Family Handbook

Protecting the People We Support

PROTECTING THE PEOPLE WE SUPPORT

Community Mainstreaming Associates (CMA) takes many steps to ensure the safety and well-being of the people in our programs. CMA understands that each person we support has the fundamental right to receive quality services, treatment, and care in a safe and supportive environment. Everyone supported by CMA has the right to be treated with dignity and respect and to be free from abuse, mistreatment, and discrimination.

This handbook provides an overview of the systems CMA has in place to protect your family member. If you have any questions or would like additional information, please do not hesitate to contact the director of the department your family member receives services through. You may also call the department's senior administrative staff, as well as the Executive Director and the Coordinator of Quality Assurance.

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EMPLOYEE SCREENING

All applicants for employment with CMA must go through comprehensive screening activities and background checks.

Applicants complete a two-step interview process and must provide professional reference checks that are verified through our human resources department. They must also complete a robust background check, which includes:

- All prospective employees are fingerprinted by the appropriate state oversight authority to determine if they have a criminal history or open arrest and are monitored by these authorities for the duration of their employment.
- The Office of the Medicaid Inspector General requires all prospective employees to be screened through multiple government databases to ensure there is no history of the person committing fraud or theft.
- All prospective employees must be cleared through the NYS Child Abuse & Neglect Central Registry prior to starting employment.
- All prospective employees will be screened through the NYS Justice Center for the Protection of People with Special Needs to ensure that they do not have a history of substantiated acts of abuse and neglect.
- All prospective employees are screened by the NY LENS (License Event Notification System) and continue to be monitored for the duration of their employment.

Background checks may be required for volunteers, interns, consultants, and contractors, depending on the type of work they will be doing and the amount of time they will spend in direct contact with the people we support.

STAFF TRAINING

At CMA, we recognize that the cornerstone of quality services and support is well-trained staff. New employees are provided with a comprehensive overview of abuse prevention and incident management. No one is permitted to work with the people we support unless they have completed this training. Employees also receive an overview of universal health precautions and exposure control. New hire orientation also includes (but is not limited to) professional expectations in the workplace, individuals' rights, responsibilities, rights restrictions, the code of conduct, corporate compliance requirements, incident identification and documentation, vehicle safety, community safety, and positive communication skills. Many of these trainings are provided as a refresher on an annual basis.

LAWS, REGULATIONS & AGENCY POLICIES AND PROCEDURES

There are many laws and regulations that govern CMA operations and specific laws and regulations that address the treatment, care, and protection of the people we support. The most stringent regulations for protecting the people we serve are OPWDD's 624, 625, 633, and 635 regulations, which are based on Mental Hygiene Law. Regulations & Guidance | Office for People With Developmental Disabilities

CMA's policies and procedures reflect those mandates, which cover the following areas:

OPWDD 624 & 625 Regulations: *Protection of individuals and reporting and management of incidents and abuse or neglect allegations*.

Areas include:

- Mandatory reporting of abuse and significant incidents
- Care and protection of people with developmental disabilities involved in an incident or allegation of abuse
- Investigation and correction of incidents and abuse
- Regulations for operations of agency Incident Review Committee to ensure a comprehensive review of specific incidents and allegations and examination of trends/patterns

OPWDD 633 Regulations: *Protection of Individuals Receiving Services in Facilities Operated and/or Certified by OPWDD.*

Areas include:

- Conduct training and background checks, including criminal history checks of staff
- Individuals' rights & responsibilities
- Minimal standards for care and treatment
- Medical treatment and medication administration
- Behavioral interventions and research

OPWDD 635 Regulations: *General Quality Control and Administrative Requirements*

Areas include:

- Environmental requirements
- General health and safety requirements

CMA has policies, procedures, and protocols in place to ensure the implementation of these regulations. Some examples are (but are not limited to) Vehicle Safety Procedures, Exposure Control plans, and Guidance to Minimize the Transmission of Infectious Diseases. Each department has program specific policies and procedures, including Emergency Management and Site Security Plans.

NY States justice Center (www.JusticeCenter.ny.gov) is a Resources to Families and advocates on what to expect during an incident investigation: Investigations Guidance - Digital

OCCURRENCE REPORTING

Agency staff are required to report and document any event or situation that may potentially result in harm to a person receiving support and services. Examples of reportable occurrences include injuries, falls, and bumps (even with no apparent injury), aggression, attempts to run away, wandering, attempts to eat non-edible items, vehicle accidents, etc.

Employees receive comprehensive initial and ongoing training in occurrence reporting and documentation. The immediate supervisor reviews each occurrence and ensures that necessary follow-up occurs. Department directors review occurrence reports on a regular basis and participate in trend reviews with the quality assurance department to identify patterns or problems. The quality assurance department summarizes all trends on an annual basis and submits a concise report of its findings to the executive team and the board of directors.

ABUSE PREVENTION ACTIVITIES

CMA is committed to preventing abuse of the people we support. We provide staff with initial and annual training on the prevention, identification, and reporting of abuse. Additional activities by the CMA Quality Assurance department include:

- Regular internal audits of all program sites
- Trend analysis of occurrences and risk assessments
- Chair the Human Rights Committee to ensure that rights restrictions and restrictive interventions are appropriate, clinically justified, and time-limited
- Self-advocacy committees and peer education programs to assist the people supported to exercising their rights and identifying abuse

INCIDENT & ABUSE MANAGEMENT PROTOCOLS

Certain occurrences are especially serious and may be classified as reportable incidents. Reportable incidents include allegations of abuse or neglect, depending upon whether they meet legal, regulatory, and organizational classification standards. These incidents must be reported to outside oversight agencies, which may include OPWDD, the NY State Justice Center for People with Special Needs, and law enforcement.

MANDATORY REPORTING

All employees are mandated by CMA to report abuse, neglect, and other reportable incidents immediately to their supervisor, directors, or senior leadership. All employees are mandated to report to additional oversight entities listed above and may need to report to additional entities if the incident involves a minor receiving service.

Failure to report abuse or neglect may result in termination of employment, placement on a lifetime exclusion list, and in some cases, criminal prosecution.

FIRST ACTIONS & IMMEDIATE PROTECTIONS

When a staff member observes or becomes aware of a serious incident or an allegation of abuse, their first priority is always to protect the person from further harm. This may involve seeking medical assistance or removing the person from an unsafe environment. Once the person is safe, a department director must be contacted for further instruction and/or additional safeguards that may be implemented. In the event that a member of staff is alleged to have committed abuse, their director will ensure that the staff is immediately removed/relieved from their duties. This is required whether the person receiving services appears to be harmed or if it initially seems that staff may not have been at fault.

NOTIFICATIONS

The next step in the incident management process is to make notifications within the required timeframes. Notifications may include:

- The person's parents or guardians
- The agency QA department
- The person's care coordinator
- Other provider agencies
- Child Protective Services
- Adult Protective Services
- The Office for People with Developmental Disabilities
- The NY State Justice Center for the Protection of People with Special Needs
- Mental Hygiene Legal Services
- Law Enforcement

INCIDENT & ABUSE MANAGEMENT PROTOCOLS

INVESTIGATIONS

All incidents, allegations, and reports of staff misconduct involving the people we support must be investigated. The NYS Justice Center may investigate the most egregious incidents and allegations, while other significant incidents will be investigated by specially trained CMA investigators or by a contracted, trained investigator. Program supervisors or directors may investigate less serious occurrences.

Investigations are comprehensive and must follow a specific format. Every effort is made to complete investigations within two weeks of the discovery of the event/incident, sooner if possible. All investigative reports are reviewed by the Director of Quality Assurance & Compliance, before being forwarded to Incident Review Committee (IRC) members in preparation for the IRC meeting where the conclusions and recommendations are discussed with the appropriate department administrator; corrective action plans are developed with the intention of preventing future occurrences.

INCIDENT REVIEW COMMITTEE

The Incident Review Committee (IRC) meets monthly to review the incidents. The committee is comprised of department heads, clinical staff, board members, and community partners. All committee members are trained in applicable regulations, including stringent confidentiality requirements.

Investigations are reviewed by IRC members, who determine whether the report is comprehensive and whether additional investigation is warranted. Corrective actions taken by the department are also reviewed, and the committee may make additional recommendations as warranted to ensure the safety of the people supported. All corrective actions are followed up for evidence of implementation by the quality assurance department, and additional state oversight agencies may follow up on this evidence.

YOUR RIGHTS TO ACCESS INCIDENT & ABUSE RECORDS

As per Jonathan's Law https://www.justicecenter.ny.gov/jonathans-law-incident-notification-and-records-access-0, all legal guardians or involved family members (such as parents or adult siblings) have a right to a detailed summary of investigative findings and corrective actions related to occurrences, incidents, and allegations. In most cases, the above-mentioned people are entitled to access a copy of the investigative report, with identifying information redacted. All requests should be submitted to the Director of Quality Assurance & Compliance. CMA will release documents as authorized by regulations and law.

ENVIRONMENTAL SAFETY

CMA sites are certified by oversight authorities, and all facilities/homes comply with NY State building code. The Facilities Management department completes routine maintenance and safety checks, and CMA utilizes an electronic dashboard to request and track repairs and maintenance.

The program directors and the Quality Assurance department complete additional routine maintenance and safety checks at all sites. All safety and maintenance concerns are reported and followed up on for repairs or safety improvements.

EMERGENCY MANAGEMENT

CMA has an extensive emergency management plan to address natural and man-made disasters, intruders, and workplace violence. This plan ensures that the agency takes steps to mitigate risks associated with these situations and prepare for emergencies and disasters.

The emergency management plan also identifies internal and external stakeholders and resources, takes steps to ensure internal and external communications in the event of an emergency, identifies emergency supplies and other needs, and outlines emergency response and recovery actions.

HIPAA CONFIDENTIALITY & RECORDS ACCESS LAWS

HIPAA is a federal law that protects medical records and other personal health information. It applies to CMA support and service recipients because their services are based on clinical diagnoses. All CMA employees are trained in HIPAA law and its confidentiality requirements.

PROTECTED HEALTH INFORMATION

During the ordinary course of business and service provision, CMA receives, discloses, and utilizes Protected Health Information (PHI) of the people supported for various reasons. PHI is any information relating to an individual's past, present, or future physical and mental health, the provision of health care, or the payment of health care, which also contains information that may be used to identify the person. Possible PHI materials include skills assessments, individualized plans, medical records, photographs and videos, clinical meeting notes, and service delivery. PHI may be in electronic form or hard copy.

CONFIDENTIALITY

During their regular job duties, CMA staff often must share your family members' PHI with each other or with other providers such as day service providers, care coordinators, medical providers, or oversight authorities. These are considered routine disclosures and do not require authorization. If CMA staff are requested to share PHI with other entities, they must obtain authorization from the person or their family member/legal guardian.

All CMA staff are always trained to exercise care when discussing confidential, sensitive, or personal health information. Measures are always taken to ensure that your family member's PHI is not accessible to anyone who is not authorized to view it. Paper documents must be kept in a secure, locked location, and procedures are in place to protect electronic PHI.

HIPAA CONFIDENTIALITY & RECORDS ACCESS LAWS

ACCESSING YOUR FAMILY MEMBERS'S PHI

As an authorized party, you are entitled to view your family member's PHI and receive copies of their records (subject to fees for office costs) unless the person is capable of consenting for themselves and has expressed that they do not want you to have access to the PHI. You can also request a list of disclosures beyond those noted above as routine, as well as a list of who has access to your family members' PHI and request restrictions on the use and disclosure of PHI.

Please note that all such requests must be made in writing to the Senior Director of Quality, Compliance, and Training and are subject to their approval based on reference to the law and the agency's ability to provide services and support.

If you believe that your family member's right to privacy regarding their PHI has been violated you can contact the Senior Director of Quality, Compliance, and Training or file a complaint via the Department of Health & Human Services Office for Civil Rights.

CORPORATE COMPLIANCE

CMA makes every effort to prevent Medicaid fraud, abuse, and waste. If you are aware of ***or*** suspect misappropriation of Medicaid funds, you can report it directly to the Compliance Officer at (516) 683-0710 ext. 228 or to the Anonymous Ethics and Compliance Helpline:
(516) 683-0710 Ext. 231

RIGHTS & RESPONSIBILITIES

Your family member has the same legal, human, and civil rights as others, regardless of the fact that they have an intellectual/developmental disability. All people supported by CMA will be treated with dignity and respect regardless of race, religion, national origin, creed, age, gender, ethnic background, sexual orientation, or health condition. No person supported by CMA will be discriminated against for these or any other reasons.

CMA support team members do not arbitrarily deny any rights; however rights limitations may be enacted for an individual for a specific period for clinical purposes. Any time a restriction on rights is considered, it must be reviewed and approved by the Human Rights Committee and monitored continuously by the committee.

The following rights and responsibilities are based on the Mental Hygiene Law and outlined in OPWDD part 633 regulations. These rights are intended to establish a living and/or program environment that protects the people we support and provides community integration and inclusion while ensuring that each person's unique support needs are met.

No person shall be denied:

- A safe and sanitary environment
- Freedom from physical or psychological abuse
- Freedom from corporal punishment
- Freedom from unnecessary use of mechanical restraints
- Freedom from excessive or unnecessary use of medication
- Protection from commercial or other exploitation
- Confidentiality with regard to all information contained in the person's record and access to this information, subject to law. Confidentiality related to all health diagnoses and treatments in accordance with Public Health Law.
- A written individualized plan of services which has as its goal, the maximization of a person's abilities to cope with their environment, fosters social competency (which includes meaningful recreation and community programs and contact with others who do not have disabilities), which enables them to live as independently as possible.
- The opportunity to participate in the development and modification of the individual plan of services to the extent possible and to have others advocate on their behalf if they are not able.
- The opportunity to object to any provision within the individual plan of services, and the opportunity to appeal any decision with which the person disagrees through the grievance procedure.
- The provision for meaningful and productive activities within the capacity of the person, while affording the opportunity to have the dignity of risk to try new activities, which take into account their interests.
- Support and services, including assistance and guidance, from staff that are adequately trained to provide these supports skillfully, safely, and humanely, with full respect for the person's dignity and personal integrity.

- Access to appropriate and humane health care and the opportunity, to the extent possible, to have their input or through the input of their guardian (s) or parent(s)/family member(s) regarding the choice of their medical providers as well as to obtain a second opinion within the provider network of their insurance carrier(s).
- Access to clinically sound instruction on the topic of sexuality and family planning services and information about the existence of the services, including access to medication or devices to regulate conception, when clinically indicated. This right includes:
    - Freedom to express sexuality as limited by the person's ability to consent and provided that such expression does not infringe on the rights of others.
    - The right to make decisions regarding conception and pregnancy pursuant to the mandates of applicable State and Federal law.
    - The right of programs to reasonability limit time and location thereof, in accordance with a plan for effective program management.
- Observance and participation in the religion of their choice, through the means of their choice, including the right of choice to not participate.
- The opportunity to register and vote in elections and the opportunity to participate in activities of their choosing educate them in civic responsibilities as well as the right to participate in legal rallies and demonstrations.
- Freedom from discrimination, abuse, or adverse action based on their status as a person who is the subject of HIV related test or who has been diagnosed with HIV infection, AIDS, or HIV-related illness.
- The receipt of information on or prior to admission, regarding supplies and services that the program will provide or for which additional charges may be made, and timely notification of changes thereafter.
- The use of their personal money and property, the ability to receive regular notice of their financial status and the provision of assistance in the use of their financial resources, as appropriate.
- A balanced and nutritious diet, served at appropriate times and in as normal a manner as possible, which is not altered or denied for behavioral management or disciplinary (punishment) purposes.
- Individually owned clothing which fits properly is maintained properly, and is appropriate for age, season, and activity as well as the opportunity to be involved in the selection of clothing.
- Adequate, individually owned, grooming and personal hygiene supplies.
- A reasonable degree of privacy in sleeping, bathing, and toileting areas.
- A reasonable amount of safe, individually accessible storage space for clothing and other personal belongings used on a day-to-day basis.
- The opportunity to request an alternative residential setting, whether a new residence or change of room, and to be involved in the decisions regarding such changes.
- The opportunity, either personally or through guardian(s), parent(s)/family member(s) to express without fear of reprisal, grievances, concerns, and suggestions to the executive director of CMA; the commissioner of OPWDD; and the Justice Center for People with Special Needs.
- The opportunity to receive visitors at reasonable times; to have privacy when visited provided such visits do not infringe on the rights of others, and to communicate freely with anyone within or outside the agency.
- The ability to receive mail, unopened and to correspond with whomever they choose.
- To not be required to perform services for the facility for which staff is paid unless in his/her care plan for therapeutic purposes.
- To have the opportunity to make or have made on his/her behalf an informed decision regarding cardiopulmonary resuscitation.

- The opportunity, if residing in an OPWDD certified facility, to create a health care proxy, provided the person has the ability to do so, in accordance with OPWDD regulation part 633.

Implementation of many of the above rights entails inherent risks. Individuals assume responsibility for those risks typically associated with participation in everyday activities to the extent the person's abilities permit such participation.

None of the rights listed shall be limited for disciplinary purposes, retribution, or for the convenience of staff.

To the best of their ability and with the support and assistance of staff, people receiving services from CMA are responsible to:

- Respect the rights of others, including but not limited to refraining from verbal or physical aggression towards others, verbal or physical intimidation, or destruction of property.
- Safely evacuate during all fire drills to the best of their ability with staff support when needed.
- Adequately care for personal hygiene to the best of their ability with staff support when needed.
- In the residential program: maintain their personal living space to the best of their ability, including but not limited to keeping room and common areas clean and safe, doing laundry, and completing household chores with staff support when needed.
- In the residential program: pay monthly room and board expenses and other financial obligations with staff support when needed.
- Attend work, volunteer positions, day programs, and vocational programs consistently.
- Attend all necessary medical appointments to the best of their ability with staff support and follow medical treatment plans in accordance with the best health practices.
- Participate in their Life Planning meetings and individual services plan development to the best of their ability.
- To the best of their ability, seek assistance when a problem or emergency arises through staff, agency management, administration, and outside advocacy and oversight organizations.

If you or your family member believe that their rights have been violated, or if you have any other concerns regarding the care and treatment of your family member, please bring these concerns to the department directors. If the issue cannot be resolved to your or your family member's satisfaction, you have the right to express a grievance to the executive director and report your concerns to oversight authorities utilizing the grievance procedure.

GRIEVANCE PROCEDURES

CMA encourages open communication between the people we support, their family members, and agency staff. Suppose you have a question or concern about your family member's treatment or care. In that case, we encourage you to resolve these concerns informally by speaking with the program manager or program coordinators/assistant directors. If no satisfactory resolution is reached at this level, you should contact the program director in writing (email or paper mail) to explain the ongoing problem/concern. If you are still unsatisfied with the outcome, you should contact the executive director in writing and request a formal meeting with the agency through your family member's care coordinator.

OPWDD part 633 regulations provide a formal process for specific objections to Home and Community-Based Waiver Services and other programs/services certified/regulated by OPWDD. These regulations can be found on the OPWDD website at www.opwdd.ny.gov, or you can contact OPWDD at (866) 946-9733 for additional information.

If at any time you or your family member's health, welfare, or safety is at risk, you have the right to contact any other organization or individual who may be influential in ensuring your grievance is heard and acted upon. Examples of individuals and organizations that may be able to assist are listed on the next page.

LIST OF INDIVIDUALS/ORGANIZATIONS

Executive Director/Chief Executive Officer
Eileen Egan
eegan@communitymainstreaming.org
(516) 683 -0710 x 204

Chief Operating Officer
Karleen Haines
khaines@communitymainstreaming.org

Vice President of Residential Services
Heather Aylward
haylward@communitymainstreaming.org
(516) 683-0710 x 209

Director of Quality Assurance and Compliance
Denise Walsh
dwalsh@communitymainstreaming.org
(516) 683-0710 x 228

Director of Residential Resources
Patrica Stuppard
pstuppard@communitymainstreaming.org
(516) 683-0710 x 103

Ethics Helpline (516) 683-0710 x 231

Long Island Developmental Disabilities Regional Office (DDRO)
(631) 493-1700

Offices for People with Developmental Disabilities (OPWDD)
Division of Quality Improvement – (518) 474-3625
General Inquiries – (866) 946-9733

The Justice Center for the Protection of People with Special Needs
General questions – (800) 624-4143
Report suspected abuse or neglect – (855) 375-2122

Mental Hygiene Legal Services
Mineola Office (516) 746-4545

The intellectual and Developmental Disabilities Ombuds program (IDDO)
1-800-762-9290, www.IDDONY.org