

Abilities Behavioral Health
Policy and Procedure Manual



ABH Executive Director:
Rebecca Race, MA

ABH Associate Director:
Cheri-Kim Race, BS

Table of Contents

	<i>Page</i>
Section 1. ORGANIZATIONAL BACKGROUND.....	
1.1 Agency and Program History	
1.2 Mission Statement	
1.3 Vision Statement	
1.4 Organizational Structure and Table of Organization	
1.5 Articles of Organization	
1.6 Provider Agreement	
Section 2. QUALITY MANAGEMENT.....	
2.1 QM Policy	
2.2 QM Plan	
2.3 Results from Provider Monitoring	
2.4 Records Retention Policy	
Section 3. PERSONNEL.....	
3.1 Hiring Practices	
3.2 Training Curriculum	
3.3 Conflict of Interest Policy	
Job Descriptions	
INCIDENT MANAGEMENT.....	
4.1 Incident Management Policy	
4.1 Health and Behavioral Crisis Policy	
4.3 Reportable Incidents	
4.4 Certified Investigations and Peer Review Process	
RISK MANAGEMENT.....	

PROGRAMMATIC.....	
Qualifications for Program Entry	
Referral Process	
Intake Process	
Client Rights Policy	

1.1 Agency/Program History

Abilities Behavioral Health was founded in 2015 in Wilkes Barre, PA by Rebecca and Cheri-Kim Race. Both Rebecca and Cheri-Kim had worked in the Human Services field for over a decade, and were drawn to the needs of individuals with intellectual disabilities and/or Autism who needed services outside of residential placement. They saw a gap between children's services and adult services that was accounted for by state policy, but not in practicality, and felt they needed to do their part to fill that gap.

Since opening its doors, Abilities has strived to create a system wherein individuals could learn necessary skills, build relationships, and achieve their goals in a positive and individualized way. Rebecca, Cheri-Kim, and their staff continue to carry out the Abilities philosophy and expand the quality and scope of program services. Abilities currently provides direct and clinical services to adult with ID and Autism across four Medical Assistance Waivers, and serves over 50 individuals. Abilities is currently expanding to provide nutritional services to these populations as well.

1.2 Mission Statement

Our mission is to increase or maintain an individual's ability to accomplish their personal goals as they live a healthy, safe, and fulfilling life within the community.

1.3 Vision Statement

Our vision is to empower individuals to be as independent as possible in all areas of their life, and to encourage choice and self-direction. We believe that positive approaches promote growth and that natural support structures are necessary to maintain and support that growth.

1.4 Organizational Structure

Updated September 2018

The Executive Director provides direct supervision to all clinical services and assumes responsibility for the following:

- Fiscal Management including billing and claims management
- Provider Qualification compliance
- Waiver Compliance
- Quality Management
- HCSIS and Promise enrollment compliance
- SSD Maintenance
- Adult Behavior Support Service and Systematic Skill Building

The Associate Director provides direct supervision to all home and community-based services and assumes responsibility for the following:

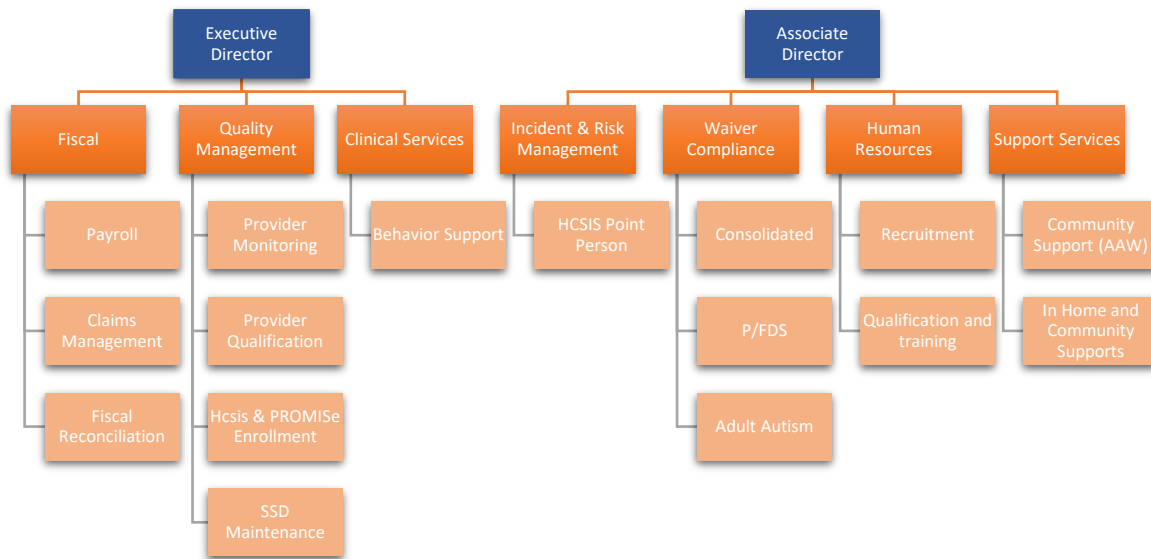
- Incident Management
- Risk Management
- Human Resource Management
- In Home and Community Support Services

Tasks may be delegated to supportive staff if a particular need arises.

Additionally, the Executive Director will revise the organizational structure in the event additional positions are required and/or filled.

Table of Organization

Updated September 2018



1.5 Articles of Organization

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Abilities Behavioral Health, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4276814

Race, Rebecca
63 W. Ridge Street
Nanticoke, PA 18634

Entity #: 4276814
Date Filed: 06/02/2014
Carol Aichele
Secretary of the Commonwealth
Print Form

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name
Rebecca Race
Address
63 West Ridge Street
City State Zip Code
Nanticoke PA 18634

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)



Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
Abilities Behavioral Health, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
(a) Number and Street City State Zip County
63 West Ridge Street Nanticoke PA 18634 Luzerne
(b) Name of Commercial Registered Office Provider County
c/o:

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):
Name Address
Rebecca Race 63 West Ridge Street Nanticoke, PA

PA DEPT. OF STATE

JUN 17 2014

DSCB:15-8913-2

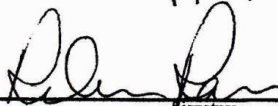
4. *Strike out if inapplicable term*
~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. *Strike out if inapplicable:*
~~Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is: June 1 2014
month date year hour, if any

7. *Strike out if inapplicable:* The company is a restricted professional company organized to render the following restricted professional service(s):
Not Applicable

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this
22 day of May, 2014


Signature

Signature

Signature

1.6. Provider Agreement

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF DEVELOPMENTAL PROGRAMS
Provider Agreement for Participation in Pennsylvania's
Consolidated and Person/Family Directed Support Waivers**

This agreement is effective July, 1, 2011, for purposes of Abilities Behavioral Health, LLC
[Provider's Name]'s (hereinafter "Waiver Provider") participation in Pennsylvania's Consolidated
and Person/Family Directed Support Waivers.

Whereas, the Department of Public Welfare ("Department"), Office of Developmental
Programs ("ODP") administers Pennsylvania's Consolidated and Person/Family Directed Support
(P/FDS) waivers ("Waiver Programs"); and

Whereas, Waiver Provider seeks to provide services to persons eligible to receive waiver
services ("Waiver Participants"); and

Whereas, waiver services are supported by federal and state funds, and ODP must
administer the Waiver Programs consistent with the terms of the Consolidated and P/FDS waivers
approved by the Centers for Medicare & Medicaid Services ("CMS") ("approved waivers");

Now, therefore, Waiver Provider, as a condition of participation in the Waiver Program,
agrees:

1. To comply with the following (collectively, "Waiver Program Standards"): federal
and state statutes and regulations that apply to the Waiver Programs and Waiver Provider, including
but not limited to those governing participation in the Pennsylvania Medical Assistance Program,
confidentiality, and nondiscrimination; the approved waivers; and policy bulletins governing the
Waiver Programs issued by ODP (including but not limited to monitoring of Waiver Provider's
service delivery and of claims submitted for services delivered); provided, however, that Waiver

Provider does not thereby waive any rights it has under state and federal law relating to the Waiver Program Standards, including but not limited to ODP's interpretation and application of the Waiver Program Standards to Waiver Provider.

2. To deliver waiver services in accordance with the terms of the Individual Support Plans ("ISP") of each individual served by Waiver Provider in a manner that meets professionally recognized standards of care. For the purpose of this paragraph, the ISP is the ISP that is in the possession of Waiver Provider, after Waiver Provider has made good faith efforts to obtain the most current ISP.

3. To provide records, as requested, to the Department, the United States Department of Health and Human Services, the Pennsylvania Office of Attorney General (Medicaid Fraud Control Unit), and other authorized federal and state agencies, or their designees, regarding waiver services delivered and payments received by Waiver Provider.

4. This Agreement shall continue in effect until it is terminated by either provider or the Department upon thirty (30) days prior written notice to the other party or until it is superseded

by a new agreement. The notice of termination must state the date of termination.

Rebecca Race, MA
(Provider signature)

10/8/14
(Date)

Rebecca Race, MA
(Printed name of signatory)

Executive Director
(Title of signatory)

Abilities Behavioral Health
(Printed name of provider)

102924451
(Master or National Provider Index- MPI or NPI number)

63 W. Ridge St. Nanticoke, PA 18634
(Provider address)

47-1603899
(Federal Employer Identification Number- Federal EIN)

(773) 317-4452
(Telephone number)

abilitiesbehavioralhealth@yahoo.com
(E-mail address)

2.1 Quality Management Policy

Date Created: 1/12/15

Revised: 10/27/17

Abilities Behavioral Health strives to provide quality, effective services to participants. In order to continue to provide these services, the Agency has developed a Quality Management Plan to review, evaluate, and develop best practices for continuing. Our goals for quality management include offering services that promote choice and self-determination, attending to the health and safety of participants while receiving services, and ensuring compliance with regulations.

We aim to fulfill these goals through the following procedures:

- Developing a bi-annual Quality Management Plan that addresses specific, measurable criteria related to our long-term goals
- Participating in annual Provider Monitoring procedures as identified by ODP and following through with any suggestions for improvement
- Providing ample, tailored training to all staff and independent contractors who work with participants
- Creating and distributing a Participant Satisfaction Survey to participants to gather service feedback
- Providing ample oversight and training related to Incident Management and related procedures

State Assurances

Abilities Behavioral Health, as a provider of Medicaid funded services, will comply with the following state Medicaid assurances to the best of its ability and as appropriate depending upon type of service being provided:

§ 441.302 State assurances.

Unless the [Medicaid](#) agency provides the following satisfactory assurances to [CMS](#), [CMS](#) will not grant a waiver under this subpart and may terminate a waiver already granted:

(a) Health and Welfare - Assurance that necessary safeguards have been taken to protect the health and welfare of the beneficiaries of the services. Those safeguards must include -

- (1) Adequate standards for all types of providers that provide services under the waiver;
- (2) Assurance that the standards of any State licensure or [certification](#) requirements are met for services or for individuals furnishing services that are provided under the waiver; and
- (3) Assurance that all facilities covered by section 1616(e) of the [Act](#), in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of [45 CFR part 1397](#) for board and care facilities.

2. QUALITY MANAGEMENT

(4) Assurance that the State is able to meet the unique service needs of the individuals when the State elects to serve more than one target group under a single waiver, as specified in § 441.301(b)(6).

(i) On an annual basis the State will include in the quality section of the CMS-372 form (or any successor form designated by CMS) data that indicates the State continues to serve multiple target groups in the single waiver and that a single target group is not being prioritized to the detriment of other groups.

(ii) [Reserved]

(5) Assurance that services are provided in home and community based settings, as specified in § 441.301(c)(4).

(b) **Financial accountability** - The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as CMS may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

(c) **Evaluation of need**. Assurance that the agency will provide for the following:

(1) **Initial evaluation**. An evaluation of the need for the level of care provided in a hospital, a NF, or an ICF/IID when there is a reasonable indication that a beneficiary might need the services in the near future (that is, a month or less) unless he or she receives home or community-based services. For purposes of this section, “evaluation” means a review of an individual beneficiary's condition to determine -

(i) If the beneficiary requires the level of care provided in a hospital as defined in § 440.10 of this subchapter, a NF as defined in section 1919(a) of the Act, or an ICF/IID as defined by § 440.150 of this subchapter; and

(ii) That the beneficiary, but for the provision of waiver services, would otherwise be institutionalized in such a facility.

(2) **Periodic reevaluations**. Reevaluations, at least annually, of each beneficiary receiving home or community-based services to determine if the beneficiary continues to need the level of care provided and would, but for the provision of waiver services, otherwise be institutionalized in one of the following institutions:

(i) A hospital;

(ii) A NF; or

(iii) An ICF/IID.

(d) **Alternatives** - Assurance that when a beneficiary is determined to be likely to require the level of care provided in a hospital, NF, or ICF/IID, the beneficiary or his or her legal representative will be -

2. QUALITY MANAGEMENT

(1) Informed of any feasible alternatives available under the waiver; and

(2) Given the choice of either institutional or home and community-based services.

(e) Average per capita expenditures. Assurance that the average per capita **fiscal year** expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made in the **fiscal year** for the level of care provided in a **hospital**, NF, or ICF/IID under the State plan had the waiver not been granted.

(1) These expenditures must be reasonably estimated and documented by the agency.

(2) The estimate must be on an annual **basis** and must cover each year of the waiver period.

(f) Actual total expenditures. Assurance that the agency's actual total expenditures for home and community-based and other **Medicaid** services under the waiver and its **claim** for FFP in expenditures for the services provided to beneficiaries under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred by the State's **Medicaid** program for these individuals, absent the waiver, in -

(1) A **hospital**;

(2) A NF; or

(3) An ICF/IID.

(g) Institutionalization absent waiver. Assurance that, absent the waiver, beneficiaries in the waiver would receive the appropriate type of **Medicaid**-funded institutional care (hospital, NF, or ICF/IID) that they require.

(h) Reporting. Assurance that annually, the agency will provide **CMS** with information on the waiver's impact. The information must be consistent with a data collection plan designed by **CMS** and must address the waiver's impact on -

(1) The type, amount, and cost of services provided under the State plan; and

(2) The health and welfare of beneficiaries.

(i) Habilitation services. Assurance that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver, are -

(1) Not otherwise available to the individual through a local educational agency under section 602 (16) and (17) of the Education of the Handicapped Act (20 U.S.C. 1401 (16 and 17)) or as services under section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730); and

(2) Furnished as part of expanded habilitation services, if the State has requested and received **CMS**'s approval under a waiver or an amendment to a waiver.

(j) Day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services for individuals with chronic mental illness. Assurance that FFP will not be **claimed** in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and

2. QUALITY MANAGEMENT

community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are -

- (1) Age 22 to 64;
- (2) Age 65 and older and the State has not included the optional [Medicaid](#) benefit cited in § 440.140; or
- (3) Age 21 and under and the State has not included the optional [Medicaid](#) benefit cited in § 440.160.

2. QUALITY MANAGEMENT

2.2 Quality Management Plan

<i>System Performance</i>			
Goal	Outcome	Target Objective	Performance Measures
To achieve and maintain compliance with documentation requirements as identified by federal and state regulations	Employees and contracted workers will complete progress monitoring accurately and timely according to state regulations and guidelines.	Employees and contracted workers will complete progress monitoring documentation in a timely manner (within 10 days of the end of the month/quarter) with 80% accuracy.	Performance measures: % of completed documentation Numerator: # of documents completed timely in sample Denominator: # of documents in sample Data: Monthly reports, quarterly reports Sampling: 10% of cases Responsible: Administrative Team Frequency: Quarterly
To continually improve our standards and practices through Provider Monitoring practices (added 11/10/2017)	Certified Investigations and Peer Review – Provider develops Peer Review Committee and reviews Certified investigations	The Provider’s peer review process to review the quality of investigations was completed and documented.	Provider does not have a peer review process in place. ODP Peer Review Manual and the Tools were emailed to Provider on 9/20/2017 by AE. Performance measures: Completed Peer Review process and 1 completed peer review meeting quarterly Data: Peer Review Reports, completed certified investigations Responsible: Executive Director Frequency: Quarterly

created 9/1/2015 updated: 11/10/2017, 1/30/19

<i>Participant Safeguards</i>			
Goal	Outcome	Target Objective	Performance Measures
Individuals are supported to achieve and maintain optimal mental and physical health.	Agency will promote wellness through training of staff, individuals, and families, as well as encouraging healthy living and communicating health needs or observation so to the treatment team.	Agency will find and send information related to wellness/healthy living to individuals and families on a quarterly basis with 75% completion.	Performance measures: % of emails/documents sent to families per quarter related to wellness Numerator: #of wellness documents sent out Denominator: 1 (minimum # of documents that should be sent out per quarter Data: emails sent to families, wellness brochures obtained by the agency, fliers seen in the community, wellness fairs/activities attended by the agency Sampling: 100 % of documents Responsible: Direct and Clinical Supervisors Frequency: Quarterly

2.3 Quality Management Review

Fiscal Year 2017-2018

The Quality Management Plan is reviewed every 6 months to determine progress in specific goal areas. The following table indicates the current information gathered from HCSIS database and chart review.

Quality Management Plan - 2017-18 Review					
	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	
Goal 1					
<i>Reportable incidents will occur in less than 10% of encounters.</i>					
# reportable incidents	0	3	2		
# billable encounters		1084	1163		
Percentage		0%	0%		
Goal 2					
<i>Training for each employee and/or contracted worker will receive training in documentation policies and procedures prior to providing services to participants an annually thereafter with 95% accuracy.</i>					
# employees trained	20	20	26		
# employees in employ	20	20	26		
Percentage	100%	100%	100%		
Goal 3					
<i>Employees and contracted workers will complete documentation accurately 95% of the time</i>					
Sample size	10%	10%	10%		
# docs accurately completed	77	93	105		
# docs in sample	80	108	116		
Percentage	96%	94%	91%		

2.4 Results from Provider Monitoring

Abilities Behavioral Health participates annually in Provider Monitoring. In 2017, a site review was completed.

2017 Provider Monitoring Result Summary

Introduction

The QA&I Comprehensive Report is a packet of information compiled by ODP or the AE, as appropriate, after the self-assessment, desk and onsite review that includes a cover letter, the self-assessment and onsite review results, the report of findings and recommendations and Corrective Action Plan form. This packet of information is provided to the Provider electronically within 30 days from the last day of the onsite review and outlines expectations for remediation and follow-up. The focus of the QA&I process will be on quality improvement, employment and communication.

The purpose of this report is for the QA&I process that began on 9/18/2017 and this report will include your findings.

QA&I Summary

The steps of the QA&I review consist of the following steps:

1. **Self-Assessment**: The annual process conducted by the Provider to self-evaluate their performance in all areas of the QA&I process.
 - **Provider's self-assessment was submitted electronically prior to the deadline.**
2. **Desk Review**: A review of available documentation prior to the onsite review to inform the overall QA&I process and to determine focus areas for the onsite review.
 - **Provider made all relevant documentation available for review to AE prior to onsite appointment.**
3. **Onsite Review**: The component of the QA&I process where staff from ODP and/or the AE conduct an in-person visit of the AE, SCO or Provider, as appropriate, to assess the entity's performance in all areas associated with the QA&I process. The QA&I team will focus on gathering quality improvement and compliance evidence related to the sample of individuals and other organizational responsibilities.
 - **Provider attended and cooperated with AE at scheduled onsite appointment and, if necessary, corrected documentation as requested by AE.**
4. **Entrance Conference**: A meeting of the QA&I team and entity leadership at the beginning of the onsite review to discuss the scope and schedule for the visit, including objectives and approximate timeline and the entity's quality improvement priorities, successes and challenges.
 - **AE completed introductions & opening remarks, QA&I overview, organizational overview and onsite review with provider.**
5. **Exit Conference**: A meeting of the QA&I team and entity leadership at the conclusion of the onsite review to discuss preliminary observations and recommendations from the onsite review.

- **AE completed QA&I review team’s overall experience & impressions and discussed with the provider their feedback about their onsite experience.**

6. Statistics of the Provider’s Review Process:

1. *Number of Individuals in Sample:* 5
2. *Number of Individuals Interviewed:* 3
3. *Number of Staff Interviewed:* 3

Data Analysis and Performance Evaluation

The Data Analysis and Performance Evaluation section will provide data and analysis in key areas, highlighting both good performance and areas for improvement. The AE’s report is as follows:

[Data for every QA&I question will be provided in an appendix.]

Promising Practices in which the Provider Excels:

1. **POLICY:** *Provider’s policies (except for QM Plan and Peer Review Process) met all requirements and were organized, and easily accessible, in a company binder.*
2. **RECORDS:** *Provider’s records regarding consumer attendance and documentation of delivery of service were very organized.*
3. **TRAINING:** *Provider’s staff orientation and annual training met requirements.*

Analysis of Performance based on Focus Areas:

1. **POLICY:** *Provider will need to add the following to their policies:*
 - a. **Quality Management Plan:**
 - *The manner in which the Provider will meet the Department’s QM plan criteria*
 - *The results from Provider Monitoring*
 - *Compliance with the requirements in 42 CFR 441.302 (relating to state assurances)*
 - *Results of satisfaction surveys and reviews of grievances*
 - b. **Peer Review Process:** *Provider needs to develop this process and to contract with a Certified Investigator*
2. **RECORDS:** *Provider keeps excellent records and meets all requirements*
3. **TRAINING:** *Provider’s staff orientation and annual training is in place. Rebecca Race will function as administrative staff responsible for viewing ODP’s webinar on deaf culture.*

Comparison of Onsite to Self-Assessment Results:

- *There were no discrepancies between the Provider’s Online Self-Assessment for 2017 and the information reviewed on-site.*

Issues Discovered and Corrected while Onsite:

- *Provider added date conflict was resolved and actions taken to resolve resolution to their Grievances form.*

Items Requiring Remediation within 30 days:

- *Update Quality Management Plan with items listed above*
- *Develop Peer Review Process*
- *Contract with a Certified Investigator*

Appendices

This section includes the Provider’s QA&I review results with items that require action and response to the AE within 30 days. Please find your Corrective Action Plan attached.

2.5 Grievance Procedure

Created Date: 1/15/15

Revised Date: 9/18/17

Abilities Behavioral Health (ABH) takes an interest in resolving any and all conflicts and investigating any concerns or complaints to the fullest extent. To that end, ABH will adhere to the following procedures:

Provide ample information to consumers and/or team members regarding processes and procedures related to service provision in order to encourage informed decision making.

- The Agency will provide an informational document to participants and families or other team members, as applicable, identifying a process by which the participant may address any concerns or complaints, or to file a formal grievance.
 - If a concern or complaint is brought to the attention of any employee or subcontracted agent, Abilities Behavioral Health requires that the employee or agent, if able, takes steps to rectify the concern or complaint and reviews the concern or complaint with the Executive Director within 24 hours. If the employee or agent is unable to remedy the situation or can only partially remedy the situation, the Executive Director will take steps to find solution.
- If a concern or complaint, after being brought to the attention of the Executive Director, as not been resolved to the satisfaction of the participant, participant's family or other team member, a formal grievance can be filed with the Agency:
 - An individual who wishes to file a grievance will be asked to complete a Grievance Form in full. Individual completing the form will be asked to identify their name, date of the occurrence, and the nature of the grievance being filed, and the date of the filing.
 - The completed form will be sent directly to the Agency in a sealed envelope.
 - The Executive Director, upon receiving the Grievance Form, will review the nature of the grievance and begin to take steps to investigate and resolve the grievance, if possible.
 - The Executive Director will retain the Grievance Form as well as documentation identifying information gathered from investigation as well as actions taken in attempt to resolve grievance, and the date the grievance was resolved.
 - Grievances received will be resolved within 21 days. The Executive Director will document the date received and the resolved date as well as the resolution itself, as part of the record.
 - Grievances and grievance documentation will be kept confidential, retained and maintained separately from all participant records.
- The Executive Director will review all documented grievances annually and revise grievance procedures or other policies as necessary
-
-
-
-
-

2.6 Records Retention Policy

Created Date: 1/12/2015

Revised: 9/13/2019

Abilities Behavioral Health (ABH), will treat all consumer records in the following manner:

1. Document that the service for which it claims payment were provided to the participant and that information submitted in support of the payment is true, accurate and complete.
2. Maintain records verifying compliance with Pa Code Chapter 51 regulations for a minimum of 5 years.
3. Participant records will be kept confidential.
4. Participant records will not be made accessible to anyone without the written consent of the participant, the person holding the participant's power of attorney for health care or health care proxy, or if a court orders disclosure other than the following:
 - (1) The participant.
 - (2) A provider's staff for the purpose of providing services to the participant.
 - (3) The Office of Developmental Programs or the US Health and Human Services Department.
 - (4) Appropriate Administrative Entity and Supports Coordination Organization.
 - (5) An entity that is permitted to access records under law.
5. Records will be made available, as requested, to the US Health and Human Services Department regarding services delivered and payments received for rendered services.
6. Abilities Behavioral Health is currently developing a system for electronic documentation. The Agency understands that records must be utilized under the following conditions:
 - (1) The electronic record must be readable.
 - (2) The electronic format conforms to the requirements of Federal and State laws.
 - (3) The medium used to produce the electronic record accurately reproduces the paper original records.
 - (4) The medium used is not subject to subsequent deletion, change or manipulation.
 - (5) The electronic record constitutes a duplicate or substitute copy of the original paper record and has not been altered or if altered shows the original and altered versions, dates of creation and creator.
 - (6) The electronic record can be converted back into legible paper copies and assessed by an auditing agency.
 - (7) A back-up system must be created for electronic records.

3.1 Hiring Practices

Created date: 1/13/14

All employees and subcontracted agents of Abilities Behavioral Health, LLC are required to meet the following criteria:

- Be age 18 or over.
- Have a minimum of a high school diploma, or an advanced degree or other certifications as required by Waiver regulations or program guidelines.

Abilities Behavioral Health requires background checks for all employees and subcontracted agents as identified in Pennsylvania Code Ch. 51. Additionally, the Agency requires that all employees and subcontracted Have not been excluded from participation in any federal healthcare program, including Medicare or Medicaid. To that end, the Agency will:

- Submit and receive results of criminal background checks prior to offering employment in compliance with the following:
 - A report of criminal history record information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police Central Repository does not contain information relating to that person under 18 Ph.C.'s. § § 9101—9183 (relating to Criminal History Record Information Act) if staff has been a resident of this Commonwealth for at least 2 years.
 - A report of Federal criminal history record information under the Federal Bureau of Investigation (FBI) appropriation of Title II of the act of October 25, 1972 (Pub. L. No. 92-544, 86 Stat. 1109) if staff has been a resident of this Commonwealth for less than 2 years or is currently a resident of another state.
 - Complete a child abuse clearance (if providing direct services to an individual under the age of 18)
- Review all applicable exclusionary lists (LEIE, SAM, & Medichex) for all employees and subcontracted agents prior to offering employment and on a monthly basis thereafter.
 - Dates of reviews will be retained electronically by Executive Director.
 - Retain records of background check and exclusionary list results for each employee/subcontracted agent. Records will be retained for at least 7 years.
- Records will be reviewed on a quarterly basis to ensure compliance with this policy. Any instances of non-compliance with this policy will be immediately remediated upon review and discovery.

3. PERSONNEL

- If an employee's or subcontracted agent's status changes while being retained by Abilities Behavioral Health, the Agency will terminate the employee/subcontracted agent in order to maintain compliance.

Additionally, all employees or subcontracted agents will be required to complete required orientation and ongoing training as necessary for each service provision and outlined in our Training Curriculum.

3.2 Training Curriculum

Created Date: 1/12/15

Abilities Behavioral Health believes that training is imperative to quality service provision. To that end, the Agency adopts the following policy and curriculum related to training:

All Employees will be required to complete the following training prior to providing services :

- SPECTRUM Training (BAS Community Inclusion only)
- ISP Specific Training
- Documentation Requirements
- HIPAA and Confidentiality
- Agency Policy and Procedures

Within the first month of hire and annually thereafter, employees are required to complete training in the following areas:

- Department policy on intellectual disability principles and values.
- Training to meet the needs of a participant as identified in the ISP.
- QM plan.
- Identification and prevention of abuse, neglect and exploitation of a participant.
- Recognizing, reporting and investigating an incident.
- Participant grievance resolution.
- Department-issued policies or procedures if different from Agency issued policies and procedures.
- Accurate billing and documentation of HCBS delivery.
- Additional training opportunities as made available or identified as beneficial

The Agency will retain records of all completed trainings in employee files and will be made available as requested.

3.3 Conflict of Interest Policy

Created Date: 1/12/2015

No employee or subcontracted agent shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with Abilities Behavioral Health other than any monies payable to the employee by the Agency. Any employee or subcontracted agent shall refrain from obtaining any list of the Agency's clients for personal or private solicitation purposes at any time during the term of their affiliation.

Each individual shall disclose to the Agency any personal interest which he or she may have in any matter related to the Agency and refrain from participation in that matter. Any disclosed conflicts will be recorded in the individual's file for reference.

If, during the course of employment, an individual's circumstances change to develop a conflict, the individual would be removed from participation from the conflict with as little disruption as possible.

If a conflict of interest is discovered by the Agency that has not been disclosed, the conflict will be resolved in the most efficient manner available and will include disciplinary action, if necessary.

In accordance with this policy, Abilities Behavioral Health ensures the ability to:

- Make unbiased decisions from all Agency representatives
- Avoid involvement with other provider agencies that are not in accordance with ethical standards of financial and professional conduct.

4.1 Incident Management Policy

Created Date: 1/10/2015

Revised: 7/2/2018

Abilities Behavioral Health (ABH) will take measures to protect the overall health and well-being of individuals being served.

- If an incident were to occur in the presence of ABH staff or were to be reported to ABH staff, ABH staff are required to take appropriate steps to ensure health and safety, including providing additional direct support, if necessary, to individuals involved.
- The HCSIS Point Person will ensure the timely and accurate reporting of any incident that occurs during the provision of service in keeping with requirements for reportable incidents. If an incident occurs within a setting under the auspices of another provider agency, the Director will provide collaboration with the other provider agency to ensure the same timeliness and accuracy.
- In the event an investigation is required to be conducted, Abilities Behavioral Health will assign a Certified Investigator to complete the investigation.
- Upon completion of any investigation, the Executive Director will review and take steps to implement any suggested corrective actions.

4.2 Health and Behavioral Crises Policy

Created Date: 1/13/2015

Abilities Behavioral Health, LLC (ABH) currently provides both Behavior Support and Community Inclusion Services. ABH requires that all staff ensure the health and safety of individuals served.

Health Related Emergencies

In the event of a health-related emergency or crisis, staff would take action to ensure the following:

- That emergency medical assistance is acquired via 911
- That ABH staff communicate the nature and outcome of the health emergency to other team members, including the Supports Coordinator
- That incident is reported to the HCSIS system, as necessary

ABH understands that, in providing Behavior Support, often the individuals to whom services are provided are involved with other service providers as well. In these cases, ABH staff will provide assistance as needed if a health-related emergency occurs during ABH service provision.

Behavior Related Emergencies

All individuals to whom Abilities Behavioral Health provides services either has a Behavior Support Plan or is in the process of receiving a Behavior Support Plan.

Abilities Behavioral Health, in keeping with expected service provisions, provides training to individuals' team members in implementation of the strategies held within the Behavior Support Plan. Proactive strategies are designed based upon empirical data and are the least restrictive procedures possible. Additionally, ABH staff develops a crisis plan and/or a backup plan for each individual.

These documents identify steps to take in the event of a behavioral crisis event. It is the goal of ABH to train team members and support staff in all aspects of each plan to ensure appropriate and effective responses to behavioral crises.

In the event a behavioral crisis occurs, ABH requests that the event is reported to ABH staff in a timely fashion. ABH staff, following the report of an event, will schedule a team meeting in order to discuss the event and evaluate the necessity of revising the Behavior Support Plan.

4.3 Reportable Incidents

Created Date: 1/12/2015

It is the responsibility of Abilities Behavioral Health to ensure safety and wellbeing of the individuals who we serve. To that end, the Agency will report all incidents to the Department and ensure that a certified investigation is conducted when necessary. Abilities will take prompt action to protect the participant's health, safety and rights when an incident has been discovered or has occurred.

The following incidents **MUST** be reported in HCSIS within 24 hours of the discovery or occurrence of the incident:

- Death.
- Suicide attempt.
- Hospitalization.
- Psychiatric hospitalization.
- Emergency room visit.
- Abuse as follows:
 - Physical abuse.
 - Psychological abuse.
 - Sexual abuse.
 - Verbal abuse.
 - Improper or unauthorized use of restraint.
- Individual to individual abuse.
- Neglect.
- Missing person.
- Law enforcement.
- Injury requiring treatment beyond first aid.
- Disease reportable to the Department of Health.
- Fire.
- Misuse of funds.
- Participant rights violation.
- Emergency closure.
- Crisis event.
- Restraint.

The following incidents **MUST** be reported in HCSIS within 72 hours of the discovery or occurrence of an incident:

- Medication administration error.
- Restraint unless the restraint falls into the definition of “abuse” in § 51.3 (relating to definitions)

4.4 Certified Investigations and Peer Review Process

Created Date: 10/27/2017

Abilities Behavioral Health, as a provider of Medicaid funded waiver services, is aware of the need to ensure the enforcement of accurate, effective incident management policies and procedures. To that end, we are aware that incidents may occur that require investigation (as identified by ODP bulletin 6000-04-01).

Certified Investigator

Abilities Behavioral Health has, on hand, a staff person that is trained and will act as the Agency's Certified Investigator. Additionally, Abilities is willing and able to develop contracts with other agencies in need of an Investigator. The Certified Investigator (CI) will be available in a timely fashion to begin any investigation required for the Agency (or other contracted agencies).

Peer Review Process

In the event that an investigation(s) has been required and completed, the Agency will begin conducting Certified Investigation Peer Reviews (CIPRs) and will continue to conduct these reviews every quarter. Findings from the CIPRs may be used to add measurements to future QM Plans.

CIPR committee

A CIPR committee will meet every 3 months to review results of completed Certified Investigations. The committee will consist of 3 individuals either within the agency, or from another service provider that is familiar with Incident Management policies, none of which are the current Certified Investigator. If a previous certified investigator becomes part of the committee, he or she will not review his/her own past investigations. The individuals involved in the committee will have been trained in Incident Management requirements as specified by ODP and will have reviewed the ODP CIPR Manual in completion.

Place holder

--