services are medically necessary. It encompasses care determinations related to:

1. Admission/ Readmission;
2. Utilization Review (UR) of services rendered to confirm that ICF level of care is appropriate.
3. Reassessment of readiness for discharge to an alternative level of care consistent with current needs; and,
4. Discharge Planning.

Admissions/Readmissions

All newly admitted residents will have been certified by a physician that they require ICF level of care prior to admission (see Admission Policy). In addition, a completed BMS-85 form with additional required documentation per the MaineCare regulations will be forwarded to DHHS for approval prior to admission. Special consideration will be given to emergency admission situations by the ELC Administrative Team in concert with DHHS.

Utilization Review

All active residents will be classified by DHHS annually and reclassified every 6 months, using the approved format (BMS-85). In the interim between classifications, each resident will undergo Utilization Review quarterly by designated ELC staff to verify that each continues to meet criteria for ICF placement.

Reassessment

Anytime a resident's condition undergoes a significant change prior to the scheduled reclassification date, ELC personnel will reassess the resident and submit a new assessment form [BMS 85] to demonstrate ongoing and continued eligibility for the ICF-IID level of care. This will be submitted to the DHHS Office of Aging and Disability Services.

Discharge Planning

In the event that a current resident fails to meet criteria for ICF-IID level of care, the resident will be provided with written notice by UCP/ELC, which includes this information and information about appeal rights. (See Discharge Planning Policy). A referral to an advocate (See MaineCare Benefit Manual, Section 50.06-2) will also be initiated. Efforts to find a safe and appropriate alternative placement to which to discharge the resident will be carried out by the ELC Social Service Designee (see Discharge Planning Policy) (Exception: If a resident is housed in another facility, the staff at that facility will determine the subsequent placement. The ELC Social Service Designee can assist in this process, if feasible.)

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Visitor / Escort

Purpose:
Visiting is encouraged at United Cerebral Palsy of Maine / Elizabeth Levinson Center to become familiar with its programs and the needs of its residents without disrupting individual privacy. Residents have the right to visitors anytime. UCP/ELC will not infringe on the rights of residents. However, for the safety of other residents and staff, some guiding protocols are necessary.

Procedure:
Family /Guardians may visit anytime. When you visit, please enter the main entrance of the facility to check in with the receptionist and sign in the visitor's log with arrival and departure times. If you are visiting after normal business hours or on the weekends, please ring the door bell at the main entrance and announce yourself to the nurse on duty.

All residents have an approved visitor list on file. This list is given to the facility by the guardians. Non family/guardian visitors must be on this list in order to visit. The facility Social Service Coordinator will assist guardians with maintaining and updating the approved visitor list. The list will be reviewed at each biannual and annual IDT meeting. Guardians may make updates to the approved list at any time.

Employees who have been terminated from employment or employees who have left employment for extraneous reasons such as job abandonment will not be permitted to visit on ELC property. If a resident would like to visit one of these individuals, the guardian can arrange for an offsite visit. ELC may arrange for transportation.
At the discretion of the Administrator, DON, CEO, or COO, if an offsite visit is deemed as potentially unsafe and could put staff in harm's way, (i.e. disgruntled past employee) ELC staff will not provide transportation.

The activity rooms on each wing are quite busy. Staff can assist you in relocating your loved one to a more private space to visit, if requested. Staff will also set aside time to answer your questions. Visitors are asked to please let a nurse or CNA know when taking a resident for a walk.

Visitors are only permitted in the bedroom(s) of the resident(s) they are visiting. The facility has bathrooms designated for visitors.

All groups wishing to visit should make arrangements through either the Director/Administrator, Director of Nursing, Social Service Designee, Program Director or appropriate person (s).

Individuals in the community may visit/tour during the residents' awake hours. Community members who wish to visit the facility should make all arrangements prior to the visit with the appropriate person.

United Cerebral Palsy of Maine
Elizabeth Levinson Center

VOLUNTARY ADMISSION

Pursuant to Chapter 219, M.R.S.A., 1071, 2082, I/We, the undersigned,

_____

Residing at _____, and being

_____ respectfully make

Application for the voluntary admission to United Cerebral Palsy of Maine/Elizabeth Levinson Center of

_____, who resides at _____,

County of _____, State of Maine.

I understand that I am entitled to thirty (30) days written notice prior to discharge as provided by Title 34B, M.R.S.A. Subchapter IV.

I have been informed of the Parent/Guardian Council and have received a copy of the Rights of Persons with Intellectual Disabilities.

Date: _____

_____ _____
Witness Signature Parent(s)/Guardian Signature

_____
Parent(s)/Guardian Signature

United Cerebral Palsy of Maine
Elizabeth Levinson Center

Volunteer Services

Volunteers provide valuable services to the residents of the Elizabeth Levinson Center. By taking time to do things like read to a resident, play music, rock, walk, or just holding and talking to a resident, volunteers increase the quality of life for individuals living at the facility.

REQUIREMENTS OF VOLUNTEERS:

To ensure a safe and meaningful experience for both volunteers and residents, the following criterion for volunteers has been developed:

- Volunteers must be at least 18 years of age (exceptions may be made at discretion of administrative team), have no criminal background, satisfactory responses to reference checks and have proof of up-to-date immunizations and negative TB test.
- Volunteers will not be depended upon to perform direct care services to the residents.
- Volunteers will not be permitted to drive any company owned vehicles.
- Volunteers will not be permitted to take residents off the grounds of Elizabeth Levinson Center without being accompanied by facility staff.
- Volunteers must complete an Orientation Program with signed documentation prior to working with residents. Orientation will include:
    - Tour of Facility
    - Orientation of Residents Rights
    - Orientation of Confidentiality laws
    - Outline of tasks that can and cannot be provided by a volunteer
- Any volunteer who is inactive for 12 months will need to repeat the application process.

MANAGEMENT OF VOLUNTEER SERVICES:

The Elizabeth Levinson Center's Social Worker is responsible for coordinating with UCP for the recruitment, background checks, training, and assignment of all volunteers. Specifically, the Social Worker will ensure that the following are completed.

- All potential volunteers complete an application.
- Prior to being given any assignment, a minimum of three reference checks will be completed along with a criminal background check. Any criminal history or unsatisfactory background checks may disqualify the individual from providing volunteer services.
- Provide an orientation to Elizabeth Levinson Center prior to being assigned any duties.
- In consultation with the volunteer, create a list of assignments and work schedule.
- Ensure that the Nursing Department is aware of when the volunteer is scheduled, and what task they are to perform.

EMPLOYEES PROVIDING VOLUNTEER SERVICES:

- Employees of the facility may not volunteer services identical to those they normally provide in exchange for payment.
- Employees may not volunteer to provide services that the facility is required to provide.
- Employees must sign a release prior to providing volunteer services for the facility
- An orientation checklist will be followed and filed for each volunteer.

Scott D. Tash, CEO

9/27/24
Date

Policy Manual updated 9/2024.