

ATTACHMENT A:

LINK ASSOCIATES
POLICY/PROCEDURE
Section Organizational Management, Policy 2: Confidentiality & Management of Employee
Application and Personnel Records

I. POLICY

Link Associates shall protect the right of privacy for employees who are employed or have been employed with Link Associates. Information is obtained, managed, and used in a confidential, efficient, and effective method.

II. PROCEDURE

A. DEFINITIONS:

1. Personally identifying information is defined as the following:
 - a. The name of an employee
 - b. The address or phone number of an employee
 - c. Any personal identifier such as social security number, drivers license number, etc.
 - d. Employee medical information
2. Employee record is defined as a system of information regarding an employee who is formally maintained in a specific manner whether that system is a hard physical file or information stored in a computer system.

B. ACCESS TO RECORDS

1. All individual personnel records are confidential and are maintained within the organization. Records are secured and monitored by office management staff. Employee records are the property of Link
 - a. An individual's personnel records are only available for review by the employee, with the exception of reference checks, with the approval of the Executive Director or designee. Reference checks are the property of Link Associates and are not a part of the employee's personnel file.
 - b. The viewing of the personnel file shall only be allowed in the presence of the immediate supervisor or the office management staff.
 - c. No employee is permitted to remove the file or any part of it.
 - d. Access to the employee file by the management of Link Associates does not require the approval of the employee.
 - e. If an employee or previous employee needs copies from their file, the supervisor or office management staff can assist and an established fee may be charged.
2. All information shall be kept confidential and shall not be released to outside parties unless required by law. In order to release any information from a personnel file not required by law, approval from the Executive Director or a written statement authorizing such, must be written by the employee prior to the release of the information. The personnel file is a part of Link's business records.
 - a. Governmental Agencies (Law Enforcement, Social Security, Homeland Security, Iowa Workforce, etc.) may receive information that does not require a subpoena that may be provided by Link Associates in accordance with current laws and regulations. In particular, all relevant records regarding separation from employment shall be provided as indicated during unemployment proceedings.
3. Personnel who are authorized to have access to staff records are limited to the following:
 - a. Link Associates office management, accounting staff, employees' immediate supervisor and program administration, and the Executive Director or designee.
 - b. Employees of authorized external agencies whose responsibility is to license, accredit, and monitor the program.
 - c. Other persons or agencies for which the employee has given written consent.

C. FILE MAINTENANCE/RECORD RETENTION

1. Each employee shall have his or her own record to be maintained on a current basis for the organization.
2. All personnel records shall be kept locked and a log of all individuals that access the file shall be maintained.
 - a. Personnel File
Information contained in the personnel file shall include:
 1. Application materials (application, resume, recommendation letters, educational records, dependent adult abuse, child abuse, criminal background, DHS evaluation (if any record check is founded), documentation of follow through on any employment restrictions stated in DHS evaluation, and other records related to the hire)

2. Date of hire and date and transfers
3. Job related test results – not medical
4. Change of Status (promotion, demotion, raise, transfers, etc.)
5. Organizational education and training records as referenced in Employee Handbook
6. Annual Performance Evaluations
7. Current signed job description and position requirements
8. Awards/commendations
9. Disciplinary Records
10. Lay off / termination records
11. Basic compensation records

b. Medical Files/Privacy Restricted Files

The medical/privacy restricted file must be kept separate from other employee personnel records and access to these records is limited to those on a need to know basis. These records are accessed only by:

1. Office staff for filing
2. Accounting staff for legal verification
3. Supervisors, Managers, Administrators or Department Heads for verifying necessary restrictions on the employee's work or duties or identifying accommodations for an employee's disability
4. First aid/ safety personnel when appropriate for emergency contact
5. Government officials investigating compliance with the law

Information contained in the medical file shall include:

1. Pre-employment drug and health screen results
2. Post employment physical exam results
3. FMLA documentation
4. Return to work releases
5. Request for reasonable accommodations
6. Documentation regarding disability or accommodations
7. Workers compensation documentation
8. Insurance claim documents
9. Physician's notes
10. Other records that reveal or relate to an employees medical condition, history or treatment
11. I'9 and authorization to work in the United States
12. Wage garnishments
13. Emergency contact information
14. Benefits eligibility and information
15. Charitable contribution

3. The overall responsibility for keeping accurate personnel records belongs to the Office Administrator.

D. REMOVAL/DESTRUCTION OF IDENTIFYING INFORMATION

1. After a five-year period, personnel records may be destroyed.
2. Material containing any identifying information, which does not need to be retained, shall be destroyed in a confidential manner.
3. Original employee records shall not be removed from the physical facility unless the courts request via a subpoena a physical record. Upon receipt of the subpoena, the Executive Director shall be notified. The record is not to be shown to anyone until the Judge requests that the record be presented as evidence. The person accompanying the record must remain with the record at all times, including during any photocopying. The record is never to be left in the custody of the court. Verbal information regarding an employee can only be offered in a court of law if a subpoena has been issued to a particular staff member.

E. APPLICATION MATERIALS

1. Application materials for persons not offered employment are kept in a locked room and are only accessible to recruitment staff, clerical staff and management of Link Associates.
2. These records are maintained for two years and are then destroyed in a confidential manner.

ATTACHMENT B:

LINK ASSOCIATES
Policy/Procedure
Section: Program, Policy 17: Consumer Incident Reports

I. POLICY:

It is the policy of Link Associates to document consumer medical and behavioral incidents and ensure the proper notification of appropriate parties, identify trends, and prevent reoccurrences.

II. PROCEDURE:

A. Reportable Events:

The following incidents require the completion of an incident report:

1. Minor Incidents include:
 - a. Results in application of basic first aid (immediate care given to an injured or ill person before treatment by medically trained personnel)
 - b. Results in bruising
 - c. Results in seizure activity (The incident that leads to a seizure could be documented on an incident report. We consider seizure reports to be individualized and do not track and trend them as a group. Each consumer's individual team tracks and trends their personal seizure activity)
 - d. Injury to self, others, or damage to property
 - e. Constitutes a prescription medication error
2. Major/Critical Incidents include:
 - a. Results in an a physical injury to or by the individual that requires a physician's treatment or admission to the hospital
 - b. Results in someone's death
 - c. Requires emergency mental health treatment for the individual
 - d. Requires the intervention of law enforcement
 - e. A Prescription medication error or a pattern of medication errors that leads to an outcome described in 2. a. – c. above.
 - f. Is reportable to protective services. This includes situations that require a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3.
 - g. Involves a consumer's location being unknown by staff who are assigned protective oversight.
3. Situations, which include:
 - a. Outbursts of inappropriate physical and/or verbal behavior
 - b. Attempts to leave the program site or group without communicating with the staff
 - c. Behaviors, which are atypical for the specific consumer (i.e. Withdrawal, excitability, aggressiveness, etc.)
 - d. Sexually inappropriate behaviors
 - e. Potential harm to self, others, or property
 - f. Stealing/unauthorized borrowing of others property
 - g. Potentially serious medical issues
 - h. Other actions or observations that could result in or indicate injury or illness
 - i. Use of restraint

B. Completion of the Form:

1. The staff person who was primarily involved with the incident is responsible for completing the form.
2. The form is to include the following information:
 - a. The name of the consumer involved.
 - b. The date and time the incident occurred.
 - c. Description of the Incident. Report specifically what happened in observable and measurable terms (who, what, where, when, how). Describe the behavior that occurred. Statements cannot include staff's judgments or interpretations.

- d. The names of all employees and others who were present at the time of the incident or who responded after becoming aware of the incident. The confidentiality of other consumers present must be maintained by use of initials.
- e. Action taken by staff. Report the actions of the staff to assist, alleviate, intervene etc., and the outcome of their intervention.
- f. Recommendations. Record recommendations or programmatic suggestions on how to prevent the situation from re-occurring.
- g. Staff signature, position title, and date.
- h. Additional recommendations can be added by the Supervisor, Case Coordinator and /or nurse as the form is routed.

C. Routing of the Incident Report

- 1. For incidents of a Minor or Routine nature defined above:
 - a. The form is routed to the program supervisor or designee within 24 hours of the incident. On weekends and holidays each staff completing an incident report shall submit the report information the following business day as long as the program supervisor receives it within 72 hours. On weekends and holidays staff completing the report will also report the incident by calling a central phone line where program supervisors will review and take additional action as needed.
 - b. The Program Supervisor reviews the form and routes as follows:
 - 1. For a medical incident the report is routed to the nurse who responds with their follow up and forwards it to the Case Coordinator.
 - 2. For non-medical incidents the report is routed to the Case Coordinator.
 - c. The Case Coordinator reviews the report, responds with their follow-up, and routes on to other program staff as deemed necessary. The original report is filed and this document serves as the noting of the completion of an incident.
- 2. For incidents of a CRITICAL/MAJOR NATURE, defined above:
 - a. When a major incident occurs, the on-call supervisor and the on-call case coordinator shall be verbally notified immediately. The on-call supervisor will ensure that the parent/guardian is contacted immediately. The Case Coordinator will notify the consumers Case Manager as soon as possible, but no later than the end of the next calendar day from the date of the incident. The Case Coordinator will notify the consumer if the incident took place outside of the provider's service provision by the end of the next business day. The on-call supervisor will also notify their supervisor who ensures that all appropriate administrative staff, including the Executive Director is notified. The incident report will be completed and routed to the program supervisor the next business day. The report must be fully routed through the staff's supervisor, nurse and to the targeted case manager within 72 hours of the incident.
 - b. By the end of the next calendar day (from the date and time of the incident) the program administrator will ensure that the report of the incident is made to the Department of Human Services bureau of long term care by:
 - 1. Direct data entry into the Iowa Medicaid Provider Access System or by faxing or mailing Form 470-4698, Critical Incident Report according to the directions on the form. At a minimum, items 1-5 must be completed on the Provider Access System or page 1 of the Critical Incident form (Form 470-4698).
 - 2. This initial report may not contain complete information about the incident resolution and the program supervisor or designee will submit follow up reports within 7 calendar days of the incident when possible, but no later than 30 calendar days from the day of the incident.
 - 3. The Case Manager will receive an electronic "IMPA" workflow milestone for all critical/major incidents. They will review the incident to determine if there is anything that could assist in resolution of the current issue or if further mitigation is necessary.
 - c. The original incident report shall be filed in the agency main files for the consumer. For consumers receiving residential services from Link, a copy is also added to the consumer's program book in their home.
 - d. The Case Coordinator shall enter a progress note in their daily case/progress notes.
 - e. The Case Coordinator shall route a copy to
 - 1. The funding county Central Point of Coordination

2. The Link Associates Director of Case Management who shall maintain a centralized file for all programs.
 3. The appropriate Link Associates Department Director
 4. The Link Associates Program Supervisor who shall duplicate and submit to all appropriate program sites.
- f. The appropriate Department Head or designee shall notify the Department of Inspection and Appeals, if applicable.

D. Quality Assurance (non Case Management)

1. All incident reports for consumers in the primary services of; Day Habilitation, Pre-Vocational, Supported Employment, Supported Community Living, Respite, and Transportation are copied by the Case Coordinator and submitted to the Positive Behavioral Supports Committee Chairperson who ensures that all data from the reports are entered into the Incident Report Tracking system. The PBS Committee will analyze trends to assess the health and safety of consumers on a quarterly basis. The Case Management programs keeps records of Major/Critical Incidents for consumers in that program and follows the same procedures identified for the PBS Committee. The PBS Committee shall evaluate the incident report data to specifically identify and coordinate the following:
 - Areas for improvement
 - Direct the development of plans to address the areas of improvement
 - Ensures the implementation of such plans and documents the results
 - Determination of changes needed to be made for service implementation
 - Determination if staff training is needed to reduce the number or severity of incidents

The Incident Report Tracking system shall include at least:

- a. The name of the consumer
 - b. The cause of each incident
 - c. The location of incidents
 - d. The date, time, and duration of incidents
 - e. The personnel involved in incidents
 - f. The involvement of persons served in incidents
 - g. The types of incidents
 - h. Methods of intervention
 - i. Recommendations
2. The PBS Committee Chair shall ensure the completion of a quarterly review of incidents and that the information is shared with the other Department Directors.
 3. Annually, a summary of incidents is prepared for submission to the Executive Director and Program Committee of the Board of Directors that includes recommendations and determining actions to improve the areas identified.
 4. The Executive Director and the designated Board committees shall:
 - a. Review recommendations to evaluate the results of the actions taken for improvement
 - b. Ensures that recommended changes were effective. The minutes shall be shared with areas affected by the committee's recommendations to ensure communication of need areas, as well as provide documentation of need.

E. Quality Assurance – Case Management

1. All critical/major incident reports for consumers in Targeted Case Management services are copied to the Department Director and submitted to Polk County Health Services. The Department Director will analyze trends to assess the health and safety of consumers on a quarterly basis. The Case Management programs keeps records of Major/Critical Incidents for consumers and shall evaluate the incident report data to specifically identify and coordinate the following:
 - Areas for improvement
 - Direct the development of plans to address the areas of improvement
 - Ensures the implementation of such plans and documents the results

- Determination of changes needed to be made for service implementation
- Determination if staff training is needed to reduce the number or severity of incidents

The Incident Report Tracking system shall include at least:

- a. The name of the consumer
 - b. The cause of each incident
 - c. The location of incidents
 - d. The date, time, and duration of incidents
 - e. The personnel involved in incidents
 - f. The involvement of persons served in incidents
 - g. The types of incidents
 - h. Methods of intervention
 - i. Recommendations
2. The Department Director shall ensure the completion of a quarterly review of incidents and that the information is shared with the other Department Directors.
 3. Annually, a summary of incidents is prepared for submission to the Executive Director and Program Committee of the Board of Directors that includes recommendations and determining actions to improve the areas identified.
 4. The Executive Director and the designated Board committees shall:
 - a. Review recommendations to evaluate the results of the actions taken for improvement
 - b. Ensures that recommended changes were effective. The minutes shall be shared with areas affected by the committee's recommendations to ensure communication of need areas, as well as provide documentation of need.

ATTACHMENT C:

LINK ASSOCIATES
Standard Policy/Procedure
Section: Program, Policy 4, Consumer Abuse/Mandatory Reporting

I. POLICY

The abuse or mistreatment of any consumers of Link Associates shall not be tolerated. Abuse is any annoying, reckless, or intentional act, or failure to act, which results in physical, mental/humiliation, or emotional harm to a consumer. All employees are trained as mandatory reporters for the identification and reporting of suspected abuse. Any and all instances of abuse to any dependent adult or child shall be reported and investigated.

II. PROCEDURE

A. General Information

1. All employees are considered mandatory reporters.
2. All employees receive training within thirty days of hire, to become mandatory reporters of dependent adult and/or child abuse as specified in Chapter 235A or 235B of the Iowa.
3. During the course of employment for Link Associates, all employees are mandated by law to report any abuse witnessed or abuse an employee has reason to believe has occurred. A mandatory reporter who knowingly and willingly fails to report suspected abuse is guilty of a simple misdemeanor and is civilly liable for damages proximately caused by such failure. A person who reports or causes to be reported false information regarding alleged abuse is guilty of a simple misdemeanor.
4. The individual with first hand information or suspected abuse must call to make the oral report. The employee may request the support of their supervisor while making the call.
 - a. If suspected abuse occurs at one of the RCF-MR group homes the Department of Inspections & Appeals shall be called at 515-281-4115. The reporter shall be directed to complete a written form either on line or to be faxed to the investigator or reported on line at https://dia-hfd.iowa.gov/DIA_HFD/Process.do
 - b. If suspected abuse occurs at one of the HCBS or other Link Associates sites the Department of Human Services 24 hours Hot Line shall be called at 1-800-362-2178. The reported shall be directed by the investigator what to submit.
5. A "Mandatory Abuse Reporting Checklist" shall be used for mandatory reporting of abuse to insure designated procedures are completed

- B. The definitions and examples of abuse, neglect of duty or failure to act documented in the Employee Personnel Handbook, (Wrongdoing/Misconduct) and training materials distributed during the Mandatory Reporting class shall be used as guidelines for reporting abuse or suspected abuse. The Code of Iowa definition of child and dependent adult abuse is.

1. Child abuse is defined as:
 - a. The victim is a child.
 - b. The child is subjected to one or more of the eight categories of child abuse defined in Iowa Code section 232.68:
 - a. Physical abuse
 - b. Mental injury
 - c. Sexual abuse
 - d. Child prostitution
 - e. Presence of illegal drugs
 - f. Denial of critical care
 - g. Manufacturing or possession of a dangerous substance (defined in Iowa Code 232.2)
 - h. Bestiality in the presence of a child
 - c. The abuse is the result of the acts or omissions of the person responsible for the care of the child.
2. Dependent adult abuse is defined as any of the following as a result of the willful or negligent acts or omissions of a caretaker:

- a. Physical injury to, or which is at variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult.
- b. The commission of a sexual offense under Iowa Code 709 or section 726.2 with or against a dependent adult.
- c. Exploitation of a dependent adult which means taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretensions.
- d. The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care or other care necessary to maintain a dependent adult's life or health.
- e. The deprivation of the minimum food, shelter, clothing, supervision, physical, or mental health care, and other care necessary to maintain a dependent adult's life or health as a result of the acts or omissions of the dependent adult.
- f. Sexual exploitation of a dependent adult who is a resident of a health care facility, as defined in section 135C.1, by a caretaker providing services to or employed by the health care facility, whether within the health care facility or at a location outside of the health care facility.

C. Mandatory Abuse Reporting Procedures excluding sexual abuse or alleged rape

1. The employee, while on duty, who witnesses abuse or suspects abuse has occurred between either a child or dependent adult and their caretaker, must make an oral report to the appropriate investigative agency (s) and notify their immediate supervisor as soon as reasonably possible.
2. The supervisor, program manager, case manager and the Executive Director shall all be available to assist the employee to gather all the facts, clarify the event(s), identify and contact others who may have further information, make arrangements for emergency care, and organize the information for the oral and written report.
3. The supervisor shall notify the consumer's case manager, the Program Director and the Executive Director or designee that an abuse report has been made by a staff person of Link Associates. The identified staff shall also notify the parent/guardian and determine the need for and coordination of emergency care, follow up counseling
4. The employee may request the support of their supervisor and/or the Program Director, to call and make an oral report to the appropriate investigative agency (s). (Phone numbers and call procedures are available on the Mandatory Abuse Reporting Checklist)
5. Steps 1-4 must be completed within twenty-four (24) hours of the suspected abuse (or knowledge of).
6. The employee shall submit a written report to the Program Director within forty-eight (48) hours of the incident. The Program Director shall forward the agency document to the investigating agency (s)
7. A copy of the written suspected abuse report shall be maintained by the Program Director in a working papers file until the investigating agency sends notification. Unfounded reports and notifications shall be retained for six months and then destroyed.
8. Report notifications that are founded shall be stapled to the report and filed in the consumer's file in the DHS/Legal section. Undetermined reports shall be maintained in the consumer's file for one year.

D. Procedures for suspected sexual abuse or alleged rape

1. Report of sexual abuse or rape occurring in the last 24 hours
 - a. Staff shall instruct the consumer:
 1. Not to use the toilet.
 2. Not to wash hands or bathe.

3. Not to change clothes.
 - b. Staff shall notify the immediate supervisor
 - c. Supervisor shall notify Program Director and the consumer's parent and/or guardian
 - d. Consumer shall be transported to the Rape Crisis Center at Broadlawns, or the hospital of the consumer or guardian's choice for examination
 - e. Information or items to be taken to the examination:
 1. Time of assault
 2. Last menstrual period (if female)
 3. Last sexual experience (if known)
 4. Sexual activities of consumer (if available)
 5. All clothing worn at the time of assault
 6. File face sheet with current medications, allergies, and insurance information
 7. Complete change of clothing
 - f. Be prepared to give a statement to the police.
 - g. In situations of dependent adult abuse, follow mandatory reporting procedures
 - h. It may be necessary to call a special staffing team meeting to determine the need for follow-up counseling
 - i. If the alleged perpetrator is a consumer and the incident occurred within the past 2 hours, Steps 1a through 1h are followed for the perpetrator as well. The alleged perpetrator must be taken to a different hospital for examination.
2. Report of sexual abuse or rape occurring when 24 hours or more has past since the incident.
 - a. Staff shall notify the immediate supervisor
 - b. Supervisor shall notify the Program Director and the parent or guardian
 - c. Staff shall contact the consumer's physician for examination and follow-up treatment
 - d. In situations of dependent adult abuse, agency procedures for mandatory reporting shall be followed
 - e. If the alleged perpetrator is a consumer and more than 24 hours has past since the incident, steps 2a through 2d shall be followed for the perpetrator as well.
- E. Organizational Participation in the Investigation
- Link Associates shall participate as required in any investigation by the Department of Human Services and or the police department. Any attempts at retribution shall be reported to law enforcement for investigation. If the alleged perpetrator is an employee the Link Associates Employee Handbook outlines procedures to be implemented. Should an allegation of abuse be found to be falsely lodged or result in retaliatory action towards those involved, disciplinary action up to and including termination shall be taken against any employee engaging in this type of behavior.

LINK ASSOCIATES
Mandatory Abuse Reporting Checklist

Date/Time Initials

- _____ _____ Staff observes or suspects an abusive situation and notifies supervisor.
- _____ _____ Supervisor immediately notifies their supervisor, appropriate Department Head and Executive Director
- _____ _____ Within 24 hours of suspected abuse (or knowledge of) an oral report must be made. The report is made by the individual(s) with first hand information of suspected abuse. The employee may request the support of their supervisor and/or the Department Head to call and make the oral report.
- If suspected abuse occurs in one of Link's RCF/MR group homes, call Department of Inspection and Appeals at **281-4115**
- If suspected abuse occurs at an HCBS or other Link Associates' site, call the Department of Human Services 24 hour Hot Line **1-800-362-2178**

The Supervisor, program manager, case manager, applicable Department Head and Executive Director will all be available to assist the employee with:

- _____ _____ Fact finding and clarification of events
- _____ _____ Identifying and contacting other individuals who may have information about suspected abuse. The organization of information needed to make the oral and written report
- _____ _____ The supervisor will notify the consumer's internal service coordinator, Department Head, and Executive Director or designee that a report has been made by a Link employee.
- _____ _____ The consumer's internal and if applicable external case manager is notified.
- _____ _____ Within 48 hours, a written report must be completed and submitted to the Department Head with this attached form
- _____ _____ A copy of the written report will be maintained by the Department Head in the agency Centralized Incident Report File until DHS or DIA sends notification of their findings. Unfounded reports and notification papers from DHS/ DIA will be retained in this file indefinitely.
- _____ _____ Report notifications that are founded will be stapled to the report and filed in the consumer's file in the Critical Incident Report section. Copies of all founded, unfounded, and undetermined reports will be retained in the agency Centralized Incident Report File.
- _____ _____ Agency nurse consulted as needed.

ATTACHMENT D:

**LINK ASSOCIATES
POLICY/PROCEDURE**

Section: Organizational Management, Policy 1, Consumer, Advocate, and Staff Grievance

I. POLICY

Link Associates shall make every attempt to be fair and reasonable with all consumers, advocates and staff. In situations where relationship problems occur, the grievance procedure shall be followed to address the issue.

II. PROCEDURE

- A. The objectives of the grievance procedure are:
 - 1. To provide the consumer/advocate/staff with a means of being recognized and heard
 - 2. To provide the formal mechanism to ensure prompt handling of the grievance
 - 3. To resolve the grievance in a consistent, sound, and fair manner, giving equitable consideration to all sides.
 - 4. To ensure that no retaliation or discrimination against any consumer/advocate/staff occurs.

- B. Steps to be taken to file an official grievance:
 - 1) The Link Associates Employee Handbook outlines each specific step for all staff to file a grievance.
 - 2) The Link Associates Consumer Handbook outlines each specific step for all consumers/advocates to file a grievance.

ATTACHMENT E:

LINK ASSOCIATES

Standard Policy/Procedure

Section: Finance, Policy 10: Prevention of Financial Waste, Fraud & Abuse

I. POLICY

It is the policy of Link Associates to prohibit any waste, abuse, and fraudulent practices, including but not limited to Medicaid funding. Federal and state laws prohibit waste, abuse, and fraud of Medicaid funds that Link Associates receives for services provision. These laws include the 2005 Deficit Reduction Act and False Claims Act (amended 1986).

II. PROCEDURE

A. Definitions

1. Waste, abuse or fraud may include, but not limited to, the following:
 - a. Billing for services that were never provided,
 - b. False cost reports whereby inappropriate expenses not related to service provision are intentionally included in cost reports,
 - c. Illegal kickbacks, in which a provider may conspire with another provider to share part of the monetary reimbursement the provider receives in exchange for services referrals. Such kickbacks could include cash, vacation trips, automobiles or other items of value.
2. Fraudulent Practice
The definition for fraudulent practices according to Iowa Code is a person who knowingly makes or causes to be made false statements or misrepresentations of material facts or knowingly fails to disclose material facts in application for payment of services or merchandise rendered or purportedly renders by a provider participating in the medical assistance program. Filing false claims may result in fines of up to three times the programs' loss plus \$11,000 per claim filed. Under the civil False Claims Act (FCA), each instance of an item or a service billed to Medicare or Medicaid counts as a claim, so fines can add up quickly. The fact that a claim results from a kickback may render it false or fraudulent, creating liability under the civil FCA. Fraudulent acts include:
 - a. Claim for payment or approval
 - b. False records to obtain fraudulent payment
 - c. Conspiring against the government by obtaining fraudulent claims payment
 - d. Possession, control or custody of items with the intent to defraud the government
 - e. Certifying receipt of property to be used by the government while intending to defraud
 - f. buying/receiving items from a government member not authorized to sell the item
 - g. False record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government
3. Government Codes/Acts/Sections
 - a. FCA under title 31 of the United States Code, sections 3729 through 3733. The civil FCA defines "knowing" to include not only actual knowledge but also instances in which the person acted in deliberate ignorance or reckless disregard of the truth or falsity of the information.
 - b. Administrative remedies for false claims and statements under title 31 of the United States Code, chapter 38.

- c. Criminal FCA (18 U.S.C. § 287). Criminal penalties for submitting false claims include imprisonment and criminal fines. OIG also may impose administrative civil monetary penalties for false or fraudulent claims.
- d. Iowa Code 249A.8
- e. Iowa Code 714.8(10)-714.14)

B. Reporting-Whistleblowing

The FCA allows a private individual to file a lawsuit on behalf of the United States and entitles that whistleblower to a percentage of any recoveries. Whistleblowers could be current or ex-business partners or employees, hospital or office staff, patients, or competitors. Any employee who suspects Medicaid, or other, waste, abuse or fraud must immediately report that allegation.

1. The employee should report the suspicion to the Executive Director or designee. If the employee suspects the Executive Director of waste, abuse, or fraud, the report should be made to the President of the Link Associates Board of Directors.
 - a. An internal investigation shall be initiated immediately.
 - b. Appropriate corrective actions shall be taken as a result of the investigative findings
 - c. Link Associates shall self-report to the Department of Human Services (DHS).
 - d. If warranted, appropriate disciplinary actions shall be implemented as a result of the internal investigation.
 - e. All documentation related to the investigation shall be maintained in the administrative confidential records.
2. Employees must report suspected Medicaid waste, abuse or fraud to one of the following:
 - a. Iowa Medicaid Director, Division of Medical Services, Department of Human Services (DHS), 100 Army Post Road, Des Moines, Iowa 50315, phone number 515.725.1121, fax number 515.725.1010 or
 - b. Iowa Medicaid Fraud Control Unit with the Department of Inspections and Appeals (DIA), Lucas State Office Building, 3rd floor, Des Moines, Iowa 50319, phone number 515.281.6377, or fax number 515.242.6507; or
 - c. Health and Human Services Office of Inspector General, phone number 1.800.hhs.tips, fax number 1.800.223.8164, e-mail hhstips@oig.hhs.gov, mailing address Office of Inspector General, Department of Health and Human Services, ATTN.: hotline, 330 Independence Ave., SW, Washington, DC 20201.

C. Reporting Protection

1. The False Claims Act contains language protecting "whistleblower employees" who report suspected Medicaid waste, abuse and fraud from retaliation by their employer. Employees that are discharged, demoted, suspended, threatened, harassed or in any way discriminated against in the terms and conditions of employment by the employer for "blowing the whistle" are entitled to recover all relief necessary to make the employee whole. Damages available to the employee that proves retaliation include:
 - a. Reinstatement
 - b. Two times back pay
 - c. Interest
 - d. Emotional distress damages
 - e. Cost and attorney's fees

2. A successful whistle blower may be eligible to recover 15% to 30% of the government's recovery from the fraudulent practice. The False Claims Act allows a private person to file a lawsuit on behalf of the United States government against a person or business that has committed the fraud.
3. Any employee who feels they are being retaliated against for reporting Medicaid waste, abuse or fraud should immediately report this concern to the Executive Director or designee. Link Associates shall implement appropriate protective actions for the employee. An internal investigation shall be initiated immediately with appropriate corrective actions taken as a result of the investigative findings. If warranted, appropriate disciplinary actions shall be implemented as a result of the internal investigation. All documentation related to the investigation shall be maintained in the administrative assistant's confidential records.

D. Internal Prevention

Link Associates monitors documentation in order to detect and prevent improper payments for services. See Internal Controls Policy.

1. Any employee who suspects improper documentation must immediately report the allegation to the Executive Director or designee. An internal investigation shall be initiated immediately with appropriate corrective actions taken as a result of the investigative findings. All documentation related to the investigation shall be maintained in the administrative assistant's confidential records.
2. Any employee who feels they are being retaliated against for reporting improper documentation should immediately report this concern to the Executive Director or designee. Link Associates shall implement appropriate protective actions for the employee. An internal investigation shall be initiated immediately, with appropriate corrective actions if warranted taken as a result of the investigative findings. All documentation related to the investigation shall be maintained in the Program Director's confidential records.
3. Link Associates has key mechanisms and procedures in place to detect and prevent waste, abuse, fraud, and improper documentation, including, but not limited to:
 - a. Annual external audits are completed by an outside Certified Public Accountant (CPA) for all funded services.
 - b. All prospective and annual cost reports are submitted to the Department of Human Services (DHS) for a review by their external CPA.
 - c. Service documentation notes are reviewed each month by leadership staff prior to billing for services; ensuring documentation meets rules and regulations prior to billing for services. Corrective actions are implemented as needed to improve the quality of documentation.
 - d. Initial and annual training is provided to all employees on detecting and preventing abuse, waste, and fraud, including reporting procedures.
 - e. Each month staff completes random reviews of samples of service documentation notes throughout services, with a report generated including any corrective actions to improve the quality of documentation.

ATTACHMENT F:

LINK ASSOCIATES POLICY/PROCEDURE

Section: Program, Policy 3, Medication Administration

I. POLICY

Link Associates believes that we have a responsibility to ensure consumer health and safety in the use of medications through careful adherence to medication administration, storage and disposal procedures as ordered by the consumer's physician and the regulations of the Iowa Department of Inspections and Appeals (IA) and the Iowa Board of Pharmacy. In addition, we maintain that each consumer has the right to freedom from unnecessary drugs or medication, including but not limited to drugs used for chemical restraint. To promote and support consumer independence, all consumers should be considered for self-administration of their medication.

II. PROCEDURE

A. General Guidelines and Instructions for Administering Medications

1. Only employees, other than a licensed nurse or physician, who have successfully completed a ten hour course approved by the State of Iowa Board of Pharmacy Examiners and the Iowa Department of Health, medication manager clinical training at Link Associates, and a supervised medication pass are eligible to administer medications to consumers.
2. Agency medication managers shall adhere to the responsibilities and competencies of medication managers as outlined in Unit 1, pages 1:2 through 1:3 and Unit 3, pages 3:3 through 3:5 of the most recently published curriculum guidelines for Medication Manager (Copies available at each site) and the following:
 - a. Medication managers shall be familiar with drug reference materials, their use, and location(s) and medication administration resources referenced in this policy.
 - b. Medication managers cannot discontinue a medication without a physician's order or direction from the agency nurse.
 - c. Medication managers shall contact the agency nurse, the on-call supervisor, or the pharmacist with any question(s) concerning medications or their administration. No medication shall be administered if there are any uncertainties.
3. Medication managers shall follow general procedures for administering all nonparental medications as outlined in the most recently published curriculum guidelines for Medication Manager. See Unit 3 pages 3:7 through 3:10 and Unit 5 pages 5:3 through 5:28 and the following:
 - a. General administration procedures:
 1. Review the medication administration Record (MAR) for verification of order. If unclear or questions exist, consult the original order or drug reference book for questions about the medication.
 2. Understand the purpose, side effects and any special precautions of the medication and drug interactions. Consult a drug reference book if needed.
 3. Wash hands, using proper technique
 4. Assemble necessary supplies (i.e. bubble pack from bin, medication cup, water, etc.).
 5. Verify bubble pack or pill bottle label with MAR comparing consumer name, drug, strength/dose, route of administration, date/day and time.
 6. Identify the proper consumer.

7. Proceed with specific administration procedures for the identified method of taking or using medications (i.e. oral, eye or ear drops, topical lotions/ointment, rectal, etc)
 8. Wash hands, using proper technique
 9. Sign MAR or medication verification form in all areas indicated.
- b. Medications must be given within thirty (30) minutes of the time ordered (30 minutes before Or after), unless approved by the agency nurse and/or physician. A medication incident report form must be completed and reviewed by the agency nurse if a medication is given outside the time frame without approval. *(see section E for detailed med error procedures)*
 - c. When a medication is discontinued, draw a vertical line at the stop date and clearly print "DC'd" and the stop date to the right of the line on the MAR and initial. A yellow marker should be used to highlight the name, dose and route of the medication and through the entire medication line, with the exception of the days/dates the medication was given. A diagonal line should be made on the medication label of the bubble pack with "DC'd" written on it. This medication shall then be placed in a "discontinued drug" container and maintained in locked storage or returned to the agency nurse or pharmacy.
 - d. Routine or ongoing medications shall be delivered monthly by the vendor pharmacy. Supervisors or their designee, supporting consumer's independent of the vendor pharmacy, shall be responsible to insure medications are delivered and available for administration.
 - e. When a new medication is ordered or medications are delivered for the next medication rotation period, the medication manager shall ensure that the medication matches the physician's order and shall then add the medication to the MAR. When adding a new medication to the MAR prescribed after the pharmacy printed MAR is distributed, clearly print on the next available space on the correct page (chronic, PRN or treatment) of the existing MAR all of the following:
 - Name of the medication
 - Strength and form of the medication
 - Dose
 - Time of administration

Draw a vertical line at the date the medication is to begin and write "start date" and the date, to the left of the vertical line. If the medication is time specific and shall not be administered through the end of the month. Draw a vertical line at the stop date. At the date the medication is discontinued, complete procedure "c" directly above. If there is no existing MAR, use a blank MAR and complete as directed. The medication manager shall note on the back of the MAR that the medication was checked against the physician's order.
 - f. Medication managers are not to dispose of any medications. Any medications that have been dropped, refused, not used or expired shall be placed in an envelope with the consumer's name, date, and program/site, and placed in a "discontinued drug" container for temporary storage. As soon as possible, the medications shall then be transported by staff to the nurse or to the pharmacy. The nurse shall return medications to the pharmacy for disposal.
 - g. Medications shall be stored in accordance with any special instructions from the pharmacy. Any medication that requires refrigeration shall be kept in a locked box

in a refrigerated unit or in a medication fridge that is locked or kept within a locked office. Any medication requiring protection from light shall be kept in a dark area within a locked drawer or cabinet.

- h. Any schedule II drugs shall be kept in a locked box within a locked medication cabinet. An individual inventory record shall be kept for each Schedule II drug, counted two times in each 24 hour period by two medication managers. At locations or situations where this is not possible, the medication shall be counted whenever administered and at shift change by two medication managers.
- i. All medication orders shall have an automatic stop schedule unless the prescriber specifies a differing number of doses or duration of therapy to be given. The agency nurse shall notify all physicians annually of the agency's "Automatic Stop Order Policy" for the following:
 - Cough and cold preparations 10 days
 - Decongestants and antihistamines for acute conditions 30 days
 - Controlled substance analgesics for acute conditions 30 days
 - Antibiotics for acute conditions 10 days
 - Ophthalmic antibiotic and steroid preparations for acute problems 10 days
 - Antidiarrheals for acute conditions 10 days
 - Topicals for acute conditions 30 days
- j. Medication manager or designee, shall phone or fax in all medication refills when no less than 5 doses remain. The vendor pharmacy contact information shall be available at each site. Should a shortage be discovered at any time, contact the pharmacy, after hours emergency number for the vendor pharmacy or the on-call supervisor.

B. General Guidelines and Instructions for Administering OTC (over the counter) or PRN (as needed) Medications

- 1. Medication managers shall follow general medication administration procedures as referenced in Program Policy #3, Medication Administration, A2-A3, when administering OTC or PRN medications.
- 2. The agency nurse shall authorize the administration of all PRN/OTC medications not listed on program specific exemption lists (see attachment A: B1d and C5c; attachment B:A1i).
- 3. Administration of OTCs or PRN medication to a consumer shall be documented on the back of the MAR sheet under nursing notes and shall include:
 - a. Time medication was administered
 - b. Initials of the medication manager
 - c. Complaint or reason for giving the med
 - d. Effect of medication
- 4. The consumer shall be assessed after 30 to 60 minutes for the effect of the medication and the consumer's response documented on the back of the MAR. If symptoms persist, the nurse or program supervisor should be consulted.
- 5. The nurse shall review all PRN medications administered during the monthly MAR review.

C. General Guidelines and Instructions for Psychotropic Drugs

- 1. A staffing team, including the consumer's parent/guardian shall be called together to review information for consideration of psychotropic medication.
- 2. Based on the review of documented baseline data including frequency, intensity, and duration of the target behavior and all previously attempted drug-free behavior management

- methods and their results, the team shall make recommendations for referral to a psychiatrist or physician of choice.
3. The individual or provider responsible for the referral for evaluation and treatment shall be identified during the staffing.
 4. The program supervisor and/or Case Coordinator of a consumer receiving residential services at Link shall coordinate the evaluation, treatment, and any follow-up needed, including behavior management programming.
 5. If an emergent situation arises and a staffing team cannot be pulled together in a timely fashion, the program supervisor shall contact the guardian for approval to seek medical evaluation, treatment, and psychotropic medications if recommended by the psychiatrist or physician of referral.
 6. The consumer's team members from Link shall at all times advocate for the minimum dosage possible to maintain therapeutic levels and behavioral norms.

D. Medication Administration Records (MARs)

1. The MAR sheet is generated by the consumer's pharmacy or the agency nurse and clerical support on a monthly basis.
2. Unexplained or blank squares on the MAR sheet or are not acceptable.
3. Documentation on the MAR shall be in dark ink (black preferred).
4. The following symbols should be used when recording medication administration:
 - a. W = consumer shall be receiving medication at his/her place of employment.
 - b. R = medication refused by consumer, must be documented on back of MAR
 - c. V = consumer out for weekend, week, or just a few days.
 - d. H = medication withheld, (i.e. consumer is vomiting, lab work ordered, unanswered questions about the medication at the time of administration) provide documentation on back of MAR, nursing notes section.
 - e. A = consumer is absent from the day programming area.
 - f. L = medication is given more than thirty (30) minutes prior to or after the designated medication time, document reason on back of MAR, nursing notes section
 - g. O = (circle around staff's initials) for anything that cannot be explained with the above symbols and include a detailed explanation on back of MAR, nursing notes section.
5. Medication Incident Report Forms must be written for MAR sheet squares filled in with the following symbols:
 - a. O = (circle around staff's initials) for anything that cannot be explained with the above symbols and include a detailed explanation on back of MAR, nursing notes section. A medication incident report does not need to be written if this symbol is used to document that medications were set up for a non-med manager by a med manager at an HCBS location.
 - b. R = medication refused by consumer needs to be documented on back of MAR, nursing notes section
 - c. H = medication withheld
 - d. L = medication given more than thirty (30) minutes prior to or after the designated time.
6. MAR sheets shall be distributed no later than the last day of each month. The medication manager shall compare the new MAR to the existing MAR. The medication manager shall note any changes on the new MAR and notify the nurse of the same. The medication

manager reviewing the new MAR and noting changes shall sign on the back and note in the nurse's note section that the review was completed.

7. Medication managers shall be familiar with commonly used abbreviations related to drug administration listed in Unit 2 on page 5 of the most recently published curriculum guidelines for Medication Manager and the drug-related abbreviations discussed in medication manager clinical.

E. Medication Administration Errors

1. A medication error occurs when one or more of the "seven rights" is not observed. When a medication error occurs, the following procedure shall be utilized:
 - a. The agency nurse on-call shall be contacted for instruction when deemed appropriate by the program supervisor.
 - b. The agency nurse or designee shall contact the consumer's physician when medication reactions, problems or serious errors occur as deemed necessary by the agency nurse or designee.
 - c. Monitor the consumer involved in the error closely.
 - d. All questions or information required on a Medication Incident Report shall be completed and signed by the employee finding the error.
 - d. The program supervisor shall review the form; insure all information and signatures are complete, and then forward to the nurse within 24 hours for review and signature.
 - f. The form shall be placed in the consumer's file upon signature by all parties.
 - g. The nurse shall review and make notations on Medication Incident Reports.
 - h. The nurse shall record medication error data for review and program evaluation.
2. Employees shall be subject to the Disciplinary Process referenced in the employee handbook, "General Work guidelines-Persistent Medication Errors",
 - a. Failure to demonstrate medication administration competency (Section A2)
 - b. Failure to fulfill the responsibilities of medication administration (Section A3) by violating any one of the seven rights (consumer, time, medicine, dose, route, date/day, and recording)
 - c. Failure to adhere to procedures outlined in Program Policy #3: Medication Administration and all subsections
 - e. Failure to report a medication error from the previous shift(s).
3. The severity and frequency of the incident(s) shall determine the appropriate disciplinary action.

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LINK ASSOCIATES
POLICY/PROCEDURE
Section: Program, Policy 3, Medication Administration
Attachment A – Residential Procedure

I. PROCEDURE

Follow all general procedures and drug safeguards for administering, storing, and disposing of medications per Program Policy #3: Medication Administration including the following:

A. GENERAL GUIDELINES

1. A copy of all current resource materials referenced in Policy #3: Medication Administration shall be maintained at each residential site.
2. Medications shall be stored in lock boxes or locked drawers in cabinets when more than one person resides at the location. Location of boxes shall vary at individual locations. All keys for the locked boxes or medication storage areas must be stored in a secured and identified location with access only by staff. The location will be identified and included on the new hire orientation list for each individual site.
3. If a new medication is ordered by a physician, the supervisor or designee shall be responsible for notifying the agency nurse and Case Coordinator of the new medication. The supervisor or designee shall also be responsible for assuring the order is and transported to or delivered by the consumer's pharmacy to the consumer's location and entered on the MAR sheet per Program Policy #3: Medication Administration. The consumer's pharmacy or the Agency Nurse shall supply a printed MAR by the first of each month.
4. If a resident is leaving his/her home for more than twenty-four hours, medications must be ordered from the pharmacy for the time period the resident shall be absent. Orders should be submitted to the pharmacy a minimum of 24 hours in advance of the resident's absence.
5. The individual responsible for the medications for the vacation period from the resident's home (such as a family member or trip leader) shall sign for the receipt of the medications on the medication sign out form. The medication managers shall check any medications that are returned at the conclusion of the trip against the medication sign-out form.
6. When a consumer is discharged, the program supervisor shall notify the nurse. The nurse shall obtain the doctor's order for the disposition of all medication. The program supervisor shall record the doctor's orders on the discharge order sheet for inclusion by the Case Coordinator in the discharge summary.

B. GENERAL GUIDELINES FOR HCBS LOCATIONS

1. A written prescription for medications that are prescribed shall be obtained from the physician. All staff assisting a consumer with a medical appointment shall be required to obtain a signed Patient Order and Report Form.
2. Medication orders shall be maintained in the consumer's file and reviewed and signed by the physician at least annually. A medication manager may issue medication for a consumer who is leaving the residence for less than 24 hours in accordance with the following:
 - a. Each container may hold only medications that are to be given at the same time (e.g. all four 12 o'clock medications).
 - b. Each container must be labeled with the date & time med(s) is to be administered, resident's name, and each medication's strength and dose.
3. A medication manager shall be responsible for administering medications to consumers. In the event that a medication manager is not available for administering medications for an upcoming period of time, a medication manager shall set up medications in the appropriate medication dispenser for the appropriate time(s) and day(s) for distribution by a non-med manager HCBS staff.
4. The medication manager shall then sign off medications on the consumer's MAR for all medications that he/she placed in the medication dispensers.
5. The non-med manager HCBS staff OR the medication manager assisting the consumer in taking his/her medications from the dispensers, shall sign off on a Medication Verification Form or a black and white copy of the MAR marked "non med-manager MAR" acknowledging that medication(s) have been taken.
6. Over the counter medications:
 - a. HCBS staff shall assist consumers with the purchase of OTC (over the counter) medication(s). Prior to purchase, medication manager, supervisor, pharmacist, or nurse must identify allergies and possible interactions with other medications

- b. HCBS staff shall assist consumers in ensuring all OTC medications are labeled with the consumer's name, dosage (recommended by the manufacturer) and the medication's expiration date.
- c. The information sheet enclosed with the product should be placed in the medication book. If no information sheet is available or the information is included on the exterior packaging of the product, a copy of information about the OTC included in the Pill Book or Nursing Drug Handbook, located at each site, may be used.
- d. The following list of over the counter medications may be purchased by staff without nursing or physician approval. Prior to purchase, medication manager, supervisor, pharmacist, or nurse must identify allergies and possible interactions with other medications.
 - 1. Analgesics (i.e. Tylenol, aspirin, ibuprofen)
 - 2. Anti-acids (i.e. Pepto Bismol, Maalox, Tums)
 - 3. Laxatives (i.e. Correctol, Fibercon, Metamucil)
 - 4. Cough Drops (any brand)
 - 5. Lotion or skin creams (any brand)
 - 6. Mouthwash – any which does not contain alcohol
 - 7. Eye drops (i.e. Visine, artificial tears)
- e. HCBS staff shall assist consumers with administration of OTC as needed

C. GENERAL GUIDELINES FOR RCF LOCATIONS

- 1. Every medication, including OTC medications, must be prescribed by each consumer's physician. Copies of all medication orders and Physician Report and Order forms shall be maintained in the consumer's file at the residence.
- 2. A copy of the consumer's physician's order for prescription and PRN medications shall be forwarded by the nurse to the physician for review and signature every 90 days and retained in the consumer's file at the residence.
- 3. All medications shall be dispensed from the pharmacy in unit dose containers (bubble packs). The agency nurse can make exceptions in emergent or time sensitive situations.
- 4. A medication manager may issue medication for a consumer who is leaving the residence for less than 24 hours in accordance with the following:
 - a. Each container may hold only one medication.
 - b. Each container must be labeled with the date & time that the medication is to be administered, resident's name, facility's name, and the medication's strength and dose.
- 5. General Guidelines for PRN medications:
 - a. All PRN orders shall be dose and time specific.
 - b. All PRN medications shall be packaged and labeled per State requirements and include
 - 1. Consumer's first and last full name
 - 2. Physician's name
 - 3. Prescription number
 - 4. Name and strength of drug
 - 5. Directions
 - 6. Date of issue
 - 7. Name and address of the pharmacy or physician ordering the medication
 - c. Only PRN analgesics (i.e. Tylenol (APAP), Ibuprofen, aspirin (ASA), etc.) OR over the counter laxatives (i.e. Fibercon, Metamucil, Correctol, etc.) may be administered without prior approval by the agency nurse or the prescribing physician in the absence of the nurse. The nurse prior to administration must approve any PRN medication other than analgesics or laxatives.
 - d. The medication manager must complete the process of medication administration including preparation, administration, and charting. The medication manager must document on the back of the MAR, that he/she received approval to administer the PRN medication at that time.
- 6. GENERAL GUIDELINES FOR PHARMACY REVIEW
 - a. An inspection by a registered pharmacist shall be completed not less than every 90 days. The agency nurse shall accompany the pharmacist to the residential facility and complete the inspection.
 - b. The pharmacist shall complete a report and review it with the nurse and program supervisor.
 - c. The pharmacist and Administrator shall sign the report.
 - d. The nurse shall retain a copy of the report and the program supervisor shall file a copy at the residence.

Copies shall be distributed to the Program Director and Administrator.

- e. The program supervisor shall complete all necessary corrective actions and report the results to the Administrator.

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LINK ASSOCIATES
POLICY/PROCEDURE
Section: Program, Policy 3, Medication Administration
Attachment B – Vocational/Day Program Procedure

I. PROCEDURE

Follow all general procedures and drug safeguards for administering, storing, and disposing of medications per Program Policy #3: Medication Administration including the following:

A. GENERAL GUIDELINES AND INSTRUCTIONS FOR ADMINISTERING MEDICATIONS

1. General Procedures for All Vocational Areas
 - a. Each area shall have a separate binder containing the medication administration records (MARs) for each consumer in their respective departments. MAR charting for each area shall follow the procedure outlined in Section D of the Program Policy #3: Medication Administration. In addition, medication managers in the vocational center shall mark an X in the MAR to account for each weekend day or holiday when the vocational area is closed.
 - b. It shall be the responsibility of the medication manager to pull empty bubble packs for the changeover and to check in new bubble packs for each vocational area. All bubble packs/ cassettes being replaced shall be delivered to the agency nurse for return to the pharmacy.
 - c. Medication managers shall be responsible for notifying the nurse on a medication reorder form when not less than five doses of any medication remain. The nurse shall order the meds the day notified or the following day, and document who took the order, the date, and the time the medication was ordered. The agency nurse shall be responsible for ordering medications from the pharmacy or residential provider.
 - d. During scheduled medication administration times, the assigned medication manager shall administer medications to only one consumer at a time, and never leave the medication storage area unlocked or unattended.
 - e. A copy of the physician's order for all medications (prescription or over-the-counter) must be submitted to the agency nurse prior to administration of any drug. Orders must be renewed annually.
 - f. Medications may be issued by a medication manager for consumer(s) leaving the vocational center on an enclave or a community outing in accordance with the following:
 1. A separate container must be used for each medication
 2. Each container must be labeled with the date, consumer's name, medication, its strength, dose, and time of administration.
 3. Medications for all consumers participating on the outing shall be transported in a locked box.
 4. The locked box and key shall remain in the possession of the medication manager attending the outing.
 5. The medication manager shall document on the MAR according to Section D of Program Policy #3 and include a note on the back stating the medications were issued for an off-site activity.
 6. The staff supervising the off-site activity and assisting the consumer with the medication, shall document on a Medication Verification form and file it behind the MAR in the book on the med cart.
 - g. The agency nurse shall perform a monthly quality assurance inspection of the med cart.
 - h. The agency nurse, outreach director, or designee is authorized to receive and sign for medication deliveries.
 - i. Any PRN medication other than analgesics or laxatives must be approved by the nurse, or or designee identified in the consumer's plan, prior to administration.
2. Work Services/Enclave/ WISE II/Special Needs personnel shall assign a primary Medication Manager who shall be responsible for administering scheduled medications to consumers within their areas. The identified supervisor shall assign a replacement medication manager as absences or paid time off occurs.
 - a. The assigned medication manager shall obtain keys from a box kept at the reception desk. Keys shall be signed out on the board near the key box.
 - b. The assigned med managers shall have three (3) keys on their set. One to unlock the medication room, one to unlock the medication cart, and the third to open the narcotics box.

- c. The medication cart shall remain in the medication room and locked at all times except during medication administration times. The cart shall be moved from one program area to another for medication administration. The medication cart room shall remain locked at all times. At NO time should the medication cart be in the lunchroom for passing medications.
 - d. An additional set of keys shall be available for the administration of PRN medications by any vocational medication managers. The PRN set shall also have three keys, One to unlock the medication room, one to unlock the medication cart, and the third to open the narcotics box. Medication managers, who are not assigned for the day and need keys for PRN meds, shall sign out the PRN key set and promptly return it after using. The PRN keys are not to be kept out of the box any longer than it takes to administer the PRN med. If the keys are not returned at the end of the day, staff may be asked to return to the vocational center to return the keys. If keys are lost, staff shall be responsible for the replacement costs.
3. Day Habilitation
- a. Day Habilitation personnel shall assign a primary medication manager who shall be responsible for administering scheduled medications to consumers within their areas. The designee shall assign a replacement medication manager as absences or paid time off occurs.
 - b. Keys shall be maintained within an identified cabinet located apart from consumer programming areas.
 - c. Medications are kept in a cabinet in each area, which shall remain locked at all times except during medication administration times. The assigned medication manager is responsible for maintaining the accessibility and security of all medications contained in the cabinet daily.
 - d. PRN medications may be administered by any medication manager assigned to that area.

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LINK ASSOCIATES
POLICY/PROCEDURE
Section: Program, Policy 3, Medication Administration
Attachment C-Residential Consumer Self Medicating Procedure

I. PROCEDURE

To provide the least restrictive environment, the consumer and his/her staffing team shall place consumers appropriate. The consumer and his/her team shall review progress toward self-medication at each annual staffing or sooner if indicated. The consumer may progress to a more independent level of self medication when he/she has fulfilled the criteria for the previous level as determined by the consumer and his/her staffing team.

- A. LEVEL D – Consumer does NOT participate in self-medicating program
1. Staff manages all medical appointments.
 2. Staff administers, store and order all medications.
 3. Staff documents all medication administration.
 4. If desired by the consumer, staff discusses medications names, appearances and their purposes during medication administration.
- B. LEVEL C – Consumer is supported by staff while learning self-medicating procedures
1. Physician's written order for self-medication is required to begin.
 2. Staff store and order all medications.
 3. Staff maintains medication bubble packs or day minders.
 4. Staff manages all medical appointments.
 5. Staff shall assist consumer in learning name, purpose, administration times, two to four major side effects and special precautions of any medications to be self-administered. Consumer should communicate these things each time a medication is administered. Consumers may access any appropriate reference, such as a drug book or pharmacy printout when communicating this information.
 6. Staff shall assist consumer in administering medications by prompting time and proper procedure as little as possible.
 7. Consumer documents medication administration on a copy of the MAR or an HCBS medication verification form.
 8. Staff documents medication administration on MAR.
 9. This level may be used for any number of the consumer's medications. I.e. the consumer may begin with topical medications only or evening medications only.
 10. To proceed to level B, the consumer shall make no more than three errors in a four-week period and shall be at level C with all of his/her medications.
- C. LEVEL B – Consumer semi-independently administers own medications
1. Physician's written order for self-medication is required to begin
 2. Staff manages all medical appointments.
 3. Staff shall review health care provider's written orders obtained on PRO form with consumer after each health care visit to assist consumer with comprehension.
 5. Staff shall assist consumer in learning name, purpose, administration times, major side effects and special precautions of any new medications.
 6. Consumer shall administer all of his/her own medications.
 7. Staff store and order medications, but assist consumer in learning the process.
 8. Consumer documents on a copy of the MAR or an HCBS medication verification form.
 9. Staff checks bubble packs and documentation three times per week for two months, then two times per week for one month, then one time per week for two months, then one time per month for one month. When checks are performed, staff shall also ensure that consumer knows the name, purpose, administration times, major side effects and special precautions of all medications.
 10. Staff shall document checks on the MAR.
 11. When error rate is maintained at no more than three errors in a four-week period, consumer may progress to Level A. If consumer makes more than three errors in a four-week period he/she returns to three checks per week for two months and progresses per previous pattern.
- D. LEVEL A – Consumer independently administers own medications
1. Consumer has progressed through Level B.

2. Staff shall perform random checks of bubble packs or day minders. At least one check per month shall be done. When checks are performed, staff shall also ensure that consumer knows the name, purpose, administration times, major side effects and special precautions of all medications. Staff shall document check on MAR.
3. Consumer may manage own medical appointments if deemed appropriate by consumer and his/her team.
4. Consumer shall store, order and arrange for delivery of all medications.
5. An error rate of no more than three errors in a four-week period or consumer returns to Level B.

E. ERRORS

1. An error is defined as:
 - a. A violation of any of the seven rights of medication administration (person, medication, dose, time, route and documentation). Note: medications may be given one-half hour before or one-half hour after scheduled administration time.
 - b. Inability to communicate a medication's name, purpose, administration times, two to four major side effects or special precautions.
2. Any one error deemed "severe" by a consumer's team may result in the consumer returning to his/her previous level of medication administration.

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Medical or Health “after Hours” Emergency Procedures

The On-Call Supervisor should be contacted for situations including, but not limited to:

1. Temperatures over 101 degrees, signs of illness (emesis, persistent diarrhea, lethargy)
2. Seizures which are difficult or unusual for that consumer
3. Consumers chokes and/or Heimlich is performed on consumer or staff
4. Consumer experiences shortness of breath or chest pain
5. Approval for PRN medications (other than laxatives, analgesics *RCF* see medication policy for details)
6. Consumer injury/hospitalization
7. Medication questions that cannot be answered through use of the drug book
8. Medication errors in which:
 - a. The consumer has been given a medication that he/she has an allergy to or is displaying an adverse or out of the ordinary reaction.
 - b. The consumer did not or shall not be receiving a medication 1 hour before or 1 hour after the scheduled dose for a significant chronic condition, such as blood pressure, seizures, diabetes, etc.
 - c. Consumer receives someone else’s medications in error

Additional Resources for Health Related Questions

1. The consumer’s physician, refer to file consumer’s file face sheet
2. The consumer’s pharmacy - the majority of consumers use – Omnicare 278-0117 (see pharmacy after hours guideline)
3. Mercy Nurse at (515) 2-HEALTH (243-2584)
4. “My Nurse” at Iowa Health Systems 1-877-242-8899

Poison Center - 1-800-222-1222 TTY 1-800-222-1222 - You must dial 1-800

Supervisor’s On Call Nursing Procedures

The On-Call Nurse should be contacted by supervisors or the on-call supervisor for situations including, but not limited to:

1. Temperatures over 101 degrees, signs of illness (emesis, persistent diarrhea, lethargy)
2. Seizures which are difficult or unusual for that consumer
3. Consumers chokes and/or Heimlich is performed on consumer or staff
4. Consumer experiences shortness of breath or chest pain
5. Approval for PRN medications (other than laxatives, analgesics)
6. Consumer injury/hospitalization
7. Medication questions that cannot be answered through use of the drug book
8. Medication errors in which the supervisor does not feel that he/she has adequate knowledge of the drugs involved or the medical history of the consumer involved
 - a. The consumer has been given a medication that he/she has an allergy to or is displaying an adverse or out of the ordinary reaction.
 - b. The consumer did not or shall not be receiving a medication 1 hour before or 1 hour after the scheduled dose for a significant chronic condition, such as blood pressure, seizures, diabetes, etc.
 - c. Consumer receives medication not prescribed for him/her

Schedule for Nurse On-Call-Link employs one full time RN who is on-call after regular office hours as follows:

Sunday, 10:00 pm to Friday, 4:30 pm Nancy Ames - (*available for authorization of PRN meds weekends*) 276-2397 975-6298 cell (when no answer at home)

ATTACHMENT G:

LINK ASSOCIATES
POLICY/PROCEDURE
Section Program, Policy 2: Confidentiality & Management of Consumer Records

I. POLICY

Link Associates shall protect the rights of privacy for consumers/advocates who seek to receive, are receiving, or have received services through Link Associates. Personally identifiable information shall be released or disclosed only in accordance with applicable State, HIPAA, and Federal regulations. Information shall be obtained, managed, and used in a confidential efficient and effective method.

II. PROCEDURE

A. DEFINITIONS:

1. Personally identifying information is defined as the following:
 - a. The name of a consumer/advocate
 - b. The address or phone number of a consumer/advocate
 - c. Any personal identifier such as social security number, Medicaid number, driver's license number, etc.
 - d. Any distinguishing mark, which could reasonably be expected to identify a specific individual.
2. Consumer record is defined as a system of information regarding a consumer, which is formally maintained in a specific manner whether that system be a hard physical file or information stored in a computer system
3. Personnel who are authorized to have access to consumer records are limited to the following:
 - a. The person receiving services or their legal representative. Legal representative shall include, but is not limited to the parent (the biological or adoptive parent, or person having legal custody of a minor) or a court appointed guardian (person appointed by the court, charged with either limited or complete duties as ordered by the court).
 - b. Link Associates Board Members and staff including volunteers, and student interns.
 - c. Employees of authorized external agencies, whose responsibility is to license, fund, accredit, and monitor the program.
 - d. Physicians, psychologists, and other professional persons treating a consumer in an emergency situation.
 - e. Other persons or agencies from which the person receiving services has given consent.

B. CONSUMER INFORMATION REGARDING CONFIDENTIALITY

1. At the point that Link Associates has accepted the applicant for services, the applicant or their legally authorized representative shall be advised about their right to privacy. They shall be instructed on how information is collected, maintained, and stored, how information shall be used, and the procedure regarding release of information.
2. After the applicant is accepted into services, Link Associates' Case Management staff shall complete a Notice of Release and Re-Release of Health Care Information for persons receiving Targeted Case Management/Service Coordination Services through Link Associates in order to enter administrative information into the county or state management information system.

C. RELEASE OF INFORMATION/RELEASE FOR SERVICES

1. Personally identifying information, requiring consent of the consumer or the consumer's legally authorized representative, shall only be released or disclosed upon written consent of the consumer or the consumer's guardian.
 - a. There shall be one release per agency or individual. Prior to releasing information Link personnel shall verify the existence of an authorization prior to releasing information.
 - b. Exceptions to release information without consent are permitted only for:
 1. Disclosures permitted or required by law; bona fide medical and psychological emergencies;
 2. To provider approval certification or licensure and accreditation bodies
 3. Reporting dependent adult or child abuse. All staff of Link Associates are mandatory reporters and it is the policy of Link Associates to report to the Department of Human Services or Department of Inspection and appeals (as applicable) if abuse is suspected.

4. Danger to self or others. When a consumer indicates that he or she is a danger to self or others, staff shall act in a manner, which is most beneficial in assuring the safety of the consumer and others.
 5. Individuals with Chronic Mental Illness. Section 228.8 of the Iowa Code specifies that circumstances which allow disclosure of limited mental health information to family members who are directly involved with the care of an individual with Chronic Mental Illness. See Case Management County Mandated Policy for details.
- c. In the event of an emergency when written consent cannot be obtained, verbal consent for the release of information is obtained from the consumer or their legal guardian/representative. This consent is noted in the progress notes including what information was released, to whom the information was released, and why. The written consent form is sent out for signature and is documented and included in the consumer record.
 - d. Unless otherwise required by law, the consumer shall be notified of any release.
2. The Case Coordinator shall complete the Release of Information form. The release of information form shall specify to whom the information shall be released by specifying the individual or the individual agency. In addition, the Case Coordinator shall complete the address section of the release. The purpose of the release shall be specific to the functions of coordination, monitoring, and referral. If another purpose of the release is identified, the Case Coordinator shall document the specific reason for the release of information.
 - a. The Case Coordinator shall specify the items that are being released and obtained
 - b. Link Associates' staff shall not release any protected information (i.e. substance abuse or HIV), which is contained in their records without the specific authorization of the consumer or legal representative.
 - c. The consumer or legal representative shall be offered a copy of the release and this shall be documented in the record. Refusal to accept a copy of the signed release shall be documented on the Release of Information form. The release shall remain in effect for a maximum of 12 calendar months.
 - d. The form is signed and dated by the consumer. If there is a guardian, the guardian shall sign all release forms. If there is co-guardianship, both guardians shall sign all release forms
 3. The consumer has the right to inspect the information that is disclosed, and has the right to revoke the authorization at any time by submitting a written request to the Case Coordinator. In regards to the receipt of releases from other agencies or persons, Link Associates' staff should identify that:
 - a. Authorization is addressed in written form explicitly to the agency
 - b. Authorization has all essential information filled in and complete.
 - c. Authorization has consumer's signature or legal guardian's signature.
 - d. The release of information cannot exceed 12 months for the date it was obtained and can be revoked at any time.
 4. Upon receipt of a release of information form authorizing the agency to release information to another agency or individual, the following procedures should be observed:
 - a. Documentation of the request and what information is being released shall be maintained
 - b. Release information as requested
- D. OBTAINING INFORMATION
1. When requesting information Case Coordinators shall use Link Associates' release form. When using the agency's form, the Case Coordinator shall thoroughly complete the form by:
 - a. Requesting only information that they feel is accessible from the other party.
 - b. Limiting the release to 12 calendar months.
 - c. Obtaining a separate signature from the consumer when attempting to obtain protected information.
- E. ACCESS TO CONSUMER RECORDS
1. All consumers, and their legal representatives, shall have access to their records, unless otherwise determined by law. Parents of consumers who are over 18 years of age may have access to the consumer's records only if the parents have been appointed legal guardians by a court of law or there is a written authorization, from the consumer, to release information.
 2. All consumer records shall be stored in the designated locked area, which is not accessible to the public.

3. At no time may a person examining a record remove anything from it or otherwise make changes in it.
4. During physical review of the record, a Link Associates' staff member shall be present to answer any questions. This individual shall assist the requesting party in locating specific information. The consumer or his/her guardian shall have the right to respond in writing to any information in the record and to have the response become a part of the record.
5. Original consumer records shall not be removed from the physical facility unless when the courts request a physical record, it shall be specified through a subpoena. Upon receipt of the subpoena, the Case Management Director and Executive Director shall be notified. The record is not to be shown to anyone until the Judge requests that the record be presented as evidence. The person accompanying the record must remain with the record at all times, including during any photocopying. The record is never to be left in the custody of the court. Verbal information regarding an individual consumer can only be offered in a court of law if a subpoena has been issued to a particular staff member, unless the verbal information is for the sole purpose of a guardianship hearing or medical court hearing.
6. Refusal by the consumer to authorize release of information is not an automatic reason for denial of services. Failure to provide access to the information necessary for the development of the CCSP may be a basis for denial of service.

F. FILE MAINTENANCE/RECORD RETENTION

1. Each consumer shall have their own record to be maintained on a current basis for the organization, compilation, documentation, and maintenance of consumer specific information related to the provision and outcomes of services and treatments provided to the consumer.
2. The consumer record shall be set up according to the Main File Summary of Information Sheet, kept in the front of each consumer record.
3. Updated consumer information shall be filed at least monthly.
4. Documents included in the consumer record shall contain only information with their identifying data on them. Documents containing two or more consumers' names must be carefully screened and the other consumers' names deleted. To edit a record, corrections must be made by striking a single line through the verbiage, make the correction and initial the change
5. Outdated documents shall be removed from the active consumer record and placed in the archive file.
6. When an individual terminates all Link Associates services, their archive file shall be placed along side their terminated file. Terminated records shall be maintained in the archive for a minimum of seven years, at which time the record may be destroyed.
7. If documents are missing from the consumer record, the Case Coordinator shall request and document those attempts to obtain them in the consumer file.
8. Information is obtained for use in planning, designing, managing, and improving consumer services and organizational systems. Information and data are captured, analyzed, and available to facilitate decision-making, service delivery, and performance improvement.
 - a) The overall responsibility for keeping quality consumer records belongs to the assigned Case Coordinator.
 - b) Consumer information stored on the agency server shall be backed up daily. Daily back-up tapes are stored in a fireproof case. Weekly and the previous months data is transported off-site by designated staff.

G. DESTRUCTION OF IDENTIFYING INFORMATION

Material containing any identifying information, which does not need to be retained, shall be destroyed in a confidential manner.

H. TRAINING

All staff receives training on consumer confidentiality and management of consumer records within the first 30 days of employment. This training includes proper completion of the release of information.

ATTACHMENT H:

LINK ASSOCIATES
POLICY/PROCEDURE
Section: Environment/Safety, Policy 4: Transportation

I. POLICY

The safe and efficient and economical transportation of consumers and staff to access jobs, services, basic life activities are a fundamental need. Link Associates facilitates special needs coordinated transportation through a collaborative community process in accordance with all applicable federal, state, and local guidelines.

II PROCEDURES

To provide for the individualized transportation needs of our consumers, Link Associates shall implement a combination of community and organizational transportation options developed to ensure the safety of passengers and drivers.

A. QUALIFIED DRIVER STATUS:

Insurance, licensing, and qualifying standards bind any employee who transports consumers and/or conducts agency business in their own or in an agency vehicle. An annual Department of Transportation report for all agency drivers is mandatory. Employee driving qualifications are outlined in the employee handbook under Drivers Status.

B. VEHICLE INSURANCE COVERAGE:

Link Associates maintains collision and liability insurance for all agency vehicles used by staff and volunteers in transporting consumers and/or materials. The Agency does not provide any liability or physical damage insurance for vehicles owned by staff. Staff is bound by insurance, licensing and qualifying standards as detailed in Agency Transportation Policies Staff shall be reimbursed at the rate indicated in the employee handbook for their business use miles. This payment is designed to cover expenses, including insurance, for the operation of their personal auto for agency business.

Each vehicle owned or leased by Link Associates shall have in the vehicle:

1. Owner information of the vehicle
2. Vehicle insurance proof
3. Written emergency plans and procedures including information on:
 - a. Severe weather conditions
 - b. Evacuation procedures, fire and accidents
4. First Aid Kits
5. Fire Suppression Equipment
6. Vehicle Notebook
 - a. Vehicle information
 - b. Trip log
 - c. Service Record
 - d. TR-9 and TR-10 Forms
 - e. Transportation Policy

C. TRANSPORTATION TRAINING:

As part of initial orientation, all Link Associates employees shall be required to attend and successfully complete the agency driver orientation program. Components of the program include, but are not limited to:

1. Review of agency transportation policies and procedures.
2. Driver Responsibilities
 - a. The driver shall at minimum check the operation of at least the following safety standards and document their function prior to the operation of the vehicle
 1. Brakes
 2. Horn
 3. Lights
 4. Mirror
 5. Windshield wipers
 6. Tires
 - b. Smoking is not allowed in any Link Associates owned vehicle by the driver or any passenger at any time. When operating a personal vehicle for agency use, smoking is not allowed while consumers are present.
 - c. Ensure that the driver and all passengers wear seat belts and identified safety restraints.
 - d. At the end of each trip or route the driver is responsible to ensure that
 1. All switches and lights are turned off, including heat, radio and air conditioner
 2. The vehicle has at least a half tank of gas
 3. All records have been completed
 4. All personal belongings and any debris is removed from the vehicle
 5. Any damage or problems have been reported
 - e. Drives shall not transport flammable or toxic materials in vehicles while transporting consumers
3. Training in the appropriate completion of transportation forms.
4. Procedures for vehicle maintenance and service.
5. Forms and modes of communication available from vehicle to organizational support.
6. Review of emergency procedures:
 - a. Safety equipment contents, storage and use
 - b. Reporting accidents including what to do and who to contact
 - c. Vehicle breakdowns
7. Procedures of the safe assistance of consumers while boarding, un-boarding and movement to and from vehicles, including assistance with the metro transportation system. The training shall include but is not limited to:
 - a. Ensuring that the parking brake or emergency brake is set before boarding or exiting
 - b. Wheelchair management
 - c. Assisting person's with visual impairments
 - d. Provision of seating assistance
 - e. Loading and unloading vehicles away from traffic
 - f. Verification that the steps/lifts/ramps are free of ice and debris before boarding or un-boarding
 - g. Proper securing of passengers and wheelchairs
 - h. Not allowing consumers to assist other consumers with transportation
 - i. Responsibilities of Link staff assisting consumers to the metro bus/Link Associates vehicles/busses

Upon completion of the training a testing procedure shall occur that shall include monitored driving until the new driver has attained proficiency.

All drivers must have written evidence that they have been trained in CPR, first aid, and fire suppression at least annually.

D. PROFESSIONAL SERVICE AGREEMENTS:

For all transportation services provided by another entity, but paid for by Link Associates a professional service agreement shall be implemented. The contract shall include specific statutes and rules that govern the delivery of the service and ensure that all services are delivered in accordance with all federal, state and local guidelines.

E. VEHICLE MAINTENANCE:

Link Associates fleet of vehicles shall be maintained in accordance with manufacturer's guidelines. The Fleet & Facilities Director shall ensure the following services are completed and the associated written records are maintained.

1. Evidence that all vehicles are routinely maintained and are operated in good, safe working order at all times. Records shall show:
 - a. Identification of each vehicle, including make, model, license number, date, and mileage
 - b. The name and address of each vendor performing service
 - c. If the vehicle is leased the same information is required
 - d. Regular preventative maintenance
 - e. Regular inspections
 - f. Listing of all repairs performed
2. Repair facilities are state licensed and under contract
3. Each vehicle shall be outfitted with breakdown or accident road hazard equipment including but not limited to:
 - a. Flashing light and road sign that can be placed outside the vehicle
 - b. Standard first aid kit with recorded monthly documentation of its contents

F. VEHICLE TO ORGANIZATION COMMUNICATION:

Route and vehicle operation shall include the evaluation of communication needs and the provision of appropriate communication devices. A log shall be maintained to document all calls for support between vehicles and the organization.

G. VEHICLE EMERGENCY PROCEDURES:

Each vehicle shall be maintained with an emergency information sheet to be used by police and other assisting emergency personnel.

1. In the event of an accident, drivers are to:
 - a. Determine the extent of the injuries and provide first aid as possible
 - b. stay with the consumers and the vehicle and wait for emergency assistance
 - c. Notify their immediate supervisor or the on-call supervisor for the agency immediately
 - d. Within 24 hours a "Driver Accident Report Form (TR-9) must be completed and submitted to the Fleet & Facilities Director
 - e. Complete any other forms provided by the police

- Following an accident, the Executive Director is to be notified and direction shall be given as to the notification of insurance company and the obtaining of estimates.
2. In the event of a breakdown, drivers are to:
 - a. Ensure the safety of consumers and staff
 - b. Stay with the consumers and the vehicle and wait for assistance
 - c. Utilizing the emergency information sheet found in the vehicle notebook contact the agency staff listed.
 - d. Place the "SEND HELP" sign, found in the Vehicle notebook in the window
 - e. Turn on the flashers

H. INCLEMENT WEATHER

Should the weather conditions warrant the delay or cancellation of programming at Link Associates the following procedures shall be implemented:

1. Delay/Closing
If Des Moines Public Schools are closed or delayed, Link Associates shall automatically delay transportation and programming one (1) hour. Should Link Associates close for the day; an announcement shall be made to the local TV stations and their websites, WHO-TV.com, KCCI.com, and WOI-TV.com and radio stations, stating, "Link Associates Day Programming and Transportation services are cancelled." A message shall be recorded on Link Associates main phone line stating delays and cancellations.
2. Early Dismissal
If the weather conditions deteriorate during the day and force Link Associates day programs to close, Link staff shall contact consumer's home, residential provider, and/or day program provider to coordinate when there shall be coverage at the residential site.

ATTACHMENT I:

LINK ASSOCIATES POLICY/PROCEDURE

Section: Environment/Safety, Policy 8: Transitional Duty

I. POLICY

It is the policy of Link Associates to provide meaningful work activity for all active employees who temporarily become unable to perform all, or portions, of their regular work assignments due to work-related or non-work-related injury or illness.

II PROCEDURES

A. Responsibilities:

1. All supervisory staff is expected to demonstrate support for the transitional duty program and actively and cooperate with the program administrator in its administration.
2. All employees are expected to support, contribute, and participate in the transitional duty program, when they sustain an occupational injury or illness or they may become ineligible for Worker's Compensation benefits.
3. Transitional duties shall be designed and coordinated by the Outreach Director, Agency nurse, and the employee's immediate supervisor.

B. Application of Transitional Duty

1. Transitional duty is a temporary program and an employee's eligibility in a temporary assignment shall be based on medical documentation and continued recovery. If work is available which meets the limitations/restrictions set forth by the attending practitioner, the employee may be assigned transitional work for a period not to exceed 60 days.
2. Transitional Duties may include:
 - a. Changed duties within the scope of their current position
 - b. Other available duties for which they may be qualified
 - c. A reduced work-hours schedule
3. An employee's limitations/restrictions are effective 24 hours per day. Failure to adhere to restrictions may cause a delay in healing or further aggravate the condition. Failure to adhere to restrictions may result in disciplinary action, up to and including termination.
4. Transitional duty shall be based on an employee's skill and abilities and applied to all employees on a fair and equitable basis.
5. Eligibility is based upon completion of a Transitional Duty Evaluation form by the employee's attending practitioner or a Patient Status Report completed by the agency's occupational medicine practitioner.
6. The Transitional Duty Evaluation form may be used to document restrictions and/or limitations for work-related and non-work-related injuries or illnesses.

C. Payment of Wages during Transitional Duty

1. Work related injury or illness
 - a. If an employee injury is determined to be work related, benefits/wages shall be paid in accordance with the state workers' compensation statute, with regard for the "waiting period," and the agency's Worker's Compensation Policy.
 - b. If an employee on Transitional duty is unable to report to work to perform transitional duty, the employee may then be charged PTO for the employee's scheduled shift. Employees performing transitional duty on a restricted workweek (during the first 60 days of a worker's compensation leave) shall receive payment for hours worked from the company and the hours not worked shall be reimbursed according to state Worker's Compensation guidelines.
2. Non-worked related injury or illness

- a. An employee performing transitional duty for their normal work schedule shall be compensated at their regular hourly rate, for all hours worked.
- b. Employees performing transitional duty on a restricted workweek, following a period of Short Term Disability, may receive a combination of regular pay and Partial Disability benefits. Accounting staff shall individually assist the employee in calculating the hours.
- c. Holiday/vacation
If an employee has a vacation, or there is a holiday, while on transitional duty, the employee is entitled to their regular vacation selection or holiday pay as if they normally would have had it.

D. Medical Appointments

- 1. Medical appointments for non-work related injury or illness that conflict with working hours must be coordinated, in advance, with the employee's supervisor. Appointments are to be scheduled as to not interfere with working hours. Non-emergency medical appointments NOT scheduled in advance may result in denial of the time off and subsequently be ineligible for payment.
- 2. A Transitional Duty Evaluation form must be completed for each non-work related practitioner visit, for evaluation of the impairment. The Occupational Medicine practitioner may complete either the Patient Status Report or the TD evaluation.
- 3. It is the employee's responsibility to keep the company apprised weekly of their status and/or after each physician visit.

E. Employee procedures

- 1. All work related injuries or illness must be reported in accordance with Link's Worker's Compensation Policy included in the Employee handbook.
- 2. If an employee is unable to return to their regular job but are capable of performing transitional duty, the employee must report for transitional duty as assigned. Failure to do so may result in ineligibility for full benefits under the workers' compensation program and may result in disqualification for certain employee benefits with disciplinary action up to, and including termination.
- 3. Employees who are unable to work and whose absence is approved by the agency, must keep the agency informed on a weekly basis of their status. Failure to do so may result in a reduction in benefits available and disciplinary action, up to and including termination.
- 4. If an employee is unable to return to his/her regular job or transitional duty, the absence must be approved under the Family Medical Leave program, following procedures for FMLA outlined in the Employee Handbook. For this purpose, the Employee must have their practitioner complete both the Transitional Duty Evaluation and FMLA Medical Certification form.
- 5. Employees not eligible for leave under the Family Medical Leave Act must return to transitional duty or regular work if possible. If non-eligible employees are unable to return to available work, Link Associates reserves the right to replace this position, as not to jeopardize the quality of programming. When the employee is able to return to work, Link Associates shall make every effort to offer a comparable position. Employees in this situation are responsible for keeping the agency informed at least weekly of their status and any changes in their condition.

Employees must provide documentation from their treating physician indicating they are capable of returning to full duty. Permanent restrictions shall be evaluated on a case-by-case basis and relate to the performance of essential job functions. Permanent light duty positions shall not be created

Physician's Transitional Duty Recommendations Record

Company Name		Date of Injury/Illness			
Patient's Name (Last)		Patient's Name (First)		Patient's Name (Middle Initial)	
TO BE COMPLETED BY ATTENDING PHYSICIAN					
DIAGNOSIS/CONDITION (Brief Explanation)					
I treated this patient on _____ & based on the above description of the patient's current medical problem, I recommend the following:					
<input type="checkbox"/> Patient may return to work with NO LIMITATIONS on _____					
<input type="checkbox"/> Patient may return to work on _____ (limitations are noted below)					
CHECK ONLY AS RELATES TO ABOVE CONDITIONS					
<input type="checkbox"/>	SEDENTARY WORK. Lifting 10 pounds maximum; occasionally lifting or carrying such articles as docket, ledgers and small tools. Work essentially involves sitting and is considered sedentary if only a small amount of walking and standing is necessary to carry out duties.	1. In an 8 hour work day, patient may:			
		a. Stand/Walk			
		<input type="checkbox"/> None <input type="checkbox"/> 1-4 Hours <input type="checkbox"/> 4-6 Hours <input type="checkbox"/> 6-8 Hours			
		b. Sit			
<input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours <input type="checkbox"/> 5-8 Hours					
c. Drive					
<input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours <input type="checkbox"/> 5-8 Hours					
<input type="checkbox"/>	LIGHT WORK. Lifting 20 pounds maximum; frequent lifting or carrying objects up to 10 pounds. Work is classified light if it requires walking or standing to a significant degree (regardless of weight lifted) or involves sitting most of the time with a degree of pushing and pulling of arm or leg controls.	2. Patient may use hand(s) for repetitive:			
		<input type="checkbox"/> Single Grasping <input type="checkbox"/> Fine Manipulation <input type="checkbox"/> Pushing & Pulling			
<input type="checkbox"/>	LIGHT MEDIUM WORK. Lifting 30 pounds maximum; frequent lifting or carrying of objects weighing up to 20 pounds.	3. Patient may use foot/feet for repetitive movement, as in operating foot controls:			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/>	MEDIUM WORK. Lifting 50 pounds maximum; frequent lifting or carrying objects weighing up to 25 pounds.	4. Patient may:			
<input type="checkbox"/>	LIGHT HEAVY WORK. Lifting 75 pounds maximum; frequent lifting or carrying of objects weighing up to 40 pounds.				
<input type="checkbox"/>	HEAVY WORK. Lifting 100 pounds maximum; frequent lifting or carrying of objects weighing up to 50 pounds.				
OTHER INSTRUCTIONS AND/OR LIMITATIONS (Including prescribed medications)					
These restrictions are in effect until _____		Or until patient is reevaluated on _____			
Patient is totally incapacitated at this time. Reevaluation scheduled on _____					
Referred to:		<input type="checkbox"/> None <input type="checkbox"/> Private Physician		<input type="checkbox"/> Return Here <input type="checkbox"/> A Consultant	
Physician's Signature _____				Date _____	
PATIENT'S AUTHORIZATION TO RELEASE INFORMATION					
I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my Examination or treatment for the injury identified about to my employer or representative.					
Patient's Signature _____				Date _____	

Physician's Name: _____
 Address: _____
 Telephone: _____

ATTACHMENT J:

LINK ASSOCIATES POLICY/PROCEDURE

Section: Environment/Safety, Policy 5: Work Place Safety

I. POLICY

Accident prevention is of prime importance. The establishment and maintenance of a safe work environment is the shared responsibility of Link Associates and all its employees. Link Associates attempts to protect employees against hardship and suffering from injuries and illnesses resulting from accidents or work conditions and to protect Link Associates from potential losses, damages, and costs caused by such accidents and conditions.

II. PROCEDURES

A. Management recognizes that more than safety is involved, because the existence of accident hazards is proof of a wasteful, inefficient operation. Accidents can lead to complaints, dissatisfaction, interference with work plans, and loss of good will. The success of the Safety Program depends on the sincere, constant, cooperative effort of all Link Associates employees and their active support and participation.

1. Organization Responsibilities:

To ensure workplace safety is a priority, Link Associates shall:

- a. Ensure employees are provided with any and all required safeguards to ensure safe working conditions
- b. Ensure employees are provided neat, clean, safe, attractive, and healthful working conditions.
- c. Ensure all equipment, tools, and machines are kept in good repair
- d. Ensure safe work methods are studied and developed and employees are trained in these methods
- e. Ensure that the organization complies with federal, state, and local laws regarding accident prevention and working conditions.

2. Management/Supervisory Responsibilities:

The management/supervisors responsibilities include, but are not limited to:

- a. Assuring that all safety regulations, rules, policies, and procedures are implemented and adhered to.
- b. Ensuring that staff exercise the proper use of personal protective gear and receive the safety training appropriate to their assigned duties.
- c. Responding to employee safety complaints and concerns.
- d. Assuring that employees are knowledgeable of and follow the steps following a workplace injury as listed in the employee handbook.

3. Employee Responsibilities:

The employee's responsibilities include, but are not limited to, the following:

- a. Follow established safety and health rules, policies, and procedures in performing work assignments.
- b. To take an active part in protecting themselves and their coworkers from accident and injury
- c. Immediately report to the immediate supervisor and co-workers any unsafe working condition, equipment malfunction, or other situations that could endanger employees, consumers, or the public. Both supervisors and employees at all levels of Link Associates are expected to report and try to correct unsafe conditions as promptly as possible.
- d. Report personal work place injuries as directed in the employee handbook.

- e. Request additional information or clarification on assignments that are unclear and for which there may be a hazard.
- f. As long as the essential functions of the job can be completed, employees may be exempt from certain required job duties, which cannot be performed due to a disability. To be excused, the employee needs to request modification, provide a medical certification stating the disabling condition, what duties cannot be performed, how long they cannot be performed and why they cannot be performed. Unless it would cause undue hardship to the agency, the Executive Director can grant a modification and shall submit a statement to the employee's personnel file outlining the modification. The Executive Director shall consult with medical professionals as needed.
- g. Operate all agency equipment, tools, machinery, and vehicles in accordance with manufacturer guidelines, safety practices, and operator training instructions.
- h. Correctly wear and use all appropriate protective equipment.
- i. Use lap and shoulder belts, where provided, at all times while operating or riding as a passenger in an agency vehicle or private vehicle on agency business.
- j. For the safety and dignity of both consumer and staff, Link Associates requires the use of an agency-approved lift for service to persons requiring physical transfers.

B. SAFETY COMMITTEE

Link Associates shall have a safety committee to help ensure that our agency is safe and healthy for consumers, staff, and visitors.

C. TRAINING

Link Associates shall use best efforts to implement an ongoing program to identify and assess safety and health hazards. Employees shall be provided:

- 1. On-going training and education relating to preventive measures that minimize or eliminate work place hazards.
- 2. Work practices necessary to safely perform the job
- 3. Instruction of the emergency plan

D. ENFORCEMENT

Link Associates expects employees to follow rules of conduct, written or verbal that shall protect the interests and safety of all employees, consumers and the organization. Link Associates reserves the right to take any disciplinary action appropriate to protect these interests. All employees have a duty to cooperate with any investigation of work place safety. It is not possible to list all the forms of behavior that are considered unacceptable in the work place. False reporting of any injury or accident may be cause for immediate termination without prior notice or benefits. Attempts to make falsified workman's compensation claims shall be referred to the carrier for investigation and possible litigation.