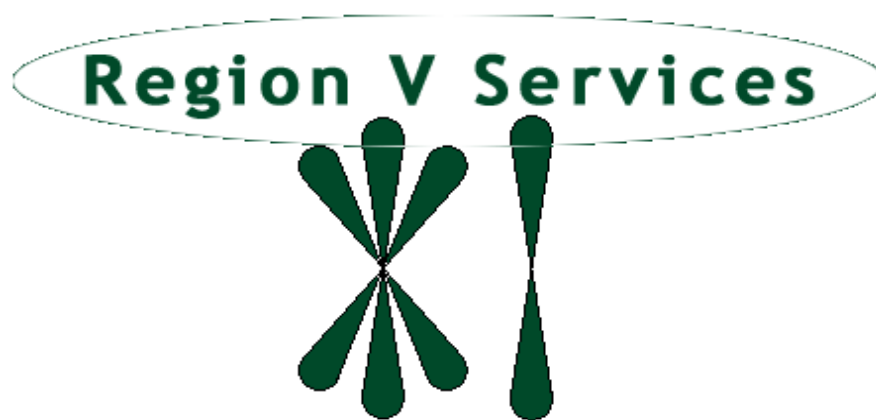


# **Administrative Policy Manual**



1430 South Street, Suite 203  
Lincoln, NE 68502  
402-471-6400  
[www.region5services.com](http://www.region5services.com)

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## **I. Region V Services (RVS) Mission/Structure**

In May of 1973, the Nebraska Legislature passed Legislative Bill (L.B.) 311 that created six mental retardation regions. Region V currently consists of sixteen counties in southeast Nebraska: Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer and York.

### **MISSION STATEMENT**

The mission of Region V Services is to provide desired training and supports that promote interdependence and relationships within community and lessen reliance on agency services.

### **REGION V STRUCTURE**

The sixteen counties which comprise RVS joined together under Nebraska's Interlocal Cooperation Act. The Interlocal Agreement created RVS, which is a political subdivision of the State of Nebraska.

#### **A. Governance and Management**

1. RVS is governed by the Region V Community Human Services Program Governing Board. One county commissioner or supervisor from each of the original sixteen counties identified in the Interlocal Cooperation Act serves on the Governing Board. All RVS Governing Board meetings are subject to State of Nebraska public meeting laws.
2. RVS is administered by an Executive Director and supported by Central Office staff. The region has area agencies managed by Area Directors who are supervised by the Executive Director.

The Executive Director is responsible for the overall management of RVS, including the provision of services, policies, procedures and compliance with all applicable regulations, statutes and standards.

The Governing Board of RVS designates the Executive Director as an authorized signer on behalf of the Board in order to conduct the business of Region V Services in an expedient manner. When the Executive Director has signed on behalf of the Board, the Board will be notified at their next meeting.

3. Governing and organization structure

All policies must have the approval of the Governing Board or the Executive Director prior to implementation. In the event the Executive Director approves a policy change, it shall be ratified or rejected by the full board at the next regularly scheduled meeting. Policies are reviewed annually and revised if needed.

Administrative policies are available at all agency offices. During the orientation process new staff are informed that the policies are available.

RVS tries to ensure direct and open communication through sending the HHS-Developmental Disabilities System (DDS) copies of minutes of board meetings, newsletters, director's reports, and miscellaneous correspondence. In addition, RVS staff at all levels initiate communication with DDS for technical assistance, clarification, or to inform them of problem areas. Upon request, meeting minutes will be available to any interested party.

4. The State of Nebraska oversees RVS through Health and Human Services (HHS). This office sets and enforces rules and regulations and serves as a conduit for funding.

## **B. Standing Committees**

1. Advisory Committee

The RVS Advisory Committee meets prior to the Governing Board, considers each item on the Board's agenda and makes recommendations. Membership shall include more than one person with developmental disabilities, more than one family member or legal guardians of persons with developmental disabilities, and more than one interested community member.

At least one third of membership will be persons with developmental disabilities or members of their families.

No more than one-third of the committee will be composed of persons who neither have developmental disabilities, or have a family member with developmental disabilities, or are an elected official.

2. Association of Region V Administrative Directors (ARVAD)

ARVAD is made up of the Area Director from each of the agencies within RVS, along with the RVS Executive Director, the Fiscal Director, Director of Organizational Supports and the Director of Quality Assurance. ARVAD provides administrative coordination for RVS.

3. Personnel Advisory Committee (PAC)

The Personnel Advisory Committee brings staff concerns to RVS administration. Area programs and central office staff each elect one representative. Management staff is not eligible to serve on the committee.

4. Program Ethics Committees (PEC)

The Program Ethics Committee reviews and makes recommendations to agency and Executive Directors on individual, agency, or systems procedures which may raise ethical or rights restriction questions. Members are drawn from relevant professionals such as law, medicine, psychology, clergy, and pharmacy. At least one member is a person with a developmental disability or a family member. All members are free of conflict of interest and capable of ensuring the confidentiality of information reviewed.

Direct support staff are not eligible to serve on PEC. A majority of the membership must be volunteers not employed by RVS.

There is a Central Office PEC as well as area agency committees.

5. Local Advisory Committees

In addition to the RVS Advisory Committee, area programs within the region may be advised by a committee made up of area volunteers.

## **II. PROVISION OF SERVICES**

### **A. Eligibility**

1. RVS provides community supports primarily (but not exclusively) to individuals whose primary condition is a developmental disability, regardless of secondary disabilities that may be present.
2. Eligibility is not affected by age, race, religion, ethnic origin, gender, or degree of disability.

### **B. Admission**

1. Requests for service are considered on an individual basis.
2. RVS will:
  - a. Gather and review referral information regarding the individual, to the greatest extent possible, being aware of the individual's preferences, strengths, and needs to make a determination as to whether RVS is capable of providing services.
  - b. Consider the safety of all individuals in the decision to accept new individuals.
  - c. Consider whether RVS has the capacity, commitment and resources necessary to provide supports to the individual for the long term. RVS will not admit an individual to services if it cannot reasonably assure that it has the ability to meet their needs.
  - d. Determine whether adequate funding is available to meet the request.
3. Final authority to provide supports rests with the Executive Director.

### **C. Service Options**

RVS offers vocational training, placement, and supports; residential (home living) training and supports; day services, retirement, leisure activities and transportation. The service is defined as either: Continuous (staff available at all times), or Intermittent (staff available at designated times). The type and level of service is determined by the person's Individual Program Planning (IPP) team.

RVS will ensure that all individuals receive habilitation, supports, health care, and other services consistent with their needs and preferences.

**Habilitation:** Each individual receiving services receives habilitation to acquire, retain and improve the skills necessary to be able to function with as much independence as possible; enhance choice and self-management; and participate in the rights and responsibilities of community membership.

Regardless of type of support or service provided, RVS adheres to the following principles:

1. Individuals are free from abuse, neglect, mistreatment and exploitation;
2. Health, safety and well-being of the individual is a priority;

3. Individuals are treated with consideration, respect and dignity;
4. Individuals' preferences, interests and goals are honored;
5. Individuals have daily opportunities to make choices and participate in decision making;
6. activities are meaningful and functional for each individual;
7. Services are directed towards maximizing the growth and development of each individual for maximum community participation and citizenship;
8. Individuals live in a manner that is most inclusive;
9. Individuals experience being part of the community; and
10. Individuals are able to express their wishes, desires and needs.

**D. The Individual Plan**

1. Each person receiving services from RVS has an individual plan. Traditionally, this has been referred to as the Individual Program Plan (IPP). The IPP is kept within each person's file and is available at all times for reference by agency staff.  
  
Review and/or copies of all IPP documents are available upon request to the person receiving services, the legal representative, parent (if the person is a minor) and other team members.
2. The individual planning process and recommendations are used to determine the type and level of service procured for each individual.
3. The individual plan is designed by a team. Composition of the team varies according to the needs and desires of the individual. At minimum, team members include the individual, the HHS-DDS Service Coordinator (if services are funded by the State of Nebraska), representatives from each service division (as appropriate), the guardian (if applicable), and the individual's parents (if the individual is a minor or an adult who desires that parents be included). In every instance, the individual is an active participant to the greatest degree possible.
4. All individual plans lead to increased independence, self-reliance, self-actualization and community integration.
5. The individual plan adopted by the team is implemented by the team. RVS will at all times maintain enough staff to provide services, supports and supervision as identified by the IPP.
6. RVS complies with all State of Nebraska regulations pertaining to the development, implementation and monitoring of the IPP and required habilitation.
7. The agency director is responsible to oversee RVS's implementation of the individual program plan and RVS files.



## **E. Record Keeping (Individual)**

RVS will maintain a record keeping system that ensures that accurate, current and complete information specific to individuals supported is organized and readily available. Location of such records is determined by each agency. Records may be housed in more than one location. The operative phrase being “readily available.”

Individual records, regardless of location, will be stored independent of other individuals supported. Co-mingling of files is not allowed.

### **1. Required Records**

At minimum, individual records contain the following:

- a. Date of entry into services with the provider;
- b. Name, gender, and birth date of the individual;
- c. Current physical description or current photo of the individual;
- d. The language or means of communication utilized by the individual;
- e. Legal status of individual, and name, telephone number, and address of legal representative, if applicable;
- f. Name, phone number, and address of persons to contact in an emergency;
- g. Name, phone number, and address of the individual’s current personal physician and other health care professionals, if applicable;
- h. Relevant medical information; including history of seizures, illness, physician orders, treatments, medications, medication history, immunizations; physician contacts, emergency room visits, dental visits, counseling visits, and hospitalizations;
- i. Records of incidents and accidents;
- j. Consents as appropriate;
- k. Records of emergency safety intervention usage and the rationale for use;
- l. IPP;
- m. Documentation of delivery of services and supports;
- n. The individual’s rights notification;
- o. Notice of charges;
- p. Name of service coordinator and phone number;
- q. Accounting of the individual’s funds, if managed by RVS;
- r. Notification of termination of services with RVS, if applicable; and
- s. Social history information.

### **2. Time Frames/Routing**

Unless otherwise specified in other policies/procedures, the maximum time frame for routing documents to individual or entities (as appropriate) is 2 calendar weeks from receipt of information.

### **3. Documentation**

RVS will develop and maintain the necessary documentation to ensure that there is verification of all services/supports provided to individuals as identified as necessary by the IPP team and to maintain compliance with all regulating entities.

#### 4. Maintenance

At minimum, each agency Director is responsible for the maintenance of all individual records. The Director can assign these duties to other RVS employees, such as the MSA (Medical Support Associate) being responsible for records pertaining to medical supports/services. There can be more than one staff assigned responsibility for parts of the individual record.

#### 5. Organization/Location

The organization and location of individuals' records is specific to each agency. The system of organization must guarantee that records are accurate, complete, and guarantee easy retrieval of information when needed.

#### 6. Retention of Individual Records

Six Years:

- IPP Minutes/Training Program (design, data and assessments)
- Physician Contact Form
- Medication Administration Cards
- Health related data (seizure records, weight charts, bm records, etc.)
- Critical Incident documents
- APS/CPS reports
- Individual report forms
- Personal Funds Records
- Monitoring reports and responses (if individualized)
- Terminated Services (PHI records)
- Logs, staff correspondence (if individualized)

Only with Central Office Authority (minimum of 6 years)

- PEC Referrals/Minutes

#### 7. Destruction of Records

Individual records no longer required to be retained by RVS may be destroyed. The method of destruction must maintain the confidentiality that individual records require.

#### 8. Access to Records

RVS has sole responsibility to protect access to individual records in the possession of RVS. Policies regarding confidentiality and consent apply to any release of records, except no written release is required for NE-HHS-DDD representation to review/inspect individual records.

#### 9. Records Entries

All entries to the record must be dated, legible and clearly identify the person making the entry. The use of electronic signatures is permitted.

## **F. Termination of Services**

RVS may terminate services to an individual when it has been determined that RVS can no longer effectively and appropriately support the individual due to a lack of resources, skills, or capacity. Written notification will be given to the individual or his/her legal representative (if applicable) no less than 60 days prior to the final day of services outlining the reasons for termination of services.

Should RVS decide to terminate services, a transition plan will be developed in conjunction with the individual's IPP team, RVS and the new provider, if applicable. The plan must be agreed upon by the IPP team and include:

1. A primary focus on the individual's needs and preferences;
2. Timelines;
3. Supports and strategies that are needed for the new provider; and
4. Supports and strategies that are needed for RVS to continue to meet the needs of the individual during the transition period prior to the termination date.

When an individual or legal representative (if applicable) decides to voluntarily terminate services with RVS, they must provide written notification to RVS no less than 30 days prior to the final day of services. The individual must fulfill any housing lease agreement they hold. The individual's IPP team must develop a transition plan that includes:

1. A primary focus on the individual's needs and preferences;
2. Timelines;
3. Supports and strategies that are needed for the new provider, if applicable; and
4. Supports and strategies that are needed for RVS to continue to meet the needs of the individual during the transition period prior to the termination date.

## **G. Staff Requirements**

RVS will recruit, orient, train, manage, and retain qualified staff with the skills necessary to meet the needs of individuals and respond to emergencies. RVS will ensure and maintain evidence of the following:

1. Age Requirements: Staff providing direct services must be at least 19 years of age. Permission of Executive Director is required to employ anyone younger. No one will be employed younger than 18 years of age.
2. Register/Registry Check: RVS will:
  - a. Check the Central Register of Child Protection Cases and Adult Protective Services for all staff and subcontractors within ten calendar days of employment and as necessary to verify a staff person is not on the registry/register. RVS will initiate checks on household members (excluding individuals served) of a household in an Extended Family or respite provider's home (if services are delivered in the home) as follows: checks on the Central Register of Child Protective Cases for members age 13 or older and checks on the Adult Protective Services Registry for members age 18 or older.
  - b. Check the Nebraska State Patrol Sex Offender Registry.

- c. Retain results of registry/register checks for one year following the termination of staff employment.
3. Criminal History Check: RVS will:
- a. Require a state and federal criminal history record information check completed by the Nebraska State Patrol and FBI for all staff persons or subcontractors providing direct services hired on or after September 13, 1997, who work directly with individuals served and who are not licensed or certified as members of their profession.
  - b. Ensure that each new staff person subject to the criminal history check files two complete sets of his or her legible fingerprints, or fingerprint equivalent, and biographical information with NE-HHS within ten calendar days of hire.
  - c. Not accept results and documentation of criminal history checks that are completed more than 180 days before the staff person's hire date.
  - d. Retain results of each new staff person's criminal history checks for one year following the termination of employment.
4. Alternative Method of Criminal History Check: RVS may employ a person pending the results of the criminal history check by utilizing an alternative method of criminal history checks until the results of the required criminal history check are received. The alternative method must be approved by RVS Central Office and HHS. If the results of the alternative method indicate that the person has not been convicted of any crimes listed in Item 5 (below), that person may work alone with individuals.

Employees who provide direct support services may not work alone with individuals supported until the results of the registry checks and the criminal history background checks are received and reviewed by RVS.

RVS will determine whether employees found to be listed on the Registries, or found to have a criminal history present risk of abuse, neglect, exploitation, or sexual misconduct to individuals supported. RVS will document any decision to maintain a staff person listed on a registry or found to have a criminal history by written approval of the Executive Director.

5. Specific Crimes: RVS will not allow employees found to be convicted of the following crimes to work alone with individuals supported:
- a. Child pornography;
  - b. Abuse of a child or vulnerable adult;
  - c. Felony domestic assault;
  - d. Misdemeanor domestic assault within the last five years;
  - e. Shoplifting after age 19 and within the last three years;
  - f. Felony fraud within the last ten years;
  - g. Misdemeanor fraud within the last five years;
  - h. Possession of any controlled substance within the last five years;
  - i. Possession of any controlled substance with intent to deliver within the last ten years;
  - j. Felony assault without a weapon within the last ten years;
  - k. Felony or misdemeanor assault with a weapon in the last 15 years;

- l. Prostitution or solicitation of prostitution within the last five years;
- m. Felony or misdemeanor robbery or burglary within the last ten years;
- n. Rape or sexual assault; or
- o. Homicide.

All employees must notify their supervisor immediately if charged or convicted of any of the crimes listed above, or if their name is placed on any registries.

#### **G. Staff Training and Competency**

RVS will ensure that employees, including subcontractors and management, responsible for providing supports and services to individuals with developmental disabilities are educated/trained on the minimum requirements necessary to address the individual's needs prior to working with them.

Staff responsible for providing direct supports must demonstrate the competence to support individuals as part of a required and on-going training program. RVS will ensure staff receive training and demonstrate competencies under the guidance of an already trained and proficient staff member prior to working alone with individuals.

RVS will document in the employee's personnel record that required orientation and training was completed and competency was demonstrated. Training and verification of such will be completed by persons with expertise who are qualified by education, training, or experience in those areas.

#### **H. Staff Credentials**

Any person who provides a service for which a license, certification, registration, or other credential is required must hold the license, certification, registration, or credential in accordance with state laws. RVS will maintain documentation of staff credentials.

#### **I. Staff Records**

1. Work Records: RVS maintains a record of hours worked by staff who provide direct supports. The record includes the name of the staff person, title, date and specific time period worked, and the location worked.
2. Employment Records: RVS maintains a current employment record for each staff person that includes:
  - a. Date of hire.
  - b. Initial and ongoing training.
  - c. Certification or licensing information, if applicable.
  - d. Background checks.
  - e. Job qualifications.
  - f. Personnel actions.

## **J. Notice of Costs to the Individual**

RVS will maintain a system for notification to individuals and legal representatives of any associated cost to the individual for the service or items and terms of payment. Written notice will be given to the individual before initiation of service and before any change, giving adequate time for the individual or legal representative to respond to the notice. The notice will specify that individuals will not be charged for services or items that are covered through other funding sources, including items necessary to provide habilitation and transportation related to habilitation.

## **L. Quality Assurance**

1. RVS aims to deliver or secure high quality supports. Internal and external review processes are used to ensure compliance with quality support requirements.
  - a. To assure that service quality standards are met in all service settings, RVS meets applicable regulations of all local, state, and federal jurisdictions, including Federal Medicaid Waivers, Wage & Hour Regulations, Nebraska Health and Human Services (HHS), county health departments and the State Fire Marshall.
  - b. When no local, state, or federal regulations apply, RVS develops and enforces its own standards.
  - c. RVS enforces standards and procedural requirements by initiating formal review mechanisms. These may include: systems review, consumer satisfaction surveys, management surveys, ethics committee reviews, and agency safety committees.
2. RVS Central Office Staff systematically reviews all area programs to ensure compliance with all applicable required regulations, including the 404 regulations.

Reviews of each individual Region V Services agency will occur at least three times per calendar year. A random sample of people supported will occur at each agency for review. In addition to reviewing each agency's program monitoring, medication administration, financial and facility reviews, additional areas of review will include but are not limited to:

- a. Medical and safety protocols;
- b. Staff training. Records will be reviewed and assessed as to initial orientation and review of on-going training as it relates to medical and safety protocols;
- c. Review of restrictions of rights to individuals to ensure that all rights restrictions are reviewed upon intake to the agency and that an annual review is occurring;
- d. Vehicle inspections will occur to ensure that vehicles are safe and meet the needs of individuals;
- e. Review of the intake and exit plans of persons supported;
- f. Review of habilitation at service locations;
- g. Review of allegations of abuse and neglect;

- h. Review of subcontractors to ensure that training requirements have been completed; and
- i. Other.

Findings of these reviews are submitted to the agency with a written response to the findings to the Director of Quality Assurance within 45 days of receipt of the report. This response will include corrective actions to be taken as a result of specific items cited in the review with details as to how the issues cited in the initial review will be addressed throughout the agency.

Information gathered as a result of Quality Assurance activities will be communicated to all RVS Directors periodically to review/make necessary revisions as needed to ensure that services being delivered are of the highest quality.

All findings of Quality Assurance activities are available at each location for review by persons supported, families, legal representatives, or other interested members (See Protocol for Releasing Quality Assurance Information). Additionally, the Director of Quality Assurance submits a quarterly summary of Q.A. activities to the RVS Governing Board.

Quality Assurance policies and procedures will be reviewed annually and updated as needed.

All Quality Assurance documentation for each area program will be kept on-site with a master copy maintained at the RVS Central Office as well.

### **III. RIGHTS & RESPONSIBILITIES**

People with Developmental disabilities have the same rights as all other persons living in the State of Nebraska and in the United States. RVS acts to ensure that these rights are protected. They cannot be modified or abridged without due process.

Each individual with developmental disabilities is considered to be capable of exercising his/her rights unless legally determined to be incapable of doing so, and carry the responsibilities that correspond with the rights they exercise. Rights are not considered privileges.

Each individual supported, parent if a minor, or legal representative is informed of the individual's rights and responsibilities. The information is given at the time of entry into services, annually thereafter, and when significant changes occur. Additionally, the information must be provided in a manner that is easily understood, given verbally and in writing, in the native language of the individual, or through other modes of communication necessary for understanding.

#### **A. Specific Rights**

RVS acts to ensure, both in policy and practice that all individuals served have the right to:

1. Be treated with dignity and respect.
2. Receive services without regard to race, color, religion, sex, disability, marital status, national origin, sexual orientation or age.
3. Receive a program orientation which includes, but is not limited to:
  - A tour of any potential service area if applicable
  - A review of rules
  - A review of rights
  - A review of the Region V complaint mechanism
  - A review of typical daily activities
  - An introduction of staff persons and other persons receiving services in each environment
4. Be informed of decisions affecting them, including the right to participate in the decision-making and the right to legal counsel/representation.
5. Receive appropriate services designed to maximize developmental potential.
6. Receive services in the least restrictive setting.
7. Receive services in safe and sanitary settings.
8. Exercise the same civil rights as other citizens.
9. Maintain privacy.
10. Own and access personal possessions, including personal funds.
11. Communicate freely by sealed mail, telephone, or other forms of communication.
12. Be protected from exploitation when engaged in training and productive work, in accordance with state and federal wage and labor laws.
13. Be free from neglect, abuse and harassment (physical, verbal, psychological or sexual).
14. An appropriate and nutritious diet.
15. Receive appropriate medical treatment in a timely manner.
16. Receive due process in the handling of complaints, or the modification/denial of rights.
17. Be free from aversive stimuli to manage or change behavior unless the interdisciplinary team, the behavior management committee, the human and legal rights committee, and the physician agree that the persistent and intractable behavior would probably cause severe and/or irreversible harm to the person receiving services.



18. Move about freely both on and off the premises of his/her residence.
19. Receive services and assistance which present opportunities to increase independence, interdependence, productivity, and integration into the community.
20. Live, work and recreate with people who do not have disabilities.
21. Receive age and environment appropriate services.
22. Develop and maintain personal relationships, choose friends and select living companions.
23. Receive reasonable accommodation as required by the Americans with Disabilities Act, including Title II.
24. Receive sixty (60) days written notice of service termination. With the termination notice, the provider must send information outlining the rationale for the action and the Complaint Mechanism.

## **B. Consent**

1. Written consent for release of information to RVS may be required to provide effective supports. Because adequate information is necessary to provide services, refusal to give written consent for release of information may result in service termination.
2. The use of photographs and personal information for internal and external public information activities (regional newsletter, news release to public media, videotapes, etc.) require a specific consent for each time the information is released. All public information activities focus on achievements and include only information that is relevant to the focus of the story. The decision to participate in public information activities is optional, not a requirement. The use or casual display of individuals' photos within RVS environments require an annual release.
3. Written consent to release information from RVS files should be obtained each time information is to be released and should specify the information to be released, purpose, person or agency receiving information, and the expiration date of the release.
4. Written consent must be obtained from the individual who receives supports or legal representative, if applicable.
5. Whenever consent is required, RVS takes all reasonable steps to ensure that informed and effective consent is given. This includes attention to: capacity of the individual, sufficiency of information available to the individual, and freedom of choice.
6. Individuals who give consent may also withhold or withdraw consent.
7. Consent for participation in activities outside the geographic community must be obtained for minors or for adults with legal guardians. In addition, parents or legal representatives must be contacted for specific approval of activities involving an overnight stay.
8. All written consents must be time limited, not to exceed one year.
9. Consent is not required to submit individual information to NE-HHS.

## **C. Confidentiality**

1. Information is considered confidential if it deals with medical, psychological, legal, financial, sexual, personal or family concerns of a person supported by RVS.
2. Confidential information is released to external agencies (with the exception of regulatory entities) only with the signed consent of the individual or their legal representative.
3. All RVS staff, subcontractors and consultants regard confidential information as a professional trust, not to be given out in any way to the public.

4. General information (person's first and last name, photo, achievements, etc.) may be used in public education activities if the individual or legal representative signs a specific consent form.
5. Records developed by RVS will be made available to adults or their legal representatives and to parents or legal representatives of minors upon request.
6. When records developed by RVS are made available to persons qualified to see them, a RVS staff person will be available to assist the person in understanding the record.
7. Records received, but not developed by RVS are not made available to external parties through RVS (except for regulatory entities).
8. Written confidential information is secured against loss, destruction, use by unauthorized persons and kept under at least a single lock overnight. (A locked file cabinet or a locked room.)

#### **D. Due Process**

1. RVS must notify each individual of any actions that will substantially change the level or type of services the individual receives from RVS.
2. Disagreements about projected changes in the level or type of services are resolved by the Individual Program Planning team, whenever possible. The team documents its attempts to resolve differences through discussion, compromise and planning.
3. Complaint/grievance procedures are initiated if the Individual Program Planning team cannot resolve disagreements about services. (Section IV-B)
4. The individual continues to receive the level or type of service slated for change while the complaint/grievance procedure is being conducted.
5. Retaliation against individuals' services and supports due to anyone advocating on their behalf, including outside agencies, is prohibited.

#### **E. Abuse or Neglect**

1. Abuse or neglect of people with developmental disabilities by RVS staff is prohibited. Abuse or neglect is defined by Nebraska law as knowingly, intentionally, or negligently causing or permitting a minor child or vulnerable adult to be:
  - a. Placed in a situation that endangers his/her life or physical or mental health.
  - b. Cruelly confined or cruelly punished.
  - c. Deprived of necessary food, clothing, shelter, or care.
  - d. Left unattended in a motor vehicle, if such minor child is six years of age or younger.
  - e. Sexually abused.
  - f. Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films, or depictions.
  - g. Emotional abuse means humiliation, harassment, threats of punishment or deprivation, sexual coercion, intimidation, resulting in emotional harm or emotional anguish.
  - h. Verbal abuse means the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to individuals served.
  - i. Neglect means the failure or omission by one's self, a caregiver, or another person with a duty to supply or provide essential services which are reasonable, necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

2. The law requires individuals to report suspected abuse or neglect of a person with developmental disabilities to legal authorities. RVS staff who suspect abuse or neglect must report it or cause it to be reported.
3. If a person is in imminent danger as a result of neglect or abuse, law enforcement is contacted immediately. If a person is not in imminent danger, the report should be made to Protective Services.
4. Situations in which people supported by RVS appear to meet the legal definition of suspected abuse or neglect are reported, within 24 hours to:
  - a. The agency/division director (or designated substitute)
  - b. The person's Service Coordinator (upon becoming aware of the incident)
  - c. The Executive Director of Region V Services (or designated substitute)
  - d. The person's legal representative (if any)
  - e. The person's advocate (if any)
  - f. The person's parent (if individual is a minor)
5. All allegations or suspicions of abuse or neglect will be investigated. RVS conducts its internal investigation so as not to jeopardize any investigation by appropriate external authorities. RVS will not interfere with outside investigations. Allegations of abuse and neglect investigations will commence within 48 hours.
6. RVS will complete the internal investigation/final report as soon as possible. Should any delay occur in completion, RVS will provide the appropriate Service Coordinator within 14 days of the allegation, a brief report documenting the reason for the delay and the anticipated completion date.
7. All allegations of abuse/neglect which have been investigated will be reviewed by the Central Office Program Ethics Committee (PEC). RVS will maintain a current list of members and minutes of meetings.
  - a. The committee will be composed of persons free of conflict of interest, including at least one family member or person with a developmental disability. Committee members receive training regarding the role of the committee.
  - b. The purpose of the committee is to review every allegation with corresponding investigative reports and RVS response (if any). The committee will be responsible for ensuring that Region V Services has adequate safeguards to protect individuals in service from potential harm.
  - c. The committee has full access to all information necessary to fulfill its role.
  - d. All investigative reports of abuse/neglect will be reviewed at the first meeting following the completion of the report.
  - e. The committee findings will be sent to the appropriate agency director for response (if any).
  - f. Report of the committee findings will be sent to the alleged victim, Service Coordinator, and legal representative within five days after the report has been issued.
  - g. RVS responses to committee recommendations (if any) will be provided to the appropriate entities listed in item 'f'.

## **F. Exploitation**

1. Exploitation of people supported by RVS staff is prohibited.
2. Exploitation is defined by RVS as the use of coercion, manipulation, or undue influence, whether overt or subtle, in a way that benefits someone other than the person served.
3. If a RVS staff person is suspected of exploitation, it is the policy of RVS to report the suspected exploitation as possible abuse or neglect.
4. All incidents of suspected exploitation are investigated internally. RVS conducts its internal investigations so as not to jeopardize any investigation by external authorities.

## **G. Socialization/Sexuality**

1. Purpose

RVS, with respect to social issues of individuals supported, shall ensure that each person is afforded rights and that each shall practice responsible behavior as a citizen of the United States. The intent of this policy is to guide the community and Individual Program Planning teams and to empower persons supported to ensure that their inherent sexual rights, as well as basic human needs, are affirmed, defended, promoted, and respected.

Individuals supported will be taught responsible social/sexual behavior. Information and training will be made available to family members. To ensure this, RVS will provide the necessary training to employees so they may be aware of their responsibility and knowledgeably guide people with developmental disabilities and their families.

Employees of RVS have multiple responsibilities to their employer, to their community, and to the families of persons with disabilities; but their foremost concern must be for the rights and welfare of the people they support. Employees need to balance their concern for what is best for the individual with that person's legally protected rights.

RVS prohibits sexual exploitation of all persons in services. Hence, employees of RVS must always see themselves as advocates for people with developmental disabilities, working with other members of the team, recognizing dignity of risk, and respecting the identity and sexuality of people they assist.

2. Philosophy

We are all sexual beings growing up with individually determined values of family, culture, and community.

We have inherent and basic human needs that include sexuality.

Every person shall have the right to develop self-dignity, self-esteem, and self-respect.

Every person shall have the opportunity to access individualized sexuality education, counseling and support, including legal support, to the fullest extent throughout one's life.

Every person shall have the opportunity for choices and accept responsibility regarding social relationships and sexual expression.

When more than one person is involved, consensual sexual expression is the right of each individual.

Every person has basic human rights, such as privacy, confidentiality, and freedom of association. These rights shall be encouraged, protected, and defended so that all persons may be free from physical, sexual, and emotional abuse.

## **H. Research**

1. RVS does not engage in bio-medical research, but does cooperate with qualified agencies, if the research proposal in question is approved.
2. The policies on research do not apply to studies conducted by the management of RVS for use in immediate decision-making or in system evaluation.
3. RVS Central Office Program Ethics Committee reviews all research proposals prior to initiation. The committee may request follow-up reports.
4. A RVS staff person acts as liaison with an external researcher.
5. Neither individuals served by the agency, their parents/guardians, nor staff are asked to participate in research without individual prior consent.
6. RVS does not release the names or addresses of people supported, parents/guardians, or staff to a researcher without individual prior consent.
7. Copies of reports resulting from approved research are provided to RVS.
8. As part of their professional responsibilities as RVS employees, staff strive to keep apprised of research findings, to disseminate findings of interest, and to apply those findings, as appropriate, for the benefit of individuals served.

#### **IV. RELATIONSHIPS WITH FAMILIES, OTHER SERVICE PROVIDERS AND THE COMMUNITY**

##### **A. Visits**

1. RVS encourages visits between people supported and their family/friends.
2. Visitors may be given written or verbal guidelines so that goals and required activities are maintained.
3. Individuals supported by RVS are encouraged to visit family/friends. Staff should be notified of departure and return time.

##### **B. Complaints/Grievances**

1. If individuals supported or their legal representatives are dissatisfied with treatment of themselves or their child/ward by a RVS service component and have not been able to resolve the concern with the staff involved, or the planning team, they should:
  - a. Discuss the problem with the appropriate RVS Community Support Coordinator. The Coordinator will then respond to the complaint in writing within five days of the discussion.
  - b. If the response is not agreeable to the person or parent/guardian, he/she should state the problem in writing and send or present it to the appropriate area/division director and to the RVS Executive Director. This must be within seven days of the written response.
  - c. The area/division director responds to the problem in writing within five days. If the response is not agreeable to the person or the parent/guardian, he/she has seven days to request a response from the RVS Executive Director.
  - d. The RVS Executive Director responds in writing within ten days.
2. If the person or their legal representative is dissatisfied, due process procedures through Nebraska HHS Service Coordination may be implemented. Complainants must contact their appropriate Service Coordinator.
3. This grievance procedure is reviewed with all individuals receiving supports and their legal representative, if applicable. The review is done at the time of entry into services and at least annually thereafter.
4. Utilization of this complaint procedure is considered voluntary. Complainants have the right to pursue legal recourse, including going to court.
5. RVS maintains a record of all complaint, grievances and agency responses.

##### **C. Open Houses**

1. As a means of public education, RVS agencies may schedule open houses.
2. Both staff and individuals supported participate in the planning and preparation and are involved in open house activities.

3. At all times, confidentiality is maintained and each individual's rights are respected, including the right to privacy.

**D. Tours**

1. As a means of public education, RVS arranges tours for potential admissions, parents/guardians, staff, community groups, professionals, and other interested citizens.
2. All tours are conducted in a manner that interferes as little as possible with daily work or living routine. To facilitate this, large groups are divided into several smaller groups.
3. All persons involved in a tour should speak and act in a manner that encourages respect of each individual, including his/her right to privacy, and should not divulge any personal information.

**E. Public Education and Information**

1. RVS will have a Public Education Plan developed by the Public Education and Information Committee (PEI).
2. Activities will be designed to inform the community of upcoming events and encourage community interaction with people in services.
3. Methods used shall include: news releases, feature stories, monthly newspaper columns, public speaking, newsletters, brochures, public service announcements, video tapes and interviews/talk shows.
4. RVS will make available to the public upon request copies of certification, licenses and public inspection reports.

**F. Minimum Standards for Services to Which the Agency Makes Referrals**

1. RVS refer people to only those agencies and professionals who are appropriately licensed or certified to provide the service.
2. All agencies and professionals that provide substandard service are reported to the appropriate authorities by RVS.

**G. Inappropriate Standards/Regulations**

RVS acts to eliminate or modify standards, regulation, or laws which encourage practices incompatible with community living and/or personal choice for people with developmental disabilities.

## **V. POSITIVE BEHAVIORAL SUPPORTS**

Positive Behavioral Supports emphasize positive approaches directed towards maximizing the growth and development of each individual. Behavior supports and emergency safety interventions for emergency safety situations include:

1. An assessment that attempts to define the communicative function of the behavior and the purpose the behavior serves in the individual's life;
2. A review of the individual's day supports, residential supports and other relevant data;
3. A plan that emphasizes positive meaningful activities and options that are inconsistent with behavior targeted for change;
4. A combination of planned meaningful day and individualized supports for the individual;
5. A description of potential stressors and triggers that may lead to the individual experiencing a crisis. Once identified, there must be a comprehensive safety plan developed and implemented;
6. Meaningful data collection and analysis that track progress. The data must be useful and collected through a range of methods that are valid and meaningful.

### **A. Strengthening Behaviors**

1. Positive behavioral objectives for all persons receiving supports from RVS are:
  - a. To increase competence to cope with the environment.
  - b. To develop increasingly complex adaptive behaviors.
  - c. To minimize behaviors which consistently bring negative attention, if such behaviors are present.
  - d. To define replacement behaviors and the procedures for teaching/strengthening them.
2. These objectives can be best achieved in a physical, social and emotional environment that nurtures, supports and stimulates people through meaningful activities. Therefore, a primary obligation of RVS staff is to help develop and maintain a stimulating, nurturing environment.
3. Within the context of proper environment, RVS staff are further obligated to assure that individuals have numerous opportunities to display replacement behavior.
4. Behavioral support programs are not used as a substitute for a stimulating environment or lack of sufficient opportunity to display replacement and desired behavior.
5. The absence of maladaptive or target behaviors does not constitute a definition of replacement behaviors.
6. Any method directed at strengthening replacement behavior must be designed for the individual's level of understanding, age, and location in which it is used.



## **B. Weakening Target Behaviors**

1. Behaviors requiring behavioral supports include:
  - a. Behaviors that are obstacles to an individual's becoming more independent.
  - b. Behaviors that interfere with the person's ability to take part in habilitation or training.
  - c. Self-injurious behavior.
  - d. Behaviors that are a threat to others, aggressive or destructive.
2. When target behaviors persist in the presence of a positive learning environment, there must be numerous opportunities to engage in replacement behaviors, and efforts to help the person acquire those behaviors. Formal intervention strategies will also be directed toward weakening target behaviors.
3. Any intervention directed at weakening target behavior must have the following characteristics:
  - a. It has strategies to teach positive replacement behaviors, and interventions to respond to the target behavior.
  - b. It is designed for the individual's level of understanding, age, and the location in which it is used.
  - c. It is not more severe than the behavior warrants.
  - d. It has a developmental function in leading the individual toward the increased ability to discriminate between acceptable and unacceptable behavior and to exercise control over his/her own actions.
  - e. It is totally non-aversive whenever possible and must represent the least restrictive effective alternative.

## **C. Procedures Requiring Review**

1. Elements requiring review:
  - a. Behavior modifying drugs.
  - b. Any form of physical restraint/Emergency Safety Interventions.
  - c. Restriction of an individual's legal rights.
  - d. Any procedure clearly disliked by the individual (aversive).
  - e. Any procedure that invokes the criminal justice system.
  - f. Any procedure withholding tobacco products.
  - g. Any punitive procedure creating an individual break or mealtime for a person.
  - h. Any procedure requiring the individual to earn an item that already belongs to him/her.
  - i. Any procedure requiring the individual to perform extra work as a result of inappropriate behavior.
  - j. Restricted use of the telephone.
  - k. Restricted access to personal possessions.
  - l. Restrictions on accessibility to food and drink.
  - m. Any other procedure considered restrictive by any member of the Individual Program Planning team.

2. Restrictive Measures: To the fullest extent possible, an individual's rights may not be suspended or restricted. In the event where a restrictive measure is considered:
  - a. The restrictive measure determined necessary for one individual must not affect other individuals who receive services in that setting.
  - b. The restrictive measure must not be used as punishment, for the convenience of staff, due to shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan.
  - c. The restrictive measure must be the least restrictive and intrusive possible.
  - d. There must be a goal of reducing and eliminating the restrictive measure.
  - e. Prior to proposing a restrictive measure, there must be documented evidence that other less restrictive methods had been regularly applied by trained staff and failed.
  - f. The individual or their legal representative, if applicable, must give consent to the restrictive measure.
  - g. The restrictive measure must be safe for the individual.
  - h. The restrictive measure and these considerations must be documented in the IPP.
3. Review and Approval of Restrictive Measure: Prior to implementation of a restrictive measure, RVS will ensure review and approval by the IPP team and Program Ethics Committee.

**D. Psychotropic Medication**

Psychotropic medications taken by the person due to diagnosed mental illness (a dual diagnosis of a severe and persistent mental illness in conjunction with a developmental disability) must:

1. Only be given as prescribed by a physician who has authority in his/her scope of practice to determine the diagnosis. PRN (as needed) psychotropic medications are prohibited;
2. Be reviewed by the IPP team to determine if the benefits outweigh the risks and potential side effects;
3. Be supported by evidence that a less restrictive and more positive technique had been systematically tried and shown to be ineffective;
4. Be reviewed by the Program Ethics Committee. There must be an annual review by the prescribing physician and a semi-annual review by the IPP team of all psychotropic medications utilized with clear and convincing evidence that the individual has a person-centered plan demonstrated by data and outcome measures;
5. Not be used as a way to deal with under-staffing; ineffective, inappropriate or other nonfunctional programs or environments;

6. Have a supports plan established and in place to address if symptoms appear and the possibility that the use of medication is no longer effective; and
7. Be monitored and documented on an ongoing basis by RVS to provide the IPP team and physician sufficient information regarding:
  - a. The effectiveness of and any side effects experienced from the medication;
  - b. Frequency and severity of symptoms; and
  - c. The effectiveness of the supports plan.

Psychotropic medications used solely for the purpose of modifying behaviors may only be used if:

- a. There is a plan to reduce and eliminate the medication; and
- b. The drug is used in conjunction with a positive behavioral supports plan.

A positive behavioral supports plan is not required when an individual is prescribed a medication that has the effect of behavior modification, but is prescribed for other reasons, as documented by the physician.

#### **E. Program Ethics Committee Review**

1. Program Ethics Committee must examine all procedures requiring review as a condition of continuing implementation.
2. Use of restrictive measures cannot be implemented until Program Ethics Committee is approved. Interim approval is permitted.
3. Documented recommendations of the Program Ethics Committee are followed unless the Executive Director or RVS specifically authorizes alternative approaches in writing.
4. Once the Program Ethics Committee approves a procedure, all staff that work with the individual must follow the procedure.
5. After the Program Ethics Committee reviews a procedure, the Committee may request follow-up information. If substantive changes are made in the procedure or if another restrictive procedure is instituted, the case must be referred again for review.
6. Approval of restrictive measures lasts for one year.
7. Psychotropic medication changes may receive interim approval by any Program Ethics Committee member.
8. The policy and procedures of the review requirements are available upon request to people supported, their parents and/or legal representative, staff, advocates and HHS.

## **F. Restraints**

The use of mechanical restraints is prohibited, but an emergency safety intervention utilized pursuant to a safety plan is allowed to respond to an emergency safety situation. Physical restraint cannot be used as a behavioral consequence. In instances where the individual must be kept from harm, RVS will use reasonable and best judgment to intervene to keep an individual from injuring him/herself or others.

These situations are not predictable, are unusual, and are usually not reoccurring. In any instances other than these, there must be a positive behavioral supports program in place to work with the individual on alternative positive displays of behavior that are incompatible with other negative behaviors.

All such incidents are documented and reviewed by the individual's IPP team and Program Ethics Committee to ensure that the emergency safety intervention was appropriate rather than an instance of mechanical or physical restraint.

## **G. Prohibited Methods of Behavior Management**

The following procedures are unacceptable under any condition and are not used in RVS.

1. Corporal punishment.
2. Withholding meals, breaks, sleep or the opportunity to maintain personal hygiene.
3. Verbal abuse, including name-calling, shouting, or ridicule.
4. Isolation (except for valid medical reasons as documented by physician's orders).
5. Seclusion (placing an individual alone, in a room or other area from which exit is prevented).
6. People in services disciplining other people in services.
7. Forfeiture of money or personal property, except when the person is asked to replace property that he/she is known to have damaged intentionally.
8. Delivery of abusive consequences.
9. Restraining devices such as mechanical restraints or totally enclosed cribs.
10. Physical abuse.
11. Psychological abuse.
12. Aversive stimuli.
13. Emotional abuse.

## **H. Incident Reporting (Critical)**

1. Identification of incidents that require completion of a Critical Incident Report to NE-HHS includes:
  - a. Situations that adversely affect the physical or emotional well-being of an individual supported.
  - b. Suspected cases of abuse, neglect, exploitation, and mistreatment; and
  - c. Emergency safety situations that require the use of emergency safety interventions.
2. RVS will record the essential facts of the incident, including the results of the incident, any actions which might have prevented the incidents, and an action plan that includes RVS's immediate effort to address the situation and prevent recurrence.
3. Incidents that meet the definitions in Item 1 will have the following reporting timelines:
  - a. On call Coordinator will be notified as soon as possible.
  - b. Area Director notified during the next business day.
  - c. Family member or legal representative notified within 24 hours (if appropriate).
  - d. CPS/APS within 24 hours if there is allegation of abuse.
  - e. Law enforcement will be contacted immediately if situation warrants their involvement.
  - f. Individuals supported who are involved in the incident will receive copies of the report when completed.
4. Reporting requirements to NE-HHS (the Department):
  - a. A verbal report to the Department upon becoming aware of the incident;
  - b. A written report using the Department approved format within 24 hours of the verbal report;
  - c. A written summary submitted to the Department of RVS's investigation and action taken within 14 days of completion of investigation; and
  - d. An aggregate report of incidents submitted to the department on a quarterly basis. The reports will include a compilation, analysis, and interpretation of data, and include evidentiary examples to evaluate performance that result in a reduction in the number of incidents over time.
5. RVS will review and analyze information from incident reports to identify trends and problematic practices which may be occurring and take appropriate corrective actions to address problematic practices identified.

## **VI. HEALTH, LEISURE, SAFETY, AND EMERGENCIES**

### **A. Health Services**

Individuals supported by RVS receive all medical services, supports and consultations from health care professionals in the community.

Unless otherwise assigned in the IPP, RVS will take all reasonable steps to assist and support individuals in obtaining health services consistent with their needs. These include medication administration and monitoring, medical services, dental services, nutritional services, health monitoring and supervision, assistance with personal care, personal health care and education, exercise, and other therapies.

1. Evaluations/Services: Unless otherwise assigned in the IPP, RVS will arrange for or assist the individual in obtaining evaluations and services based on their need, such as physical exams, dental services, psychological services, vision services, nutrition therapy, and other related evaluations and services.
  - b. A medical evaluation is required annually unless a different schedule is set by the doctor; and
  - c. A dental evaluation is required annually unless a different schedule is set by the dentist.
2. Observing and Reporting: RVS will report and respond to all health status and physical conditions in as timely and appropriate manner as needed. This applies to all individuals supported in any capacity by RVS.
3. Orders/Recommendations: RVS works to ensure individuals receive care, treatment, and medications in accordance with orders from a medical practitioner or recommendations from other health care professionals.
4. Assistive Devices: RVS will assist individuals with the utilization of assistive and adaptive devices as needed and as identified on the IPP.
5. Health Records: RVS will maintain health-related records on each individual to document the provision of services and the individual's response to services. These records include:
  - a. Any health related assessments;
  - b. Documentation of an illness, injury, and other health concerns of care, treatment, and medication administration;
  - c. Documentation of provision of health-related services, including observations of the individual's response, such as lack of progress in provision of service;
  - d. Current physician orders for medication, treatments, and therapies;
  - e. Records of visits to the physician or other health care professionals and their recommendations and any other consultation or therapy provided; and
  - f. Information related to hospitalization, nursing facility stays, or other types of health care providers.

## **B. Communicable Diseases**

1. Universal precautions are to be used when giving care to all persons receiving supports.
2. RVS uses the most current version of the Nebraska Health and Human Services list of communicable diseases.
3. If either staff or person supported is suspected of having a communicable disease, a physician's examination is required. In addition to diagnosis and treatment, this assures proper reporting of the disease. The physician's directions regarding prevention of disease transmittal must be followed.
4. Copies of RVS Blood-borne Pathogen Program are available in each agency office.

## **C. Nutrition**

1. Individuals living in a RVS supervised setting receive nourishing, well-balanced diets. Within this framework, RVS encourages individual choice in matters of food.
2. People supported help plan meals, purchase groceries, prepare and serve meals, clean up and store food, to the extent possible.
3. Each person's developmental needs are attended to in all aspects of food service.
4. Religious and ethnic dietary tenets of people supported are observed.
5. RVS regards meals as social, as well as nutritional, functions. Because of this, attractiveness of food and surroundings, interpersonal communication and the opportunity to acquire increasingly complex social skills are consistently emphasized.
6. RVS complies with pertinent food service practices and, if licensing as a CDD (Center for Developmental Disabilities) is sought or in effect, standards pertaining to CDD requirements.
7. Modified diets for individuals supported by RVS are only with recommendations from qualified medical personnel, and approval by the individual supported, his/her legal representative, if applicable, and the Individual Program Planning team. Such modified diets, if approved, will be accompanied by a formal training program as developed by the Individual Program Planning team. The program shall include alternatives should the individual refuse the modified diet at a later date.
8. In CDD's, menus are reviewed and modified by a dietician or nutritionist. Once approved, the menu is adhered to as closely as possible and substitutions, if necessary, are recorded on the menu and should be of similar nutritive value as the original item. Records of menus are kept for six months.

When an individual receives limited support and assistance from RVS, menu review is not appropriate. However, RVS must act affirmatively to help such individuals receive adequate, nourishing diets.

**D. Restricted Smoking**

Smoking and the use of electronic cigarettes, is prohibited in RVS owned or operated buildings, and vehicles, and private vehicles when paid staff are transporting persons supported.

**E. Special Activities Outside the Community**

1. The Area Director in each agency defines events that constitute special activities.
2. Community is defined in this section as the area in which residents of a town or city routinely carry out commercial, recreational, and personal transactions. Community, therefore, frequently encompasses a larger area than the town itself.
3. A special activities request form must be submitted to the Area Director or Coordinator before a special activity outside the community is to take place.
4. Minors and adults with legal guardians must have on file an activities consent in order to take part in special events outside the community.
5. If transportation is not provided by RVS, there must be proof that insurance coverage of the appropriate type is available. This includes a minimum insurance coverage for bodily injury liability of \$25,000 per person/\$50,000 per occurrence and \$25,000 property damage liability. A minimum of \$300,000 in liability coverage is recommended.
6. All activities are to be supervised by a RVS paid staff or an individual approved by the Area Director. At least one member of the supervising staff must have successfully completed first aid training. All supervising staff must have in their possession emergency and agency phone numbers to be used in case of an emergency or crisis.
7. Adequate personal information must accompany individuals when out of town. At minimum, this should be:
  - a. The name and phone number of emergency contact person.
  - b. Personal identification card.
  - c. Additional information is at the discretion of staff.

**F. Water Safety**

1. Recreational Swimming
  - a. RVS sponsored swimming is defined as any time RVS staff in paid status are present with persons served by RVS.
  - b. RVS does not sponsor swimming in rivers, sand pits, streams, creeks, or any other flowing water.
  - c. Swimming in lakes is permissible only with permission from the Area Director. People swimming in lakes must wear personal flotation devices.



- d. Persons who plan and utilize their leisure time independently in the community are not restricted from accessing swimming facilities.
- e. RVS sponsored swimming is allowed in swimming pools with these considerations:

- i. Swimming/Safety Skills

A person is regarded as a non-swimmer or novice unless the person can pass the American Red Cross beginning swimmer's test (jump into deep water, swim fifteen yards, change directions without touching, back float, and swim back to starting point) or comparable test of competence in deep water.

A non-swimmer or novice must swim with supervision. The staff supervision should not exceed a 1:2 ratio; supervision need not be in water, but must include constant surveillance. Staff must know how to swim. Non-swimmers must stay in water where they can stand.

Swimming lessons, following pool rules, and water safety instructions are strongly encouraged for all individuals.

- ii. Seizure disorders

Any person with a seizure disorder is required to have 1:1 staff in-water supervision at all times. Staff must be able to swim. The person must wear a personal flotation device if swimming takes place in over-the-head water.

People who have been seizure-free for one year may have the need for 1:1 in-water supervision re-evaluated by the team, but constant visual supervision is required.

- f. Should concerns arise regarding an individual's ability to access swimming facilities with or without supervision, the IPP team will address the concerns and identify the community supports necessary for access.
    - g. Vacation planning for persons who do not require supervision of their leisure time activities should include a team determination of the appropriateness of swimming in motel pools and the supervision required for each participant.

## 2. Boating

- a. When any person is a passenger on a private boat, he/she must wear a life jacket of the correct size and type.
- b. All staff or volunteers accompanying people with developmental disabilities on private boats must wear life jackets of the correct size and type.
- c. Individuals and staff on commercial boats will comply with operator standards.

## **G. Emergencies**

1. In the event of serious accident, illness, or injury, the first obligation of staff is to render immediate first aid, if necessary, and to summon the appropriate emergency services.
  - a. As soon as the situation allows, staff present notify the Area Director or designated substitute. Staff is also responsible for the prompt notification of the person's HHS-DDS Service Coordinator.
  - b. The Area Director or designated substitute is responsible for notifying family/guardians.
  - c. If the illness or injury appears life threatening, the Area Director or designated substitute notifies the Executive Director of Region V Services.
  - d. Staff carries emergency numbers of persons to notify whenever an activity takes place outside the community.
  - e. Staff provides necessary details to medical, rescue unit, or law enforcement personnel as required for proper medical or investigative procedures.
2. If a person is lost or runs away, the first obligation of staff is to immediately attempt to locate the person.
  - a. If the person is not located in a reasonable period of time, depending on the needs and skills of the person, staff will contact the designated supervisor and HHS-DDS service coordinator.
  - b. The decision to involve law enforcement agencies is made by the Area Director or designated substitute, unless another procedure has been previously approved by the Individual Program Planning team.

## **H. Death**

1. In the event of a death outside a medical facility, the rescue unit is contacted immediately. The rescue unit notifies the coroner's office. The body is not moved until the coroner is present.
  - a. As soon as the situation allows, staff present will notify the area director or designated substitute. Staff present are also responsible for prompt notification of the HHS-DDS Service Coordinator.
  - b. The Area Director or designated substitute notifies the Executive Director of RVS. The Executive Director of RVS or designated substitute notifies the family/guardian.
  - c. The Area Director is responsible for following Nebraska HHS death notification procedures. A copy of the notification report is sent to the Executive Director.

- d. The Executive Director will notify the chairperson of the Region V Human Services Governing Board of the death the next working day.
- e. At their next meeting, all members of the Region V Services Advisory Committee and Governing Board will be informed of any death of a person in service.
- f. An autopsy will be requested and, if necessary, paid for by RVS.
- g. Only the Executive Director or a designated substitute releases statements to the news media concerning a death.

**I. Disaster Preparedness/Management**

RVS will establish disaster preparedness plans and procedures to ensure that individual's care, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar situations.

Each agency is responsible for developing and maintaining Continuity of Operations Plans for all facilities/residences.

**J. Medications**

1. Responsibility for the implementation of RVS' medication administration plan, including training, direction/monitoring, and errors lies with the Nurse Consultant.
2. Except for people who administer their own medications or who are learning to administer their own medications, all medication is administered by staff who have passed the medication administration class and been judged competent to administer medications by the Nurse Consultant or designated substitute.
3. Documentation of training for staff certified as medication aides is maintained in the individual's personnel file.
4. A physician's order is required before any medication is administered in RVS supervised settings.
5. All medication records are completed precisely according to RVS procedure. This includes records for the administration of non-prescription medications.
6. Prescription medications are counted every day. Controlled substance medications are counted every 24 hours by staff as required by state regulations.
7. Medication errors are reported through Individual Report Forms (IRF's). Monitoring of medication errors is the responsibility of Area Directors and ultimately the Nurse Consultant. Major errors are reported to the State of Nebraska and could affect staff status as certified medication aides.
8. When a prescription is discontinued, a registered pharmacist disposes of the residue. Every item of the medication destruction form is completed. Contaminated medications are disposed of by the same procedure.

9. When an individual leaves a RVS facility permanently, a final count of the medication is taken and the medication is sent with the individual in its original container. Medication records are retained by RVS.
10. When an individual leaves a RVS facility temporarily (vacations, home visits), medication is sent with the individual in its original container. If an individual frequently visits family or friends, the preferred procedure is to separately maintain prescribed medications at the site frequently visited.
11. Self-administration of medications means that the individual knows which medication to take, when to take it, how much to take, and requires no staff assistance in doing so.
12. Individual Program Planning teams make the decision to initiate training in self-administration of medications.
13. When an individual completes a medication self-administration training program, follow-up monitoring must be done. During the first six months of independent self-administration, follow-up is regularly scheduled.

## **K. Transportation**

1. Vehicles are adapted to meet the needs of all individuals supported. Individuals will not be denied transportation services due to a lack of adaptation of vehicles.
2. Adequate measures are taken to provide a sufficient number of staff in the vehicle to ensure safety and to meet the needs of each individual being transported.
3. That each person transporting individuals supported:
  - a. Has a valid driver's license with the appropriate class code;
  - b. Has knowledge of state and local traffic rules;
  - c. Is capable of assisting individuals in and out of vehicles and to and from parking places, when required; and
  - d. Has received training in first aid, CPR, and in meeting the needs of the specific individuals for whom transportation is provided.
4. For RVS business, the use of vehicle restraints is required for all occupants using agency or private vehicles.

## **VII. FINANCIAL RESPONSIBILITY**

### **A. Room and Board Charges**

Individuals living in RVS group residences shall pay a monthly fee for room and board. The monthly fee is due on the first of the month for that month.

### **B. Management of Personal Funds**

RVS will not exercise control over personal funds or serve as payee for those funds unless the individual is not capable of managing his/her funds or income.

1. RVS shall not agree to serve as payee for personal funds if parents or legal guardians of the individual are available and able to serve as payee if the individual served wishes them to do so.
2. A fiduciary relationship shall exist between RVS and the individual when personal funds are managed by RVS. Administrative personnel and program personnel shall have the responsibility to ensure that an individual's interests are fully protected when personal funds are managed by RVS.

### **C. Damages by People Supported**

1. The guiding principles of payment for damages is that people supported by RVS have the same rights and responsibilities as other citizens. Like most citizens, they are expected to assume responsibility for the damage they cause, whether accidental or intentional.
2. People who damage property belonging to the agency, staff, or other people may be required to pay for the repair/replacement of the damaged property.
  - a. Claims for restitution must be submitted to the agency director with a copy to the Service Coordinator within 30 days of the incident. Staff should inform potential claimants of this requirement to ensure timely submission of claims.
  - b. The agency director shall determine whether the amount claimed is reasonable and appropriate. Two or more estimates may be required. A full evaluation of the incident will be done before a decision is made regarding payment.
  - c. Individual restitution for damages shall be determined on a case-by-case basis and shall be addressed through the IPP process. Criteria to be considered in determining whether or not to assess damages can include:
    - i. Evidence the person actually caused the damage.
    - ii. Circumstances surrounding the incident.
    - iii. Staff actions (was the staff negligent in any way).
    - iv. The person's ability to understand the result of his/her behavior.
    - v. The person's ability to understand and benefit from a plan of restitution.
    - vi. The person's previous behavioral history.
    - vii. The person's ability to pay, including whether the person has repaid significant amounts already.

- d. The Individual Program Planning team may recommend exemption from all or part of payment. This recommendation and corresponding rationale will be sent to the agency director for final approval.
  - e. The agency director will determine agency liability, if any, and pass the final decision on to the claimant. For all claims, it is the responsibility of the agency director to protect people in services from unsubstantiated claims and ensure their legal rights are protected. This may involve recommending the use of legal counsel.
3. All individuals who willfully damage property (except for those involved in a single, isolated incident) are actively taught alternative behavior.
  4. Staff will not be reimbursed by the agency or the individual for damages to personal jewelry items: necklaces, bracelets, watches, earrings, or rings.
  5. For damage to glasses, the maximum allowable reimbursement by the agency or the individual for repair/replacement will be the amount authorized by ARVAD for frame repair or replacement, plus the cost of lenses.

**D. Other Charges**

Other charges may from time to time be assessed, as necessary, if such charges do not result in duplicate payment for service. Notification must be made to the individual and legal representative (if applicable) prior to any charges being assessed.

**E. Food Costs**

In situations where staff or other individuals in service eat food paid for by another person in service (not room & board), the Area Director responsible for determining the cost of the food eaten and documenting compensation to the individual.

## **VIII. SUBCONTRACTING**

- A. RVS may enter into subcontracts to provide specialized services.
- B. Subcontractors will have the same qualifications, staff training and service provision expectations as employees of RVS, as well as criminal background checks, APS checks, CPS checks and state patrol sex offender registry checks.
- C. Monitoring of the subcontractor's performance is completed on-site at a minimum of one time per month.
- D. The subcontractor has no employer-employee relationship with RVS.
- F. The subcontractor does not serve as legal guardian of the individual supported. The subcontractor must not be an immediate family member of the individual supported.
- G. The subcontractor must comply with all requirements of the IPP.
- H. Subcontractors will maintain a record of hours of support provided to the individual supported.
- I. All designees of the subcontractor must meet the same requirements of the subcontractor.