



*POLICY MANUAL FOR  
CLS, RESPITE, CRISIS and MRSS  
programs.*

RVSD 12/2024LZ

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## **CODE OF CONDUCT:**

**Character Counts!** Every person served is to be treated with dignity, respect, and care.

Our persons served are always our first priority when servicing.

We are guests in the person served home, we will act accordingly.

A person served personal life and special needs are never shared: confidentiality is a persons served right. We work for the families and persons served, we will respect their schedules, routines, needs and time. Aides perform a critical role and have every right to be treated with respect, by APS, by one another and by the families and persons served. We demand integrity and honesty in all things, in both ourselves and others. APS will report to SCCMHA Recipient Rights Office and respond to any instances of abuse of a person served, regardless of implications.

### **Competency Policies:**

#### **Staff Pre-Hire screening**

1. APS will actively recruit and select for available positions through the following means: newspaper ads, job fairs, internet searches, candidate walk-ins and/or referrals.
2. Each candidate must have the minimum skills, credentials and training outlined in the job description.
3. APS will verify all information obtained for accuracy and expiration dates.
4. APS will perform criminal background checks, sex offender lists check, recipient rights checks, sanctioned lists, attempt to contact up to three professional and three personal references, degree, diploma, or professional license verification, driving record (when it applies) and vehicle registration and insurance verification (when it applies).
5. Verification outcome must meet the requirements of SCCMHA as stated on the job description as well as APS's policies in the employee handbook.
6. Any criminal record will be evaluated by APS to assure persons served are not placed in situations of risk due to the personal or moral character of the service providing individual.
7. Individuals will have to pass a minimum of 80% on the APS Health and Safety pre-employment test.
8. Candidates must adhere and acknowledge the "Drug and Alcohol" policy as stated on the employment application.

#### **Background Screening Policy**

Any criminal record will be evaluated by APS to assure persons served are not placed in situations of risk due to the personal or moral character of the service providing individual. APS will not hire or maintain employment of individuals who do not satisfactorily pass the minimum standards for background checks. Decisions will be based on a case-by-case situation and the complete disclosure of the offense and date of the crime by the applicant on his/her application. We will take into consideration how long ago the offense was. Background checks will be performed pre-hire and then bar for hire such as but not limited to any crimes of assault, solicitation, kidnapping, indecent exposure, any type of sexual assault, endangerment, promoting prostitution, and pornography of a minor. If you are added to or found to be on the List of Excluded Individuals maintained by the State of Michigan, OIG/LEIE or SAM database's during a sanction list pre-screening check or monthly checks during your



employment with APS, your employment will be terminated as you will no longer qualify for the position. The databases listed could change or be updated at any time, if you are found to be on any List of Excluded Individuals that are not eligible to provide Medicaid services, your employment will be terminated.

### **Orientation/ Training**

1. All new staff will receive an orientation with an APS supervisor and if on a clinical site the staff will also receive an onsite orientation by their site supervisor.
2. All staff will receive a list of required trainings for their position with a time line to meet them as required on the SCCMHA "Minimum Training Requirements for Contracted Providers".
3. APS will monitor training on a monthly and annual basis. Staff will be notified by APS when trainings are coming up and when they are expiring. APS will provide the SCCMHA monthly training calendar and Training Tracker to assist you. It is your responsibility to stay in compliance, please monitor your Training Tracker throughout the year.
4. CPR and First Aide training is mandatory within 30 days of hire and the bi-annual renewal must be completed within 30 days of the expiration. If you commit to a scheduled training and do not report to that training you will have to complete this training at your own expense within the 30 days of expiration at a qualifying training facility. Classes are limited and costly, if you commit, you must attend.
5. APS provides a Monthly Staff Training/Meeting. All staff are expected to read the information or attend. APS will announce and email this information around the 15<sup>th</sup> of each month, please keep your email address up to date. These emails will include important updates, dates, happenings at SCCMHA, community activities and the training. It is mandatory that you review and are familiar with the memo, training and information provided each month.

### **Performance Monitoring**

1. APS or site supervisor will perform an annual evaluation of all staff.
2. For staff at person served' homes, the APS supervisor will be in contact with the family after the first service is provided as a routine check and monthly thereafter.
3. APS will monitor all goals and/or improvements listed on evaluation.

### **Human Resource Policy**

1. APS will maintain all personnel files, including but not limited to tax forms, Gov I-9's, employee applications and employee handbooks.
2. APS administers all Friend of the Court, DHS forms, garnishment paperwork, E-Verify and employment verifications. If you have any questions or concerns, please direct those to the payroll administrator.
3. Staff will be hired by qualifying them against requirements and duties contained in the job descriptions.
4. APS will maintain current Job Descriptions in our office, staff may request copies. When updates are made, staff will be provided with all changes.



## **Policies and Procedures for Accommodations**

1. All staff will need to complete the SCCMHA training, Recipient Rights, Limited English Proficiency and Cultural Diversity.
2. To identify the individual and systematic needs of a person served, APS will contact case managers or a wrap-around team member to discuss any special accommodations or needs.
3. APS will review all IPOS's or progress notes with aides at the beginning of a new assignment, as changes occurs and on an annual basis. When APS contacts you to review and be trained on the IPOS, you will have only three business days to do so or you could be removed from servicing the person served.
4. APS will provide "My Bio's" to the aides and the aides will fill out and review with the person served and their family. APS will maintain a copy in the person served file. These "My Bio's" are to be returned to APS as soon as possible and be always kept confidential. You must always have your copy with you while servicing the person served. "My Bio's" must be returned to APS immediately when service ends.
5. APS will ensure access and accommodations of persons with Limited English proficiency; ensure sensitivity and accommodations of diverse ethnic / cultural backgrounds, accommodations of individuals with communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). APS will recruit staff that can accommodate and meet these requirements. When necessary, APS will search out for special trainings as needed.
6. APS will recruit staff with special certifications when needed, as in sign language or foreign language.

## **HEALTH & SAFETY:**

### **Tuberculosis Testing Policy**

1. Staff is required to have a current TB Test when hired. Any positive test reading will require the recommended follow-up procedures from the medical professional.

### **Infection Control Policy**

1. It is the policy of APS to seek to prevent and control the spread of infectious diseases to protect the health of employees, staff, and persons served. All staff must 1) follow infectious disease procedures, 2) take appropriate precautions and 3) assist person served to prevent and control the spread of infectious disease.
2. APS staff will have training provided to them through SCCMHA.
3. APS requires TB testing of all employees.
4. Universal precautions will be carried out to diagnose and treat infectious disease.
5. Staff members are expected to seek medical consultation and treatment in the management of infectious disease.
6. All staff are to report and document any infectious diseases to their APS supervisor. APS will then report to SCCMHA Infectious Disease Nurse. The SCCMHA Infection Control nurse is Cheryl Carlevato, RN and can be reached at (989) 797-3429.
7. APS will seek consultation from the SCCMHA Infection Control Nurse or Saginaw County Health Department when any patterns are apparent or information is needed.



8. Staff will take appropriate routine cautions to prevent the spread of infectious diseases, including assisting person served with disease prevention and management.
9. Definitions: Communicable Disease: An infectious disease spread by airborne and surface.

**Reportable Infections:**

**List of Infections that should be reported to the IC Nurse**

Amebiasis – parasite, intestinal: diarrhea with mucus and blood

Aseptic Meningitis

Blastomycoses – “Gilchrist’s disease”, infection of the lungs/skin

Brucellosis – “Malta Fever”, “Mediterranean Fever”, systemic bacterial disease: fever, headaches, chills, Joint pain, weight loss and generalized aching

Campylobacter – “Campylobacter enteritis”, acute enteric bacterial disease: abdominal pain, diarrhea, fever, malaise

Chancroid – “Ulcer molle”, “Soft Chancre”, acute bacterial infection localized in genital area

Chicken Pox

Chlamydia Infections – sexually transmitted genital infections

Conjunctivitis – “Pink Eye”, a clinical syndrome involving one or both eyes

Cytomegalovirus – rarely produces symptomatic disease, when it does, manifestations vary depending on age and immunocompetence of the individual at the time of infection

Encephalitis – inflammation of the brain, many causes

Giardiasis – “Giardia Enteritis”, “Lambliasis”, protozoan infection of principally the upper small intestine

Gonococcus Infection – Infections caused by *Neisseria gonorrhoeae*

Granuloma Inguinale – “Donovanosis”, a nonfatal, chronic and progressive bacterial disease of the skin and mucous membranes of the external genitalia, inguinal and anal regions

Head Lice – “Pediculosis”, parasitic louse, the state of being infested with head lice

Hepatitis A, B, Unspecified

Histoplasmosis – A systemic mycosis of varying severity with primary lesion – the lungs

Legionnaires Disease

Leprosy – “Hansen’s Disease”, chronic bacterial disease of the skin, peripheral nerves and upper airway

Leptospirosis – “Weil disease”, “Mud fever”, “hemorrhagic Jandice”, a group of zoonotic

**bacterial diseases**

Lice

Listeriosis – a bacterial disease usually manifested as meningoencephalitis and/or septicemia

Lyme Disease

Malaria

Plague – a specific zoonosis involving rodents and their fleas which transfer the bacterial infection to various animals and to people

Psittacosis – “Ornithosis”, “Parrot fever”: fever, headache, myalgia, chills, upper/lower



respiratory tract disease; respiratory symptoms can appear mild, disproportionately so, when compared to the extensive pneumonia usually demonstrated by x-ray

Ringworm – “Dermatophytosis”, a fungus skin infection

Tinea barbae – fungus infection of the beard

Tinea capitis – fungus infection of the scalp

Tinea corporis – ringworm of the body

Rocky Mountain spotted fever – “Sao Paulo Fever”, “Tick-borne Typhus Fever”: Sudden fever, malaise, deep muscle pain, severe headache and chills; may have maculopapular rash

Salmonellosis – bacterial disease manifested by acute enterocolitis

Scabies

Shigellosis – acute bacterial disease involving the large and distal small intestine: diarrhea, fever, sometimes vomiting and cramps

Staph or Strep Skin Infections

Syphilis

Toxoplasmosis – a systemic protozoan disease

Tuberculosis (Mycobacterial)

Tularemia – “Rabbit Fever”, “Deerfly Fever”, a zoonotic bacterial disease

Typhoid Fever/Typhus Fever

Vibriosis – Acute bacterial diarrhea

#### **LIST OF SIGNS AND SYMPTOMS OF INFECTION:**

NOTE: If the client has a condition which is known to NOT BE AN INFECTION, do not categorize it even though the signs and symptoms may be listed below.

##### **UTI-(Urinary Tract Infection)**

Sudden onset of:

- Fever
- Increased frequency of urination
- Dysuria (painful or difficult urination)
- Suprapubic tenderness
- More than 10,000 WBC's per ml/urine
- Strong odor to urine
- Cloudy urine
- Blood, pus or mucus shreds in the urine
- Mid-back area is tender (kidney area)
- 100,000+ organisms/ml of urine but asymptomatic

##### **WOUND AND SKIN**

Sudden onset of:

- Inflammation
- Purulent Drainage
- Site Pain
- Fever\*
- Skin Eruptions

##### **RTI-(Respiratory Tract Infection)**

Sudden onset of:

- Cough
- Purulent Sputum
- Fever \*
- Chest Pain
- Rales
- Ear Pain
- Sore Throat
- Congestion
- Blood tinged phlegm
- Positive chest x-ray
- Positive culture

##### **GASTROINTESTINAL TRA**

Sudden onset of:

- Fever
- Nausea
- Diarrhea (3 or more watery stools per day)
- Abdominal Pain
- Cramps

- Positive Culture

- Vomiting

- Positive Culture

- Blood or mucus in the stool

### **OTHER INFECTIONS (EYE, EAR, SEPTICEMIA, ETC)**

May include the sudden onset of:

- Fever \*

- Appetite loss

- Nausea

- Eye or Ear drainage

- Malaise (general unwell feeling)

- Positive culture of lab tests (blood, cerebral spinal fluid)

- Vaginal or cervical drainage

### **Fever definition:**

Oral temperature of 100 F/38 C. or more

Equivalents made for axillary/ear probe methods

### **Health and Safety Policy**

1. APS will consistently seek to promote the health and wellness, as well as assure the safety of persons served.
2. Staff will have the responsibility to observe, monitor, support, document, report and/or address health and safety conditions and risks with person served who are receiving services.
3. In all situations of life threatening or potentially life-threatening emergencies, emergency responders should be immediately contacted first, regardless of what immediate simultaneous measures those on the scene must initiate, or what site-specific procedures must be followed.
4. All APS staff will be trained through SCCMHA in CPR/ Basic First Aide
5. APS supervisor will make routine home inspections to all aides' homes which in home services are conducted.
6. APS supervisor will discuss proper pet safety procedures while person served is in staff's care during the home inspection.
7. If the following emergency situations arise, please use the following procedures:
  - A. **Fire**- Call 911 first, then family/guardian then APS.
  - B. **Tornado**- Seek shelter with person served, when safe call family/guardian then notify APS of situation. Safe shelter would be a basement or in a safe area of the building away from any windows.

Pay close attention to any storm watches or warnings that have been issued for your location.

#### **If you are in a Building**

- Make sure you have a portable radio, preferably a NOAA Weather Radio, for weather alerts and updates.
- Seek shelter in the lowest level of your home, such as a basement or storm cellar. If you don't have a basement, go to an inner hallway, a smaller inner room or a closet.
- Keep away from all windows and glass doorways.
- If you're in a building such as a church, hospital, school or office building, go to the innermost part of the building on the lowest floor. Do not use elevators because the power may fail, leaving you trapped.



- You can cushion yourself with a mattress, but don't cover yourself with one. Cover your head and eyes with a blanket or jacket to protect against flying debris and broken glass. Don't waste time moving mattresses around.
- Keep pets on a leash or in a crate or carrier.
- Stay inside until you're certain the storm has passed, as multiple tornadoes can emerge from the same storm.
- Do not leave a building to attempt to "escape" a tornado.

#### **If you're outside**

- Try to get inside a building as quickly as possible and find a small, protected space away from windows.
- Avoid buildings with long-span roof areas such as a school gymnasium, arena or shopping mall, as these

Structures are usually supported only by outside walls. When hit by a tornado, buildings like these can collapse, because they cannot withstand the pressure of the storm.

- If you cannot find a place to go inside, crouch for protection next to a strong structure or lie flat in a ditch or other low-lying area. Cover your head and neck with your arms or a jacket, if you have one.

#### **If you're in a Car**

- If you can safely drive away from the tornado, do so.
- If there is a sturdy structure available, go inside.
- If no building is available, it might be better to pull over, stop the car (but leave it running so the air bags work), and crouch down below the windows. The airbags and frame of the car will offer some amount of protection, but certainly not absolute safety.
- A long-standing safety rule has been to get out of the car and into a ditch. If you do that, you should get far enough away from the car that it doesn't tumble onto you. Being below the prevailing ground level may shield you from some of the tornado wind and flying debris, but there is still danger from those.
- Do NOT get out of a vehicle and climb up under the embankment of a bridge or overpass. This often increases your risk.

#### **If you're in a Mobile Home**

- Do not remain in a mobile home during a tornado. Even mobile homes equipped with tie-down systems cannot withstand the force of a tornado's winds.
- Heed all local watches and warnings, and leave your mobile home to seek shelter as quickly as possible before a tornado strikes, preferably in a nearby building with a basement.
- If no shelter is immediately available, find the lowest-lying area near you and lie down in it, covering your head with your hands.

#### **Know Your Terms**

Depending on the expected severity of a storm, the National Weather Service may issue one or more of the following:



**Severe thunderstorm watch:** Conditions are conducive to the development of severe thunderstorms in and around the watch area. These storms produce hail of  $\frac{3}{4}$  inch in diameter and/or wind gusts of at least 58 mph.

**Severe thunderstorm warning:** Issued when a severe thunderstorm has been observed by spotters or indicated on radar, and is occurring or imminent in the warning area. These warnings usually last for a period of 30 to 60 minutes.

**Tornado watch:** Conditions are favorable for the development of severe thunderstorms and multiple tornadoes in and around the watch area. People in the affected areas are encouraged to be vigilant in preparation for severe weather.

**Tornado warning:** Spotters have sighted a tornado or one has been indicated on radar, and is occurring or imminent in the warning area. When a tornado warning has been issued, people in the affected area are strongly encouraged to take cover immediately.

*Source: Centers for Disease Control and Prevention*

- C. **Medical Emergencies-** Call 911, keep person served as comfortable or as safe as possible as directed by the 911 operator, then immediately call family/guardian then notify APS.
- D. **Power Outages-** Keep person served as safe as possible, call family/guardian. Locate flashlights.
- E. **Gas Leaks-** Get person served out the home as safely as possible and call gas company or 911. Then call family/guardian then inform APS.
- F. **Bomb Threat-** Call 911, follow their instructions then notify family/guardian as soon as possible. Notify APS as soon as possible.
- G. **Missing Persons-** First call 911, then immediately call family/guardian then contact APS.

#### **Provision for 24/7 for Families and Persons Served**

- 1. If aide has not arrived on the scheduled time, parent/guardian should call the aide at their contact number which is provided during the introduction meeting by the RESPITE coordinator.
- 2. If parent/guardian cannot get into contact with their aide, they should call APS immediately. If it is after normal business hours, leave a message on the answering machine, it is checked periodically after hours. If this happens on weekends or holidays, please call the emergency on-call aide at 989-280-8473, they will do their best to accommodate you. If during normal business hours, speak to any staff member and they will be able to assist you.
- 3. APS will have back-up aides to cover service for the family. We will cover the service as soon as possible and as soon as the back-up aid can be trained on the person being served IPOS.
- 4. If the family chooses, APS will reschedule service for a different day and families will have the choice of meeting a new aide or allowing APS to resolve the issue with their normal aide.

#### **Medication Administration**

The following requirements must be met before administering medication.

- 1. You must be a *Community Living Support* aide.
- 2. Aide must have completed "Basic Meds" training and passed.
- 3. It must be stated in the PCP that an aide must administer medication.
- 4. Medication must be in the original labeled container.
- 5. Proper care and storage of medication.



Parents or guardians are responsible for providing all medication and supplies for the person served. Staff may not deviate from the written authorization from the health care provider. All aides must read and thoroughly understand the medication directions, if in doubt, ask parent/ guardian or case manager before administering. Medications that have expired must not be administered. If you ever feel you have given the wrong dosage or missed a dosage you should contact the parent/ guardian immediately. If this is life threatening you must first call 911, then contact parent/guardian.

## **RECIPIENT RIGHTS:**

### **Incident Reporting**

#### **Purpose:**

The purpose of this policy is to establish standards for the reporting of unusual or unexpected incidents to APS and the Saginaw County Community Mental Health Authority (SCCMHA) Office Recipient Rights (ORR).

#### **Policy:**

It is the policy of APS to report unusual or unexpected incidents to the SCCMHA ORR. The Recipient Rights Officer or their designee will review all Incident Reports as they are sent to the SCCMHA ORR to check for Recipient Rights violations or possible Sentinel Events and to track trends and ensure the needs of individual person served are cared for.

#### **Standards:**

- 1) Unusual or unexpected incidents that occur in the lives of a person served of mental health services that occur while under the services of SCCMHA and APS will be reported to the SCCMHA ORR within 24 hours. This includes Community Living Services being provided in an independent living setting.
- 2) The use of any physical intervention will be documented on an Incident Report.
- 3) In addition to the Incident Report for a physical intervention, the form called "BTC Incident Report Attachment" will be completed and submitted with the Incident Report. The first page is to be completed by the staff filling out the Incident Report and the second page is to be completed by the supervisor or designee.
- 4) Incident Reports are Peer Review documents and are not subject to FOIA requests. Copies of Incident Reports are not given out to anyone including the guardian without a court order signed by a judge.
- 5) Incidents involving a death or significant physical or psychological injury or serious rights complaint should be immediately reported by phone to the SCCMHA ORR.
- 6) Incident Report forms will be filled out completely. This includes full first names and last names of all staff and person served, including any witnesses to the incident. No initials should be used unless it involves a person served from a different county where confidentiality will be an issue.
- 7) Incident Report forms not filled out completely will be returned to the program supervisor with the requirement of that supervisor documenting the appropriate missing information and returning it to ORR within 24 hours of the form being sent back to the supervisor.



**Definitions:**

**Physical Intervention:** An approved technique (as trained by the SCCMHA Continuing Education Unit) used to physically assist someone in preventing danger to themselves or someone else.

**Restrictive or Intrusive Intervention:** A technique described in a Behavior Treatment Plan to help to teach someone to reduce negative behaviors. These techniques may only be used when included in a Behavior Treatment Plan, written by a Behavioral Psychologist.

**Examples:**

**Response Cost:** Someone being asked to apologize to another person after they have done something to them, such as steal an item from them.

**Over Correction/Positive Practice:** An action intended to exaggerate a point, such as cleaning up a spill and being asked to clean the same area again even though the spill is already taken care of.

**Unusual or unexpected incident:** An occurrence that disrupts or adversely affects the course of treatment or care of a person served that is not expected. Such occurrences shall include but are not limited to:

- 1) Death (any death of a person served of SCCMHA services, including a death occurring in a private residence);
- 2) Any injury of a person served, explained or unexplained;
- 3) Unusual medical problem;
- 4) Trip to the emergency room, express medical services, medical or psychiatric admission to a hospital or treatment facility (this should generate a call to the SCCMHA ORR);
- 5) Environmental emergencies or incidents;
- 6) Problem behaviors, if not addressed in a Plan of Service;
- 7) Suspected abuse or neglect of a person served;
- 8) Inappropriate sexual acts;
- 9) Suspected sexual abuse;
- 10) Medication errors;
- 11) Medication refusals;
- 12) Suspected criminal offenses involving person served;
- 13) Every use of physical intervention (see # 3 in the Standards Section above);
- 14) Any significant event in the community involving a person served;
- 15) Arrests;
- 16) Convictions;
- 17) A traffic accident involving person served.

**Procedure:**

1. Any time an unusual incident occurs it shall be documented by the observing staff by completing an Incident Report form appropriate to their service site and reporting it to their supervisor at APS within 24 hours.
2. Within 24 hours of receiving report APS supervisor will forward to SCCMHA ORR.
3. Incidence reports will be reviewed quarterly for trends and/or problem areas.



### **Incident Monitoring Policy**

1. APS will review all incidents on a quarterly and annual basis. We will be looking for any trends and/or problem areas. APS will then implement improvements and solutions as needed. All details will be documented and reviewed annually to be sure improvements were sufficient or if needed find another solution.

### **QUALITY OF SERVICE:**

#### **Quality Improvement Policy**

1. APS will develop two quality improvement goals per year.
2. These goals will be reviewed and measured annually to ensure goals are met.

### **EMPLOYEE POLICIES:**

#### **EVV Compliance**

Under Section 12006(a) of the 21st Century Cures Act, states are required to implement EVV for all Medicaid personal care services and home health care services that require an in-home visit by a provider. The EVV system must verify the type of service performed, along with the date, time, and location of the service, as well as the individual receiving and the individual providing the service. Michigan has selected EVV system HHAeXchange, all aides are required to use the HHA<sup>+</sup> app. You must clock in and out through this app as well as complete the timesheet. All staff are required to be in compliance with at least a 95% compliance score. Failure to use the app could result in a delay with your payroll check as we must then manually verify your visits. It is best practice to use the app correctly and choose the correct person being served, this will avoid any delays. Remember this is not an option it is Federally mandated. If you experience any problems when using, call the office immediately to resolve the issues. We are here to help.

#### **Accepting Gift Policy**

1. APS Staff is not to accept any loans, gifts or money from any person served.
2. APS staff is not to borrow any personal property of any person served or their family members.

#### **Dress Code Policy**

1. Staff can wear medical scrubs or casual appropriate clothing. It is the family's discretion.
2. Clothing not allowed: strapless and/or low-cut shirts, shirts bearing midriff, vulgar sayings or gestures on clothing or hats, sagging pants, dresses/skirts above knee, short shorts (no shorter than 5 inches above the knee), wave-cap or head scarfs, flip flops (any open toe shoe must have ankle support).
3. Jewelry: No dangling earrings, long necklaces, bracelets or large ornate rings.
4. All aides are expected to be groomed, use proper hygiene, and wear clean clothing.
5. No excessive use of fragrances or body spray.
6. No extreme hair styles or make-up. Please use discretion and present yourself with a professional appearance.



### **Transportation Policy**

1. Staff must have current vehicle registration, vehicle insurance, valid driver's license, and current motor vehicle report on file with APS before any transporting of a person served. If you transport, these documents must be always up to date, this is your responsibility. If discovered that your documents have lapsed, revoked, or expired you will be removed from your assignment and you will receive a write-up up to discharge.
2. You must inform APS if you change, borrow, or use another vehicle other than what you originally reported to us and supply all required documents for that vehicle before you can use for service. We will need a "permission to drive" in your file from the owner.
3. If your license becomes suspended or revoked, you must notify APS immediately.
4. "Permission to Travel" form must be authorized and signed by parent/guardian of any person served.
5. Staff must have written consent and approval from parent or guardian before taking person served out of the home. Parents/ guardians must be informed of your plans and where you will be while out of the home.

### **Service Schedule Policy**

1. All staff must refer family/guardian to APS to have extra services outside of the scheduled service. This must be approved by APS to assure that adequate hours are available.
2. Staff must have pre-approval from APS to render any services to a person served.
3. Staff must follow the service schedule outlined in the person served IPOS which will also be reviewed and noted when receiving your unit calculator. If you provide service outside of the time frame or work more hours than what is in the plan you will not be paid unless you have been preapproved to do so by APS.
4. Staff must have family/guardian sign a "Service Modification" form for extra services outside of the existing schedule.

### **Smoking (vaping) Policy**

1. Smoking is prohibited while a person served is in your care.
2. If transporting, smoking is prohibited by all passengers in the vehicle.
3. If you do in-home service, smoking is prohibited in the home while the person served is in your care.
4. There is to be no smoking on any person served property or in their home.
5. If we receive complaints of smoking or person served smelling of smoke after service there will be disciplinary action taken.

### **Personal Possessions**

APS and SCCMHA cannot be responsible for any personal possessions. You should always keep your belongings on your person. As an example, do not set your phone on a counter top, keep it in your pocket. We discourage you from taking any wallets, purses, money, etc., while servicing the person served. Please keep anything of value, such as your purse locked in your vehicle. If you choose to take valuables with you inside a person served home or to an activity, you are taking full responsibility for these possessions. Any concerns of theft must be reported to APS within 48 hours and a written detailed report will be required to document the incident or suspicion.



### Cell Phone Use and/or Texting

While servicing your person served, please use discretion with your cell phone use. We understand that you may receive a call or texts during work time, however please remember that we are there for the person served, it is not your personal time. If it is not an emergency, please take your call or answer your text after you are done with your scheduled service. If you must take a call, please make it quick and use discretion when talking. Frequent use of the cell phone for either talking or texting will not be tolerated. We ask that you leave your phone on vibrate during work time. If you are in a meeting with the family, APS or SCCMHA we ask that you refrain from using your cell phone.

### Timesheets and Unit Calculator Policies

1. Timesheets are due **weekly** by **Tuesday** at 10:30 AM. The pay period is Sunday to Saturday, weekly.
2. You may submit your timesheet by the following methods:
  - a. In person, during office hours 8:30am to 4:30pm, Mon-Fri
  - b. Fax: 989-921-0364, no later than 10:30am, Tuesday.
  - c. Email: [payroll@apsemploymentservices.com](mailto:payroll@apsemploymentservices.com), no later than 10:00am, Tuesday.  
We can only except **scanned email attachments, no pictures.**
  - d. Mail: 1840 N. Michigan Ave. Ste. 3, Saginaw, MI 48602
3. If timesheet is received after 10:00pm on Tuesday, it will be considered late and you will not be paid until the following pay period.
4. If the timesheets are held more than 2 weeks, they will not be accepted unless you have prior approval from an APS staff member. This will only be for emergency situations. It is very important that we have the timesheets weekly to monitor the use of units and stay in compliance of the authorizations for the person served.
5. Timesheets being turned in late repeatedly will result in disciplinary action.
6. Any timesheets that are emailed must not contain any person served names, only the case number.
7. Holiday weeks- Timesheets will be due on different days and times. You will be notified the prior week. You will receive an email the prior week of the due date.
8. We will make every effort to find errors on your timesheet, however it is your responsibility to submit an error free timesheet. If time allows, we will try to contact you by phone or email. You will have to correct these by Wednesday to be paid on Friday of the same week. Please return our calls immediately to avoid any delay with your payroll. If there are errors, you may not receive pay until the following week and the errors are corrected.
9. Timesheets are to be completed at the time of service with notes, comments and signatures where required.
10. **Unit Calculators are also to be filled out at the time of service, if you go over any units or dates stated on the authorization, you will not be paid for that service.** If you have any questions, please ask. We will not be responsible if you make a mistakes or workout side of the authorization. Please keep all these documents in the folder provided to help you stay organized.
11. When you are documenting what activities and goals you have done with the person served during servicing, **you should also be documenting the following: behavioral problems, attitude problems, physical or mental concerns,** and any other issues you feel should be noted. It is very important for your and the person served protection and future care plans. If there are any serious concerns be sure to call an APS Respite Coordinator to discuss them.



### **Discipline Policy**

1. Employee are allowed three (3) write-ups for violation of company policy, after that you will be terminated.
2. Serious violations and substantiated recipient rights violations can be cause for immediate termination.
3. Employees are written up for handbook and/or addendum violations, recipient rights violation and compliance violations.
4. If you have any questions regarding the policies or rules, please see an APS staff member. We would much rather work through any problems or sort out any question before it comes to being written-up. Our staff is here to always help and assist you.

### **Staff Absence Procedure**

1. Aides should notify their APS supervisor as soon as they know there could be a conflict of service or if they need time off.
2. APS asks that all aides call at least two (2) hours in advance of their shift to allow enough time to notify the families and have the service covered by a substitute aide.
3. If it is after hours, you are to call APS and leave a message then call the family as soon as possible so that they are aware that you are unable to make your shift.
4. Remember we are there for the families' convenience not our own, if absenteeism becomes excessive you will be removed from the RESPITE/CLS program.
5. If any scheduling conflict(s) or break-in service arises after accepting a case with either the family, person served or yourself, you must contact APS immediately. Informing the family only without notifying APS for any gap in service is not acceptable for any reason.

### **Family Contact Policy**

Aides are not to have any contact with persons served, families, or guardians once service has been terminated. If you have any questions or clarification as to why you are no longer servicing a family, you are to call APS directly. All communication is to be conducted through our office. It will be considered harassment and possibly a recipient's rights violation if you chose to contact the family or person served. If it is discovered that you have tried to contact a family or person served for any reason after services are terminated it will be grounds for immediate termination. Remember you are the professional and your conduct reflects on your character and credibility. We are here to assist person served in the mental health program, their wellbeing and peace of mind is our mission. Remember all issues are investigated and all sides of a problem are taken into consideration.

### **Vehicle Emergencies**

#### **1. Vehicle Breakdown**

In the event of a breakdown, immediate action will be taken by the driver to minimize the danger to passengers and others to ensure their comfort and safety.

Parents/guardians should be notified of the breakdown as soon as possible and kept informed of any developments. Please call your APS supervisor as soon as possible to report the situation.



## **2. Vehicle Accident**

In the event of a traffic accident, the highest priority is to ensure the safety of passengers and staff.

- A. Stop at once.
- B. Ensure the vehicle is not posing a traffic hazard.
- C. Where an accident is very minor and involved no other person or property, the vehicle should be checked for damages and/or roadworthiness before proceeding.
- D. Where an accident is more significant:
- E. Ensure passengers are ok and in a safe place. If not move to a safer place by the side of the road.
- F. Contact 911
- G. Get names and contact information of any witnesses.
- H. Contact parent/guardian of person served.
- I. Contact APS as soon as possible to report the issue.

## **Friends and Family Policy**

While you are working with a person served you should not bring along friends or family members, person served need 100% of your focus and attention. Even though you work independently you are still at work, this is not the time to spend visiting with others. If the person served PCP states that the person served needs socialization or community activity, please have pre- approval from the parent or guardian to have anyone else around the person served. This is listed in the "Bio."

## **General Service Rules**

- 1. Any behavioral changes in a person served should be documented on your time sheet at the time the changes are noticed.
- 2. You are not to service more than one person served at a time unless they are siblings and receive service together as directed in their IPOS's.
- 3. If a person served is in your care, you are not to leave your person served with anyone else such as your friends or family.
- 4. In most circumstances, you should not leave a person being served alone. For their safety, please use appropriate judgment by their functioning level, their competency, information provided in their IPOS and the age of the consumer. This should be evaluated case by case. You are responsible for the person you are serving.
- 5. If any staff wants to take a person served into their personal residence, they must provide APS with homeowner's or renter's insurance certificate and APS must complete a home inspection before it will be allowed. SCCMHA will also have the right to inspect your home for random audits. Parents/guardians also have the right to inspect your home.
- 6. If you notice that the units for your person served are about to expire, please contact APS right away.
- 7. If your person served needs any transportation outside of Saginaw County, that must be **preapproved** by APS.
- 8. You are never to hold on to any person served money, debit card, or bridge card once your scheduled service is done for that day. Be sure these items are left with the person served.



9. If your person served has any medical appointment other than a general office visit such as a procedure or surgery it must be preapproved by APS. Waiting for a person served during their procedure or surgery is not considered servicing time and you cannot be paid for that time.
10. Be mindful of the HIPPA policy. You should never email a person being serviced full name or case number. Only use initials should be used. You cannot discuss any case, family or the person served to anyone other than someone from SCCMHA or APS.
11. While servicing, you should follow the IPOS and in-service details of that person.
12. 40 hours per week is the **maximum** number of hours you are allowed to work in a week. Please refer to your unit calculators to stay in compliance.

### **Return Call/Contact Policy**

When you are contacted by APS either by phone or email, **you are to return that call within 24 hours or you will be written up for a serious policy violation.** If we are contacting you, it is for an important reason related to your person served, compliance, or employment. Because you are not required to report to the APS office daily, we must be able to reach you for important issues in a timely manner. Please listen to or read your messages from us before calling back as we may just be answering a question or leaving you important information that may not require a call back.

### **Employment Status & Available Hours Policy**

Due to the number of aides in our program we cannot contact everyone monthly to find out your availability, we are requiring you to keep in touch with our respite coordinators to keep your employment status active with APS. If you would like to work additional hours, please call, hours are available. It is your responsibility to contact APS with your availability within 7 days of ending services with a person served if you want to continue working and receiving additional person served. You need to update your availability if it changes from the original "schedule form" that you completed at hire. If you do not contact us within 7 days you are considered a voluntary quit. If you fail to report to a meet and greet, show up for a scheduled service or show up for a training and not contact APS within 24 hours it is considered a voluntary quit.

When you are not actively servicing a person served, you must contact APS every 30 days to maintain an active status. If you fail to comply with any of the above policies will be considered a voluntary quit.

Each person served authorization is individualized for their needs and we have no control over the number of hours each person served receives. Therefore, we cannot guarantee that every person served you service will have the same number of hours. You may service more than one person served to receive more hours if they do not overlap in times or exceed the maximum number of hours. Flexibility is a requirement.

It is your choice to service the type of person served you want to work with as in sex, age, and mental impairment however if you decline a person served, you are declining available work. As mentioned above we have no control over those detail in this type of work environment, we will offer you person served as authorizations are received.

## **RECORDS AND DOCUMENTATION**

### **Records Retention Policy**

#### **Personnel Records:**

APS will document and retain records that are subject to accessibility for a period of seven (7) years from the date of its creation or the date when it last was in effect whichever is later. APS will maintain employment records for seven (7) years of the date they were in effect. A written request is required for any documents pertaining to employment and APS will make copies within 48 hours of the request. Requester is responsible for any fees.



**Person served Records:**

Hard copy records will be maintained, held, and stored by APS in a safe and secure manner that assures the integrity of the document and the confidentiality of the person served and in accordance with any applicable State or Federal law relating to that document. Records may be in hard or electronic format and will be retained until the last date of service plus ten (10) years. Records will be purged, removed, and/or retained following the guidelines indicated in the most current and applicable version of the State of Michigan General Schedule for Local Governments #7 & #20. Once the retention period ends, APS will destroy/dispose records according to the requirements of the State and Federal laws to assure proper destruction and safeguarding of confidential information. Any person requesting health records, person centered plans or recipient rights forms will be directed to SCCMHA, Director of Records. APS will not copy or distribute those records.

**Required Staff Documentation:**

Mandatory current/valid documents are required by all staff servicing person served. Everyone is given a "Document Expiration" form in the beginning of hire. It is your responsibility to update APS as you renew these documents throughout the year. Included but not limited to, your vehicle registration and insurance, driver license, and trainings. Failure to do so within seven (7) days of the expiration/renewal date will result in a write-up or termination. This is your responsibility to be in compliance with your employment with APS and SCCMHA policies.

- Along with this Policy manual all policies and employee rules in the employee handbook are to be followed by all employees of APS Employment Services.
- This handbook is updated periodically, we will inform you by email when updates made and attach the updated handbook PDF. You can request a handbook at any time, they are available in the office or by email.



**APS CONTACT INFORMATION**

APS Office: 1840 N. Michigan Ave. Ste. 3  
Saginaw, MI 48602  
989-921-0358 or 800-929-2816  
989-921-0364 FX  
[payroll@apsemploymentservices.com](mailto:payroll@apsemploymentservices.com)

Respite Coordinators: 989-921-0358  
[respite@apsemploymentservices.com](mailto:respite@apsemploymentservices.com)

APS Weekend On-Call aide: 989-280-8473

Saginaw County Mental Health Authority:  
500 Hancock St.  
Saginaw, MI 48602  
989-797-3400  
[www.sccmha.org](http://www.sccmha.org)

SCCMHA  
Office of Recipient Rights: 989-797-3467

SCCMHA-Family Services Unit:  
Towerline 989-754-2288

TTI 989-799-6542  
Saginaw County  
Dept. of Human Services: 989-758-1100

Saginaw County  
Department of Public Health: 989-758-3800

SCCMHA Infection Control Nurse 989-797-3429