


# POLICY MANUAL

## 2025

<b>Policy Name:</b> Fraud, Waste, and Abuse	<b>Effective Date:</b> 5/1/2023 <b>Review Date:</b> 3/13/2025
<b>Policy Category:</b> Organization-wide	<b>Revision Date:</b> 3/14/2024
<b>Policy Number:</b> 102	<b>Department:</b> 100-Administration and Compliance
<b>Department Director (sign &amp; date):</b>  <small>Kentay Garvin (Mar 19, 2025 07:48 PDT)</small> 03/19/2025	<b>Policy Committee Chair (sign &amp; date):</b> <i>Alison Auditors</i> 03/19/2025
<b>Executive Approval (sign &amp; date):</b> <i>Dionne Hackett</i> <small>Dionne Hackett (Mar 24, 2025 07:08 PDT)</small> 03/24/2025	<b>Board/Oversight Committee (sign &amp; date):</b> [if applicable]

## POLICY

### 1. SCOPE

- 1.1. UCP of Central Arizona (UCP of Central AZ) is committed to the prevention and detection of fraud, waste, and abuse. As part of the Division Developmental Disabilities contract UCP of Central Arizona is responsible for administrating internal controls to guard against fraud, waste, and abuse (FWA). The policy defines FWA and describes procedures for the detection, correction, and prevention of FWA, as well as the training requirements.

### 2. POLICY STATEMENT

- 2.1. UCP of Central Arizona employees have a duty to follow the code of conduct that articulates the commitment to standards of conduct and ethical rules of behavior.
- 2.2. The FWA training is in place to help employees detect, correct, and prevent fraud, waste, and abuse.
- 2.3. Everyone is required to report suspected instances of FWA. UCP of Central AZ has a zero tolerance for FWA, and one cannot be retaliated against for making a good faith effort in reporting.

### 3. DEFINITIONS

- 3.1. Abuse - Provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services which are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program as specified in 42 CFR 455.2.
- 3.2. Code of Federal Regulations (CFR) - Codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government
- 3.3. Claim - Under the False Claims Act (FCA), the definition of a "claim" includes any request or demand, whether under contract or otherwise, for money or property which is made to a contractor, grantee, or other recipient if the United States government provides any portion

of the money or property which is requested or demanded, or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

- 3.4. Deficit Reduction Act (DRA) - DRA of 2005 is a United States Act of Congress concerning the budget. It addresses deficit reductions ranging from education to housing and Medicare to Medicaid. In addition, any entity that receives or makes annual Medicaid payments, under the State plan, of at least \$5 million shall implement written policies for its employees, management, contractors, and agents regarding the FCA.
- 3.5. False Claims Act (FCA) - Also called the "Lincoln Law" FCA is an American federal law that imposes liability on persons and companies (typically federal contractors) who defraud governmental programs. It is the Federal Government's primary litigation tool in combating fraud against the Government. The law includes a qui tam provision that allows people who are not affiliated with the government, called "relators" under the law, to file actions on behalf of the government (informally called "whistleblowing" especially when the relator is employed by the organization accused in the suit).
- 3.6. Fraud -An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in an unauthorized benefit to himself or another person. It includes any act that constitutes fraud under applicable Federal or state law. (42 CFR 455.2)
  - 3.6.1. An act of fraud has been committed when a member or provider
  - 3.6.2. Knowingly presents (or causes to be presented) to the Federal Government a false or fraudulent claim for payment.
  - 3.6.3. Knowingly uses (or causes to be used) a false record or statement to get a claim paid by the Federal Government.
  - 3.6.4. Conspires with others to get a false or fraudulent claim paid by the Federal Government.
  - 3.6.5. Knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay money to transmit property to the Federal Government.
- 3.7. Internal Audit Administration (IAA) - A functional administration within the Department of Economic Security (DES), Office of Inspector General (OIG); IAA conducts performance audits of agency systems and programs, and compliance audits of contractors to identify risk, recommend corrective actions to prevent or mitigate issues, recoup improper payments, and assess compliance with laws, regulations, and standards. In addition to identifying factors inhibiting performance, IAA audits assist in evaluating the effectiveness of programs, activities, and functions; determining whether measures of program effectiveness are valid and reliable; and assessing whether management has considered alternatives that might increase the likelihood of achieving desired results or improve the efficiency or effectiveness of strategies and solutions. The authority to conduct audits of its contracts and subcontracts is derived directly from the Arizona Revised Statute A.R.S. § 35-214.
- 3.8. Prevention - To keep something from happening.
- 3.9. Provider - A person, entity or employee of an entity that subcontracts with the Division for the delivery of services to members. All providers shall meet the specific qualifications outlined in the Division 's Policy Manuals. All providers of Arizona Long Term Care System (ALTCs) services shall be registered with the Arizona Health Care Cost System (AHCCCS). Health Plans under contract with the Division are responsible for credentialing acute care providers.

- 3.10. Stark Law- Also known as the physician self-referral law, prohibits healthcare providers from making referrals to other organizations or medical businesses in which the provider has a financial interest. The law only applies to Medicare patients seeking designated health services.
- 3.11. Anti-kickback Law or Anti-kickback Statue (AKS) - The federal criminal law that forbids kickbacks involved in federal health care programs. The intent of the law is to protect patients and eliminate abuse and health care fraud from federal programs as Medicare, Medicaid, and Children's Health Insurance (CHIP), among others.
- 3.12. Waste is as defined by AHCCCS, the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicaid program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuses of resources.

#### **4. PROCEDURE**

- 4.1. **Prevention and Detection** – The provider (UCP of Central Arizona) fosters a culture of compliance which is conducive to preventing FWA by providing ongoing trainings to employees to become knowledgeable about their role in reporting concerns and problems in relation to FWA. All employees and subcontractors are required to report any concerns relating to potential FWA, including false claims. This responsibility is intended to allow the organization to monitor and do improvement planning pertaining to false claims processing or other aspects of Corporate Compliance. Anyone who fails to report properly through the internal lines of communication will be subject to contract action.

All providers , their employees and subcontractors, in particular those involved in the provision of services or arranging for the provision of services under government programs including members, have a responsibility to report matters which involve potential violation of this policy. Reports may be made anonymously; the person doing the reporting may request confidentiality and will be protected from any retaliation action.

#### **4.2. Provider Requirements**

- 4.2.1. Training and Education - As a condition for receiving payments, UCP of Central Arizona shall establish written policies, and ensure adequate training and ongoing education for all employees , members, and any subcontractors and/or agents of the provider regarding the following:
  - 4.2.1.1. All employees including providers are required to recertify annually
  - 4.2.1.2. Detailed information about the Federal False Claims Act,
  - 4.2.1.3. The administrative remedies for false claims and statements,
  - 4.2.1.4. Any State laws relating to civil or criminal liability or penalties for false claims and statements, and
  - 4.2.1.5. The whistleblower protections under such laws.

- 4.2.2. **Reporting Fraud, Waste, and Abuse** - When a provider becomes aware of an incident of potential/suspected fraud, waste, or abuse, the provider shall report the incident to the Division within one business day of becoming aware of the incident.

- 4.2.3. **Fraud Contact Information** - To report suspected fraud, waste, or abuse of the

program, the provider shall contact one of the following:

- Internally, all UCP of Central Arizona employees should notify their supervisors or manager of any suspicion of FWA. If reporting your direct supervisor, contact Human Resources or the Quality Assurance & Compliance Manager. It must be reported immediately, no later than one business day after becoming aware of the incident.
- DDD Corporate Compliance Unit
  - a. Phone: 1-877-822-5799.
  - b. Online: <https://des.az.gov/how-do-i/report-suspected-fraud/developmental-disabilities-fraud-waste-and-abuse>c. Email: [DDDFWA@azdes.gov](mailto:DDDFWA@azdes.gov)
  - d. Write to: DES/DDD Attn: Corporate Compliance Unit 1789 W. Jefferson Street, Mail Drop 2HA1 Phoenix, AZ 85007
- AHCCCS OIG Fraud Prevention Unit
  - a. Phone 602-417-4193
  - b. Online: <https://azahcccs.gov/Fraud/ReportFraud/onlineform.aspx>
  - c. Email: [AHCCCSFraud@azahcccs.gov](mailto:AHCCCSFraud@azahcccs.gov)
- Provider Fraud:
  - a. Maricopa County: 602-417-4045
  - b. Outside Maricopa County: 1-888-487-6686
- Member Fraud:
  - a. Maricopa County: 602-417-4193
  - b. Outside Maricopa County: 1-888-487-6686
- General Questions:
  - a. Email: [AHCCCSFraud@azahcccs.gov](mailto:AHCCCSFraud@azahcccs.gov)

End of Policy

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<b>Policy Name:</b> Surveys: Internal and External	<b>Effective Date:</b> 2/19/2020 <b>Review Date:</b> 4/11/2024
<b>Policy Category:</b> Organization-wide	<b>Revision Date:</b> 4/11/2024
<b>Policy Number:</b> 104	<b>Department:</b> 100-Administration and Compliance
<b>Department Director</b> (sign & date): <i>Kentay Garvin</i> 16/04/24	<b>Policy Committee Chair</b> (sign & date): <i>Alison Audatore</i> 16/04/24
<b>Executive Approval</b> (sign & date): <u><i>Dionne Hackett</i></u> 16/04/24 <small>Dionne Hackett (Apr 16, 2024 12:33 PDT)</small>	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## POLICY

### 1. SCOPE:

- 1.1 This policy applies to surveys that are administered by UCP of Central Arizona (UCP of Central AZ) employees. Those who administer surveys are expected to follow these guidelines closely, understanding their obligation to protect participants' confidentiality and to comply with all legal and professional obligations.

### 2. POLICY STATEMENT:

- 2.1 United Cerebral Palsy of Central AZ departments are required to survey the organization's community. In response to this, UCP of Central AZ has established a policy and procedure for conducting surveys within the organization's community.
- 2.2 The need for a policy is threefold:
  - 2.2.1. Protect the community members' privacy,
  - 2.2.2. Monitor survey frequency to avoid survey fatigue, and
  - 2.2.3. Ensure the safety of data collection and usage.
    - 2.2.3.1. When conducting surveys, data policies established by the information technology department must also be followed.

### 3. DEFINITIONS:

- 3.1 Community: For the purpose of this policy, Community is defined as all employees, members, and families.
- 3.2 Survey: The gathering of information through questionnaires, interviews, or focus groups to make inferences about a population.
- 3.3 Survey Administrator: The individual or group that completes planning, implementation, and evaluation of surveys. Each survey has its own Survey Administrator.

## **PROCEDURE**

### **4. Survey Purpose**

- 4.1 Collect data strictly for department-specific internal uses. This survey occurs in one's own department.
- 4.2 Collect information for organization-wide purposes and external reporting.
- 4.3 Ask for feedback from members at the point of service, after a function or program
- 4.4 Assess the need for updates to current processes
- 4.5 Assess the need for implementation of new behaviors and/or procedures
- 4.6 Fulfill compliance requirements for regulatory agencies and external requests

### **5. Collecting and Storing Data**

- 5.1 Survey Administrators must store data securely and use data only for the designated and intended purposes. Survey administrators must agree to adhere to the organization's policies for handling data.
- 5.2 Data containing participant names, identifying information, e-mail addresses, or other confidential information must be saved in an encrypted format on computers or drives that belong to the organization.
- 5.3 Accommodations will be offered for completing the survey. The following will be noted in the instructions of the survey: If you require accommodations or need assistance in completing the survey, contact the Survey Administrator at 602-943-5472 or email at XXX@ucpofcentralaz.org.
- 5.4 Survey Administrator will oversee the survey process including creating the survey, ensuring approvals and follow-up on the results.
- 5.5 Survey Administrator will ensure that questions are not leading in nature.
- 5.6 Survey Administrator will report the results to UCP of Central AZ's Executive Team and stakeholders.
- 5.7 Survey Administrator will develop an action plan based on survey results that is communicated and implemented with program management.
- 5.8 Survey results are stored in Planner – Survey Results – Program and Services.

### **6. Survey Approval**

Survey requests will be reviewed based on the following criteria:

- 6.1 Is the purpose of the survey clear, and is it explained to the prospective participants?
- 6.2 Does the survey provide information useful for planning or improving services?
- 6.3 Is the survey well-designed and of an appropriate length?
- 6.4 Does the survey follow sound survey methods and practices?
- 6.5 Are the questions easily understood and interpreted?
- 6.6 Are the surveys available in the preferred language of the target audience?
- 6.7 What is the target population? Will the entire population or a sample be surveyed?
- 6.8 What actions are being taken to ensure the confidentiality of the responses?
- 6.9 When will the survey be conducted? What is the optimal timing to ensure it does not interfere with other organization surveys and activities?
- 6.10 How will the results be used?
- 6.11 Will the findings be disseminated to appropriate organization audiences? Who will have access to the information and will it help them make better decisions as a result?
- 6.12 Can the proposed survey be combined with other planned surveys?

6.13 Does the survey follow the organization's policy for collecting and managing data?

## **7. Survey Calendar**

7.1 Track survey schedules on a master calendar.

7.1.1 The organization's external surveys occur annually at the end of the chronological year.


7.1.2 The organization's internal surveys occur regularly

7.2 Attempt to curtail frequency of surveys to two times per year and request that the surveys take no more than 10 minutes to complete. (Question)

End of Policy

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<b>Policy Name:</b> Cultural Competency	<b>Effective Date:</b> 5/1/2023 <b>Review Date:</b> 3/13/2025
<b>Policy Category:</b> Organization-wide	<b>Revision Date:</b> 3/14/2024
<b>Policy Number:</b> 106	<b>Department:</b> 100–Administration and Compliance
<b>Department Director (sign &amp; date):</b>  <small>Kentay Garvin (Mar 19, 2025 07:38 PDT)</small> 03/19/2025	<b>Policy Committee Chair (sign &amp; date):</b> <i>Alison Auditors</i> 03/19/2025
<b>Executive Approval (sign &amp; date):</b> <i>Dionne Hackett</i> <small>Dionne Hackett (Mar 24, 2025 07:07 PDT)</small> 03/24/2025	<b>Board/Oversight Committee (sign &amp; date):</b> [if applicable]

## **POLICY**

### **1. SCOPE**

- 1.1. The United Cerebral Palsy of Central Arizona (UCP of Central AZ) promotes a culture of respect and dignity between staff and when supporting individuals who have developmental disabilities and their families. UCP of Central AZ takes value in effectively addressing the needs and preferences of its culturally and linguistically diverse team and members. UCP of Central AZ acts in accordance with contractual obligations and state and federal codes and laws, including Title VII which prohibits discrimination in government agencies.

### **2. POLICY STATEMENT**

- 2.1. UCP of Central AZ aligns its policy on Cultural Competency with the Division of Developmental Disabilities (DDD) Operations Manual and best practices.
- 2.2. UCP of Central AZ shall have a comprehensive Cultural Competency plan that is inclusive of those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity. All employees are required to take an annual training recertification.

### **3. DEFINITIONS**

- 3.1. Competent – Properly or well qualified and capable.
- 3.2. Culture – The integrated pattern of human behavior that includes language, thought, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious or social group. Culture defines the preferred ways for meeting needs and may be influenced by factors such as geographic location, lifestyle, and age.
- 3.3. Cultural Competency – A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals, that enable that system, agency, or those professionals to work effectively in cross-cultural situations; Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, values, behaviors, and needs presented by consumers and their communities, in

- consideration of health status, national origin, sex, gender, gender identity, sexual orientation, and age.
- 3.4. Disability Etiquette - Talking to persons with disabilities in the same way you would talk to anyone else; talking to them directly, rather than to an accompanying person; using “people-first language”; asking the person if assistance is needed rather than assuming that help is needed.
  - 3.5. Family-Centered - Care that recognizes and respects the pivotal role of the family in the lives of members. It supports families in their natural care-giving roles, promotes normal patterns of living, and ensures family collaboration and choice in the provision of services to the member. When appropriate, the member directs the involvement of the family to ensure person centered care.
  - 3.6. Interpretation – the conversion of oral communication from one language into another while maintaining the original intent.
  - 3.7. Language Assistance Service - Services as specified in 45 CFR 92.4 including, but not limited to:
    - Oral language assistance including interpretation in non-English languages provided in-person or remotely by a qualified interpreter for an individual with limited English proficiency and the use of qualified bilingual or multilingual staff to communicate directly with individuals with limited English proficiency,
    - Written translation performed by a qualified translator of written content in paper or electronic form into languages other than English, and
    - Taglines.
  - 3.8. Limited English Proficiency (LEP)- For purposes of this policy, LEP refers to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.
  - 3.8. Linguistic Need - For the purposes of this Policy, linguistic need is defined as the necessity of providing services in the member’s primary or preferred language, including sign language, and the provision of interpretation and translation services.
  - 3.9. Prevalent Non-English- A language determined to be spoken by a significant number or percentage of members who have a limited English proficiency.
  - 3.10. Person First Language - Communication that emphasizes the individuality, equality and dignity of a person with disabilities in an effort to convey respect by emphasizing that disability is only one aspect of an individual.
  - 3.11. Qualified Interpreter - An interpreter who via over the phone a video remote interpreting (VRI) service or an on-site appearance adheres to generally accepted interpreter ethical principles and standards of practice, including client confidentiality, has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language, and can interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.
  - 3.12. Qualified Translator - A translator who adheres to generally accepted translator ethic principles, including client confidentiality, has demonstrated proficiency in writing and understanding both written English and at least one other written non-English language, and can translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology.

3.13. Translation - The conversion of written communication while taking into consideration the cultural context, content, and spirit of the message, while maintaining the original intent.

#### **4. PROCEDURE**

- 4.1. UCP of Central AZ ensures that in delivering services, specific service-related activities as well as staffing are
  - 4.1.1. Available and provided at any time as specified in the member's planning document.
  - 4.1.2. Modified appropriately to accommodate the changing needs of the member and/or their environment.
  - 4.1.3. Delivered in a manner that takes into consideration the primary language of the member and member's representative as well as any cultural diversity issues.
  - 4.1.4. Provided according to the personal needs, cultural considerations, preferences, and medical needs of the member.
  - 4.1.5. Inclusive of those with LEP and diverse cultural and ethnic backgrounds, disabilities, race, color, national origin, age, and regardless of sex, gender, sexual orientation, or gender identity
- 4.2. UCP of Central AZ ensures that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages, and cultural backgrounds of members.
- 4.3. UCP of Central AZ subcontracts with or utilizes only those individuals or organizations that are culturally sensitive, who meet accessibility standards for the disabled, and who do not discriminate based on ethnicity, gender, age, race, religion, marital status, sexual orientation or socioeconomic status. Subcontractors and their credentials shall meet all the requirements that apply to UCP of Central AZ.
- 4.4. UCP of Central AZ ensures that all services provided are culturally relevant and linguistically appropriate to the population to be served following Department Policy, Limited English Proficiency, DES 1-01-34 and any subsequent revisions.
- 4.5. UCP of Central AZ shall provide member, family-centered, and culturally competent care in all aspects of the service. Member and family-centered care includes but is not limited to:
  - 4.5.1. Recognizing the family as the primary source of support for the member's health care decision-making process. Service systems and personnel should be made available to support the member and family's role as decision makers.
  - 4.5.2. Facilitating collaboration among Members, families, health care providers, and policy makers at all levels for the care of the Member, development, implementation, and evaluation of programs, and policy development.
  - 4.5.3. Promoting a complete exchange of unbiased information between members, families, and health care professionals in a supportive manner at all times.
  - 4.5.4. Recognizing cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality within and across all families.
  - 4.5.5. Implementing practices and policies that support the needs of members and families, including medical, developmental, educational, emotional, cultural, environmental, and financial needs.
  - 4.5.6. Participating in member and family-centered Cultural Competence Trainings.
  - 4.5.7. Encouraging member-to-member and family-to-family support and networking.
  - 4.5.8. Promoting available, accessible, and comprehensive community, home, and hospital support systems to meet diverse, unique needs of the family.

- 4.5.9. Acknowledging that families are essential to the members' health and well-being and are crucial allies for quality within the service delivery system.
- 4.5.10. Appreciating and recognizing the unique nature of each member and their family.

End of Policy

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<b>Policy Name:</b> HIPAA and Confidentiality	<b>Effective Date:</b> 2/23/2023 <b>Review Date:</b> 2/8/2024
<b>Policy Category:</b> Organization-wide	<b>Revision Date:</b> 2/8/2024
<b>Policy Number:</b> 108	<b>Department:</b> 100-Administration and Compliance
<b>Department Director</b> (sign & date): <i>Kentay Garvin</i> 13/02/2024	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 13/02/2024
<b>Executive Approval</b> (sign & date): <i>Dionne Hackett</i> 13/02/2024 <small>Dionne Hackett (Feb 13, 2024 12:41 MST)</small>	<b>Board/Oversight Committee</b> (sign & date): <i>[if applicable]</i>

## POLICY

### 1. SCOPE

- 1.1. UCP should observe and abide by all applicable State and Federal statutes, rules, and regulations regarding the use or disclosure of information including, but not limited to, information concerning applicants for and recipients of Agreement services. To the extent permitted by law, UCP shall release information to the Department and the Attorney General's Office as required by the terms of this Agreement, by law or upon their request.

### 2. POLICY STATEMENT

- 2.1. Uses and disclosures related to health care means that HIPAA allows us to access or disclose information with the individual, to the family member of the deceased member, for treatment purposes or for another covered entity.
- 2.2. Confidentiality is important because our members place a great deal of trust in us. For us to provide the highest level of care, we have to access a great deal of their personal medical information. Our members need to feel comfortable sharing this information, knowing that we are being intentional in protecting and safeguarding their PHI.
- 2.3. The bottom line is when you violate a member's confidentiality, you have broken the law.
- 2.4. Remember to protect confidentiality in spoken communication, telephone communication, medical records, what you throw away, fax, copies, scanning, on your computer and in emails.
- 2.5. Our members need to trust us before they will feel comfortable enough to share any personal information with us. In order for us to provide quality care, we must have this information. They must know that whatever they tell us will be kept private and limited to those who need the information for treatment, payment and health care options.
- 2.6. When using, disclosing or requesting PHI, staff shall make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purposes of the use, disclosure or request.

### 3. DEFINITIONS

- 3.1. **Health Insurance Portability and Accountability Act (HIPAA)** is a federal law that gives a member rights over their health information and sets rules and limits on who can look at and receive protected health information.
- 3.2. **Protected Health Information (PHI)** is individually identifiable health information created or received by UCP. When a person's identity and the individual's health information are linked together, it has the potential to become PHI.
- 3.3. **Business Associate** means a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, UCP.
- 3.4. **Minimum Necessary** refers to the reasonable efforts by a covered entity to limit access to PHI to those in the workforce that need access based on their roles.
- 3.5. **Covered Entity** is health care providers, health plans, health care clearinghouses and anyone contracted with the State of Arizona to provide services through the Division of Developmental Disabilities. ***UCP is a covered entity.***
- 3.6. **Accounting of Disclosure of PHI** means that members have the right to know with whom their health information has been shared for purposes other than treatment, payment or healthcare options.
- 3.7. Members also have the right to request access to, inspect or get a copy of their PHI through the **Patients' Rights to Access Policy** under HIPAA.
- 3.8. **Amendment of PHI** means an individual also has the right to request their PHI be amended, but this doesn't necessarily mean that it will. Amending information means changing medical information.
- 3.9. **Transport** means to physically move PHI (whether on paper, or on mobile digital devices or electronic storage devices such as a laptop computer, smartphone, USB/thumb drive or a disk) from one location to another, by any means, including by foot, motor vehicle including courier, airplane or other means of transportation.

### 4. PROCEDURE

#### 4.1. **Minimal Necessary Exception**

4.1.1. The Minimum Necessary principle requires that an organization designate the category of personnel who must access health information to perform their job, the extent of the information that will be accessed, and any other conditions that pertain to the use or disclosure of health information by that category of personnel.

4.1.2. HIPAA allows us to access or disclose information if it is...

- a) Used for public health and welfare functions
- b) Authorized by the patient
- c) Used for health and management functions
- d) Required by law (child abuse, court reporting)
- e) Used for payment
- f) Used for treatment

4.1.3. There are times when the Minimum Necessary Rule doesn't apply. Some examples of this would apply to:

- a) Doctors or other health care providers
- b) Law enforcement agencies
- c) Health and Human Services
- d) Other federal regulatory agencies

#### **4.2. PHI Exclusions**

4.2.1. Protected health information (PHI) excludes individually identifiable health information of a person who has been deceased for more than fifty (50) years.

4.2.2. Protected health information (PHI) excludes education records covered by the Family Educational Rights and Privacy Act (FERPA) and employment records held by UCP in its role as employer.

#### **4.3. Accounting of Disclosures of PHI**

4.3.1. UCP, upon written request, shall provide members with a list of individuals/organizations to which their PHI has been disclosed for the six (6) years preceding the request for an accounting or, with respect to certain disclosures of PHI made through UCP's electronic health record (EHR) for the three (3) years preceding the request for an accounting.

#### **4.4. Patient's Rights to Access PHI**

4.4.1. It is the policy of UCP that individuals have the right to request access to inspect and/or obtain a copy of their PHI, for as long as the PHI is maintained by UCP.

4.4.2. UCP will act on written requests for access within 30 days of receipt, or within 60 days if there is an unavoidable delay and if, within 30 days of receipt, the requester is given written notice of the reasons for the delay and the date on which UCP will complete action on the request.

#### **4.5. Amendment of PHI**

4.5.1. A patient has the right to request that UCP amend his/her PHI maintained in the Designated Record Set for as long as the PHI is maintained. UCP shall respond to a request for amendment of PHI in accordance with the HIPAA Privacy Rule.

#### **4.6. Transporting PHI**

4.6.1. All PHI in paper or electronic form must be transported or stored in a secure manner to safeguard it against improper disclosure and/or loss.

4.6.2. PHI that is being transported within a facility, such as from one department to another, will be attended or supervised at all times, or otherwise secured to avoid unauthorized access, loss and/or tampering.

4.6.3. Additional measures must be taken to secure PHI that is being transported outside of a facility to assure confidentiality and integrity in the event of an accident, theft or other unforeseen event. PHI that is transported by motor vehicle:

4.6.3.1. Should be transported in a secure container such as a locked box, backpack or briefcase; and

4.6.3.2. When stops are made, PHI should be locked in the trunk or in the vehicle in a concealed manner. PHI should be removed from vehicles overnight and secured so that others who do not have a need to know it cannot access it.

4.6.4. Additional measures must be taken to secure PHI that is taken home or to another location or accessed remotely via VPN:

4.6.4.1. Remote access into the organization's computer network via VPN is preferable to taking PHI home.

4.6.4.2. If PHI is being accessed from or taken home to work during off-hours, employees should secure the PHI in their home in a locked box out of view in a manner that others who do

not have a need to know it cannot access it. Workforce members shall keep the key to the locked box in a discrete place, secured from access by family members and others.

4.6.4.3. PHI in the home must be secured from access or view by family members and others.

Workforce members shall log out of information systems immediately after use and shall secure their login and password so that others cannot use it.

4.6.5. Mobile devices must be password protected and encrypted

4.6.6. If PHI is lost, stolen or improperly accessed by others, immediately notify the Quality Assurance & Compliance Manager and/or Privacy Officer. If PHI is stolen, the Quality Assurance & Compliance Manager or Privacy Officer will file a police report.

#### **4.7. Facsimile Transmission of PHI**

4.7.1. UCP shall use facsimile (fax) transmissions in a manner that will safeguard private and confidential information to the extent possible.

4.7.2. Department administration shall determine what information entrusted to their department is private and/or confidential and shall communicate methods of protecting that information.

#### **4.8. Vendors**

4.8.1. Vendors/sales reps play an important role as providers of information and services to UCP.

4.8.2. Departments shall not provide vendors access to any confidential information, including PHI and proprietary info.

#### **4.9. Breach Notification Compliance Plan**

4.9.1. A breach is the unauthorized acquisition, access or use of PHI in a manner not permitted under the HIPAA Privacy Rule and that compromises the security or privacy of the PHI.

4.9.2. All UCP workforce members and agents are responsible for reporting an actual or suspected breach of PHI to the Privacy Officer as soon as possible.

4.9.3. Business Associates of UCP are also required to report breaches of PHI to UCP in accordance with the timeframe specified in the applicable Business Associate Agreement.

4.9.4. The Quality Assurance & Compliance Manager or Privacy Officer will receive, document and investigate all actual or reasonably suspected breaches of PHI in a timely manner, in accordance with this policy.

4.9.5. A Four Factor Risk Assessment is in place to determine if an incident amount to a breach of PHI and as a HIPAA covered entity if this incident needs to be notified to according to The HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414.

#### **4.10. Mitigation of Improper Disclosures**

4.10.1. UCP will mitigate, to the extent practicable, any harmful effect that becomes known to it as a result of use or disclosure of PHI in violation of UCP's policies and procedures or applicable law.

#### **4.11. Training of Workforce Members**

4.11.1. It is UCP's policy to implement certain human resource requirements to protect against the wrongful use of disclosure of PHI. UCP will accomplish this by:

- Training all members of its workforce
- Apply sanctions against members of its workforce
- HIPAA Training is required for all UCP staff and needs to be completed on the first day of hire or as soon as possible. Once training is completed, the HIPAA Violations Sanctions Policy needs to be electronically signed in Paycom. If you have any issues logging on to



Paycom, please contact Human Resources. HIPAA Training needs to be completed annually.

#### **4.12. Review and Resolution of Complaints**

4.12.1. It is UCP's policy to comply with applicable rules requiring it to effectively receive, investigate and resolve complaints regarding UCP's privacy practices.

4.12.2. **Complaints to UCP:** UCP shall provide the individual with an Information Privacy Complaint Form, which will be given immediately to the Privacy Officer.

4.12.3. **Complaint Investigation:** UCP shall cooperate with an investigation of UCP's privacy practices by the United States Department of Health and Human Services. The Quality Assurance & Compliance Manager or Privacy Officer shall coordinate UCP's response to such an investigation.

4.12.1. In the event that UCP staff is found to have committed a HIPAA violation, or if actions of UCP staff prompt an investigation they will be notified by the Quality Assurance & Compliance Manager and their Program Director, and review required HIPAA training. Any required disciplinary action will be handled by Human Resources.

4.12.4. **Contractual obligations vary by department.** Check with your supervisor for specific guidelines.

#### **4.13. HIPAA and IT**

##### **4.13.1. UCP Computer Use**

4.13.1.1 Do not use your computer here to do things HR would disapprove of or that would be in violation of UCP's Employee Handbook.

4.13.1.2. Do not use UCP computers to perform illegal tasks or crimes, such as piracy.

4.13.1.3. Do not take devices containing PHI home without express permission to do so and you must sign out the device.

##### **4.13.2. Mobile Devices**

4.13.2.1. All mobile devices must be secured with strong passwords. Cell phones must have an eight-character lock, for example. Mobile devices must have a timeout setting of 10 minutes or less.

4.13.2.2. Never store PHI on laptops, tablets, netbooks or cellphones. Mobile devices are considered "access only" devices.

4.13.2.3. Due to UCP's policy of not storing data on mobile devices, there will be instances where a "remote wipe" will be necessary.

4.13.2.4. Mobile devices, when in use, must remain on the person, or within eyesight of the employee/owner of the device.

4.13.2.5. Mobile devices are never to be left unattended in public places and should otherwise be properly secured when not in use.

4.13.2.6. Mobile devices should not be "checked in" when traveling.

4.13.2.7. Mobile devices should only access the internet via UCP-provided Verizon broadband devices or UCP Wi-Fi.

4.13.2.8. Mobile devices may be audited, and all data wiped randomly by the UCP IT Department without notice.

#### **4.14. PHI Technology Access Rules**

4.14.1. PHI should only be accessed in the name of administering therapy and business needs.

4.14.2. Do not print and forget. If you print PHI, go get the information immediately.

- 4.14.3. Always lock your system after leaving it by pressing Windows Key + L.
- 4.14.4. Emails that contain PHI must be sent [SECURED]!
- 4.15. **Passwords and Logins**
  - 4.15.1. Log in with your username and password.
  - 4.15.2. Do not log in with someone else's username and password.
  - 4.15.3. Do not enter data under someone else's name or log in as them. Period.
  - 4.15.4. Do not attempt to mask your identity.
  - 4.15.5. Do not share your password, your profile is meant to be accessed by you only.
  - 4.15.6. Change password every 90 days.
- 4.16. **In the Field and Office**
  - 14.16.1. Keep your monitor hidden from the public.
  - 14.16.2. Do not print and forget. If you print PHI, go get the information immediately.
  - 14.16.3. Only print out PHI if needed for treatment, authorization, patient request or billing purposes. Only print the minimum necessary information. Place documents in shred bin when done.
  - 14.16.4. Erase PHI from electronic media once you are done with it (discs, flash drives, phones, etc.). Remember that mobile devices should not store data.
- 4.17. **Viruses**
  - 14.17.1. Report all errors from virus scanning programs.
  - 14.17.2. Outside electronic data sources must be approved by IT. If someone gives you a thumb drive with PHI on it, we need to check it out for viruses, etc.
  - 14.17.3. The receipt and departure of such electronic media will be logged by IT.
- 4.18. **Off Premises /Non-UCP Computers**
  - 4.18.1. Should an employee have a compelling reason to store data on a mobile device, the employee is required to submit an authorization request to the IT Department. Upon approval, the employee must resubmit the device to the enrollment process to that full disk encryption can be enabled.
  - 4.18.2. Non-UCP computers or mobile devices are not allowed on UCP's private network and services.
- 4.19. **Unauthorized Users**
  - 4.19.1. Promptly report the loss or theft of hardware.
  - 4.19.2. Only UCP employees and approved hardware can access UCP's network.
  - 4.19.3. Do not connect unauthorized devices to the UCP network.
- 4.20. **Miscellaneous**
  - 4.20.1. All systems which access PHI must auto logoff from the PHI system and lock minutes, phones, PCs, iPads - everything that accesses the information.
  - 4.20.2. All systems which access PHI can be audited by IT.
  - 4.20.3. IT will install software on all authorized devices to monitor its activity.
- 4.21. **Social Media**
  - 4.21.1. Social media are powerful communication tools that can impact UCP's professional reputation. Social media can blur the line between personal and an organization's opinions.
  - 4.21.2. As outlined in the UCP Employee Handbook, exercise discretion in inviting colleagues, and in responding to invitations from colleagues, to join social networks or become "friends," and in making recommendations or referrals.

- 4.21.3. Posting pictures on a personal account which depicts members at UCP is a major violation of HIPAA.
- 4.21.4. Do not take picture of your workday activities and post them to your personal social media.
- 4.21.5. Only when a picture is originated from UCP social media sites can it be shared with others.
- 4.21.6. Don't mix social media and work.

End of Policy

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<b>Policy Name:</b> ADA Accommodations	<b>Effective Date:</b> 8/8/2024 <b>Review Date:</b> 8/8/2024
<b>Policy Category:</b> Organization-wide	<b>Revision Date:</b> 8/8/2024
<b>Policy Number:</b> 114	<b>Department:</b> 100-Administration and Compliance
<b>Department Director (sign &amp; date):</b> <i>Kentay Jarvin</i> 08/15/2024	<b>Policy Committee Chair (sign &amp; date):</b> <i>Alison Auditore</i> 08/15/2024
<b>Executive Approval (sign &amp; date):</b> <u><i>Dionne Hackett</i></u> 08/15/2024 <small>Dionne Hackett (Aug 15, 2024 09:16 PDT)</small>	<b>Board/Oversight Committee (sign &amp; date):</b> <i>[if applicable]</i>

## **POLICY**

### **1. SCOPE**

- 1.1. 1.1 This Policy applies to all employees of United Cerebral Palsy of Central Arizona. United Cerebral Palsy of Central Arizona's (UCP of Central AZ) duty to provide reasonable accommodation is a fundamental statutory requirement under the Americans with Disabilities Act (ADA), as amended by the Americans with Disabilities Act Amendments Act (ADAAA).

### **2. POLICY STATEMENT**

- 2.1. It is the policy of UCP of Central AZ to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC). Furthermore, it is UCP of Central AZ's policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring advancement, discharge, compensation, training or other terms, conditions, and privileges of employment.

### **3. DEFINITIONS**

- 3.1. **Americans with Disabilities Act (ADA) / Americans with Disabilities Amendments Act (ADAAA):** Federal laws that require employers with 15 or more employees to not discriminate against applicants and individuals with disabilities and, when needed, to provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position.
- 3.1.1. Title I of the ADA requires an employer to provide "reasonable accommodation" to qualified individuals with disabilities who are employees or applicants for employment unless such accommodation would cause the employer an "undue hardship." The law requires reasonable accommodations so that employees with disabilities can enjoy the "benefits and privileges of employment" equal to those enjoyed by similarly situated employees without disabilities. The ADAAA broadens the concept of disability under the ADA by statutorily rejecting Supreme Court decisions that took a narrower view.
- 3.2. **Disability:** A physical or mental impairment that substantially limits one or more major life activities of the individual, a record of such an impairment, or being regarded as having an impairment.
- 3.3. **Major Life Activities:** Term includes caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

- 3.4. **Major Bodily Functions:** Term includes physical or mental impairment such as any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin and endocrine. Also covered are any mental or psychological disorders, such as intellectual disability, organic brain syndrome, emotional or mental illness and specific learning disabilities.
- 3.5. **Substantially Limiting:** In accordance with the ADAAA final regulations, the determination of whether an impairment substantially limits a major life activity requires an individualized assessment, and an impairment that is episodic or in remission may also meet the definition of disability if it would substantially limit a major life activity when active. Some examples of these types of impairments may include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment, such as cancer that is in remission but that may possibly return in a substantially limiting form, is also considered a disability under EEOC final ADAAA regulations.
- 3.6. **Direct Threat:** A significant risk to the health, safety or well-being of individuals with disabilities or others when this risk cannot be eliminated by reasonable accommodation.
- 3.7. **Qualified Individual:** An individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.
- 3.8. **Reasonable Accommodation:** Includes any changes to the work environment and may include making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, telecommuting, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modification of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.
- 3.9. **Undue Hardship:** An action requiring significant difficulty or expense by the employer. In determining whether an accommodation would impose an undue hardship on a covered entity, factors to be considered include:
- 3.9.1. The nature and cost of the accommodation.
  - 3.9.2. The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons employed at such facility, the effect on expenses and resources, or the impact of such accommodation on the operation of the facility.
  - 3.9.3. The overall financial resources of the employer; the size, number, type, and location of facilities.
  - 3.9.4. The type of operations of the company, including the composition, structure, and functions of the workforce; administrative or fiscal relationship of the particular facility involved in making the accommodation to the employer.
- 3.10. **Essential Functions of the Job:** Refers to those job activities that are determined by the employer to be essential or core to performing the job; these functions cannot be modified.

*The examples provided in the above terms are not meant to be all-inclusive and should not be construed as such. They are not the only conditions that are considered to be disabilities, impairments or reasonable accommodations covered by the ADA/ADAAA policy.*

## **PROCEDURE**

### **4. Providing Accommodations**




- 4.1. UCP of Central AZ will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation or if the

accommodation creates an undue hardship to the organization. Contact human resources with any questions or requests for accommodation.

- 4.2. Individuals who are currently using illegal drugs are excluded from coverage under the company ADA policy.
- 4.3. The HR department is responsible for implementing this policy, including the resolution of reasonable accommodation, safety/direct threat and undue hardship issues.

End of Policy

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<b>Policy Name:</b> Prehospital Medical Care Directives	<b>Effective Date:</b> 1/9/2025 <b>Review Date:</b> 1/9/2025
<b>Policy Category:</b> Organization-wide	<b>Revision Date:</b> 1/9/2025
<b>Policy Number:</b> 116	<b>Department:</b> 100-Administration and Compliance
<b>Department Director (sign &amp; date):</b>  <small>Kentay Garvin (Jan 15, 2025 10:52 MST)</small> 01/15/2025	<b>Policy Committee Chair (sign &amp; date):</b>  01/15/2025
<b>Executive Approval (sign &amp; date):</b>  <small>Dionne Hackett (Jan 17, 2025 07:17 MST)</small> 01/17/2025	<b>Board/Oversight Committee (sign &amp; date):</b> [if applicable]

## POLICY

### 1. SCOPE

- 1.1 This Policy applies to all United Cerebral Palsy of Central Arizona (UCP of Central AZ) Direct Support Staff and Direct Care Workers.

### 2. POLICY STATEMENT

- 2.1. UCP of Central Arizona respects Member Rights as outlined by agencies and entities that regulate UCP of Central AZ services. Therefore, UCP of Central AZ staff will document any applicable Medical Directives brought forth by members and minors, and will present each member or responsible party/parent with this policy, which outlines organizational procedure relating to the services a member or minor may receive involving resuscitation or life-sustaining measures.

### 3. DEFINITIONS

- 3.1. **Prehospital Medical Care Directive:** A document signed by the Responsible Person and the Member's doctor that informs emergency medical technicians (EMTs) or hospital emergency personnel not to resuscitate them if the member experiences cardiac or respiratory arrest. This document by also be referred to as a Do No Resuscitate (DNR) document

## PROCEDURE

### 4. Documentation of Directives

- 4.1. Upon intake of new members, UCP of Central AZ will ascertain and document whether or not a member or minor has any medical directives. Documentation will be stored in a secure location with the member's records.
- 4.2. A prehospital medical care directive shall be printed on an orange background and may be used in either letter or wallet size. The directive shall be in the following form:

Prehospital Medical Care Directive

(side one)

In the event of cardiac or respiratory arrest, I refuse any resuscitation measures, including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of advanced cardiac life support drugs and related emergency medical procedures.

Patient: \_\_\_\_\_ date: \_\_\_\_\_

(Signature or mark)

Attach recent photograph here or provide all of the following information below:

Date of birth \_\_\_\_\_ sex \_\_\_\_\_

Eye color \_\_\_\_\_ hair color \_\_\_\_\_ race \_\_\_\_\_

Hospice program (if any) \_\_\_\_\_

Name and telephone number of patient's  
physician \_\_\_\_\_

(side two)

I have explained this form and its consequences to the signer and obtained assurance that the signer understands that death may result from any refused care listed above.

\_\_\_\_\_ date \_\_\_\_\_

(Licensed health care provider)

I was present when this was signed (or marked). The patient then appeared to be of sound mind and free from duress.

\_\_\_\_\_ date \_\_\_\_\_

(Witness)

- 4.3. A member or minor who has a valid prehospital medical care directive may wear an identifying bracelet. This bracelet shall be on an orange background and state the following in bold type:

Do Not Resuscitate

Patient: \_\_\_\_\_

Patient's physician: \_\_\_\_\_



- 4.4. Any changes to a Prehospital Medical Care Directive shall be presented by the member or responsible party/parent to UCP of Central AZ in writing.

**5. Incident Procedure and Compliance**

- 5.1. In the event of an incident that places a member or minor in peril, UCP of Central AZ staff will contact emergency services by dialing 911.
- 5.1.1. For minors, a provider may not implement a do-not-resuscitate order without communicating with at least one of the minor's parents or legal guardians.
- 5.2. UCP of Central AZ staff shall uphold the member or responsible party/parent's right to accept or refuse medical care.
- 5.3. UCP of Central AZ follows state guidelines and acknowledges that a DNR order does not include withholding other medical interventions deemed necessary to provide a member or minor with comfort care or to alleviate pain.
- 5.4. If an individual has any doubt as to the validity of a directive or the medical situation, that person shall proceed with resuscitative efforts as other required by law. Individuals are not required to accept or interpret medical care directives that do not appear valid.
- 5.5. UCP of Central AZ staff is not prohibited from conscientious objection to carrying out advanced directives if
- 5.5.1. The individual's unwillingness to comply has been documented and responsibility for the patient's care is promptly transferred to another individual
- 5.5.2. The individual is unable to consult with the member's responsibility party/parent after making a reasonable effort to do so, or if an emergency situation does not provide the individual with sufficient time to consult with the responsible party
- 5.5.3. These exceptions do not relieve UCP of Central AZ from civil or criminal liability or being subjected to professional disciplinary action if an individual's treatment of a member or minor is negligent, or if a member or their responsible party/parent was not presented with this policy.
- 5.6. All incidents with DNR orders implemented will be documented in an Incident Report.

End of Policy

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<b>Policy Name:</b> Quality Management	<b>Effective Date:</b> 11/10/2023 <b>Review Date:</b> 11/14/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 9/8/2023
<b>Policy Number:</b> 1101	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date): <u>Valerie Pieraccini</u> 12/02/2024 <small>Valerie Pieraccini (Dec 2, 2024 11:09 MST)</small>	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 12/02/2024
<b>Executive Approval</b> (sign & date): <i>Ronald Rinker</i> 11/30/2024	<b>Board/Oversight Committee</b> (sign & date): <i>[if applicable]</i>

## POLICY

### 1. SCOPE

- 1.1. This policy applies to the United Cerebral Palsy of Central Arizona (UCP) Therapy Program. The Therapy Program at UCP takes place in outpatient pediatric clinic settings.

### 2. POLICY STATEMENT

*The Quality Management (QM) policy serves to address the following for the therapy program at UCP:*

- 2.1. *Incident management* including corrective action and preventions, description of how incident reports are processed and reported.
- 2.2. *Complaints and grievances* management including monitoring, processing, tracking and trending.
- 2.3. *Solicitation of individual/family input* including feedback and involvement in the administration and evaluation of services.
- 2.4. *Person centered practices* include activities that provide individual/family representatives to be actively involved in qualified vendor operations.

### 3. DEFINITIONS

- 3.1. *UCP Employees* are defined as Therapists, Program Directors, Program Managers and administrative staff.
- 3.2. *Individuals/Children/Child* are persons enrolled in the therapy programs at UCP.
- 3.3. An *Incident* is defined as any usual or unexpected occurrence that results in injury, potential injury, affects the health and well-being of an individual receiving services, employee or visitor. Threats, acts of violence, inappropriate behavior, smoking, the presence of contraband or an emergency at a UCP location, or an occurrence that poses a risk to the community.
- 3.4. A *survey* is defined as the gathering of information through questionnaires, interviews, or focus groups to make inferences about a population.
- 3.5. A *survey administrator* completes planning, implementation, and evaluation of surveys. Each survey has its own survey administrator.

- 3.6.** *Person Centered Services* are provided in a manner that supports the individual's preferences and daily needs with activities that accomplish the child's personal goals and services outcomes.

#### **PROCEDURE**

#### **4. Incident management, corrective actions, reporting, notifications, internal review, and complaints and grievances:**

##### **4.1. Incident management, corrective actions, and preventions**

4.1.1. The UCP therapy program aligns its policy on incident management with the Division of Developmental Disabilities (DDD) Operations Manual, The Arizona Department of Health Services (DHS) Article 10: Outpatient Treatment Centers; R9-10-1004, and best practices.

4.1.1.1. Incident reports are monitored by the program manager monthly.

4.1.1.2. Patterns that are discovered will be addressed on an individual basis.

4.1.1.3. A plan to eliminate patterns will be developed and monitored monthly to ensure implementation and success.

4.1.1.4. Corrective action plans will be developed based on the nature of the incident and monitored throughout the plan, at a frequency dependent on the individual's therapy appointment frequency.

4.1.1.5. Therapists who have received corrective action will receive additional training and supervision throughout the plan.

##### **4.2. Internal and external incident reporting**

4.2.1. An employee who witnesses, becomes aware of an incident, or is involved in an incident is responsible for reporting to the therapy program manager. The witnessing employee will work with the manager to complete an incident report.

4.2.2. The incident must be reported by the employee to the therapy program manager immediately after it occurs or as soon as is practical to do so, considering individual and employee safety.

4.2.3. When an incident occurs, UCP will take appropriate action to resolve the emergency and implement protective measures for the individual's health and safety. This may include calling 911, contacting the Department of Child Safety, or involving other emergency services. The therapy program manager should be notified immediately of all incidents involving individual health and safety.

4.2.4. Complete the Incident Report form as soon as the immediate concern has been addressed.

4.2.5. In minor incidents where there is no serious member injury or safety concerns, immediately notify the therapy program manager.

4.2.6. When appropriate, the therapy director will be notified of any minor incident.

4.2.7. Minor incidents must be reported by the close of the next business day following the incident.

4.2.8. Before the Incident Report is submitted to DDD, the form must be reviewed by the Program Manager or Director to ensure all questions have been answered fully.

4.2.9. For Individuals with DDD, the DDD incident report will be completed.

4.2.9.1. <https://des.az.gov/sites/default/files/legacy/dl/DDD-0191A.pdf?time=1692294757211>

4.2.10. Once the DDD incident report is completed and reviewed by therapy program management, the incident must be entered into the AHCCCS QM Portal:

- 4.2.10.1. <https://qmportal.azahcccs.gov/Account/Login.aspx>
- 4.2.10.2. Serious incidents, as described in UCP's Incident Reporting Policy following DDD and DHS guidelines, must be reported to DHS using the following form:
- 4.2.10.3. <http://www.azdhs.gov/bhs/documents/bqi-specifications/attachment-b13a.pdf>
- 4.2.10.4. For incidents where an employee is the subject of the incident, HR must be notified. This does not include incidents when the employee is a witness to the incident.

#### **4.3. Notification process for guardian/DDD/DHS/police/DCS/etc.**

- 4.3.1. Individuals receiving therapy are required to have a responsible caregiver involved in the therapy sessions, per UCP's policy "Communication with Responsible Parties"
- 4.3.2. The caregiver attending the therapy session will be immediately notified and involved in the incident follow-up.
- 4.3.3. If the parent/guardian has sent a designated caregiver in their place to attend the therapy session when an incident has taken place, the parent/guardian will be contacted by phone, or their preferred communication method, within the same day of the incident.
- 4.3.4. Serious incidents that require reporting to emergency services, including the police or the Department of Child Safety (DCS), will include the details of the emergency services notifications within the incident reports to DDD and/or DHS.
- 4.3.5. Serious incidents, as described in UCP's Incident Reporting Policy following DDD and DHS guidelines, must be reported to DHS within two days of the incident.
- 4.3.6. Once the DDD incident report is completed and reviewed by therapy program management, the incident must be entered into the AHCCCS QM Portal by the close of the following business day from the day of the incident.

#### **4.4. Sharing reporting protocols with therapy program families**

- 4.4.1. UCP reviews the incident reporting policy on an annual basis or whenever DDD has issued a change.
- 4.4.2. Annually and/or when any change within the incident report occurs, UCP will notify providers, members, families, and guardians of these changes through email, mail, or text. UCP will place the policy on the website with highlighted changes for review.

#### **4.5. Internal review process and how corrective action is implemented and monitored**

- 4.5.1. UCP has an incident management committee that convenes quarterly to review Incidents, identify patterns, reviews corrective action and prevention plans.

#### **4.6. Description of how incidents are documented for tracking and trending**

- 4.6.1. An incident tracking worksheet is utilized in order to track and monitor incidents.
- 4.6.2. This tracking worksheet is reviewed quarterly by the therapy program manager to identify trends.
- 4.6.3. The worksheet and any incident reports are shared with the incident management committee quarterly.

#### **4.7. Specific information about complaints and grievances**

- 4.7.1. UCP handles complaints fairly, efficiently and effectively. UCP's process is intended to enable us to respond to issues raised by an active member and/ or legal guardian of a patient/member making complaints in a timely manner and provide information that can be used by UCP to deliver quality improvements in our services.

- 4.7.2. To file a complaint, UCP families are notified to contact the UCP Quality Assurance and Compliance Manager at 602-999-9391 or mail the complaint to 1802 West Parkside Lane Phoenix, AZ 85027, Attention: UCP Quality Assurance and Compliance Manager.
- 4.7.3. If the family desires to escalate the complaint, the following contact information is provided:

DDD Customer Service Center (CSC)  
1-844-770-9500

[DDDCustomerServiceCenter@azdes.gov](mailto:DDDCustomerServiceCenter@azdes.gov)

For a written complaint:  
DES Division of Developmental Disabilities  
Office of Individual and Family Affairs  
1789 W. Jefferson Street  
Mail Stop 2HB5  
Phoenix, AZ 85007

AND/OR

The Arizona Department of Health Services  
602-364-3030  
1501 North 18<sup>th</sup> Avenue, Suite 450  
Phoenix, AZ 85007

#### **4.8. Who can file a complaint/grievance**

- 4.8.1. A complaint or grievance may be filed by anyone including; individuals receiving services, families, providers, guardians, and employees of UCP.
- 4.8.2. UCP of Central Arizona will never retaliate for a complaint or grievance that is submitted.

#### **4.9. Resolving complaints/grievances**

- 4.9.1. All complaints or grievances will be investigated internally and handled based on the urgency or seriousness of the concern. Complaints brought to the therapy program manager that do not involve serious safety, risk, privacy, or security concerns will be handled as follows:
- 4.9.1.1. The therapy Manager will speak to the person with the complaint and gather information about the situation of concern.
  - 4.9.1.2. The therapy program manager will gather the information and notify the Program Director of the complaint.
  - 4.9.1.3. The therapy program manager and director will conduct a fact-finding investigation internally to address the complaint.
  - 4.9.1.4. If it is decided that process improvement, employee disciplinary action, or other actions to address a concern are warranted, corrective action will take place.
  - 4.9.1.5. The outcome of the complaint will be communicated to the person with the original grievance.

4.9.2. If a complaint is brought to UCP through an external agency, such as the Arizona Department of Health Services or the Division of Developmental Disabilities, the following steps will take place to properly address the grievance:

- 4.9.2.1. UCP will promptly notify the agency of the receipt of the complaint, and address any questions posed to UCP regarding the issue within a timely manner.
- 4.9.2.2. The therapy program manager will ensure the director and CEO are notified of the complaint.
- 4.9.2.3. UCP will conduct an internal fact-finding investigation in order to identify the situation that is of concern. The fact-finding investigation may include relevant documents pertaining to the concern, staff interviews, process reviews, and other strategies to identify the issue.
- 4.9.2.4. UCP will respond to the complaint with results from the internal investigation and include any corrective action that is needed.
- 4.9.2.5. UCP will cooperate with any follow-up activities related to the event of concern with the external agency.

**4.10. Timeframe to process the complaint/grievance**

- 4.10.1. UCP will promptly acknowledge receipt of complaints and will assess and prioritize complaints in accordance with the urgency and/or seriousness of the issues raised. If a matter concerns an immediate risk to safety or security, the response will be immediate and will be escalated appropriately.
- 4.10.2. Once a complaint is received, the person who filed the complaint will be communicated with regarding the complaints process, the expected timeframes for our actions, the progress of the complaint and reasons for any delay, their likely involvement in the process, and the possible or likely outcome of their complaint.

**4.11. Complaint/grievance monitoring**

- 4.11.1. UCP has a grievance/complaint management committee that convenes quarterly to review Incidents, identify patterns, reviews corrective action and prevention plans.

**4.12. Complaints/grievances documentation for tracking and trending**

- 4.12.1. All documentation regarding complaints/grievances is located in UCP's shared administrative file storage.
- 4.12.2. The worksheet and corresponding reports are shared with the incident management committee quarterly.

**5. Soliciting Input, Encouraging Input, Measuring Satisfaction, Involving Families in the Hiring of Therapists, and Involving Families in the Evaluation Process for Improvement of Services:**

**5.1. Soliciting input from therapy program families**

- 5.1.1. United Cerebral Palsy of Central Arizona departments are required to survey the organization's community. In response to this, UCP has established a policy and procedure for conducting surveys within the UCP community.
- 5.1.2. The need for a policy is threefold: Protect the community members' privacy, monitor survey frequency to avoid survey fatigue, and ensure the safety of data collection and usage. When conducting surveys, data policies established by the information technology department must also be followed.
- 5.1.3. Survey schedules are tracked on a master calendar. Therapy surveys occur annually at the end of the chronological year.

5.1.4. Areas on the survey that do not meet satisfaction will be addressed individually and a plan will be developed to gain satisfaction.

5.1.5. Monitoring of the plan will continue monthly until satisfaction is met.

## **5.2. Encouraging input from therapy program families**

5.2.1. Therapy program surveys are administered electronically, and the electronic link is shared over email, text, and posted on signage at therapy clinic front desks. Participation in the surveys is encouraged from members, families and guardians.

5.2.2. Accommodations will be offered for completing the survey. The following will be noted in the instructions of the survey: If you require accommodations or need assistance in completing the survey, contact the (survey administrator's name) at (program manager's direct phone number) or email at XXX@ucpofcentralaz.org.

## **5.3. Measuring Satisfaction with Services**

5.3.1. The Survey administrator will oversee the survey process including creating the survey, ensuring approvals and follow-up on the results.

5.3.2. Survey administrator will report the results to UCP's executive team and stakeholders.

5.3.3. Survey administrator will develop an action plan based on survey results that is communicated and implemented with program management.

5.3.4. Survey results are stored in SharePoint @ Planner → Survey Results → Program and Services.

5.3.5. Satisfaction of services is measured per survey question and by the survey as a whole. UCP strives to receive 100% satisfaction. Plans will be developed whenever an area of dissatisfaction has been identified. These plans will be monitored for continuous improvement until satisfaction has been met.

5.3.6. The therapy program managers will monitor and provide monthly updates.

## **5.4. Therapy program family involvement in the hiring/evaluation of therapists**

5.4.1. Therapy program families have the opportunity to give specific feedback regarding the quality of their therapy sessions and specific feedback related to their therapist within the annual survey.

5.4.2. Hiring for therapists is based on referral demand, scheduling needs, and therapist expertise need based on trends in referrals from community physicians, self-directed referrals, and DDD vendor calls.

5.4.3. Requests by families for scheduling needs and specific therapeutic expertise are taken into consideration during therapist recruitment and hiring.

## **5.5. Therapy program family involvement in evaluation process for improvement of services**

5.5.1. Therapy program surveys occur annually at the end of the chronological year.

5.5.2. Therapy program surveys are administered electronically, and the electronic link is shared over email, text, and posted on signage at therapy clinic front desks. Participation in the surveys is encouraged by members, families and guardians.

5.5.3. Survey questions will be evaluated annually.

# **6. Activities for Therapy Program Families to be actively involved in UCP of Central Arizona Operations**

## **6.1. Open houses**

6.1.1. UCP therapy clinics schedule annual open house events.

6.1.2. The open house events will provide an opportunity for current therapy program families to learn about other UCP services, speak directly with therapy program leadership, begin



the intake process to start therapy services, and view the results of quality improvement projects.

**6.2. Sharing improvement activity results with therapy program families**

6.2.1. Results of improvement activities in the therapy program are shared with families consistently through email, text, the UCP Therapy Newsletter, and flyers at the therapy check-in desks.

**6.3. Encouragement of therapy program families to collaborate closely with their child's therapy team**

6.3.1. UCP promotes child and family centered services and close collaboration between the child, the family, and the child's therapist. Parents/guardians/caregivers are required to attend therapy sessions, and therapists are trained on developing goals that meet the developmental needs of the child alongside the family's wishes for their child's growth.

**7. Monitoring and Evaluation of Services and Quality Improvement**

**7.1. Service gap analysis process**

7.1.1. UCP reviews data annually to ensure quality of services and to guide innovation and development of novel programs. Evidence-based clinical guidelines and care pathways that have been recently developed are used to guide program development, yet services are individualized to meet the needs of families and children receiving therapy at UCP. Feedback from families that identify gaps in service are gathered annually through surveys also guide program development.

7.1.2. UCP reviews data to ensure that the services being provided match the needs of the community. Utilizing online resources, UCP monitors community resources and other service providers to avoid redundancy within the geographic area.

7.1.3. UCP tracks referral data and analyzes service gaps. For instance, an increased amount of referrals and inquiries for a particular therapy service or service model may result in a program development plan to meet the documented demand.

**7.2. Process used to monitor and evaluate services provided as they relate to the member's Planning Document objectives.**

7.2.1. Planning documents for children with DDD funding are requested during the therapy program intake process, and updated planning documents are maintained in the child's medical records. This document is reviewed by the treating therapist prior to the start of services.

7.2.2. Planning documents are monitored to ensure that therapy goals match the child's overall planning document objectives.

7.2.3. UCP provides therapy session documentation to the family and the DDD planning team for the child's team to understand therapy goals, objectives, and progress.

**7.3. Regular, systematic, and objective methods used to monitor the member's well-being, health status, and effectiveness of services**

7.3.1. UCP's therapy program has an illness policy that states the following:

7.3.1.1. "If your child has had a fever over 100°F, an infection, diarrhea or is vomiting within 24 hours prior to the appointment, cancel your child's appointment(s) and reschedule for a later date as soon as possible."

7.3.2. Throughout the therapy session, children are monitored for their health and well-being through communication with the child and their attending caregiver, their ability to



participate, and the child's behavior. If a treating therapist has concerns, they will speak with the child's caregiver, and create a plan in order for the therapy session to be effective. This plan may include rescheduling the therapy session, reviewing the child's schedule in order to provide therapy during an optimal time of day, and reviewing or modifying the child's goals.

7.3.3. Overall effectiveness of therapy services is measured within the annual family feedback survey.

#### **7.4. Quality measures to ensure accurate and appropriate documentation of therapy services**

7.4.1. Evaluation reports, progress reports, plan of care documents, and daily session notes are audited for quality and required contents on a quarterly basis for all UCP therapists.

7.4.2. Documentation quality audits are performed by a lead therapist and will check for required components of the documents. Audits will be documented in a uniform file and housed within the employee's electronic file. The therapy lead will communicate any needed corrections to the therapist promptly, including an action plan for correction if needed.

#### **7.5. Evaluation of quality of the training program**

7.5.1. UCP invests in quality training programs for all therapists. UCP encourages professional development and continued training through a stipend program for approved continuing education. Annually, UCP provides scholarships to allow therapists to attend conferences endorsed by the individual therapy associations approved provider programs (APP). By following guidance provided by professional associations, quality of the training being provided to therapists is ensured.

#### **7.6. Ensuring financial integrity including accurate and timely submission of billing information.**

7.6.1. UCP of Central Arizona has internal controls and measures to ensure the financial integrity of our data including accurate and timely submission of billing information across programs. The Revenue Cycle is divided up into four Departments; HCBS/DTA, Therapy, Billing, and Accounting. Having four separate departments is key to segregation of roles. Each of the four departments has discrete and separate responsibilities, reducing the risk of errors and fraud. Along with segregation of roles UCP has written policies including; an employee may not work in their own or family members account, and an employee who takes a cash payment is not the employee who post the payment. All employees in each department complete mandatory training and certifications including: HIPAA certification, Fraud and Waste, mandatory reporting. All employees are re-certified yearly. Current Business Associate agreements are on file with all software vendors.

7.6.2. The therapy program utilizes an electronic medical record (EMR) and billing system that is an ISO certified HIPAA compliant software, utilizing two factor verification. Services, payments, and patient data are entered into the EMR. All data is reviewed by the billing department and then accurately moved into an SOC 2 type 2 compliant software. The billing department will review all payments collected and then post into billing software.

7.6.3. Therapists are required to complete billing for services within two working days from the date of service, with the exception of evaluations which require in-depth reporting. Therapy charges are reviewed for accuracy and submitted to the correct payor within 5 days of the date of service. All billing information is reviewed and posted by certified billers and checked by the billing manager on a weekly basis. End of Month reports are run by the 5<sup>th</sup> day of the month and turned into to the accounting department who then review all charges and payments posted within the billing department.

**7.7. Development, sharing, review, and updating of the Quality Management plan.**

7.7.1. The UCP therapy program's Quality Management plan was developed using guidance from the DDD Policy Tool, and DHS requirements for outpatient treatment centers. The Quality Management plan will be reviewed annually by the Policy and Procedure Committee and by the UCP leadership. UCP will share its quality measures with members, providers, and families annually in the UCP newsletter.

**8. Evaluation of cleanliness, safety, and potential risk factors of physical environments****8.1. Evaluation of Cleanliness, safety and potential risk factors**

- 8.1.1. UCP maintains janitorial contracts at both therapy clinic locations, and cleaning and sanitizing tasks are monitored for completion.
- 8.1.2. Facilities and janitorial needs during business hours are maintained in-house with the UCP facilities team.
- 8.1.3. Any concerns of the physical environment are reported to the therapy program manager, then brought to the facilities team for action and resolution.
- 8.1.4. The annual family feedback survey includes a section related to cleanliness and safety of the therapy clinics in order for families to evaluate this topic.

**8.2. Safeguards in place to protect and support individuals in the event of a natural disaster or other public emergency**

- 8.2.1. UCP has established a Business Continuity Plan which conveys how it will support members in the event of a natural disaster or public emergency.

**8.3. Analysis and sharing of quality improvement projects**

- 8.3.1. Quality improvement projects will be analyzed based on the results and feedback relating to the unique specifics of the project. For example, if the therapy program adds new equipment to a clinic, the following will be measured: frequency of use of the equipment, impact on targeted goal progress for children using the equipment, and family perception of the value of the added equipment.
- 8.3.2. It is important that program improvements, new therapeutic equipment, staff training updates, and other quality improvements are shared with UCP families. Quality improvement projects are shared over email communication with families, text message announcements, the UCP Therapy Newsletter, through scheduled tours, and at open house events.

End of Policy

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<b>Policy Name:</b> Therapy Evaluations	<b>Effective Date:</b> 3/1/2016 <b>Review Date:</b> 12/12/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 12/1/2024
<b>Policy Number:</b> 1107	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date): <u>Valerie Pieraccini</u> 12/18/2024 <small>Valerie Pieraccini (Dec 19, 2024 09:46 MST)</small>	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 12/19/2024
<b>Executive Approval</b> (sign & date): <u>Dionne Hackett</u> 12/19/2024 <small>Dionne Hackett (Dec 19, 2024 18:48 MST)</small>	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## **POLICY**

### **1. SCOPE:**

- 1.1. This policy applies to the United Cerebral Palsy of Central Arizona (UCP) therapy program team including the Laura Dozer Clinic, UCP Downtown, and Community-Based Therapies, and Parents/Guardians/Caregivers of members we serve.

### **2. POLICY STATEMENT**

- 2.1. In order for a child to receive therapy treatment/ongoing therapy sessions, an evaluation for the necessary therapy discipline must take place.
- 2.2. The initial evaluation is typically scheduled as the child's first therapy session at UCP, and is completed by a UCP therapist. The exception for this step occurs when the child has an applicable evaluation from another agency that has been performed less than 1 year.
- 2.3. When a child is referred to UCP with a prior evaluation, the evaluation will be reviewed and determined if it is appropriate to be used.
- 2.4. Following an evaluation, certain documents must be created and approved in order for therapy treatment to begin.
- 2.5. This Policy aligns with the documentation guidelines for occupational, physical, and speech-language pathology therapy services set forth by the Division of Developmental Disabilities.

### **3. DEFINITIONS**

- 3.1. UCP Employees are referred to as *therapists* and *administrative staff* in this document.
- 3.2. Children enrolled in therapy at UCP are referred to as *members* or *children/child* in this document.
- 3.3. A *therapy evaluation* is a therapy appointment that gathers objective information and results in recommended therapy outcomes.
- 3.4. A *plan of care* (POC) is a document generated in conjunction with a therapy evaluation or progress report, and determines the frequency and duration of therapy within a certain time frame for a child. This document is certified by the child's treating physician and is a medical prescription for therapy treatment once certified.

- 3.5. Therapy appointments that take place over the recommended frequency and duration per the Therapy evaluation and plan of care are referred to as *treatment* and *ongoing* sessions.

## **PROCEDURE**

In order for children to receive a therapy evaluation for occupational, physical, speech, and/or feeding therapy, certain procedures must be followed.

### **4. DOCUMENTS AND INFORMATION NEEDED PRIOR TO AN EVALUATION**

- 4.1. Prescription for an evaluation must be received from the child's primary care physician (PCP). The prescription for a therapy evaluation must include the following:
- 4.1.1. The type of therapy to be evaluated (Speech, Occupational, Physical, or Feeding).
  - 4.1.2. The verbiage "Evaluation and treatment as recommended by therapy clinician"
  - 4.1.3. Written on the prescribing physician's script pad or letterhead.
  - 4.1.4. Include the prescribing physician's NPI number and signature.
  - 4.1.5. Diagnosis and description of the specific problem(s) to be evaluated and/or treated.
    - 4.1.5.1. The diagnosis should be specific and as relevant to the problem to be treated as possible.
- 4.2. Dependent on certain information based on medical information received, UCP may request additional medical records for the therapist to review prior to scheduling the evaluation.
- 4.2.1. These documents may include but are not limited to: Modified Barium Swallow Studies and other feeding history, hearing test results, allergy testing results, surgery discharge notes, and previous physical, occupational, or speech-language therapy records.
- 4.3. Prior to the appointment, the evaluating therapist will review the child's relevant documents including the physician's order, the DDD Service Planning Document, and other medical records.
- 4.4. In order to schedule the evaluation, a parent or caregiver of the child with knowledge of the child's history, behavior, and developmental milestones and concerns must be present and actively participate throughout the duration of the therapy evaluation appointment.
- 4.4.1. If a caregiver cannot be present and in the room for the evaluation, the appointment will need to be rescheduled.

### **5. COMPONENTS OF A THERAPY EVALUATION**

- 5.1. Therapy evaluations are scheduled for 1 hour unless otherwise arranged.
- 5.2. Therapy evaluations are completed by a licensed occupational therapist, physical therapist, or speech-language pathologist.
- 5.3. During the evaluation, a combination of parent/caretaker report, clinical observation, clinical history and/or previous therapy reports, and clinical standardized or non-standardized testing are utilized to evaluate the child's skills and abilities and create the treatment plan.
- 5.4. Therapists abide by the code of ethics and documentation guidelines set forth by the American Physical Therapy Association, American Speech and Hearing Association, or the American Occupational Therapy Association depending on the clinician's professional discipline.
- 5.5. Therapists follow rules for covered services in the AHCCCS Medical Policy Manual section 310-X for Occupational, Physical, and Speech-Language Therapies.
- 5.6. Established goals for ongoing therapies must be objective, measurable, and attainable through skilled therapeutic intervention.

- 5.7.** The therapy evaluation determines if ongoing medically necessary therapy is recommended, and may include the prognosis, long term goals, short term goals and frequency and duration of therapeutic services if ongoing therapy is recommended.

**6. RECCOMENDATION AND DOCUMENTATION FOR THERAPY TREATMENT**

- 6.1.** If therapy treatment is recommended by the evaluating therapist, a plan of care will be created in conjunction with the evaluation document.

**6.1.1.** The plan of care must contain the following:

- 6.1.1.1.** The child's medical history and background.
- 6.1.1.2.** Date of onset of the child's condition/diagnosis requiring therapy.
- 6.1.1.3.** Date of evaluation and the start/end time of the session.
- 6.1.1.4.** Baseline objective measurements based on standardized testing performed or other standard assessment tools.
- 6.1.1.5.** Any safety risks.
- 6.1.1.6.** Individualized short and long-term functional goals within the length of time that the service is requested.
- 6.1.1.7.** Interpretation of the results of the valuation, including recommendation for therapy amount, frequency, and duration of services.
- 6.1.1.8.** Specific modalities and treatments planned.
- 6.1.1.9.** The child and family's primary language.
- 6.1.1.10.** Childs age and date of birth.
- 6.1.1.11.** Any adaptive equipment or assistive devices.
- 6.1.1.12.** Prognosis for improvement.
- 6.1.1.13.** Requested dates of service for planned treatments after completion of the evaluation.
- 6.1.1.14.** Caregiver's expected involvement in in the child's treatment.
- 6.1.1.15.** History of prior therapy and referrals as applicable.
- 6.1.1.16.** Signature and date of treating therapist.
- 6.1.1.17.** Signature, date, and NPI number of primary care provider (this certifies the plan of care).

- 6.2.** A therapy evaluation does not guarantee recommendation of ongoing therapy treatment.

- 6.3.** When an evaluation is the only service provided in an episode of treatment, the evaluation serves as the POC if it contains a diagnosis and a description of the condition from which a diagnosis may be determined by the referring Primary Care Provider (PCP). The goal, frequency, intensity, and duration of treatment are implied in the diagnosis and one-time service. The referral and/or order of a PCP is the certification that the evaluation is needed and the member is under the care of a physician or other licensed practitioner.

<b>Policy Name:</b> Certified Plan of Care	<b>Effective Date:</b> 1/1/2020 <b>Review Date:</b> 2/8/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 2/8/2024
<b>Policy Number:</b> 1109	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date):  Valerie Pieraccini 14/02/202 <small>Valerie Pieraccini (Feb 14, 2024 14:47 MST)</small>	<b>Policy Committee Chair</b> (sign & date):  Alison Auditore 15/02/2024
<b>Executive Approval</b> (sign & date):  Kentay Jarvin 13/12/202	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## **POLICY**

### **1. SCOPE:**

- 1.1. . This policy is to be followed by therapists and administration staff in the United Cerebral Palsy of Central Arizona (UCP of CAZ) therapy program.

### **2. POLICY STATEMENT**

- 2.1. In order for a child to receive therapy treatment/ongoing therapy sessions, an evaluation for the necessary therapy discipline takes place, and the therapist creates a plan of care in order to describe the treatment recommendation.
- 2.2. A plan of care may also be created when the child is re-evaluated for therapy, or alongside a progress report is the recommendation for treatment has changed.
- 2.3. The plan of care must be created and signed off on by the child's treating physician in order for therapy treatment to begin or resume.
- 2.4. This policy aligns with the documentation guidelines for occupational, physical, and speech-language pathology therapy services set forth by the Division of Developmental Disabilities in the document:
  - 2.4.1. Division of Developmental Disabilities Documentation Guidelines: Occupational, Physical, and Speech-Language Pathology Therapy Services.

### **3. DEFINITIONS**

- 3.1. UCP of CAZ Employees are referred to as *therapists* and *administrative staff* in this document.
- 3.2. Children enrolled in therapy at UCP of CAZ are referred to as *members* or *children/child* in this document.
- 3.3. A *therapy evaluation* is a therapy appointment that gathers objective information and results in recommended therapy outcomes.

- 3.4. A *plan of care* (POC) is a document generated in conjunction with a therapy evaluation or progress report, and determines the frequency and duration of therapy within a certain time frame for a child.
- 3.5. A *certified plan of care* (CPOC) is a plan of care that is certified with the child's primary care physician's (PCP's) signature.
- 3.6. Therapy appointments that take place over the recommended frequency and duration per the Therapy evaluation and plan of care are referred to as *treatment* and *ongoing* sessions.

## **PROCEDURE**

### **4. WHEN A PLAN OF CARE IS REQUIRED**

- 4.1. A plan of care is not required to be completed if therapy treatment is not recommended for the child based on the evaluation results.
- 4.2. A plan of care is considered connected to the evaluation when therapy treatment is recommended, and must be completed alongside the evaluation write-up.
- 4.3. A plan of care is due annually, or when it expires due to the duration written on the previous plan of care.
- 4.4. A plan of care may be written if the treatment recommendation changes, and can be attached to a progress report and re-certified.

### **5. COMPONENTS OF A PLAN OF CARE**

- 5.1. **A Plan of Care must contain the following:**
  - 5.1.1. Diagnoses (medical and treatment)
  - 5.1.2. Objective and measurable long-term treatment goals
  - 5.1.3. Therapy frequency (times per week)
  - 5.1.4. Duration of services recommended (number of weeks)
  - 5.1.5. Physician's signature line and NPI number
  - 5.1.6. Must match the recommendations in the evaluation

### **6. OBTAINING PHYSICIAN SIGNATURE**

- 6.1. A plan of care must become certified with the Primary Care Physician's (PCP's) signature. This signature ensures the child is under the care of a PCP.
- 6.2. Upon completion of the plan of care, therapy administration will send the POC to the child's PCP to obtain a signature.

### **7. CPOC AND PROGRESS REPORTS**

- 7.1. The date the physician signs the plan of care triggers the date that progress reports are due in future months.

This process is described in the UCP of CAZ Therapy Program Progress Reporting Policy.

- 7.2. A new POC is not required with every progress report unless the recommendations have changed.

## **8. SUBMITTING THE PLAN OF CARE TO DDD**

- 8.1. For children receiving funding through DDD, the certified plan of care must be submitted to the child's DDD support coordinator within 3 weeks of the date the evaluation was completed.
- 8.2. The certified plan of care is submitted to DDD via tDDD's File Transfer Protocol (FTP) site.
  - 8.2.1. FTP site: <https://ftp.azdes.gov/EFTClient/Account/Login.htm>
  - 8.2.2. CPOCs will be submitted to the Division's File Transfer Protocol (FTP) site using the PBS/Reports/ProgressReports/In folder unless otherwise specified in the reporting requirements.
  - 8.2.3. CPOCs follow DDD's Progress report naming convention and must be submitted following this format: DDDProgressReport\_YYYY\_MM\_PBS\_ASSISTID\_SVC\_SQN.EXT
- 8.3. DDD provides authorization for services based on the date an agency submits the CPOC to the FTP site.

## **9. TRACKING OF CERTIFIED PLAN OF CARES**

- 9.1. The therapy authorization specialist tracks the CPOC date as well as progress report due dates for all children.
- 9.2. Therapists will be notified one month in advance when a new plan of care is due.
- 9.3. The certified plan of care record is housed within the child's chart in the EMR under the corresponding discipline.

End of Policy

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<b>Policy Name:</b> Behavior Management	<b>Effective Date:</b> 6/22/2023 <b>Review Date:</b> 6/13/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 6/19/2023
<b>Policy Number:</b> 1112	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director (sign &amp; date):</b>  Valerie Pieraccini (Jun 21, 2024 17:52 EDT) 06/21/2024	<b>Policy Committee Chair (sign &amp; date):</b>  Alison Audatore 06/19/2024
<b>Executive Approval (sign &amp; date):</b>  Dionne Hackett (Jun 19, 2024 13:56 PDT) 06/19/2024	<b>Board/Oversight Committee (sign &amp; date):</b> [if applicable]

## POLICY

### 1. SCOPE:

- 1.1. This policy applies to the United Cerebral Palsy of Central Arizona (UCP) Therapy Program.

### 2. POLICY STATEMENT

- 2.1. This policy establishes the staff training, incident reporting, and documentation regarding behavior management for individuals receiving occupation, physical, speech, and/or feeding therapy services at UCP.
- 2.2. Managing behaviors is a natural part of therapy sessions, however, individuals need to be able to participate in therapy sessions with their therapist in order to work on goals and maintain a skilled level of service without behavioral concerns that interfere with participation in therapy.
- 2.3. Caregivers must be present and participate in therapy sessions and are expected to assist with positive behavior support during therapy.

### 3. DEFINITIONS

- 3.1. UCP Employees are defined as *therapists* and *administrative staff* in this document.
- 3.2. Children enrolled in therapy at UCP are defined as *individuals* in this document.
- 3.3. The adult responsible for the individual's care is referred to as a *caregiver* in this document.

## PROCEDURE

### 1. STAFF TRAINING

- 1.1. All UCP therapists and therapy assistants are required to pass the *Article 9: Managing Inappropriate Behaviors* training and renew their certification every 3 years prior to the certification expiration date.
- 1.2. The components of Article 9, including positive behavior support, prohibited techniques, the Program Review Committee process, behavior treatment plans, emergency measures, and behavior-modifying medications must be understood and implemented by UCP staff.

1.2.1. Positive behavior approaches include:

- 1.2.1.1. Understanding behavior as communication
- 1.2.1.2. Supporting and not controlling the individual
- 1.2.1.3. Understanding antecedents and consequences,
- 1.2.1.4. Teaching alternative behaviors like coping skills, positive teaching techniques, and reinforcement, and
- 1.2.1.5. prohibited actions to correct behavior (i.e. use of force, restricting rights, overcorrection).

1.3. Staff are trained in prevention and support as applicable.

## **2. INCIDENT REPORTING**

2.1. If a behavioral incident requires emergency measures or there is a concerning change in behavior resulting in a lack of participation for therapy, an incident report needs to be written and saved in the records in UCP's electronic medical records (EMR).

2.1.1. For individuals with DDD, an incident report will be submitted within the FOCUS system, and the support coordinator will be notified of the behavior concern and/or incident.

## **3. BEHAVIOR TREATMENT PLANS**

3.1. If an individual has a behavior treatment plan while receiving therapy services at UCP, UCP will obtain a copy of the behavior plan and all therapists treating the individual will review the plan prior to starting services.

3.2. UCP Therapy program staff do not monitor or administer medications of any kind, including behavior modifying medications.

3.3. If an individual may need a behavior treatment plan, UCP therapists will provide documentation to the DDD support coordinator and individual's caregiver in order to support the development of a plan.

3.3.1. UCP therapy participate in the development and implementation of a behavior plan if determined appropriate by the individual's team. but will typically not be the primary submitter of behavior plans.

## **4. DOCUMENTATION OF MALADAPTIVE BEHAVIOR**

4.1. Therapists will document new/unusual maladaptive behavior in their daily treatment notes, progress reports, evaluation documentation, and discharge reports as applicable.

## **5. DISCHARGE RELATED TO BEHAVIOR MANAGEMENT**

5.1. Discharge from clinic therapy services may occur if the individual demonstrates behavior that interferes with their ability to participate in therapy treatment, and efforts to positively encourage participation in therapy are not successful.

<b>Policy Name:</b> Communication with Responsible Parties	<b>Effective Date:</b> 7/20/2023 <b>Review Date:</b> 7/11/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 7/11/2023
<b>Policy Number:</b> 1114	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date): <u>Valerie Pieraccini</u> 07/16/2024 <small>Valerie Pieraccini (Jul 16, 2024 14:20 PDT)</small>	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 07/16/2024
<b>Executive Approval</b> (sign & date): <u>Dionne Hackett</u> 07/18/2024 <small>Dionne Hackett (Jul 18, 2024 08:18 PDT)</small>	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## POLICY

### 1. SCOPE:

- 1.1. This policy applies to the United Cerebral Palsy of Central Arizona (UCP) therapy program team and Parents/Guardians/Caregivers of members UCP serves.

### 2. POLICY STATEMENT

- 2.1. This Policy outlines standards for professional communication between UCP employees and individuals and their families receiving therapy services at UCP.
- 2.2. HIPAA requirements must be followed in all communication regarding individuals receiving therapy services.
- 2.3. Preferred communication methods are determined for each member's parent/caregiver in order to communicate effectively, and to promptly reach the responsible person in the event of an emergency.
- 2.4. UCP requires a Parent/guardian/caregiver to be present during therapy sessions.
- 2.5. As required under Chapter 37 of the ADES, Division of Developmental Disabilities (DDD) Provider Manual, parents are required to participate in the child's therapy session. The parent may send a designee to participate in the therapy session.

### 3. DEFINITIONS

- 3.1. UCP Employees are defined as *therapists* and *administrative staff* in this document.
- 3.2. Children enrolled in therapy at UCP are defined as *members* in this document.
- 3.3. The adult responsible for the member's care is referred to as a *caregiver* in this document.

## PROCEDURE

Professional and effective communication following HIPAA standards are required in order to communicate effectively and keep personal health information secure. UCP utilizes multiple forms of communication in order to work closely with families and contact families promptly when necessary. In order to maximize the benefit of therapy services in the clinic, transfer skills to the child's natural

environment through a home program, improve outcomes, and adhere to legal liability standards, a parent or caregiver must be present and participate in all therapy sessions.

#### **4. PROFESSIONAL AND COURTEOUS COMMUNICATION**

- 4.1. All written and verbal communication by UCP employees must be professional and courteous at all times.
- 4.2. All email communication must include a signature that includes contact information for all methods of communication, in the **event** that the caregiver prefers to respond via phone.
- 4.3. UCP employees are expected to respond to communication from caregivers within 72 business hours.
- 4.4. If the caregiver uses abusive or offensive language, the employee should politely terminate the conversation and report the incident to their supervisor.

#### **5. HIPAA REQUIREMENTS**

- 5.1. All communication methods must follow HIPAA requirements.
- 5.2. Emails containing personal health information must be sent securely using UCP's secured email plug-in within Microsoft Outlook.
- 5.3. A consent to share information must be signed by the responsible parent/caregiver prior to sharing documents or any information about a member to other agencies, physicians, schools, community partners, and other individuals involved in the member's care.
  - 5.3.1. Documents may be shared via email, mail, or fax dependent upon recipient request and parent/caregiver consent.
  - 5.3.2. Consents are valid for one year from the date of signature.
- 5.4. If parent/caregivers request documents to be mailed, they will be mailed to the address on file for the member.
  - 5.4.1. If documents must be mailed to another location, a consent to share information must be completed by the responsible parent/caregiver.

#### **6. PREFERRED COMMUNICATION METHODS**

- 6.1. When enrolling in therapies at UCP, families complete an intake packet in order to gather unique information and complete treatment consents required prior to the start of therapy. Within the intake packet, responsible caregivers can select their preferred method of communication (phone call/voicemail, text, email, mail).
  - 6.1.1. Documents including evaluation reports and progress reports will be provided to the responsible person in-person at therapy sessions.
  - 6.1.2. If requested, documents can be emailed or mailed, following HIPAA requirements.
- 6.2. In the event of an emergency, the following communication protocols are followed:
  - 6.2.1. The preferred method of contact with the fastest response will be utilized.
  - 6.2.2. The caregiver that is onsite for therapies with the member will be notified first of the emergency.
  - 6.2.3. If the legal parent/guardian has sent a designee in their place to participate in the therapy session, the legal parent/guardian will be notified of the emergency situation immediately, once any immediate safety measures are taken, dependent on the situation.

## **7. CAREGIVER PARTICIPATION IN THERAPY**

- 7.1. Following the initial evaluation process, ongoing therapy session participation will be determined by the therapist and parent/caregiver as to the extent of the presence in the room or viewing the session through the window.
- 7.2. If a parent or caregiver cannot attend a scheduled therapy session, the appointment will need to be rescheduled. Parents are expected to communicate availability for a parent/caregiver to be present for all sessions with their child's therapist, and follow the therapy program cancellation policy for cancelling and rescheduling appointments if this situation arises.
- 7.3. Children who participate in other UCP programs at the Laura Dozer Center and also receive therapy funded by DDD must have a parent or caregiver present for the therapy session. Parents and therapists should communicate to ensure the time of the therapy aligns with when a parent or caregiver can be present.

## **8. DDD PROVIDER MANUAL POLICY**

### **8.1. CHAPTER 37 – RESPONSIBLE PERSON/CAREGIVER PARTICIPATION IN THERAPY SESSIONS**

8.1.1. Division policy requires a parent/family member or other caregiver (paid/unpaid) to be present and participate in all therapy sessions in order to:

- 8.1.1.1. Maximize the benefit of therapy services including implementing a home program;
- 8.1.1.2. Improve outcomes; and,
- 8.1.1.3. Adhere to legal liability standards.

8.1.2. The member's parent/family member and caregiver are expected to instruct all other caregivers regarding the therapeutic activities that comprise the home program.

8.1.3. If the parent/family member /caregiver does not participate in a therapy session:

- 8.1.3.1. The therapy session shall be cancelled;
- 8.1.3.2. The therapist shall contact the Support Coordinator to discuss the lack of parent/family member/caregiver participation prior to the next therapy session; and,
- 8.1.3.3. The therapist shall document the reason for the cancellation on quarterly progress notes.
- 8.1.3.4. When the therapist recommends that the parent/family member/caregiver participate in the therapy session by observing the session outside the eyesight of the member, the therapist shall submit this recommendation via the evaluation or quarterly progress notes. When this type of participation is used:
- 8.1.3.5. The parent/family member/caregiver shall observe (e.g., one way or two-way glass) the therapy session.
- 8.1.3.6. The therapist must consult with the parent/family member /caregiver prior to the end of the therapy session to discuss the home program.
- 8.1.3.7. The reasons for the requirement set forth above include:
  - 8.1.3.7.1. Avoiding the risk of sexual abuse and molestation; and,
  - Ensuring consultation between the therapist and the parent/family member/caregiver to facilitate implementation of the home program.

<b>Policy Name:</b> Person-Centered Service Plan (PCSP) and Pre-Service Orientation	<b>Effective Date:</b> 7/20/2023 <b>Review Date:</b> 7/11/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 7/11/2023
<b>Policy Number:</b> 1115	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date): <u>Valerie Pieraccini</u> 07/16/2024 <small>Valerie Pieraccini (Jul 16, 2024 14:18 PDT)</small>	<b>Policy Committee Chair</b> (sign & date): <i>Alison Audione</i> 07/16/2024
<b>Executive Approval</b> (sign & date): <u>Dionne Hackett</u> 07/18/2024 <small>Dionne Hackett (Jul 18, 2024 08:18 PDT)</small>	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## **POLICY**

### **1. SCOPE**

- 1.1. This policy applies to all occupational, physical, and speech therapists at United Cerebral Palsy of Central Arizona (UCP), as well as the therapy administrative staff .

### **2. POLICY STATEMENT**

- 2.1. UCP is responsible for contributing to DDD Planning Documents and implementing objectives within the document.
- 2.2. In order for a therapist to adequately prepare for an evaluation or initial visit with a new member, the therapist must review records pertaining to the child's medical history.

### **3. DEFINITIONS**

- 3.1. UCP Employees are defined as *therapists* and *administrative staff* in this document.
- 3.2. Children enrolled in therapy at UCP are defined as *members* in this document.
- 3.3. The Planning Document for DDD members is references as a Person-Centered Service Plan (PCSP) in this document.

## **PROCEDURE**

*This procedure outlines the documents necessary prior to scheduling a new member for occupational, physical, and/or speech therapy at UCP, and the actions required by the therapy administrative team and the therapists prior to the member's initial therapy appointment. This procedure also describes UCP's responsibilities regarding member planning documents.*

### **4. PERSON-CENTERED SERVICE PLAN (PCSP)**

- 4.1. UCP Therapy Program therapists and administrative staff will review and request changes to PCSPs as needed.
- 4.2. As requested by DDD Support Coordinators, planning document assignments and team agreements will be completed.
- 4.3. Completed or updated documentation will be sent to the DDD support coordinator via secured

- 4.4. Progress reports will be completed and submitted for every member on a quarterly basis, following the date of the certified plan of care.
- 4.5. UCP will carry out the objectives and assignments specified in the planning document including requested documentation and report any barriers to implementation to the DDD support coordinator.

## **5. Therapy Program Intake Paperwork Process**

- 5.1. Records necessary to obtain prior to the member's first therapy appointment include:
  - 5.1.1. The member's PCSP
  - 5.1.2. Medical documents reflecting the child's medical diagnosis. This medical documentation may be in the form of a prescription from the physician or a complete referral that includes medical history, diagnoses, and insurance details.
  - 5.1.3. A UCP Therapy Program intake packet must be completed prior to the first appointment, along with therapy-discipline specific questionnaires if a complete referral from the physician that includes medical history, diagnoses, and insurance information is not received.
- 5.2. Therapy administrative staff are responsible for uploading all records into the member's electronic file and notifying the therapist that the chart is complete and ready for their review.
  - 5.2.1. As updated PCSPs are obtained with revisions, the member's therapy team will be notified to review the document at least annually.

## **6. Therapist Review of Records**

- 6.1. Therapists are required to review all pertinent medical records prior to the first scheduled therapy appointment in order to prepare for the initial session and become familiarized with the member.
  - 6.1.1. Within the planning document review, therapists will read the risk assessment and backup plan sections.
  - 6.1.2. Alongside medical documents located in the online medical records system, therapists will review the PCSP for safety needs, behavior plans, medications, allergies, seizures, adaptive equipment, and other pertinent medical information.
  - 6.1.3. Therapists should bring any questions regarding the PCSP to the Therapy Program Manager, and the Manager will communicate questions or concerns with the DDD support coordinator.
  - 6.1.4. This requirement fulfills the therapist's professional obligation to appropriately prepare for a therapy evaluation or initial session with a child, as well as DDD's requirement that all providers are oriented to the new member by review of the PCSP.
  - 6.1.5. UCP employee compliance with and implementation of planning documents will be monitored within the quarterly progress reporting process and ongoing medical chart review.

## **7. Therapist Understanding of Orientation to Member Requirement**

- 7.1. All UCP therapists will sign the included form indicating an understanding of the required review of records prior to the first scheduled therapy appointment of every DDD member.
- 7.2. The signed form will be housed in the therapist's personnel file.

## UCP Therapy Program Orientation to Member Therapist Acknowledgement

Occupational, physical, and speech therapists are responsible for familiarizing themselves with each member's medical history prior to the first scheduled appointment.

Documents pertaining to medical history, parent concerns, DDD planning documents, physician referrals and therapy prescriptions are housed in each member's electronic file for a therapist to review prior to the first scheduled appointment or evaluation with a new member.

Once the therapy administrative team has obtained the necessary documents in order to schedule the therapy appointment, the therapist will be notified that the electronic file is ready for review.

Statement of policy understanding:

*I understand that Planning Documents (PCSP's), UCP Intake paperwork, and medical documents must be reviewed prior to the first scheduled therapy appointment for a new member to my caseload. Any questions regarding paperwork housed in the member's electronic file should be directed to the Therapy Program Manager.*

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Printed Name

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Therapist Signature

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Date

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End of Policy

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<b>Policy Name:</b> Communicable Disease	<b>Effective Date:</b> 7/20/2023 <b>Review Date:</b> 7/11/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 7/5/2023
<b>Policy Number:</b> 1117	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date): <u>Valerie Pieraccini</u> 07/16/2024 <small>Valerie Pieraccini (Jul 16, 2024 14:23 PDT)</small>	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditore</i> 07/16/2024
<b>Executive Approval</b> (sign & date): <u>Dionne Hackett</u> 07/18/2024 <small>Dionne Hackett (Jul 18, 2024 08:21 PDT)</small>	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## POLICY

### 1. SCOPE

- 1.1. This policy applies to all individuals in the UCP Therapy Program.

### 2. POLICY STATEMENT

- 2.1. This policy includes procedures regarding communicable disease, infection control, exposure control, available first aid supplies, and vaccination requirements and options.
- 2.1.1. The Communicable Disease Procedure was developed to ensure the health and safety of all individuals participating in UCP programs.
- 2.1.2. The Infection Control Procedure describes reporting requirements, designates who is notified, describes exposure control measures, and the process for handling and disposing of biohazardous material.
- 2.1.3. The First Aid Procedure outlines the location and contents of first aid kits.
- 2.1.4. This policy includes the employee vaccination programs offered by UCP.

## PROCEDURE

### 3. Communicable Disease

- 3.1.1. Communicable disease is defined as an illness due to an infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person. Communicable diseases include but are not limited to:
- 3.1.1.1. Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC)
  - 3.1.1.2. Measles
  - 3.1.1.3. Chickenpox
  - 3.1.1.4. Meningitis
  - 3.1.1.5. Conjunctivitis
  - 3.1.1.6. Positive HIV antibody status
  - 3.1.1.7. Hepatitis A,B, and D
  - 3.1.1.8. Sexually transmitted diseases
  - 3.1.1.9. Infectious Mononucleosis

- 3.1.1.10. Tuberculosis
- 3.1.1.11. Influenza
- 3.1.1.12. Whooping Cough
- 3.2. Persons who know or have reason to believe that they are infected with a communicable disease have an ethical and legal obligation to conduct themselves in accordance with such knowledge in order to protect themselves and others. All individuals who have communicable diseases, whether symptomatic or not, will be allowed regular therapy and work attendance in an unrestrictive manner as long as they are physically able to attend and do not pose a medically proven threat for transmission of the disease or condition.
- 3.3. Persons who are infected with a communicable disease are expected to seek medical advice and are encouraged to advise local health authorities.
- 3.4. Under Arizona Administrative Code (AAC) R9-6-202, 203, 204, and 205, the therapy manager or designated staff person shall comply with the notification and reporting requirements when a staff member or child contracts a communicable disease.
- 3.5. UCP will address each situation on a case by case instance. A decision will be made by the manager(s) on how to proceed with each case.
- 3.6. All reporting forms and lists of communicable diseases can be found at
  - 3.6.1. [www.azdhs.gov](http://www.azdhs.gov)
- 3.7. In case of emergency please contact the Office of Infectious Disease Services at:
  - 3.7.1.150 North 18th Avenue Suite 140, Phoenix, Arizona 85007
  - 3.7.2. Phone: (602) 364-3676
  - 3.7.3. Fax: (602) 364-3199
- 3.8. UCP After Hours Emergency Line
- 3.9. (480) 303-1191

#### **4. Infection Control**

- 4.1. All staff must observe for signs or symptoms of injury, illness or infestation. Whenever an employee suspects an infectious/infestation or contagious condition in an individual receiving services, volunteer, or in an employee, (s)he will notify their supervisor or designated departmental leadership, and Human Resource as appropriate.
- 4.2. UCP will follow Arizona Department of Health Services (DHS), Maricopa County Health Department and/or the Federal Occupational Safety, Health Administration (OSHA) and the Center for Disease Control (CDC) instructions and recommendations regarding isolation procedures and sanitation requirements, when applicable which may include but is not limited to:
  - 4.2.1. Individuals in the therapy program: Immediate isolation/removal from programs to limit the potential of spreading the suspected condition. (Employees will implement Department's Infection Control Procedures for individuals served)
  - 4.2.2. Employees: Immediate isolation/removal from work site to limit the potential of spreading the suspected condition.
- 4.3. UCP staff who provide services for individuals are required to take Blood borne Pathogens Training within 14 days of employment and on an annual basis. As needed, employees are informed of the risks involved with known contagious disease carriers.
- 4.4. Any employee of UCP contracting an infectious, infestation or any contagious condition is required to notify their departmental leadership immediately.

- 4.5. Prior to returning to regular employment the employee may be required to present a medical report to Human Resource which at a minimum identifies the following:
- 4.6. Status of the infectious disease and/or the status of the infestation;
- 4.7. Risk factors involving close contact with other persons; and,
- 4.8. Precautionary and hygienic measures should be observed when working with the individuals receiving services or other staff.

## **5. Exposure Control**

- 5.1. At all United Cerebral Palsy of Central Arizona sites, the Facilities Technician is responsible for implementation and completion of exposure control protocols.
- 5.2. When an incident occurs involving potentially infectious materials that requires clean-up, the Facilities technician must be contacted at (602) 943-5472.
- 5.3. Clean up of potentially infectious materials must be completed by an employee with Blood Borne Pathogen training.
- 5.4. Infectious materials may include but are not limited to:
  - 5.4.1. Vomit
  - 5.4.2. Blood
  - 5.4.3. Waste
  - 5.4.4. Other bodily fluids
- 5.5. The Facilities Technician will ensure the following takes place:
  - 5.5.1. All Blood Borne Pathogen kits remain fully stocked and a new kit is replaced if one is used.
  - 5.5.2. All kits contain adequate supplies for safety and clean-up of potentially infectious materials
  - 5.5.3. An airtight bio hazard disposal bin remains on-site for safe disposal of hazardous materials.
  - 5.5.4. The Facilities Technician will arrange for pick-up and safe disposal of biohazardous materials on an as-needed bases.
  - 5.5.5. The disposal bin is sanitized and returned, or replaced, after each use.

## **6. First Aid Contents and Maintenance**

- 6.1. A First Aid kit will be maintained in each treatment room. Contents include:
  - 6.1.1. Alcohol pads
  - 6.1.2. Sting relief wipes
  - 6.1.3. Finger splints
  - 6.1.4. Antibiotic packet
  - 6.1.5. Burn cream packet
  - 6.1.6. Adhesive plastic bandages 3/4" x 3"
  - 6.1.7. Junior plastic bandages
  - 6.1.8. Extra-large bandage
  - 6.1.9. Gauze pads 2" x 2"
  - 6.1.10. First aid tape roll
  - 6.1.11. Latex Gloves (1 pair)
  - 6.1.12. First aid handbook
  - 6.1.13. Registration card
  - 6.1.14. Cotton tip applicators 3"

- 6.2. A checklist of items is located in each first aid kit. For items that expire, expiration dates are noted in the kit and will be replaced prior to expiration date. Kits will be monitored monthly by a designated staff to ensure kits contain all items.

## **7. Vaccination**

### **7.1. Hepatitis B vaccine:**

7.1.1. Due to potential occupational exposure to blood or other infectious materials, United Cerebral Palsy of Central Arizona employees have the opportunity to be vaccinated against Hepatitis B at no cost to the employee. Employees may accept or decline this offer at the time of employment. If an employee chose to accept the vaccine, it is up to the employee to schedule and complete the series on inoculations at a designated Concentra facility.

7.1.2. Documentation is housed in the personnel file stating the declination or acceptance of the Hepatitis B Vaccine.

### **7.2. Tuberculosis Screening:**

7.2.1. United Cerebral Palsy of Central Arizona does not require TB testing for therapy clinic staff.

End of Policy

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<b>Policy Name:</b> Video and Audio Recording	<b>Effective Date:</b> 7/20/2023 <b>Review Date:</b> 7/11/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 7/5/2023
<b>Policy Number:</b> 1118	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date): <u>Valerie Pieraccini</u> 07/16/2024 <small>Valerie Pieraccini (Jul 16, 2024 14:26 PDT)</small>	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 07/16/2024
<b>Executive Approval</b> (sign & date): <u>Dionne Hackett</u> 07/18/2024 <small>Dionne Hackett (Jul 18, 2024 08:22 PDT)</small>	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## POLICY

### 1. SCOPE

- 1.1. This policy applies to therapists, administrative employees, and individuals receiving therapy at UCP of Central Arizona.

### 2. POLICY STATEMENT

- 2.1. This policy outlines the acceptable use of video and audio recording within the therapy program. This includes recording devices with internet connectivity, like smart speakers, cell phone audio/video recording by UCP employees and individual's receiving therapy at UCP and their parent/guardian, and recordings of therapy sessions for therapeutic benefit of the child or professional development for the therapy team.

## PROCEDURE

### 3. Smart Speakers

- 3.1. The therapy program utilizes smart speaker devices with internet connectivity that have the potential to gather information, like the Amazon Echo Dot.
- 3.2. The purpose of the device is the following:
  - 3.2.1. To allow for an interactive reward system when children want to ask "Alexa" a question or request a song as an incentive for participating in therapy.
  - 3.2.2. To use as a modality as part of the child's therapeutic treatment plan, when appropriate.
- 3.3. When not in use, devices that are connected to the internet must be muted, by pressing the "mic off" button. The device displays a red-light ring when this privacy setting is in use.

### 4. Cell phone audio/video recording

- 4.1. Therapists and parents/guardians of children receiving therapy services are permitted to record sessions under certain criteria.
- 4.2. When recording, the therapist/parent/guardian must be careful to exclude other children in the environment while recording.
  - 4.2.1. Therapists may record a child participating in therapy with parent/guardian consent. The video may be used for the following reasons:

- 4.2.1.1. To document and compare progress of therapeutic activities
- 4.2.1.2. For professional development of the UCP therapy team
- 4.2.1.3. To share with a parent/guardian who may have missed a portion of the therapy session.
- 4.2.2. Parents/guardians are permitted to record their child participating in therapy sessions with the following precautions:
  - 4.2.2.1. While in a shared environment, other children participating in therapy cannot be recorded.
  - 4.2.2.2. If a UCP therapist and/or employee will be part of a video, their consent is required.
  - 4.2.2.3. If a video that includes a therapist or any UCP employee will be shared on social media, the parent/guardian should receive verbal consent from the UCP employee.
  - 4.2.2.4. Video recording by parents/guardians is intended for use by the family to reference for home programming purposes, documentation of progress of their child, and personal use of the video.
- 4.3. Storage of recorded video/audio taken by UCP therapists and/or employees must follow these directives:
  - 4.3.1. The device used for video/audio recording and storage of the media must be a UCP company issued device.
  - 4.3.2. If a video/audio recording must be saved, it will be saved in UCP's secured SharePoint account.

## **5. Teletherapy video recording**

- 5.1. Therapy sessions that utilize a video sharing platform like Zoom or Teams allow for recording.
  - 5.1.1. Recording may be utilized in order to share therapy session information with another parent/guardian, for home programming implementation purposes, to document progress, and for professional development of the UCP therapy team.
  - 5.1.2. Consent to record the session must be obtained.
  - 5.1.3. Storage of recorded video/audio taken by UCP therapists and/or employees must follow these directives:
    - 5.1.3.1. The device used for video/audio recording and storage of the media must be a UCP company issued device.
    - 5.1.3.2. If a video/audio recording must be saved, it will be saved in UCP's secured SharePoint account.

<b>Policy Name:</b> Pool Safety and Swimming	<b>Effective Date:</b> 7/20/2023 <b>Review Date:</b> 7/11/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 7/11/2023
<b>Policy Number:</b> 1120	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date):  <small>Valerie Pieraccini (Jul 18, 2024 05:31 PDT)</small> 07/18/2024	<b>Policy Committee Chair</b> (sign & date): <i>Alison Audatore</i> 07/16/2024
<b>Executive Approval</b> (sign & date): <i>Dionne Hackett</i> <small>Dionne Hackett (Jul 18, 2024 08:23 PDT)</small> 07/18/2024	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## **POLICY**

### **1. SCOPE**

- 1.1. This policy is followed by therapists within the UCP of Central Arizona Therapy Program.

### **2. POLICY STATEMENT**

- 2.1. The purpose of this policy is to establish safety rules for pool and water activities utilized by UCP of Central Arizona therapists as a therapeutic modality.

### **3. DEFINITIONS**

- 3.1. UCP Employees are defined as therapists in this document.  
 3.2. Children enrolled in therapy at UCP are defined as members in this document.  
 3.3. The adult responsible for the individual's care is referred to as a caregiver/legal guardian in this document.  
 3.4. In this policy, a "Pool" means a man-made body of water that is for recreational purposes and is greater than 10 inches in depth.

### **4. PROCEDURE**

- 4.1. This procedure lists requirements for swimming, family consent to participate in swimming, and rules for pool use at the location for swimming, and required staff training.

### **5. POOL RULES, USAGE, AND GUIDELINES**

- 5.1. The parent/legal guardian must be in agreement of utilizing a pool during a therapy session, with consent obtained.  
 5.2. The pool utilized by therapists at the UCP Downtown-East therapy clinic is located at the Ability 360 Recreation Center.  
 5.3. Prior to utilizing the pool during a therapy session, the caregiver/legal guardian of the member must sign consents to use the facility with Ability 360.  
 5.4. Any therapist utilizing a pool as a therapeutic modality for a child during a therapy session must have current CPR/First Aid/AED certification.

- 5.5. All therapists utilizing the pool during a therapy session must have reviewed the Pool Safety and Swimming Policy.
- 5.6. The following rules must be followed when utilizing the pool at Ability 360:
  - 5.6.1. An Ability 360 Lifeguard must be on duty
  - 5.6.2. Children must have an adult with them in the water and be within arms-length reach of the therapist.
  - 5.6.3. The member's caregiver/legal guardian must be present and at the pool for the duration of the therapy session. They do not need to be in the water, but must be within the fenced-in pool area.
  - 5.6.4. A member in the pool can never be left unattended outside of arms-length reach, even with a lifeguard present.
  - 5.6.5. Jeans or clothes that are frayed are not permitted in the pools. Shirts and shorts may be worn over bathing suit but MUST NOT be see-through.
  - 5.6.6. Food or drinks are not permitted at the pool. Water ONLY.
  - 5.6.7. Glass is strictly prohibited in pool areas.
  - 5.6.8. Take a cleansing shower before entering the pool or after using the restroom.
  - 5.6.9. Dry off before re-entering the facility.
  - 5.6.10. Standing or jumping from transfer bench in Lap Pool is not permitted.
  - 5.6.11. In the event of an emergency please clear the pool and follow all directions provided.
  - 5.6.12. Gum is not allowed in the pool area.
  - 5.6.13. If incontinent, tight-fitting rubber or plastic pants or a swim brief must be worn.
  - 5.6.14. Ask Ability360 staff for assistance with the pool lifts.
  - 5.6.15. Persons with sore or inflamed eyes, colds, nasal or ear discharges, boils or other acute or skin or body infections, or cuts shall be excluded from pool use.
  - 5.6.16. Only service animals are allowed on the pool deck.
  - 5.6.17. Running or roughhousing is not allowed.
  - 5.6.18. UCP Therapists and children are not permitted to use the spa due to age and safety rules.

## **6. CLINICAL GUIDANCE FOR POOL USE IN THERAPY**

- 6.1. Prior to utilizing a pool for therapy, aquatic therapy must be added as a treatment in the plan of care with clinical reasoning for use of this modality.
- 6.2. Utilizing a pool as a treatment modality during therapy must have clinical reasoning. The following may be reasons to conduct a therapy session in a pool:
  - 6.2.1. Increase mobility
  - 6.2.2. Treat muscle weakness
  - 6.2.3. Increase balance and coordination
  - 6.2.4. Increase muscle relaxation in order to support improved motor planning, postural control, ease of movement, and spatial and perceptual skills
  - 6.2.5. Improve movement through various planes
  - 6.2.6. Increase body awareness and proprioceptive feedback
  - 6.2.7. Increase volitional movement
  - 6.2.8. Support loss or restriction of joint movement



- 6.3. If a member is displaying behavior, new medical condition, or concern that may cause a therapy session in a pool to become unsafe, the member and the therapist should exit the pool and continue the therapy session in a different setting.

End of Policy

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<b>Policy Name:</b> DDD Guided Service Specifications	<b>Effective Date:</b> 9/28/2023 <b>Review Date:</b> 9/12/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 9/28/2023
<b>Policy Number:</b> 1122	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date): <u>Valerie Pieraccini</u> 09/18/2024 <small>Valerie Pieraccini (Sep 18, 2024 13:29 PDT)</small>	<b>Policy Committee Chair</b> (sign & date): <i>Alison Audatore</i> 09/18/2024
<b>Executive Approval</b> (sign & date): <u>Dionne Hackett</u> 09/18/2024 <small>Dionne Hackett (Sep 18, 2024 13:42 PDT)</small>	<b>Board/Oversight Committee</b> (sign & date): <i>[if applicable]</i>

## **POLICY**

### **1. SCOPE**

- 1.1. This policy applies to the UCP of Central Arizona Therapy Program.

### **2. POLICY STATEMENT**

- 2.1. UCP of Central Arizona provides pediatric occupational, physical, and speech therapy services in outpatient clinic settings.
- 2.2. Therapy services at UCP of Central Arizona are provided in accordance with the service specifications DDD has set forth.

## **SCOPES OF SERVICE**

### **3. OCCUPATIONAL THERAPY**

#### **3.1. Service Description**

- 3.1.1. This medically necessary therapeutic service enhances participation in roles, habits, and routines in home, employment, community, and other settings. It includes teaching self-care and home management skills; therapeutic exercises to develop strength and endurance, range of motion and flexibility; support for development of cognitive skills to improve attention, memory, problem solving; enhancing sensory processing; promoting adaptive responses to environmental demands; and treating swallowing dysfunction and/or oral function.

Occupational Therapy supports individuals to fully engage in their daily lives by planning for and implementing treatment. Individuals are supported to: Use assistive technology devices/adaptive equipment:

- 3.1.1.1. Engage in therapeutic exercises to develop strength and endurance and for range of motion and flexibility;
- 3.1.1.2. Develop cognitive skills to improve attention, memory, and problem solving;
- 3.1.1.3. Use sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; and
- 3.1.1.4. Treat swallowing dysfunction and/or oral function for feeding.

### 3.2. Individual Outcomes

- 3.2.1. Individuals have optimal motor skills and maximal independence in sensory integration, sensory processing, and self-regulation.
- 3.2.2. have improved capabilities and increase participation in everyday life activities.

### 3.3. Goals

- 3.3.1. To support the individual, in accordance with their Planning Document and relevant treatment and health plans, to maintain or improve their motor and sensory functioning to participate in activities and routines of everyday life.
- 3.3.2. To support the individual and their family, caregivers, or providers, in accordance with their Planning Document, relevant treatment and health plans, and the Home Program, to promote development and participation by incorporating learning opportunities throughout the existing daily routine.

### 3.4. Objectives

- 3.4.1. The Qualified Vendor Shall ensure that the following objectives are met:
  - 3.4.1.1. Identify and respect the individual's cultural, racial, ethnic, linguistic, identified gender, sexual orientation, and religious or spiritual needs. Services will be provided in the native language as needed. Written materials such as intake packets and home programs will be offered.
  - 3.4.1.2. Provide services according to the individual's preferences and needs, that recognizes their strengths and promotes their independence.
  - 3.4.1.3. Provide support appropriate for the Individual's age and aligned with typical life experiences such as playing and making friends, navigating relationships and sexuality, having and raising children, exploring recreation and hobbies, using social media and technology, getting an ID card, learning to drive or accessing public transportation, going to college or vocational school, finding a career, engaging in civic life, seeking leadership or advocacy opportunities, living more independently or renting/buying a home, or transition into retirement.
  - 3.4.1.4. Evaluate and assess the individual to develop treatment and training that are based on outcomes identified in the individual's Planning Document. The evaluation/assessment:
    - 3.4.1.4.1. Addresses the concerns and questions of the Individual's Planning Team as identified in the Individual's Planning Document;
    - 3.4.1.4.2. Is conducted by a qualified occupational therapist who is trained to use appropriate methods and procedures for the individual being evaluated;
    - 3.4.1.4.3. Shall include:
      - 3.4.1.4.3.1. A review of pertinent records related to the Individual's current health status and medical history
      - 3.4.1.4.3.2. An evaluation of the Individual's level of functioning and assessment of the unique needs of the individual;
      - 3.4.1.4.3.3. An interview with the individual and their natural supports, and/or provider using appropriate questionnaires;
      - 3.4.1.4.3.4. Direct observations by the occupational therapist; and standardized test and procedures, as appropriate.
    - 3.4.1.4.3.5. Shall result in written evaluation reports that shall:

- 3.4.1.4.3.5.1. Address desired outcomes of the individual and their family related to activities of their daily lives;
- 3.4.1.4.3.5.2. Recommend therapeutic outcomes and strategies for the Individual's Planning Document;
- 3.4.1.4.3.5.3. Recommend a home program to be incorporated into the individual's daily routine; and
- 3.4.1.4.3.5.4. Document other recommendations, as identified, such as technology or equipment needs.
- 3.4.2. The occupational therapist reviews and discusses evaluation/assessment results with the Individual/Responsible Person and other Planning Team Individuals.
- 3.4.3. Based on the needs and outcomes identified in the evaluation/assessment, develop a Home Program of therapeutic activities for the individual, train Individuals and their family, caregivers, or DSPs to implement the Home Program, and monitor the Home Program. The Home Program:
  - 3.4.3.1. Contains specific activities that the Individual and family/caregivers/DSPs can do each Day to help the Individual to meet their Outcomes;
  - 3.4.3.2. Is part of the Individual's daily routines;
  - 3.4.3.3. Is reviewed with the Individual and family/caregiver/DSP, and updated by the occupational therapist as part of all treatment sessions; and
  - 3.4.3.4. Is documented in each quarterly report including progress, oversight, changes, and/or additions.
- 3.4.4. The Home Program Should support the Individual with therapeutic activities that are medically necessary and that are documented in their Planning Document, such as:
  - 3.4.4.1. Fine motor;
  - 3.4.4.2. Sensorimotor including sensory processing/sensory integration;
  - 3.4.4.3. Feeding;
  - 3.4.4.4. Reflexes/muscle tone and other neurodevelopmental functions;
  - 3.4.4.5. Functional living skills including socio-emotional developmental needs;
  - 3.4.4.6. Equipment including training, adaptation and/or modification; and
  - 3.4.4.7. Activities to support and enhance the Individual's ability to participate in activities, routines, and events of everyday life.
- 3.5. The occupational therapist makes recommendations for needed equipment, possible adaptations, and repairs and supports the Individual and their family/caregiver/DSP in its use.
  - 3.5.1. The occupational therapist or certified occupational therapy assistant (COTA) Shall provide intervention, treatment, and training when professional skills are required to implement Outcomes of the Individual's Planning Document.
  - 3.5.2. When the Individual no longer demonstrates clinical progress, and has attained maximal potential, or the therapy is no longer medically necessary, the occupational therapist Shall formulate and implement a functional maintenance program for the Individual to achieve the Outcomes and generalize skills across environments:
  - 3.5.3. The therapist Shall reassess and revise the maintenance program, as needed.
  - 3.5.4. Evaluate the need for discharge planning throughout service delivery.

- 3.6. The occupational therapist participates on the Individual's Planning Team by:
  - 3.6.1. Collaborating with the Planning Team to ensure that all services, supports, outcomes, and strategies are coordinated and focus on assisting the Individual and their caregivers to participate in desired activities;
  - 3.6.2. Reviewing and synthesizing information from all assessments, evaluations, pertinent Records, Individual and family reports, observations, and other sources of information;
  - 3.6.3. Identifying potential Outcomes to be incorporated into the Individual's Planning Document that align with the Individuals and Responsible Person's, if applicable, desired Outcomes;
  - 3.6.4. Identifying potential strategies/teaching methodologies to meet the therapy Outcomes; and
  - 3.6.5. Documenting and reporting progress toward therapy Outcomes.
  - 3.6.6. Refer any identified issues or concerns related to the person's living situation, home and community-based services, health care providers, school services, or other community-based resources to the Support Coordinator to coordinate services to best meet the Individual's needs; and
  - 3.6.7. Identify and refer for issues that require social intervention (e.g., food insecurity, unsafe housing, needed interventions or medical care, neglect, abuse). Service Requirements and Limitations.
  - 3.6.8. The Individual's Planning Document Shall identify the need for evaluation, assessment, and continued services.
- 3.7. This service requires a Primary Care Provider (PCP) or physician's order, or prescription, for the assessment/evaluation and a certified POC for ongoing occupational therapy services.
  - 3.7.1. Frequency and duration of occupational therapy services are based on the qualified provider/PCP's certified POC.
  - 3.7.2. The occupational therapist develops a POC utilizing the objective findings of the occupational therapy evaluation. The POC Shall:
    - 3.7.2.1. Include, at a minimum, the Individual's treatment diagnosis, long-term treatment goals as well as the type, duration, and frequency of therapy services as well as the discharge criteria;
    - 3.7.2.2. Include the signature and professional identity of the occupational therapist who established the POC and the date it was established;
    - 3.7.2.3. Be sent to the Individual's PCP for certification as soon as possible;
    - 3.7.2.4. Include a dated signature on the POC by the provider or PCP for the Individual as well as the PCP's NPI number; and
    - 3.7.2.5. Be provided to the Individual's Support Coordinator with a copy of the certified POC prior to authorization of services.
- 3.8. In accordance with the Individuals and their Family Individuals desired Outcomes, decisions for the type and frequency of services are made by all Planning Team Individuals.
- 3.9. Service delivery methods, times, days, and locations are flexible and meet the requirements of the Individual, the Individual's Responsible Person, and their caregivers.
- 3.10. This service Shall be provided with a parent, family, or caregiver present and participating in the therapy session.

- 3.11. UCP therapists provide clinic-based therapies and provide teletherapy as appropriate. Therapies in the home or community setting are limited. Prior to starting therapy services, UCP will ensure that the clinic setting is the family's desired location for therapy.
- 3.12. This service - could be provided in:
  - 3.12.1. The Individual's home;
  - 3.12.2. The Individual's community;
  - 3.12.3. A Group Home, Nursing Supported Group Home, or Enhanced Behavioral Group Home;
  - 3.12.4. A Vendor Supported Developmental Home;
  - 3.12.5. A skilled nursing facility;
  - 3.12.6. An Intermediate Care Facility (ICF);
  - 3.12.7. The Qualified Vendor's office/center;
  - 3.12.8. A Day Treatment and Training location as identified in the Individual's Planning Document under the following circumstances:
    - 3.12.8.1. At the request of the Individual/Responsible Person and with the agreement of the Day Treatment and Training program, with a DSP or caregiver present and participating.
- 3.13. This service Shall not be provided when the Individual is hospitalized.
- 3.14. This service Shall use a coaching process and style of interaction to build the capacity of the Individual, Natural Supports, and DSPs to meet the Outcomes identified in the Individual's Planning Document, and the Outcomes identified in the Individual's Planning Document Shall support the model of service delivery (e.g., coaching).
- 3.15. Co-treatment May only be provided as outlined in the Division's Policy Manual(s).
- 3.16. The Individual's Planning Team determines who will be responsible for the implementation of the Home Program to assist the individual in attaining the Outcomes.
- 3.17. The occupational therapist monitors any equipment that supports the Individual's occupational therapeutic Outcomes.
- 3.18. Qualified Vendors Shall comply with monitoring activities as directed in the Provider Policy Manual(s), including collaboration and cooperation with the Division for all monitoring activities.
- 3.19. Staff or Qualified Vendor Training and Qualifications
  - 3.19.1. DSPs delivering this service comply with all minimal training requirements specified in the Qualified Vendor Agreement (QVA) Part 5 and in the Division's Policy Manual(s).
  - 3.19.2. The Qualified Vendor Shall ensure that all occupational therapists and COTAs meet all applicable licensure requirements to provide therapy services, including:
    - 3.19.2.1. Occupational therapy services Shall be provided by a Person licensed by the Arizona Board of Occupational Therapy Examiners;
    - 3.19.2.2. An occupational therapist utilizing a COTA Shall adhere to the supervision licensure requirements from the Arizona Board of Occupational Therapy Examiners pursuant to A.R.S. §§ 32-3401, et seq.; and
    - 3.19.2.3. Each occupational therapist and COTA Shall have a National Provider Identifier (NPI).
- 3.20. The Qualified Vendor and/or appropriate staff will attend administrative meetings, orientation, and various training required by the Department.
- 3.21. The Qualified Vendor Shall maintain Records documenting training for all therapists and COTAs and make training and Records available upon request, and within 10 business days, by the Department.

### 3.22. Rate Basis

- 3.22.1. The Qualified Vendor Shall bill according to the Division's Policy Manual(s), Billing Manual, and Rate Book.
- 3.22.2. The Qualified Vendor Shall bill the Department this modified rate. This modified rate Shall receive prior approval by the Department.

## 4. PHYSICAL THERAPY

### 4.1. Service Description:

- 4.1.1. This medically necessary therapeutic service assists the Individual in keeping, learning, or improving physical skills and functioning for daily living. Physical therapy includes motor function training, therapeutic exercise, manual therapy techniques, assistive technology, functional training in self-care and domestic needs, employment, community, social, and civic life.

### 4.2 Physical therapy supports Individuals to fully engage in their daily lives by planning for and implementing treatment. Individuals are supported to:

- 4.1.1.1. Develop motor function;
- 4.1.1.2. Use therapeutic exercise;
- 4.1.1.3. Have directly applied manual therapy techniques;
- 4.1.1.4. Use assistive technology; and
- 4.1.1.5. Receive functional training for physical needs and education and instruction.

### 4.2. Individual Outcomes

- 4.2.1. optimal physical health and maximal physical independence.
- 4.2.2. Individuals enhance capabilities and increase participation in everyday life activities.

### 4.3. Goals

- 4.3.1. To support the Individual, in accordance with their Planning Document and relevant treatment and health plans, to maintain or improve their physical functioning to participate in activities and routines of everyday life.
- 4.3.2. To support the Individual and their family, caregivers, or DSPs, in accordance with their Planning Document, relevant treatment and health plans, and the Home Program, to promote development and participation by incorporating learning opportunities throughout the existing daily routine.

### 4.4. Objectives

- 4.4.1. The Qualified Vendor shall ensure that the following objectives are met:
  - 4.4.1.1. Identify and respect the Individual's cultural, racial, ethnic, linguistic, identified gender, sexual orientation, and religious or spiritual needs. Services will be provided in the native language as needed. Written materials such as intake packets and home programs will be offered.
  - 4.4.1.2.
  - 4.4.1.3. Provide services according to the Individual's preferences and needs, that recognize their strengths and promote their independence.
  - 4.4.1.4. Provide support appropriate for the Individual's age and aligned with typical life experiences such as playing and making friends, navigating relationships and sexuality, having and raising children, exploring recreation and hobbies, using social media and technology, getting an ID card, learning to drive or accessing public transportation, going to college or vocational school, finding a career, engaging in

civic life, seeking leadership or advocacy opportunities, living more independently or renting/buying a home, or transition into retirement.

- 4.4.1.5. Evaluate and assess the Individual to develop treatment and training that are based on Outcomes identified in the Individual's Planning Document. The evaluation/assessment:
  - 4.4.1.5.1. Addresses the concerns and questions of the Individual's Planning Team as identified in the Individual's Planning Document;
  - 4.4.1.5.2. Is conducted by a qualified physical therapist who is trained to use appropriate methods and procedures for the Individual being evaluated;
  - 4.4.1.5.3. Shall include:
    - 4.4.1.5.3.1. A review of pertinent Records related to the Individual's current health status and medical history;
    - 4.4.1.5.3.2. An evaluation of the Individual's level of functioning and assessment of the unique needs of the Individual;
    - 4.4.1.5.3.3. An interview with the Individual and their Natural Supports, and DSPs using appropriate questionnaires;
    - 4.4.1.5.3.4. Direct observations by the physical therapist; and
    - 4.4.1.5.3.5. Standardized test and procedures, as appropriate.
  - 4.4.1.5.4. Shall result in written evaluation reports that Shall:
    - 4.4.1.5.4.1. Address desired outcomes of the Individual and their Family related to activities of their daily lives;
    - 4.4.1.5.4.2. Recommend therapeutic outcomes and strategies for the Individual's Planning Document;
    - 4.4.1.5.4.3. Recommend a Home Program to be incorporated into the Individual's daily routine; and
    - 4.4.1.5.4.4. Document other recommendations, as identified, such as technology or equipment needs.
    - 4.4.1.5.4.5. The physical therapist reviews and discusses evaluation/assessment results with the Individual/Responsible Person and other Planning Team Individuals.
- 4.4.1.6. Based on the needs and outcomes identified in the evaluation assessment, develop a Home Program of therapeutic activities for the Individual, train Individuals and their Family/caregivers/DSP to implement the Home Program, and monitor the Home Program.
- 4.4.1.7. The Home Program:
  - 4.4.1.7.1. Contains specific activities that the Individual and Family/caregivers/DSPs can do each day to help the Individual to meet their Outcomes;
  - 4.4.1.7.2. Is part of the Individual's daily routines;
  - 4.4.1.7.3. Is reviewed with the Individual and Family/caregiver/DSP, and updated by the physical therapist as part of all treatment sessions; and
  - 4.4.1.7.4. Is documented in each quarterly report including progress, oversight, changes, and/or additions.
- 4.4.1.8. The Home Program Should support the Individual with therapeutic activities that are medically necessary and that are documented in their Planning Document, such as:



- 4.4.1.8.1. Gross motor, gait, balance, proprioception, strength, and fine motor;
  - 4.4.1.8.2. Muscle tone, neuromuscular, cardiovascular;
  - 4.4.1.8.3. Reflex testing (as appropriate);
  - 4.4.1.8.4. Equipment including training, adaptation and/or modifications; and
  - 4.4.1.8.5. Activities to support and enhance the Individual's ability to participate in activities, routines, and events of everyday life.
- 4.4.2. The physical therapist makes recommendations for needed equipment, possible adaptations, and repairs and supports the Individual and their Natural Supports, and DSP in its use.
- 4.4.3. The physical therapist/physical therapist assistants shall provide intervention, treatment, and training when professional skills are required to implement Outcomes of the Individual's Planning Document.
- 4.4.4. When the Individual no longer demonstrates clinical progress, and has attained maximal potential, or the therapy is no longer medically necessary, the physical therapist Shall formulate and implement a functional maintenance program for the Individual to achieve the Outcomes and generalize skills across environments.
- 4.4.4.1. The therapist shall reassess and revise the maintenance program, as needed.
- 4.4.5. Evaluate the need for discharge planning throughout service delivery.
- 4.4.6. The physical therapist participates on the Individual's Planning Team by:
- 4.4.6.1. Collaborating with the Planning Team to ensure that all services, supports, outcomes, and strategies are coordinated and focus on assisting the Individual and their caregivers to participate in desired activities;
  - 4.4.6.2. Reviewing and synthesizing information from all assessments, evaluations, pertinent records, Individual and Family reports, observations, and other sources of information;
  - 4.4.6.3. Identifying potential outcomes to be incorporated into the Individual's Planning Document that align with the Individuals/Responsible Person's desired Outcomes;
  - 4.4.6.4. Identifying potential strategies/teaching methodologies to meet the therapy outcomes; and
  - 4.4.6.5. Documenting and reporting progress toward therapy outcomes.
  - 4.4.6.6. Refer any identified issues or concerns related to the person's living situation, home and community-based services, health care providers, school services, or other community-based resources to the Support Coordinator to coordinate services to best meet the Individual's needs; and
  - 4.4.6.7. Identify and refer to issues that require social intervention (e.g., food insecurity, unsafe housing, needed interventions or medical care, neglect, abuse).
- 4.5. Service Requirements and Limitations
- 4.5.1. The Individual's Planning Document Shall identify the need for evaluation, assessment, and continued services.
  - 4.5.2. This service requires a Primary Care Provider (PCP) or physician's order, or prescription, for the assessment/evaluation and a certified POC for ongoing physical therapy services.
  - 4.5.3. Frequency and duration of physical therapy services are based on the qualified provider or PCP's certified POC.
  - 4.5.4. The Physical Therapist develops a POC utilizing the objective findings of the physical therapy evaluation. The POC must:

- 4.5.4.1. Include, at a minimum, the Individual's treatment diagnosis, long-term treatment goals as well as the type, duration, and frequency of therapy services as well as the discharge criteria;
- 4.5.4.2. Include the signature and professional identity of the physical therapist who established the POC and the date it was established;
- 4.5.4.3. Be sent to the Individual's PCP for certification as soon as possible;
- 4.5.4.4. Include a dated signature on the POC by the physician or PCP for the Individual as well as the PCP's NPI number; and
- 4.5.4.5. Be provided to the Individual's Support Coordinator with a copy of the certified POC prior to authorization of services.
- 4.5.5. In accordance with the Individual's and the Responsible person's desired Outcomes, decisions for the type and frequency of services are made by all Planning Team Individuals.
- 4.5.6. Service delivery methods, times, days, and locations are flexible and meet the requirements of the Individual and the Individual's Responsible Person, and their Natural Supports.
- 4.5.7. Outpatient physical therapy services are covered for ALTCS Individuals, acute Individuals, and Individuals over the age of twenty-one (21) when medically necessary.
- 4.5.8. UCP therapists provide clinic-based therapies and provide teletherapy as appropriate. Therapies in the home or community setting are limited. Prior to starting therapy services, UCP will ensure that the clinic setting is the family's desired location for therapy.
- 4.5.9. This service could be provided in:
  - 4.5.9.1. The Individual's home;
  - 4.5.9.2. The Individual's community;
  - 4.5.9.3. A Group Home, Nursing Supported Group Home, Enhanced Behavioral Group Home;
  - 4.5.9.4. A Vendor Supported Developmental Home;
  - 4.5.9.5. A skilled nursing facility;
  - 4.5.9.6. An Intermediate Care Facility (ICF), including Individuals over the age of twenty-one (21) years;
  - 4.5.9.7. The Qualified Vendor's office/center;
  - 4.5.9.8. Day Treatment and Training location as identified in the Individual's Planning Document under the following circumstances:
    - 4.5.9.9. With the Day Treatment and Training staff present and learning how to implement activities to meet the Individual's outcome(s) and in conjunction with the Home Program
      - 4.5.9.9.1. This service Shall use a coaching process and style of interaction to build the capacity of the Individual, Natural Supports, and DSP's to meet the Outcomes identified in the Individual's Planning Document, and the Outcomes identified in the Individual's Planning Document support the model of service delivery (e.g., coaching).
  - 4.5.9.10. Co-treatment may only be provided as outlined in the Division's Policy Manual(s).
  - 4.5.9.11. Continued co-treatment is determined at each planning meeting.
  - 4.5.9.12. The Individual's Planning Team determines who will complete the Home Program to assist the Individual in attaining the outcomes.

- 4.5.9.13. The therapist monitors any equipment that supports the Individual's physical therapeutic Outcomes.
- 4.5.9.14. Qualified Vendors Shall comply with monitoring activities as directed in the Provider Policy Manual(s), including collaboration and cooperation with the Division for all monitoring activities.
- 4.6. Staff or Qualified Vendor Training and Qualifications
  - 4.6.1. DSPs delivering this service must comply with all training requirements specified in the Qualified Vendor Agreement (QVA) Part 5 and in the Division's Policy Manual(s).
  - 4.6.2. The Qualified Vendor Shall ensure that all physical therapist and physical therapist assistants meet all applicable licensure requirements to provide therapy services, including:
    - 4.6.2.1. Physical Therapy services Shall be provided by a Person licensed by the Arizona Board of Physical Therapy Examiners:
    - 4.6.2.2. A physical therapist using a physical therapist assistant Shall adhere to the supervision requirements from the Arizona Board of Physical Therapy Examiners.
    - 4.6.2.3. Physical therapy technicians or other Persons who are not physical therapists or physical therapist assistants Shall not be used to provide this service; and
    - 4.6.2.4. Each physical therapist and physical therapist assistant Shall have a National Provider Identifier (NPI).
  - 4.6.3. The Qualified Vendor and appropriate staff will attend administrative meetings, orientation, and various training required by the Department.
  - 4.6.4. The Qualified Vendor Shall maintain Records documenting training for all therapists and therapy assistants and make training and Records available upon request, and within 10 business days, by the Department.
- 4.7. Rate Basis
  - 4.7.1. The Qualified Vendor Shall bill according to the Division's Policy Manual(s), Billing Manual, and Rate Book.
  - 4.7.2. The Qualified Vendor Shall bill the Department this modified rate. This modified rate Shall receive prior approval by the Department.

## **5. SPEECH THERAPY**

- 5.1. Service Description
  - 5.1.1. This medically necessary therapeutic service ameliorates, restores, or rehabilitates speech-language communication and swallowing disorders that have been lost or damaged because of a chronic disease or other medical conditions, or congenital anomalies or injuries. These services are targeted to language disorders, speech production disorders, and oral, motor, swallowing, or feeding disorders. Speech therapy services are designed to optimize and maintain Individuals' ability to communicate and swallow, thereby improving quality of life. Speech Therapy supports Individuals with communication, including speech production and fluency in language, cognition, voice, resonance, and hearing. Speech Therapy supports Individuals with all aspects of swallowing, including related feeding behaviors. Services May result in a communication disorder diagnosis, identification of a communication difference, prognosis for change (in the Individual or relevant contexts), intervention and support, evaluation of their effectiveness, and referral for other assessments or services as needed.

## 5.2. Individual Outcomes

5.2.1. Individuals have the optimal ability to communicate and swallow and maximum independence in these abilities.

5.2.2. Individuals have improved functional communication and swallowing Outcomes.

## 5.3. Goals

5.3.1. To support the Individual, in accordance with their Planning Document and appropriate treatment and POC., to maintain or improve their communication and swallowing safety for independent feeding to participate in activities and routines of everyday life.

5.3.2. To support the Individual and their family, caregivers, or DSPs, in accordance with their Planning Document, relevant treatment and health plans, and the Home Program, to support development and participation by incorporating learning opportunities throughout the existing daily routine.

## 5.4. Objectives

5.4.1. The Qualified Vendor Shall ensure that the following objectives are met:

5.4.1.1. Identify and respect the Individual's cultural, racial, ethnic, linguistic, identified gender, sexual orientation, and religious or spiritual needs. Services will be provided in the native language as needed. Written materials such as intake packets and home programs will be offered.

5.4.1.2. Provide services according to the Individual's preferences and needs, that recognize their strengths and promote their independence.

5.4.1.3. Provide support appropriate for the Individual's age and aligned with typical life experiences such as playing and making friends, navigating relationships and sexuality, having and raising children, exploring recreation and hobbies, using social media and technology, getting an ID card, learning to drive or accessing public transportation, going to college or vocational school, finding a career, engaging in civic life, seeking leadership or advocacy opportunities, living more independently or renting/buying a home, or transition into retirement.

5.4.2. Speech therapy services are intended to:

5.4.2.1. Identify and optimize underlying anatomic and physiologic strengths and weaknesses related to communication and swallowing effectiveness.

5.4.2.2. Assess the communication and swallowing-related demands of activities in the Individual's life.

5.4.2.3. Identify and optimize the Individual's ability to perform relevant/desired social, academic, and vocational activities despite possible ongoing communication and related impairments.

5.4.2.4. Identify and optimize ways to facilitate social, academic, and vocational participation associated with impairment.

5.4.2.5. Identify and optimize personal and environmental factors that are barriers to or facilitators of successful communication (including the communication competencies and support behaviors of everyday people in the environment).

5.4.2.6. Offer a reasonable statement of prognosis is made to referral sources, Individuals, and their families/caregivers/DSPs though the outcomes of speech, language, or hearing services May not be guaranteed.

5.4.2.7. Monitor and measure service Outcomes to ensure the quality of services provided and improve the quality of those services.

- 5.4.2.8. Provide or refer for appropriate follow-up services to determine functional Outcomes and the need for further services after discharge.
- 5.4.2.9. Evaluate and assess the Individual to develop treatment and training that are based on Outcomes identified in the Individual's Planning Document.
- 5.4.2.10. The evaluation/assessment:
  - 5.4.2.10.1. Addresses the concerns and questions of the Individual's Planning Team as identified in the Individual's Planning Document;
  - 5.4.2.10.2. Is conducted by an appropriately credentialed and trained speech-language pathologist trained to use appropriate methods and procedures for the Individual being evaluated; and
  - 5.4.2.10.3. May be static (e.g., using procedures designed to describe current levels of functioning within relevant domains) and/or dynamic (e.g., using hypothesis testing procedures to identify potentially successful intervention and support procedures).
  - 5.4.2.10.4. Shall include:
    - 5.4.2.10.4.1. A review of pertinent Records related to the Individual's current health status and history, including medical status, education, vocation, and socioeconomic, cultural, and linguistic backgrounds;
    - 5.4.2.10.4.2. Review of auditory, visual, motor, and cognitive status;
    - 5.4.2.10.4.3. An interview with the Individual and their Natural Supports, and DSPs using appropriate questionnaires;
    - 5.4.2.10.4.4. Standardized and/or non-standardized measures of specific aspects of speech, spoken and non-spoken language, cognitive-communication, and swallowing function. Assessment Should include dynamic assessment elements and other informal assessments (e.g., direct observation of language use in a variety of natural contexts) to supplement standardized assessment data;
    - 5.4.2.10.4.5. Analysis of associated medical, behavioral, environmental, educational, vocational, social, and emotional factors; Identification of potential for effective intervention strategies and compensations; Behavioral observation to determine the Individual's skills in a naturalistic setting/context;
    - 5.4.2.10.4.6. Diagnose communication and swallowing disorders, as appropriate;
    - 5.4.2.10.4.7. Formulate impressions to develop a plan of treatment and
    - 5.4.2.10.4.8. recommendations;
    - 5.4.2.10.4.9. Selection of standardized measures for speech, language, cognitive-communication, and/or swallowing assessment with consideration for documented ecological validity;
    - 5.4.2.10.4.10. Follow-up services to monitor communication and swallowing status and ensure appropriate intervention and support for Individuals with identified speech, language, cognitive-communication, and/or swallowing disorders; and
    - 5.4.2.10.4.11. Direct observations by the Speech Therapist.
  - 5.4.2.10.5. Shall result in written evaluation reports that shall:

- 5.4.2.10.5.1. Address desired Outcomes of the Individual, and their Responsible Person, as applicable, related to activities of their daily lives;
- 5.4.2.10.5.2. Recommend Outcomes and strategies for the Individual's Planning Document;
- 5.4.2.10.5.3. Recommend a Home Program to be incorporated into the Individual's daily routine;
- 5.4.2.10.5.4. Include a referral for recommendations for technology or equipment needs, if appropriate;
- 5.4.2.10.5.5. Include pertinent background information, results and interpretation, prognosis, and recommendations indicating the need for further assessment, follow-up, referral, Outcomes, strategies for the Individual's Planning Document, and a Home Program. When intervention is recommended, information is provided concerning frequency, estimated duration, and service type (e.g., individual, group) required;
- 5.4.2.10.5.6. Address the type and severity of the speech, language, cognitive-communication or swallowing disorder, and associated conditions (e.g., medical diagnoses), if applicable; Include summaries of previous services for speech-language pathology services, if applicable; and
- 5.4.2.10.5.7. The therapist reviews and discusses evaluation/assessment results with the Individual and Responsible Person, if applicable, and other Planning Team Individuals.
- 5.4.2.10.5.8. The assessment results Shall be distributed to the Individual, their Responsible Person, and DSPs as appropriate, and to the referral source and other professionals when appropriate and with written consent.
- 5.4.2.11. Based on the needs and outcomes identified in the evaluation assessment, develop a Home Program consisting of activities for the Individual, train Individuals and their family, caregivers, or DSPs to implement the Home Program, and monitor the Home Program.
- 5.4.2.12. The Home Program:
  - 5.4.2.12.1. Aims to support the Individuals, family, caregiver, DSP for the generalization of the established Speech Therapy Outcomes, goals, and objectives across settings for the communication disorder, feeding and swallowing disorder, or related disorders;
  - 5.4.2.12.2. Contains specific activities that the Individual and their Natural Supports, and DSP can do each day to help the Individual to meet their Outcomes;
  - 5.4.2.12.3. Is part of the Individual's daily routines;
  - 5.4.2.12.4. Is reviewed with the Individual, the Natural Supports, Responsible Person as applicable and DSP updated by the speech language pathologist as part of all treatment sessions; and
  - 5.4.2.12.5. Is documented in each quarterly report including progress, oversight, changes, and/or additions, and includes a report of the Individual's and Responsible Person's participation and adherence to the established home treatment program.

- 5.4.2.12.6. The Home Program Should support the Individual with activities that are documented in their Planning Document.
- 5.4.2.12.7. The speech language pathologist or speech language pathology assistant (SLPA) provides intervention, treatment, and training when professional skills are required to implement Outcomes identified in the Individual's Planning Document.
- 5.4.2.13. When therapy is no longer reasonable and necessary on a regular basis, a speech language pathologist Shall access and establish a functional maintenance program for the Individual to achieve the Outcomes.
- 5.4.2.14. The speech language pathologist Shall reassess and revise the maintenance program as needed.
- 5.4.2.15. The speech language pathologist makes recommendations for needed technology or equipment, possible adaptations, and repairs and supports the Individual and their Natural Supports and DSP in its use.
- 5.4.2.16. Assess and establish the criteria for discontinuing Speech Therapy services that include a prognosis with clearly established discharge criteria.
- 5.4.3. The speech language pathologist participates on the Individual's Planning Team by:
  - 5.4.3.1. Collaborating with the Planning Team to ensure that all services, supports, Outcomes, and strategies are coordinated and focus on assisting the Individual and their caregiver(s) to participate in desired activities;
  - 5.4.3.2. Reviewing and synthesizing information from all assessments, evaluations, pertinent Records, Individual and family reports, observations, and other sources of information;
  - 5.4.3.3. Identifying potential Outcomes to be incorporated into the Individual's Document that align with the Individual's and their Responsible Person's desired Outcomes;
  - 5.4.3.4. Identifying potential strategies and teaching methodologies to meet the therapy Outcomes;
  - 5.4.3.5. Documenting and reporting progress toward therapy Outcomes.
  - 5.4.3.6. Refer any identified issues or concerns related to the person's living situation, home and community-based services, health care providers, school services, or other community-based resources to the Support Coordinator in order to coordinate services to best meet the Individual's needs; and Identify and refer for issues that require social intervention (e.g., food insecurity, unsafe housing, needed interventions or medical care, neglect, abuse). Service Requirements and Limitations
- 5.5. The Individual's Planning Document Shall identify the need for evaluation, assessment, and continued services.
- 5.6. This service requires a Primary Care Provider (PCP) or physician's order, or prescription, for the assessment/evaluation and a certified POC for ongoing speech therapy services.
- 5.7. Frequency and duration of speech therapy services are based on the qualified provider/PCP's certified POC.
- 5.8. The speech therapist develops a POC utilizing the objective findings of the evaluation. The POC must:
  - 5.8.1. Include, at a minimum, the Individual's treatment diagnosis, long-term treatment goals as well as the type, duration, and frequency of therapy services as well as the discharge criteria;



- 5.8.2. Include the signature and professional identity of the speech language pathologist who established the POC and the date it was established; Be sent to the Individual's PCP for certification as soon as possible;
- 5.8.3. Include a dated signature on the POC by the provider or PCP for the Individual as well as the PCP's NPI number; and
- 5.8.4. Be provided to the Individual's Support Coordinator with a copy of the certified POC prior to authorization of services.
- 5.8.5. In accordance with the Individual's and their family individual's desired Outcomes, decisions for the type and frequency of services are made by all Planning Team Individuals.
- 5.9. Service delivery methods, times, days, and locations are flexible and meet the requirements of the Individual, the Responsible Person, and their caregivers.
- 5.10. Speech Therapy is covered on an outpatient basis for Individuals receiving Early and Periodic Screening, Diagnostics, and Treatment (EPSDT), KidsCare, and Arizona Long Term Care System (ALTCS) Individuals.
- 5.11. This service Shall be provided with a Natural Support present and participating in the therapy session.
- 5.12. UCP therapists provide clinic-based therapies and teletherapy as appropriate. Therapies in the home or community setting are limited. Prior to starting therapy services, UCP will ensure that the clinic setting is the family's desired location for therapy.
- 5.13. This service can be provided in:
  - 5.13.1. The Individual's home;
  - 5.13.2. The Individual's community;
  - 5.13.3. A Group Home, Nursing Supported Group Home, Enhanced Behavioral Group Home;
  - 5.13.4. A Vendor Supported Developmental Home;
  - 5.13.5. A skilled nursing facility;
  - 5.13.6. An Intermediate Care Facility;
  - 5.13.7. The Qualified Vendor's office/center; or
  - 5.13.8. A Day Treatment and Training location as identified in the Individual's Planning Document under the following circumstances:
    - 5.13.8.1. With the Day Treatment and Training staff present and learning how to implement activities to meet the Individual's Outcomes(s) and in conjunction with the Home Program
- 5.14. This service shall utilize a coaching process and style of interaction to build the capacity of the Individual/family/caregivers to meet the Individual's Planning Document Outcomes.
- 5.15. This service shall use a coaching process and style of interaction to build the capacity of the Individual, Natural Support, and DSPs to meet the Outcomes identified in the Individual's Planning Document, and the Outcomes identified in the Individual's Planning Document support the model of service delivery (e.g., coaching).
- 5.16. Co-treatment May only be provided as outlined in the Division's Policy Manual(s).
- 5.17. The Individual's Planning Team determines who will be responsible for the implementation of the Home Program to assist the Individual in attaining the Outcomes.
- 5.18. The speech language pathologist or speech language pathologist assistant monitors any equipment that supports the Individual's Speech Therapy Outcomes.
- 5.19. Qualified Vendors Shall comply with monitoring activities as directed in the Provider Policy Manual(s), including collaboration and cooperation with the Division for all monitoring activities.



5.20. Staff or Qualified Vendor Training and Qualifications

5.20.1. DSPs delivering this service comply with all minimum training requirements specified in the Qualified Vendor Agreement (QVA) Part 5 and in the Division's Policy Manual(s).

5.20.2. The Qualified Vendor Shall ensure that all direct service providers (speech language pathologists and speech language pathologist assistants) meet all applicable licensure requirements in order to provide therapy services, including:

5.20.2.1. Speech therapy services shall be provided by a qualified speech language pathologist or speech language pathologist assistant that holds a license issued by the ADHS;

5.20.2.2. A speech language pathologist utilizing a licensed speech language pathologist assistant Shall adhere to supervision licensure requirements;

5.20.2.3. A speech language pathologist who has a temporary license from ADHS and is completing a clinical fellowship year. He or she Shall be under the direct supervision of an American Speech-Language-Hearing Association (ASHA) certified speech language pathologist. AHCCCS registration will be terminated at the end of two (2) years if the fellowship is not completed at that time.

5.20.2.4. Each speech language pathologist and speech language pathologist assistant Shall have a National Provider Identifier (NPI).

5.20.2.5. The Qualified Vendor and appropriate staff will attend administrative meetings, orientation, and various trainings required by the Department.

5.20.2.6. The Qualified Vendor Shall maintain Records documenting training for all therapists and therapy assistants and make training and Records available upon request, and within 10 business days, by the Department.

5.21. Rate Basis

5.21.1. The Qualified Vendor Shall bill according to the Division's Policy Manual(s), Billing Manual, and Rate Book.

End of Policy

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<b>Policy Name:</b> Animal-Assisted Therapy	<b>Effective Date:</b> 1/9/2025 <b>Review Date:</b> 1/9/2025
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 1/9/2025
<b>Policy Number:</b> 1123	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director</b> (sign & date): <u>Valerie Pieraccini</u> 01/15/2025 <small>Valerie Pieraccini (Jan 15, 2025 13:08 MST)</small>	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 01/15/2025
<b>Executive Approval</b> (sign & date): <u>Dionne Hackett</u> 01/17/2025 <small>Dionne Hackett (Jan 17, 2025 07:21 MST)</small>	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## POLICY

### 1. SCOPE

- 1.1. The purpose of this policy is to outline the guidelines and procedures for the use of animals in therapy sessions, ensuring a safe and therapeutic environment for all participants.

### 2. POLICY STATEMENT

- 2.1. Animal-assisted therapy can include various types of animals who serve to promote therapeutic goals documented on individual plans of care for children receiving therapy services at UCP of Central AZ.
- 2.2. This policy does not apply children and families attending the therapy program with their own personal service animal, and does not restrict any ADA requirements related to service animals. Service animals are distinctly different than therapy animals.

### 3. DEFINITIONS

- 3.1. Animal-Assisted Therapy (AAT) is a therapeutic intervention that incorporates trained animals to enhance the emotional, social, and cognitive functioning of individuals. Animals certified for AAT can interact in a variety of settings with individuals for many therapeutic reasons. AAT animals display a calm temperament, are social and friendly, are non-aggressive and tolerate stress well, are in good health, show a desire to please, and are suitable for the environment they are working within.
- 3.2. A service animal is a dog that is individually trained to do work or perform tasks for a person with a disability.

## PROCEDURE

### 4. Certification and Safety

- 4.1. Animal Certification
  - 4.1.1. All therapy animals must be certified through a recognized organization (e.g., Therapy Animals International, Pet Partners).

4.1.2. Certification must be renewed as required by the organization.

4.1.3. Current certifications of affiliated AAT partners will be kept on file at UCP of Central Arizona.

4.1.4. SharePoint location:

*SharePoint -> LDC Therapy -> Documents -> Therapy Lead Access -> Animal-Assisted Therapy*

#### 4.2. Safety Rules

4.2.1. Therapy animals must follow all safety protocols established by the certifying organization.

4.2.2. Handlers must ensure that the animals are healthy, well-groomed, and free from any behavioral issues.

### 5. Handler Requirements

5.1. A qualified handler must accompany the therapy animal at all times during therapy sessions.

5.2. Handlers are responsible for the animal's behavior and must intervene if the animal displays signs of stress or discomfort.

### 6. Therapy Session Protocol

#### 6.1. Therapist Role

6.1.1. Parent agreement is required in order for AAT to take place during a therapy session.

6.1.2. The therapist is responsible for directing the therapy session and determining how the animal will be incorporated into the therapy.

6.1.3. The therapist will assess the appropriateness of animal interaction for each participant.

#### 6.2. Child Interaction

6.2.1. Prior to and after any interaction with the therapy animal, children must wash or sanitize their hands to ensure hygiene and safety.

6.2.2. The therapist will supervise all interactions to ensure they are appropriate and beneficial.

### 7. Documentation and Review

7.1. All therapy sessions including AAT must be documented within the appropriate clinical documentation including session billing notes, progress reports, and/or evaluations.

7.2. Documentation may include details of the animal's behavior, participant interactions, any incidents that occur, and impact of AAT in the session towards accomplishment of therapeutic progress towards goals.

7.3. AAT Policies and procedures will be reviewed annually and updated as necessary based on feedback and best practices in the field.

End of Policy

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<b>Policy Name:</b> Intake/Admission/Discharge	<b>Effective Date:</b> 1/9/2025 <b>Review Date:</b> 1/9/2025
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 1/9/2025
<b>Policy Number:</b> 1125	<b>Department:</b> 1100-Clinic Based Therapy
<b>Department Director (sign &amp; date):</b> <u>Valerie Pieraccini</u> <small>Valerie Pieraccini (Jan 16, 2025 19:13 MST)</small> 01/16/2025	<b>Policy Committee Chair (sign &amp; date):</b> <i>Alison Auditors</i> 01/15/2025
<b>Executive Approval (sign &amp; date):</b> <u>Dionne Hackett</u> <small>Dionne Hackett (Jan 17, 2025 07:36 MST)</small> 01/17/2025	<b>Board/Oversight Committee (sign &amp; date):</b> [if applicable]

## **POLICY**

### **1. SCOPE**

- 1.1. The purpose of this policy is to provide a complete and consistent intake procedure for all individuals referred to UCP of Central Arizona's therapy program, and to ensure that all individuals are made aware of and protected by their rights.
- 1.2. This policy establishes guidelines for admissions of individuals to the UCP therapy program in accordance with the Arizona Department of Economic Security (DES) and the Division of Developmental Disabilities (DDD).
- 1.3. This policy establishes criteria for discharge from UCP of Central Arizona's therapy program.

### **2. POLICY STATEMENT**

- 2.1. Individuals and their responsible person have the right to refuse some or all services.
- 2.2. UCP of Central Arizona is obligated to communicate in the preferred verbal and written language of the child and family.

### **3. DEFINITIONS**

- 3.1. *The electronic medical record (EMR)* is the system used by the UCP of Central Arizona therapy program to maintain all patient health records and patient paperwork, including intake paperwork.
- 3.2. *Intake* refers to the process of receiving and reviewing documentation following the referral from a physician for therapy services.
- 3.3. *Admission* refers to the start of providing services for an individual in the therapy program.
- 3.4. *Discharge* refers to the discontinuation of providing therapy services for an individual.

## **PROCEDURE**

#### **4. Intake and Admission**

- 4.1. Once a referral is received by UCP of Central Arizona for therapy program, the referral is reviewed to determine if the individual is an appropriate fit for the program. The criteria for this may include age of the individual, requested place of service, availability for services, ability for parent involvement in therapy sessions, behavioral needs, and other information provided in the referral.
- 4.2. Once an individual has been assessed to be an appropriate fit for services, the family is provided with a scheduled start date for services.
- 4.3. All children referred to UCP of Central Arizona must have the following documentation completed by a parent or legal guardian prior to receiving therapy services:
  - 4.3.1. Medical and developmental history, which includes the following categories:
    - 4.3.1.1. Current medications
    - 4.3.1.2. Allergies
    - 4.3.1.3. Diet restrictions
    - 4.3.1.4. Surgical history
    - 4.3.1.5. Birth and developmental history
    - 4.3.1.6. Communication status
    - 4.3.1.7. Scheduling availability
    - 4.3.1.8. Child's preferences
  - 4.3.2. Therapy services agreement, which includes the following categories:
    - 4.3.2.1. Payment policy
    - 4.3.2.2. Patient rights acknowledgement
    - 4.3.2.3. Authorization to provide services
    - 4.3.2.4. Understanding of plan of care determination for services
    - 4.3.2.5. Parent/caregiver participation acknowledgement
    - 4.3.2.6. Emergency medical authorization
  - 4.3.3. Consent to bill insurance
  - 4.3.4. Consent to disclose and receive PHI
  - 4.3.5. Acknowledgement of Privacy Practices Receipt
  - 4.3.6. Patient rights for parent/guardian records
  - 4.3.7. Attendance policy for parent/guardian records
- 4.4. The referral specialist, designated by the therapy program manager, ensures that all new patient paperwork is complete.
- 4.5. All patient paperwork, including intake forms, are housed electronically in the EMR.
- 4.6. Upon admission to the therapy program, the family and child will be oriented to the facility.
- 4.7. Admission to the therapy program includes the steps for completion of a first visit or evaluation once authorization is obtained.
- 4.8. Prior to the first appointment, the therapist will review any applicable records for the individual. This may include:
  - 4.8.1. The DDD Planning Document
  - 4.8.2. Referral and history provided from the referring physician
  - 4.8.3. Pertinent medical records
  - 4.8.4. UCP of Central Arizona intake packet
  - 4.8.5. UCP of Central Arizona therapy discipline questionnaire

#### **5. Discharge from Services**

- 5.1. UCP of Central Arizona shall discontinue therapy services for an individual when any of the following occur:
  - 5.1.1. The disorder(s) resulting in therapy services is remediated;
  - 5.1.2. Environmental or behavioral modifications strategies are successfully established;
  - 5.1.3. The responsible person chooses not to participate in treatment;
  - 5.1.4. The individual chooses not to participate in treatment;
  - 5.1.5. The Individual's attendance to therapy is inconsistent or poor and efforts to address these factors are unsuccessful;
  - 5.1.6. The individual moves to another location where therapy services from the current therapy provider are not available;
  - 5.1.7. The individual or responsible person chooses to seek a different therapy provider.
- 5.2. UCP of Central Arizona shall refer the individual to professionals with specific expertise in the area of concern prior to discontinuing therapy services if any of the following situations occur:
  - 5.2.1. The provision of treatment is beyond the expertise of the individual therapist.
  - 5.2.2. The therapist's recommendations are not acceptable to the responsible person.
  - 5.2.3. Treatment no longer results in measurable benefits and any reasonable prognosis for improvement with continued treatment is not evident.
  - 5.2.4. The Individual is unable to tolerate the treatment because of a serious medical, psychological, or other condition.
- 5.3. Prior to discharge, the therapist, individual, and family will discuss recommendations and circumstances of the discharge in family-friendly language. If the discharge occurs due to all goals being met, the term "graduation" may be used with the family.
- 5.4. The discharge report will serve as the final progress report for the individual and include all required components.

End of Policy

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<b>Policy Name:</b> Medication Management	<b>Effective Date:</b> 10/31/2019 <b>Review Date:</b> 5/9/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 5/7/2024
<b>Policy Number:</b> 1501	<b>Department:</b> 1500-Day Treatment - Adult
<b>Department Director</b> (sign & date): <i>Gail Stelling</i> 05/16/2024	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 05/16/2024
<b>Executive Approval</b> (sign & date): <i>Ronald Rinker</i> 05/16/2024	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## **POLICY**

1. SCOPE
  - 1.1. The scope of this policy pertains to UCP Day Treatment Program management and employees responsible for administering.
2. POLICY STATEMENT
  - 2.1. It is the policy of United Cerebral Palsy of Central Arizona (UCP) to comply with The Division of Developmental Disabilities' Provider Policy Manual. This policy ensures the Day Treatment Program is trained and in compliance with DDD policy associated with medication management. UCP will not administer medical marijuana or allow any form of use or storage of marijuana on UCP property.
3. DEFINITIONS
  - 3.1. A team may include the member's healthcare decision maker, family, service providers, guardians (if applicable), DDD Service Coordinator, therapists or others who are important to an individual.

## **PROCEDURE**

4. Medication Administration
  - 4.1. Administering medication is a tremendous responsibility. There are thousands of medications on the market and many new ones are approved for use each year. Employees are expected to know the nature of every drug they administer. This information can be found on the pharmacy print-out that accompanies the prescription or in *The Pill Book* which is available at each UCP Day Program location.
5. Required Training
  - 5.1. It is essential that all UCP Day Program employees are trained before administering medications.

5.1.1. All UCP employees who administer medication must take and pass the UCP Medication Policy and Procedure training which involves learning the procedure for Medication Administration as described in section 6 below.

5.1.2. After completing the training, employees will observe another trained employee administer medication at least twice, and be observed doing one medication pass before they administer medication independently.

## 6. Medication Administration Employees Procedures

### 6.1 PRN "As Needed" medications

PRN medications are prescribed based on specific conditions and will be administered according to clear parameters as prescribed by a physician.

### 6.2 Preparation & Timing

- Medications will be prepared and administered as close to the specified time as possible or after physician behavioral criteria has been met.
- Medications can be given one hour before or one hour after scheduled time for non-behavioral PRN's.

### 6.3 Positive Identification

- The member receiving the medication will be positively identified.

### 6.4 Administration by the preparer

- All medication will be given by the person who prepared the dose to ensure consistency in the administration process.

6.5 Staff will immediately document the administration on the medication record/log by initialing for the medications given.

**6.6** Staff will document any criteria met for administering a PRN for behavioral or medical situations.

6.7 An assigned employee is responsible for administering medication according to members' prescription label.

- In addition, a second employee will observe the administration process.
- If assigned employees are absent, the lead employee is assigned as the back-up employee assigned to administer medication.
- If the lead employee assigned has communicated to the Program Manager, they are not available to administer the medication, it is the Manager's responsibility to ensure the medications are administered as prescribed by reassigning an alternative employee.

6.8 Employees need to follow the important steps below to successfully administer medications and prevent contamination.

6.8.1 Washing your hands and wearing gloves is mandatory.

6.8.2 Inform your co-workers that you are about to administer medications - this will queue them so you are not distracted.

6.8.3 Retrieve all necessary supplies: med cups, measuring cups/spoons, water and/or food (pudding, applesauce) needed to administer medications, medication storage box, med logs, and a pen.



- 6.8.4 Take out one member's medications and medication log at a time.
  - 6.8.4.1 Double check to ensure it matches the medication recording log, prescription bottle or bubble pack
  - 6.8.4.2 Check the "6 Rights": 1. Right Member; 2. Right Medication; 3. Right Time; 4. Right Dose; 5. Right Route; 6. Right Documentation for each member you are administering medication to.
- 6.8.5 Once you have ensured that you are administering the medication as prescribed, place the medication in the medication cup, ensuring you do not touch the medication with your hands.
- 6.8.6 Gloves must be worn when administering medication. If the medication touches your hand and you are not wearing gloves, the medication is considered contaminated and must be destroyed.
- 6.8.7 If you are wearing gloves the medication is not contaminated, however you need to change your gloves in between medications being administered to avoid cross contamination.
- 6.8.8 Ask the member to come with you to a quiet area to administer medication. If the member is unable to come to you, be sure to lock all of the medications up before you leave your designated area.
  - 6.8.8.1 Never leave medications unsupervised or unlocked.
- 6.8.9 Hand the med cup, and water/food needed for the member to take their medication, and watch the member swallow their medication.
  - 6.8.9.1 Never put med cups down near the member or walk away from the member before watching them take their medication.
  - 6.8.9.2 Once you see the member swallow their medication, immediately document the administration on the medication record/log by initialing for the medications given.
    - 6.8.9.2.1 A second employee will witness the administration of medications.
- 6.8.10 Do not administer medication to another member until you have completed the member's medication record/log.
  - 6.8.10.1 Do not administer medication to all the members before you document in the medication record/log.
    - 6.8.10.1.1 Do not wait until the end of your shift to document medications.

## 7 Members who administer their own Medications

- 7.8 There are members who may self-administer their own medications.
  - 7.8.1 The member must have documented approval from the Team prior to self-administering their own medications.
  - 7.8.2 The Team is responsible for determining if the member has adequate skills, if training is required, the documentation that will occur and what role employees are to play (if any) regarding the self-administration of medication.

7.9 If employees are responsible for pouring and/or administering medications a log must be kept.

7.10 Members that are self-administering their medications must have this detail reviewed and documented in their ISP annually.

## 8 Medication Storage and Inventory

8.8 Members attending day treatment programs are required to provide their own medications.

8.8.1 Family members/residential employees shall give medications to employees at the DTA Facility with prescription labels/instructions included for each medication transferred into DTA's possession.

8.8.1.1 DTA will not accept prescribed or over the counter medications of any type that do not have prescription labels and instructions included when being transitioned into DTA's possession.

8.8.2 A designated employee will inventory the medication with the residential provider or member's family member present to ensure the prescribed supply is provided and to verify all medications received are according to the label on the prescription bottle.

8.9 Medications are placed in a secured/locked designated storage area unless the current ISP for the member authorizes his/her access to medications (Medications stored in the refrigerator must be kept in a metal lock box). A second employee will observe inventory process and both employees will sign the Medication Record form verifying medication inventory was accurately accounted.

8.9.1 Any discrepancies need to be reported immediately to the supervisor.

8.9.2 If medications have expired, they should be returned to the parent/guardian or residential employees. This includes over-the-counter medications.

8.10 Prescription medications must be contained in a bottle from the pharmacy with an accurate, complete and legible label along with a medical consent form.

8.10.1 The bottle needs to contain the appropriate amount of medication that will be administered at the program for the week or month.

8.10.2 The bottle and any medication not administered due to absence will be returned to the family members/residential employees at the end of the program week or month.

8.11 To administer over the counter medications members must provide physician consent stating member's full name, name and dosage of medication, route and time of administration as well as a completed Medication Consent form for employees to administer the medications.

8.11.1 This includes ointments, lotions and creams.

8.12 Medications must be stored under sanitary conditions and in a manner that is consistent with the label instructions.

8.12.1 All medications are to be stored in their original container.

8.12.1.1 The container must be kept clean.

8.12.1.2 Containers for liquid medications must be wiped clean and closed tightly following administration.

8.13 Medications can be administered from the prescription bottle, or bubble pack.

- 8.13.1 In any case, the medication container must be clearly labeled with the member's name, medication name and dosage.

## 9 Medication Records

- 9.8 At the beginning of each month or when a new medication is started, the manager or designated employees will complete the Medication Record for the month.
  - 9.8.1 The name of the medication, the dosage, the route and planned time of administration(s) will be indicated on the form.
- 9.9 The employee administering medications should be the first to sign the medication record log.
  - 9.9.1 The second employee witnessing the medication administration will initial the Medication Record.
  - 9.9.2 After the administration of the medication, both employees must place initials across from the medication time/dosage under the correct day.
- 9.10 DO NOT use ditto marks, white out, or pencil on a Medication Record.
- 9.11 If the member refused the medication, write "R" in the box and circle the entry, chart the reason for this refusal on the back of the form under Medication Error, write an incident report and notify the Program Manager/Lead or Program director.

## 10 Medication Discontinued

- 10.8 When a medication is discontinued, write "d/c" next to your initials noting the last time/day the dose was administered.
  - 10.8.1 Employees then make a corresponding entry on the back of the record, indicating the medication, dosage, date discontinued, discontinued by whom and reason for discontinuing medication.
- 10.9 The Program Manager/Lead should ensure that remaining medication is inventoried and properly returned to the member's residential provider or family member.
- 10.10 If a medication cannot be administered due to a special circumstance, circle the box and explain the reason on the back of the sheet.

## 11 Medication Errors

- 11.8 Any of the following examples constitutes as a medication error:
  - 11.8.1 Wrong Member- ex: giving an individual someone else's medication
  - 11.8.2 Improper dosage- ex: giving too much or too little medication
  - 11.8.3 Wrong time- ex: giving a 4pm medication at 8pm
  - 11.8.4 Forgetting to give medication- ex: realizing at 4pm that 8am medications were not given
  - 11.8.5 Late- giving medications more than one hour late. Medications must be administered within an hour before or an hour after the scheduled medication time. When this time frame is exceeded a medication, error occurs.

## 12 Medication Documentation Error

- 12.8 If in a review of the medication record a blank is found when it should contain initials (indicating that a medication was administered), first try to verify if medication was given. Check the prescription bottle or bubble pack, do a medication count of the bottle, and/or call the employees that should have given the medication.
- 12.9 If medication was administered, circle the box and write on the back of the Medication Record a statement that the medication was given and employees failed to initial administration. Make sure to initial and date this entry on the back of the log.
- 12.10 Employees will notify the Program Manager/Lead Employees and contact the medical personnel (pharmacy, poison control, physician, nurse, etc.) for instructions. In situations when a member's health is at risk, employees will call 911.
  - 12.10.1 Poison Control Phone Number: (800) 222-1222 (Banner Poison Control)
- 12.11 The family/guardian or residential provider will be contacted and an incident report completed.
- 12.12 Employees need to document the error on the Medication Record by circling the box on the front of the medication record where the administration of the medication would have been noted.
- 12.13 Employees then make a corresponding entry on the back of the record, indicating that a medication error occurred and there is a corresponding incident report.
- 12.14 If the employees should make a documentation error (ex: initials in the wrong box), the employees draw a single line through the error, circles the entry and initials error then writes an explanation on the back. Do not use white out, do not black out the error, do not write over the error and do not erase.

## 13 Review and Corrective Action of Medication Error

- 13.8 Medication errors will be reviewed by the Program Director; the review will address the need for additional training, coaching, and possible discipline of employees.
- 13.9 The review will also be utilized to determine if changes need to be made to UCP Medication Administration training or policy.

End of Policy

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<b>Policy Name:</b> Incident Management	<b>Effective Date:</b> 5/1/2020 <b>Review Date:</b> 5/9/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 6/8/2023
<b>Policy Number:</b> 1502	<b>Department:</b> 1500-Day Treatment - Adult
<b>Department Director</b> (sign & date): <i>Gail Stalling</i> 05/16/2024	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 05/16/2024
<b>Executive Approval</b> (sign & date): <i>Ronald Rinker</i> 05/16/2024	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## POLICY

### 1. SCOPE

- 1.1. This policy applies to United Cerebral Palsy of Central Arizona (UCP) employees within the Day Treatment and Training, Adult (DTA) program for all members, employees, volunteers, and property pertaining to this program.

### 2. POLICY STATEMENT

- 2.1. An employee who witnesses or becomes aware of an incident is responsible for reporting the incident to their immediate Supervisor or the Program Manager. In most cases, the reporting employee will be asked to complete an incident report right away to ensure all details are captured.
- 2.2. UCP aligns its policy on incident management with the Division of Developmental Disabilities (DDD) Operations Manual and best practices.
- 2.3. In the event the incident involves an individual who is not a DDD member, the DDD Incident Report form may be used for internal documentation. However, the form will not be submitted to DDD.
- 2.4 The incident must be reported by the employee to their Supervisor, Manager, or Director immediately after it occurs or as soon as is practical to do so, considering member and employee safety. This policy will be reviewed by all staff in the Employment Program annually and when changes are made. Policies are shared with staff for review annually and are located within the program for reference.

### 3. DEFINITIONS

- 3.1 Member** - An individual receiving care from UCP of Central AZ, no matter which program or type of service.
- 3.2 Employee** - DCW's, DSP's, Care Coordinators, Managers, Supervisors, Directors and Administrative Staff.
- 3.3 Serious Incidents** – Incidents including but not limited to:

- Programmatic abuse - adverse stimuli techniques not approved as part of a person's plan. This may include isolation, restraints, or not following an approved plan and/or treatment strategy.
  - Verbal/emotional abuse - remarks or actions directed at a member. These may include ridiculing, demeaning, threatening, derogatory or profane language.
  - Sexual abuse - inappropriate interactions of a sexual nature toward or solicited from a member with developmental disabilities.
  - Physical abuse - intentional infliction of pain or injury to a member.
  - Suicide threats and attempts.
  - A missing individual, which includes incidents where an individual receiving therapy at UCP cannot be located.
  - Accidental injuries, which may or may not result in medical intervention, are non-intentional or unexpected injuries obtained by an individual or caused by an individual to another individual or employee.
  - An individual's death which is expected from a long-standing condition, unexpected or sudden, or occurs with no paid UCP of Central AZ employee present at the time of death (i.e. member death occurs in the presence of a family member).
- 3.3.1 Violation of an individual's rights, benefits, and privileges guaranteed in the constitution and laws of the United States and the State of Arizona. This includes human rights (A.R.S. 36.551.01), a violation of a member's dignity or personal choice, violations of privacy, etc.
- 3.3.2 Breach of confidentiality/HIPAA/FWA.
- 3.3.3 Provider and/or individual fraud.
- 3.3.4 Community complaints which may put a member or the community at risk of harm.
- 3.3.5 Theft or loss of a member's money or personal property.
- 3.3.6 Medication errors.
- 3.3.7 Community disturbances in which members of the public may have been placed at risk.
- 3.3.8 Serious work-related illness or injury in which an individual receiving services is directly involved.
- 3.3.9 Threats to employees or company property in which an individual in the UCP Program is directly involved.
- 3.3.10 Environmental circumstances which pose a threat to health, safety or welfare of individuals such as loss of air conditioning, loss of water or electricity.
- 3.3.11 Unplanned hospitalization or emergency room visit in response to an individual's illness, injury or medication error, related to a circumstance taking place at UCP's Therapy Program.
- 3.3.12 Unusual weather conditions or other disasters resulting in an emergency change of operations.
- 3.3.13 The definition and circumstances constituting serious incidents follow the DDD Policy Provider Manual Chapter 70.
- 3.3.1 Violation of an individual's rights, benefits, and privileges guaranteed in the constitution and laws of the United States and the State of Arizona. This includes human rights
- 3.4 Non-serious Incidents-** A non-serious incident is an occurrence which could potentially affect the health and well-being of a member or pose a risk to the community.

#### **4. Notification Process and Requirements for Non-Serious Incidents**

5.1 UCP of Central AZ staff are mandated reporters. Training is conducted annually to review the responsibilities involved in this designation. A mandated reporter has the duty to report abuse, neglect and exploitation of vulnerable individuals.

5.2 The involved staff and Program Manager will complete the Incident Report form as soon as the immediate concern has been addressed.

5.3 Before the Incident Report is submitted, the form must be reviewed by the Program Manager or Program Director to ensure all questions have been answered fully.

5.4 All reports must be completed on the designated reporting application online. <https://des.az.gov/sites/default/files/legacy/dl/DDD-0191A.pdf?time=1711648111133>

5.5 For incidents where an employee is the subject of the incident, HR must be notified. This does not include incidents when the employee is a witness to the incident.

5.6 Non-Serious incidents, as described in the DDD Policy Manual, will be submitted as soon as possible, but no later than 24 hours after the incident by fax or email.

5.7 UCP of Central AZ will notify guardians/guardians as soon as the immediate action to resolve the issue takes place.

5.8 In the event the incident involves an individual who is not a DDD member, the DDD Incident Report form may be used for internal documentation. However, the form will not be submitted to DDD.

#### **5. Required Information to be Included in an Incident Report:**

5.1.1. An incident report must contain the following information:

- 5.1.1.1. Location of incident
- 5.1.1.2. Services provided at the time of incident
- 5.1.1.3. Individual/staff involved
- 5.1.1.4. Symptoms before and after the incident
- 5.1.1.5. For medication errors – the individual who administered the medication
- 5.1.1.6. Description of environment
- 5.1.1.7. Description of behavior
- 5.1.1.8. Injury description
- 5.1.1.9. Notifications
- 5.1.1.10. Corrective Actions/Comments

5.1.2. Link to Incident report form within the AHCCCS QM Portal:

<https://qmportal.azahcccs.gov/Account/Login.aspx>

#### **7. Storing Incident Reports**

7.1. An electronic copy of the report is saved in the Employment Services member file in SharePoint.

#### **8. Location of Emergency and After-Hours Contacts**

8.1 Emergency and after-hours contacts information is located in a binder in the employment training room, and in electronic files accessible by UCP of Central AZ staff.

8.2 Local contact information for emergency services are located within the contingency plans. The contact information is included for emergency, non-emergency police, fire department, poison control, Arizona Department of Child Safety, Arizona Adult Protective Services, and the Arizona Department of Health Services.

- 8.3 UCP of Central AZ's Program Manager carries an afterhours phone for emergencies. If the Manager is unable to carry the phone it will be carried by the Director in their absence.

#### **9.0 Staff Roles and Responsibilities in an emergency**

- 9.1 UCP of Central AZ staff are required to act to resolve an emergency.
- 9.2 The response of staff varies depending on the situation. If an emergency that immediately risks safety or harm to an individual occurs, staff will take action to assist immediately. For example, if an individual is choking, the CPR/First Aid trained staff shall perform the appropriate technique to help the individual to cease choking and regain normal breathing.
- 9.3 If any emergency response takes place, the involved staff shall direct another adult in the vicinity to call 911 and alert an emergency response.
- 9.4 UCP of Central AZ has established a *Business Continuity Plan* that will be implemented in the event of an emergency or environmental hazard including natural disasters or an extreme weather event such as fire or flooding.
- 9.5 In the event of an emergency that requires evacuation, the Program Manager is responsible for notification of staff and supervision of evacuation procedures.
- 9.6 Refer to the *Contingency/Emergency Plan* Policy for further information.
- 9.7 This policy will be reviewed by all staff in the Employment Program annually and when changes are made. Policies are shared with staff for review annually and are located within the program for reference.

#### **10. Administration review/revision of incidents**

- 10.1 UCP of Central AZ's *Quality Management* Policies includes details about the review and revision of incidents, fact-finding investigations, and the process for administrative tracking and analysis of incident trends.
- 10.2 If an alleged incident involves potential fault of a staff member, that staff member will be removed from working with or having contact with members receiving therapy at UCP of Central AZ while the investigation is completed. Decisions regarding permanent removal of staff from contact with members will be made upon completion of the fact-finding investigation.
- 10.3 Original incident reports and final incident reports including the internal investigative findings and results by UCP of Central AZ will be included with the final reports sent to DDD and/or DHS.
- 10.4 UCP of Central AZ has an Incident Management Committee that convenes quarterly to review Incidents, identify patterns, reviews corrective action and prevention plans.
- 10.5 An incident tracking worksheet is utilized in order to track and monitor incidents.
- 10.6 This tracking worksheet is reviewed quarterly by the HCBS Program Manager to identify trends.
- 10.7 The worksheet and any incident reports are shared with the Incident Management Committee quarterly. Incident reports are monitored by the Program Manager by the 7<sup>th</sup> day of each month.
- 10.8 Patterns that are discovered will be addressed on an individual basis.



- 10.9 A plan to eliminate patterns will be developed and monitored monthly to ensure implementation and success.
- 10.10 Corrective action plans will be developed based on the nature of the incident and monitored weekly throughout the plan.
- 10.11 Staff who have received corrective action will receive additional training and supervision throughout the plan.

## **11. Sharing reporting protocols with HCBS program families**

11.1 UCP of Central AZ reviews the incident reporting policy on an annual basis or whenever DDD has issued a change.

11.2 Annually and/or when any change within the incident report occurs, text will notify providers, members, families, and guardians of these changes through email, mail, or text. UCP of Central AZ will place the policy on the website with highlighted changes for review.

## **12. Responsibilities When an Individual is Missing**

- 12.1 Individuals receiving Employment services at UCP of Central AZ are expected to be supervised according to the ratio in their PCSP.
- 12.2 UCP of Central AZ must follow these steps when a vulnerable member who leaves a setting while under UCP of Central AZ care is missing, and is at risk of harm.
- 12.3 Employees must conduct a search of the immediate area.
- 12.4 If the individual is not located within 15 minutes, notify the Program Manager who will notify the Program Director and emergency services.
- 12.5 If the member is not located within one hour notify DDD by speaking directly to Support Coordination staff during regular business hours or by calling the District after hours reporting system on evenings and weekends.
- 12.6 Submit a written incident report within 24 hours of the disappearance, including the following information:
  - Age of individual
  - General description of the person
  - Time and location of disappearance
  - Efforts to locate individual
  - Vulnerability factors
  - Means of communication
  - Medical needs
  - Precursors to disappearance
  - Time police and parents/guardian notified
  - Other entities contacted
  - Legal status (e.g. foster care)
  - As soon as the individual is located, notify all above parties immediately.
  - No UCP of Central AZ employee has the authority to contact the media for assistance with the search. This is a decision exclusively for the UCP of Central AZ CEO in collaboration with DDD, law enforcement, and the parent/guardian.

<b>Policy Name:</b> Day Treatment and Training, Adult Program	<b>Effective Date:</b> 1/17/2020 <b>Review Date:</b> 10/10/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 10/10/2024
<b>Policy Number:</b> 1503	<b>Department:</b> 1500-Day Treatment - Adult
<b>Department Director</b> (sign & date): <i>Jail Stelling</i> 10/16/2024	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 10/16/2024
<b>Executive Approval</b> (sign & date): <u><i>Dionne Hackett</i></u> 10/17/2024 <small>Dionne Hackett (Oct 17, 2024 16:37 PDT)</small>	<b>Board/Oversight Committee</b> (sign & date): <i>[if applicable]</i>

## **POLICY**

### **1. SCOPE**

This policy applies to United Cerebral Palsy of Central Arizona (UCP) employees within the ArizonAbility Adult Day program.

### **2. POLICY STATEMENT**

It is the policy of United Cerebral Palsy of Central Arizona (UCP) to comply with The Division of Developmental Disabilities' Request for Qualified Vendor Application Service Specifications – DDD RFQVA Effective 01/01/2025.

### **3. Service Description**

3.1 This service engages Members in their communities to develop, or enhance skills development, for activities of daily living and employment while meeting their specialized sensorimotor, cognitive, communication, social interaction and behavioral needs. Day Treatment and Training activities and environments are designed to foster the acquisition of skills, build community membership, increase independence, and expand person choice.

3.2 Members are provided with opportunities to engage in activities that are meaningful to them and that expand their skills and personal growth. Day Treatment and Training offers Members an opportunity to explore their communities, to learn about their interests, to engage with others, and to gain skills needed for greater independence.

### **4. Outcomes**

4.1 Members participate in Meaningful Days, are included in their communities, and fulfill valued community roles.

4.2 Members transition into employment activities and services when Members want employment. Members should be encouraged to seek desired employment and meaningful careers.

## 5. Goals

5.1 To support Members, in accordance with their Planning Document:

- a. To participate in their community with the requisite socialization and adaptive skills they need to increase their potential for success;
- b. To strengthen relationships with family, friends, and community Members, develop desired relationships, and enhance their socialization, community participation, and knowledge of community resources, and;
- c. For those Members who have been assessed and want to make a progressive move to employment, to develop or enhance their skills and abilities related to employment.

## 6. Objectives

The UCP Shall ensure that the following objectives are met:

6.1 Identify and respect the Member's cultural, racial, ethnic, linguistic, identified gender, sexual orientation, and religious or spiritual needs.

6.2 Provide services according to the Member's preferences and needs, that recognize their strengths and promote their independence.

6.3 Provide support appropriate for the Member's age and aligned with typical life experiences such as playing and making friends, navigating relationships and sexuality, having and raising children, exploring recreation and hobbies, using social media and technology, getting an ID card, learning to drive or accessing public transportation, going to college or vocational school, finding a career, engaging in civic life, seeking leadership or advocacy opportunities, living more independently or renting/buying a home, or transition into retirement.

6.4 Support the Member with activities that they, and their Responsible Person if applicable, have decided they need help with or that are documented in their Planning Document, such as

- a. Participating in community activities and building community membership consistent with the Member's interests, preferences, goals, and Outcomes;
- b. Developing and maintaining a meaningful social life, including social skill development, that offers opportunities for personal growth and development of Natural Supports through community participation and relationships;
- c. Providing opportunities that increase problem-solving skills to maximize the Member's ability to participate in integrated community activities independently or with Natural Supports;
- d. Providing opportunities for Members to participate in a range of community activities and use community resources;
- e. Supporting Members in developing relationships of their choice, including enhancing social skills confidence, and problem-solving for daily interactions;
- f. Supporting Members to develop or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses;
- g. Providing exploration and learning opportunities related to work and volunteer experiences where Members develop knowledge related to general, non-job-specific skills and strengths that contribute to individual employment;

- h. Identifying barriers that limit progressive transitions to employment services;
- i. Offering specific teaching strategies to achieve identified Outcomes;
- j. Practicing daily living skills such as shopping, banking, money management, using community resources, navigating their community, and using public/community transportation;
- k. Assisting and training for personal, physical, mobility, or augmentative alternative communication needs;
- l. Implementing positive behavior support strategies, developing behavior intervention plans with the Planning Team, and coordinating with behavioral health programs for proper review of medication treatment plans when needed;
- m. Ensuring that the Member's health needs are met, including providing follow up as ordered by the Member's Primary Care Provider or other medical specialist;
- n. Implementing all therapeutic recommendations including speech, occupational, and physical therapy, and assisting Members in following special diets, exercise routines, or other therapeutic plans;
- o. Providing for personal care needs;
- p. Providing general supervision; and
- q. Providing transportation necessary for community or Planning Document related activities.

6.5 Play an active role in ensuring that services with other involved entities, including other Home and Community-Based Service providers, health care providers, schools, and vocational rehabilitation are coordinated to best meet the Member's needs.

6.6 Refer any identified issues or concerns related to the Member's living situation, home and community-based services, health care providers, school services, or other community-based resources to the Support Coordinator in order to coordinate services to best meet the Member's needs.

6.7 Identify and refer for issues that require social intervention (e.g., food insecurity, unsafe housing, needed interventions or medical care, neglect, abuse).

## **7. Service Requirements and Limitations**

7.1 UCP shall assist in developing the Planning Document, including;

- a. Developing individualized, time-limited Outcomes based on the Member's/Responsible Person's vision for the future and assessed needs;
- b. Developing a specific teaching strategy for each habilitative outcome within twenty (20) Business Days after initiation of a new or a continuing service and whenever the Member has chosen a new Outcome. The specific teaching strategy for each Outcome Shall identify the schedule for implementation of the teaching strategies, frequency of services, data collection methods, and the steps to be followed to teach the member the new skill; and
- c. Changing specific Outcome(s) and strategies when requested by the Member or agreed upon by their Planning Team to support continued measurable progress toward the Member's Outcome.

7.2 In collaboration with Members, UCP will develop, at a minimum, a monthly on-site community-integrated schedule of daily activities.

a. Daily activities and schedules are developed with member participation considering support needs, Planning Document goals, and enrichment of life experiences. UCP Shall allow reasonable opportunities for Members to choose and offer alternative activities, as necessary. This schedule Shall be available to the Member/Responsible Person or others upon request.

7.3 Members that want to work Should be informed of employment services that are available to them. Members who want to work or who demonstrate work-related skills Shall be referred to their Planning Team to develop an Outcome related to employment.

7.4 Day Treatment and Training activities Shall not include wage-related activities that would entitle the Member to earn wages.

7.5 This service Shall be provided in:

- a. A setting owned or leased by UCP that includes planned opportunities for interaction with the community Members and resources and that home program allows for participation in community events; or
- b. A community setting that offers opportunities for interaction with community members and resources and that allows for participation in community events.

7.6 The service setting(s) shall:

- a. Be physically accessible and allow for movement between different areas;
- b. Allow for privacy in addressing personal care needs and storing personal belongings; and
- c. Allow for privacy for planning and discussing Member support needs, issues, and concerns.

7.7 This service Shall not be provided:

- a. In a Group Home, Nursing Supported Group Home, Behavioral-Supported Group Home, or a Vendor Supported Developmental Home;
- b. To Members living in non-state operated Intermediate Care Facilities or Level I or Level II behavioral health facilities;
- c. In the same room at the same time as another service (e.g., Center-Based Employment, Day Service, Child) except therapy services; or
- d. In a permanent residence, unless approved by the Department's District Program Manager/Designee.

7.8 Therapy services (occupational, physical, and speech) May be provided at the Day Treatment and Training locations as identified on the Member's Planning Document under the following circumstances:

- a. With the Day Treatment and Training Personnel present and learning how to implement activities to meet the Member's Outcome(s) and in conjunction with the Home Program; or
- b. At the request of the Member or Responsible Person and with the agreement of the Day Service program, with a DSP or caregiver present and participating.

7.9 Members May use up to eight (8) service units per day. Direct service time associated with providing transportation to and from the program is included in the flat trip-rate for regularly scheduled daily transportation scheduled daily transportation rate.

7.10 It is the responsibility of the Planning Team and UCP to determine the Member's anticipated attendance and Member's schedule as part of the initial service planning and referral. Members

may choose to attend Day Treatment and Training for a few hours weekly or a full week when authorized.

7.11 Children through the age of fifteen (15) Shall be provided service separately from adults, except in situations where related Members have agreed to receive the service together. Upon age sixteen (16), transition plans May be individually developed, and May permit the inclusion into services with adults with Responsible Person consent. The transition plan and consent Shall be available to the Department upon request.

7.12 UCP Shall comply with monitoring activities as directed in the Provider Policy Manual(s), including collaboration and cooperation with the Division for all monitoring activities.

## **8. Personnel or Qualified Vendor Training and Qualifications**

8.1 DSPs delivering this service must comply with all training requirements specified in the Qualified Vendor Agreement and in the Division's Policy Manual(s).

8.2 DSPs Shall have at least three (3) months of experience in conducting group or individual activities for Members related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience.

8.3 UCP and/or appropriate Personnel Shall attend required administrative meetings, orientation, and various training required by the Department.

8.4 UCO and/or appropriate DSPs Shall attend administrative meetings, orientation, and various training required by the Department.

8.5 UCP will maintain Records documenting training for all DSPs and make training Records available upon request, and within ten (10) Business Days, by the Department.

## **9. Rate Basis**

9.1 UCP will bill according to the Division's Policy Manual(s), Billing Manual, and Rate Book.

9.2 The Department established a modified rate, with a premium over the standard rate, for this service in the rural areas of the State. UCP Shall bill the Department this modified rate only after it receives authorization from the District Program Manager/Designee.

9.3 The Department established a modified rate for Members with intensive behavioral or medical needs. Special authorization for these Members is required by the District Program Manager/Designee. The hours for these Members and the direct service Personnel hour related to the behaviorally or medically intensive Members Shall not be considered in determining the overall program staffing ratio for the remaining Members.

End of Policy

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<b>Policy Name:</b> Transportation within Day Treatment and Training, Adult Program	<b>Effective Date:</b> 1/17/2020 <b>Review Date:</b> 10/10/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 10/10/2024
<b>Policy Number:</b> 1504	<b>Department:</b> 1500-Day Treatment - Adult
<b>Department Director</b> (sign & date): <i>Gail Stelling</i> 10/16/2024	<b>Policy Committee Chair</b> (sign & date): <i>Alison Audione</i> 10/16/2024
<b>Executive Approval</b> (sign & date): <i>Ronald Rinker</i> 10/16/2024	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## POLICY

### 1. SCOPE

- 1.1. This policy applies to United Cerebral Palsy of Central Arizona (UCP) employees within the ArizonAbility Adult Day program whose position includes Driver and for all members who receive transportation services.

### 2. POLICY STATEMENT

- 2.1. It is the policy of United Cerebral Palsy of Central Arizona (UCP) to comply with The Division of Developmental Disabilities' Request for Qualified Vendor Application Service Specifications – DDD RFQVA Effective 01/01/2025
- 2.2. UCP provides non-emergency ground transportation as prior approved by DDD when transportation is not already required by the service specification. UCP only provides scheduled transportation which is authorized when the DDD member needs regular transportation to a day program service.

### 3. Service Description

- 3.1 This service supports Members to access their community with assistance in obtaining needed transportation for specific non-emergency needs, such as routine scheduled events, and on-demand transportation needed to meet Planning Document obligations.
- 3.2 Transportation offers a safe, convenient, and accessible way for Members to navigate their communities.

### 4. Outcomes

- 4.1 Members access their community as independently as possible with safe, reliable transportation.

## 5. Goals

- 5.1 To support the Member, in accordance with their Planning Document, to increase or maintain self-sufficiency, mobility, and community access.
- 5.2 To support the Member, in accordance with their Planning Document, to have reliable, timely, safe, and respectful transportation for their non-emergency travel needs.

## 6. Objectives

The Qualified Vendor Shall ensure that the following objectives are met:

- 6.1 UCP will Provide or arrange for scheduled or on-demand transportation of the Member to or from an Arizona Long Term Care System (ALTCs) covered service. This includes traveling to and from designated locations to pick up or drop off the Member at specified times.
- 6.2 Scheduled transportation is when the Member needs regular transportation for an employment-related service, for employment in the community when the Member is not receiving employment services, and for Day Treatment and Training services when the Member is unable to use public transportation or receive transportation support from Natural Supports.
- 6.3 On-demand transportation is when the Member needs intermittent transportation to obtain an authorized service or to fulfill a mandatory obligation in their Planning Document, including transportation for medically necessary services, and to support programs such as Alcoholics Anonymous (AA), weight loss programs, community service, etc.
- 6.4 Assist the Member in entering and exiting the vehicle as necessary. Ensure that the method of transportation being used does not compromise the health or safety of the Member.
- 6.5 Transport Members securely fastened in age-appropriate and weight-appropriate restraints, as required by State law.
- 6.6 To the extent possible, work with the Member and the Member's Responsible Person to ensure the Member is able to shelter in a safe location while waiting for transportation. If there is concern that the Member might be at imminent risk, Personnel Shall contact authorities.
- 6.7 Schedule the Member's pickup and drop-off times so that:
  - a. The schedule and reasonable wait times are provided to the Member;
  - b. The Member does not have to wait more than twenty (20) minutes; and
  - c. The Member and Responsible Person are notified if the driver is twenty (20) or more minutes late or is unable to transport.
- 6.8 UCP has backups for the drivers and vehicles.
- 6.9 Transportation must allow for two-way radio or a cellular phone that is adequate for the range of vehicle utilization.
- 6.10 Transportation Shall be provided in a vehicle:
  - a. With valid vehicle registration and license plates and, at a minimum, Arizona's required level of liability insurance;
  - b. Maintained in safe and working order;
  - c. Equipped with a working heating and air conditioning system;
  - d. Equipped with a first aid kit;
  - e. Constructed for the safe transportation of the Members with all seats fastened to the body of the vehicle and operational seat belts installed that are safe for passenger use;



- f. Adapted to the special mobility needs of Members to facilitate adequate access to service;
- g. That has sufficient Personnel for the health and safety of all Members being transported, and to support safe boarding and debarking; and
- h. That if used to transport Members in wheelchairs, is equipped with lifts, floor-mounted seat belts, and wheelchair lockdowns or comparable safety equipment, as applicable, for each wheelchair that it transports.
- i. UCP drivers transporting a member while the Member is in their wheelchair will document that the DSP has completed orientation on appropriate use of the safety equipment being used.

6.11 With the agreement of the Member's Planning Team, an aide might be required to accompany the Member in order to ensure the health and safety of the Member. This Should be requested at the time of referral for on-demand transportation.

6.12 When required, and with the agreement of the Member's Planning Team, the Member's Support Coordinator will arrange with the Qualified Vendor' to have Qualified Vendor's Personnel wait for the Member and to provide the return trip. A request for this arrangement will be made at the time of referral.

## **7. Service Requirements and Limitations**

7.1 All transportation services Shall be authorized in advance by the Department.

7.2 This service Shall not be provided when transportation is a covered service of the Member's health plan.

7.3 This service Shall not be provided to Members receiving habilitation services provided in paid residential settings.

7.4 When a local education agency has responsibility for school-related transportation, this is specified in the Member's Individualized Education Program documents by the local education agency.

7.5 Drivers must:

- a. Be a minimum of eighteen (18) years of age;
- b. Possess and maintain a valid driver license, training, and insurance endorsement for the vehicle they drive; and
- c. Have their driving records reviewed by the Qualified Vendor annually to ensure driver qualifications.

7.6 UCP's Home and Community-Based Services certification Shall include transportation as a service.

7.7 Using the Planning Document processes, the need for transportation is assessed by the Member's Planning Team when there are no other community resources or Natural Supports for transportation available.

7.8 A referral to a Qualified Vendor for on-demand transportation Shall include:

- d. Dates and times of service, as needed;
- e. Pickup and drop-off points;
- f. Whether an aide will accompany the Member;
- g. Whether wait time during the on-demand transportation will be needed; and

- h. The Member's Responsible Person to contact on behalf of the Member in case of an emergency.

7.9 UCP will comply with monitoring activities as directed in the Provider Policy Manual(s), including collaboration and cooperation with the Division for all monitoring activities.

## **8. Personnel or Qualified Vendor Training and Qualifications**

8.1 DSPs delivering this service must comply with all training requirements specified in the Qualified Vendor Agreement Part 5 and in the Division's Policy Manual(s).

8.2 DSPs can work with on-site supervision for up to ninety (90) Days following their date of hire while their training is in progress. The training Shall be completed no later than ninety (90) calendar Days from the DSP's date of hire.

8.3 UCP will inquire of the Member and Responsible Persons any specific needs or preferences related to the service for orientation and training purposes.

8.4 UCO and/or appropriate DSPs Shall attend administrative meetings, orientation, and various training required by the Department.

8.5 UCP will maintain Records documenting training for all DSPs and make training Records available upon request, and within ten (10) Business Days, by the Department.

## **9. Rate Basis**

9.1 UCP will bill according to the Division's Policy Manual(s), Billing Manual, and Rate Book.

9.2 The published rate in the Division's Rate Book is based on one (1) trip.

Scheduled transportation rates are in the Rate Book. For on-demand transportation, the trip rate is

calculated by adding the various rate components in the Rate Book for a trip rate. On-demand rates vary based on one-way mileage and other components

End of Policy

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<b>Policy Name:</b> Program Quality Management	<b>Effective Date:</b> 10/12/2023 <b>Review Date:</b> 10/10/2024
<b>Policy Category:</b> Departmental	<b>Revision Date:</b> 10/10/2024
<b>Policy Number:</b> 1505	<b>Department:</b> 1500-Day Treatment - Adult
<b>Department Director</b> (sign & date): <i>Gail Stalling</i> 10/16/2024	<b>Policy Committee Chair</b> (sign & date): <i>Alison Auditors</i> 10/16/2024
<b>Executive Approval</b> (sign & date): <i>Ronald Rinker</i> 10/16/2024	<b>Board/Oversight Committee</b> (sign & date): [if applicable]

## **POLICY**

### **1. SCOPE**

- 1.1. This policy applies to the United Cerebral Palsy of Central Arizona (UCP) ArizonAbility Adult day Program.

### **2. POLICY STATEMENT**

The Quality Management (QM) policy serves to address the following for the ArizonAbility adult program at UCP:

- 2.1. *Incident management* including corrective action and preventions, description of how incident reports are processed and reported.
- 2.2. *Complaints and grievances* management including monitoring, processing, tracking and trending.
- 2.3. *Solicitation of individual/family input* including feedback and involvement in the administration and evaluation of services.
- 2.4. *Person centered practices* including activities that provide individual/family representatives to be actively involved in qualified vendor operations.

### **3. DEFINITIONS**

- 3.1. *UCP Employees* are defined as DSP's, Vice President of Adult Programs, Program Managers and administrative staff.
- 3.2. *Members* are persons enrolled in the ArizonAbility DTA programs at UCP.
- 3.3. An *Incident* is defined as any usual or unexpected occurrence that results in injury, potential injury, affects the health and well-being of an individual receiving services, employee or visitor. Threats, acts of violence, inappropriate behavior, smoking, the presence of contraband or an emergency at a UCP location, or an occurrence that poses a risk to the community.
- 3.4. A *survey* is defined as the gathering of information through questionnaires, interviews, or focus

groups to make inferences about a population.

- 3.5. A *survey administrator* completes planning, implementation, and evaluation of surveys. Each survey has its own survey administrator.
- 3.6. *Person Centered Services* are provided in a manner that supports the individual's preferences and daily needs with activities that accomplish the child's personal goals and services outcomes.

## **PROCEDURE**

### **4. Incident management, corrective actions, reporting, notifications, internal review, and complaints and grievances:**

- 4.1. Incident management, corrective actions, and preventions UCP aligns its policy on incident management with the Division of Developmental Disabilities (DDD) Operations Manual and best practices.
- 4.2. In the event the incident involves an individual who is not a DDD member, the DDD Incident report form may be used for internal documentation. However, the form will not be submitted to DDD.
- 4.3. Incident reports are monitored by the Program manager by the 7<sup>th</sup> day of each month.
- 4.4. Patterns that are discovered will be addressed on an individual basis.
- 4.5. A plan to eliminate patterns will be developed and monitored monthly to ensure implementation and success.
- 4.6. Corrective action plans will be developed based on the nature of the incident and monitored weekly throughout the plan.
- 4.7. Staff who have received corrective action will receive additional training and supervision throughout the plan.

### **5. Internal and external incident reporting**

- 5.1.1 An employee who witnesses, becomes aware of an incident, or is involved in an incident is responsible for reporting to the DTA Manager. The witnessing employee will work with the DTA Manager to complete an incident report.
- 5.2 The incident must be reported by the employee to the DTA Manager immediately after it occurs or as soon as is practical to do so, considering individual and employee safety.
- 5.3 When an incident occurs, UCP will take appropriate action to resolve the emergency and implement protective measures for the member's health and safety. This may include calling 9-1-1. The DTA Manager should be notified immediately of all incidents involving individual health and safety.
- 5.4 Complete the Incident Report form as soon as the immediate concern has been addressed.
- 5.5 In minor incidents where there is no serious member injury or safety concerns, immediately and calmly notify the DTA Manager.
- 5.6 When appropriate, the DTA Director will be notified of any minor incident.
- 5.7 Minor incidents must be reported to DDD by the close of the next business day following the incident. Utilize the DDD Incident Report form for DDD members.
- 5.8 Before the Incident Report is submitted to DDD, the form must be reviewed by the Program Manager or Director to ensure all questions have been answered fully.
- 5.9 The DTA Manager will transfer the written incident report into DDD's designated reporting application online.

<https://des.az.gov/sites/default/files/legacy/dl/DDD-0191A.pdf?time=1692294757211>

- 5.10 For incidents where an employee is the subject of the incident, HR must be notified. For example, a complaint against an employee. HR may not be notified if the employee was an observer of a member incident. For example, in the course of normal program activities the member obtained injury through no fault of the employee.
- 5.11 All other incidents must be reported to DDD by the close of the next business day following the incident.
- 5.12 DHS also requires that the discovery that a client, staff member, or employee has a communicable disease are reported.
- 5.13 The following link contains the Arizona DHS Incident Reporting Form and in:  
<http://www.azdhs.gov/bhs/documents/bqi-specifications/attachment-b13a.pdf>

## **6. Notification process for guardian/DDD/DHS/police/DCS/etc.**

- 6.1.1. Families, Providers, and Guardians will be notified of incidents the day they occur by phone.
- 6.1.2. Serious incidents, as described in the DDD Policy Manual, are to be reported and written as soon as possible, but no later than 24 hours after the incident.
- 6.1.3. Minor incidents must be reported to DDD by the close of the next business day following the incident. Utilize the DDD Incident Report form for DDD members.

## **7. Sharing reporting protocols with DTA program families**

- 7.1.1. UCP reviews the incident reporting policy on an annual basis or whenever DDD has issued a change.
- 7.1.2. Annually and/or when any change within the incident report occurs, UCP will notify providers, members, families, and guardians of these changes through email, mail, or text. UCP will place the policy on the website with highlighted changes for review.

### **7.2. Internal review process and how corrective action is implemented and monitored**

- 7.2.1. UCP has an incident management committee that convenes quarterly to review Incidents, identify patterns, reviews corrective action and prevention plans.

### **7.3. Description of how incidents are documented for tracking and trending**

- 7.3.1. An incident tracking worksheet is utilized in order to track and monitor incidents.
- 7.3.2. This tracking worksheet is reviewed quarterly by the DTA program manager to identify trends.
- 7.3.3. The worksheet and any incident reports are shared with the incident management committee quarterly.

### **7.4. Specific information about complaints and grievances**

- 7.4.1. UCP handles complaints fairly, efficiently and effectively. UCP's process is intended to enable us to respond to issues raised by an active member and/ or legal guardian of a patient/member making complaints in a timely manner and provide information that can be used by UCP to deliver quality improvements in our services.
- 7.4.2. To file a complaint, UCP families are notified to contact the UCP Quality Assurance & Compliance Manager at 602-999-9391 or to mail the complaint to 1802 West Parkside Lane Phoenix, AZ 85027.
- 7.4.3. If the family desires to escalate the complaint, the following contact information is provided:

DDD Customer Service Center (CSC)  
1-844-770-9500

[DDDCustomerServiceCenter@azdes.gov](mailto:DDDCustomerServiceCenter@azdes.gov)

For a written complaint:  
DES Division of Developmental Disabilities  
Office of Individual and Family Affairs  
1789 W. Jefferson Street  
Mail Stop 2HB5  
Phoenix, AZ 85007

AND/OR

The Arizona Department of Health Services  
602-364-3030  
1501 North 18<sup>th</sup> Avenue, Suite 450  
Phoenix, AZ 85007

#### **7.5. Who can file a complaint/grievance**

- 7.5.1. A complaint or grievance may be filed by anyone including; individuals receiving services, families, providers, guardians, and employees of UCP.
- 7.5.2. UCP of Central Arizona will never retaliate for a complaint or grievance that is submitted.

#### **7.6. Resolving complaints/grievances**

- 7.6.1. All complaints or grievances will be investigated internally and handled based on the urgency or seriousness of the concern. Complaints brought to the DTAs Program Manager that do not involve serious safety, risk, privacy, or security concerns will be handled as follows:
- 7.6.2. The DTA Manager will speak to the person with the complaint and gather information about the situation of concern.
- 7.6.3. The DTA manager will gather the information and notify the Program Director of the complaint.
- 7.6.4. The DTA Manager will conduct a fact-finding investigation internally to address the complaint.
- 7.6.5. If it is decided that process improvement, employee disciplinary action, or other actions to address a concern are warranted, corrective action will take place.
- 7.6.6. The outcome of the complaint will be communicated to the person with the original grievance.
- 7.6.7. If a complaint is brought to UCP through an external agency, such as the Arizona Department of Health Services or the Division of Developmental Disabilities, the following steps will take place to properly address the grievance:
- 7.6.8. UCP will promptly notify the agency of the receipt of the complaint, and address any questions posed to UCP regarding the issue within a timely manner.
- 7.6.9. The DTA Manager will ensure the Vice President and CEO are notified of the complaint.
- 7.6.10. UCP will conduct an internal fact-finding investigation in order to identify the situation that is of concern. The fact-finding investigation may include relevant documents

pertaining to the concern, staff interviews, process reviews, and other strategies to identify the issue.

- 7.6.11. UCP will respond to the complaint with results from the internal investigation and include any corrective action that is needed.
- 7.6.12. UCP will cooperate with any follow-up activities related to the event of concern with the external agency.
- 7.6.13. All complaints or grievances will be investigated internally and handled based on the

### **7.7. Timeframe to process the complaint/grievance**

- 7.7.1. UCP will promptly acknowledge receipt of complaints and will assess and prioritize complaints in accordance with the urgency and/or seriousness of the issues raised. If a matter concerns an immediate risk to safety or security, the response will be immediate and will be escalated appropriately.
- 7.7.2. Once a complaint is received, the person who filed the complaint will be communicated with regarding the complaints process, the expected timeframes for our actions, the progress of the complaint and reasons for any delay, their likely involvement in the process, and the possible or likely outcome of their complaint.

## **8. Employee Complaint and Grievance Procedure**

- 8.1 Individuals who believe there has been a violation of the EEO policy or harassment based on the protected classes outlined above, including sexual harassment, or that they have been the victims of conduct prohibited by this policy statement, or believe they have witnessed such conduct, should discuss their concerns with their immediate supervisor, any manager, or Human Resources.
- 8.2 UCP of Central Arizona expects employees to make a timely complaint to enable UCP of Central Arizona to investigate and correct any behavior that may be in violation of this policy. Therefore, while no fixed reporting period has been established, early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment. Any reported allegations of harassment, discrimination or retaliation will be investigated. Your complaint will be kept as confidential as practicable.
- 8.3 UCP of Central Arizona prohibits retaliation against any employee for filing a complaint under this policy or for assisting in a complaint investigation. Retaliation against an individual for reporting harassment or discrimination, or for participating in an investigation of a claim of harassment or discrimination, is a serious violation of this policy and, like harassment or discrimination itself, will not be tolerated. Acts of retaliation should be reported immediately to Human Resources and will be investigated and addressed. If you believe there has been a violation of our EEO or retaliation standard, please follow the complaint procedure outlined above.
- 8.4 If UCP of Central Arizona determines that an employee's behavior is in violation of this policy, disciplinary action will be taken, up to and including termination of employment.



## **9. Member Complaint/Grievance Procedure**

- 9.1 Any member who has a complaint should first try to resolve the issue through discussion with the person involved. If, however, the problem has not been satisfactorily resolved, the member has the right to discuss it with the immediate supervisor and/or the Vice President of Adult Programs. If the issue is still not resolving a member can arrange to meet with UCP's President.
- 9.2 FORMAL GRIEVANCE LEVEL ONE - An appeal shall be presented in writing to the department supervisor within 10 calendar days of the alleged incident even though there may be an effort under way to resolve the problem informally. The supervisor will give a decision in writing and return it to the member within 10 calendar days after receiving an appeal.
- 9.3 FORMAL GRIEVANCE LEVEL TWO - If the member does not agree with the decision and no answer has been received in 10 days the member may present the appeal in writing to the Vice president of Adult Programs. Failure on the part of the member to take further action within 10 calendar days after receipt of written decision from the supervisor, or within a total of 25 calendar days of the first submission, if no decision is given, will constitute dropping of the appeal.
- 9.4 FORMAL GRIEVANCE LEVEL THREE - If the member does not agree with the decision and steps in level two have been followed, there may be an appeal in writing to the agency Executive Director in 10 calendar days. The Executive Director shall provide a decision in writing within 10 calendar days after receiving the appeal.

## **10. Complaint/grievance monitoring**

- 10.1.1. UCP has a grievance/complaint management committee that convenes quarterly to review Incidents, identify patterns, reviews corrective action and prevention plans.

## **11. Complaints/grievances documentation for tracking and trending**

- 11.1.1. All documentation regarding complaints/grievances are located in UCP's shared administrative file storage.
- 11.1.2. The worksheet and corresponding reports are shared with the incident management committee quarterly.

## **12. Soliciting Input, Encouraging Input, Measuring Satisfaction, Involving Families in the Hiring of Therapists, and Involving Families in the Evaluation Process for Improvement of Services:**

### **12.1. Soliciting input from therapy program families**

- 12.1.1. United Cerebral Palsy of Central Arizona departments are required to survey the organization's community. In response to this, UCP has established a policy and procedure for conducting surveys within the UCP community.
- 12.1.2. The need for a policy is threefold: Protect the community members' privacy, monitor survey frequency to avoid survey fatigue, and Ensure the safety of data collection and usage. When conducting surveys, data policies established by the information technology department must also be followed.
- 12.1.3. Survey schedules are tracked on a master calendar. Therapy surveys occur annually at the end of the chronological year.
- 12.1.4. Areas on the survey that do not meet satisfaction will be addressed individually and a plan will be developed to gain satisfaction.
- 12.1.5. Monitoring of the plan will continue monthly until satisfaction is met.



### **13. Encouraging input from DTA program families**

- 13.1.** United Cerebral Palsy of Central Arizona departments are required to survey the organization 's community. In response to this, UCP has established a policy and procedure for conducting surveys within the UCP community.
- 13.2.** The need for a policy is threefold: Protect the community members' privacy, monitor survey frequency to avoid survey fatigue, and ensure the safety of data collection and usage. When conducting surveys, data policies established by the information technology department must also be followed.
- 13.3.** DTA-Feedback/Satisfaction surveys are completed annually at members planning meetings.
- 13.4.** Surveys are reviewed monthly by the DTA Manager..
- 13.5.** Areas on the survey that do not meet satisfaction will be addressed individually and a plan will be developed to gain satisfaction.
- 13.6.** Monitoring of the plan will continue monthly until satisfaction is met.
- 13.7.** Track survey schedules on a master calendar. Therapy surveys occur annually at the end of the chronological year.

### **14. Measuring Satisfaction with Services**

- 14.1.1.** The Survey administrator will oversee the survey process including creating the survey, ensuring approvals and follow-up on the results.
- 14.1.2.** Survey administrator will report the results to UCP's executive team and stakeholders.
- 14.1.3.** Survey administrator will develop an action plan based on survey results that is communicated and implemented with program management.
- 14.1.4.** Survey results are stored in SharePoint @ Planner → Survey Results → Program and Services.
- 14.1.5.** Satisfaction with services per survey question and by the survey as a whole. UCP strives to receive 100% satisfaction. Plans will be developed whenever an area of dissatisfaction has been identified. These plans will be monitored for continuous improvement until satisfaction has been met.
- 14.1.6.** The HCBS/DTA program managers will monitor and provide monthly updates.

### **15. DTA program family involvement in the hiring/evaluation of DSP's**

- 15.1.1.** Direct Support Professionals hired at UCP are matched with members based on member files, preferences, and interests. Members can identify their preferences in DSP's age, gender, interests, and hours available.

### **16. HCBS & DTA program family involvement in evaluation process for improvement of services**

- 16.1.1.** Member satisfaction surveys are completed annually at their planning meeting. Provider satisfaction surveys are completed at the end of December each year.
- 16.1.2.** Survey questions will be evaluated annually.

### **17. Activities for DTA Program Families to be actively involved in UCP of Central Arizona Operations**

#### **17.1. Open houses**

- 17.1.1.** UCP DTA schedules an annual open house holiday lunch event.
- 17.1.2.** The open house events will provide an opportunity for current program families to learn about other UCP services, speak directly with program leadership, begin the intake process to start services, and view the results of quality improvement projects.

**18. Sharing improvement activity results with the families**

- 18.1.1. UCP holds Quarterly Town Halls to provide vendor updates
- 18.1.2. UCP sends out newsletters

**19. Encouragement of DTA program families to collaborate closely with their members' team**

- 19.1.1. UCP promotes person centered services and close collaboration between the member, the family, and the Support Coordinator.

**20. Monitoring and Evaluation of Services and Quality Improvement****20.1. Service gap analysis process**

UCP care coordinators complete a member back up planning document that is reviewed and updated every 90-days with the members planning team. This plan identifies who would step in if a member has temporarily or permanently lost their provider. It is the intent of this plan to eliminate any service disruptions.

**20.2. Process used to monitor and evaluate services provided as they relate to the member's Planning Document objectives.**

- 20.2.1. DTA care coordinators attend 90-day planning meetings. During these meetings, member goals are discussed with the team. Member goals are evaluated based on their success during these meetings and modified as needed to ensure success.
- 20.2.2. DTA care coordinators complete Person-Centered Assessments annually with the member and their team. The person-centered plan is reviewed and updated every 6 months or whenever the member has identified new goal areas.
- 20.2.3. DTA care coordinators track all meetings, signature sheets and documents in planner, The DTA manager audits the care coordinator files for compliance monthly using an audit tool. This tool is kept in Share Point. The compliance measurement is based on 100% completion. If there are missing or incomplete documents.
- 20.2.4. DTA Manager completes 3 random audits on coordinators paperwork for compliance and timeliness according to DDD guidelines on a monthly basis.

**21. Regular, systematic, and objective methods used to monitor the member's well-being, health status, and effectiveness of services.**

- 21.1 Members at the DTA are monitored for signs of illness, abuse, or neglect.
- 21.2 UCP employees working with the members are trained in the needs of the individual.
- 21.3 If a member has unexplained bruising or marks, a change in behavior, or symptoms of illness their residential homes will be notified.
- 21.4 Incident reports will be filed per DDD guidelines.
- 21.4 Effectiveness of service is discussed at the members' 90-day planning meetings where goals are discussed, and the member and team discuss the services they currently receive and **any request for additional services.**
- 21.5 Member Person Centered plans are reviewed every 6 months to determine their wants and needs.
- 21.6 Satisfaction surveys are completed annually at the member 90-day planning meeting.

**21.7** UCP Ensures that each DSP meets required training requirements within their scope of practice, including Article 9 as outlined in A.A.C. 6-6-901 et seq. and as required in Division Policy.

**21.8** Ensuring financial integrity including accurate and timely submission of billing information. UCP of Central Arizona has internal controls and measures to ensure the financial integrity of our data including accurate and timely submission of billing information. The Revenue Cycle is divided up into four Departments; DTA, Therapy, Billing, and Accounting. Having four separate departments is key to segregation of roles. Each of the four departments has discrete and separate responsibilities, reducing the risk of errors and fraud. Along with segregation of roles UCP has written policies including; an employee may not work in their own or family members account, and an employee who takes a cash payment is not the employee who post the payment. All employees in each department complete mandatory training and certifications including HIPPA certification, Fraud and Waste, mandatory reporting. All employees are re-certified yearly. Current Business Associate agreements are on file with all software vendors.

**21.9** All billing information is reviewed and posted by certified billers and checked by the billing manager on a weekly basis. End of Month reports are run by the 5<sup>th</sup> day of the month and turned into to the accounting department who then review all charges and payments posted within the billing department.

## **22. Development, sharing, review, and updating of the Quality Management plan.**

**22.1.1.** UCP's Quality Management plan was developed using guidance from the DDD Policy Tool. Leadership met to discuss the various sections identified in the tool and defined our systems and approaches. In addition, we were able to identify missing components and work together on designing strategies to address them. The Quality Management plan will be reviewed annually at the leadership level. UCP will share its quality measures with members, providers, and families annually in the UCP Annual report

## **23. Evaluation of cleanliness, safety, and potential risk factors of physical environments**

### **23.1. Evaluation of cleanliness, safety and potential risk factors**

**23.2.** UCP's Laura Dozer Center has three separate buildings with three separate entrances and no common areas.

**23.3.** Building A and B support children in a therapeutic and a learning environment.

**23.4.** Building C supports adults with disabilities. This building is complete with separate restrooms, storage, kitchen and 3 activity rooms.

**23.5.** There is a locked gate separating the entrance to the Children's playground from the DTA cannot be entered without a key fob.

**23.6.** DTA doors are locked on the outside so no one can enter without a badge.

**23.7.** DTA members and ELC members do not Share Transportation

## **24. Support individuals in the event of a natural disaster or other public emergency**

**24.1.1.** UCP has established a Business Continuity Plan which conveys how it will support members in the event of a natural disaster or public emergency.

### **24.2. Analysis and sharing of quality improvement projects**

**24.2.1.** Quality improvement projects will be analyzed based on the results and feedback relating to the unique specifics of the project.

24.2.2. It is important that program improvements, staff training updates, and other quality improvements are shared with UCP families. Quality improvement projects are shared over email communication with families, text message announcements, the UCP Newsletter, through scheduled tours, and at open house events.

End of Policy

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