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# Definitions

CARF Commission on Accreditation of Rehabilitative Facilities. A non-profit international organization that provides accreditation to organizations working with developmental disabilities.

CMRO/DMH: Central Missouri Regional Office (CMRO) is a branch of the Missouri Department of Mental Health (DMH) that we are contracted with as an agency to provide the supports we do. They provide our oversight, and support, and we follow all regulations/requirements set forth.

BCFR: Boone County Family Resources

PM: Is the Degreed Professional Manager as defined by Department of Mental Health and in Title Description.

FMLA: The **Family and Medical Leave Act of 1993 (FMLA)** is a United States federal law requiring covered employers to provide employees job-protected and unpaid leave for qualified medical and family reasons. Qualified medical and family reasons include: personal or family illness, family military leave, pregnancy, adoption, or the foster care placement of a child.

Harassment: The act of systematic and/or continued unwanted and annoying actions of one party or a group, including threats and demands. The purposes may vary, including racial prejudice, personal malice, an attempt to force someone to quit a job or grant sexual favors, apply illegal pressure to collect a bill, or merely gain sadistic pleasure from making someone fearful or anxious.

Individuals: Individuals who receive supports from LifePath of Mid-Missouri, LLC.

LifePath's Administration: Owner & CEO, Executive Director, Office Manager, Program Managers, Administrative Assistant, Registered Nurse(s), Licensed Practical Nurse, and Human Resource Manager.

ISL: Individualized Supported Living environment/individual's home, staff comes in and provides care.

PA: Personal Assistance.

CN: Community Networking.

ISP: Individualized Support Plan (ISP) is the plan of care developed on an annual basis by the individual receiving services and the person-centered treatment team. The plan is followed by LifePath of Mid-Missouri, LLC in providing the type and level of supports needed by everyone receiving services.

Management/Primary Responsible Staff: The House Manager is primarily responsible for the daily operations of the ISL. The Community Support Services Coordinator oversees the PA and CN programs.

# MISSION AND VISION

## **Mission**

LifePath of Mid-Missouri empowers children, youth, and adults with developmental and intellectual disabilities to live healthy, fulfilling lives in their homes and communities.

## **Vision**

LifePath of Mid-Missouri, LLC provides children, youth, and adults with developmental and intellectual disabilities the highest quality of care possible in an environment of unconditional love, respect, and dignity – all aimed at providing them with a sense of accomplishment, confidence, self-worth, and independence at their level of existing skills and abilities.

# PURPOSE, PHILOSOPHY, SERVICES, AND GOALS

## **Our Purpose**

LifePath of Mid-Missouri, LLC person-centered services are designed to meet the specific needs of each individual in the care of our agency.

## **Our Philosophy**

Individuals with developmental disabilities have the same types of needs, desires, goals, dreams, rights, and face the same challenges that the rest of us do. Every individual, developmental disabilities or not, is unique, and also has unique characteristics and needs. We design the care we provide to meet the unique and universal needs of each individual in our care. Focusing on the basic hierarchy of needs, ensuring basic needs of health and safety are always met, and expanding from there to increase quality of life leads to the best possible care.

## **Services Covered by this Manual**

Care designed to meet the needs and wants of the individuals supported.

## **Our Goals**

- To teach, model, encourage, and support skills and behaviors that maximize the human experience for individuals with diagnoses of developmental disabilities, including coping skills, learned behaviors, etc.
- To assist each individual with diagnosis of developmental disability to be as independent as possible, encouraging self-determination and self-advocacy.
- To encourage and facilitate meaningful relationships with others, including natural and chosen family.
- To advocate, teach, model, and support inclusion of individuals with developmental disabilities in the community.

**Policy:**

It is the policy of LifePath of Mid-Missouri, LLC to provide Paid time off (PTO) for Administrative Staff. This policy is to ensure equal and appropriate distribution and availability to use PTO for these staff.

**Comments:**

Administrative staff includes:

- Chief Executive Officer
  - Office Manager
  - Administrative Assistant
  - Director of Human Resources
  - Director of Programs
  - Administrative Receptionist
  - Degreed Professional Manager
  - Registered Nurse
  - Licensed Practical Nurse
  - Maintenance Technician
- 
- ✓ PTO for all administrative staff working 80 hours per pay period is 4 weeks per year which is calculated as 160 hours per year. All other employees working administrative jobs for less than 80 hours per pay period will be prorated.
  - ✓ Working from home must be pre-approved by the CEO if they are included as working hours on the administrative time sheet.
  - ✓ PTO will be used anytime an administrative staff does not work 80 hours in any given pay period. This may include being sick, attending a funeral, personal days, holiday time off, etc.
  - ✓ Time sheets need to be turned in every other Monday according to the payroll schedule.
  - ✓ All hours flexed must be used within the same pay week unless special permission is given due to unusual circumstances. Hours cannot be carried over from one pay week or period to another.
  - ✓ PTO starts on January 1 of the current year and continues until December 31 of the same year.
  - ✓ PTO needs to be used in the same calendar year. Unused hours do not carry over to the next calendar year.
  - ✓ Requests for vacation must be made at least two weeks in advance and approved in order for there to be appropriate coverage while an administrative staff member is away. More than one Degreed Professional Manager should not be out on leave at the same time unless it is approved by the CEO.
  - ✓ No more than two administrative office staff should be out on vacation at a time.
  - ✓ When an on-call staff is out on leave, another administrative staff will need to cover the on-call aspects of the job. This should be worked out prior to the request being submitted for the time off. The staff asking for the time off needs to make their subordinates aware of the dates they will be gone and who to contact in the event of an emergency.

- ✓ During holidays, the on-call staff need to be available by phone for emergency calls or situations that may arise.
- ✓ Office staff should not clock in or clock out before their scheduled shift without prior permission. Office hours are 8am to 4pm Monday through Friday.
- ✓ If all PTO is used and additional time off is taken it may result in corrective action and will result in loss of pay for the time missed.
- ✓ If FMLA is used, no corrective action will be taken. Time off will be paid until PTO is exhausted. Refer to FMLA Policy & Procedure for more information.

ISL House Managers includes:

- House Manager of ISL homes (excluding Live-In House Managers)
  - Floating House Manager of ISL homes
- ✓ PTO for all eligible House Managers is 2 weeks per year which is calculated as 80 hours per year.
  - ✓ Working from home must be pre-approved by the Degreed Professional Manager.
  - ✓ PTO will be used anytime staff have not worked 80 hours in any given pay period. This may include being sick, personal days, holiday time off, etc.
  - ✓ Time sheets need to be turned in every other Monday according to the payroll schedule.
  - ✓ All hours flexed must be used within the same pay week unless special permission is given due to unusual circumstances. Hours cannot be carried over from one pay week or period to another.
  - ✓ PTO starts on January 1 of the current year and continues until December 31 of the same year.
  - ✓ PTO needs to be used in the same calendar year. Unused hours do not carry over to the next calendar year.
  - ✓ Requests for vacation must be made at least two weeks in advance and approved in order for there to be appropriate coverage while the House Manager is away. The person asking for the time off needs to make their home staff aware of the dates they will be gone and who to contact in the event of an emergency.
  - ✓ If all PTO is used and additional time off is taken it may result in corrective action and will result in loss of pay for the time missed.
  - ✓ If FMLA is used, no corrective action will be taken. Time off will be paid until PTO is exhausted. Refer to FMLA Policy & Procedure for more information.

During holidays, the House Manager needs to be available by phone for emergency calls or situations that may arise where staff need to discuss concerns.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Purpose:**

LifePath of Mid-Missouri, LLC (LPM) recognizes that employees have diverse needs for time off from work and, as such, LifePath of Mid-Missouri, LLC has established this earned time off policy (ETO) policy. The benefits of ETO are that it promotes a flexible approach to time off by combining vacation, sick, and person leave. Employees are accountable and responsible for managing their own ETO hours to allow for adequate reserves if there is a need to cover vacation, illness or disability, appointments, emergencies, or other situations that require time off from work.

**Eligibility:**

Eligibility is for hourly, nonexempt, full-time staff. During the new hire probationary period (typically 90 days), ETO will be accrued but cannot be used until successful completion. If an employee’s initial probationary period is extended, or they are placed on a new probationary period after their initial probationary period, ETO hours will continue to accrue, however, the employee will be unable to request time off until the completion of the new probationary period. Eligible employees must be scheduled to work at least 30 hours per week regularly. Employees scheduled to work less than 30 hours per week regularly, on-call, PRN, and temporary employees are not eligible to accrue ETO.

**Procedures**

**Availability:**

ETO accruals are available for use in the pay period following the completion of the probationary period of employment. If a probationary period is extended, ETO accruals will begin upon completion. If an employee is placed on a new probationary period, after their initial probationary period, ETO hours will continue to accrue, however, the employee will be unable to request time off until the completion of the new probationary period. Mid-Missouri Supported Living, LLC reserves the right to approve or deny all ETO requests for any reason.

**Accrual and Payment of ETO:**

Accruals are based upon paid hours up to 2,080 hours per year, excluding overtime. Length of service determines the rate at which the employee will accrue ETO. This time does not accrue on unpaid leaves of absence. Employees become eligible for the higher accrual rate on the first day of the pay period in which the employee’s anniversary date falls.

**Full-time accrual rates:**

Years of Service	Accrual Rate per Bi-Weekly Pay Period	Annual ETO Accrual*	Maximum Accrual**
Less than 1 year – 4 years	2.5 hours	40 hours	40 hours
5-7 years	3.0 hours	48 hours	48 hours
8-11 years	3.5 hours	56 hours	56 hours
12 years or more	4.0 hours	60 hours	60 hours

\*Annual ETO accruals are based on an employee having 2,080 paid hours per year (40 hours per week).

\*\*No ETO hours will accrue beyond the maximum accruals listed.

**Use and Scheduling of ETO**

Employees are required to use available ETO when taking time off from work.



Whenever possible, ETO requests must be submitted at least two weeks in advance. All requests are subject to supervisory approval, department staffing needs, and established departmental procedures. Absences without prior knowledge of your supervisor will be considered a no-call no-show under LPMM's time and attendance policy. An employee may face disciplinary action when the no-call no-show occurs and/or the frequency of unscheduled absences adversely affects the operations of the department. The supervisor may request that the employee provide a statement from a health care provider concerning the justification for an unscheduled absence. A supervisor also reserves the right to approve or deny any ETO request, outside of any legally protected leave (i.e., FMLA).

When ETO is used, an employee is required to use ETO hours according to his or her regularly scheduled workday. For example, if an employee works a six-hour day, he or she would request six hours of ETO when taking that day off. ETO is paid at the employee's straight time rate. ETO is not part of any overtime calculation.

Employees may not borrow against their ETO banks; therefore, no advance leave will be granted.

**Position Change or Separation of Employment**

If an employee is demoted to a non-benefit-eligible position, whether voluntary or involuntary, they will forfeit any unused ETO. If an employee transfers into to a different benefit-eligible position, with a different time off policy, the new time off policy will apply, but year-to-date time off usage will be factored into and subtracted from the new position. If an employee has submitted their resignation notice, no new ETO requests will be approved during the resignation period.

Regardless of the separation cause from LifePath of Mid-Missouri, LLC (i.e., resignation, termination, retirement, etc.), an employee will not be paid out any of the ETO hours accumulated but not used.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

It is the policy of Mid-Missouri Supported Living, LLC to prohibit its employees from engaging in any activity, practice, or act which conflicts with, or appears to conflict with, the interests of the organization, its customers, or its suppliers. Since it is impossible to describe all of the situations which may cause or give the appearance of a conflict of interest, the prohibitions included in this policy are not intended to be exhaustive.

**Comments:**

Employees are expected to represent Mid-Missouri Supported Living, LLC in a positive and ethical manner and have an obligation to both avoid conflicts of interest and to refer questions or concerns about potential conflicts of interest with their supervisor.

Employees are not to engage in, directly or indirectly either on or off the job, any conduct that is disloyal, disruptive, competitive, or damaging to Mid-Missouri Supported Living, LLC.

Mid-Missouri Supported Living, LLC employees are expected to conduct themselves in a professional manner at all times with other care providers, outside agencies, individuals, family and friends of individuals, and members of the community at large. It is imperative, and is an expectation, that we each strive to interact in a way that helps to diminish negative stereotypes of and misconceptions that exist in regard to this field of work.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC, believes that managers and employees have a mutual responsibility to correct performance and/or conduct that is detrimental to the efficient delivery of services or the work environment.

Prior to imposing corrective action, managers should investigate the issue, which may include gathering statements from potential witnesses as appropriate.

LifePath has established a policy of progressive corrective action to facilitate improvement in conduct and performance. This ensures that employees are informed regarding problems and have an opportunity to correct deficiencies before more serious action is taken.

LifePath reserves the right to take progressive corrective action, up to and including immediate termination, and to accelerate the corrective action process by foregoing intermediate steps when employee actions and behavior necessitate.

The manager and an administrative witness will conduct a confidential counseling session with the employee to discuss the performance, attendance, or behavior deficiency. The manager, witness, and employee should sign the corrective action documents. The employee's signature does not necessarily constitute agreement; it merely acknowledges receipt. Should an employee refuse to sign the document, the manager should indicate "employee refused to sign" in place of employee signature and should be signed/ dated by the manager and witness.

**Corrective Action Progression:**

- **Verbal Counseling**

When an employee has not met LifePath's expectations as stated in company policy, the first step in the corrective action plan is Verbal Counseling.

The manager and witness should conduct a confidential face-to-face counseling session with the employee at the earliest indication of a performance, attendance, or behavior deficiency. The manager will clearly state how the employee has failed to comply with employee expectations and offer steps to correct the stated deficiency. The manager will clearly document the counseling and corrective action on the verbal form. The employee will be given a copy and the original will be filed in the employee's personnel file. One or more follow-up conversations regarding progress may then occur.

- **1<sup>ST</sup> Written Counseling**

The next step is written counseling. The manager will prepare a written statement of employee behavior. The manager and administrative witness should meet privately with the employee to issue the counseling. The original will be placed in the employee's file. A copy is also given to the employee. One or more follow-up conversations regarding progress may then occur.

- **Final Written Counseling**

Final Written Warnings are reviewed with and approved by the Executive Director of LifePath. A Final Written Warning includes a written description of the employee's behavior warranting the final written counseling statement. The manager and administrative witness will meet privately with the employee to issue the counseling. The original will be placed in the employee's file. A copy is also given to the employee. One or more follow-up conversations regarding progress may then occur.

- **Recommendation For Termination**

Recommendations for Termination are reviewed with and approved by LifePath's Executive Director. The manager prepares a written Recommendation for Termination and will meet with the Executive Director for approval. The manager and administrative witness will meet privately with the employee to render the termination decision. The termination paperwork will be placed in the employee's file.

- **Immediate Action and/or Termination**

The following items are examples of serious misconduct that can lead to immediate disciplinary action including immediate termination. This list is not intended to be all-inclusive. In these cases, LifePath's Executive Director must be contacted before any action is taken.

- Revealing confidential company or individual supported's information.
- Refusing or deliberately failing to carry out a reasonable instruction of your manager.
- Falsification of an employment application, time record (of self or others), expense report, travel expenses, or any other company, individual supported's record or document.
- Failure to report to work without calling in.
- Professional or personal misconduct detrimental to the rights or safety of self, co-workers, or individual supported.
- Inappropriate and disruptive conduct which severely affects the morale and/or productivity of others.
- Drug tests that show inappropriate use of alcohol or controlled substances, either illegal or prescribed, or providing specimens that are adulterated or otherwise bogus.
- Personal conduct of a verbally or physically abusive nature.
- Expiration/revocation or inability to demonstrate required licensure/registration/certification.
- Failure to provide proper documentation showing authorization for proof of eligibility for employment in the United States as specified by law.
- Failure to report an injury to an individual supported and complete required documentation within a 24-hour period per state guidelines.
- Sleeping while performing an assigned awake shift for individual supported.
- Stealing company, or co-worker or individuals' supplies, property, or medication(s).
- Refusing to treat or provide adequate care to an individual supported.
- Leaving a shift prior to proper approval, replacement relief, and/or coverage.
- Practicing outside the scope of licensure.
- Unsanitary personal hygiene.
- Working off-the-clock.

- Permitting or requiring an employee to work off the clock.
- Creating situations which contribute to unsanitary conditions.
- Working unauthorized overtime.
- Failure to notify the Company of an overpayment.
- Lying/dishonesty.
- Violation of federal, state, or local laws or regulations.

- **Suspension**

Suspension without pay may occur at any point during the corrective action process, dependent on the severity of the offense or alleged offense.

- A PM, in consultation with the Executive Director of LifePath, may suspend an employee immediately upon the occurrence of any suspected act of serious misconduct to allow opportunity for investigation and review of the incident.
- A recommendation will then be made as to whether to uphold this suspension, reinstatement or discharge. The PM and Executive Director will review the recommendation and a determination will be reached and communicated to the employee.
- If it is determined that the employee is to be reinstated to work due to licensure / registration / certification / identification issues; attended training hours may be without pay and licensure and identification matters will be addressed accordingly. The aforementioned is subject to a case-by-case basis.

- **Investigation**

Employees are required to cooperate with any on-going investigation. Failure to do so may result in corrective action, up to and including termination.

- **Manager Correction Action**

Due to the level of responsibility of a manager, discipline of management and supervisory personnel may or may not follow the corrective action process outlined in whole or in part. Corrective action will be determined on a case-by-case basis by the appropriate management personnel in conjunction with the Executive Director of LifePath.

- **Probationary and PRN Employees**

Probationary and PRN employees are subject to a modified corrective action process, which may, at the company's discretion; depending on the severity of the issue, only include a 1<sup>st</sup> Written Counseling, Final Written, and/or Recommendation for Termination

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

### **Dress Standards**

The professional atmosphere of LifePath is maintained, in part, by the image that its employees present to the individuals supported, stakeholders, visitors and members of our community. LifePath's employees should therefore utilize good judgment in determining their dress and appearance.

Employees are expected to come to work dressed in clean, neat attire appropriate to their position and their job activities and employees should avoid wearing clothing that is distracting or might make our individuals supported, stakeholders and visitors feel uncomfortable or offended. Employees who are inappropriately dressed will be sent home without pay and directed to return to work in proper attire.

### **Orientation Period, Trainings & Policy/Procedures**

Orientation periods are utilized as an extension of the selection process. The Orientation period provides new employee as well as LifePath the opportunity to examine each other's compatibility and suitability. The orientation period is ninety-days (90) from the date of hire. In the event that, during the orientation period, an employee fails to demonstrate the required ability to perform the job duties, their immediate supervisor may terminate the new employee at any time.

### **Employee Conduct and Work Rules**

#### **Individuals supported Relations & Confidentiality**

LifePath is a professional board for the developmentally disabled. Employees are expected to maintain a professional and courteous attitude with all individuals supported, stakeholders, visitors and members of our community. LifePath prohibits staff from discussing proprietary/private company information without prior authorization. Company information is confidential to our company and its employees. Discussion or relaying of business information to outside or unauthorized individuals is cause for termination. If someone questions you, please refer the request to your supervisor.

### **Social Media Policy**

LifePath takes no position on your decision to start or maintain a social media account. However, it is the right and duty of LifePath to protect itself from unauthorized disclosure of information. LifePath's policy on such material includes rules and guidelines for company-authorized blogging, texting, posting information on various social media platforms and personal communication and applies to all employees including, but not limited to; Executive Director, Administrative staff and Management and Non-Management Employees.

### **General Provisions**

Unless specifically authorized by the company to do so as part of employee's position, employees are not permitted to blog, text or use other forms of social media or technology on the Internet, phone or other communication devices during working hours or at any time on company computers or other company-supplied devices. Blogging, texting, twittering or other forms of social media or technology include but are not limited to video or wiki postings, chat rooms, personal blogs or other similar forms of online journals, diaries or personal newsletters not affiliated with LifePath. The personal use of social networking web sites such as Twitter, Blogging, Facebook, etc. is prohibited, unless part of specified duties of the job. Any messages that might act as the "voice" or position of LifePath must be approved by the Executive Director or owner. Any identification of the author, including usernames, pictures/logos, or "profile" web pages, should not use logos, trademarks, or other intellectual property of LifePath, without approval of the Executive

Director or owner. The message should not disclose any confidential or proprietary information of the company. Written messages are, or can become, public. Employees are expected to protect the privacy of LifePath and its employees and individuals supported and are prohibited from disclosing personal employee and non-employee information and any other proprietary and nonpublic information to which employees have access. Such information includes but is not limited to individual supported's information, trade secrets, financial information and strategic business plans. Any violation of the policy will be subject to disciplinary action up to and including termination.

### **Drug-Free Workplace Policy**

It is the policy of LifePath to provide a drug-free workplace in accordance with the 1988 Drug Free Workplace Act. It is the firm policy of LifePath to prohibit the unlawful manufacture, distribution, dispensing, possession or use of any alcoholic beverages, non-therapeutic drugs or controlled substances in the workplace. This does not include any legal non-prescription or therapeutic medications prescribed to employees by a licensed physician and approved for use during working hours by said physician. All employees should inform their supervisor of any medication being taken so that precautions can be taken regarding safety issues such as operating equipment or vehicles, etc.

Employees under the influence of alcohol or non-prescription drugs during work are a serious risk to themselves, fellow workers and individuals supported. Therefore, any employee who violates this policy will be subject to disciplinary action which may include suspension, termination, or referral for prosecution.

In addition, all employees are required to notify the Executive Director of any criminal drug statute conviction, whether under state or federal law, for violations occurring in the workplace. Such notification to the company shall be made by the employee no later than 5 days after said conviction.

LifePath reserves the right to request drug and/or alcohol testing of employees:

- 1- When employment is being considered and there is any question about use of substances that will impair an employee's ability to perform job duties.
- 2- When an individual in the care of the agency is jeopardized or potentially could be jeopardized by an employee's actions in any way.
- 3- If there is any reason to suspect that the employee may be impaired at work, whether this causes immediate danger/risk to the individuals being cared for or not.
- 4- Refusal of any testing requested will be cause for immediate termination.

### **Smoking/Vaping/Chewing Tobacco**

In consideration of our employees' health and for the safety of our work environment, LifePath prohibits the use of smoking, vaping, tobacco chewing, or dipping (of any product) outside of the designated areas and while on duty, and at on or off-site functions, while representing LifePath. We ask employees to be considerate when dealing with individuals supported and not to smoke, vape, chew tobacco, or dip in their presence. This policy applies equally to all employees, individuals supported and visitors. Employees who smoke will not be allowed more work breaks or longer work breaks than non-smoking employees.

### **Weapon-Free Workplace Policy**

To ensure that LifePath maintains a workplace safe and free of violence for all employees, the company prohibits the possession or use of perilous weapons on company property. A license to carry the weapon on



company property does not supersede company policy. Any employee in violation of this policy will be subject to prompt disciplinary action, up to and including termination.

All LifePath employees are subject to this provision, including contract and temporary employees, visitors and individuals supported on LifePath's property.

"Company property" is defined as all company-owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways and parking lots under the company's ownership or control. This policy applies to all company-owned or leased vehicles and all vehicles that come onto company property.

"Dangerous weapons" include, but are not limited to, firearms, explosives, knives and other weapons that might be considered dangerous or that could cause harm.

Employees are responsible for making sure that any item possessed by the employee is not prohibited by this policy. LifePath reserves the right at any time and at its discretion to search all company-owned or leased vehicles and all vehicles, packages, containers, briefcases, purses, lockers, desks, enclosures and persons entering its property, for the purpose of determining whether any weapon has been brought onto its property or premises in violation of this policy. Employees who fail or refuse to promptly permit a search under this policy will be subject to discipline up to and including a termination.

### **Security**

It is the responsibility of each employee that all tasks be conducted in a safe and efficient manner complying with all local, state and federal safety and health regulations, programmatic standards, and with any special safety concerns identified by LifePath for use in a particular area or with individuals supported and visitors.

The office shall have posted an Emergency Plan detailing procedures in dealing with emergencies such as (Fire, Weather, Medical emergency, etc.). Furthermore, management requires that every person in the organization assumes the responsibility of individual and organizational safety. Failure to follow LifePath's safety and health guidelines or conduct which places the employee, volunteer, individuals supported or agency property at risk can lead to employee disciplinary action up to and including termination.

### **Wage and Salary**

LifePath maintains a progressive wage and salary plan to attract, retain and motivate competent employees. LifePath compensates employees based on:

- Relative value of their jobs within the company
- The level of individual performance
- To sustain competitiveness within the market

### **Deductions**

Certain deductions required by law will be made from each employee's wage. These include:

- Federal/State Income Taxes
- Social Security & Medicare Taxes (FICA)
- Any other required deductions mandated by federal and state laws

The amount withheld will vary according to how much an employee’s earns, marital status, and the number of exemptions claimed.


**Overtime**

Employees shall be paid for their hours worked in accordance with all legal requirements. Employees who qualify as exempt within the meaning of the state and federal wage and hour laws are exempt from overtime pay and are not subject to this policy.

All non-exempt (hourly) employees currently qualify for overtime pay. Overtime pay is calculated at one and one-half times the non-exempt (hourly) employee's regular rate for all hours over 40 hours in one workweek. Hours paid that are not worked such as travel time, sick days, and vacations do not count as hours for overtime purposes. A member of management, ordinarily the employee’s immediate supervisor, must approve all overtime, in advance.

**Credit:**

**DMH’s Sample Policy & Procedure Manuals shared with new providers.**

Approved by: \_\_\_\_\_ 

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

It is the policy of LifePath of Mid-Missouri, LLC to provide equal opportunity in employment to all employees and applicants for employment. No person is to be discriminated against in employment because of race, religion, color, sex (including pregnancy), age, national origin, sexual orientation, genetic information, or disability.

**Comments:**

This policy applies to all terms, conditions and privileges of employment including, but not limited to hiring, wages, introductory period, training, placement and employee development, promotion, transfer, compensation, benefits, educational assistance, layoff, and recall, social and recreational programs, employee facilities, termination and retirement.

LifePath of Mid-Missouri, LLC will ensure that equal employment opportunity and reasonable accommodations is provided for qualified individuals with a disability.

LifePath of Mid-Missouri, LLC's first responsibility and priority are to the individuals served by the agency and all decisions regarding employment are based upon employees believed and/or proven abilities to provide quality care that is optimal given each individual's unique set of circumstances.

Any employee who feels they are victim of discrimination have a responsibility to report this fact to their supervisor and/or the Executive Director.

Any communication from an applicant for employment, an employee, a government agency, or an attorney concerning any equal employment opportunity matter is to be referred to the Executive Director.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

It is the policy of LifePath of Mid-Missouri, LLC to complete an FCSR screening prior to employment and as deemed appropriate thereafter.

LifePath of Mid-Missouri, LLC, initiates background screenings for employees, (full time, part time, contracted), volunteers, and household members, over the age of 18, to ensure they meet the requirements for employment prior to contact with individuals and no later than two working days of hire. LifePath of Mid-Missouri, LLC, will obtain a criminal record review through the Missouri State Highway Patrol, the DHSS Disqualification List, and the DMH Employee Disqualification Registry. This information will be maintained confidentially; Results will only be shared and reviewed with Human Resources and CEO/owner and will be kept in personnel records for the life of the record, which are safeguarded within the Human Resources department. Background check results will be reviewed and evaluated to see that they are not disqualifying pursuant to RSMo630.170 and 9CSR10-5.190. LifePath of Mid-Missouri, LLC, will maintain a list of employees/potential employees that have ever pled guilty to a qualifying crime, including SIS or SES of the sentence. Family Care and Safety Registry (FCSR) will be run on every employee and volunteer (paid or unpaid) every six months., however, LifePath of Mid-Missouri reserves the right to run/review FCSR more frequently as necessary to review and maintain compliance with these background standards. The purpose of the FCSR was established by law to promote family and community safety. Per Department of Mental Health guidelines outlined in 630.170 RSMo 9CSR-10-5.190, there are certain types of acts/criminal offenses that preclude employment in this field unless an exception is requested and granted by the Department of Mental Health. LifePath of Mid-Missouri, LLC follows these guidelines and employment with LifePath of Mid-Missouri, LLC is ALWAYS contingent upon:

- A successful background screening upon hire through Missouri's Family Care Safety Registry (FCSR) and as deemed necessary by management.
- -OR- LifePath of Mid-Missouri, LLC Administration decision to assist potential employee in asking for an exception to the ruling, and written approval by the DMH Exceptions Committee for said potential employee to be hired. No interaction with individuals supported will occur before written exception is received from the committee.
- If a disqualifying crime is committed after employment, whether to request an exception or not will be decided on a case-by-case basis by LifePath of Mid-Missouri, LLC Administration with the best interest of individuals supported as priority and employment is either terminated or suspended without pay until a written decision is received from Exceptions Committee granting an exception.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

Mid-Missouri Supported Living, LLC, is committed to providing a work environment that is professional and free of discrimination or harassment. In keeping with this commitment, no form of harassment, sexual or otherwise, will be tolerated in the workplace. Any employee who feels that a manager's, other employee's or non-employee's actions, words or conduct constitutes harassment is required to report the incident immediately.

Harassment or discrimination of any sort, whether verbal, physical, or visual or via social media, that is based on or directed toward a person's age, race, color, gender, sexual orientation, religion, national origin, ancestry, veteran, disabled status, or other characteristic protected by law, will not be tolerated.

**Comments:**

Workplace harassment can take many forms; it can be found in statements, gestures, writings, signs, cartoons, pictures, e-mail, text messages, social media, jokes and pranks, physical contact and assaults, and acts or threats of violence or retribution. Harassment is not necessarily sexual in nature. It may also take the form of other activity including derogatory statements or conduct not directed to the targeted or offended individual but taking place within their presence.

Mid-Missouri Supported Living, LLC, prohibits not only harassment and discrimination, but also any type of retaliation for making a complaint, for assisting another to make a complaint, or for participating in an investigation. All Mid-Missouri Supported Living, LLC, employees, particularly managers, have a responsibility for keeping the work environment free of harassment, discrimination or retaliation of any type. Any employee who is personally impacted or who becomes aware of an incident of harassment, discrimination or retaliation, whether by witnessing the incident or being told of it by others, must report the incident as soon as possible.

Internal complaint procedures have been established to ensure effective investigation and resolution of harassment, discrimination or retaliation complaints. To report an incident, employees should contact their Degreed Professional Manager, the Executive Director, or the Owner.

All reports of harassment will be handled with discretion and with due regard for privacy concerns. All reports will be investigated, as appropriate, and corrective action, up to and including termination, may be taken.

**Approved by:** \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

The ***Health Insurance Portability and Accountability Act (HIPAA)*** is national law put in place to protect individuals' personal health information that is created, received, used, or maintained by a covered entity. LifePath of Mid-Missouri, LLC, strives to protect the confidentiality, integrity, and security of protected health information of the individuals in our care as we have a duty to keep personal medical information confidential.

**Comments:**

Due to the nature of our services, we are subject to very personal information including medical information and it is to be kept strictly confidential and only shared when needed for the health and safety of the individual.

Needed discussions about medical issues, mental health, medications, behaviors, or anything else of a private nature should occur in as private of a setting as possible, with the permission of the individual when possible. If the individual is not comfortable discussing a certain topic in a certain setting, then staff is expected to work with the individual regarding what will help them feel more comfortable with the conversation occurring when it is a topic that has to be discussed for health and safety.

Individuals may see and/or obtain copies of their records when they choose to and request corrections or express disagreement if they see fit, this should be noted in daily notes/ISP.

Confidentiality practices and policies are reviewed and acknowledged annually by all staff, including contracted, all adult household members, relief/respite providers, any volunteers and upon request.

All personal and medical information including documentation, video, audio, and other computer stored information is protected from unauthorized use without consent from the individual and/or individual's guardian. LifePath of Mid-Missouri, LLC, will communicate with the individual's personal medical information, for the purpose of health and safety, with the individual's treatment team including healthcare providers, CMRO staff and current targeted case management, guardian, etc. only as is necessary to provide for quality care and to ensure health and safety of the individual receiving supports.

Personal medical information is only shared for the benefit of health and safety of the individual.

Individuals may file complaints about privacy practices of LifePath of Mid-Missouri, LLC, directly to LifePath of Mid-Missouri, LLC, administration, to CMRO/DMH, or to the Office for Civil Rights in the United States Department of Health and Human Services.

If the individual has the capacity to make health care decisions (no guardian or Power of Attorney), information can still be discussed with family or others present if the individual agrees or, when given the opportunity, does not object. Even when the individual is not present or it is not practical to ask the individual's permission because of emergency or incapacity, LifePath of Mid-Missouri, LLC, may share information with family members or friends when, in exercising professional judgment, it is determined that doing so would be in the best interest of the individual.

All employees of LifePath of Mid-Missouri, LLC, are mandated reporters by law and required by law to disclose certain information if there is danger to others. For example, certain infectious diseases must be reported to state or local public health agencies (this is to first be discussed with Community RN/Administration). Any suspicion of abuse or neglect must immediately be reported to LifePath of Mid-Missouri's Administration to be reported through proper channels to law enforcement and/or DMH.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:****New Employees:**

All new employees begin with a 90-day probationary period of employment so that Administration/ Management can evaluate the new employee's ability to work as a part of the LifePath of Mid-Missouri, LLC team to meet the supported individuals' needs successfully. The quality of our employees is what makes us able to provide great care to our individuals. During this time, call-ins and requests for time off will not be accepted. Transfers from the location of hire are not permitted during the 90-day probationary period, except at the discretion of the Director of HR/CEO/owner. During the 90-day probationary period employees may be terminated without cause. Probationary periods may be extended at the discretion of the Director of HR/CEO/owner.

If a new employee needs to attend training classes to obtain required certifications, their starting pay will be \$1.00 less than the base pay for their position. Once all certifications have been successfully obtained, their pay rate will increase by \$1.00 per hour at the start of the following pay period.

After the successful completion of a probationary period, Direct Support Professionals have the opportunity to earn an additional \$0.50 per hour, unless otherwise stated in the initial offer letter. This increase in pay will only be given after a performance evaluation has been completed and submitted to Human Resources and will begin at the start of the pay period following submission of the evaluation.

**Current Employees:**

All employees transferring or promoting to new positions are subject to a 90-day probationary period of employment. During this time, call-ins and requests for time off will not be accepted. Please reference Policy 110 – Time and Attendance.

**Comments:**

All staff are expected to be cooperative with LifePath of Mid-Missouri, LLC in making themselves available for general and individual/plan specific trainings. Training time is paid, but only the time spent in the actual training. Staff will be notified when they need to participate in trainings and are expected to arrive at the time and place scheduled and agreed upon, ready to learn and participate. Failure to do so may result in corrective action including suspension until the training is completed successfully or termination for failure to participate and/or abide by DMH required trainings. It is the responsibility of staff to make LifePath of Mid-Missouri, LLC Administration aware of any need for further training or clarification needed in order to provide quality care to the individuals we support. All trainings will be kept in personnel records for a minimum of five years after completion.

**Required Trainings**

- Prevention, Detection, and Reporting of Abuse and Neglect - Prior to providing direct care and annually.
- Nonviolent Crisis Intervention - Within 60 Days of hire and bi-annually.
- Missouri Quality Outcomes - Within 60 Days of hire.
- Positive Behavior Supports, Gentle Teachings curriculum by Dr. John McGee - Within 60 Days of hire.
- Competency Based CPR/First Aid Certification - within 60 Days of hire and bi-annually.
- Level I Medication Aide Certification- within 60 Days of Hire - BEFORE administering medications, and bi-annually.
- Individual Support Plan training for individuals supported - BEFORE providing direct care to the individual supported and annually with implementation of new plans, or more often for addendums to the plans.



- Other trainings as recommended and/or required by

Approved by:  \_\_\_\_\_

Administration.

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

It is the policy of LifePath of Mid-Missouri, LLC, to maintain personnel records for applicants, employees, and past employees in order to document employment related decisions, evaluate and assess policies and comply with government record keeping and reporting requirements.

**Comments:**

LifePath of Mid-Missouri, LLC, strives to balance its need to obtain, use and retain certain employment information with each employee's right to privacy. LifePath of Mid-Missouri, LLC, attempts to restrict the personnel information maintained to that which is necessary to conduct its business, or which is required by Federal, State or local law.

The Administrative staff are responsible for overseeing the record keeping for all personnel information and will specify what information should be collected and how it is to be stored in a secure manner.

Employees have a responsibility to make sure their personnel files are up-to-date and must notify the personnel department in writing of any changes in at least the following:

- 1- Name or Address
- 2- Telephone numbers or Email contact information.
- 3- Marital Status (for benefits and withholding purposes only).
- 4- Number of Dependents.
- 5- Address and Telephone numbers of dependents and spouse or former spouse (for insurance purposes only).
- 6- Beneficiary designations for any of the company's insurance, disability, or retirement plans
- 7- Persons to be notified in case of an emergency.
- 8- Vehicle insurance cards (must have current on file).

In addition, employees who have a change in the number of dependents or marital status must complete a new W4 Form for income tax withholding purposes within 10 days of the change, if the change results in a decrease in the number of dependents.

Employees may inspect their own personnel records and may copy, but not remove, documents in the file. Such an inspection must be requested to the Human Resource Manager or Executive Director for this appointment to be scheduled at a mutually convenient time.

Employees who feel that any file is incomplete, inaccurate, or irrelevant may submit a written request to the Executive Director to have the files reviewed and revised accordingly. If such a request is not granted, the employee may place a written statement of disagreement in the file and pursue the matter further using the grievance procedure.

Only supervisory and management employees who have an employment-related, need - to- know information about the employee may inspect the files of that employee.

Employees are to refer all requests from outside the company for personnel information concerning applicants, employees, and past employees to the Human Resources Manager. The Human Resources Manager will normally release personnel information only in writing and only after obtaining the written consent of the employee. Exceptions may be made to cooperate with legal, safety, and medical officials who

need to know specific employee information. In addition, exceptions may be made to release limited general information such as employment dates, position held and location of job site.

Files will be maintained for up to 10 years after employment has ended.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

### Policy:

LifePath of Mid-Missouri, LLC, is contractually required to provide staffing for those we serve twenty-four (24) hours a day, seven (7) days a week every day of the year, including holidays. All employees must report to work as scheduled and on time. They must also remain on duty until relieved by the on-coming shift - all medication counts must be cleared, and all other assigned shift duties completed. Failure to adhere to the Time and Attendance Policy may result in immediate corrective action up to and including termination.

### Comments:

The House Manager is expected to review attendance records on a regular basis and on no less than a bi-weekly basis. The Manager should identify any violations of the attendance policy and the appropriate corrective action to be issued, if any, in accordance with the charts set forth below.

Corrective action for attendance violations will remain in place and will subject an employee to further action for additional violations under this policy unless an employee goes six (6) months without receiving the next level of corrective action. Any corrective action incurred during an employee's probationary period will be in effect at the level pursuant to the (6) month rolling time period. For example, should an employee have received a Final Written Warning during their probationary period and then accumulate one (1) additional occurrence outside of their probationary period within six (6) months, the next step will be termination.

### Definitions

- Late Arrival/Tardy: Staff members are expected to report to their workplace, prepared to work at the start of the shift. Employees must personally notify their Manager or designee when they will be arriving late. Arrivals later than 5 minutes are reported as tardy.
- Early Departure: Leaving work before an employee's shift is scheduled to end. Employees must notify their Manager when they leave, prior to the end of their scheduled shift. If an employee leaves early without notifying their Manager, this will be considered a behavioral issue. Employees will be subject to corrective action, up to and including termination.
- Absence: Failure to appear for an employee's shift as scheduled.
- Proper Notification: An employee who is absent from work for any reason not previously approved must personally call their Manager or designee. Notification by a family member or to a co-worker is acceptable only in the case of an unexpected emergency or hospitalization. A voice mail, text message, email or any other methods will NOT be accepted as proper notification. A call must be placed for each day absent, unless directed otherwise. Additionally, for absences, two (2) hours advance notice must be provided prior to the start of the day shift and four (4) hours advance notice for evening shifts and night shifts. Should an employee fail to provide proper notification, this will be considered a behavioral issue. Employees will be subject to corrective action, up to and including termination.
- Timekeeping: All hourly employees are required to utilize the approved timekeeping method (agency laptop/tablet, or mobile application) to clock in at the beginning of their scheduled shift and clock out at the end of their scheduled shift. Failure to utilize the approved timekeeping method, without just cause, will result in disciplinary action. If staff miss a punch in/out, it is the employee's responsibility to report a missed punch, prior to the end of the pay period, utilizing the approved timekeeping method, and must record their real time

in/out. If staff make an error on a staff member’s timecard, they must submit the error in writing to Human Resources and if there is missing pay, it will be reconciled on the next scheduled payroll; There will be no additional payroll run due to staff errors and managers will not be held responsible to correct employees’ errors, as the managers only approve timecards as-is and do not alter employees’ timecards.

- **Absenteeism:** Not being present at three (3) consecutive shifts or more may require a physician’s statement of ability to return to work. On the fourth (4) day of absenteeism, the Manager must provide the employee with Leave of Absence paperwork, if eligible.

In the event an employee is denied a request to be absent from work, and the employee takes the time off, this will be considered a behavioral issue, and the employee will be subject to corrective action per LifePath of Mid-Missouri’s policy. If this occurs, the employee may be required to provide official documentation supporting the urgent need to take off. The Company reserves the right to review the documentation for approval or disapproval.

- **No-call/No-show:** This is defined as failing to contact your Manager or contacting/arriving to work two (2) or more hours past the start of your scheduled time. One (1) incident of a no-call/no-show will result in termination. An exception to this process may occur due to an unexpected accident or hospitalization.

**Employee Occurrence Chart**

Accumulated Occurrence	Action
3	Verbal Counseling
5 (2 additional occurrences)	1 <sup>st</sup> Written Counseling
6 (1 additional occurrence)	Final Written Counseling
7 (1 additional occurrence)	Recommendation of Termination

*3 of late arrival/tardy = 1 occurrence*

*3 of early departure = 1 occurrence*

*3 of any combination of the 2 tardy/early departure = 1 occurrence*

*3 separate absences, even with proper notification and documentation = 1 occurrence*

**Probationary Employee Occurrence Chart**

Accumulated Occurrence	Action
1	1 <sup>st</sup> Written Counseling
2 (1 additional occurrence)	Final Written Counseling
3 (1 additional occurrence)	Recommendation of Termination

**Weekend Employee Occurrence Chart**

Accumulated Occurrence	Action
2	1 <sup>st</sup> Written Counseling

4 (2 additional occurrences)	Final Written Counseling
5 (1 additional occurrence)	Recommendation of Termination

**Additional Standards**

- In the event of staffing emergency or crisis, it may be necessary for the Manager to do one (1) of the following:
  - o Mandate overtime if there are no volunteers. Employees may be required to stay over for the next shift.
  - o Post a revised schedule, which supersedes the original posted schedule, at which time all staff will be notified of the revision through e-mail, phone calls and clinic postings. All changes will be discussed with employees involved before they are posted.

Failure to comply with mandated overtime will be considered a behavioral issue. Employees will be subject to corrective action up to and including termination.

- Employees who work when they are not scheduled will be subject to corrective action, up to and including termination.
- ETO requests must be submitted in writing to the Manager pursuant to the site’s policy and/or practice. The Manager must respond with approval/denial in writing within fourteen (14) days of the employee’s written request. If the Manager does not respond within this time frame, the ETO request is considered to be denied. Previously approved ETO requests may be denied due to operational needs and/or the employee not possessing enough accrued ETO time.

Requests for ETO or trading shift assignments-after completion of the schedule, will require the employee to find his/her replacement. The replacement employee must have the same job title/position code and no overtime may be incurred. In order to make the changes to the schedule, a written agreement between the two (2) parties must be submitted to the Manager in advance, for approval.

ETO requests will be addressed pursuant to the established practice at LifePath of Mid-Missouri.

- Once the schedule is posted, this becomes the official schedule. No employee is to make any changes to the master schedule.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

The Missouri Department of Mental Health along with Medicaid is requiring providers to complete variance reporting on a yearly basis. LifePath will report variances on a yearly basis. A variance form will be used to calculate the number of hours provided to the individual and compared to the number of hours that LifePath billed for the year.

**Comments:**

- Variance Reports will be submitted to the appropriate Regional Office Provider Relations no later than January 31, following the year of the variance reporting.  
*Example: January 1, 2023, through December 31, 2023, variance reports will be submitted to the Regional Office Provider Relations no later than January 31, 2024.*

**REPORTING UNDER SERVED PROVISIONS TO MMAC:**

- LifePath will submit the “DD Waiver Variance Calculation Worksheet” found at the following link by clicking on DMH Providers Reporting Variance <http://mmac.mo.gov/providers/provider-enrollment/home-andcommunity-based-services/> o
- MMAC will make a recoupment (this means that LifePath should not send payment with the DD Waiver Variance Calculation Worksheet or adjust any claims as this may cause duplicate recoupments.)

**EXAMPLES OF UNDER SERVICED PROVISIONS**

- Individualized hours (1:1, 2:1, etc.) budgeted per the staffing pattern are not utilized.
- Shared hours (1:3, 2:3, 3:4, etc.) budgeted does not occur. Indicating staff are not required to work and under variance would be reported for each consumer.

**REPORTING ADDITIONAL HOURS TO REGIONAL OFFICE:**

- LifePath will submit a variance report to the responsible Regional Office or Satellite Office Variance Report Committee using the Individualized Supported Living and Shared Living Variance Reporting form found at <http://dmh.mo.gov/dd/forms.html>
- Variance Report Committee reviews request and justification and requests any additional information needed.
- Upon receipt of all information, the committee communicates their decision in writing (email, fax or letter) to provider within ten (10) business days of the review. The Division adjusts the ISL budget one time on a future months billing.

**EXAMPLES OF OVER SERVICED PROVISIONS WHICH WILL BE APPROVED WHEN BUDGET DOES NOT HAVE TIME BUILT IN THAT CAN BE UTILIZED AND ADDITIONAL STAFF IS REQUIRED:**

- Individual periodically stays home sick from routine day schedule.
- Individual periodically chooses to stay home from routine day schedule.
- Individual(s) home due to known closure when budget has not yet been annualized.
- Individual(s) home due to unplanned closure of program, employment, etc.
- 1:1 provided to attend dr.’s apt
- Staff provided for temporary (no more than 1 week) post medical care such as same day surgery
- Temporary additional shared staffing required due to a natural or manmade emergency such as fire, flood, electrical outage, ice storm, home invasion

Internal Quality Assurance will occur monthly. The Home Manager will complete the Variance Report Form and submit it to the Program Manager. The Program Manager is responsible for reviewing the form and

making sure the information is accurate. Annually the Variance reports will be used in order to complete the DD Waiver Variance Calculation Worksheet which will be turned in to MMAC or the Regional Office according to under served provisions or additional hours.

The Variance Report Form (attached) is to be completed as follows:

- (1) Any hours that an individual is assigned 1:1 staffing the hours will go under 1:1.
- (2) If an individual has 1:2 staffing then the hours will go under 1:2 staffing.
- (3) Any hours listed under 1:2 staffing will need to be divided in two and that number placed in the 1:2/2 column (Example: John receives 12 hours of 1:2 staffing, we will place 12 hours in the 1:2 column and 6 hours in the 1:2/2 column showing that we are only counting 6 of these hours for John's variance report).
- (4) Under the 24 hour total, we will need to add up the number in the 1:1 column along with the number in the 1:2/2 column.
- (5) The total number of hours under "24 hour total" is added up at the end of the month and this number is the number of hours that will be used in determining variance hours as compared to the ISL budget.
- (6) Comments will need to be added each day supporting the variance. Example: 6 hours 1:1 and 18 hours 2:1. Comments: Housemate at day program 6 hours and 18 hours shared staff.

Uniform Methodology for determining the Direct Care Hourly Rate. This calculation is the Direct Care hourly rate less the costs associated with the cost of doing business. Lifepath will use the calculation of 48 percent of the current rate for the individual supported being allocated to Direct Support Staff salary. For example, if the current rate for Individual Supported John is 36.36 then  $36.36 \times .48 = 17.45$  per hour would be the Direct Support Rate and the remaining 18.91 (In this example) would be the remaining administration cost. Administration costs include the cost of doing business for example administration salaries, liability insurance, etc.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**



**Policy:**

It is the policy of LifePath of Mid-Missouri, LLC to grant up to twelve (12) weeks of family and medical leave during any twelve (12) month period to eligible employees, in accordance with the Family and Medical Leave Act (FMLA) and up to twenty-six (26) weeks of leave in any twelve (12) month period in compliance with the expansion of FMLA under The Support for Injured Service Members Act of 2007.

**Comments:**

The Company uses a backward “rolling” twelve (12) month period, from the date leave is to commence, as the twelve (12) months period in which employees can take FMLA.

1. Employees may be eligible to receive FMLA leave if they meet the following criteria:
  - A. They have been employed by the LPMM for at least twelve (12) months; and
  - B. They have worked at least 1,250 hours in the twelve (12) months preceding the start date of the leave.
2. FMLA leave may be granted to an eligible employee for the following reasons:
  - A. Birth of the employee’s child or placement of a child with the employee for adoption or foster care, and in order to care for such child. (Note: A leave to care for a newborn child or a child newly placed with the employee for adoption or foster care must be taken before the end of the first twelve [12] months following the date of the birth or placement).
  - B. To care for the employee’s spouse, child, or parent who has a serious health condition.
  - C. A serious health condition of an employee that makes them unable to perform their job.
  - D. Because of a “qualifying exigency” arising out of the fact that the employee’s spouse, child or parent is a covered service member on active duty or has been notified of an impending call to active duty status, in support of a contingency operation.
  - E. To care for a covered service member with a serious injury or illness sustained in the line of duty on active duty, if the employee is the spouse, child, parent or next-of-kin of the service member.
3. Eligible employees are entitled to a total of twelve (12) weeks of leave during a twelve (12) month period for all leaves other than a leave to care for an injured service member. Eligible employees are entitled to up to twenty-six (26) weeks of leave in a single twelve (12) month period for leave to care for an injured service member. For those purposes, the “single twelve (12) month period” is the twelve (12) month period measured forward from the first date of such leave.
4. If a husband and wife are both employed by LPMM, and are both eligible for FMLA leave, they are entitled to an aggregate leave of twelve (12) weeks during any twelve (12) month period for the birth or placement of a child. In addition, they are entitled to an aggregate leave of twenty-six (26) weeks during the single twelve (12) month period to care for an injured service member. This limitation does not apply to a leave to care for a spouse, child and/or parent with a serious health condition, a leave due to the employee's own serious health condition or leave due to a military qualifying exigency.

## 5. Definitions:

- A. Parent: The biological, adoptive, step or foster parent of an employee or an individual who acted in place of a parent to an employee when the employee was a child. This may include legal guardians, grandparents or other non-relatives.
  - B. Child: For purposes of a leave relating to birth, adoption or foster care placement, and for leave to care for a child with a serious health condition, "child" means a biological, adopted or foster child, a stepchild, a legal *ward* or a child of a person acting in place of a parent who is under eighteen (18) years of age or eighteen (18) years of age or older and incapable of self-care because of a mental or physical disability. For purposes of leave to care for an injured service member or for a military qualifying exigency, "child" means a biological, adopted, or foster child, stepchild, legal *ward*, or a child for whom the employee (or service member in cases of leave to care for an injured service member) acted in place of a parent, and who is of any age.
  - C. Serious Health Condition: An illness, injury, impairment or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a healthcare provider or a condition that either prevents the employee from performing the functions of the employee's job or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirements may be met by a period of more than three (3) consecutive calendar days combined with at least two (2) visits to a healthcare provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy or incapacity due to a chronic condition.
6. Leave under the FMLA does not have to be taken in a block of twelve (12) weeks, but may be taken intermittently (e.g. weekly appointments for dialysis) or on a reduced leave schedule (the employee works fewer than the usual number of hours per workday or workweek). (Exception: Leave taken due to the birth or placement for adoption or foster care of a child may not be taken intermittently or on a reduced leave schedule.) If an employee needs intermittent or a reduced schedule leave that is foreseeable based on planned medical treatment, LPMM has the right to transfer the employee temporarily, during the period such leave is required, to an available alternative position that better accommodates recurring periods of leave.
  7. The employee will exhaust all available ETO, Extended Sick Leave (ESL), and Short-Term Disability (STD) benefits (for leaves for medical reasons relating to the employee) that is available before the unpaid portion of the leave begins. The total of both paid and unpaid leave will not exceed twelve (12) weeks, (except as noted above for leave to care for an injured service member).

Note: STD benefits are only payable after an employee has exhausted both their ETO and ESL time and during the time an employee is documented by a physician as being medically disabled. For example, STD benefits would not be paid during leave taken under the FMLA beyond the period of documented medical disability following the birth of a child.

8. The employee must notify the Company a minimum of thirty (30) days in advance of the leave start date for birth, placement of a child for adoption or foster care, or planned medical treatment when the need for such leave is foreseeable. If the leave is unexpected, the employee is required to give notice as soon as practicable, which generally means the same day as, or next business day after, the need for the leave becomes known. Where advance notice is not possible, or where leave is taken on an intermittent basis for scheduled medical treatments, the employee is obligated to make a reasonable effort to schedule the leave so as not to disrupt unduly the operations of the Company, subject to the agreement of the healthcare provider.
9. The Company retains the right to request certification by a healthcare provider when an employee requests leave because of a serious health condition or to care for a family member with a serious health condition (child, spouse or parent), as well as when an employee requests leave to care for an injured service member with a serious illness or injury. The certification must state the date on which the serious health condition began, its probable duration and the appropriate medical facts within the knowledge of the healthcare provider regarding the condition. Such certification generally should be provided in advance of the leave, if possible. In all cases, the certification should be provided within fifteen (15) days of the Company's request or the leave will be denied. Periodically during the leave period, the employee may need to provide the company with an update on the status of medical need, including additional certification. It will be the responsibility of the manager to provide the employee with a job description outlining their essential job functions, so the healthcare provider can determine if the employee can perform the essential functions of their job.

If the certification is for leave to care for a family member, the certification must also state the employee's need to care for the family member and must include an estimate of the amount of time needed to care for the family member. If the leave is for an employee's own serious health condition, the certification must also state why the employee is unable to perform the duties of his/her position.

If the leave is for intermittent periods for planned medical treatments, the certification must state the date on which such treatment is expected to be administered and the duration of such treatment.
10. For leaves to care for an employee's own or a family member's serious health condition, the Company may require a second opinion, at the Company's expense, if there is a question concerning the original certification. The second healthcare provider may not be employed by or contracted with the Company. In cases where there is an unresolved conflict between the first and second medical opinions, the Company may require, at its own expense, a third opinion from a provider jointly approved by the Company and the employee. The third opinion is final and binding. It will be the responsibility of the Manager to provide the employee with a job description outlining their essential job functions, so the healthcare provider can determine if the employee can perform the essential functions of their job.
11. An employee, upon returning from a FMLA, will be restored to their previous position or to an "equivalent position" with equivalent job duties, employment benefits, pay and other terms and conditions of employment. Any evidence of other employment during any approved leave of absence will be interpreted as a voluntary resignation (See #14 below for exception).
12. Utilizing FMLA will not result in the loss of any employment benefit accrued prior to the start of the leave. Benefits will not be considered earned or accrued during the leave period.

13. Employees should keep their manager updated on their plans to return to work prior to the expiration of the leave. Before an employee will be able to return, they must provide a release from their healthcare provider.
14. The Company will continue health insurance benefits during periods of leave at the level and under the condition's coverage would have been provided if the employee had remained in employment continuously for the duration of such leave. It is the responsibility of the employee to pay their required benefit contributions while on a designated FMLA. If an employee fails to make payments during their FMLA, the Company has the right to collect missed premiums in full upon their return to an active status. If the employee fails to return to work and premiums have not been paid, coverage will terminate retroactive to the date of the last premiums paid and COBRA will not apply. Leave does not constitute a qualifying event under COBRA, but failure to return to work following the leave, if the employee decides not to return to work, will constitute a qualifying event and the date the leave ended will then become the date of voluntary termination.

#### **Military Caregiver Leave/Service Member FMLA**

Service member FMLA runs concurrently with other leave entitlements provided under federal, state and local laws. Eligible employees (spouse, child, parent or next of kin) may take Service Member leave for following reasons:

1. A qualifying exigency arising out of a covered family member's active duty or call to active duty in the Armed Forces. Leave duration is not to exceed twelve (12) weeks during any rolling twelve (12) month period.
2. To care for a covered family member "next of kin" who has incurred an injury or illness in the line of duty while on active duty in the Armed Forces provided that such an injury or illness may render the family member medically unfit to perform duties of the member's office, grade, rank or rating. Leave duration is not to exceed twenty-six (26) weeks during single, rolling, twelve (12) month period.
3. Military caregiver leave is extended to close family member of veterans who were members of the Armed Forces (including the National Guard or Reserves) at any point in time within five (5) years preceding the date on which the veteran undergoes medical treatment, recuperation or therapy.

"Next of Kin" is defined as the nearest blood relative, other than a spouse, parent, son or daughter.

"Qualifying Exigency" leave for Families of Active Duty Members of the Armed Forces.

Eligible employees with a spouse, son, daughter or parent on active duty or called to active duty status in the Armed Forces may use their twelve (12) week entitlement to address certain qualifying exigencies.

Qualifying exigencies include:

1. Attendance of certain military events;
2. Arranging alternative child care;
3. Addressing certain financial and legal arrangements;
4. Attending certain counseling sessions;
5. Attending post-deployment reintegration briefings.

**Military Caregiver Leave for Veterans and for Aggravated Illnesses or Injuries**

FMLA includes a special leave entitlement that permits eligible employees to take up to twenty- six (26) weeks of leave to care for a covered service member or veteran during a single rolling twelve (12) month period. A “covered service member” is a current member of the Armed Forces, including members of the National Guard and Reserves, who has a serious injury or illness incurred by the member in the line of duty while on active duty and in Armed Forces and covers injuries or illnesses existing before the member’s active duty and was aggravated by service in the line of duty, in the Armed Forces, that may render the member medically unfit to perform the duties of the service member’s office, grade, rank or rating.

Since veterans’ do not have a current “office, grade, rank or rating”, the serious injury or illness must be one that “manifested itself before or after the member became a veteran”.

The entitlement to take military caregiver leave for the care of veterans extends only to family members of veterans when the veteran was a member of the Armed Forces at some point preceding the date on which the veteran undergoes medical treatment or receives the therapy that necessitates the leave.

**Procedure**

An eligible employee requesting a leave of absence under the FMLA will complete a Request for Leave form and their healthcare provider will need to complete the applicable Certification of Healthcare Provider form.

1. The request will be sent to the Human Resources Manager.
2. The Human Resources Manager will review the request to confirm eligibility and notify the requesting employee of approval or denial.
3. The Human Resources Manager will monitor the program to ensure compliance with provisions of the law.
4. Employee must provide a release from their healthcare provider and present to their manager. The employee will then be restored to the original or equivalent position with equivalent pay, benefits and other employment terms and conditions.
5. Any employee who has used their entire twelve (12) week entitlement of FMLA will not be eligible for further FMLA until they have returned to work for a twelve (12) month period (from the start of the leave) and worked at least 1,250 hours.
6. Any employee, who fails to return to work upon expiration of the leave, will be considered to have voluntarily resigned effective the date the leave expired.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

## Policy

An employee summoned for jury duty must notify their manager as soon as possible after being summoned and must provide the manager with a copy of the summons. LifePath of Mid-Missouri, LLC, employees will be granted a leave of absence for any jury duty actually served. The employee must notify their manager when released from jury duty as soon as possible and must report to work on the next scheduled shift after they have been released from jury duty, subject to applicable state law.

The employee shall receive the difference between their regular, straight time pay or salary for work time actually lost because of jury duty, less court pay received for jury duty. When you report for jury duty and are compensated by the court for your service, retain and turn in the record of those payments to your manager so that your jury duty pay can be processed. (Any allowance for mileage or meals paid by the court will not be included in the calculation of the money paid by LifePath of Mid-Missouri, LLC). Due to LifePath of Mid-Missouri's pay cycles, calculations of jury duty pay may or may not occur in the pay period in which the employee served.

This provision will also apply to employees summoned or subpoenaed by a court to appear as a witness where state law requires that such leave be provided.

You must keep your manager apprised daily of the status of your jury service.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

Policy

**Immediate Family**

LifePath of Mid-Missouri, LLC, understands that the death of a family member is difficult. Full-time employees are eligible for leave should a death occur in an employee's or spouse's immediate family, specifically for a:

- Spouse;
- Domestic partner;
- Parent/step-parent/parent-in-law;
- Child/step-child;
- Son-daughter-in-law;
- Sister/step-sister/sister-in-law;
- Brother/stepbrother/brother-in-law;
- Grandparent/step-grandparent/grandparent-in-law;
- Grandchild/step-grandchild/grandchild-in-law; or
- Relative permanently residing with the employee.

Up to three (3) days of leave is provided to the employee at their regularly scheduled hours should the employee miss any shifts to attend the funeral. LifePath of Mid-Missouri, LLC, reserves the right to require documentation for attending the funeral.

**Close Relative**

In the case of another family member, specifically an employee's or spouse's:

- Aunt/aunt-in-law;
- Uncle/uncle-in-law;
- Niece or nephew.

The employee will receive one (1) day paid time off, if needed, to attend the funeral services if he/she is scheduled to work.

In these difficult times, additional days off may be needed depending on the circumstances. In this situation, or if the relative is not an immediate or close family member listed above, employees are urged to either request use of Employee Time Off (ETO) or request a Personal Leave of Absence. Please discuss this with your manager should the need arise.

Funeral leave does not count as hours worked for purposes of determining eligibility for overtime pay. Funeral leave for specific family member identified above is independent of an Employee's ETO.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

**Employment of Relatives Policy**

LifePath of Mid-Missouri, LLC, is complimented when an employee refers friends and relatives to apply for vacant positions. Friends and relatives can work in the same department; however, it is the Company’s policy that close relatives, spouse’s relatives, or individuals engaged in intimate relations with co-workers do not report to each other or work in positions where a conflict of interest could arise. Close relatives include but are not limited to:

- Spouse;
- Domestic partner;
- Parent/step-parent/parent-in-law
- Child/step-child;
- Son/daughter-in-law;
- Sister/step-sister/sister-in-law;
- Brother/step-brother/brother-in-law;
- Grandparent/step-grandparent/grandparent-in-law;
- Grandchild/step-grandchild-grandchild-in-law;
- Aunt/aunt-in-law;
- Uncle-uncle-in-law;
- Cousin;
- Niece/Nephew; or
- Relative permanently residing with the employee.

It is a requirement of LifePath of Mid-Missouri, LLC, that employees disclose to their manager the existence of any such relationship within the Company. Failure to report such a relationship may result in termination of all employees involved.

When a relationship arises after employment, the non-supervisory employee will be given the opportunity to transfer to another position (provided one is available) or the employee must resign. A grace period of four (4) weeks will be given in order to allow the employee to find a new position.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**



**Policy**

\*\*All overtime must be pre-approved by LifePath of Mid-Missouri, LLC, Administration Team. Use of unapproved overtime may be subject to corrective action.

*When individuals are with their friends or family during holidays and not in our care, staff may take on-call and be paid at regular rate, time and a half kicking in for only the hours staff spends providing the direct care to the individual supported). Staff MUST work with direct supervisor regarding plan for being on call if it is a possibility. All Staff are expected to work at least some holidays due to the nature of care that we provide and are expected to contribute to a POSITIVE holiday experience for the individuals in care.*

Hourly paid direct care staff who work certain shifts for the following holidays will be paid at time and a half.

- New Year’s Day (from 11pm the day prior to 11pm the day of).
- Memorial Day (from 11pm the day prior to 11pm the day of).
- Juneteenth (from 11pm the day prior to 11pm the day of).
- Independence Day (from 11pm the day prior to 11pm the day of).
- Labor Day (from 11pm the day prior to 11pm the day of).
- Thanksgiving (from 11pm the day prior to 11pm the day of).
- Christmas (from 11pm the day prior to 11pm the day of).

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

When the death of an individual supported is anticipated, the priority is to ensure that the person's dignity is preserved and that the wishes of the person and/or legal representative are complied with to the greatest extent possible. If an individual supported dies, LifePath staff will ensure proper response and reporting of the death.

**Comments:**

A. If a person supported by LifePath develops a life-threatening illness or sustains a life-threatening injury from which the attending physician indicates death is anticipated, the Program Manager/ Executive Director will ensure that the legal representative, support coordinator, other service providers, and LifePath's staff are notified immediately (family members and others may be notified by the legal representative).

B. If possible, the Program Manager/ Executive Director will ensure that a support team meeting or conference call is scheduled.

C. If the Program Manager/Executive Director receives an advance directive they shall immediately inform LifePath staff. All individuals supported have "do resuscitate" status unless LifePath has a copy of a DNR/DNI advance directive.

D. When discovering an individual supported who appears to have died, all staff will treat the situation as if it were a medical emergency and will take the following steps:

- Staff will call "911" and provide first aid and/or CPR to the extent they are qualified unless the individual supported has an DNR/DNI advance directive. LifePath staff are trained in CPR/First Aid and will take all lifesaving procedures as mandated by the State of Missouri and the Department of Mental Health unless a Do Not Resuscitate order is in place with the appropriate documentation or an alternative to CPR order is in place with appropriate documentation. If such an order is in place, all staff will be trained on it as soon as it is received and will sign a document acknowledging being trained on it. In addition, staff will immediately ensure necessary and reasonable precautions are taken to secure the safety of other individuals supported to protect them from problematic events.
- LifePath's staff will **immediately** begin mandatory notifications, as follows:
  - Home Manager/Immediate supervisor
  - Program Manager
  - Executive Director.
  - Owner.
- When an authorized person, such as a physician or paramedic, determines that the individual supported is deceased, the Program Manager/Executive Director will immediately contact the person's legal representative and anyone else that is specified within the individual supported's ISP. If the death occurs when the individual supported is in attendance at a LifePath's program site, the Program Manager/ Executive Director will ensure the County Coroner's office is notified and that the body is not moved until the coroner arrives.

- The Program Manager/Executive Director will notify the following individuals or entities (local regional center, support coordinator and any representative or designated emergency contacts) within 24 hours of the death, or receipt of information that the death occurred. The staff will complete General Event Report (GER) on Therap thoroughly and accurately. The GER should contain a detailed account of the death and any actions taken. The Program Manager/Executive Director will follow the process and timelines for event direct entry (CIMOR) and notification per Directive 4.070 and will enter the information from the GER into CIMOR within 24 hours.

The Mortality Review process will be initiated within 5 business days per DMH Division of DD Death Notification and Mortality Review Process Policy.

Within 5 business days:

Unless an extension is granted and documented, LifePath shall submit with Section I "Provider Mortality Review", the following documentation:

- 1) Physician Orders and Medication Administration Records from residential setting at time of death or transfer to hospital or other care facility for the current month and 3 previous months.
- 2) All staff documentation & progress notes (Nurses, Physicians, direct care and/or staffing / observation/communication notes or logs, etc.) for at least three days prior to the date of death or transfer to hospital or other care facility.
- 3) Most recently completed Community RN Monthly Summary, including at least three (3) Community RN Monthly Summaries, prior to the death event or transfer.
- 4) All health monitoring records being completed for this individual such as vital signs, weights, blood pressure, blood sugar, bowel or urine records, Intake/Output etc. for the current month and 3 previous months prior to death event or transfer to hospital or other care facility.
- 5) All medical and behavioral consultation records for six months prior to death or transfer of care.
- 6) Documentation of all nursing delegation for this individual performed within a month prior to death event or transfer to hospital or other care facility.
- 7) If ordered, a copy of DMH Non-Hospitalization DNR documentation or Alternative to CPR document.
- 8) Hospital, Emergency Room, and/or Emergency Response reports (Paramedic/EMT/Ambulance/First Responder, etc.) occurring within 12 months prior to death event or transfer of care.
- 9) All documents specifically requested by Division of DD.

All staff of LifePath of Mid-Missouri, LLC, are mandated to comply with the mortality process at all stages.

- The Executive Director or owner will complete and document the internal review related to the report of death. The internal review will include an evaluation of whether:
  - a. Related policies and procedures were followed.
  - b. The policies and procedures were adequate.
  - c. There is a need for additional staff training.
  - d. There is a need for corrective action by LifePath to protect the health and safety of the individual supported.

Based upon the results of the internal review, and if indicated, LifePath will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by the individuals supported or LifePath's staff, if any.

**Credit:**

**DMH's Sample Policy & Procedure Manuals shared with new providers.**

**Approved by:** \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri recognizes the importance of the ISP and objectives for every individual that we support. Implementation strategies are teaching methods and specific action steps that staff will use to support an individual as they work to achieve each goal/objective in their ISP. Degreed Professional Managers (DPM) employed by LifePath will incorporate and combine expectations of the individuals, team members and guardians in the strategy techniques that are drafted in the ISP program with all team member's input (Family, guardian, individual supported, employees of LifePath and case management). It is expected that the implementation strategies are taught to and acknowledged by all direct care staff and the staff are fully equipped to implement the programs **prior to working with the individual supported**. As new ISP are implemented and/or updated and goals/objectives are implemented and/or updated, the DPM will **train/retrain** all of the staff on the new/updated goals and strategies within 30 days of development and/or revision.

**Comments:**

1. The implementation strategies framework and template **must** include the following:
2. Each strategy will acknowledge the individual's preferences in learning style and will incorporate this knowledge in relation to each teaching activity/habilitative objective.
3. Each strategy will ensure the stated goal is specific, individualized, measurable and achievable.
4. Tools, supplies, and technology needed for any activities are identified and step by step instructions are offered.
5. Each strategy will identify who is responsible for supporting the individual in achieving the goal. It will also define what it takes to reach the goal and how to measure the progress. The timeline for achieving success with the goal will be identified.

Implementation strategies and monthly ISP objective data are reviewed by each DPM and incorporated into the monthly review summary. If it is identified that an implementation strategy is not effective; that more time is needed, or that changes to supports need to occur, the DPM will make note of actions needed and contact the Support Coordinator for a team meeting with the individual. At the team meeting the DPM will update strategies with team's assistance and guidance. Once updates are made all staff will be trained by the DPM within 30 days of development and/or revision. The review of implementation strategies is an ongoing process and modifications needed are documented.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy Statement:**

It is the policy of LifePath of Mid-Missouri, LLC, to obey all federal and state laws, to implement and enforce procedures to detect and prevent fraud, waste and abuse regarding payments to LifePath of Mid-Missouri, LLC, from federal or state programs, and to provide protections for those who report actual or suspected wrongdoing.

Below are summaries of certain statutes that provide liability for false claims and statements. These summaries are not intended to identify all applicable laws but rather to outline some of the major statutory provisions as required by the Deficit Reduction Act of 2005.

**Federal False Claims Act ("FCA") (31 U.S.C. 3729-3733)**

The FCA imposes civil liability on any person or entity who:

- Knowingly presents false or fraudulent claim for payment or approval;
- Knowingly makes or uses a false record or statement material to a false or fraudulent claim;
- Knowingly makes or uses a false record or statement material to an obligation to pay or transmit money or property to the federal government;
- Knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the federal government; or
- Conspires to commit a violation of any of the above.

**Anti-discrimination / Whistleblower Protections**

Retaliation against anyone who reports "good faith" fraud and abuse issues is strictly prohibited. In addition, retaliation against anyone who participates in any fraud or abuse investigations is strictly prohibited. Appropriate disciplinary action against anyone who is found to have committed an act of retaliation.

**Procedure:**

1. All parties will sign off on the policy and procedure manual yearly which includes this policy.
2. All parties with knowledge of potential fraud and abuse situations must report them through any of the following methods;
  - a. Notification to the State Fraud Contact SIGTARP Hotline at 877-SIG-2009.
  - b. Notification to Owner of LifePath of Mid-Missouri, LLC, by calling her cell No. 573-529-4708 or writing an anonymous letter to the Executive Director or Owner and mailing it to 1400 Hathman Place, Columbia, MO 65202.
  - c. LifePath of Mid-Missouri, LLC, will report all confirmed allegations of fraud and abuse to the appropriate government officials.
3. LifePath of Mid-Missouri, LLC, will cooperate with federal and state agencies that conduct healthcare fraud and abuse investigations.

**Mechanisms for Detecting and Preventing Fraud:**

The Executive Director of LifePath of Mid-Missouri, LLC, is responsible for reviewing all billing documents and claims before submission.

The owner or designee will do periodic audits to verify the billing process.

LifePath of Mid-Missouri, LLC, has a quality assurance program to verify that charting/documentation is completed according to state regulations. LifePath of Mid-Missouri, LLC, participates with Support Coordinators and Department of Mental Health auditors to verify that services are being performed that are being billed for.

Copies of all approved budgets, staffing patterns and documentation are kept on site at LifePath of Mid-Missouri, LLC, administration office for review by State officials.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy**

This policy covers employee travel constraints during COVID-19.

It is the policy of LifePath of Mid-Missouri, LLC, to protect individuals supported and employees from exposure to COVID-19.

Employees that travel in any area labeled as high-risk, which is Level 3 and above, as described by the CDC, are subject to the following constraints upon return to their position:

- Employees must quarantine for at least seven calendar days.
- Employees must have no symptoms for at least seven calendar days.
- It is recommended employees be tested for COVID-19 if coming back from a high-risk area (Level 3 and above).
- Employee will not be paid for travel or quarantine unless they have ETO.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**



## Policy

On December 13, 2016, the 21st Century CURES Act ([114 U.S.C 255](#)) was signed into legislation. The CURES Act was designed to improve the quality of care provided to individuals, enhance quality control, and strengthen mental health parity. A portion of the bill (Section 12006) requires Electronic Visit Verification (EVV) to be used for all Personal Care Services and Home Health Care Services delivered under the Medicaid program.

EVV is a method of utilizing technology to capture point of service information related to the delivery of in-home services. EVV compliance can be achieved in a variety of manners, including but not limited to, the use of mobile applications with Global Positioning System (GPS) capabilities, telephony from a landline, fixed devices and biometric recognition.

It is LifePath's policy to comply with 13 CSR 70-3.320 Electronic Visit Verification, which sets forth requirements for use of electronic verification to document receipt of its Personal Assistant (PA) services. LifePath's failure to comply with the EVV requirement may result in claim denial or termination of contract to deliver its PA services through the MO HealthNet program.

What are the benefits of EVV?

- Reduces errors and fraud
- Eliminates the need for paper time sheets and manual billing
- Reduces labor costs through the elimination of costly paperwork
- Enhances efficiency and transparency of services provided to individuals
- Increases accountability of provider agencies and direct care workers
- Improves quality of care
- Provides accurate verification of service delivery to support payroll functions

### Comments:

As a provider of Medicaid funded services. Lifepath has chosen Therap as its EVV vendor. Therap is required to meet all the criteria established in 13 CSR 70-3.320 to transmit EVV data to the Medicaid Audit and Compliance Unit (MMAC) for review and audit at any time. Its system already interfaces with Sandata Technology for billing purposes. Missouri Department of Social Services's MO HealthNet Division (MHD) has contracted with Sandata to provide a vendor-neutral EVV Aggregator Solution (EAS). Sandata is expected to design, develop, and implement EAS for providers delivering Medicaid-funded Home Health Care Services, as well as to provide training to the providers. The "Aggregator Solution" shall mean the electronic system that supports the collection of electronic visit verification vendor data and stores the data for purposes of analysis and monitoring.

Prior to starting services, LifePath will communicate with its individuals supported and or their guardians regarding the requirement to utilize EVV to document receipt of services as a condition of participation in services.

Therap's EVV system meets all the six federally required data elements including:

1. Recording the type of service performed through collection of the designated procedure code and associated modifiers, including individual tasks as authorized or progress notes dependent on requirements of the authorizing program;
2. Documenting and verify the PA participant's identity, either by a unique number assigned to the individual, biometric recognition, or through alternative technology;
3. Documenting the date of services delivered;
4. Documenting the time services begin to the minute;
5. Documenting the time services end to the minute; and
6. Documenting the location in which the services began and ended.

In addition, Therap's EVV system must demonstrate the following requirements are met:

1. Accept and update the plan of care as entered or modified by DMH;
2. Allow for an unlimited number of service codes and tasks to be available for selection as approved by DMH;
3. Allow for direct care workers to access the same MO HealthNet participant record for verification of service delivery more than once in a twenty-four- (24-) hour period;
4. Allow for multiple service delivery locations for each MO HealthNet participant, including multiple locations in a single visit.
5. Accommodate more than one (1) MO HealthNet participant and/or direct care worker in the same home;
6. Document the delivery of multiple types of services during a single visit;
7. Maintain a reliable backup and recovery process to ensure that the EVV system preserves all data in the event of a system malfunction or disaster;
8. Be capable of retrieving current and archived data to produce reports of services and tasks delivered, LifePath's PA identity, Direct Care Worker identity, begin and end time of services, begin and end location of service delivery, and dates of service in summary fashion that constitutes adequate documentation of services delivered;
9. Allow for manual entry with required justification including a reason for the manual entry with the reason code and manual entry indicator passed to the aggregator solution;
10. Be capable of creating an exception when the direct care worker accesses the system from a location other than the authorized service location; and
11. Retain all data regarding the delivery of services as required by law, by at a minimum of six (6) years from the date of service. Fiscal and medical records shall coincide with and fully document services billed to the MO

HealthNet agency. Therap's EEV system will furnish or make the records available for inspection or audit by the Department of Social Services, Mental Health, or any federal agency, or their designee upon request. Failure to furnish, reveal, or retain adequate documentation for services billed to the MO HealthNet program, as specified above, is a violation of this regulation.

Therap's EVV system shall be capable of producing reimbursement requests for participant approval that ensure accuracy and compliance with the EVV rule.

Therap's EVV system has a minimum of two forms – Electronic and manual - of recording visit data, and all LifePath staff are required to use the Therap Mobile EVV APP Android or iOS to check in and check out in order for their visit to be considered a verified visit; staff who do not comply with this requirement will be subjected to disciplinary action, including termination. The APP is easy to use, and employees can simply just use a single swipe to check-in/out using Android/ iOS APP. In the circumstance that a visit was not electronically captured at the time of the visit, staff will complete a manual entry and use the appropriate "Reason Codes" established by Therap to explain the manual visit entry/edit or an acknowledgement of exception; passed along to aggregator solution.

LifePath's staff will not use the manual visit as the primary means of recording visit data and shall only use it in the event of human error, natural disaster, system failure, or when all other forms of entry have been exhausted or are unavailable. For situations in which Therap's EVV system does not provide adequate network capacity, it will have the ability to enter visit information in an offline mode and upload upon accessing network connectivity.

Therap will provide the training necessary for LifePath's Therap administrator to be able to train the direct support staff to fully utilize the capabilities of the EVV system. Prior to working with the individual supported, LifePath's Therap administrator will provide face-to-face training on Therap's EVV system to the direct support staff who will be documenting within the EVV system and physically show them how to record the visits and to document. The record of the training will be maintained in the employees' Human Resource files. Additionally, Therap staff are also available to provide support to LifePath's employees between 8am to 5pm Eastern Standard Time Monday through Friday. Employees can call Therap at (203) 596-7553 to get help with the EVV system during this time. LifePath's staff can also utilize Therap's EVV App to get live help from 8am to 8pm Eastern Standard Time Monday through Friday. LifePath's Therap administrator will also be available by phone as needed to troubleshoot any issues with the EVV system.

To prevent fraud, any adjustment or exception - manual adjustment or update to an EVV record - will require the direct support staff's supervisor to enter justification documentation into the EVV system, which must include the date and time of the entry and/ or update, the reason for the entry and/or update, and the identification of the person making the entry and/or update. LifePath's supervisor of the PA program is expected to check the EVV records daily and compare them against the employee's timesheet on Paycor (the agency's system used for time keeping) to ensure that they meet the six federally required data elements and record that they did so in the House Manager Daily Checklist. The supervisor is expected to turn in the House Manager Daily Checklist every Monday by 11am to the Program Manager.

All employees of LifePath are expected to uphold standards of adequate documentation in all records kept per 13 CSR 70-3 as summarized in LPMM's Procedure 201: Adequate Documentation. Random audits of EVV records will be completed by the agency's administration on a regular basis and feedback will be provided to staff regarding whether documentation meets the expected standards. Failure to meet

standards may result in corrective action including termination as failure on our part to meet these standards could jeopardize our ability to continue providing care. It is each staff person’s responsibility to ask for training, support, etc. from administration if for some reason they are not able to meet these requirements. LifePath’s administration will immediately report any suspected falsification of EVV data to the Missouri MMAC via the standard reporting process as defined by MMAC within two (2) business days of discovery.

While EAS currently considers an EVV record to be verified without the completion of the memo field (equivalent to Daily Progress Note), the EVV memo field is a requirement for PA providers such as LifePath to use for documentation along with the required six data points. MO HealthNet Division (MHD) is working with Sandata, to make the memo field a requirement for verification of the EVV record. Until this work is complete, LifePath will ensure that documentation is entered in the field.

MHD anticipates that EAS will be available to providers delivering Medicaid-funded Home Health Care Services in May 2023. Following this implementation, Therap will begin to electronically capture and verify specific data elements and submit this data in real time to the EAS in a specified format and frequency. LifePath’s Therap administrator will be expected to complete EAS training prior to the release of our EAS credentials.

Therap’s EVV system is able to collect notes over 1024 characters and store them for as long as LifePath requires them to. Therap will be required to reduce the note in the memo field to maximum of 1024 characters before sending it to EAS. If for any reason Therap is unable to store notes greater than 1024 characters, LifePath will be responsible for storing the progress notes electronically in their computer servers and will avail them for MMAC review upon request.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

If an employee of LifePath of Mid-Missouri, LLC, wishes to transfer into a new location within LifePath of Mid-Missouri, LLC, for their employment, an internal application must be completed. This includes when an employee would like to apply for a promotion. An employee will submit their internal application to the Human Resources office and all internal applications will be reviewed for the position being applied for. All applicants will be notified with further instructions or decisions in the hiring process.

**Approved by:** \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

Impaired work is being physically and mentally unable to perform assigned work functions safely due to the use or aftereffects of alcohol, cannabis, illegal drugs, prescription drugs, over the counter medications, or any other issues that may impair judgement and/or performance. Any impairment can cause physical and behavioral changes that affect a person’s ability to work safely, putting them, their co-workers, or individuals supported at risk of injury or harm.

LifePath of Mid-Missouri, LLC, is committed to providing the best services possible for the individuals in our programs. The best services must be provided in a safe environment for our staff and individuals. For this to happen, LifePath of Mid-Missouri, LLC, has instituted this policy with respect to workplace impairment.

**Policy:**

If an employee is impaired at work due to illegal drugs or medication (i.e., medication that does not belong to them), disciplinary or corrective action will be used, up to but not limited to immediate termination.

If an employee takes prescription medication for any disease or disorder, and that medication may impair your ability to work safely and effectively, inform your supervisor before working. Reasonable accommodations will be sought for the employee and discretion will be used.

If an employee suspects a co-worker is impaired while at work, affecting their ability to work safely, the employee must report it to their supervisor, director, and/or owner immediately. This report will be confidential. If an employee is aware of a co-worker being impaired at work and does not report it, the employee can be subject to corrective action up to and including termination.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

LifePath of Mid-Missouri, LLC, will support and utilize the Department of Mental Health’s computerized systems, as required for service reporting, billing, data collection and other activities as specified by the Department. Lifepath of Mid-Missouri will utilize CIMOR and any other DMH’s computerized system as required by the Department for purposes of billing, reporting and other activities as required.

**Policy:**

LifePath of Mid-Missouri’s Local Security Officer will ensure that all staff who are involved in billing receive and maintain access to CIMOR, DMH’s current billing system.

LifePath of Mid-Missouri's designated billing staff will ensure that billing for services delivered is done accurately by the last day of every month and that the timeline for entering billing will not exceed 365 days from the date services were rendered.

LifePath of Mid-Missouri will bill only for actual, authorized services provided in accordance with the requirements of the contract, and DMH will pay LifePath of Mid-Missouri in accordance with the applicable rates specified and authorized in CIMOR. LifePath of Mid-Missouri will only bill for the days that the individuals supported were present and received services.

LifePath of Mid-Missouri’s Director will ensure that the agency has copies of UR approvals for any requested services before providing the services. In addition, the Director will review CIMOR to ensure that the services are approved on the state’s current billing system and will immediately report any incorrect authorizations to the Support Coordinator to be corrected promptly.

LifePath of Mid-Missouri will be responsible for collecting other monthly payments specified on the Supported Living budgets from the individuals supported or their financially responsible persons unless one of DMH’s Regional Offices is the payee.

LifePath of Mid-Missouri will retain all auditable records for authorized and billed services performed under its contract with DMH, and all financial records shall conform to General Acceptable Accounting Principles, reflecting at a minimum the specified number and type of service units provided, the number and type of individuals supported, daily service notes and other relevant records for a period of Seven (7) years.

Documents to be retained for seven years that support the billing hours include the daily notes, all timesheets and payroll records, ledgers, monthly reviews, RN assessments, vehicle logs and any other documents that would support units that were billed for.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC, will remain in good standing with the Federal and State governments, as well as all Department of Mental Health’s regional offices.

LifePath of Mid-Missouri, LLC, LLC will do this by:

- Maintaining Liability Insurance through Farm Bureau Insurance and this is paid annually.
- Maintaining Automobile Fleet insurance through Farm Bureau Insurance paid annually.
- Maintaining Worker’s Compensation through Missouri Employers Mutual and this is paid monthly.
- Pay Missouri taxes monthly. The taxes are submitted to the Missouri Department of Revenue by Paycor, our payroll company.
- Pay Social Security, Medicare, and Federal withholdings with each payroll through Paycor, our payroll company.
- Federal and State unemployment contributions are withheld every payroll and submitted to the appropriate agencies each quarter by Paycor, our payroll processor.
- Maintain registration with the Missouri Secretary of State, including Certificate of Good Standing.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**



**Policy:**

It is the policy of LifePath of Mid-Missouri to be in compliance with 9 CSR 10 5.200 as defined by the Department of Mental Health and further incorporates LifePath of Mid-Missouri's protocol for reporting and investigating complaints of abuse, neglect and misuse of funds/property in a residential facility or specialized services that are licensed, certified or funded by the Department of Mental Health. LifePath of Mid-Missouri shall have no tolerance of abuse or neglect of the individuals it supports and shall take all necessary steps to adhere to all applicable state statutes and policies in this area.

LifePath of Mid-Missouri is cognizant of the fact that persons with developmental disabilities are vulnerable to abuse and neglect as well as being taken advantage of with regard to personal assets, and all of LifePath of Mid-Missouri's employees are required Abuse and Neglect reporters. The staff and volunteers shall receive training through RELIAS, the Division free online training portal, in recognizing and reporting abuse, neglect, and misuse of funds prior to contact with individuals and biennially thereafter. The online training includes a competency test and certificate. Employees who fail to report complaints of known or suspected incidents of abuse, neglect or any other misconduct are subject to discipline, criminal prosecution, or both.

**Comments:**

**Missouri Rule CSR 10-5.200 Defines types of abuse as:**

- **Misuse of funds/property:** the misappropriation or conversion for any purpose of an individual supported funds or property by an employee or employees with or without the consent of the individual supported; or the purchase of property or services from an individual supported in which the purchase price substantially varies from the market value.
- **Neglect:** Failure of an employee to provide reasonable or necessary services to maintain the physical and mental health of any individual supported when that failure presents either imminent danger to the health, safety, or welfare of an individual supported or a substantial probability that death or serious physical injury would result. This would include, but is not limited to, failure to provide adequate supervision during an event in which one individual supported causes serious injury to another individual supported.
- **Physical abuse:**
  1. An employee purposefully beating, striking, wounding or injuring any individual supported;
  2. In any manner whatsoever, an employee mistreating or maltreating an individual supported in a brutal or inhumane manner;
  3. An employee handling an individual supported with any more force than is reasonable for an individual supported's proper control, treatment or management.
- **Sexual abuse:** any touching, directly or through clothing, of an individual supported by an employee for sexual purposes or in a sexual manner. This includes but is not limited to:
  1. Kissing;
  2. Touching of the genitals, buttocks or breasts;
  3. Causing an individual supported to touch the employee for sexual purposes;
  4. Promoting or observing for sexual purpose any activity or performance involving individual supported including any play, motion picture, photography, dance, or other visual or written representation;
  5. Failing to intervene or attempt to stop or encouraging inappropriate sexual activity or performance between

individual supported.

6. Encouraging inappropriate sexual activity or performance between individual supported.

- **Verbal Abuse:** An employee making a threat of physical violence to an individual supported, when such threats are made directly to an individual supported or about an individual supported in the presence of an individual supported.

All LifePath of Mid-Missouri staff are expected to treat all individuals supported with dignity and respect. If a LifePath of Mid-Missouri staff suspects that an individual supported has experienced any abuse, neglect, exploitation, or maltreatment, the staff's first duty is to protect the health and safety of the individual supported. All injuries to an individual receiving services must receive immediate medical attention if needed. The staff will then immediately file a written or verbal complaint to their supervisor if they know, through direct or indirect means, that abuse or neglect has occurred, or if they even suspect that such activity has occurred. In cases involving an injury, LifePath of Mid-Missouri's Registered Nurse and the Program Manager will evaluate the injury and determine if immediate medical attention is needed.

When a LifePath of Mid-Missouri employee receives or discovers any information suggesting abuse, neglect or misuse of funds/property, the employee will do the following immediately:

- Ensure the ensure the safety and well-being of the individuals supported the contact the Home Manager, who will immediately contact the Program Manager. The Program Manager will contact the Director and owner.
- Complete General Event Report (GER) on Therap thoroughly and accurately. The GER should contain a detailed account of any actions or statements made surrounding the allegation, and a list all potential witnesses.
- The Program Manager will follow the process and timelines for event direct entry (CIMOR) and notification per Directive 4.070 and will enter the information from the GER into CIMOR within 24 hours.
- In consultation with the Director/owner, the Program Manager will immediately report to local law enforcement officials if there is a reasonable suspicion that any of the following abuse or neglect has occurred:
  1. Sexual abuse;
  2. Abuse, neglect or misuse of funds/property if there is cause to believe that the acts involve criminal misconduct; or
  3. Abuse and neglect that result in physical injury.
- The Director or owner will immediately forward the complaint to the Children's Division if the alleged victim is under the age of eighteen (18);
- The Director will consult with the Regional Office and assigned Service Coordinator to determine if any additional evidence involved in the incident should be obtained. Any area where an incident has occurred in which it is believed potential evidence may exist shall not be disturbed, until after the review by authorized personnel such as the assigned investigator, law enforcement officials, or medical or emergency personnel, and only with the approval of the Regional Office Director or designee in consultation with the assigned investigator.
- All LifePath of Mid-Missouri's staff shall cooperate fully with investigative personnel in processing abuse/neglect complaints.

### Support/Supervision Levels

Employees of LifePath of Mid-Missouri, LLC, are expected to be familiar with the Individualized Support Plan of any individual in their care and are expected to follow the guidelines in each plan on support, care, and supervision. Failure to provide the proper level of support (for example, not staying awake when you are overnight staff for someone who needs awake overnight staff), could result in immediate termination or even reporting of abuse/neglect in some cases and employees need to take very seriously the responsibility to be aware of and implement the level of supervision and type of care needed.

### Information on Abuse or Neglect

Every Individual supported by LifePath of Mid-Missouri shall receive a copy of Say “NO” to Abuse and Neglect Booklet and Individual Supported Handbook, which provides them with information on how to and whom they may report concerns incidents (including Abuse and Neglect), and grievances without fear of retaliation.

The individual supported and/or their parents and guardians may file a complaint at any time if they believe that their rights have been violated, abuse or neglect has taken place, and/or to voice general concerns concerning the services LifePath of Mid-Missouri provides. Please refer to LPMM’s Procedure No. 209: Individual/Guardian Grievance Process for more information.

All complaints and grievances shall be heard promptly and investigated appropriately. No individual supported by LifePath of Mid-Missouri shall be retaliated against or be denied services for filing a complaint or grievance. LifePath of Mid-Missouri’s staff, guardians and individuals supported can also use the following phone numbers to report any complaints of known or suspected incidents of abuse and neglect:

Missouri Department of Mental Health  
1-800-364-9687 M-F 8am – 5pm

Or, after hours  
Missouri Department of Mental Health & Senior Services  
1-800-392-0210 24 hours a day seven days a week

Missouri Children’s Division Hotline for children under 18  
1-800-392-3738 24 hours a day seven days a week.

LifePath of Mid-Missouri staff, guardians and individuals supported can also make an online report of any complaints of known or suspected incidents of abuse and neglect using the link below at anytime: [Abuse, Neglect, and Exploitation of the Elderly and Disabled | Safety | Health & Senior Services \(mo.gov\)](#).

LifePath of Mid-Missouri will also provide a copy of its policies and procedures (including the Individual Supported’s Handbook) in a binder in its homes and main building. The policies and procedures are also available on LifePath of Mid-Missouri’s website for reference at any time. “NO” to Abuse and Neglect Booklet and Individual Supported Handbook will also be available in all LifePath of Mid-Missouri’s homes and office.

The agency will maintain a written record of complaints of known or suspected incidents of abuse and neglect and misuse of funds/property, and the administration will review this information annually and address any noted trends.

All employees of LifePath of Mid-Missouri, LLC, will be screened utilizing the DHSS Family Care & Safety Registry prior to contact with the individuals we support, and employment is always contingent on a successful screening that shows employee eligibility. Any event that occurs post-employment that leads to discontinuation of eligibility will result in immediate termination of employment.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

All employees of LifePath of Mid-Missouri, LLC, are expected to uphold standards of adequate documentation in all records per *13 CSR 70-3*.

**Comments:**

All employees of LifePath are expected to uphold standards of adequate documentation in all records kept per *13 CSR 70-3* as summarized/paraphrased in the following excerpt below:

“Adequate documentation” means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty. “Adequate medical records are records which are of the type and in a form from which symptoms, conditions, diagnosis, treatments, prognosis, and the identity of the patient to which these things relate can be readily discerned and verified with reasonable certainty. All documentation must be made available at the same site at which the service was rendered. An adequate and complete patient record is a record which is legible, which is made contemporaneously with the delivery of the service, which addresses the patient/client specifics, which include at a minimum, individualized statements that support the assessment or treatment encounter, and shall include documentation of the following information:

1. First, last name and middle initial, as well as date of birth of individual supported.
2. Accurate, complete, and legible description of each service provided.
3. Name, title, and signature of the provider of service.
4. Month, day, and year of service provided.
5. Begin and end time of service provided.
6. The setting in which the service was provided (home, community location(s), etc.).
7. The need for services provided in relation to the person’s Individual Support Plan, particularly goals and objectives, including progress, or lack of progress on goals/objectives, and what provider is doing to support progress.
8. Supporting documentation including receipts, invoices, tickets, employee records, etc.


All daily documentation must be completed upon the end of each shift for services provided. If staff are unable to meet this expectation, they must contact their supervisor to explain the circumstance and all documentation **MUST** be completed within 48 hours from the date the service was provided. **Failure to complete adequate documentation may result in a pay decrease to minimum wage for any hours submitted.**

Progress Notes are considered adequate for authorized services billed if they are: 1. ACCURATE, 2. LEGIBLE, AND 3. COMPLETE.

1. ACCURATE - Provides a detailed description of the individual’s activities and how the individual was supported in making progress or movement toward the outcomes listed in the individual’s current ISP. The notes should include activities that are goal oriented or relevant. Restroom breaks, for example, would not be included unless the activities involved were part of the outcomes in the individual’s ISP towards self-sufficiency.
2. LEGIBLE (readable) -AND-

3. COMPLETE - Date of service, the actual starting time and ending time of the service, the individual's full name and either middle initial or date of birth, Description of the type of service provided for a given period matches the service definitions in DMH Home and Community Based Waiver Manual, and the note includes the printed name, signature and title of the staff person providing the service and authoring the note.

Random audits of daily progress notes will be completed by agency administration on a regular basis and feedback will be provided to staff regarding whether documentation meets the standards laid out above. Failure to meet standards may result in corrective action including termination as failure on our part to meet these standards could jeopardize our ability to continue providing care. It is each staff person's responsibility to ask for training, support, etc. from administration if for some reason they are not able to meet these requirements.

Approved by:  \_\_\_\_\_  
**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

Primary responsible staff for the care of individuals (house manager or contracted host home provider) are responsible for ensuring that a balanced variety of healthy foods are available to individuals in our care every day. Individuals are incorporated into the meal planning and preparation process as much as is possible accounting for safety and medical needs on a daily basis. Nutrition and health education should be incorporated by responsible staff into the daily life of each individual in a supportive, educational way that encourages adherence to a healthy lifestyle and diet.

All individuals in the care of LifePath of Mid-Missouri, LLC, have access to food and drinks at all times. Staff can and should provide education, encouragement, and support for making healthy choices, but access to food and drink is never limited or restricted without a written physician's order and/or due process. Individuals who do have special or restricted diets in place are educated and encouraged to be knowledgeable about their diet, the reasons for it, and to be invested in following it for health and safety. Training material on specialized diets is kept in the home and it is the responsibility of lead staff/host home provider, etc. to seek further training and education from administration if needed to support the individual well.

**Comments:**

Specialized and modified dietary orders will be a delegated nursing tasks and education is available for a specific individual's needs. All direct care staff are trained by the agency's Registered Nurse on the specific diet needs of the individuals we support, and education materials are in the home. Please refer to delegated nursing tasks and education for diet prep and management details. The Registered Nurse will make sure that all employees working in the home have received trainings along with resource materials prior to working in the home. In the event a new specialized diet is ordered, the RN will meet with all staff and ensure that the training is completed prior to the staff working in the home. All new employees will be trained by the RN prior to working in the home. Additionally, the RN will work with the Home manager to verify that the staff are following the trainings.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC's dress code policy applies to all positions within the company. It is designed to help us all provide a consistent professional appearance to our customers and colleagues. Our appearance reflects on ourselves and the company. The goal is to be sure that we maintain a positive appearance and not to offend customers, clients, or colleagues.

**Comments:**

**Dress Code Standards – All Employees**

- Employees are expected to dress in relaxed casual or business casual attire unless the day's tasks require otherwise.
- Employees must always present a clean, professional appearance with good hygiene and be free from offensive/foul odors. Everyone is expected to be well-groomed and wear clean wrinkle-free clothing, free of holes (distressed is okay if not overly distressed), tears, and stains or other signs of wear.
- Clothing with offensive wording or inappropriate designs or stamps are not allowed.
- Clothing should not be too revealing.
- Clothing and grooming styles dictated by religion or ethnicity are exempt.

**Examples of inappropriate clothing are:**

- Anything see-through (wear a camisole or undershirt underneath it).
- Anything that's too tight, too short, or too baggy.
- Shorts/skirts should be no more than three inches above the knee.
- Anything that shows off your back, your chest, too much cleavage, or your stomach.
- Visible undergarments.
- Pajamas.
- Crocs, flip-flops or house shoes.
- Anything you would wear to the gym.
- Torn, dirty, frayed or ripped clothing, including jeans.
- Headgear other than a cap.
- Any clothing/jewelry that may hinder an employee in the performance of their required duties as determined by management.
- Anything not specifically listed that is deemed inappropriate by management.

**Specific Dress Code Standards – Administrative Offices**

- No house shoes.
- No pajamas
- Yoga pants or leggings unless worn with a dress or shirt that covers the bottom.
- No clothing of any kind that is too tight, too short or too revealing.

**Specific Dress Code Standards – Residential (ISL), Personal Assistance and Community Networking**

- No house shoes, flip-flops or open-toed shoes
- No pajamas.
- Yoga pants or leggings unless worn with a dress or shirt that covers the bottom.
- No clothing of any kind that is too tight, too short or too revealing.



**Dress Code Violations**

Managers or supervisors are expected to inform employees when they are violating the dress code. Employees in violation are expected to immediately correct the issue. This may include having to leave work to change clothes. Repeated violations or violations that have major repercussions may result in disciplinary action being taken up to and including termination.

**Approved by:** \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC, has developed this policy to assist in preparing for emergency events. It is our expectation that ensuring the health, welfare, safety, and security of our individuals supported remain our staff members' top priority.

**Comments:**

***IN THE EVENT OF A TRUE EMERGENCY, THE VERY FIRST CALL IS ALWAYS TO 911.***

Each home where individuals supported by LifePath of Mid-Missouri, LLC, live will have a house binder that contains this Policy and Procedure Manual as well as:

1. Fire evacuation plan and record of fire drills
2. Tornado/severe storm plan and record of tornado drills
3. Earthquake plan and record of earthquake drills
4. Missing persons and a record of missing persons' drill.
5. Intruder/threatening situations and record of intruder/threatening situation drills
6. Bomb threat and record of bomb threat drills.
7. Medical emergency and record of medical emergency drills.
8. Diagram showing where the fuse box, gas shut-off valves, and water shut-off valves are located in the home.
9. Record of monthly smoke detector/carbon monoxide detector checks.
10. Record of monthly fire extinguisher checks.
11. Record of monthly water temperature checks.
12. Emergency information for each individual that resides in the home to include: Full Legal Name, DMH ID, Date of Birth, Health Insurance, Guardian Contact Information, and a Picture of the Individual.

All staff in the home are required to know where the house binder is and be familiar with the information it contains.

***Tornado/Severe Storm Plan***

Each home will have a designated safe location in the home where staff will ensure individuals supported go in the event of a severe storm that could potentially lead to damage to the home and/or tornado. A tornado watch means that conditions for a tornado are favorable. A tornado warning means that a tornado has been spotted in or around your living area. During tornadoes or severe weather, staff should be monitoring the weather via television or weather alerts sent to their cellphones. If the TV or cellphone alerts continue to post a tornado or severe weather, staff will keep on monitoring these media outlets until an all clear is declared. When staff establishes that a severe weather warning is called out through TV or cellphone weather alerts, staff needs to move all individuals to the home's designated safe location. Staff should also grab blankets and pillows to sit on and for warmth while waiting. If the tornado strikes, staff needs to call 911 and to keep the phone line clear in case 911 calls back. Staff will then notify the Home Manager. Staff need to move around the house with extreme care if there is damage to the house because a tornado has touched down. Watch out for broken power lines, shattered glass and sharp objects while waiting for help to arrive.

### *Fire Evacuation Plan*

Each home will have designated escape routes and a designated location to go to in case there is need for evacuation for a fire. Staff will then call 911.

### *Missing Person*

All LifePath of Mid-Missouri's individuals supported are supervised 24 hours meaning they should not be left alone at any time unless they have alone times that are clearly spelt out in their ISPs. Staff will call 911 as soon as they notice that an individual supported is missing to file a missing person report. Staff will immediately call the Home Manager to inform him or her about the situation. A search of the immediate area should be initiated by second staff if available. Staff should inform all people in the search of what the person is wearing, how long they have been missing, what direction they were last seen going, and their elopement pattern. The Home Manager will contact the administration if necessary for guidance on the next steps. Guardian will also be notified, and staff must fully cooperate with law enforcement until the individual is found.

### *Intruder/threats of physical violence/behavior crisis*

If possible, staff should call 911 as fast as possible whenever an unwanted person comes into the ISLs. Try to remain calm. If possible, redirect individual supported to an area out of sight to the intruder or problem. Staff should do everything in their power to maintain the safety of the individuals supported. If confronted by an intruder, staff should not be confrontational. If the intruder demands drugs, money or jewelry, cooperate with the demands. To avoid these situations, LifePath of Mid-Missouri staff will keep ISL doors locked at all times. Staff or individuals supported should not open doors to unknown persons.

It is the policy of LifePath to ensure Behavior Support and Management policies and practices promote Positive Behavior Supports and protect the safety of person served and LifePath's staff. Behavior Supports/Behavior Management interventions are used in a manner that protects the safety and well-being of persons served and LifePath's staff in emergency or crisis situations when less-restrictive measures have proven ineffective.

These procedures are incorporated into new employee classroom training on Positive Behavioral Supports (PBS) or Non-violent Crisis Intervention (CPI) and updated annually for all service delivery staff. LifePath's staff receive PBS and CPI within 90 days of their date of hire. LifePath uses Gentle Teaching PBS Curriculum by Dr. John McGee.

The staff also receive training on Individualized Supported Plans for every individual that we support before working directly with them. The staff are trained to recognize negative behavior trends and the coping skills that work best for the individuals. LifePath's staff are also trained to enhance their relationship with the individuals supported and to pivot from undesirable behaviors. LifePath's staff will follow the agency's Behavior Management/Behavior Supports Procedure No. 220 at all times when dealing with an individual supported who is threatening violence or is having a behavior crisis.

### *Bomb Threat*

Staff should immediately evacuate to the end of the driveway. Staff should call 911 from the nearest phone or cell phone to report the bomb threat, giving the address, name and the phone number they are calling from. Staff should not hang up until the dispatcher tells them to. Staff should then call the Home Manager immediately. The Home Manager will contact the administration if necessary for guidance on the next steps.

### *Earthquake Plan*

Staff should immediately redirect individuals supported to a safe area. These include wood framed doorways, against an inside corner or wall, under a sturdy table or desk. Staff should identify all danger zones; windows, heating units, stoves, and furniture that may fall over, i.e. bookcase. Turn off the water's main valve and electricity circuit breaker if the situation allows. Staff should then call the Home Manager immediately. The Home Manager will contact the administration if necessary for guidance on the next steps.

### *Medical*

### *Emergencies*

In case of a medical emergency that appears to be life threatening, staff at the scene should dial 9-1-1 first. This will ensure help is on the way. First aid or CPR should be initiated after the 9-1-1 call. When possible, the staff at the scene should contact LifePath of Mid-Missouri's Registered Nurse on call/Home Manager/Degreed Professional Manager and the individual's guardian. Information needed by emergency personnel is in the Individual Supported's Working Book. The Home Manager will notify the Degreed Professional Manager and the individual supported's guardian. The Degreed Professional Manager will notify the CEO and Owner as soon as possible of the incident.

### *Vehicle Breakdown/Accident*

Individuals are not to be left alone in the case of vehicle breakdown under any circumstance. If any concern about the safety of the individual or an injury, 911 should be called following an accident, then Home Manager/administration. Staff will use cell phone to contact fellow staff or administration for a pick-up or alternate plan in the case of a vehicle breakdown.

### *Emergency Drills*

Each home will conduct emergency drills at least four times annually. These drills must be inclusive of one during sleep hours. Fire drills must include four in total annually, inclusive of one during sleep hours. All staff/residents will participate in the drills. At least one drill per year will be conducted during individuals' hours of sleep, at least one drill during evening hours, and at least one drill during daytime hours. The remaining drill can be conducted at a random time. In addition to the quarterly drills, all emergency drills will be reviewed with individuals receiving ISL services within one week of arrival. All LifePath of Mid-Missouri's staff will be trained in the agency's Help Protocol Procedure No. 207, which outlines what the staff must do in case of medical emergencies. All staff must also participate in medical emergencies once every six months. The record of medical emergencies will include date, time, type of medical emergencies, notation of any problems, the number of individuals present during the drill, and the name of all staff participating in the drills.

### *Move-in Inspection*

Each home will undergo an inspection/approval by the Department of Mental Health/CMRO prior to supported individuals moving in. Homes have at least one means of exit/pathway to exit on each floor and exits are not to be blocked under any circumstance. At least one fire extinguisher is present in each home, near/in the kitchen, with record of an expiration date and/or maintenance tag/documentation and a charge indicator. It is the responsibility of the Home Manager/ primary responsible staff to ensure fire extinguishers are operational and meet guidelines.

### *Carbon Monoxide Detectors*

Every home with any gas appliances OR attached garage has a carbon monoxide detector. This is checked monthly with the smoke detectors.

### *Smoke Detectors*

Smoke detectors are to be checked monthly and recorded. There will be a smoke detector in or near each bedroom and in proximity to sleeping areas and at least one on every level of the home including the basement.

### *CPR/First Aid*

All staff are required to be trained and knowledgeable in CPR/First Aid. At least one staff person who is CPR/First Aid certified will always be working in every home. In a medical event, CPR/first aid trained staff will assess the medical event and follow the CPR/first aid training. If necessary, staff will initiate CPR and will continue with CPR until Emergency Services arrive. Some of our individuals supported may have alternative to CPR physician orders. These orders will be in the annual service plan and in the emergency books. First aid supplies must be kept in each home, and the Home Manager and/or primary responsible staff is responsible for doing so.

### *Pandemic*

In the event of a pandemic, LifePath of Mid-Missouri, LLC, will consult with local/state health departments and CDC for guidance and recommendations.

1. LifePath of Mid-Missouri, LLC, will limit non-essential visitors to residential homes.
2. LifePath of Mid-Missouri, LLC, will monitor employee and individual temperatures per the recommendations and guidelines of the local/state health departments and CDC.
3. LifePath of Mid-Missouri, LLC, will encourage social distancing in residential homes.
4. Class size will be reduced accordingly to the current guidelines of local/state health departments and CDC.
5. In the event of staffing crisis' individuals can be moved to other residences as a temporary solution.
6. If the situation progress to an emergent level, alternative housing, including hotels will be sought for residential individuals.

### *Major Disasters*

A disaster constitutes any natural catastrophe (including tornado, storm, high water, earthquake, snow or ice storm, etc.) or regardless of cause any fire, flood, or explosion that causes damage of sufficient severity and magnitude to warrant disaster assistance to the immediate area.

1. If an emergency occurs, first follow the home-specific plan for the specific emergency located in the house binder (evacuation for fire, doorway for earthquake, safe, interior location for tornado, etc.)
2. Dial 911, then House manager/primary responsible staff in the home, Executive Director and Owner.
3. Staff members for each home, the CEO and Owner will all make contact following any disaster. Communication may be through phone, text, email or any means available depending on the scope of the disaster.
4. Manager/primary responsible staff will keep the CEO/Owner or designee aware of situation/status at each home.

5. CEO and Owner will meet and keep the Department of Mental Health/Central Missouri Regional Office informed.
6. If at any point staff is unable to make contact with the Home Manager/Direct Responsible staff, CEO or Designee and an emergency situation persists, staff should keep contact with 911 and follow directions (ONLY if a true emergency exists).
7. The Manager/Director/Owner will decide if individuals can remain in the home or if complete evacuation is needed and what services will be necessary if they stay in place or evacuate (except in need of immediate evacuation which needs to be carried out prior to contact).
  - a. All homes must keep a minimum three-day supply of food, water, and medical supplies needed by the individual in care. If the individuals stay in the home, arrangements for additional supplies will be made by the manager/direct responsible staff. This may include asking Red Cross for assistance with food, water, medical supplies.
  - b. If evacuation of premises is determined necessary, manager/director/owner will review options including:
    - i. Family/guardian caring for individual until it is safe to return to the home
    - ii. Making arrangements with another LifePath of Mid-Missouri, LLC, home to help support the displaced individual.
    - iii. Utilizing Red Cross emergency shelters.
  - c. If evacuation to LifePath of Mid-Missouri, LLC, main office, the Home Manager and director (or designee) will make arrangements with the Red Cross for assistance with food, sleeping cots, obtaining medications and medical supplies.
8. In the event of evacuation from the individual's home, staff are expected to remain with the individuals supported until relieved. This will include assisting the individual to a new home, LifePath of Mid-Missouri, LLC's office, or a Red Cross Shelter. Administration will make arrangements for staffing for a shelter or home according to the needs determined. Family members of employees and pets reporting to home or shelter will need to be approved on a case-by-case basis by supervisor/administration.
  - a. Pets of individuals served will be taken to shelters along with the individuals. Shelters will direct staff where animals can be housed. Staff should bring immunization records for the animals along with food and any medications the animal is prescribed.
9. In the event of a disaster with no communication devices working, or staff unable to make contact with any member of administrative team:
  - a. Staff should stay in the home with individuals as long as there is no imminent danger.
  - b. If the home is unsafe to stay in, travel to a nearby home that appears structurally safe with utilities working OR to a local firehouse for assistance.
  - c. If more than one staff is onsite and it is safe for one person to leave for help, send one person out for help while the other stays with the individual(s).
  - d. If the home is not safe and it is not safe to travel, find the safest place in or near the home and stay there until help arrives.
  - e. If you do leave the residence, leave a note indicating where you are going. Continue efforts to make contact with LifePath of Mid-Missouri, LLC's Administration as possible.
  - f. All staff should plug in weather radio in the home at the beginning of any kind of event and stay tuned, follow directions.

10. In the event of an evacuation from an individual's home, if safety and time allows, take all medications, MAR, pertinent medical information/equipment, and supplies to include thickener, blender, etc. for special diets, tubes/supplies for catheters/colostomies, etc., blankets, pillows, first aid kits, depends, etc.
11. All staff not on duty, able to provide assistance during the disaster, should report to LifePath of Mid-Missouri, LLC's main office. In event that main office is destroyed/affected, staff should report to the home they work in.
  - a. Medical record documentation is kept at the main office, pertinent information is kept in each home, CMRO also has records on each individual in care.
  - b. ISPs are kept at the main office, in each home, and at CMRO.
12. Following a disaster, LifePath of Mid-Missouri, LLC, will request that each home involved be checked and declared safe by first responders including internal and external inspections of safety hazards and structural soundness of the home, utility safety, drinking water safety, smoke /carbon dioxide detectors.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

Department of Mental Health's (DMH) guidelines require that certain types of events be reported following a certain format within specified time limits. The specified timelines are immediate for critical events and the next business day for all other events. It is required that all LifePath of Mid-Missouri, LLC, staff be aware of such requirements and that any event in question or known to be in a reportable category be reported immediately according to the following chain of command **and the Executive Director/Owner will make the decision and provide instructions regarding who will complete an event report for DMH** if needed and who needs to be contacted (Community RN/Guardian/Support Coordinator, etc.). If there is ANY question about whether something should be reported, report and let the administration make the decision.

**Staff → House Manager → Program Manager → Executive Director → Owner**

**Comments:**

All staff are expected to be familiar with events that must be reported and follow the procedure below in ensuring that they are.

**STAFF ARE REQUIRED TO REPORT ANY OF THE FOLLOWING EVENTS TO LIFEPath's ADMINISTRATION ON DISCOVERY SO THAT APPROPRIATE ACTION CAN BE TAKEN:**

**1. Reports, Allegations, or Suspicion of Abuse or Neglect of Any Kind**

All events where there is a report, allegation or suspicion that a consumer has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5.200, DOR 2.210)

**2. All**

**a) Emergency Room Visits (for any reason)**

**b) Non-scheduled Hospitalizations**

Any event that results in an individual going to the hospital that was not planned. (i.e., **they** go to the doctor's office because of flu like systems, high fever, etc. and the doctor admits the individual into the hospital). Scheduled procedures that require hospitalization such as cancer treatment, surgery, etc. are not reportable as far as DMH is concerned but LifePath's administration must be made aware.

**c) Deaths of Individuals served.**

All employees of LifePath will fully and completely cooperate with any mortality review, investigation, etc. of DMH, Law Enforcement, etc. in the event of the death of any individual in care.

**d) Medication Errors** –that reach the individual. Example if staff forgets to give a med to an individual it is a medication error that reached the individual. Some examples that are NOT considered a med error: a dropped medication, a documentation error on the MAR, or an individual refusing a medication. However, these situations DO need to be documented on the Medication Administration Record appropriately. If we cannot verify that a prescription was given/used, etc. as prescribed by the physician it is a medication error.

**e) Incident of Falling** –

The apparent (witnessed, not witnessed, or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person.

**Uses of Emergency Procedures with an individual--**

- **Emergency Procedures** - any restraint/time out used by DMH staff or contracted staff to restrict an individuals' freedom of movement, physical activity, or normal access while in DMH services.



*If any of the following restraint types or time out occurs as defined, they must be reported on an EMT form.*

- **Chemical Restraint** - a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication. (A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)
- **Manual Restraint**- any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.
- **Mechanical Restraints** - any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. (The definition does not include the following: Medical protective equipment, Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair; or Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints.)
- **Time Out - removing the individual from one location and requiring them to go to any specified area, where that** individual is unable to participate or observe other people. Time-out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or ½ doors, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.

### 3. **Involvement of Law Enforcement.**

All events where there is Law Enforcement involvement when the consumer is either the victim, alleged perpetrator, or when law enforcement is called in support of the event.

### 4. **Disruption of DMH Service.**

All events of fire, theft, or natural disaster resulting in disruption of DMH-DD service to consumer/s

### 5. **Sexual Conduct Involving an Individual.**

All events where there is sexual conduct involving a consumer and it is alleged, suspected, or reported that one of the parties is not a consenting participant.

### 6. **Threat or Action Which Conveys Intent to Harm.**

All events where there is realistic threat or physical action, serious self-harm, or assault of others.

### 7. **Ingestion of Foreign Objects or Non-Food Items.**

All events where the consumer ingests a non-food item. Non-food item-an item that is not food, water, medication, or other commonly ingestible items.

### 8. **Life-Saving Intervention or Medical/Psychiatric Emergency Intervention.**

All events which result in a need for a consumer to receive lifesaving intervention or medical/psychiatric emergency intervention.

**Failure to report an incident, or failure to provide sufficient information needed in order to submit event report to DMH within a timely manner may result in disciplinary action or termination of employment. If**

**you are unsure whether an event/incident is reportable, contact the on-call or director and ask for assistance in determining whether it is.**

**The following information describes DD Event Reporting & Critical Events – the information is taken directly from the Department of Mental Health’s website:**

#### DD Event Reporting & Critical Events

Please reference Division Directive 4.070 <https://dmh.mo.gov/media/pdf/directive-4-070>. The Directive states events involving a death of a consumer, events where there is a report, allegation or suspicion of Abuse/Neglect as defined in 9 CSR10-5.200 & DOR 2.210 and Critical Events are to be immediately reported to the Division of DD.

DOR 4.270 <https://dmh.mo.gov/media/pdf/department-operating-regulation-4270-reporting-and-recording-incidentsdefines-a-critical-event-as...>

Critical incident: Significant incident involving department services, facilities or consumers that are to be reported to key department administration locally and in central office. The following incidents shall be classified as critical incidents:

1. Death of a consumer suspected to be other than natural causes; (DD requires ALL Deaths of a consumer to be Immediately reported to the Division)
2. Serious injury to a consumer; (DD Reportable Category #2.b requires reporting of all non-scheduled hospitalizations. If the hospitalization involves a serious injury as defined by DOR 4.270 then it is a critical event and must be immediately reported to DD. DOR 4.270 defines serious injury, as an injury that results in the hospital admission of the injured person.)
3. Death or serious injury to a visitor at department state operated facilities; (This is not a reportable event for community-based providers).
4. Death or serious injury to a department employee or volunteer while on duty; (This is not a reportable event for community-based providers)
5. Serious incident of abuse/neglect, including abuse/neglect involving death, serious injury and sexual abuse; (DD requires ALL Deaths & allegations/complaints/suspicions of abuse-neglect-misuse of funds to be Immediately reported to the Division).
6. Suicide attempt resulting in an injury requiring medical intervention (greater than minor first aid); (DD Reportable Category #6 is to report events involving a consumer when there is a realistic threat or physical action of serious self-harm or assault of others. If it there is an injury, and it rises above minor first aid it is to be immediately reported to the Division of DD.)
7. Elopement with law enforcement contacted or involved; (DD Reportable Category #3 is to report an event where Law Enforcement is involved when the consumer is either the victim, alleged perpetrator, or when law enforcement is called in support of an event. It is to be reported immediately if L.E. is involved because of an elopement. Please note, elopement in itself may not be a reportable event. It must first meet one of the DD Reporting Categories).

8.Criminal activity reported to law enforcement involving consumer as perpetrator or victim when the activity occurs at a facility. If not at a facility, then the criminal activity is serious (felony, etc.); (If reporting because of DD Reportable Category #3 and it rises to the level of a felony, etc. then it is critical and must be reported immediately to the Division of DD)

9.Fire, theft, or natural disaster resulting in extensive property damage, loss or disruption of service in department state operated facilities; and (If reporting because of DD Reportable Category #4, but it rises to the level of extensive property damage then it is critical and must be reported immediately to the Division of DD)

10.Any significant incident the facility head district administrator, district deputy, chief executive officer or designee decides needs to be reported.

LifePath’s staff will immediately contact their Home Manager regarding any reportable events. The Home Manager will immediately contact the Program Manager. The Program Manager will contact the Director and owner. The staff will complete General Event Report (GER) on Therap thoroughly and accurately. The GER should contain a detailed account of the reportable event and any actions taken. The Program Manager will follow the process and timelines for event direct entry (CIMOR) and notification per Directive 4.070 and will enter the information from the GER into CIMOR within 24 hours.

All staff will be trained in Event Reporting at time of hire and will review and acknowledge the policy annually thereafter.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC, strives to be a restraint-free agency unless an individual's ISP has a specific, detailed plan that calls for the use of restraint or the risk of not restraining is greater to the individual than restraint.

Individuals are integrated into and supported in accessing the greater community to the extent allowed by medical needs and personal choice.

Individuals have the choice about where they live and who they live with.

Individuals have the right to choose what food they want to eat and to have food available anytime they want to eat.

In regards to the use of mechanical, physical or chemical restraints or seclusion and time-out refer to Due Process/Rights Restriction Procedure LPMM-216 and Behavior/Crisis Management Procedure LPMM-220.

**Comments:**

All individuals supported by LifePath of Mid-Missouri, LLC, will have private bedrooms in their homes that they choose the decoration for within guidelines of landlord/lease and will be in settings that are physically accessible to them.

LifePath of Mid-Missouri, LLC, strives to be a restraint-free agency unless an individual's ISP has a specific, detailed plan that calls for the use of restraint or the risk of not restraining is greater to the individual than restraint. ONLY staff who have been trained and are up to date on CPI training will engage in the restraint of any kind of any individual. Otherwise, staff will call 911 if there is imminent risk to the safety of individuals or those surrounding them and follow directions given by the dispatcher.

All employees receive training regarding positive behavior supports and CPI. If a situation does occur where an individual is a danger to themselves or anyone around them including staff or community members, staff would be expected to use their training from CPI and call 911 for assistance if the situation warrants this.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC, staff MUST be able to work independently and make decisions based on the Individual Support Plan for the supported individual, with the individual's health and safety in mind. In a situation where staff is unsure of best course of action, the Call Protocol should be used. Especially when it concerns the individual supported's health and safety. Sound judgement should be used regarding what constitutes an event that requires immediate contact/action versus situations that can wait. If staff have any questions, discuss with your immediate supervisor or if there is question, contact using the Call Protocol.

**Comments:**

In a true emergency (as defined by the first aide/CPR or Level 1 Med Aide class) **ALWAYS** call 911 first. Otherwise, all direct support staff will follow the Call protocol for ALL questions of health and safety.

Depending on the nature of the request/question, this is the order of calling. If there is no answer, direct support staff should wait 15 minutes for a return call, then try again. If there is no answer and no response after another 15 minutes, then call the next person on the list. If the individual supported is in need of immediate answers or relief, then this protocol can be expedited.

**CALL PROTOCOL**

1. House Manager/Live-In Staff/Host
2. Degreed Professional Manager assigned to the individual
3. Executive Director
4. Owner

If/When the issue is of a medical nature, Community RN should be contacted by House Manager/Live-In Staff/Host, and/or Degreed Professional Manager, see the following for when to contact the Community RN. For direct support staff, if the house manager/administration fails to answer in the time defined above, or the condition of the individual supported served worsens, follow the guidelines below.

**WHEN TO CONTACT COMMUNITY RN (This List is Not Inclusive):**

\*If a true emergency as defined by as defined by the first aide/CPR or Level 1 Med Aide class, dial 911, then notify Community RN and House Manager/DPM following the above protocol. IN MOST CASES, IT WILL BE THE HOUSE MANAGER/DPM THAT WILL CONTACT THE COMMUNITY RN.

**\*A Physician Order supersedes any guideline set forth in this document.**

\*\*If a Physician Order is in place, it will be followed by all staff for the individual it pertains to. If there is not an order in place that addresses a particular situation, then these guidelines are to be followed.

**Illnesses**

After following the call protocol list: When calling the RN– be prepared to provide blood pressure, temperature, pulse, O<sub>2</sub> sat, and respiration. If an individual supported is a diabetic, then blood sugars should be provided as well. You should call the RN when:

- Elevated temperature, any ancillary temperature reading of 100.0 Fahrenheit or above.
- O<sub>2</sub> saturation below 92 percent.
- Nausea/Vomiting; unusual or accompanied by other symptoms of illness.

- Diarrhea (More than one episode).
- Difficulty breathing – call 911 if an emergency then page Health Services with priority 1.
- Fainting/Dizziness – more than 1 episode in a 12-hour period.
- Urination problems
- Distended abdomen
- Blood in stool
- Blood pressure reading Systolic (Higher Number) greater than 140 or less than 90.
- Blood pressure reading Diastolic (Lower Number) greater than 100 or less than 60 (if diastolic is at or higher than 120, it is a medical emergency, call 911 or transport to the ER)
- Pulse less than 60 or greater than 100
- Respirations less than 12 or greater than 22

Prescribed PRN medications used for purposes other than behavior (coughing, runny noses, slightly elevated temperature) may be given to an individual according to the parameters set by the physician without calling the DPM or RN prior to administering the medication. Nurses will review all PRN dosing frequency at each monthly nurse's visit and PRNs must be documented appropriately on MAR. All PRN medications require a follow up note in the MAR after 1 hour.

### Medication Errors

Following the Call protocol: Including but not limited to:

- Failure to administer
- Wrong dose
- Wrong time
- Wrong individual
- Wrong medication
- Wrong route

### Seizures

***Always follow the seizure protocol individualized per individual supported.***

- If an individual supported does not have a seizure history and experiences a seizure, call 911 and then call Community RN.
- If an individual supported has a history of seizures with multiple seizures per month, and the individual supported's seizure is similar in type and duration as his/her previous seizures, staff will follow the individual supported specific protocol, including PRN if physician orders on file, and then contact the house manager. Also document the seizure in the appropriate manner. The House manager will contact the Community RN via voicemail/text/email.
- If an individual supported only experiences seizures every few months /years, follow the individual supported specific seizure protocol if the individual supported has one. If not, the follow the standard seizure protocol which is located in the home and emergency books. Staff will call the house manager. House manager will call the Community RN immediately. Document in the appropriate manner.

**Injuries (Staff or Individuals)**

Call RN. Including but not limited to:

- Lacerations
- Scratches/Abrasions
- Falls
- Bites, including person, animal, spider or bug
- Stings, including bees and wasps
- Limping
- Bleeding
- Burns

**Emergencies**

Call 911 first then notify Community RN. Including but not limited to:

- Cardiac event
- Breathing difficulties
- Accident with serious injuries
- Unresponsiveness
- Severe bleeding
- Choking
- Orthopedic injuries

**Behavior**

Contact RN AFTER behavior protocol has been followed. Including but not limited to:

- Changes in normal behavior
- Threat to harm self or others
- Injuries to the individual
- Injuries to staff or other individuals
- 

\*Note: The Individualized Support Plan (ISP) shall include methods to address the situation surrounding the need for PRN psychotropic medications. If PRN medications are indicated, Administration/Community RN should be notified and can give permission for the use of the PRN medication.

**Contacting RN**

- All staff have Community RN and Administration phone numbers to call.
- If anyone in the process is not responding, seek medical attention by taking the individual to the ER or by calling 911.

**Information Sharing with the RN if You Need to Call:**

1. Provide the most detailed information possible regarding the individual to the nurse so that an appropriate evaluation, O2 sat, and recommendation can occur. Be prepared to provide the blood pressure, blood sugar if diabetic, pulse, respiration, and temperature of the individual when calling.
2. Always document in your daily notes the recommendation from the nurse. Make sure the information is passed along to additional staff members working in the home or during shift change.

3. If the nurse recommends that the individual receives treatment by the Primary Care Physician, Urgent Care, or ER, the nurse must be made aware of when the visits will be occurring to assure that they are within an acceptable time frame.
4. If a staff person is uncomfortable with the recommendations of the nurse, they may ask for the nurse to come to the home.
5. Any direct support person may contact the community RN at any time to discuss concerns regarding the well-being of an individual supported.
6. If at any time a manager feels like an individual supported needs an assessment by their Primary Care Physician, Urgent Care or Emergency Room Physician, arrangements may be made for this to occur, and the RN notified of the decision.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**



**Policy:**

The health and safety of the individuals in care of LifePath of Mid-Missouri, LLC, is top priority for the organization's administration and all staff on duty. Any action on the part of any employee that jeopardizes the health and/or safety of any individual is cause for immediate termination.

**Comments:****ISL Homes**

If there is a live-in staff in the home, all members of the team will be aware of who resides there. A Family Care Safety Registry check will be completed on anyone over the age of 18 who resides in the home.

**Supervision/Protective Oversight**

Supervision and protective oversight are provided for individuals in care in accordance with the level spelled out in their Individual Support Plans (ISPs), appropriate for the individuals' level of personal ability, and appropriate for the environment. Changes to this will only be implemented after agreed upon by the individuals' support teams, including the individuals, guardians if applicable, a representative of CMRO/DMH, and a representative of LifePath, at a minimum.

**Remote/Virtual Service Monitoring or Remote/Virtual Telehealth**

LifePath will provide computers to each of our ISL and other service sites. Staff may also use phones and other technology to provide telehealth and remote monitoring in each of our service sites. This involves providing service via telephone, tele-monitoring, or non-public facing remote communication methods. Examples of non-public facing products include Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype.

It is important to note that Facebook Live, Twitch, TikTok, and similar video communication applications are public facing and should not be used in the provision of telehealth. It is important to note that service definitions and staff qualifications did not change as defined in the Medicaid waiver applications.

**Home Environment/ Safety**

Individuals in care have their own bedrooms that they decorate, within guidelines set forth by their landlords, to their choosing and financial resources. All areas of homes resided in by individuals in care are clean, safe, and well maintained in a way that ensures the health and safety of the individuals that reside there. Visible filth, insects/pests, or obnoxious smells such as urine, etc. are corrected immediately.

**Monthly Safety Checklist**

To be completed monthly by primary responsible staff at which time all smoke detectors, carbon monoxide detectors, water temperatures, food, first aid kits, etc. are to be manually checked, any issues at all fixed immediately, and documented.

**Home Modifications/Adaptive Equipment**

LifePath works with the individual support team to secure funding for home adaptations and personal adaptive equipment to ensure that the individuals' needs are met in order to safely participate in daily living activities to the best of their capabilities. Adaptive equipment is checked

regularly to ensure that it is in working order; LifePath's administration is to be notified of any repair/issues, etc. Community Registered Nurse (RN) completes a check of all adaptive equipment monthly as part of the Community RN monthly review. Records of repair/maintenance/checks are kept in the individuals' main book.

## Temperatures

### Water

Individuals supported that are safe to regulate their water temperature will not have any modifications to the water temperature setting in the home. If any individual in the home is unsafe to regulate their own water temperature, then the water must be kept at 120 degrees Fahrenheit or lower. The House Manager or the live in/host home provider will be responsible for documenting the monthly temperature of the water on the water temperature log, which will be kept in the home in the red "Reference Book." The individuals' ISPs will state whether they can regulate their own water temperature or not.

### Air

The temperature of each home must be kept comfortable, within the range of 68 to 78 degrees Fahrenheit, per DMH guidelines.

### Chemicals/Combustibles/Harmful Substances or Items

All chemicals/medications/combustibles/any harmful substances or items are to be kept according to general safety standards AND to the standards set forth in the ISP of each individual that lives in the home (whichever is more stringent). Cleaning chemicals are NEVER to be mixed in the home, and it is the responsibility of the house manager to ensure that this does not happen.

### Food Preparation/Handling

Appropriate procedures and precautions are taken with the handling and preparation of food in each home and information on safe food handling is available to all staff. Safe steps in food handling, cooking, and storage are essential to prevent foodborne illness. You can't see, smell, or taste harmful bacteria that may cause illness.

In every step of food preparation:

- **Clean** — Wash hands and surfaces often.
- **Separate** — Do not cross-contaminate.
- **Cook** — Cook to the right temperature.
- **Chill** — Refrigerated promptly.

### Safe Eating

Staff are expected to be aware of and ensure that protocols for each individual to eat safely are followed including positioning, bite-size, diet consistency, etc. When there are protocols in place, staff are trained on these prior to working alone with the individual supported to ensure safety.

### Vehicles

- **Fleet Vehicles**

Staff are required to transport in fleet vehicles if one is provided at their work location. Staff who transport individuals in a fleet vehicle are required to carry a current driver's license. A copy of the fleet insurance card and current vehicle registration should always remain in the fleet vehicle. If an accident occurs, staff will be covered under our fleet insurance policy. There must be a first aid kit in the vehicle used to transport the individual, as well as emergency information that can be found in the vehicle book. Information must be kept out of plain sight to ensure an individuals' confidentiality is protected. Staff and individuals must use a working seat belt. Failure to do so could result in corrective action including termination.

- **Personal Vehicles**

If it becomes necessary for staff to utilize their personal vehicle to transport individuals (including managers and CSS staff members), staff must first complete a Personal Vehicle Use Request form, attach their proof of auto insurance and current registration, and receive written approval from the Director of HR/CEO/owner. Staff who transport in their personal vehicle are NOT covered by our fleet insurance. All staff who transport individuals in care in their personal vehicle are required to carry a copy of their current driver's license. Staff MUST maintain current vehicle insurance, registration, inspection, and maintenance in order to transport individuals in their own vehicles. Staff are encouraged to carry full coverage with at least \$50,000 or \$100,000 Liability for bodily injury. There must be a first aid kit in the vehicle with the individual, as well as the Emergency information page. Information must be kept out of plain sight to ensure individuals' confidentiality is protected. Staff and Individuals must use a working seat belt. Failure to do so could result in corrective action including termination.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

It is the policy of LifePath of Mid-Missouri, LLC, to ensure a process for filing consumer complaints and grievances from individuals supported and /or their parents and guardians in order to provide guidance for receiving, considering and resolving consumer complaints and grievances filed with the agency.

All complaints and grievances shall be heard promptly, investigated appropriately, and where possible, resolved informally. No individual supported by LifePath of Mid-Missouri, LLC, shall be retaliated against or be denied services for filing a complaint or grievance. A review of formal complaints, grievances and appeals can give the organization valuable information to facilitate change that results in better customer service and results for the individual supported.

**Procedure:**

I. The individual supported and/or their parents and guardians may file a complaint at any time if they believe that their rights have been violated, abuse or neglect has taken place, and/or to voice general concerns regarding the services LifePath of Mid-Missouri, LLC provides.

II. LifePath of Mid-Missouri, LLC's Owner or CEO will initially review all written complaints/grievances and determine a resolution/disposition of a complaint. Complaints shall be categorized within one of three categories:

1. **Information** - An informational report of dissatisfaction which may include but not limited to: violation of a DMH standard or LifePath of Mid-Missouri, LLC's policy, contract provision, rule or statute, a practice or service is below customary business or medical practice, lack of professionalism or quality service, etc.
2. **Grievance** - Individual Supported reporting a violation of client rights per 630.110.1.
3. **Suspicion/Allegation of Abuse & Neglect** - Neglect, misuse of funds/property, physical abuse, sexual abuse, or verbal abuse has occurred as defined in 9 CSR 10-5.200.

III. Abuse/Neglect or Rights Violations

1. If LifePath of Mid-Missouri, LLC's Owner or CEO finds evidence of abuse or neglect, or evidence of a violation of client's rights on the part of a LifePath of Mid-Missouri, LLC's employee when reviewing a grievance, the agency will immediately report these findings per the relevant state statutes/Division Directives and steps shall be taken to ensure client safety, if necessary.

2. Complaints regarding human rights violations by LifePath of Mid-Missouri, LLC's staff may be made within this process or can be made with the Dept. of Mental Health using the contact information below.

*Anonymous complaints may also be made to the Dept. of Mental Health, using the same contact information below.*

**Client Rights Monitor****Department of Mental Health****P.O. Box 687****Jefferson City, MO 65102****1-800-364-9687**

IV. Dissatisfaction with Services

In the case of "informational" grievances including dissatisfaction with LifePath of Mid-Missouri, LLC's services, the following steps shall be taken:

1. If informal efforts do not produce a satisfactory solution, a complaint with regard to the services

provided by LifePath of Mid-Missouri, LLC may be filed in writing by the individual supported/responsible party by emailing or writing a letter to the Owner or CEO. In all cases, review actions taken and documentation made will remain confidential.

2. The complainant shall be informed in writing within three (3) business days that the formal complaint has been received and is being reviewed. The initial review of complaints shall be completed by LifePath of Mid-Missouri, LLC's Owner or CEO. In addition to writing an email or official letter to the Owner or CEO, complainants have the right to present any additional information they feel to be pertinent to the complaint in a meeting with the Owner or CEO. Before considering filing a complaint, it is encouraged that the complainant tries to resolve the matter informally by discussing it first with the supervisors of their individual supported.

3. Within seven (7) working days after the complaint is filed, the Owner or CEO will submit their findings to LifePath of Mid-Missouri, LLC's administrative team. A letter confirming/not confirming the allegations will be sent to the individual supported and/or their parents or guardians and LifePath of Mid-Missouri, LLC staff alleged to have been involved. If the letter confirms the allegation(s), further actions will be outlined in the letter.

4. If the complainant disagrees with LifePath of Mid-Missouri, LLC's Owner/CEO's disposition of the complaint, they may file a grievance with the Dept. of Mental Health/Regional Office if s/he is not satisfied with the outcome/disposition of the complaint decision rendered by LifePath of Mid-Missouri, LLC's Owner or CEO.

V. Obstruction of a complaint investigation or retaliation of any kind on behalf of LifePath of Mid-Missouri, LLC's staff involved shall be reported to the Owner or CEO. Obstruction of a complaint may result in discipline, including dismissal.

VI. LifePath of Mid-Missouri, LLC shall annually review all formal complaints that have been filed with the agency in an effort to identify trends and areas of needed improvements and develop a Plan of Action to mitigate such complaints.

VII. LifePath of Mid-Missouri, LLC provides Client Rights information at each service site that provides the name, mailing address and phone numbers to whom grievances/complaints may be addressed.

**Credit:**

**Adopted from DMH's Sample Policy & Procedure Manuals shared with new providers.**

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC, and all its employees shall implement the following Contagious Disease Policy. All those employed with this company shall be trained on how to practice the Universal Precautions as recommended by OSHA, Centers for Disease Control, the Department of Mental Health, or Health Care Providers to minimize the risk of exposure to infectious diseases. The protection of both individuals supported and staff has and always will be of the utmost importance. We feel the following procedures, when followed, aide in keeping everyone healthier, allowing for a more comfortable living and working environment.

**Comments:**

Universal Precautions implies that under circumstances in which it may be too difficult to differentiate between bodily fluid types, then ALL bodily fluids should be considered potentially infectious, including secretions/excretions, mucous membranes and non-intact skin as infectious, regardless of the person's diagnosis and is based upon the premise that many infections can be active and transmissible, yet manifest no symptoms. Control measures are to be carried out in an inconspicuous manner maintaining the least "clinical" appearance possible for the individual supported even in a situation where isolation is indicated for safety.

LifePath will provide supplies for handling bodily fluids in each of its service locations. These supplies will include bleach, a container in which to create water/bleach solution, absorbent material (such as cat litter), a container or bag in which to dispose of any spill material, plastic gloves and appropriate Personal Protective Equipment (PPE).

Gloves need to be worn in *ALL* of the following situations:

- When contact with the blood/bodily fluids is anticipated
- When contact with vomit and/or feces is anticipated
- To touch mucous membranes and non-intact skin
- To handle items or surfaces soiled with blood or bodily fluids
- Whenever cleaning up spills of blood or bodily fluids
- Whenever changing linen that has blood or bodily fluids on it
- Whenever a cut, sore, or lesion is apparent either on the individual or the staff
- Whenever handling of needles or sharp objects is anticipated

***Immediately following one of the above situations, the next step is to wash your hands.***

Good hand washing with soap and water is the single most important step each employee and individual can use to prevent any type of disease from spreading. The following list shall serve as a guide so staff and individuals alike can be reminded of the proper times for washing their hands.

- Upon arrival at your work area
- Before and after going to the bathroom
- Before and after meals
- Before and after direct contact with others
- After contact with anything that might be contaminated
- After touching secretions/excretions
- Before performing invasive/self-care procedures
- Before putting on gloves

- After removing gloves

The following procedures should be followed at all times by both the support staff and the individuals for washing your hands:

- Turn on the water faucet
- Wet hands under the running water
- Apply the soap or antiseptic
- Work the soap into a lather
- Clean the nails by scrubbing them against the soapy palms
- Thoroughly rinse the hands
- Use a paper towel to blot the hands dry
- Use the same paper towel to turn off the water faucet
- Use the same paper towel to open the bathroom door and then throw the towel away.

If you have been exposed to known infected blood, blood borne pathogens, or other potentially infectious material while at work, the following actions are recommended:

- Wash hands or other affected areas with soap and water.
- Flush eyes, nose, and mouth with water as soon as possible
- Report the exposure to your supervisor or agency RN.
- Follow instructions provided by agency RN and your supervisor.

#### **Use of Personal Protective Equipment**

When caring for individuals supported where contact with blood or other bodily fluids is a possibility, the use of gloves, masks and/or eye protection, commonly known as Personal Protective Equipment should be used.

- Use sterile gloves
- Gloves will be single use and must be discarded after each use
- Remove gloves promptly after use
- Wash hands immediately after removing gloves
- For persons who are allergic, hypoallergenic gloves, powder-free gloves, synthetic, and vinyl gloves are available.
- Masks and eye protection shall be worn to protect the mucous membrane of the eyes, nose, and/or mouth during procedures that are likely to generate splashed, sprays, splatter, or droplets of blood, bodily fluids, secretion, and excretions.
- Should clothing become contaminated by bodily fluid, the garments should be removed as soon as feasible and placed in a container for cleaning, decontamination, or disposal.

In the event that any person comes into contact with bodily fluids, they should contact their supervisor immediately along with the agency RN. An injury report will need to be completed and the person affected may need to be seen by their primary care physician, urgent care, emergency room or at the health department. All reporting should be done according to the local and state health department guidelines according to the type of infection control event.

All staff are expected to report any concerns regarding bodily substance precautions to the agency RN along with their immediate supervisor. This may include questions, concerns or reporting when other employees are not following this procedure. The goal is to keep everyone safe. House Managers and Program Managers are expected to routinely monitor the use of infection control measures by staff when training and ongoing monitoring when in the home and supervising.

When requested, staff will provide to individuals supported information on anonymous test sites for further education on communicable diseases, including HIV, Hepatitis B and Hepatitis C. All communicable diseases will be reported to the Department of Health and Senior Services as recommended by the CDC and diagnosing physician.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**



**Policy:**

All individuals receiving supports from LifePath of Mid-Missouri, LLC, are assisted as needed by staff in procuring an on-going relationship with a Primary Care Provider and all other recommended specialists. If the individual and/or guardian makes an informed, educated decision to not pursue a certain specialty, follow up, recommended test, medication, etc, then LifePath's Administration and Community Registered Nurse (RN) will be notified by direct responsible staff and a refusal letter will be kept on file in the individual's medical book signed by the legal medical decision maker (individual or medical guardian). Staff ensure that all medical follow-ups are completed according to the physicians' recommendation, and keep all appropriate documentation related to follow-up care and recommendations in the working book for the individual. The RN will review all medical documentation monthly to ensure appropriate follow through and will evaluate every individual in the care of LifePath monthly. Direct responsible staff (House Manager) is responsible for carrying out any recommendations made by the RN.

**Policy:**

It is the policy of LifePath to adhere to State of Missouri and federal regulations for research involving individuals supported by the agency as noted in Code of State Regulations 9-60.010 and RSMo 630.192. This includes research, interventions, or interaction on persons served to test hypotheses, derive generalizations to test new interventions classified as experimental whether behavioral, psychological, biomedical, or pharmacological, and shall include the review of current or past individuals personally identifiable records, surveying individuals and the use of individuals personally identifiable statistics.

All individuals participating in a research program must have documented informed consent and must be incorporated into the individual's support plan as required by 9 CSR 10-5.200.

**Comment:**

LifePath shall not permit individuals served by the agency to participate in any research projects except as provided for under section 630.192, RSMo and succeeding sections and operating regulations. (630.192 stated: "No biomedical or pharmacological research shall be conducted in residential facilities or day programs operated, funded, or licensed by the department for persons affected by mental retardation, developmental disabilities, mental illness, mental disorders, or alcohol or drug abuse unless such research is intended to alleviate or prevent the disabling conditions or is reasonably expected to be of direct therapeutic benefit to the participants. No involuntary patient shall participate in any research.")

LifePath's CEO and researcher shall inform the Department of Mental Health of the intent to conduct research. Any person wishing to do research involving individuals served by LifePath shall:

- A. Submit an Application for Research with individuals supported to the MO Department of Mental Health's office of Office of Departmental Affairs (DMH form 8114);
  - B. Receive formal written approval from the Department prior to initiating the research project;
  - C. Receive written approval from the resident, family, and or guardian
  - D. Receive written approval from the Department of Mental Health.
- All research must comply with state and federal regulations.

LifePath of Mid-Missouri, LLC, does not engage in or encourage participation in research by individuals supported. The decision to do so, or not, is up to the discretion of the legal decision maker, individual or guardian where applicable. Any research conducted must comply with state and federal guidelines.

**Comments:**

All individuals taking medications are encouraged to be educated about the medications they take, including purpose, to the extent that they are capable, and staff that administer medications receive appropriate training.

All individuals in the care of LifePath of Mid-Missouri, LLC, will have a dental check-up and cleaning at least annually, more often if recommended by the dentist.

Individuals/Guardians make the decision regarding what medical care providers individuals will see, with input from LifePath of Mid-Missouri, LLC, staff, if requested.

Individuals/Guardians also make decisions regarding medications, staff help ensure informed decision-making process, monitor results, share observations with medical care providers, guardians, etc. Individuals do have the right to refuse medications, staff has the responsibility of helping with informed decisions, informing LifePath of Mid-Missouri, LLC, Administration, Guardians (if applicable) and prescriber of the medication if an individual does so.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC, Direct Care Staff are to follow ALL STEPS of the Level 1 Medication Administration process to ensure accurate and safe medication administration.

**Comments:**

All Direct Care Staff are required to complete and pass the 16-hour Level I Medication Aide certification/bi-annual 4-hour refresher BEFORE administering any medications. LifePath of Mid-Missouri, LLC, staff will support individuals in administering their own medications when this process is outlined in the ISP and has been established as safe and appropriate.

A Medication Administration Record (MAR) will be used in all LifePath of Mid-Missouri, LLC, homes to track administration of medications to individuals receiving supports. This Medication Administration Record may be electronic or hard copy/paper.

Medications are only kept locked in a home if there is a safety reason to do so for any individual in the home. When there is a safety concern for one individual, ALL medications are to be kept locked in the home and staff are not to bring in their own medications unless there is a place to keep them locked. Medications are kept away from chemicals and cleaning supplies, and away from excessive heat/cold, unless intended to be refrigerated, in which case it is refrigerated. Non-oral medications must be kept separate from oral medications.

Day Program sites are required to have all medications in a locked room or cabinet.

Schedule 2 Controlled substances are to be kept double locked, counted, and recorded on Controlled Count Sheet at each shift change, or daily where there is no shift change. Schedule 3, 4, & 5 medications are kept in the same manner as other medications according to the safety needs of individuals in the home. Outgoing staff can (and should) begin counts prior to arrival of next staff and write down and sign off on their count. Incoming staff should sit down and look at outgoing staff's numbers, confirm by looking at the cards, then keys exchange hands once agreement is settled.

Only medications with a doctor's order in place, including over-the-counter medications, will be administered. Information on medication profiles/side effects is kept in the home of the individual and all staff are knowledgeable of where the information is. The pharmacy that provides medications for the individual is a back-up resource to information kept in the home, and the Community RN if there are concerns about medication side effects. Community RN is notified of any concerns regarding medication side effects and/or efficacy.

All individuals will have new and renewed prescribed medications and treatments available to the same degree of access as individuals who do not receive Home and Community Based Supports.

**Medication Administration: Required Procedure**

ALL Staff that administer medications in any type of home are to follow ALL STEPS of this procedure to ensure accurate and safe medication administration.

1. Only handle one individual's medications at a time.
2. Wash hands before handling medications.
3. Assemble all equipment needed.
4. Organize medications for one individual in the order of administration listed on the MAR (for bubble packs or pill bottles). Confirm medication name, time of administration, dose, etc.
5. Check each medication again against the MAR as medication is popped/removed into cup/planner/etc. to prepare for administration.
6. When all medications are popped/added, count them, and check them against the MAR and labels again.
7. Complete entire process in order for each individual meds are being administered for, one at a time.
8. Talk to the individual as you approach them and verbalize that you have their medications, identify them by name and ensure that they know who you are.
9. Hand the medication to the individual, with water if needed, and remain with the individual until the medication is swallowed.
10. Wash hands, then go to the next individual if applicable.
11. Return all equipment to storage area, washing/sanitizing as needed.
12. Record/report essential information on the MAR.

### **Sending Medications for Home Visits**

There are three choices:

1. Send an original packaged container from pharmacy that includes dosing instructions.
2. Fill a pill planner and send copy of MAR along with it, or
3. Send pill envelopes, marked with date/time/names/doses for each administration that will be needed.

### **MAR Completion-Situations**

EVERY staff who administers medication needs to print, sign, and initial on the back of the MAR. Only use black ink on the MAR, if hard copy mars are used.

The electronic medical record should be utilized unless extenuating circumstances do not allow for access or use. Please contact your manager for details on this issue.

#### **1. Home Visits**

For Hard Copy MARS, Mark "H" for Home Visit in the space you would usually initial after administration when the individual is on a home visit. On the back of the MAR, indicate the date range the individual was home.

For Electronic Medical Records- "LOA" is used to document this situation.

## 2. Other Absences

For hard copy MARS- Mark "O" in the space you would usually initial after administration. On the back of the MAR, indicate where they were instead and that meds were packed (i.e. Camp Wonderland, etc.).

**In the Electronic Medical Record the following levels of documentation may be used: Administered, Missed, Refused, LOA, on Hold or Deleted. Please use these appropriate codes for administration.**

## 3. Medication Errors

If a medication or treatment is not administered to an individual (outside the window for administration or if a medication error occurs) the RN on call should be contacted and initiation of a medication error report completed. An "O" should be written in the box of the dose missed and an explanation included on the back of the MAR. Administration must also be contacted to submit a Medication Error report to CMRO/DMH.

"Missed" should be documented in an electronic medical record MAR.

## 4. Mistakes on the MAR

Draw one, single line through the mistake. Write error along with your initials and the date. Unless the mistake reaches the person (prevents them from getting medication), no medication error report is needed.

### Prevention of Medication Errors

1. Take your time when passing medications. Reduce distractions as much as possible. Explain that this is important, you want to make sure the individual is safe, and ask them to be patient with you and wait for your attention until you are done.
2. If popping meds out of a bubble pack, make sure the med goes where you are aiming and does not get stuck somewhere.
3. Only do ONE individual's medications at a time to avoid giving the wrong med to the wrong person.
4. Know how many pills get passed for each administration for each person and count them as an extra check.
5. Always check the MAR and bubble pack 3 TIMES before administering medications.
6. Stay with the individual and watch them take their medication.
7. Never sign off on the MAR until after you know the individual took the medication.
8. Watch how much medication is left. IF you are not responsible for re-ordering, etc. notify whoever is when there is ONE WEEK left.
9. When getting medications from the pharmacy, check the order and make sure everything was received.
10. Set a timer/alarm if remembering medication times is a problem.

### Disposal of Medications

1. Notify Administration/Community RN when there is medication to be destroyed (discontinued, dropped, etc.). Never flush medication down the toilet.

2. Community RN and Witness will dispose of medication together.
3. Pills are taken out of original containers.
4. They are mixed with undesirable substances (such as coffee grounds/water/cat litter) in a sealable, plastic container that is put in the trash.
5. All personal information is removed from storage containers, storage containers go in recycle or trash, and labels are destroyed to protect confidential information.

**Self-Administration**

All individuals will be offered the opportunity to learn and practice self-administration of their medication with staff oversight. Every individual that desires to self-administer their medications by learning each medication, what the medication is for, possible side effects, time of administration, route of administration, and possibly even the level 1 medication administration class, etc. The individual will also be able to administer their medications with staff supervision until the team including the individual and guardian/decision maker (if applicable) deem it unnecessary.

**Medication Refusals**

Individuals supported have the right to refuse their medications. In the event that an individual does refuse to take their medication the staff person should:

- (1) Talk to the individual about the reason for the refusal to find the reason for the refusal.
- (2) Offer the medication(s) several times through the “hour before and hour after” scheduled time frame that the medication may be given.
- (3) Educate the individual supported on the reason for each medication and the expected outcome from taking the medication.
- (4) Contact the home manager and/or Degreed Professional Manager for every medication refusal. The house manager or DPM may be able to give suggestions of techniques that have worked in the past regarding refusals.
- (5) All medication refusals will need to be listed on the MAR as a medication refusal.

The Home manager and/or DPM will need to contact the Agency RN to discuss the medication refusal and the RN will advise the home manger or DPM on whether to notify the doctor immediately, set up a physician appointment to discuss the medication refusal or what the next steps should be.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

It is the policy of the LifePath of Mid-Missouri, LLC, to exercise diligence to protect the rights of all the individuals that it supports in accordance with federal and state statutes, regulations and the Department of Mental Health's Division of Developmental Disabilities rules and guidelines. All employees of LifePath will comply with 9 CSR 45-3.030, RSMo. Sections 630.110, 630.115 and 630.120 and 42 CFR 441.301 (c)(1) at all times and not presume that individuals supported are incompetent or limit their rights, responsibilities or obligations of citizenship as a consequence of receiving evaluation, care, treatment, habilitation for intellectual and developmental disabilities.

All employees of LifePath are expected to be familiar with, respectful of, and to advocate for the rights of individuals in our care at all times.

LifePath's employees are also expected to protect, defend, and advocate for the rights of individuals supported, and always encourage self-advocacy.

It is the policy of the LifePath that infringement of the rights of the individuals supported by any of its employees is strictly prohibited, and any violations of the rights of the individuals supported will result in corrective action up to immediate termination depending on the severity. It is the responsibility of LifePath's employees to understand and conduct themselves in a way that does not infringe on these rights or to seek supervision/education from administration when assistance is needed.

All individuals and staff member's are given Lifepath's handbook which outlines individual's rights and advocacy.

**Comments:**

**All individuals supported by LifePath are entitled to the following rights and privileges without limitation, unless otherwise provided by law:**

- a) To be treated with respect and dignity as a human being;
- b) To have the same legal rights and responsibilities as any other citizen;
- c) To receive services regardless of race, creed, marital status, national origin, disability, religion, sexual orientation, gender, or age;
- d) To be free from physical, emotional, sexual, and verbal abuse, and financial exploitation;
- e) To receive services and supports to achieve the maximum level of independence;
- f) To have access to all rules, policies, and procedures governing the operations of the Division of Developmental Disabilities in an accessible format, and to have those rules, policies, and procedures explained in a manner that is easily understood;
- g) Within one's financial means, to have a choice where to live and whether or not to share a home with other people;
- h) To direct one's own person-centered planning process and to choose others to be included in that process;
- i) To participate fully in the community;
- j) To communicate in any form and to have privacy of communications;
- k) To accept or decline supports and services;

- l) To have freedom of choice among Division of Developmental Disabilities approved providers;
- m) To seek employment and work in competitive integrated settings;
- n) To participate or decline participation in any study or experiment;
- o) To choose where to go to church or place of worship, or to refuse to go to a church or place of worship;
- p) To have rights, services, supports, and clinical records regarding services explained in a manner that is easily understood and in an accessible format;
- q) To have all of an individual's records maintained in a confidential manner;
- r) To report any violation of one's rights free from retaliation and without fear of retaliation; and
- s) To be informed on how to make an inquiry, file a complaint or report a violation of one's rights, and to be assisted in these processes, if requested.

Individuals supported by LifePath who do not have a legal guardian have the right to designate a representative to act on their behalf. These rights may not be restricted by the Support Coordinator or LifePath staff without due process. Due process under this provision includes the right to be notified and heard, the right to be assisted through external advocacy if an individual disagrees with the limitation or restriction, and the right to be informed of available options to restore the individual's rights.

**The following is an explanation of individual supported's rights in people first language:**

**DUE PROCESS**

- Whenever you apply for Individualized Supported Living, Personal Assistance and Community Networking services at LifePath, the agency will give you or your parents, guardian or any other person you choose a written copy of your rights. You will receive a copy of your rights every year after that or at your request.
- LifePath has rules in place to provide you with the best help. LifePath has rules to make sure you learn and understand your rights, and that no one takes your rights away before you have a chance to speak for yourself or have someone you choose speak for you. This is called due process.
- Someone from LifePath will read and explain your rights to you in a way you understand them and a copy will always be available at your home for you to look at anytime and as questions as you need to.
- You have the same legal rights and responsibilities as any other person unless the court says you do not. For example, if you have a guardian, you do not have the same legal rights as people without a guardian.
- You have the right to be treated with respect and dignity as a human being.
- You have the right to get help. You cannot be denied help because of your race, your religion, your disability or your age. It does not matter if you are a man or woman, married or single.
- Before your rights or services can be limited or taken away, you have the right to be heard or to have someone you choose speak for you. This is called due process.

**SERVICES AND SUPPORTS AND ADVOCACY:**

- You have the right to get your services and supports in the most integrated setting and in a way that best meets your needs. To determine those services, these people may be involved: you, your parents, your guardian or any other person of your choice.
- You have the right to know what LifePath's rules are for the services and supports you receive.
- You have the right to have your services, supports and personal records explained to you so you understand them.



- You have the right to receive and read your personal records.
- You have the right to receive and sign a copy of your personal plan.
- You have the right to have your records kept private.
- You have the right to be a member of external advocacy groups such as People First ([Missouripeoplefirst@gmail.com](mailto:Missouripeoplefirst@gmail.com)) (1-800-558-8652) and Real Voices Real Choices (223 E. Capitol Avenue, Suite 100, Jefferson, City, MO 65101 573-635-9201), among others, so that you can be informed and educated about your rights and be empowered to take control of your independence and supports. LifePath staff will assist any individual with setting up appointments/meetings with these or any other advocacy group that the individual supported or guardian requests.

**ABUSE AND NEGLECT**

- You have the right not to be abused or neglected. Abuse can be physical, verbal, mental, sexual or financial. Neglect is not getting the things you need to be healthy and safe.

If you think you are being abused, neglected, or your rights taken away, you, your parents, your guardian, or any other person you choose can immediately contact LifePath's CEO and owner at (573) 529-4708 or Central Missouri Regional Office at (573) 441-6278 for help. You can also call the clients rights monitor in Jefferson City at 1-800-364-9687 or TT: 573-526-1201 for help or Missouri Protections and Advocacy at 1-866-777-7199. People who work for LifePath must report any abuse or neglect that they see or that people report to them.

**Other rights you have under Missouri law (Section 630.110 RSMo) include:**

1. To wear your own clothes and to keep and use your own personal possessions;
2. To keep and be allowed to spend a reasonable sum of your own money for expenses and small purchases;
3. To communicate by sealed mail or otherwise with persons including agencies inside or outside the facility;
4. To receive visitors of your own choosing at reasonable times;
5. To have reasonable access to a telephone both to make and receive confidential calls;
6. To have access to your medical records;
7. To have opportunities for physical exercise and outdoor recreation.
8. To have reasonable, prompt access to current newspapers, magazines and radio and television programming.
9. To receive visits from your attorney, physician or clergyman, in private, at reasonable times.
10. Notwithstanding any limitations authorized under this section on the right of communication, you shall be entitled to communicate by sealed mail with the Department of Mental Health, legal counsel and with the court, if any, which has legal representation of you.

LifePath's DPM will review with you these rights every year or at your request at any time. We will ask you or your guardian to sign the Individual Rights Form that is part of the LifePath's individual supported's consents after reviewing the rights with you or he or she. By signing the form, you or your guardian will agree that your rights have been explained to you and that you understand them.

**Responsibilities:**

- You will be asked to cooperate with LifePath staff in achieving your goals and objectives as stated in your Person-Centered Plan;

- You will be asked to assist our agency in developing an initial and/or annual Person-Centered Plan for you;
- You will be asked to be polite and courteous to our staff.

**GRIEVANCE PROCEDURES:**

If you encounter a problem with our services and/or wish to voice a complaint, please notify the owner right away by calling (573) 529-4708. We will make every effort to take care of the problem right away. You can also call the client rights monitor in Jefferson City at 1-800-364-9687 or TTY: 573-526-1201 to report complaints/grievances, as well as the Central Missouri Regional Office at (573) 441-6278. As a participant of the Medicaid and Medicare programs, LifePath agrees to protect and promote each of the rights contained in this document.

Approved by:  \_\_\_\_\_

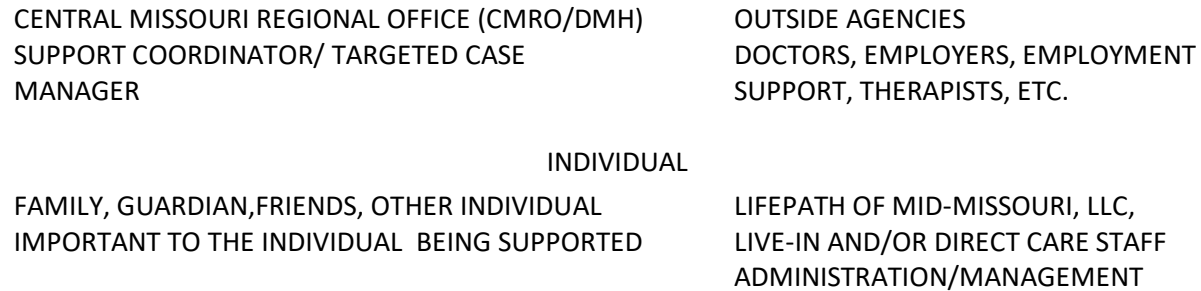
**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC, engages in cooperative, collaborative, person-centered planning; working with the individual and support team. All services and interventions are designed to meet the needs of the individual supported, with all staff of LifePath of Mid-Missouri, LLC, working together with other agencies and entities within the individual’s support network to ensure the individual is empowered to lead a quality, healthy life. The individual in services is at the center of a net of supports that LifePath of Mid-Missouri, LLC, works cooperatively with other service providers in providing so that the individual can lead a healthy, happy, and as independent as possible, life in his or her community.


**Comments:**

The individual in services is at the center of a net of supports that LifePath of Mid-Missouri, LLC, works cooperatively with other service providers in providing so that the individual can lead a healthy, happy, and as independent as possible, life in his or her community. This is illustrated below:



ISP meetings are coordinated and scheduled in cooperation with DMH Support Coordinator. The planning meeting will be scheduled and held in keeping with the wishes of the individual (and guardian if applicable). Each individual is encouraged and supported to speak freely and openly regarding planning and to be an active participant in the design of the ISP and objectives/goals. Guardians will be kept informed and consulted on decisions to the extent they have spelled out that they want to be. Individuals will be encouraged and supported in maintaining a cooperative, collaborative relationship with their guardians when they have one.

Individual freedom of choice is supported and advocated for whenever possible considering health and safety risk factors. Individuals choose their own activities and schedules to the full extent possible with staff playing the role of supporting full knowledge and consideration of outcomes/consequences, providing education and problem solving to assist individuals in making healthy choices for their lives.

Approved by:  \_\_\_\_\_  
**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

Due to the nature of the supports LifePath of Mid-Missouri, LLC, provides, staff serve as role models and educators for individuals who often times need support and assistance with social nuances. Staff are expected to conduct themselves in a professional manner that will contribute to helping individuals learn ways to be successful socially, breaking down negative stereotypes about individuals with disabilities, and that will lead to acceptance and inclusion of individuals with disabilities in the community.

**Comments:**

All staff are expected to:

- Dress professionally and appropriately for activities required during a shift.
- Engage in appropriate daily hygiene and personal care activities to model such healthy behaviors for individuals supported.
- Interact with others in the general community in a respectful way.
- Interact with the individual supported in a respectful way and be prepared to be engaged in interaction with the individual supported throughout the shift worked (i.e. experience things together, as a team, not watch from a distance, or sit by as a passive observer while the individual takes part).
- Never discuss anything related to a specific individual in the presence of another individual.
- Facilitate the individual supported to go out into the community presenting appropriately dressed for the setting/situation.
- Facilitate the individual supported to go out into the community having engaged in appropriate hygiene and personal care activities.

These guidelines are not meant to be discriminatory and personal choice and variation in styles in personal preference is accepted and welcomed.

Staff cannot have visitors while at work. This includes family and/or friends anywhere on the property during working hours for all shifts. You also cannot meet up with friends/relatives while working with an individual supported unless you have written permission from the house manager or Degreed Professional Manager (does not apply to Host Homes).

When working with individuals supported your time needs to be spent working with the individuals. Do not bring homework, computer games, etc., to your shift. Do not spend time on your cell phone while you are being paid to support an individual.

Safe driving is very important. Use of cell phones while operating a motor vehicle while working with LifePath of Mid-Missouri, LLC, is prohibited. If staff is involved in an accident, we have the right to request cell phone records from the driver. Use of cell phone while driving can result in corrective action and/or termination.

Your focus, as staff, should be the safety, care, and welfare of the individuals supported. Failure to do so could lead to corrective action and/or termination.

Employees of LifePath of Mid-Missouri, LLC, shall not engage in any activity that is illegal according to Missouri State Law while on duty. Any illegal activity performed while on duty may result in immediate termination. In addition to this, LifePath of Mid-Missouri, LLC, employees shall not ask or encourage individuals supported to engage in any illegal activities as doing so may result in immediate termination.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

As noted in LPMM's Procedure No. 213: Advocating and Protecting Individual Rights, it is LifePath's policy to always exercise diligence to protect the rights of all the individuals that it supports in accordance with federal and state statutes, regulations and the Department of Mental Health's Division of Developmental Disabilities rules and guidelines. All employees of LifePath are expected to comply with 9 CSR 45-3.030, RSMo. Sections 630.110, 630.115 and 630.120 and 42 CFR 441.301 (c)(1) at all times and not presume that individuals supported are incompetent or limit their rights, responsibilities or obligations of citizenship as a consequence of receiving evaluation, care, treatment, habilitation for intellectual and developmental disabilities.

Restriction of rights is occasionally necessary to ensure health, welfare, safety and security of the individual supported. LifePath's staff may only limit the individual supported's rights as specified in RSMo.630.110 only if exercising these would be inconsistent with the person's therapeutic care, treatment, habilitation and rehabilitation.

An individual's rights as outlined in Section One (1) of 9 CSR 45-3.030 may **not** be restricted, including, but not limited to, by a contractor of targeted case management or home and community-based services without due process. Due process under this provision includes the right to be notified and heard on the limitation or restriction, the right to be assisted through external advocacy if an individual disagrees with the limitation or restriction, and the right to be informed of available options to restore the individual's rights. Rights shall not be limited through LifePath's policy, procedures or "house rules" developed by LifePath or through its staff's practices.

**Comments:**

Restriction of rights strategies are only to be used as a last resort, and there must be clear documentation in the individual's Person-Centered Plan indicating other strategies that have been attempted prior to limiting a right.

An individual's plan that includes a right restriction must include the following:

- A specific assessed need and justification in the ISP or amendment.
- Timelines for review and criteria for restoration.
- Positive interventions and supports used prior to rights modification and cause no harm to the individual.
- Teaching strategies and monitoring of individual's progress.
- Documentation of initial and/or annual due process committee review. (ISP may require more frequent review by due process committee).
- Regular collection and review of data to measure on-going effectiveness or need to continue restricting the right.
- Informed consent of the individual supported.
- Assurance that the interventions and supports will cause no harm to the individual supported.
- External advocacy if an individual disagrees with the limitation or restriction; the right to appeal and the appeal process; the external advocate that the individual chose, the advocate's contact information, how the individual was supported and educated about external advocacy, and how they were assisted in contacting their external advocate if they chose one.

When a plan has a rights restriction, it will first be internally reviewed by LifePath’s quality assurance team, including CEO. The plan will then be reviewed by due process committee at Central Missouri Regional Office (CMRO) or appropriate Regional Office.

Rights restrictions are reviewed by the due process committee at the Regional Office to ensure that the restriction is appropriate, all other less intrusive methods have been attempted and that rights are restored in an appropriate and timely manner. Additionally, the individual’s ISP team, including Support Coordinator, reviews the rights restriction monthly to ensure that the restriction remains necessary.

LifePath may limit an individual’s right as specified in RSMo 630.110 only when the individual is in a clear danger to themselves, others or community property and this restriction shall be made jointly by LifePath and the Regional Office. With such emergency-based limitation, LifePath will immediately contact the individual’s ISP team, including the Support Coordinator, parents and/or guardians and other ISP team members as needed to discuss the restriction. The Support Coordinator will immediately write and submit an ISP amendment to the due process committee at CMRO or the appropriate Regional Office to be reviewed as soon as possible. Due process committee review will be afforded to such an individual within a reasonable time period from the time that limitation is imposed.

LifePath’s DPM will ensure that a copy of documentation of the initial and/or annual Due Process Committee review of the individual’s right restriction is maintained in the individual’s working book.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

Policy:

LifePath of Mid-Missouri, LLC, will support any individual supported who wants to use medical marijuana if the following criteria are met:

1. The individual must be their own guardian or have written guardian approval.
2. The individual must be able to pay for the medical use card and product on their own without any assistance of LifePath of Mid-Missouri, LLC.
3. The individual must be able to self-administer the product.
4. The individual must keep the product locked in a lock box in their room and be the only person with access to the product.
5. The individual cannot allow the staff to assist them when dispensing and is prohibited from offering product to anyone. Product is strictly for individual use only.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**



### **COVID-19 Policy**

SARS-CoV-2, the virus that causes COVID-19 is a profoundly serious virus that can cause respiratory problems, flu-like symptoms and in some cases can lead to death.

#### **Communication with staff and individuals supported:**

- Information from the CDC related to COVID-19 and changes related to policies and procedures will be provided in an accessible and easy-to-understand format for all staff individuals supported and employees.

#### **Plan for accommodations, modifications, and assistance for LPMM individuals supported:**

- An individualized approach for COVID-19 will be implemented on an individualized basis depending on the person's physical or mental disability. This approach will take into consideration the following:
  - Social Distancing – LifePath of Mid-Missouri, LLC, will limit non-essential visitors during the epidemic to protect the individuals supported and employees of LPMM. To maintain contact with family and friends LPMM will offer virtual alternatives such as FaceTime, Zoom, or any other methods that family members and individuals supported request. Outings into the community will be limited to priorities (grocery shopping, medical appointments) and other outings will be considered according to current social distancing requirements within the current county. Outdoor activities with social distancing are encouraged when the weather is within a safe temperature range for the individual supported and employees.
  - Wearing masks is recommended by both employees and individuals supported whenever there is a positive case in one of LPMM's ISLs. LPMM recognizes that some individuals supported and/or employees may not be able to wear masks based on sensory, cognitive, or behavioral issues. Masks are also not recommended for people who have trouble breathing. Masks will be encouraged by all employees during working hours with individuals supported and individuals supported will be encouraged to wear masks at day programs and community outings.
  - Cleaning supplies will be provided to all homes and employees will be required to keep the home clean and major services disinfected.
  - Handwashing should be encouraged throughout the day along with employees and individuals supported being provided with hand sanitizer containing at least 60% alcohol.
  - LPMM homes will be stocked with at least seven days' worth of food, medication, and other necessary supplies at a minimum.

#### **Guidance for Direct Care Support Professionals:**

- Direct Care Support Professionals are considered essential employees. Individuals supported are dependent on these employees for personal care, activities of daily living, access to health services and more. DSP's are essential for the health and well-being of the individuals they serve.
  - DSP's should be asked before they enter their workplace if they are experiencing any symptoms of COVID-19 or if they have been in contact with anyone who has COVID-19.

- Degreed Professional Managers should review COVID-19 information along with signs and symptoms to be familiar with and train all House Managers and keep up with new information relating to COVID-19.
- Anyone that enters the Residential home of an individual supported operated by LPMM needs to be screened for signs and symptoms of COVID-19, have their temperature taken by a non-contact thermometer and asking the person if they are experiencing and should be wearing a mask.

**Planning for essential Outings:**

- Individuals supported may be employed or attend day programs outside of LPMM services. LPMM will work with the outside provider, so the individual supported and employees taking and picking up the individual are aware of the precautions that are implemented. If any concerns come up, it is the responsibility of the House Manager and Degreed professional Manager to talk with the outside employer or day program so concerns are addressed. The ISP team (Guardian, Individualized Supported Individual, Support Coordinator, and anyone else the team feels should be present) will review the concerns if they are not alleviated before the individual returns to the day program or outside employment.

**Accessing Medical Care:**

- Individuals supported during the COVID-19 crisis will still need to continue receiving medical care from outside providers. LPMM will utilize Zoom and other virtual methods of accessing doctors and other health care providers when available. If a clinic/provider requests to see the person face-to-face then LPMM employees will bring the person to the clinic and cooperate with all requirements of the clinic including wearing masks, hand washing and social distancing in the waiting rooms and in the office.

**Potential Staffing Shortages:**

- LifePath of Mid-Missouri, LLC will work with guardians, individuals supported, Department of Mental Health and Case Management services in the event that staff shortages become an issue.
  - Guardians/Family members of an individual supported will be given the option of taking individuals supported to their homes
  - Individuals may be moved from one home to another home (combine homes) on a temporary basis with DMH approval in order to meet staffing needs.

**In the event an individual supported has a positive COVID-19 Test Result:**

- LPMM will notify Department of Mental Health according to their current reporting system.
- LPMM will also notify the Health Department.
- LPMM will also notify the guardians of the individual supported.
- LPMM will follow any directives from DMH and the Health Department.
- Individuals that have tested positive will be quarantined as per the CDC's guidelines.
- Staff will be limited in the home to the fewest number of employees necessary to care for the individuals in the home.

- Attempts will be made to move housemates to another location if possible, if no other housing options are available then the housemate(s) will remain. Social distancing in the home will be encouraged, masks will be worn when staff or individuals supported are within 6 feet of each other
- The home will be provided with face masks, face shields for close contact, disinfectants and other cleaning products, hand sanitizer and food will be dropped off as needed using a no-contact method such as leaving on front porch and notifying the staff via phone of food location outside of the home
- Individuals supported and employees will have their temperature/O2sats taken according to the Health Department's recommendation.
- Additional COVID-19 testing will take place according to the Health Department and CDC's recommendations.
- At any point if an individual or employees starts showing signs of respiratory problems, fevers, etc, the primary care provider/ Health Department will be notified, and all recommendations will occur – including taking the employee or individual supported to an emergency room.

**In the event that an employee tests Positive:**

- Department of Health will be notified
- LPMM will follow any directives from DMH and Department of Health.
- The staff person testing positive will not be allowed to work/visit the home until the quarantine period is satisfied as per the Health Department and CDC's guidelines.
- Close contacts will be identified and LPMM will work with the Health Department if needed. LPMM will follow all recommendations which may include quarantining individuals supported, co-workers of the positive employee, notifying guardians and other providers if the incident occurred at a day program.
- Cleaning of the home will be conducted according to the guidelines from CDC and the Health Department.

**COVID-19 Pay**

- LifePath of Mid-Missouri, LLC is considered an essential health care provider.
- Per the Families First Coronavirus Response Act (FFCRA or ACT), we reserve the right to choose to exclude employees from receiving COVID-19 pay.
- All employee quarantines will be handled on a case-by-case basis.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

If a LifePath of Mid-Missouri Supported, LLC, residential home has a non-public water supply, we will ensure safe water supply, inclusive of an annual water testing.

In the event that a home being used by LifePath is on a private well, the well will be tested through an accredited agency. Any actions required to get the well into compliance with public water standards will take place. Retesting will take place yearly or as recommended by the accredited agency. All documentation of testing and any actions taken will be kept in the home and available for inspection.

**Approved by:** \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

It is the policy of LifePath to ensure Behavior Support and Management policies and practices promote Positive Behavior Supports and protect the safety of person served and LifePath's staff. Behavior Supports/Behavior Management interventions are used in a manner that protects the safety and well-being of persons served and LifePath's staff in emergency or crisis situations when less-restrictive measures have proven ineffective.

These procedures are incorporated into new employee classroom training on Positive Behavioral Supports (PBS) or Non-violent Crisis Intervention (CPI) and CPI updated bi-annually for all service delivery staff. LifePath's staff receive PBS and CPI within 90 days of their date of hire. LifePath uses Gentle Teaching PBS Curriculum by Dr. John McGee.

The staff also receive training on Individualized Supported Plans for every individual that we support before working directly with them. The staff are trained to recognize negative behavior trends and the coping skills that work best for the individuals. LifePath's staff are also trained to enhance their relationship with the individuals supported and to pivot from undesirable behaviors.

Positive Behavioral Support (PBS) is a process for designing individualized behavioral interventions and strategies based on understanding the relationship between the person's behavior and aspects of the person's environment. The overriding goal of PBS is to enhance the quality of life for individuals in their homes and the community settings. The emphasis is on increased self-control, independence, community relationships, values and meaningful relationships and self-determination.

Our increased focus on dignity and respect for the person, understanding and supporting the person's effort, their vision of a worth-while life and better understanding the communicative value of behavior are an important component of our person-centered planning and should minimize the need for using restraints.

**Comment:**

Physical restraint is only used in emergency situations as an intervention of last resort. LifePath's staff will only use physical restraint to protect an individual supported or member of the community from assault and/or imminent, serious, physical harm and to prevent or minimize any harm as the result of the use of physical restraint. The use of seclusion is prohibited.

LifePath protects individuals supported from mistreatment by assuring that no individual supported will be subject to abuse or neglect, cruel, unusual, severe or corporal punishment including: any type of physical harm inflicted in any manner upon the body, incitement or encouragement of mistreatment from other individuals supported, transfer or threat of transfer for punitive reasons, retaliation due to a report of program violations, verbal abuse, ridicule or humiliation, denial or delay of food (other than for required medical prescription purposes), denial of shelter or bathroom facilities, physical activity that jeopardizes the health, safety, or emotional stability of an individual supported including requiring the individual to assume an uncomfortable position, group consequences for an individual's misbehavior, or extensive separation from the group. We also do not utilize medication, mechanical, supine, or prone restraints, take-downs, or basket holds.

If an individual has a history of aggression, or has Behavior Support Plan, developed by a licensed behavioral service provider in collaboration with the individual's support team, then only staff that are trained in PBS and CPI will work in the home or with the individual. ONLY staff who have been trained and are up to date on CPI training will engage in restraint of any kind with any individual. Otherwise, staff will call 911 if there is imminent risk to the safety of individuals or those surrounding them and follow directions given by dispatcher.

If an individual remains agitated after redirection, time by themselves – directed by the individual's choice, or any other coping skill as directed by the individual plan, and the agitation/behavior becomes physically aggressive and the health of the individual, a housemate, or staff is at risk, and nonviolent crisis intervention has not worked or is not feasible, then LifePath's staff may call the police. This is the last resort, but no holds or restraints will be used unless the individual is in crisis mode and is in imminent danger of hurting themselves or others.

Lifepath will monitor any individual supported behaviors that are concerning and request a team meeting with the guardian, individual supported, Lifepath representatives and case management. The team will determine together what the best approach would be and the Program Manager will put together the needed strategies and train the staff on the strategies prior to working with the individual. Additionally, all tracking of the behaviors will be added as a component of the objective tracking in Therap. The objective tracking gives everyone daily documentation so that monthly reviews will have accurate information regarding the behaviors. The team at the meeting will also determine if a referral is necessary to the Behavior Support Review Committee. If a referral is determined to be necessary, the Program Manager will initiate the referral.

#### **DEFINITIONS:**

**Physical Escort:** A temporary touching or holding, without the use of force, of the hand, wrist, arm, shoulder, or back for the purpose of "including" a person served who is agitated by encouraging them to relocate to a safe area.

**Physical Restraint:** Direct physical contact that prevents or significantly restricts an individual supported's freedom of movement. Physical restraint does not include brief physical contact to promote individual supported's safety, providing physical guidance, or prompting when teaching a skill, redirecting attention, providing comfort, or physical escort.

**Consent:** Shall mean agreement by an individual supported, parent/guardian who has been fully informed of all information relevant to the activity for which agreement is sought, in his or her native language or other modes of communication, that the parent/guardian understands and agrees in writing to carrying out of the activity and understands that the agreement is voluntary and may be revoked at any time.

**Training and Annual Review:** All staff receive annual training on behavior support including, but not limited to, items listed below (restraint, de-escalation, positive behavioral support interventions, etc.). Annual training regarding the specific needs of individual supported that adheres to the Department of Mental Health requirements (and includes but is not limited to first aid, CPR, Medication training, PBS and CPI). New staff will receive PBS and CPI training within 90 days of hire and CPI bi-annually after that.

No staff shall participate in crisis intervention procedures until they have successfully completed the required training and have been trained on PBS and CPI.

Training shall include but is not limited to:

- Appropriate procedures for preventing the use of physical restraint, including the de-escalation of problematic behavior, relationship building and the use of alternatives to restraint.
- The simulated experience of administering and receiving physical restraint, instruction regarding the effect(s) on the person restrained, including instruction on monitoring physical signs of distress, and obtaining medical assistance.
- Instruction regarding documentation and reporting requirements and investigation of injuries and complaints.
- Response and Intervention: Protocols: Standard Responses to Behavior
- Demonstration by participants of proficiency in administering physical restraint.
- Engaging individuals supported, parents/guardian in discussions about restraint prevention.
- Instruction regarding the impact of physical restraint on the individual supported, parent/guardian and recognizing the act of restraint has impact, including but not limited to the psychological, physiological, and social-emotional effects.

LifePath shall maintain documentation of participation in training, including copies of PBS and CPI cards and the annual training logs in the personnel record of each staff person. On-going documentation will be completed by setting up an objective that all staff will have to complete with daily charting in Therap regarding the identified behavior. This will give accurate information on a daily basis which can be used for monthly reviews and data collection for the behavior support review committee.

Our policy and procedure for Behavior Supports is reviewed annually with staff.

Approved by: \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**

**Policy:**

LifePath of Mid-Missouri, LLC, is an equal opportunity service provider that does not and will not discriminate against any of our individuals served based on race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, and especially disability.

**Admission Criteria**

When considering an individual to be admitted into LifePath of Mid-Missouri's services, LifePath of Mid-Missouri will consider the following:

- The individual must have a developmental disability, has a Medicaid waiver or has private funding to be able to pay for the services.
- LifePath of Mid-Missouri is able to provide adequate supports to effectively and safely meet the individual's needs.
- LifePath of Mid-Missouri will not consider for admissions individuals with highly specialized medical needs that require services and/or equipment beyond those available to LifePath of Mid-Missouri; individuals with dangerous behaviors who may be a danger to themselves or others; and individuals who lack funding to pay for services.

**Admission:**

When considering an individual to be admitted into LifePath of Mid-Missouri's Residential services, the following will occur:

Residential Program

- Identify an Opening or Opportunity for services.
- Research the Consumer Database in CIMOR database or receive calls about services.
- Review the individual's ISP, profile and roommate survey.
- Give a tour of the home to the individual or guardian/caregiver/Support Coordinator.
- Meet the Individual if it hasn't happened.
- Determine if LifePath of Mid-Missouri's staffing and available service meets the individual's needs.
- If yes, then a meeting with the Degreed Professional Manager (DPM), House Manager, and potential housemate will be arranged if possible.
- If LifePath of Mid-Missouri and the individual and his guardian if applicable choose to move forward with placement in residential services, then the Support Coordinator will be notified, and then appropriate funding will be sought by the Support Coordinator. The individual and his guardian if applicable will also receive a copy of LifePath of Mid-Missouri's Individual Supported's Handbook and a copy of the HCBS Participant Services Handbook, the Department of Mental Health's Knowing Your Rights handbook, LifePath of Mid-Missouri's Grievance policy, and agency contact information.
- Once all parties have agreed to placement, then LifePath of Mid-Missouri will participate in any transitional meeting and paperwork as required by CMRO and the Support Coordinator.
- Paperwork/items requested prior to move-in date for the individual include:
  - Approved UR budget for ISL services
  - ISP plan and any amendments, Photo ID, Health Insurance cards, Birth Certificate and Social Security card.
  - Copies of the most recent doctor's notes for last physical, last PCP visit, last vision, dental and specialty doctor visit notes. This includes therapist and psychiatrist. Also diagnoses and allergies, and any upcoming appointment information.



- Last lab work notes.
- Signed physician orders for all medications and pharmacy information.
- 30 days' supply of medications.
- Immunization records, including Tuberculosis and Hepatitis B screening.
- Any needed Adaptive equipment and the corresponding physician orders.

Community Support Services (Community Networking, Individualized Skills Development, Support Broker and In-Home Respite)

- Receive calls from Support Coordinator or parents and guardians about services.
- Review the individual's ISP.
- Meet the Individual, parents, guardians, and Support Coordinator.
- Determine if LifePath of Mid-Missouri's staffing and available service meets the individual's needs.
- If yes, then a meeting with the DPM, House Manager will be arranged if possible.
- If LifePath of Mid-Missouri and the individual and his guardian or parent choose to move forward, then the Support Coordinator will be notified, and then appropriate funding will be sought by the Support Coordinator. The individual and his guardian if applicable will also receive a copy of LifePath of Mid-Missouri's Individual Supported's Handbook and a copy of the HCBS Participant Services Handbook, the Department of Mental Health's Knowing Your Rights handbook, LifePath of Mid-Missouri's Grievance policy, and agency contact information.
- Once all parties have agreed to the services, then LifePath of Mid-Missouri will participate in any transitional meeting and paperwork as required by CMRO and the Support Coordinator.
- Paperwork/items requested prior to the commencement of services for the individual include:
  - Approved UR budget for CN, ISD, SB and In-Home Respite services.
  - ISP plan and any amendments, Photo ID, Health Insurance cards, Birth Certificate and Social Security card.

If any of the information is not delivered by the caregiver upon move-in date for residential services, LifePath of Mid-Missouri has the right to postpone move-in date. At times, LifePath of Mid-Missouri's staff will be able to obtain the needed information after move-in.

**Program Costs:**

LifePath of Mid-Missouri's program costs will vary based on the desired services and the level of supports you need. Total costs for ISL services for example, are based on room and board charges as well as the cost of staffing services and other expenses. Your Social Security benefits will typically pay for your room and board charges, including rent, supplies and food and utilities, among other things. The cost of staffing is calculated based on the staffing needs desired and level of care needed and can vary from \$41.86 per hour to \$51.08 per hour. Individual ISD services cost \$48.28 per hour; individual CN costs \$49.61 per hour; SB costs \$42.16 per hour and In-Home respite, individual, costs \$35.88 per hour. All costs associated with services, including the process for invoicing and submitting payments. MO Healthnet will pay for these services if the individual has an approved waiver, and Mid-Missouri will bill directly for the services through CIMOR. The individual and/or his family and trust (if one is available) can also choose to make the payments directly to LifePath of Mid-Missouri from their private funds if they do not have a MO HealthNet waiver. LifePath will typically send monthly invoices to all its private pay clients. The agency also sends out monthly invoices for the room and board charges and clients have the option to submit the payments through a check or money order.

Our staff will help you in applying and reapplying for public assistance programs such as food stamps and MOHealthnet if you are eligible for them and you and or your guardian consents to it.

**Discharge:**

LifePath of Mid-Missouri strongly believes in the individual rights of every individual served and wants the best care and services to be provided to everyone. LifePath of Mid-Missouri will go above and beyond in providing exceptional care to everyone and will work hard to make every placement in our residential and CN programs successful. LifePath of Mid-Missouri's staff will meet with the interdisciplinary team to look for solutions to the issues that arise in order to find solutions to those issues. However, not all placements will be successful, and LifePath of Mid-Missouri believes that, at times, the individual can receive the services that better meet their needs from other providers. If LifePath of Mid-Missouri cannot continue providing the appropriate support for an individual, then that individual may be discharged:

Reasons for Discharge:

- Extreme Physical Aggression
- Continued or Extreme Property Destruction
- Continued disruptive behavior affecting other individuals.
- Continued behavior that does not follow DMH ISL guidelines and services.
- Refusal for Medical Treatment as ordered by Physician that LifePath of Mid-Missouri feels the individual will have a negative outcome/effect on their life.
- Other issues as they arise.

If LifePath of Mid-Missouri has exhausted all resources, and discharge is needed, then a 30-day notice will be sent to the guardian of the Individual, and the individual. LifePath of Mid-Missouri will contact DMH and CMRO through the [Provider Notice Portal \(redcapdd.azurewebsites.net\)](http://redcapdd.azurewebsites.net) 30 days prior to terminating services as well. LifePath of Mid-Missouri will continue to provide service to the individual as an appropriate placement is sought by the Interdisciplinary team.

**Payment sources:**

Admission and ongoing: LifePath of Mid-Missouri will issue an invoice for room and board to the designated payee for the individual supported. Billing will occur only for the days the individual is in our services per DMH billing requirements.

LifePath of Mid-Missouri will not bill for any services once the individual supported is no longer in our care. Room and Board will also no longer be collected or returned once the individual supported is no longer living in a home provided by LifePath of Mid-Missouri. If LifePath of Mid-Missouri is the payee, our agency will contact the Social Security office within 30 days and return any money being held by our agency. All personal money of the individual supported will be sent to either the new provider or directly to the guardian (based on the decision of the transition meeting in regards to this person's funds).

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**

Every individual with developmental disability receiving DMH funded residential or other community-based services is entitled to receive support Coordination services from identified providers either in person or virtually. Every individual supported by LifePath of Mid-Missouri, LLC is assigned a Support Coordinator to meet the monitoring requirements established as part of the Medicaid Home & Community based services the individual receives.

The role of the Support Coordinator includes:

- **Planning:** Support Coordinators facilitate development of an Individual Support Plan to address LPMM’s individuals and families’ unique support needs and preferences.
- **Linking:** The Support Coordinators connect the individuals and/or their families to a variety of resources (formal and informal), including choices in community resources and services funded through a Home & Community Based Waiver.
- **Individual Support Plan Monitoring and Review:** Support Coordinators also monitor and assess the quality, timeliness and effectiveness of services and supports received by individuals supported by LPMM. They do this by talking with the individuals supported, their families and LPMM’s staff, among other people. They also do this through observation and review of documentation such as LPMM’s monthly reports, the MARs, Individual Supported’s Working Books, among other documents.

**Policy:**

As required by Provider Bulletin 27 issued on 8/1/2020, LifePath of Mid-Missouri, LLC, will ensure that each of their service locations have virtual capabilities for all state monitoring activities. All LifePath of Mid-Missouri’s ISLs will have a working telephone and a Chrome Book with wireless internet to enable virtual service monitoring and Telehealth as needed. Telehealth involves providing service via telephone, tele-monitoring, or non-public facing remote communication methods. Staff must note that Facebook Live, Twitch, TikTok, and similar video communication applications are public facing and must not be used in the provision of telehealth.

Employees of LifePath of Mid-Missouri, LLC, will use these devices only for the intended work purposes and not to access social media or play video games. Staff will ensure that these devices are charged and ready to be used as needed. Any inappropriate use of these devices may result into an employee’s immediate termination. In addition to this, LifePath of Mid-Missouri, LLC, employees shall not use these devices to post any identifying information of the individuals supported on social media and doing so may also result into immediate termination.

**Approved by:** \_\_\_\_\_



**Pamela Mulumby, Owner & CEO, LPMM**



# Home & Community Based Participants Services

# HANDBOOK

LifePath of Mid-Missouri, LLC

1402 Hathman Place, Columbia, MO 65201

Tel: (573) 777-9365

Email: [info@lifepathofmid-missouri.com](mailto:info@lifepathofmid-missouri.com)

<https://www.lifepathofmid-missouri.com>



# INTRODUCTION

## What this means to you

If you receive Medicaid Home and Community Based waiver services, you have the right to make choices about your life. You may make decisions about how, when and where you get your services. You may come and go when and where you want. You should have the choice to work and be involved in your community.

## People you could ask

Home Manager: \_\_\_\_\_

DPM: \_\_\_\_\_

Directors/Owner: \_\_\_\_\_



# OUR VALUES

## Mission

LifePath of Mid-Missouri, LLC, empowers children, youth, and adults with developmental and intellectual disabilities to live healthy, fulfilling lives in their homes and communities.

## Vision

LifePath of Mid-Missouri, LLC, provides children, youth, and adults with developmental and intellectual disabilities the highest quality of care possible in an environment of unconditional love, respect, and dignity – all aimed at providing them with a sense of accomplishment, confidence, self-worth, and independence at their level of existing skills and abilities.





# PURPOSE, PHILOSOPHY, SERVICES AND GOALS



## Our Purpose

LifePath's person-centered services are designed to meet the specific needs of every individual in the care of our agency.

## Our Philosophy

People with developmental disabilities have similar needs and desires as everyone else. They face different challenges and have unique characteristics and needs. Our care is tailored to meet the unique and universal needs of each person we serve. We prioritize fulfilling basic needs for health and safety and then build upon that foundation to improve quality of life. This approach is based on the hierarchy of needs and leads to the highest quality of care possible.





## Our Goals

- Educate, demonstrate, motivate, and provide assistance to develop abilities and actions that enhance the quality of life for people diagnosed with developmental and intellectual disabilities.
- Help each individual diagnosed with developmental and intellectual disabilities to be as self-sufficient as possible, promoting self-determination and self-representation.
- Promote and facilitate meaningful connections with others, including natural and chosen family, for individuals with developmental and intellectual disabilities.
- Promote and teach community integration for individuals with developmental and intellectual disabilities, including advocating, teaching, modeling, and supporting inclusion in the community.

## Our Services

You will be receiving Medicaid Home and Community-based waiver services at LifePath. You have the right to make choices about your life. You have the right to make decisions about how and where you receive services. You may come and go as you please. You will have the choice to work and be involved in your community.





## Individualized Supported Living

As a participant in LifePath's individualized Supported Living (ISL) program, you will live in a safe, secure, private and physically accessible home chosen by you and or your guardian, in an integrated setting, that is best suited to meet your support needs in a neighborhood of your choice with persons of your choosing. You will have a life that is typical of the general population, including being part of your community and enjoying rich and meaningful relationships with your family and friends. You will have the freedom and support to control your schedule and activities and to furnish and decorate your home as you choose. You will have access to food at all times. LifePath offers ISL services in homes and apartments throughout Boone County and surrounding areas.

You will have a key to your home or apartment. Your entrance door will be lockable and only appropriate staff will have keys to safeguard your privacy. You and/or your guardian if applicable will have a chance to review your legally enforceable and binding lease with eviction protections outlined, understand it and be educated about your rights and responsibilities as a tenant.

Lease terms may vary from one year to multiple years. If you would like to purchase a home, we will discuss this option with you.





## Individualized Supported Living

LifePath's staff will treat you with respect and dignity and recognize your abilities and gifts. Our staff will support you to have full access to the greater community including competitive employment opportunities in integrated settings, control your personal resources, and receive services in the community to the same degree of access as individuals not receiving Home and Community Based Services. You will have a say in your life's decisions – be it the food you eat and the clothes you wear -, pursue your own interests, express your individuality and desires, actively participate in community activities of your choice and direct your own services with the help of our highly skilled and compassionate staff. You can do things you like at your home, such as play video games, watch TV or listen to the radio. You may also do your laundry and other household activities as you wish.

LifePath's staff will also encourage you to actively participate in civic activities and community organizations to become as involved as you choose in the fabric of the community.





## Individualized Supported Living

LifePath will help you maintain membership in organizations which support quality services to persons served and advocates for full participation of all individuals regardless of disability or disadvantaging conditions. We will also encourage your guardians and significant others to participate in planning councils or committees which support community inclusion for people with disabilities.

LifePath will also give you the opportunity to have input in the selection process of your staff to ensure that we only hire staff that are a good fit for you. You will be able to visit and meet potential housemates before making a decision about moving in. LifePath will help you and your roommate to maintain a cordial relationship, and if any issues arise between you and your housemate, LifePath staff will work with you to resolve it. If you want a new housemate, LifePath will help you make a change. Our staff will always provide the supports you need to meet all your needs. The staff will help you learn new skills and will also serve as positive role models or mentors.





## Individualized Supported Living

LifePath is very committed to offering you a choice of setting. As a current resident of LifePath, if you indicate that you want services at another location, LifePath's staff will encourage you to express your concerns and ask questions about the services you desire to receive and will notify the organization's leadership. The leadership will contact the Support Coordinator and a meeting will be held to discuss options for movement either within or outside the agency depending on you and/or your guardian's wishes if applicable.

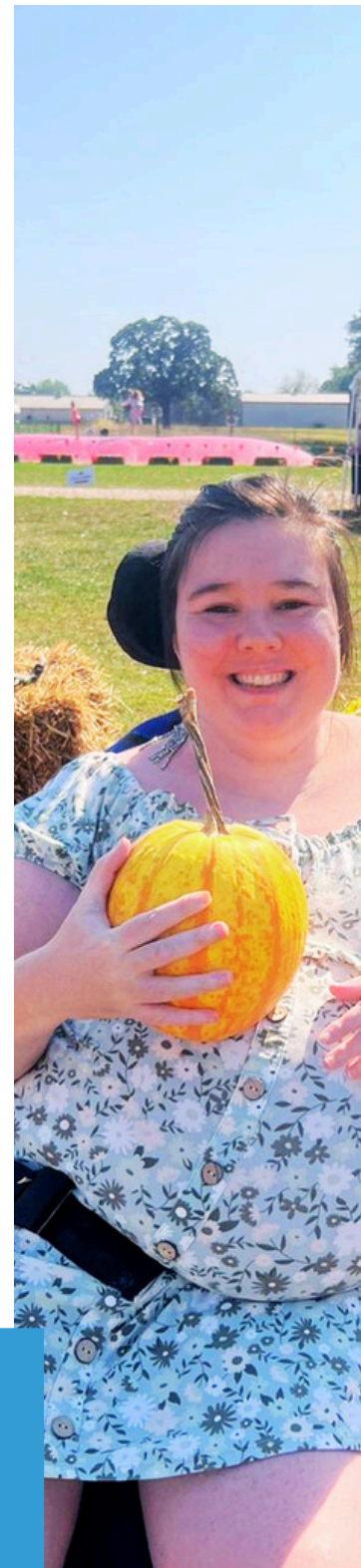


## Personal Assistance (PA)

LifePath's PA program will provide you with one-on-one assistance (using verbal or physical prompts or staff doing the tasks for you) with Activities of Daily Living (ADL's) or Instrumental Activities of Daily Living (IADL's) – tasks that you may not be able to do without assistance because of your disability.

The supports that we provide for ADLs may include bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, care of adaptive equipment, meal preparation, feeding, and incidental household cleaning and laundry, among others as desired by the individuals supported.

Possible ADLs supports may include shopping, banking, budgeting, using public transportation, social interaction and minor-problem solving, among others. Our PA supports will help you to achieve increased independence, productivity and inclusion in the community.

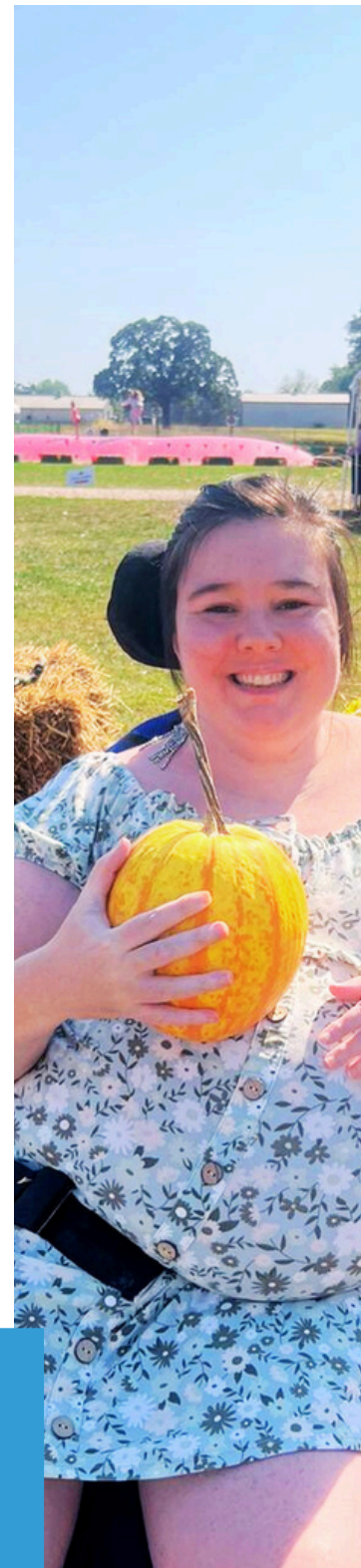


## Community Networking (CN)

LifePath's CN program assists and/or educates you on your options to help you access and engage in your desired community activities that help you foster positive and meaningful relationships with non-paid members of the broader community on a regular basis and become a full member of your community.

In this program, you will participate in a variety of formal and informal community activities of your choice, interests, preference, gifts and strengths that may include, but are not limited to leisure or recreations activities, social events/clubs, organized worship or spiritual activities, cultural activities, pre-vocational activities, volunteerism in various community sites, health and wellness activities, among others.

The desired outcomes for our CN program will be identified by your ISP team through a person-centered planning process and may include increased community participation, increased independence, increased interdependence, greater quality of life and skill development, among others.



## Individualized Skills Development (ISD)

Provides support to individuals needing specialized skill training in any area that fosters independence. Skill training focuses on specific goals identified by the individual and their team.

Service can be provided in the home or community allowing the goal to determine the appropriate environment. Gives assistance to individuals in acquiring life skills necessary for independent living and achieving maximum independence in their home and community

The goal for this service is for the individual to manage his or her household and access services in the community more independently.



## In-Home Respite

Supports individuals in order to provide relief for their families/caretakers. Respite is provided for an individual at the request of the family to allow the caretakers to have time where the individual they support is safely supervised by our staff.

Respite services can be provided in the individual's home or in the community and can include recreational and/or educational activities. For individuals who are unable to care for themselves on a short-term basis because of the absence or need for relief of parents and/or guardian. If the service includes overnight care, it **MUST** be provided in the individual's place of residence.





## Support Broker (SB)

A Support Broker (SB) provides the individual or their designated representative (DR) with information & assistance to secure the supports and services identified in the Individual Support Plan (ISP).

The SB does not do these tasks for the individual/DR but provides information and assistance in order for the employer to fulfill their employer related responsibilities. The goal for everyone in SDS is to move towards 'no assistance needed'.



## Other Services offered by LifePath

- Access to Registered Nurses for ISL and Medical PA services.
- 24-hour support from Direct Support Professionals for ISL services (depending on the desired staffing pattern).
- Transportation provided for activities, appointments, and work in LifePath's vehicles.
- Assistance with accessing Oats Bus and Para-transit/Public Transportation.
- Training and modeling for self-care, communication skills, and social skills development.
- Support for self-advocacy.
- Regular community outings and activities.
- Encouragement and modeling for making life choices and taking responsibility.
- Assistance with nutrition, wellness, and fitness programs.
- Help with planning and cooking nutritious meals, doing laundry, and money management.
- Support for exploring individuality, relationships, and sexuality.
- Assistance with accessing community resources.
- Other assistance as desired by you and/or your guardian.





# OUR APPROACH TO PROGRAMING



When you or your guardian chooses to receive services offered by Missouri's Department of Health's Division of Developmental Disabilities, an individual Support Plan (ISP) will be developed by your interdisciplinary team consisting of you and your family and guardian if applicable, your Support Coordinator and anybody else that you may choose to include. The ISP will be designed based on your expressed needs, choices and goals. The meeting to design your ISP will take place in locations that work for you and your family.



The ISP will also say what things are most important to you to be happy and content in your everyday life while you are receiving services. The ISP includes important goals like where you would like to live, whether you want to work and if so, what kind of a job you want to work in. The plan will identify your needs and supports, and we at LifePath will follow your ISP to guide us in providing services to you.

Your Program Manager will meet with you monthly to discuss your progress in meeting your ISP goals. Your Support Coordinator will also meet with you monthly or quarterly depending on the program that you are enrolled in to discuss your ISP goals' progress, among other things.

The plan will also include information that is directly related to your everyday life, like what time you go to bed, what time you get up, and your favorite things to eat and drink. LifePath will make sure you have choices about events and have full access to your community. If you want to go to an event, staff will help you see if you have enough money and arrange for transportation.

Staff will assist you in making new friends and with meeting your neighbors. Staff will help you to join a church or civic organization or advocacy groups, such as People First and Real Voices Real Choices and to be involved in volunteer activities in various places in the community if you chose to. Staff will also help you to find local events that you may enjoy and provide choices for you to select from.

There are many choices you can make while living in the community. We are here to help you as needed to ensure that you lead a rich and meaningful life.



Before you start receiving supports from us, we will work with your providers - with your consent - to obtain information about you that is considered confidential or private that can help us support you better. This information may include:

- Medical records from your doctors detailing what medications you take, diagnosis, treatments, past and future immunizations, past and future doctors' appointments, and any specialized diets, among other things.
- Support and educational programs you may have attended.
- What makes you happy or sad.

Part of our job is to keep information about you private and only share what other providers need to know to help them support you with your consent from you and your guardian if applicable.

There are various state and federal confidentiality laws and rules we must follow. In addition to this handbook, you or your guardian (if you have one) will receive a Notice of Privacy Practices every year. This will tell you in much greater detail what these laws, rules and regulations say. Within the privacy notice, there is also a complaint procedure for you or your guardian to follow if you believe that we have shared information about you inappropriately. You and your guardian have the right to access your record at any time.

# Rights and Privileges

As a recipient of LifePath's services, you are entitled to the following rights and privileges without limitation, unless otherwise provided by law:

- To receive respectful and dignified treatment as a human being;
- To have equal legal rights and responsibilities as any other citizen;
- To access services regardless of race, creed, marital status, national origin, disability, religion, sexual orientation, gender, or age;
- To be free from abuse, exploitation, and discrimination;
- To receive services and supports to achieve maximum independence;
- To have access to understandable information about Division of Developmental Disabilities policies and procedures;
- To choose where to live and with whom, within one's financial means;
- To direct one's own person-centered planning process and choose who is included;
- To participate fully in the community;
- To communicate in any form and have privacy of communications;
- To accept or decline supports and services;



## Rights and Privileges

- To have the freedom to choose among Division of Developmental Disabilities approved providers;
- To seek employment in competitive integrated settings;
- To choose where to worship or to refuse to attend worship;
- To have accessible and understandable information about rights, services, supports, and clinical records;
- To have confidential maintenance of all records
- To report violations of rights without fear of retaliation; and
- To be informed on how to make inquiries, complaints, or reports of violations and to receive assistance if requested.

If you do not have a legal guardian, you can still appoint a representative to act on your behalf. These rights cannot be limited or restricted by the Support Coordinator or LifePath's staff without following proper procedures. These procedures include giving you notice; hearing your side of the situation; allowing external advocacy to assist you if you disagree with the decision; and informing you of options to regain your rights.





# RIGHTS IN PEOPLE FIRST LANGUAGE







## Due Process

- LifePath will provide you with a written copy of your rights when you apply for our services and will give you a new copy every year;
- LifePath has rules in place to ensure that you understand your rights and that they are not taken away without due process;
- Someone from LifePath will explain your rights to you in a way that you can understand, and a copy will always be available for you to review;
- You have the same legal rights and responsibilities as any other person, unless a court has determined otherwise;
- You have the right to be treated with respect and dignity;
- You have the right to receive help regardless of your race, religion, disability, age, or marital status; and
- Before your rights or services can be limited or taken away, you have the right to be heard or to have someone speak for you;



## Services, Supports and Advocacy

- You have the right to get your services and supports in the most integrated setting and in a way that best meets your needs. To determine those services, these people may be involved: you, your parents, your guardian or any other person of your choice;
- You have the right to know what LifePath's rules are for the services and supports you receive;
- You have the right to have your services, supports and personal records explained to you to ensure that you understand them;
- You have the right to receive and read your personal records;
- You have the right to receive and sign a copy of your person-centered plan;
- You have the right to have your records kept private; and
- You have the right to be a member of external advocacy groups such as People First and Real Voices Real Choices, among others, so that you can be informed and educated about your rights and be empowered to take control of your independence and supports.



## Abuse and Neglect

- You have the right not to be abused or neglected. Abuse can be physical, verbal, mental, sexual or financial. Neglect is not getting the things you need to be healthy and safe.

If you think you are being abused, neglected, or your rights are being taken away, you, your parents, your guardian, or any other person you choose can immediately contact LifePath's owner at (573) 777-9365 or Central Missouri Regional Office at (573) 441-6278 for help. Your complaint will be anonymous, and nobody will retaliate against you for seeking help.

You can also call the clients rights monitor in Jefferson City at 1-800-364-9687 or TT: 573-526-1201 for help or Missouri Protections and Advocacy at 1-866-777-7199. People who work for LifePath must report any abuse or neglect that they see or that people report to them.



## Other rights under Missouri law (Section 630.110 RSMo)

- To wear your own clothes and to keep and use your own personal possessions;
- To keep and be allowed to spend a reasonable sum of your own money for expenses and small purchases;
- To communicate by sealed mail or otherwise with persons including agencies inside or outside the facility;
- To receive visitors of your own choosing at reasonable times;
- To have reasonable access to a telephone both to make and receive confidential calls;
- To have access to your medical records;
- To have opportunities for physical exercise and outdoor recreation;
- To have reasonable, prompt access to current newspapers, magazines and radio and television programming;
- To receive visits from your attorney, physician or clergyman, in private, at reasonable times; and
- Notwithstanding any limitations authorized under this section on the right of communication, you shall be entitled to communicate by sealed mail with the Department of Mental Health, legal counsel and with the court, if any, which has legal representation of you.



LifePath's Program Manager will review with you these rights every year or at your request at any time. We will ask you or your guardian to sign the Individual Rights Form that is part of the LifePath's individual supported's consents after reviewing the rights with you or your guardian if you have one. By signing the form, you or your guardian will agree that your rights have been explained to you and that you understand them.

## Responsibilities

- You will be asked to cooperate with LifePath's staff in achieving your goals and objectives as stated in your Person-Centered Plan.
- You will be asked to assist our agency in developing an initial and/or annual Person-Centered Plan for you.
- You will be asked to be polite and courteous to our staff.





## Grievance Procedure

If you encounter a problem with our services and/or wish to voice a complaint, please notify the owner right away by calling (573) 777-9365. We will make every effort to take care of the problem right away. You can also call the client rights monitor in Jefferson City at 1-800-364-9687 or TTY: 573-526-1201 to report complaints/grievances, as well as the Central Missouri Regional Office at (573) 441-6278. As a participant of the Medicaid and Medicare programs, LifePath agrees to protect and promote each of the rights contained in this document.





## Health and Medical Services

LifePath has a 24/7 on-call registered nurse available to assist you with any medical-related needs if you are receiving ISL and Medical PA services from us. Rather than being a passive recipient, LifePath aims to empower you to take control of your own medical care if you are cognitively able to do so, with the involvement of everyone important to you. The program staff overseeing your medical care, you, and/or your guardian will receive education and information to help make informed medical decisions for you.

LifePath ensures that its direct care staff are well-informed about any complex health issues you may have, to enable timely medical intervention. This is achieved through proper training, including a review of appropriate documentation and hands-on training. LifePath requires all direct care staff to take Level 1 Med Aide, CPR, and First Aid classes, as well as specialized training such as Diabetes and Insulin training.

LifePath's Registered Nurse (RN) conducts monthly physical assessments, reviews past and present medical appointments and prescribed treatments, identifies any new health-related issues, prescribes necessary follow-ups, provides nursing delegations, and educates program staff and you on reportable signs and symptoms. The RN also assesses whether you need specialized services such as physical therapy, occupational therapy, or specialized medical equipment and helps secure physician orders for them.



The RN also evaluates whether you need any environmental adaptations, administers injections such as depo, hormone, and vitamin shots, and performs any complex nursing treatments.

Our direct care staff are trained to consider using easily accessible options such as StationMD for minor ailments whenever your primary care provider is not accessible instead of always going to the emergency room.

Other things the RN will help you with include:

- Obtaining samples for lab work
- Foot care
- Help with medications.
- Cleaning ears
- Follow-up care for surgery and accidents
- Removing stitches

## Admissions

LifePath, is an equal opportunity service provider that does not and will not discriminate against any of our individuals served based on race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, and especially disability.





## Admissions Criteria

When considering an individual to be admitted into LifePath's services, LifePath will consider the following:

- If the individual has a developmental disability;
- If the individual has a Medicaid waiver or private funding to be able to pay for the services; and
- Whether LifePath is able to provide adequate supports to effectively and safely meet the individual's needs.

LifePath will not admit individuals with highly specialized medical and behavioral needs that require services and/or equipment beyond those available to LifePath. This includes individuals with dangerous behaviors who may be a danger to themselves or others, and individuals who lack funding to pay for services.



## Program Cost

LifePath's program costs will vary based on the desired services and the level of supports you need. Total cost for ISL services for example, are based on room and board charges as well as the cost of staffing services and other expenses. Your Social Security benefits will typically pay for your room and board charges, including rent, supplies and food and utilities, among other things. Cost of staffing is calculated based on the staffing needs desired and level of care needed and can vary from \$43.54 per hour to \$53.21 per hour. CN costs \$51.24 per hour, ISD costs \$49.84 per hour, in-home respite costs \$39.00 per hour, and SB costs \$42.16 per hour.

With appropriate consents, our staff will help you in applying and reapplying for public assistance programs such as food stamps and MOHealthnet if you are eligible for them.



# Discharge

LifePath of Mid-Missouri, LLC, strongly believes in the individual rights of every individual supported and wants the best care and services to be provided to everyone. LifePath will go above and beyond in providing exceptional care to you and will work hard to make every placement in our residential, PA and CN programs successful. LifePath's staff will meet with the interdisciplinary team to look for solutions to the issues that arise in order to find solutions to them. However, not all placements will be successful, and LifePath believes that, at times, the individual can receive the services that better meet their needs from other providers. If LifePath cannot continue providing the appropriate supports for you, then we may give you a discharge notice.

## Reasons for Discharge:

- Extreme Physical Aggression
- Continued or extreme property destruction
- Continued disruptive behaviors affecting other individuals.
- Continued behavior that does not follow DMH ISL guidelines and services.
- Refusal for medical treatment as ordered by your physician that LifePath feels will have a negative outcome/effect on your life.
- Other issues as they arise.



If LifePath has exhausted all resources, and discharge is needed, then a 30-day notice will be sent to you and or your guardian if applicable. LifePath will contact DMH and CMRO through the Provider Notice Portal 30 days prior to terminating services to you. LifePath will continue providing service to you as an appropriate placement is sought by your interdisciplinary team. LifePath will work with your team to help find new services as quickly and smoothly as possible. We will also provide all records that are requested to make the transition smooth.

## Emergency Procedures

If you are in our ISL program, your staff will practice the following drills with you within the first seven days of your admission and every month after that to ensure that you know what to do in each emergency:

- Fire Drills
- Tornado Drills
- Bomb Threats
- Earthquake Drills
- Medical Emergency
- Power Failure
- Threatening Person
- Ice Storms



## Miscellaneous

- You will be free to keep pets if approved by your housemates and landlord. There may be some restrictions on the type of pet allowed. You may be required to make a pet deposit. Any pet must have all its shots kept up to date by a licensed veterinarian. Expenses for pets to live in your home will be your responsibility.
- LifePath's staff will respect your right to privacy. You will have a private bedroom. No unauthorized visitors will come to your home. Staff will always knock before they enter your home or private bedroom. You will talk with your family and friends privately.
- All LifePath's buildings, individuals' homes, and vehicles are no smoking areas. If you wish to smoke, we will provide you with a designated area to smoke.
- You have a right to use your telephone to make calls and browse the internet as desired. We will provide you with a home phone, cable and Wi-Fi.
- If you and or your guardian wishes to review your records, your Program Manager will help coordinate this for you. They will assist you in finding the records and understanding the information.



- Your vacations are important to your quality of life, and LifePath will work with your ISP team to help coordinate these vacations for you, including availing staff if needed to take you on vacation.
- LifePath does not allow illegal drugs on any of its buildings and homes.
- LifePath of Mid-Missouri, LLC, will support any individual supported who wants to use medical marijuana if the following criteria are met:
  - 1.The individual must be their own guardian or have written guardian approval.
  - 2.The individual must be able to pay for the medical use card and product on their own without any assistance of LifePath's staff.
  - 3.The individual must be able to self-administer the product.
  - 4.The individual must keep the product locked in a lock box in their room and be the only person with access to the product.
  - 5.The individual cannot allow the staff to assist them when dispensing and is prohibited from offering this product to anyone. Product is strictly for individual use only.
- LifePath does not allow guns or other weapons in its buildings and homes.

For any further questions or information about our services, feel free to call (573) 777-9365 or email the owner at [pmulumby@midmosupportedliving.com](mailto:pmulumby@midmosupportedliving.com).

**Policy:**

It is the policy of LifePath to adhere to State of Missouri and federal regulations for research involving individuals supported as noted in Code of State Regulations 9-60.010 and RSMo 630.192. This includes research, interventions, or interaction on persons served to test hypotheses, derive generalizations to test new interventions classified as experimental whether behavioral, psychological, biomedical, or pharmacological, and shall include the review of current or past individuals personally identifiable records, surveying individuals and the use of individuals personally identifiable statistics.

**Comment:**

LifePath shall not permit individuals supported by the agency to participate in any research projects except as provided for under section 630.192, RSMo and succeeding sections and operating regulations. (630.192 stated: "No biomedical or pharmacological research shall be conducted in residential facilities or day programs operated, funded, or licensed by the department for persons affected by mental retardation, developmental disabilities, mental illness, mental disorders, or alcohol or drug abuse unless such research is intended to alleviate or prevent the disabling conditions or is reasonably expected to be of direct therapeutic benefit to the participants. No involuntary patient shall participate in any research.").

Under 9 CSR 60-1.010 (3)(G), excluded are those instances where the manipulation or application is intended solely and explicitly for individual treatment of a condition, falls within the prerogative of accepted practice, and is subject to appropriate quality assurance review. Also excluded are activities limited to program evaluation conducted by staff members as a regular part of their jobs, the collection or analysis of management information system data, archival research, or the use of departmental statistics.

Any researcher wishing to do research with individuals supported by LifePath must:

- A. Discuss the intent with the agency's leadership first then submit an application for research to the Regional Officer director or the designee. Based on the completed application, the department director or designee may exempt the request from Professional Review Committee (PRC) review or send it to PRC. PRC is a ten-(10-) person committee established under section 630.193, RSMo and appointed by the department director or designee to review and recommend approval or disapproval of proposed research projects. It is incumbent on the individual wishing to conduct research to seek and gain approval for research before initiating the project.
- B. Receive formal written approval from the Department prior to initiating the research project.
- C. Receive written approval from the resident, family, and or guardian.
- D. Receive written approval from the Department of Mental Health.

The above-mentioned consent documentation will be incorporated into the individual support plan, as required by 9 CSR 45-3.030 (1)(N).

LifePath does not engage in or encourage participation in research by individuals supported. The decision to do so, or not, is up to the discretion of the legal decision maker, individual or guardian where applicable. In the case of approved research projects, LifePath will ensure that there is documentation of informed consent, confidentiality and the right to refuse to participate, and that the consent is incorporated into the individual support plan as required by 9 CSR 45-3.030 (1)(N). Any research conducted must comply with state and federal guidelines.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**



**Policy:**

It is the purpose of this policy to establish a systematic approach to obtaining feedback from individuals supported and/or their guardians, regarding the quality and effectiveness of the services and supports provided to them by LifePath of Mid-Missouri. All feedback provided will be analyzed to identify common themes, areas of improvement needed, and to address any concerns noted by either individuals or their guardians.

**Individual Meetings:**

In the case of individuals who are able to provide feedback regarding their services and support, they will be given the opportunity to meet with their House Manager (HM) and/or Degreed Professional Manager (DPM) at least once monthly. Additionally, once annually, a member of the administration team will meet one-on-one with the individual, separate from the House Manager and ISL staff. All of these meetings will be documented and submitted to the administrative team for review, who will work with the HM and/or DPM to generate an action plan to address any concerns noted. Action plans will outline specific steps to be taken, with reasonable timelines, to address concerns and improve services.

**Satisfaction Surveys:**

In addition to monthly meetings with the individual supported, LifePath of Mid-Missouri will also solicit input from the individuals' guardians and family members who are involved in their care via a Satisfaction Survey, which will include both specific questions regarding the individual's care and open-ended questions, giving the respondent the opportunity to provide additional input. These Satisfaction Surveys will be sent out annually, around March 15<sup>th</sup>. Responses will be collected and reviewed by the administrative team, who will work with the HM, DPM, and possibly the survey respondent to generate an action plan to address any concerns noted. Action plans will outline specific steps to be taken, with reasonable timelines, to address concerns and improve services.

**Comments:**

All feedback provided by individuals supported and their guardians/family members will be treated with confidentiality and respect. Feedback will be used to drive continuous improvement efforts across all aspects of our services provided.

Approved by:  \_\_\_\_\_

**Pamela Mulumby, Owner & CEO, LPMM**