



Therapeutic Services

**DIDD Required Policy List
and**

POLICY AND PROCEDURE SAMPLES

March 2014

Required DIDD Policies Listing
With DOH Required Policies Crosswalk and Sample Templates
 Effective March 15, 2014

Providers are required to prepare a DIDD policy manual. This manual shall be in place prior to initiating services once approved as a provider. For providers of occupational therapy, physical therapy, speech language pathology, and nursing the required DIDD policies are *in addition to* policies required for the Professional Support Services (PSS) license.

The following grid:

- Outlines the required DIDD policies (bolded), and
- Crosswalks the required DIDD policies with the Department of Health (DOH) policies (bolded) required for the Professional Support Services license (when required by both departments, the policy can be combined)

Details regarding required DIDD policies are located in the DIDD Provider Manual Chapter 13, Section 13.2.f. Sample policy templates are included in this packet.

The content outlining required policies for the DOH PSS licensure are available in the *Standards for Home Care Organizations Providing Professional Support Services* rules, Chapter 1200-8-34. The full list and sample policy templates are available in Sections One and Two of the *Resource Handbook for the Professional Support Services License*.

DIDD <i>(Required Policies are bolded)</i>	DOH – Professional Support Services (OT, PT, SLP and Nursing) <i>(Required policies are bolded)</i>
	1200-8-34-.04(3-5) Administration (3--5) Organizational Structure
	1200-8-34-.04(9-13) Administration: Personnel Practices (10) Personnel Records – Licenses, medical screen, job descriptions, verification of references/credentials, and performance evaluations (11) Ongoing Education (12) Contracted Services
	1200-8-34-.04(16) Administration: HIV Testing and 1200-8-34-.06(7d) Basic Agency Functions: HIV Exposure and Testing
	1200-8-34-.04(20) Charity Care

Provider Manual Chapter 13, 13.2.f.1.a Policy that ensures background checks and registry checks are completed for all employed and contracted staff having direct contact with individuals.	
Provider Manual Chapter 13, 13.2.f.1.b. Initiating and employing disciplinary actions.	
Provider Manual Chapter 13, 13.2.f.1.c. Drug free workplace requirements.	
Provider Manual Chapter 13, 13.2.f.2. Showing respect to service recipients during service delivery	
Provider Manual Chapter 13, 13.2.f.3. Serving as an advocate for persons supported (as appropriate)	
Provider Manual Chapter 13, 13.2.f.4. Emergency situations and taking appropriate actions	
Provider Manual, Chapter 13, 13.2.f.5. Managing and reporting incidents using DIDD procedures	
Provider Manual Chapter 13, 13.2.f.6. Maintaining Title VI compliance	1200-8-34-.05(11)
Provider Manual Chapter 13, 13.2.f.7. Protecting people's rights	1200-8-34-.12 Consumer Rights
Provider Manual Chapter 13, 13.2.f.8. Protection from and prevention of harm	1200-8-34-.11(2) Records and Reports
Provider Manual Chapter 13, 13.2.f.9. Complaint resolution procedures	1200-8-34-.04(17) Non-retaliation
Provider Manual Chapter 13, 13.2.f.10. Assuring staff coverage for services and adhering to service schedules	N/A
Provider Manual Chapter 13, 13.2.f.11. Supervision plan (as applicable when using therapy assistants)	1200-8-34-.06(5a) Supervision

Provider Manual Chapter 13, Section 13.10.h. Discharge Summary	1200-8-34-.05(10) Admissions, Discharges, Transfers: Discharges
	1200-8-34-.06(1-5) Basic Agency Functions: General, Therapy and Nursing
Provider Manual Chapter 13, Section 13.7 Self-assessment and Internal Quality Improvement	1200-8-34-.06(6) Basic Agency Functions: Performance Improvement
	1200-8-34-.06(7) Basic Agency Functions: Infection Control
Provider Manual Chapter 10, Section 10.8c, 10.13, 10.14, 10.15 Therapeutic Services Records Personnel Records Provider Administrative Records Distribution and Transfer of Records Between Providers	1200-8-34-.06(8d) Basic Agency Functions: Medical Records and 1200-8-34-.12(1g) Rights for Release of Information
	1200-8-34-.10 Infectious and Hazardous Waste
	1200-8-34-.13 Policies and Procedures for Healthcare Decision-Making
In addition, for Nutrition and Orientation and Mobility Providers: Provider Manual Chapter 13, 13.2.f.1.b (page 13-5) Personnel Procedures: Job descriptions, credentials, and verification of references Ensuring a well-trained workforce Procedures for tuberculosis testing Performance evaluations	
In addition, for Orientation and Mobility Providers if providing and billing for individual transportation: Provider Manual Chapter 13, 13.2.f.4. (Page 13-5) Transportation for Orientation and Mobility Services	

AGENCY NAME

**CRIMINAL BACKGROUND CHECKS
AND
REFERENCE CHECKS**

Provider Manual-Chapter 13, 13.2.f.1.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ completes background checks for each staff member and/or contracted staff in accordance with DIDD requirements.

B. Objectives

To assure that statewide and/or national criminal background checks are performed for each staff and/or contracted staff member having direct contact with or direct responsibility for service recipients.

C. Procedures

1. The applicant will be told that a criminal background check will be conducted;
2. Prior to assignment or change of responsibilities involving direct contact with service recipients, certain information must be obtained from the applicant;
3. Required information must be submitted to the entity conducting the criminal background check;
4. Information from applicant includes
 - A work history inclusive of a continuous description of activities during the past five (5) years;
 - At least three (3) personal references, with one of the references having known the applicant for at least five (5) years;
 - i. At a minimum, the employer must directly communicate with the most recent employer and any employer who employed the applicant for more than six months within the past five years;
 - ii. At a minimum, the employer must directly communicate with at least two of the personal references provided by the applicant.
 - A release of investigative records to the provider for the purpose of verifying the accuracy of criminal violation information stated on the application ; and
 - Either fingerprint samples for a criminal history background check conducted by the Tennessee Bureau of Investigation (TBI) or Federal Bureau of Investigation (FBI) or information for a criminal background investigation conducted by a Tennessee-licensed private investigation company.
5. In addition to Title 33 criminal background checks the agency will complete the following additional DIDD requirements:
 - For any staff that has lived in Tennessee for one (1) year or less, a nationwide background check is required; and
 - Staff must be directly supervised and not left alone with service recipients until such time as background check results are available.
6. For independent practitioners, background checks are done during the application process and are kept on file at the DIDD Central Office.

Policy Date:

AGENCY NAME

Consent for Pre-Employment Reference and Background Checks

I recognize that any offer of employment to me by _____ is conditional upon my successfully passing reference and background screenings. I understand that _____ shall conduct Pre-Employment Reference and Background Checks thoroughly and within the confines of all applicable state and federal laws.

In consideration of _____ review of my application for employment, I hereby release any individual, entity, and _____ from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

I hereby voluntarily consent to and authorize _____, or its authorized representative bearing this release or copy thereof, in connection with my application for employment with _____, to obtain a consumer report (no credit check will be performed) for employment purposes including:

- Criminal History
- Department of Motor Vehicle History
- Certification and Licensing
- Educational Credentials
- Employment Eligibility (Social Security Number Check)
- Employment Checks
- Reference Checks

I authorize all persons who may have information relevant to this research to disclose such information to _____, or its agents, and I hereby release all persons from liability on account of true and accurate disclosure. I hereby further authorize that a photocopy of this authorization be considered as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature of Applicant

Date

Printed Name (First, Middle, Last, Maiden)

License Number, State

Social Security Number

Telephone Number

Address (Street, City, State, Zip)

If any additional information relative to change of name or use of an assumed name or nickname is necessary to enable a check on your background, please explain below.

AGENCY NAME

**EMPLOYEE DISCIPLINARY ACTION
AND
PLACEMENT ON THE TENNESSEE'S DEPARTMENT OF HEALTH ABUSE REGISTRY**
Provider Manual-Chapter 13, 13.2.f.1.b.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

Agency will have a system to initiating/employing progressive employee disciplinary actions

B. Objective

Progressive discipline is a process for dealing with job-related behavior that does not meet expected and communicated performance standards. The primary purpose for progressive discipline is to assist the employee to understand that a performance problem or opportunity for improvement exists.

C. Procedures

a. Oral warning

- i. Identify the performance issue for the employee.
- ii. Explain to the employee how the performance issue is affecting his/her performance.
- iii. Ascertain the employee's understanding of the agency requirements.
- iv. Determine factors that are contributing to the performance issue.
- v. Determine steps to be taken to resolve the performance issue and set applicable timelines.
- vi. File notes regarding the oral warning in the employee's personnel record.

b. Written warning

- i. Provide a written warning to the employee regarding the performance issue outlining steps to be taken in the event that performance does not improve based on specific timelines.
- ii. File the written warning in the employee's personnel record.
- iii. Meet with the employee, if applicable, to discuss details.

c. Suspension

- i. Provide written notification of suspension to the employee with details regarding the performance issue and unmet steps to resolve.
- ii. File the written suspension notification in the employee's personnel record.

d. Termination

- i. End the employment of an individual who refuses to resolve performance issues.

e. Depending on the event/performance issue, the above steps may be modified or certain steps may be skipped.

f. In certain serious circumstances (i.e. verbal/physical altercations with other employees) immediate termination can occur.

g. Investigations:

- i. Staff involved in an investigation of potential abuse and/or neglect of a service recipient will be temporarily suspended from direct service recipient contact while the investigation is conducted.
- ii. Any staff substantiated for abuse or neglect of a level that results in them being placed on the TN Abuse registry will result in immediate termination.

Policy Date:

AGENCY NAME

DRUG FREE WORKPLACE

Provider Manual-Chapter 13, 13.2.f.1.c.

AGENCY NAME

SHOWING RESPECT TO PERSONS SUPPORTED

Provider Manual-Chapter 13, 13.2.f.2.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will show respect to service recipients during service delivery.

B. Objective

1. To show respect for service recipients during service delivery.

C. Procedure

1. _____ will show respect to service recipients by:

- Scheduling appointments in advance;
- Maintaining the schedule or contacting the service recipient as soon as the need to reschedule is recognized;
- Speaking directly with the service recipient;
- Calling the service recipient by name;
- Considering the service recipient's preferences;
- Focusing on the needs and goals of the service recipient;
- Explaining to the service recipient what is occurring during services to provide advanced notice so that the service recipient is informed;
- Considering the perspective of the service recipient during all services provided;
- Providing any other signs and/or actions of respect during service delivery.

Policy Date:

AGENCY NAME

SERVING AS AN ADVOCATE

Provider Manual-Chapter 13,13.2.f.3.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will serve as an advocate for the service recipient and refer to external advocacy services as needed.

B. Objectives

2. To serve as an advocate for the service recipient.
3. To provide referrals to external advocacy to service recipients as needed.

C. Procedure

2. _____ will advocate for service recipients.
3. _____ will participate in the appeals process to advocate for service recipients who receive an Adverse Action in regards to applicable services.
4. _____ will provide the needed information during the appeal according to the timeframe requirements.
5. _____ will assist the service recipient in contacting the DIDD Office of the Director of Appeals to clarify questions or concerns they have regarding the appeal process.

Policy Date:

AGENCY NAME

TAKING APPROPRIATE ACTION IN EMERGENCY SITUATIONS

Provider Manual - Chapter 13, 13.2.f.4.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ staff take appropriate action in emergency situations

B. Objectives

1. To ensure that appropriate actions are taken during emergency situations.

C. Procedures

1. Staff will respond within the scope of practice during emergency situations to minimize negative effects to the service recipients.
2. Staff will make themselves aware of emergency exits both in the homes of individuals and in agencies in which services are provided.
3. Staff will follow directions from agency staff for emergency situations when providing services in homes/other agencies.
4. Staff will assist in evacuating service recipients as directed in emergency situations.
5. Staff will remain with service recipients as necessary during emergency situations to ensure that they are safe or until other appropriate help arrives to fulfill this role.

Policy Date:

AGENCY NAME

MANAGING AND REPORTING INCIDENTS USING DIDD PROCEDURES

Provider Manual-Chapter 13, 13.2.f.5.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will report DIDD defined Reportable Incidents and allegations of abuse or neglect with appropriate and timely responses and will ensure immediate response to the health and safety risks of service recipients, staff, and others associated with each reportable incident or allegation.

B. Objectives

4. To assure the protection and safety of service recipients.
5. To address issues promptly and appropriately.
6. To minimize the future risk of similar incidents or events.
7. To provide appropriate and timely response to Reportable Incidents, including but not limited to all incidents leading to serious harm or a significant risk of serious harm and all allegations of abuse, neglect or exploitation of service recipients.

C. Procedure

- a. _____ must comply with DIDD requirements in Incident Reporting by taking actions that may include but are not limited to:
 - i. Obtaining needed medical attention for service recipients, staff or others who are injured or harmed;
 - ii. Immediately correcting any physical hazard that may have contributed to the incident;
 - iii. Immediately reporting staff conduct that may have contributed to the incident;
 - iv. Notifying the service recipient's support coordinator/case manager of the incident, including the need to obtain approval for additional services or supports or the need for funding to complete physical plant or adaptive equipment repairs, adoptions or replacement as warranted and;
 - v. Consulting with the support coordinator/case manager regarding initiating planning to arrange for any counseling or psychiatric care that may be needed by the service recipient due to the trauma of being the victim of an incident.
- b. _____ will provide immediate (as soon as possible or within 4 hours) notification via the DIDD Investigation Hotline for all reports of alleged or suspected abuse, neglect, exploitation and serious injury of unknown cause, as well as service recipient deaths that are questionable or suspicious, potentially involving abuse or neglect.
- c. _____ must comply with DIDD requirements in Incident Reporting by the eight basic areas listed below:
 - i. By providing immediate response to the safety and/or health risks associated with each Reportable Incident;
 - ii. Incidents that are defined as Reportable Incidents that must be reported to the DIDD Central Office;
 - iii. Reportable Incidents that must be reported immediately (as soon as possible but within 4 hours) must be reported to the DIDD Investigation Hotline;
 - iv. Timely review or weekly review, follow up and closure of Reportable Incidents;

- v. Requirements for notification of entities external to the provider organization and DIDD of the occurrence of Reportable Incidents and the DIDD investigative findings and recommendations
 - vi. Timely response to findings associated with Reportable Incidents and DIDD investigations and allegations of abuse, neglect, exploitation and serious injuries of unknown origin;
 - vii. Trend studies of reportable incidents and substantiated reports of abuse, neglect and exploitation; and
 - viii. Risk assessments/reviews of service recipients, community homes/programs or other situations/circumstances which trend studies identify as presenting high protection and safety risks.
- d. DIDD defined events and incidents must be documented on the DIDD Reportable Incident Form.
 - e. In addition to the Reportable Incident Form to the DIDD Central Office, the Administrator on Duty (AOD) will be contacted by AOD pager in the event of:
 - i. A service recipient death
 - ii. A reportable medical incident resulting culminating in an unplanned hospitalization or;
 - iii. A behavioral or psychiatric, missing person, sexual aggression or criminal conduct incidents when law enforcement or a Mental Health Crisis Team is involved in the scene or if the incident results in hospitalization.
 - f. The Regional AOD crisis pager may be utilized to obtain emergency approval of services when DIDD Regional Offices are closed. 615-282-4364
 - g. The front page of the DIDD Reportable Incident form will be submitted to the DIDD Central Office and ISC via secure fax or secure email within one (1) working day of the time the incident occurred or was discovered.
 - h. In the event two or more provider agencies witness a reportable incident, the primary service provider has the obligation to report. When _____ is the "other" agency, _____ will obtain written confirmation that primary provider filed the report.

Policy Date:

****Please contact your Regional Incident Management Director for the most current copy of the***

REPORTABLE INCIDENT MANAGEMENT REPORT

for inclusion in your POLICIES AND PROCEDURES MANUAL.

AGENCY NAME

MAINTAINING TITLE VI COMPLIANCE

Provider Manual - Chapter 13, 13.2.f.6.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will maintain Title VI compliance.

B. Objective

_____ ensures that service recipients receive equal treatment, equal access, equal rights, and equal opportunities without regard to race, color, national origin, or Limited English Proficiency (LEP).

_____ will not exclude, deny benefits to or otherwise discriminate against any service recipient based on race, color or national origin.

C. General Procedures:

1. _____ will designate a Title VI Local Coordinator.
2. The Title VI Local Coordinator is _____ until further notice.
3. _____ will provide Title VI information to all service recipients face to face or by mail prior to the initiation of an initial assessment informing them who the Title VI coordinator is and how to contact in the event that they have a complaint.
4. In the event of a complaint, the Title VI Coordinator will assist the complainant in accessing the DIDD Title VI Grievance Procedures and grievance form either by accessing the DIDD website or providing the form directly to the complainant.
5. All staff will complete DIDD approved Title VI training within 60 days of employment/contracting and complete the annual refresher training thereafter to address the following:
 - a. Training to ensure Title VI compliance during service provision;
 - b. Training to ensure recognition of and appropriate response to Title VI violations; and,
 - c. Training regarding complaint procedures and appeal rights pertaining to alleged Title VI violations for service recipients.
 - d. Training regarding personnel practices governing response to employees who do not maintain Title VI compliance in interacting with service recipients.
6. Staff failure to maintain Title VI compliance in interacting with service recipients will be required to participate in a remedial action to be determined based on the findings following the investigation of the complaint.
7. _____ will complete and submit an annual Title VI self-survey in the format designated by DIDD.
8. The _____ Local Title VI coordinator will maintain documentation pertaining to individual Title VI complaints for a minimum of three (3) years and will forward documents to the DIDD Regional Office Title VI coordinator per DIDD requirements.

DISCRIMINATION IS PROHIBITED

Policy Date: _____

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT FEDERALLY ASSISTED PROGRAMS BE FREE OF DISCRIMINATION. THE **TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION, DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES** ALSO REQUIRES THAT ITS ACTIVITIES BE CONDUCTED WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN.

Prohibited Practices Include:

- Denying any individual any services, opportunity, or other benefit for which he or she is otherwise qualified;
- Providing any individual with any service or other benefit, which is different or is provided in a different manner from that which is provided to others under the program;
- Subjecting any individual to segregated or separate treatment in any manner related to his or her receipt of service;
- Restricting any individual in any way in the enjoyment of services; facilities; or any other advantage, privilege, or benefit provided to others under the program;
- Adopting methods of administration that would limit participation by any group of recipients or subject them to discrimination;
- Addressing an individual in a manner that denotes inferiority because of race, color, or national origin;
- Subjecting any individual to incidents of racial or ethnic harassment, the creation of a hostile racial or ethnic environment, and a disproportionate burden of environmental health risks on minority communities.

Should you feel you have been discriminated against, please contact the local Title VI coordinator

Name: _____ Title: _____

Address: _____

Phone Number: _____ Fax: _____

- **Any individual may file a Title VI complaint with the below listed entities. It is preferable that complaints be registered at the local level first.**

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TITLE VI COMPLIANCE DIRECTOR

BRENDA D. CLARK
500 DEADERICK STREET NORTH
ANDREW JACKSON BUILDING, 15TH FLOOR
NASHVILLE, TN 37243
(615)253-6811 OR 1-800-535-9725

OR U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICE
REGIONAL MANAGER, OFFICE FOR CIVIL RIGHTS – REGION IV
ATLANTA FEDERAL CENTER, SUITE 3B70
61 FORSYTH STREET, S.W.
ATLANTA, GA 30303
(404) 562-7886

Service Recipient or Legal Representative Date

Service Provider

Agency Representative Date

AGENCY NAME

PROTECTION AND PROMOTION OF PEOPLE'S RIGHTS

Provider Manual Chapter 13, 13.2.f.7.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will ensure that staff protect the rights of service recipients.

B. Objective

8. To ensure that service recipients' rights are protected.

Procedure

6. _____ follow the values listed in Title 33 as the basis for service delivery to people with mental retardation including:
- a. Individual Rights
 - b. Promote Self-Determination
 - c. Optimal health and safety
 - d. Inclusion in the community, utilizing natural supports and generic community services as much as possible
7. _____ supports service recipients in exercising their following rights without limitation:
- To be treated with respect and dignity as a human being;
 - To have the same legal rights and responsibilities as any other person unless limited by law;
 - To receive services regardless of gender, race, creed, marital status, national origin, disability or age;
 - To be free of abuse, neglect or exploitation;
 - To receive appropriate, quality services and supports in accordance with an individual support plan (ISP);
 - To receive services and supports in the most integrated and least restrictive setting that is appropriate based on the service recipient's particular needs;
 - To have access to DIDD rules, policies and procedures pertaining to services and supports;
 - To have access to personal records and to have services, supports and personal records explained so that they are easily understood;
 - To have personal records maintained confidentially;
 - To own and have control over personal property, including personal funds;
 - To have access to information and records pertaining to expenditures of funds for services provided;
 - To have choices and make decisions;
 - To have privacy;
 - To receive mail that has not been opened by provider staff or others unless the person or family has requested assistance in opening and understanding the contents of incoming mail;
 - To be able to associate, publicly or privately, with friends, family and others;
 - To practice religion or faith of one's choosing;

- To be free from inappropriate use of physical or chemical restraint;
- To have access to transportation and environments used by the general public;
- To be fairly compensated for employment and;
- To seek resolution of rights violations or quality of care issues without retaliation.

AGENCY NAME

PROTECTION FROM AND PREVENTION OF HARM

Provider Manual Chapter 13, 13.2.f.8.

Provider Letterhead

Protection from Harm Statement

I [Name], certify and affirm that to the best of my knowledge and belief I have or have not (as applicable) had or received a finding of a substantiated case of abuse, neglect, mistreatment or exploitation against me. In order to verify this affirmation, I further release and authorize [Vendor Name Lower Caps as it will appear] and the Tennessee Department of Intellectual and Developmental Disabilities to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect or mistreatment.

Signature

Date

This form must be updated once per year.

AGENCY NAME

COMPLAINT RESOLUTION

Provider Manual-Chapter 13, 13.2.f.9.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ Agency Name _____ supports service recipient personally or through legal representatives and/or involved family members/friends to present complaints regarding the provision of services and be assured resolution to complaints and conflicts.

B. Objectives

1. To provide a procedure for service recipients, involved family members and/or their legal representatives to express complaints and conflicts/issues regarding the provision of care.
2. To describe complaint resolution procedures.
3. To comply with DIDD regulations.

C. General Procedures for Complaint Resolution:

1. _____ staff will provide a copy of the complaint and conflict resolution policy to service recipients, involved family members and/or legal representative upon admission to the agency to ensure that information regarding complaint and conflict resolution is made available to them.
2. All attempts will be made to resolve complaints at the most local level whenever possible.
3. Complaints or other issues may be presented verbally, informally, by phone, in written form, in person or mailed to _____ Name/Company _____ to the attention of the Administrator.
4. The Administrator is _____ Name/Company _____ and can be reached at _____.
5. The complaint will be documented by the administrator and placed in the service recipient's record.
6. The administrator will respond to the issue within 2 working days following receipt of the complaint.
7. If necessary, a meeting will be held with all involved parties to discuss the issue and develop a plan for resolution.
8. All complaints will be resolved within 30 days from the receipt of the complaint unless outside involvement (i.e. DIDD) or mediation is required.
9. When the issue is resolved, the administrator will document the resolution in the service recipient's record as well as in the agency's internal complaints tracking system.
10. At any time, or if the issue is not brought to an acceptable resolution within a timely manner (no longer than 30 days), the provider or complainant/service recipient can request assistance from the DIDD Regional Office Complaint Resolution Coordinator to achieve resolution.
11. The administrator will track all complaints and the resolution of complaints in order to use the information during the agency's self-assessment process to utilize trends and patterns in order to initiate actions that will promote systemic improvements. The following will be tracked:
 - Date complaint received
 - Name of complainant
 - Contact information of complainant
 - Name of service recipient
 - ISC/CM and support agency names (as applicable)
 - Description of complaint
 - Resolution
 - Date of resolution
 - Date provider confirmed resolution with complainant

12. Retaliation by any employee of this agency against a complainant will result in disciplinary action and possible termination.
13. All Complaints Resolution System records will be made available to DIDD upon request.

Policy Date:

Complaints Resolution Coordinator's Name
Company Address
Telephone number

RECEIPT OF COMPLAINT RESOLUTION POLICY

Regarding: _____

Each person served has the right personally or through family, advocates, legal conservators, or supporters to present concerns and to recommend changes in care.

No agency or staff member shall retaliate against or, in any manner, discriminate against any person because of a complaint made in good faith against the agency or a staff member of the agency.

I have received a copy of the Complaint Resolution Policy from

_____.

Signature: _____

Date: _____

Please return receipt by either faxing to _____

Or mail to _____

AGENCY NAME

ASSURING STAFF COVERAGE AND SERVICE SCHEDULES

Provider Manual-Chapter 13, 13.2.f.10.

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ provides therapy services through the use of sufficiently qualified and trained staff who are available to provide the service in accordance with the schedule or the appointment time arranged.

B. Objectives

1. To ensure that services are provided to service recipients by sufficiently qualified and trained staff.
2. To ensure that services are provided in accordance with the schedule completed with the service recipient or the appointment time arranged.
3. To provide coverage for services when staff take periods of extended leave due to illness, resignation, or other unexpected events or circumstances.

C. Procedures

1. Agency staff will assess therapy staff's caseload to ensure they are capable of accepting more referrals.
2. Agency will track approved units and units of service provided.
3. Staff will develop an appointment schedule with the service recipient on a monthly basis or per residential/day agency policy as applicable.
4. The service recipient will be notified if changes in the schedule must occur.
5. Notifications of the change in schedule will occur as soon as possible after the need to reschedule has been identified.
6. Staff will document reasons for missed visits.
7. Staff will notify the service recipient/home manager / family member as well as the manager of this therapy provider when there is more than one missed visit/month and/or there are other problems identified that may effect service provision provided as approved.
8. Agency will track and trend missed visits.
9. Agency and/or staff will work with the provider / family / ISC / case manger to promote services being provided as approved.
10. Agency/staff will promote continuity of care with service provision and if there are unexpected circumstances that occur, the service recipient, ISC and/or case manger will be given as much advance notice as possible.
11. The support coordinator or case manger will be notified with as much advance notice as possible any time that _____ anticipates the staff will take an extended leave for any reason.
12. Provision will be made for coverage of services during periods of extended leave using staff who are appropriately subcontracted and trained per DIDD requirements.
13. Until further notice, _____ will provide services and supervision of staff as required during extended leaves.
14. If agency needs to discontinue services for an unexpected reason, the ISC and/or case manager will be given a minimum of 60 day notice.

15. The agency will continue to provide the approved service until the service recipient has another agency to provide the service.
16. Agency staff will assess therapy staff's caseload to ensure they are capable of accepting more referrals.

Policy Date:

AGENCY NAME

SUPERVISION PLAN FOR THERAPY ASSISTANTS

Provider Manual-Chapter 13, 13.2.f.11.

A. Policy

_____ supervises therapy assistants according to the supervision plan.

B. Objectives

1. To establish a supervision plan to address how the agency accomplishes major supervisory functions.

C. Procedures

1. Supervisory staff will assure that therapy assistants understand their job duties and performance expectations;
2. Supervisory staff will assure that therapy assistants staff possess or acquire the knowledge and skills needed to complete job duties and meet performance expectations;
3. Supervisory staff will assure that they monitor staff performance to ensure performance issues are promptly identified and rectified by requiring or providing additional training, increased supervision, counseling and/or appropriate actions;
4. Supervisory staff will provide appropriate supervision to entry level staff in accordance with state licensure requirements and practice standards.
5. Ensuring that a minimum of one (1) scheduled onsite supervisory visit is conducted every 60 days per person on the therapy assistant's caseload for Physical and Occupational Therapy Assistant's.
6. Documentation of supervision will be maintained in the personnel files.
7. The agency administrator or management designee will ensure that the act of supervision and the supervision plan will be evaluated for effectiveness and revisions completed as needed.

Policy Date:

AGENCY NAME

PERSONNEL RECORDS

Provider Manual-Chapter 13, 13.2.F.2. (Page 13-5)

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy:

_____ agency will maintain confidential personnel records that are subject to review during both the Department of Health and Department of Intellectual and Developmental Disabilities surveys.

B. Objective:

To identify the documents to be maintained in the personnel records.

C. Procedure:

1. Personnel records shall be kept on all employees and contracted staff for the agency.
2. Personnel records shall be maintained in a confidential manner and overseen by the agency administrator.
3. Personnel records shall include at a minimum:
 - Application
 - Resume
 - Reference Checks
 - Current professional license
 - Verification of licensure by accessing www.state.tn.us/health
 - Background check results
 - Reports from checking the DOH TN Elderly and Vulnerable Abuse Registry and Sexual Offender Registry
 - Signed confidentiality agreement
 - Answer sheet to all required courses
 - Signed documentation of completion of therapeutic services orientation with the DIDD regional team
 - Required ongoing continuing education
 - Performance evaluations
 - Copy of subcontract agreement (if applicable)
 - Any disciplinary actions
 - Perpetrator history (substantiated abuse, neglect or exploitation allegations)
 - Consent forms signed by the employee to allow completion of background checks or access other employment related information
 - Job description
 - Proof of adequate medical screening to include a TB skin test (if applicable), and HIV and Hepatitis screening upon exposure
 - A copy of contracts with contracted staff.
4. Reference checks will be completed in compliance with Title 33 requirements for reference checks.
5. Personnel shall have access to their file when requested.

Policy Date:

AGENCY NAME

**JOB DESCRIPTION
ADMINISTRATOR**

Provider Manual-Chapter 13, 13.2.f.1b (page 13-5)

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

Agency: _____ Job Title: Administrator – _____

Position Summary: A person who establishes policies and procedures and is responsible for the day to day activities of the agency. This person must be _____ with a _____ degree and at least _____-years experience in a health or disability related field.

Principle Duties and Responsibilities:

1. Maintains open communication with the Department of Intellectual and Developmental Disabilities (DIDD), Independent Support Coordination agencies and other related provider agencies. Identifies and works to resolve problems as they arise.
2. Maintains knowledge of the standards for the DIDD quality enhancement survey and coordinates preparation for these surveys.
3. Maintains working knowledge of the DIDD Provider Agreement Requirements, Provider manual and operating procedures.
4. Develops and monitors /oversees compliance with agency policies and procedures.
5. Assures compliance with maintaining professional licenses and training requirements.
6. Participates in relevant training to improve skills and knowledge in the area of providing support and services for persons with mental retardation and developmental disabilities.
7. Maintains and updates confidential personnel files.
8. Ensures confidentiality and maintenance of service recipient files including completing appropriate documentation as outlined in the medical record policy.
9. Exhibits a high degree of responsibility for confidential matters.
10. Oversees the agency operating budget.
11. Assumes other related responsibilities as required.

Position Requirements: The Administrator is a _____ with accreditation from the _____ with a _____ degree and _____ years of experience in a health and disability related field, inclusive of clinical experience in the area of mental retardation and developmental disabilities. This position requires the administrator to exhibit excellent interpersonal skills, verbal and written communication skills, and a willingness to maintain a flexible work schedule as needed.

Signature

Date Reviewed

Development Date: _____

AGENCY NAME

**JOB DESCRIPTION
SPEECH-LANGUAGE PATHOLOGIST**

Provider Manual-Chapter 13, 13.2.f.1b (page 13-5)

POSITION SUMMARY:

The Speech-Language Pathologist provides professional support services which may include evaluation and treatment of service recipients with speech, language, hearing, oral motor or swallowing disorders.

ORGANIZATIONAL STRUCTURE:

The Speech-Language Pathologist is accountable to the Administrator or supervising designee.

RESPONSIBILITIES:

1. Completes the initial evaluation and admission for service recipients admitted for speech therapy services and develops plan of care.
2. Provides treatment for service recipients to relieve speech, language, hearing, and oral motor or swallowing disorders.
3. Observes, records and reports to the attending physician and other staff, the service recipient's reactions to treatment and any changes in the service recipient's condition or plan of care.
4. Instructs the service recipients and their caregivers when applicable in the care and proper use of equipment and devices. Also advises and consults with the physician regarding the feasibility of equipment and devices.
5. Instructs other planning team personnel, family, and/or caregivers in assisting with the implementation of the Individual Support Plan when applicable.
6. Schedules and conducts treatments and consultation according to service recipient's needs and the physician's orders.
7. Documents appropriate progress and clinical notes indicating service recipient's response to therapy.
8. Evaluates the service recipients' progress monthly and submits a monthly progress report.
9. Attends Planning Team meetings and other meetings as requested.
10. Coordinates discharge planning as appropriate.
11. Confers with other disciplines as needed.
12. Documents time, data and daily visits per company policy.
13. Completes and submits required documentation in a timely manner.
14. Maintains a positive relationship with service recipients, support staff, physicians, other Planning Team members, and co-workers.
15. Maintains established agency policies and procedures, objectives, safety, environmental, and infection control policies.
16. Maintains and protects service recipient's confidentiality.
17. Participates in required training activities.
18. Performs other duties as assigned.
19. Maintains required continuing education units to satisfy licensure needs.

POSITION QUALIFICATIONS:

- Educational Requirements: Master's level degree in Speech –Language Pathology
- Current Tennessee licensure as a Speech Pathologist
- Valid driver's license

- Certificate of Clinical Competence in Speech-Language Pathology or CFY under SLP supervision

Signature

Date Reviewed

Date Developed:

AGENCY NAME

Reference Check Control Form

Provider Manual-Chapter 13, 13.2.f.1b (page 13-5)

Applicant Name: _____ Position: _____

Personal references checked:

Name: _____ Relationship: _____

Address: _____
—

Telephone: _____ Date contacted: _____
Method of contact: _____

Notes: _____

—

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Date contacted: _____
Method of contact: _____

Notes: _____

—

Name: _____ Relationship: _____

Address: _____
—

Telephone: _____ Date contacted: _____
Method of contact: _____

Notes: _____

—

Employment references checked:

Name: _____ Employer: _____
Dates of employment: _____ Pay: _____
Address: _____

—

Telephone: _____ Date contacted: _____
Method of contact: _____
Would you rehire? _____
Reason for termination: _____

Notes: _____

—

Name: _____ Employer: _____
Dates of employment: _____ Pay: _____
Address: _____

—

Telephone: _____ Date contacted: _____
Method of contact: _____
Would you rehire? _____
Reason for termination: _____

Notes: _____

—

Name: _____ Employer: _____
Dates of employment: _____ Pay: _____
Address: _____

—

Telephone: _____ Date contacted: _____
Method of contact: _____
Would you rehire? _____
Reason for termination: _____

Notes: _____

—

AGENCY NAME

MAINTAINING A WELL-TRAINED WORKFORCE

Provider Manual-Chapter 13, 13.2.f.1.c. (Page 13-5)

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

An ongoing educational program shall be planned and conducted to develop and improve skills of all personnel engaged in the delivery of professional support services in order to maintain a well-trained work force.

B. Objectives

2. To ensure adequate orientation of new staff to the agency and the interrelated systems, policies and procedures, and the employees job responsibilities.
3. To support staff in developing the skills necessary to work within the field of mental retardation and developmental disabilities, increasing their level of competence, and increasing their productivity.
4. To meet the required training standards set forth by the Department of Intellectual and Developmental Disabilities (DIDD).
5. To maintain a well- trained work force.

C. Procedures

1. Each new staff member will be formally oriented to the agency and its related systems (DIDD). This orientation will be documented and filed in the staff's personnel record.
2. The agency will assure that required DIDD orientation and training is scheduled and completed within specified time frames.
3. Documentation of all training and/or continuing education will be completed and filed in the staff member's personnel record.
4. A copy of the answer sheet with the recorded score will be maintained in the personnel record.
5. Persons providing professional support services will be encouraged to cultivate their job by taking advantage of training and continuing education courses through DIDD, professional associations and agencies, university classes, and other related resources that demonstrate both the supervisor's and staff member's commitment to continuous skill development.

Policy Date:

AGENCY NAME

TUBERCULOSIS TESTING

Provider Manual-Chapter 13, 13.2.f.1.D. (Page 13-5)

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

Agency will follow the Department of Health (DOH) recommendations for tuberculosis testing.

B. Objective

To reduce the risk of exposing service recipients or others on the job to tuberculosis.

C. Procedures

- a. Agency will determine upon hiring the risk level of each employee/contract staff in regards to having had exposure to tuberculosis (TB).

(Note: Based on the above current CDC recommendations, the Tennessee Department of Health has instituted a policy that targeted tuberculin testing of high-risk persons be performed statewide, and that tuberculin testing of low-risk groups be discouraged.)

- b. In accordance with the DOH TB policy, TB testing should only be performed for the following persons at higher risk for exposure to or infections with TB:
 - i. Close contacts of a person known or suspected to have TB
 - ii. Foreign-born persons from areas where TB is common
 - iii. Health care workers who serve high-risk clients
 - iv. Mycobacterium laboratory workers
 - v. Persons with HIV infections or AIDS
 - vi. Persons with medical conditions that place them at high-risk
 - vii. Person who inject illegal drugs
 - viii. Residents and staff or volunteer workers in high-risk congregate settings (alcohol and drug rehabilitation or methadone maintenance centers, homeless shelters, correctional facilities, mental health facilities, and long-term care facilities)
 - ix. Children under 18 years of age exposed to adults in high risk categories
 - x. Homeless persons
 - xi. Residence or prolonged travel in a country where TB is common
 - xii. Other high-risk populations as locally defined by the Department of Health
- c. If staff meet any of the above criteria, they will be asked to pursue a TB screening at their local health clinic. Results will be filed in their personnel file.

Policy Date:

AGENCY NAME

PERFORMANCE EVALUATION

Provider Manual-Chapter 13, 13.2.f.1.e. (Page 13-5)

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

A formal written performance evaluation will be conducted annually on all staff members.

B. Objectives

1. To ensure that an employee understands the responsibilities of his or her position.
2. To ensure that an employee can satisfactorily fulfill the demands of the position.
3. To facilitate communication between the employee and their supervisor in an effort to promote more effective job performance.
4. To identify performance problems.
5. To improve the performance of an employee.

C. Procedure

1. The Performance Plan and Review process is a three-step process that requires active participation of both the supervisor and the staff member including:
 - Establishment of mutually agreed upon goals and objectives;
 - Interim review of objectives; and
 - Annual performance plan and review.
2. The administrator is responsible for maintaining or delegating to supervisors the responsibility of maintaining a schedule for the Performance Plan and Review process for each staff member.
3. During orientation to the agency, each staff member shall receive appropriate orientation to the agency, including the staff's job responsibilities as outlined in the job description and completion of DIDD required training within required timelines. Documentation of this orientation must be signed and filed in the personnel record.
4. At the onset of employment, the supervisor will schedule a time to produce a performance plan together with the new employee.
5. The performance-planning meeting shall be documented indicating the attendance of the staff and supervisor. This documentation as well as a formal performance plan will be signed and dated by both the supervisor and the staff member and filed in the personnel record.
6. The following steps are to be taken in order to complete the Performance Plan and the Review process:
 - Performance plan (measurable annual goals and objectives) developed based on job responsibilities.
 - Establish priority of duties
 - Identify the standards upon which performance will be measured for each of the duties identified
 - Interim reviews (a minimum of two per year will be held between the supervisor and staff with more frequency as indicated if problems arise) to discuss progress of goals and objectives and for the supervisor to note any problems and develop a plan of action for improvement (also a time for staff to indicate needs for more support in particular areas)

- An interim performance review will be conducted to ensure that employees do not continue to provide direct services or have direct responsibility for service recipients upon receipt of information indicating that an employee is convicted of criminal activity during employment (e.g., fraud, misappropriation of funds, breach of fiduciary duty) or if an employee is placed on the Department of Health's Tennessee Abuse Registry.
 - Annual performance and review
7. Once the Performance Plan and Review process has been completed, the documents will be signed by both the supervisor and staff member to indicate that it has fully been fully discussed (the staff member's signature does not indicate agreement with the evaluation, only that the formal discussion has taken place). The staff member will have the opportunity to make comments in response to the performance review on the document itself or as an attached document.
 8. A final signed copy of the performance evaluation will be kept on file in the personnel record.

Policy Date:

AGENCY NAME

MAINTENANCE AND CONFIDENTIALITY OF MEDICAL RECORDS

Provider Manual-Chapter 13, 13.2.f.2. (Page 13-5)

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

A medical record shall be developed and maintained for each person admitted to the agency in a manner which will protect the privacy and rights of the person's health information.

B. Objectives

1. To maintain required documentation.
2. To note progress towards Individual Support Plan (ISP) outcomes/actions.
3. To facilitate integration of services.
4. To adhere to state and federal laws regarding maintenance of privacy of health information as required by the Health Insurance Portability and Accountability Act (HIPAA)
5. Establish procedures for HIPAA compliance.

C. Procedures

1. A medical record containing past and current findings in accordance with accepted professional standards will be maintained for every service recipient receiving professional support services.
2. The records will be stored in a manner that maintains the confidentiality of the information contained by preventing inappropriate access to the records.
3. Information contained in the records will be legible, clear, concise, complete and current.
4. Information will be factual.
5. Information will be organized in a systematic and chronological format.
6. Information will be written in ink or recorded in a typed/printed format.
7. Errors will be corrected by marking through the incorrect entry with a single line and recording the date and initials of the person correcting the entry.
8. Information documented in the service recipient records will be dated and authenticated by the signature and title of the person recording each entry.
9. Abbreviations will be spelled out in complete form followed with the abbreviation in parenthesis, when written the first time on a document.
10. Records will be maintained at **Name/Company address** _____.
11. The administrator will be responsible for records maintenance.
12. Required components of the record will be identified in the Table of Contents.
13. In addition to the physician's orders, assessment, and plan of care, the record shall contain:
 - Appropriate identifying information
 - The service recipient or his/her designee's written consent for professional support services.
 - Name of referring agency
 - A diagnosis
 - All medications and treatments pertinent to services being provided
 - Plan of care/ recommendations based on assessment
 - Outcomes/actions in the ISP

- Clinical notes written on each day services are provided containing the name of the service recipient; time the service began and ended; purpose of the contact including the ISP action step or outcome addressed; type of service provided; training provided to direct support staff or family; data collected to evaluate progress in achieving outcomes including assessment of the service recipient's response to implementation of staff instructions and therapy services; status of equipment pending approval or delivery; plans for follow up or changes in staff instructions, therapy plan of care or ISP; units of service used during the contact period and clinical service practitioner name, credentials and date of contact.
 - Monthly Review for any month during which clinical services are provided including, number of visits scheduled for the month and actual number of visits that occurred; an explanation for the reason for any missed visits or units of service approved but not used; conclusions as to whether the clinical service plan and staff instructions developed by the provider are meeting the service recipient's needs; recommendations for continuation, reduction or increase in service units or discharge from clinical services as appropriate; documentation of staff training provided or planned; and clinical service provider signature, credentials and date the monthly review was completed.
14. Clinical notes shall be submitted no less than weekly to the administrator (if applicable).
 15. Discharge summaries shall be written, dated and signed within seven (7) days of discharge.
 16. The discharge summary shall include the name of the service recipient being discharged; a summary of service provided; the status of the recipient at discharge; progress in implementing the clinical service plan of care and completing or meeting the ISP action steps and outcomes; recommendations regarding maintaining status at time of discharge; indicators for resuming services if applicable or appropriate; clinical service practitioner's name and credentials with the date the discharge summary was completed and the effective date of discharge.
 17. All medical records, written, electronic, graphic or otherwise acceptable form, will be retained in their original or legally reproduced form for a minimum period of at least ten (10) plus one (1) years after which such records may be destroyed.
 18. Records destruction shall be accomplished by burning, shredding or other effective method in keeping with the confidential nature of the contents. The destruction of records must be made in the ordinary course of business, must be documented in accordance with the agency's policies and procedures, and no record may be destroyed on an individual basis.
 19. Even if the agency discontinues operations, records shall be maintained as mandated by this chapter and the Tennessee Medical Records Act (T.C.A. §§ 68-11-308). If a service recipient is transferred to another health care facility or agency, a copy of the medical record or an abstract shall accompany the service recipient when the agency is directly involved in the transfer.
 20. Medical records information shall be safeguarded against loss or unauthorized use. Written procedures govern use and removal of records and conditions for release of information. The service recipient's or authorized person written consent shall be required for release of information when the release is not otherwise authorized by law.
 21. For purposes of this rule, the requirements for signature or countersignature by a physician or other person responsible for signing, countersigning or authenticating an entry may be satisfied by the electronic entry by such a person of a unique code assigned exclusively to him or her, or by the entry of other unique or mechanical symbols, provided that such person has adopted same as his or her signature in accordance with established protocol or rules.
 22. Records shall be available for review by the Department of Intellectual and Developmental Disabilities and authorizing entities.
1. _____ will refrain from disclosure of Protected Health Information (PHI) except as permitted by the provider agreement or allowed/required by law.
 2. _____ will safeguard PHI in the course of daily operations.

3. _____ will report to DIDD any use or disclosure of PHI prohibited by the provider agreement or applicable law when such use or disclosure is initially discovered.
4. Ensure that any agents, including subcontractors, to whom PHI is provided to or received from, or who create protected health information, agree to the same restrictions and conditions that apply to the DIDD provider business associate.
5. Designate a Privacy Officer, responsible for development and implementation of HIPAA-compliant policies and procedures and for responding to HIPAA-related complaints. _____ is the Designated Privacy Officer.
6. Identify the level of access of PHI necessary for each staff person to complete designated job responsibilities.
7. Train staff regarding HIPAA requirements and document such training.
8. Obtain signed confidentiality statements from staff.
9. Establish disciplinary actions for staff that do not adhere to HIPAA related policies.
10. Assure that PHI is not left unattended or visible in public areas.
11. Honor service recipients rights to access records as specified in HIPAA by the following:
 - Allow service recipients to see their records;
 - Provide copies of personal records to the service recipient upon request;
 - Provide information to service recipients about how information is used and shared;
 - Respond to requests from service recipients to restrict the used and/or disclosure of personal information;
 - Respond to requests from service recipients to change information in records that is incorrect;
 - Provide service recipients a list of people or entities who have obtained information from their records;
 - Honor requests from service recipients that certain health information not be shared, and;
 - Honor requests to rescind consents to share information.

Policy Date:

AGENCY NAME

**CONSENT FOR ASSESSMENT and the PROVISION OF SERVICES
(or CONSENT TO TREAT)**

Service Recipient's Name: _____

Date of Birth: _____

(_____,) is authorized to provide _____
professional support services and treatment, which may include consultation, and
training for the above named service recipient.

I understand that these services are being provided in accordance with the Home and
Community Based Services Waiver Program in the state of Tennessee. This consent
will remain in effect until further notice.

(Service Recipient/Parent/Guardian/Conservator Signature) (Date)

(Printed name of the above)

(Witness Signature) (Date)

(Signature) (Date)

AGENCY NAME

AUTHORIZATION TO RELEASE INFORMATION

Instructions: This form allows the release of information about a recipient of services under Title 33, Tennessee Code Annotated and the privacy notice required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended. I understand that this authorization is voluntary, and that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations (HIPAA).

I, _____, authorize

Print name of service recipient

Date of birth

Print name of agency/program and address making disclosure

to disclose to _____ the

Print name and address of person or organization to which disclosure is to be made

following information: _____

Nature of information, as limited as possible

The purpose of the authorized disclosure is to: _____

Purpose of disclosure, as specific as possible

I understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires automatically as follows: _____

Specify the date, event, or condition

Signature of service recipient who is 16 years of age or older

(Blanks must be filled in before signing)

Date

**Signature of individual acting on behalf of the service recipient if the individual is: (1) the parent, legal guardian, or legal custodian of a service recipient who is under 18 years of age; (2) the conservator or guardian for the service recipient; (3) the guardian-ad-litem of the service recipient but only for the purposes of the litigation in which the guardian-ad-litem serves; (4) the attorney-in-fact under a power of attorney who has the right to make disclosures under the power for the service recipient; (5) the executor, administrator, or personal representative on behalf of a deceased recipient; and (6) the treatment review committee, acting within the authority and scope of §33-6-107, Tennessee Code Annotated. The signature of any individual other than a parent of a child is insufficient to permit release of information unless the individual intending to act on behalf of the individual produces proof of her or his authority to act on behalf of the service recipient.*

Signature of individual acting on behalf of the service recipient*

(Blanks must be filled in before signing)

Date

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

**If a service recipient gives oral consent or signs with an X, the form must be signed by two (2) witnesses:

AGENCY NAME

**SELF-ASSESSMENT AND
QUALITY ASSURANCE**

Provider Manual-Chapter 13, 13.2.f.3 (Page 13-5)

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will engage in ongoing self-assessment and internal quality assurance and will participate in external quality assurance surveys.

B. Objectives

1. To assure active participation in the DIDD quality assurance process.
2. To self-assess the quality of professional support services provided.
3. To assist the agency in using its personnel to meet individual and community needs.
5. To identify and correct deficiencies which undermine the quality of services.
6. To provide opportunities to evaluate the effectiveness of agency policies, and when necessary, make recommendations for changes needed to assure quality service provision.
7. To track and trend internal data related to documentation and record keeping, incidents, investigations, complaints, etc. to determine individual or systemic changes needed to assure quality service provision.
8. To identify training needs.
9. To establish criteria to measure the effectiveness and efficiency of the professional support services provided to service recipients.
10. To obtain feedback from the service recipient or service recipient's legal representative regarding satisfaction with services.

C. Procedures for External Quality Assurance

1. _____ will participate in the Department of Mental Retardation Services (DIDD) Quality Assurance Surveys or any focused agency reviews as scheduled.
2. Upon identifying issues, _____ will complete a Quality Improvement Plan as indicated following the Quality Assurance Survey.
3. _____ will seek necessary technical assistance from DIDD or other external sources as needed to improve the quality of service provision.
4. _____ will participate in recommended technical assistance as indicated.
5. _____ will take part in mandated technical assistance as sanctioned, unless appealed.

D. Procedures for Internal Quality Assurance/Self-Assessment

1. _____ will complete an annual provider self-assessment consisting of ongoing review of the effectiveness of internal systems and service provision. The following components will be included in self-assessment activities prior to each Quality Assurance survey:

- a. A review of the monthly review process to determine overall effectiveness of services in meeting identified outcomes/actions in the ISP for persons served;
- b. Chart audits to assure records are kept up to date;
- c. Review of trends related to satisfaction surveys;
- d. Review of incident trends;
- e. Review of all external monitoring reports during the previous 12 months;
- f. Review of any sanctions imposed or recoupment by DIDD or TennCare during the previous 12 months;
- g. Review of personnel practices, including recruitment, hiring, training, disciplinary actions, terminations, and retention/turnover;
- h. Review of processes intended to promote timely resolution of issues, barriers, equipment needs, etc. identified through contact notes or monthly reviews;
- i. Review of current policies and procedures including success in implementing them and the degree to which they ensured compliance with program requirements;
- j. Completion of and annual Title VI self-survey in the format designated by DIDD as part of the overall quality assurance program;
- k. Application of the current DIDD Quality Assurance Survey Tool to a sample of service recipients (i.e. peer review);
- l. Annual consumer satisfaction surveys to ascertain the opinions of those actually receiving supports:
 - Surveys will be conducted face to face or by mail.
 - Surveys will be conducted to coincide with the annual evaluation date.
 - Surveys will be conducted upon discharge of an individual from services.
 - Surveys will be conducted in the unlikely event of agency closure.
- m. Results/trends of monthly chart audits utilizing the Quality Assurance Survey Tool (2 per month per discipline) to assure the following:
 - Services being provided are justified in the assessment by comparing the services to the assessment report;
 - Services being provided are accurately reflected in the ISP as actions/support goals by comparing the service documentation to the ISP;
 - Services provided are being implemented in accordance with the CMS waiver, TennCare rules, and the DIDD Provider Manual by referring to the rules for each entity;
 - Services are being implemented in a timely manner according to the service authorization;
 - Clinicians utilize appropriate resources to assure timely resolution of issues/barriers affecting the services they are providing;
 - The licensed therapist completes a monthly reassessment or services onsite to determine that the plan of care is still meeting the individual's needs and progress is occurring;
 - The licensed therapist supervises a designated therapy assistant a minimum of every 60 days, onsite, to ensure the assistant is properly carrying out the plan of care (ISP outcomes/actions);
 - The licensed therapist develops and trains staff on needed staff instructions for health and safety issues within 30 days of initiating services.
 - Discharge summaries are completed including required elements;
 - Services billed to DIDD are provided face to face and do not include documentation (unless otherwise specified per waiver definition), phone calls, or meetings;
 - Authorized units are utilized or documentation indicates why units are not all used;
 - Required documentation is completed and distributed in a timely manner (i.e. Assessments within 30 days of authorization, monthly reviews to the ISC by the

- 20th or the following month, reassessments and risk identification tools to the ISC no later than 90 days prior to the ISP effective date);
2. Issues or areas of concern identified from the self assessment process will be utilized in Quality Improvement Planning:
 - Quality Improvement Planning consists of documentation of the area of concern on the Quality Improvement Plan form.
 - Documentation of solutions to the concerns are listed, discussed with the appropriate parties and;
 - The solution is implemented or issue resolved with the service recipient.
 - Feedback is sought from the service recipient or ongoing self-assessment process after the implementation of the solution to determine if satisfaction/improvement is achieved.

Policy Date:

AGENCY NAME

**HOME AND COMMUNITY BASED WAIVER
THERAPEUTIC SERVICES
SATISFACTION SURVEY**

Date of survey: _____

Service recipient: _____

Name of person completing survey: _____

Relationship to service recipient: _____

Where does the service recipient live? Home with family _____ Residential/Supported living _____

How long have you been receiving therapeutic service? _____

Please provide an explanation if you answer no, sometimes, or don't know.

Question	Yes	No	Sometimes	Don't know	Not applicable
1. Did the Service provider introduce him/herself to the service recipient and staff on the initial visit?					
2. Did the Service provider explain why he/she was there and what he/she was going to do?					
3. Was the Service provider respectful of the service recipient?					
4. Were the staff instructions for therapeutic services easy to follow and understand?					

Question	Yes	No	Sometimes	Don't know	Not applicable
5. Did the Service provider respond to your requests, complaints and issues in an appropriate and timely manner?					
6. Did the therapeutic service help the service recipient meet their ISP outcome?					
7. Were you satisfied with the Service services and supports?					
8. Do you feel that these services have made a positive difference in the service recipient's life?					

9. What suggestions would you have to improve Therapy services?

TRANSPORTATION

Provider Manual-Chapter 13, 13.2.f.4 (Page 13-5)

Note: For specific policy requirements refer to reference in Provider Manual. Policies need to be individualized per your agency.

Policy:

_____ will provide transportation for orientation and mobility training services as needed to fulfill services delegated in the service recipient's Individual Support Plan (ISP) agreed upon within the circle of support and planning team. _____ will follow transportation procedures as set forth in the DIDD Provider Manual.

Objectives:

1. To assure a lack of transportation on the part of the service recipient or his/her residential/day/personal assistant agency, does not impede the ability to provide orientation and mobility services.
2. To promote safe provision of transportation services.

Procedures:

1. COMS vehicles used to transport service recipients must have operable seat belts;
2. COMS will ensure that service recipients are transported using seat belts in the proper manner;
3. COMS vehicles used to transport service recipients must be safe and have current tags and registration;
4. COMS will ensure mobility support needs applicable to transportation will be met in accordance with the ISP or staff instructions;
5. COMS will maintain a copy of the vehicle liability insurance certificate for vehicles used to transport service recipients;
6. Each vehicle used to transport service recipients must have the following first aid supplies:
 - a. Assorted sizes of gauze pads and rolls of gauze;
 - b. A triangular bandage;
 - c. Assorted sizes of band-aids;
 - d. Non-allergic tape;
 - e. Plastic waste bags, preferably red biohazard bags;
 - f. Disposable gloves;
 - g. Hand cleaner such as soap and water, antiseptic pads or wipes, etc. for first aid kits to be used when the service recipient is away from home;
 - h. A small flashlight with extra batteries;
 - i. Disposable scissors and tweezers; and
 - j. Liquid antibacterial soap.
7. COMS will not charge service recipients or service recipients' families for any of the cost incurred for routine maintenance, cleaning of vehicles or cellular telephone.

Policy Date: