



# Harmony House

## **Policies and Procedures**

**920 SW 37th Street  
Blue Springs, MO 64015**

**816-988-8316**

**Effective Date:**\_\_\_\_\_

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# SECTION 1

## Introduction

### Purpose

Section 1 introduces Harmony House Care Homes (HHCH), including our mission, purpose, and the values that guide how we provide supports. This section explains our commitment to person-centered, inclusive services that promote dignity, choice, self-determination, and community belonging. It also establishes how this handbook supports compliance with the HCBS Final Rule and applicable Missouri Department of Mental Health (DMH) requirements.

### What This Section Covers

- HHCH mission and purpose
- Commitments to person-centered, inclusive, respectful, empowering, and collaborative supports
- HCBS alignment (42 CFR §441.301)
- Shared values (PEACE Framework: Positivity, Encouragement, Advocacy, Compassion, Equality)
- Shared values implementation expectations
- Expectations for respect, dignity, autonomy, and informed choice
- Purpose and use of the employee handbook

## Our Mission

At **Harmony House Care Homes**, our mission is to empower each individual to live a self-directed, meaningful life within their home and community.

We believe that every person has the right to make informed choices, pursue their goals, and experience inclusion, dignity, and belonging.

We commit to providing supports that are:

- **Person-Centered** – built around each individual’s strengths, preferences, and desired outcomes.
- **Inclusive** – ensuring full participation in community life alongside people without disabilities.
- **Respectful** – honoring the rights, privacy, and autonomy of every individual we support.
- **Empowering** – helping each person develop the confidence and skills to advocate for themselves and shape their own future.
- **Collaborative** – engaging families, guardians, and teams as partners in promoting independence and wellbeing.

Our mission aligns with the **Home and Community-Based Services (HCBS) Final Rule (42 CFR §441.301)**, ensuring that all services promote freedom of choice, self-determination, and opportunities for individuals to live **their lives their way**—as valued members of their communities.

## Our Purpose

The purpose of **Harmony House Care Homes** is to support people in living their lives with independence, dignity, and choice.

We believe that every person has the right to design a life that reflects their goals, values, and personal vision for the future.

Our role is not to direct a person’s life, but to walk beside them—empowering them to make decisions, take healthy risks, and engage fully in their communities.

We create opportunities for each person to:

- **Live in inclusive, community-based settings** where they can form meaningful relationships and participate as valued citizens.
- **Develop and use their own voice** through person-centered planning and self-advocacy.
- **Access supports that build skills** and promote independence across all areas of life.
- **Enjoy privacy, respect, and autonomy** in every aspect of daily living.

## Our Shared Values: The PEACE Framework

At Harmony House Care Homes, our shared values form the foundation of how we live our mission every day. These values guide our behavior, decisions, and relationships — ensuring consistency, compassion, and respect across every setting.

Value	We Believe...	We Show It By...
<b>Positivity</b>	A hopeful and uplifting attitude creates meaningful change.	Celebrating progress, focusing on strengths, and inspiring optimism in others.
<b>Encouragement</b>	Everyone thrives when they feel	Providing motivation, praise, and

	supported and believed in.	opportunities to build confidence and independence.
<b>Advocacy</b>	Every person deserves a voice and the power to make choices.	Promoting rights, inclusion, and equality in all environments.
<b>Compassion</b>	Kindness and empathy build trust and connection.	Listening with care, showing patience, and responding to each person's needs with respect.
<b>Equality</b>	Every individual deserves fairness, dignity, and opportunity.	Ensuring inclusive participation, valuing diversity, and upholding equal treatment for all.

## Shared Values System – Implementation Expectations

### PEACE Values Policy

Harmony House Care Homes PEACE Values System establishes the organization's shared expectations for behavior, decision-making, and service delivery across all environments. The purpose of this policy is to ensure that staff actions consistently reflect **Positivity, Encouragement, Advocacy, Compassion, and Equality** in every interaction, and that these values guide professional conduct, care practices, and service outcomes in a consistent and measurable way.

This policy applies to all employees, volunteers, contractors, and agency workers in every HHCH setting, including residential/ISL services, day programs, transportation, community engagement, and administrative/office environments. PEACE values are defined as follows: **Positivity** means creating uplifting and supportive interactions; **Encouragement** means supporting autonomy, celebrating progress, and promoting independence; **Advocacy** means protecting rights, speaking up, and ensuring fair treatment; **Compassion** means demonstrating empathy, patience, and understanding; and **Equality** means ensuring fairness, inclusion, and equitable opportunities for all. Value-based behavior refers to observable actions that demonstrate commitment to these values, and values compliance refers to the extent to which staff behavior aligns with PEACE expectations as assessed through supervision, performance standards, and organizational quality systems.

Leadership is responsible for embedding PEACE values into organizational culture, service standards, and quality systems by ensuring resources, training, and supervision support values-led practice and by modeling PEACE values consistently in communication and decision-making. Managers and supervisors promote values in team culture through coaching, oversight, and performance monitoring, integrating PEACE values into supervision, appraisals, and corrective action processes, and respond promptly when behavior does not align with HHCH values expectations. All employees are responsible for practicing PEACE values in daily interactions with individuals supported, colleagues, families, and community members; using PEACE values as a guide when solving problems, handling conflict, or making care decisions; and participating fully in training and reflection activities related to values.

HHCH implements the PEACE values for staff and individuals through onboarding and ongoing verbal training, consistent modeling and reinforcement during daily interactions, integration of the values into meetings and activities, and ongoing coaching and support across all service environments. Staff receive PEACE values training through a structured conversation with Administration that reviews each value, provides practical examples, and allows time for questions and discussion to support consistent understanding and application. Individuals supported are taught the PEACE values through person-centered instruction at a level they can understand, using simple language, visuals, and repetition as needed, with staff coaching and prompting in real-life situations and providing positive reinforcement and recognition when values-based behaviors are demonstrated. PEACE values are displayed in HHCH locations and included in staff handbooks, and meetings may include a brief “values moment” reflection to strengthen learning and reinforce values-based practice. HHCH will recognize staff and individuals who demonstrate Positivity, Encouragement, Advocacy, Compassion, and Equality (PEACE) by providing “shout-outs” in the monthly newsletter that highlight specific, observable examples of values-based behavior and reinforce HHCH culture and expectations.

Employees are expected to demonstrate PEACE values through daily behaviors in every environment. Staff are expected to model **Positivity** by using positive language, maintaining a friendly and hopeful attitude, and offering praise and encouragement. Staff are expected to demonstrate **Encouragement** by supporting independence through offering choices, acknowledging effort, promoting participation in activities, and building confidence across home, program, transportation, and community settings. Staff demonstrate **Advocacy** by supporting each individual’s rights, preferences, and safety; speaking up when needs are not being met; promoting inclusion; and increasing awareness and acceptance in community environments. Staff demonstrate **Compassion** by responding to signs of distress with empathy and patience, offering support while maintaining dignity, and communicating calmly and respectfully across all settings. Staff demonstrate **Equality** by treating all individuals fairly, ensuring participation and access to opportunities, respecting autonomy and personal space, honoring routines, and promoting inclusion in community life.

HHCH monitors and evaluates values-aligned behavior through routine supervision and performance monitoring. Supervisors assess values compliance using observations, documentation, and feedback, and this information informs coaching and performance evaluations. Incidents and complaints are reviewed through a PEACE values lens to guide learning, improvement, and prevention strategies. HHCH may also use surveys, check-ins, and team reflections to gather feedback from employees, families, and individuals supported regarding how well services reflect PEACE values in practice.

When staff behavior is inconsistent with PEACE expectations, HHCH will provide coaching, feedback, and additional training as appropriate. Continued or serious non-alignment with PEACE values may result in corrective action consistent with HHCH Human Resources policies. HHCH also supports recognition practices such as values-based “shout-outs” in team meetings or newsletters to reinforce positive examples of PEACE values in action. Evidence of values-based practice may be documented in supervision notes, performance appraisals, and training logs, and records will be maintained securely in accordance with HHCH confidentiality and records management standards.

## Respect and Dignity

At **Harmony House Care Homes**, respect and dignity are at the foundation of every service and interaction.

We believe that every person—regardless of ability, background, or circumstance—has inherent worth and the right to be treated with compassion, fairness, and honor.

We commit to:

- Respect is demonstrated by **Upholding individual rights** to privacy, autonomy, informed choice, and freedom from coercion or restraint.
- **Recognizing each person's voice and perspective** as central to all decisions affecting their life.
- **Creating environments that value diversity** and promote cultural, linguistic, and personal inclusion.
- **Supporting dignity of risk**, understanding that personal growth often includes learning through experience and making independent choices.
- **Modeling empathy and professionalism** in all relationships—with the people we support, their families, coworkers, and community partners.

Respect is demonstrated not only through words but through daily actions—by listening, honoring preferences, and promoting equality in all settings.

Our commitment to dignity means that every person has the opportunity to live a life of purpose, choice, and belonging within their community.

### **Purpose of This Handbook**

This handbook is designed to guide all employees of **Harmony House Care Homes** in understanding our mission, values, and expectations for providing high-quality, person-centered supports.

It serves as a living resource that promotes compliance with the **Home and Community-Based Services (HCBS) Final Rule (42 CFR §441.301)** and all applicable **Missouri Department of Mental Health (DMH)** regulations.

The purpose of this handbook is to:

- **Communicate our commitment** to supporting individuals with dignity, respect, and choice.
- **Provide clear policies and procedures** that ensure safety, accountability, and quality in service delivery.
- **Clarify employee responsibilities** for maintaining professional conduct, confidentiality, and ethical practice.
- **Promote understanding of person-centered principles**, ensuring that every employee contributes to an environment where people can live, work, and participate fully in their communities.

This handbook applies to all employees, regardless of position or tenure, and reflects our shared belief that everyone at HHCH plays a vital role in advancing inclusion, independence, and self-determination for the people we support.



By following these policies, each team member helps fulfill our collective mission—to empower individuals to live **their lives their way**.

### Section 1 Review and Acknowledgment

All employees must acknowledge Section 1 upon hire and during annual training cycles. By signing below, the employee confirms that they have received, reviewed, and understand the policies in this section and agree to follow HHCH standards as a condition of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

# SECTION 2

## Human Resources, Equal Opportunity & Employee Processes

### Purpose

Section 2 outlines Harmony House Care Homes (HHCH) employment practices and employee processes that support a respectful, compliant, and person-centered workplace. These policies establish clear expectations for equal employment opportunity, harassment prevention, reporting and grievance procedures, hiring and screening requirements, training and credential verification, role expectations, and protection of personnel records. HHCH is committed to maintaining a work environment grounded in professionalism, dignity, fairness, and non-retaliation.

### What This Section Covers

- Equal Employment Opportunity (EEO) and non-discrimination
- Harassment prevention and non-retaliation expectations
- Employee grievance procedure and reporting options
- Background checks and pre-employment screening requirements
- Required training, certifications, and credential tracking
- Direct Support Professional (DSP) job expectations
- Family member employment and conflict-of-interest safeguards
- Personnel records, privacy, and record retention expectations

### 2.1 Equal Employment Opportunity

Harmony House Care Homes (HHCH) is an Equal Employment Opportunity employer committed to fair and lawful employment practices. HHCH makes employment decisions based on qualifications, performance, and organizational need and does not discriminate in recruitment, hiring, assignment, training, promotion, compensation, discipline, or termination on the basis of any status protected by law, including race, color, religion, creed, sex, pregnancy, gender identity or expression, sexual orientation, age, national origin, ancestry, disability, marital status, veteran status, genetic information, or any other protected classification. HHCH is committed to maintaining a workplace culture grounded in dignity, respect, and fairness, consistent with HCBS values.

Employees and applicants who believe they have experienced discrimination related to employment are encouraged to report the concern promptly using the reporting channels in this section. HHCH will review concerns objectively, maintain confidentiality to the greatest extent possible, and take appropriate corrective action when policy violations are confirmed. Retaliation against any person for raising a good-faith concern or participating in an investigation is prohibited and may result in disciplinary action up to and including termination.

## **2.2 Harassment Prevention & Non-Retaliation Policy**

Harmony House Care Homes is committed to maintaining a workplace free from harassment, including sexual harassment, and prohibits harassment by supervisors, coworkers, individuals supported, visitors, vendors, families, or any other third party.

- Harassment includes unwelcome verbal, physical, written, or visual conduct based on a protected status that creates an intimidating, hostile, or offensive environment or interferes with work performance.
- Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature that affects employment decisions, interferes with job performance, or creates a hostile work environment.

HHCH also prohibits retaliation against any person who makes a good-faith report of harassment or discrimination, supports another report, or participates in an investigation.

Any employee who experiences or witnesses harassment must report it immediately to a supervisor/manager, Administration, the Executive Director (or designee), or through the grievance process/anonymous submission option if available. HHCH will promptly review and investigate reports in a documented and impartial manner and will share information only with individuals who have a legitimate business need to know. If harassment is substantiated, HHCH will take corrective action up to and including termination. Employees must cooperate with investigations and must not interfere with reporting, intimidate witnesses, or discourage participation. Violations of this policy—including retaliation—are serious and will be addressed through corrective action.

## **2.3 Grievance Procedure**

Harmony House Care Homes values open communication and transparency and supports every person's right to raise concerns and have them reviewed fairly and without prejudice. No employee, individual supported, guardian, or advocate will face retaliation, intimidation, or adverse treatment for filing a grievance, participating in an investigation, or supporting another person through the grievance process.

Grievances may be filed verbally or in writing and may be submitted to a direct supervisor or program manager, the Executive Director, or through anonymous submission. HHCH will provide assistance to individuals supported as needed to complete the process, and guardians will be notified when appropriate. The receiving administrator will acknowledge the grievance within three business days, begin a formal investigation within five business days, and work to conclude the investigation within fourteen business days of the initial report. HHCH will interview involved parties, gather relevant information, and document findings under the oversight of the Executive Director or designee to ensure an impartial review.

At the conclusion of the investigation, HHCH will provide a written summary of findings and corrective actions, if any, to the complainant and will retain documentation in the grievance log maintained by administration. If the complainant is dissatisfied with the resolution or feels unsafe reporting internally, the concern may be escalated to external entities such as the:

- Missouri Department of Mental Health (DMH) Office of Constituent Services (1-800-364-9687, constituentsvcs@dmh.mo.gov, PO Box 687, Jefferson City, MO 65102)
- Missouri Department of Health and Senior Services (DHSS) hotline (1-800-392-0210).

All grievance materials are handled sensitively and shared only with individuals who have a legitimate need to know.

## **2.4 Background Check Policy**

Harmony House Care Homes is committed to maintaining a safe and secure environment for all individuals receiving services. All applicants and employees are subject to background screening in accordance with RSMo 660.317, the Family Care Safety Registry (FCSR), and any additional checks required by DMH or funding sources. Employment, and continued employment, is contingent upon satisfactory completion and ongoing maintenance of required clearances.

Before beginning work, applicants must successfully complete required pre-employment screening, including the Missouri Family Care Safety Registry (FCSR), a criminal background check through state and federal databases, the Employee Disqualification List (EDL), applicable Child and Adult Abuse/Neglect registries. Falsification or omission of information during screening results in disqualification from employment consideration. Background screening occurs at hire prior to unsupervised contact with individuals supported and is repeated annually. Employees must self-report arrests, criminal charges, or convictions to Administration within 24 hours.

Individuals may not be employed or retained if they are found on the EDL, have convictions or pending charges involving abuse, neglect, exploitation, or violence, or have any other offense that disqualifies them under Missouri law or DMH guidance. Background results are confidential, maintained securely within the personnel file, and shared only with those who have a legitimate business need to know. Conditional employment may be permitted while results are pending only when the employee is under direct supervision and preliminary screening shows no disqualifying findings.

## **2.5 Staff Training and Credential Verification Policy**

Harmony House Care Homes is committed to maintaining a competent workforce that protects the rights, dignity, and safety of individuals supported. All staff must complete orientation and ongoing training to

ensure competence in person-centered, trauma-informed, and rights-based practices. Staff are responsible for maintaining current certifications and licenses required for their role, and HHCH will verify credentials and retain documentation in personnel files.

New employees must complete orientation before working independently with individuals supported. Orientation includes core topics such as mission and values, HCBS principles, individual rights and informed choice, abuse/neglect/exploitation prevention, confidentiality and HIPAA, positive behavior support, emergency preparedness and safety, and infection control and medication handling when applicable. Employees must demonstrate understanding through written or practical methods before providing direct support independently. Staff must also complete annual refresher training in core compliance areas including rights, abuse/neglect reporting, HIPAA, medication safety when applicable, emergency procedures, and person-centered planning/self-determination. Supervisors monitor performance and arrange retraining when needed, and training records are reviewed at least annually to confirm continued competency.

For roles requiring licensure or certification (such as RN, LPN, L1MA, or a valid driver's license when driving is required), HHCH verifies credentials at hire and monitors expiration dates. If a required credential lapses, duties may be suspended and/or disciplinary action may occur until renewal is confirmed. Employees are also responsible for knowing and following individual-specific documents tied to the people they support, including the Individual Support Plan (ISP), Positive Behavior Support Plan (PBSP), and any required training checklists, and must seek clarification from a supervisor or administration when questions arise.

- Orientation - *Upon Hire*
- Missouri Quality Outcomes - *Upon Hire*
- ISP Training - *Upon Hire*
- Level I Medication Aide - *Every 2 years*
- CPR with First Aid & AED - *Every 2 years*
- Confidentiality - *Annually*
- Harmony House Care Homes Policies and Procedures - *Annually*
- Positive Behavior Supports Video & Test - *Upon Hire*
- Abuse/Neglect Prevention, Detection and Training - *Annually - To be completed within 2 days of hire and before contact with individuals*
- Other specialized training for supporting individuals (i.e. Plans, delegations, etc.) - *Annually and as required*

## 2.6 DSP Job Description

### Position Summary

A Direct Support Professional (DSP) provides direct support services consistent with each individual's person-centered plan, daily needs, and identified goals. DSPs support individuals to live safely, participate in the community, build independence, and experience dignity, respect, and choice in everyday life. DSPs are expected to follow all HHCH policies, maintain professional boundaries, communicate respectfully, and contribute to a safe and supportive home environment.

### Essential Responsibilities

DSPs assist individuals with activities of daily living (ADLs) as needed, including hygiene, dressing, grooming, toileting, meal support, and other personal care tasks. DSPs promote independence and skill-building by supporting communication, self-care, decision-making, household routines, and other goal-related activities identified in the person-centered plan. DSPs also support community integration by assisting with transportation and participation in shopping, recreation, social activities, appointments, and other community-based experiences as assigned.

DSPs are responsible for maintaining a safe environment and following HHCH emergency procedures, including fire safety, severe weather response, evacuation procedures, and appropriate response to medical emergencies. DSPs must observe and promptly report changes in an individual's physical condition, behavior, or functioning to supervisors, and they must implement approved support strategies and behavior interventions only as trained and authorized.

### **Documentation and Reporting Expectations**

DSPs must complete documentation accurately, objectively, and on time in accordance with HHCH documentation standards. Documentation includes daily logs or progress notes, required forms, and incident reporting. Documentation must be completed by the end of the shift unless otherwise directed. DSPs must report incidents immediately and document them according to HHCH incident reporting requirements. DSPs are expected to use Therap (or other HHCH-approved systems) for documentation and required modules, including financial entries when assigned.

### **Medication Support (as assigned and permitted)**

DSPs may support medication processes only as assigned and consistent with training, delegation, and certification requirements. This may include medication reminders, documentation, or administration when the DSP holds required certification and has been authorized to perform these duties.

### **Professional Conduct and Confidentiality**

DSPs must protect confidentiality and comply with HIPAA and all HHCH privacy requirements. DSPs maintain respectful communication and ethical conduct with individuals supported, families/guardians, coworkers, and community members. DSPs must maintain professional boundaries, refrain from retaliatory or discriminatory conduct, and comply fully with audits, supervision, coaching, and investigations as required.

### **Household Support, Safety, and Infection Control**

DSPs support cleanliness and sanitation of the environment and follow infection control practices and universal precautions. DSPs attend required trainings, meetings, supervision, and competency checks to ensure continued skill development and compliance with HHCH standards.

### **Required Qualifications**

DSPs must have a high school diploma or GED (or equivalent), be able to pass required background checks and registry clearances, and complete required orientation and ongoing trainings within designated timeframes. DSPs must demonstrate reliable attendance and punctuality and be able to communicate effectively with individuals supported, coworkers, and supervisors.

### **Preferred Qualifications**

Preferred qualifications include prior experience supporting individuals with disabilities, behavioral

health needs, or complex medical needs, and the ability to obtain or maintain CPR/First Aid and medication training/certification as required for the assignment.

### **Physical and Emergency Response Requirements**

DSPs must be able to stand, walk, bend, lift, and assist with transfers as required by assigned supports. DSPs must be able to lift up to 50 pounds with or without reasonable accommodation and respond appropriately in emergencies. DSPs may use physical interventions only when trained, authorized, and permitted by policy.

### **Driving Requirements (if applicable)**

When driving is required for an assignment, DSPs must maintain a valid driver's license and an acceptable driving record. If using a personal vehicle for authorized duties, DSPs must provide proof of current auto insurance as applicable and comply with HHCH transportation and safety policies.

### **Performance and Conduct Expectations**

DSPs are expected to follow all HHCH policies and procedures, including abuse/neglect reporting, confidentiality, financial procedures, and emergency response. DSPs must demonstrate professionalism, respectful communication, cultural sensitivity, and a consistent commitment to preventing abuse, neglect, exploitation, retaliation, discrimination, or harassment.

## **2.7 Family Member Employment**

Harmony House Care Homes recognizes that family members may bring valuable experience and commitment to the organization. At the same time, the employment of family members must never compromise objectivity, confidentiality, or the integrity of service delivery. To remain consistent with HCBS Final Rule expectations and DMH conflict-of-interest standards, HHCH permits family members to be employed only when the relationship does not create a supervisory, evaluative, or financial conflict of interest. No employee may supervise, evaluate, or directly influence the hiring, promotion, compensation, scheduling, or discipline of a family member.

For the purposes of this policy, a "family member" includes a spouse or domestic partner, parent, child, sibling, grandparent, grandchild, in-law, step-relative, and any other person residing in the same household or having a close familial relationship with an employee or an individual supported. A "conflict of interest" is any situation in which a personal or family relationship could influence—or appear to influence—professional judgment or decisions within HHCH.

Employees must disclose any family relationship with another HHCH employee or an individual supported at the time of hire or immediately upon learning of the relationship. Administration will document the disclosure and evaluate the situation for potential conflicts. The Executive Director and/or Administration will review the disclosure to determine whether employment, reassignment, or reporting relationships create a conflict of interest. Written approval is required before any employment decision or reassignment occurs when a family member relationship exists, and the decision documentation will be maintained in the employee's personnel file.

Family members may not supervise or evaluate one another under any circumstances. In addition, family members of individuals supported are not permitted to provide direct services to their relative unless the individual's ISP team approves the arrangement and HHCH obtains written authorization from the DMH

Regional Office. If an exception is approved, HHCH will implement oversight procedures to ensure impartial supervision, proper documentation, and continued compliance with DMH and HCBS standards.

All employees must maintain confidentiality regarding all individuals supported, including relatives, in accordance with HIPAA and applicable DMH confidentiality requirements. Family relationships may not be used to access private information, influence service decisions, or affect scheduling or staff assignments. Violations of this policy may result in corrective action up to and including termination.

## **2.8 Personnel Records and Privacy**

Harmony House Care Homes maintains personnel files and employment records to document each employee's work history, qualifications, training, and performance. HHCH is committed to maintaining these records in a secure and confidential manner and protecting personal and sensitive information from unauthorized access, disclosure, alteration, or removal. Personnel files are the property of HHCH and may not be removed from the office or designated secure storage area without written authorization from Administration. Employees may review their own personnel file under supervised conditions upon reasonable request.

Each employee's personnel file may contain materials such as the employment application and resume, offer letter and position description, proof of credentials, licenses, and certifications, background check and screening documentation, payroll and tax forms, performance evaluations, training documentation, and records of disciplinary actions or accommodations. Work authorization documentation (Form I-9 and acceptable supporting documents) will be maintained in accordance with applicable law and may be stored in a separate secure I-9 file system (paper or electronic) with restricted access. All personnel records will be organized, updated, and retained in accordance with federal and state recordkeeping requirements and HHCH record-retention standards.

Employees may request to review their personnel file by submitting a written request to Administration. Administration will schedule a supervised review during regular business hours and will remain present to protect the integrity and confidentiality of the file. Employees may request copies of documents they have signed or personally submitted. Employees may not remove, add, destroy, or alter documents in the personnel file.

HHCH maintains electronic personnel records, those records will be protected through password security, access permissions, and other reasonable safeguards. Information from an employee's personnel file will not be released to outside parties without the employee's written consent except as required by law, regulatory oversight, or authorized governmental inquiry.

Requests for employment verification or reference checks must be directed to Administration. Without written consent, HHCH will release only dates of employment and job title(s) held. Any additional information, including wage history, performance, or disciplinary history, will be released only with the employee's written authorization or as required by law.

Personnel files will be retained for a minimum of five (5) years after an employee's separation from employment, or longer if required by law or funding/regulatory requirements. When records are eligible for disposal, HHCH will destroy them in a secure manner (such as shredding for paper files or secure deletion for electronic records) to protect confidentiality.



### **Section 2 Review and Acknowledgment**

All employees must acknowledge Section 2 upon hire and during annual training cycles. By signing below, the employee confirms that they have received, reviewed, and understand the policies in this section and agree to follow HHCH standards as a condition of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Printed Name: \_\_\_\_\_

## **SECTION 3**

### **Workplace Conduct & Performance**

## Purpose

Section 3 outlines Harmony House Care Homes (HHCH) expectations for professional conduct, safe workplace behavior, attendance and reliability, and performance standards. These policies support a respectful, compliant, and person-centered work environment by clarifying employee responsibilities for professionalism, communication, boundaries, documentation integrity, and cooperation. Section 3 also reinforces that staff must maintain safety and dignity for individuals supported while following HHCH policies, supervisory direction, and reporting requirements.

## What This Section Covers

- Professional conduct and workplace expectations
- Attendance, scheduling, and call-off procedures
- Corrective action and performance accountability
- Drug and alcohol expectations and fitness for duty
- Dress code and professional appearance
- Use of agency equipment, technology, and documentation standards
- Cooperation, workplace safety, and prohibited behaviors (including horseplay)
- Cross-references to Event Reporting and HIPAA/Confidentiality requirements when applicable

### 3.1 Professional Conduct and Work Performance

Harmony House Care Homes expects all employees to maintain high standards of ethical and professional conduct because staff behavior directly affects the safety, rights, and well-being of the individuals supported. Employees are expected to treat individuals supported, families, guardians, coworkers, and

community partners with respect, honesty, and professionalism, and to perform job duties responsibly, competently, and in a way that protects confidentiality.

Employees must promote a workplace free from discrimination, harassment, coercion, and retaliation and must communicate respectfully in a person-centered manner that recognizes autonomy and informed choice. Staff are expected to demonstrate reliability, accountability, and consistent adherence to HHCH policies, DMH requirements, and HCBS expectations. Unprofessional, unsafe, or unethical conduct may result in corrective action up to and including termination.

Employees must exhibit integrity and compassion, maintain appropriate boundaries, and use respectful, person-centered language in all interactions and documentation. Staff must avoid conduct that could reasonably be perceived as coercive, demeaning, or intimidating, and must refrain from gossip or behavior that disrupts teamwork or undermines the workplace environment.

Employees may not accept gifts, personal loans, or favors from individuals supported. If an individual supported attempts to give a staff member money, a gift, or anything of value, the employee must decline. Any personal relationship with an individual supported outside of work must be disclosed and staff are encouraged to not share personal contact information or social media accounts or engage in dual relationships that compromise professional judgment.

Employees must arrive prepared for duty, use work time productively, follow safety and documentation requirements, and seek guidance when barriers to performance arise. Supervisors will provide feedback, coaching, and evaluations to support growth and accountability, and HHCH may use progressive discipline—beginning with coaching and progressing to written warnings, suspension, and termination—depending on the nature and severity of the issue.

### **3.2 Attendance and Scheduling**

Harmony House Care Homes requires regular attendance and punctuality to ensure continuity of care and stable supports for individuals served. Employees are expected to report as scheduled, be ready to begin work on time, and remain on duty for the full scheduled shift unless management approves a change. Unapproved absences, habitual tardiness, or leaving work without authorization, disrupt services and may result in corrective action consistent with HHCH disciplinary procedures.

When an employee cannot report to work, the employee must notify the office if during regular business hours (Monday- Friday 8am to 4pm) or call on-call at least four (4) hours before the shift begins, or as soon as possible in emergencies. Notification must occur by direct phone call or another approved method; text message is not an acceptable call-off method unless Administration has provided written approval for an alternate method due to documented circumstances. Failure to report an absence within the required timeframe may be treated as a “no call/no show” and may result in disciplinary action/termination. Employees must arrive on time and ready to work, and repeated tardiness may lead to progressive discipline. Employees may not leave early without approval, as this may jeopardize safety and coverage.

HHCH strives to provide predictable scheduling while maintaining flexibility for service continuity. Employees are responsible for checking schedules regularly and confirming changes with supervisors. Shift trades or coverage changes must be approved by management before they occur; employees may not

arrange swaps independently without supervisory authorization. HHCH recognizes that illness and emergencies occur, and employees are encouraged to communicate proactively regarding schedule adjustments or alternative coverage whenever possible. Employees are to communicate at least two (2) weeks prior regarding scheduling paid time off.

### **3.3 Corrective Actions**

Harmony House Care Homes uses corrective action to support accountability and improvement while maintaining fairness, respect, and transparency. Corrective action is intended to correct performance or conduct concerns—not to punish—and may be used when needed to protect individuals supported, maintain safety, and ensure compliance with HHCH policies and applicable requirements. Corrective action decisions are based on objective information and documentation, and the level of discipline will be proportionate to the nature and severity of the concern.

Supervisors are encouraged to begin with informal coaching and verbal counseling when appropriate. Coaching is used to clarify expectations, identify barriers, and create a plan for improvement, and supervisory notes may be kept even when formal discipline is not issued. A written warning may be issued when coaching does not result in improvement or when a more serious issue occurs. Written warnings describe the issue, expectations for improvement, the review timeline, and consequences for continued noncompliance, and employees may provide a response before acknowledging receipt. If concerns continue or the issue is serious, HHCH may issue a final warning or suspension, which may be paid or unpaid depending on circumstances and management discretion. Before suspension or termination, the Executive Director will review documentation to confirm consistency and fairness. Termination may occur when prior efforts fail to correct concerns, when a serious violation of policy, law, or safety occurs, or when actions jeopardize the rights, health, or safety of individuals supported. Corrective actions will be documented on HHCH forms and maintained in the personnel file.

Employees may review corrective action documents and may submit a written statement for inclusion in their personnel file. Employees who disagree with a corrective action may use the grievance process outlined in HHCH policy.

### **3.4 Drug and Alcohol Policy**

Harmony House Care Homes prohibits the use, possession, sale, distribution, or manufacture of illegal drugs or controlled substances on HHCH property or during work hours and prohibits reporting to work under the influence of drugs, alcohol, or any impairing substance. HHCH also prohibits misuse of prescription or over-the-counter medications when such misuse impairs performance or safety. Employees must perform duties free from impairment that could endanger themselves, coworkers, or individuals supported. Violations may result in corrective action up to and including termination.

Employees may not use or possess alcohol or illegal drugs on HHCH premises, in HHCH vehicles, or while conducting HHCH business, and may not consume alcohol during work hours, including breaks or lunch, unless attending a pre-approved event authorized by administration. Employees who take prescribed or over-the-counter medication that may impair performance must notify their supervisor before starting work so safety can be assessed and reasonable adjustments considered while respecting confidentiality and employment rights.

Drug or alcohol testing may be required pre-employment, when there is reasonable suspicion of impairment, following an accident or unsafe vehicle operation, or as part of return-to-duty or follow-up requirements. Testing will be completed in compliance with applicable federal and state law, and refusal to test is considered a policy violation. HHCH may refer employees to evaluation or treatment resources, including EAP support, and employees may voluntarily seek help proactively and confidentially before a workplace incident or policy violation occurs.

Any employee who suspects that they or another employee may be impaired while on duty must notify a supervisor or the on-call administrator immediately so safety can be assessed and appropriate action can be taken.

### **3.5 Dress Code and Professional Appearance**

Employees must maintain a clean, neat, and professional appearance that supports safety and reflects respect for individuals supported and coworkers. Clothing and grooming must be appropriate for job duties, must not compromise safety, and must not distract from service delivery or negatively affect HHCH's professional image. Employees must wear clean, well-maintained clothing and closed-toe, non-slip shoes, and maintain good hygiene. Employees should avoid strong fragrances that may cause discomfort.

Clothing that is offensive, discriminatory, or inappropriate is prohibited, including attire with offensive graphics or language, overly revealing clothing, see-through clothing, or clothing that is torn, excessively worn, or not suitable for a professional setting. Jewelry, accessories, hair, and nails must be maintained in a way that prevents safety hazards and supports infection control; long hair must be secured when performing personal care or food handling and required PPE must be used as assigned.

HHCH respects employees' religious and cultural attire choices as long as the attire does not create a safety risk or interfere with required job performance. Employees may request reasonable accommodations related to religious or cultural attire. If attire does not comply with HHCH standards or presents a safety concern, supervisors may require the employee to change into compliant attire.

### **3.6 Horseplay Prevention Policy**

Harmony House Care Homes prohibits horseplay, practical jokes, rough housing, or any unsafe behavior that could cause injury, property damage, fear, or disruption to services. Horseplay creates preventable risks for individuals supported and staff and is inconsistent with HHCH's expectations for professionalism, dignity, and safety. This policy applies to all employees, contractors, volunteers, interns, and visitors while on HHCH property, in HHCH homes, in HHCH vehicles, and during community activities while on duty.

Horseplay includes, but is not limited to, pushing, shoving, wrestling, running in work areas, throwing objects, startling others, engaging in prank behavior, using equipment in an unsafe manner, or any behavior that distracts from supervision responsibilities. Employees must maintain safe conduct at all times and remain attentive to their surroundings, especially when supporting individuals who may have mobility needs, medical risks, trauma history, or sensitivity to noise or unexpected physical contact. Employees must also avoid any behavior that could be perceived as threatening, intimidating, or demeaning to individuals supported.

Supervisors are responsible for addressing horseplay immediately through coaching or corrective action based on severity. If horseplay results in injury, property damage, or a safety incident, staff must notify a supervisor or on-call administrator immediately and complete required incident/event reporting documentation before the end of the shift. Violations of this policy may result in disciplinary action up to and including termination.

### **3.7 Use of Agency Equipment**

Harmony House Care Homes provides equipment and technology for work-related purposes, and employees are expected to use HHCH property responsibly, maintain it in good condition, and follow safety and confidentiality requirements. Equipment—including vans, phones, computers, tablets, keys, and office materials—must be used for authorized HHCH business and not for personal purposes beyond minimal incidental use that does not interfere with work. Employees are responsible for safeguarding assigned equipment and must report loss, damage, or malfunction immediately. Employees may not alter, repair, or install unauthorized software or components on HHCH technology.

All technology use must comply with confidentiality and privacy requirements, including HIPAA and HHCH privacy policies. Passwords and logins are for individual use only and may not be shared. Employees may not access, download, transmit, or store confidential information using unauthorized devices or platforms, and staff must ensure privacy when using electronic devices around individuals supported. HHCH reserves the right to monitor use of its systems as permitted by law. Employees must return all HHCH property upon separation or upon request, and failure to return property or deliberate damage may result in discipline and may include financial responsibility or legal action. Employees must use equipment according to manufacturer guidance and training; assistive or medical equipment must be used only by staff trained and authorized, and any unsafe condition must be reported immediately.

### **3.8 Documentation Standards**

Harmony House Care Homes requires documentation to be accurate, objective, timely, and completed according to organizational and regulatory standards. Documentation is part of the official record and must reflect respect for dignity, privacy, and rights of individuals supported. All records are confidential under HIPAA and DMH requirements, and falsifying, altering, omitting, or backdating documentation is prohibited and may result in termination.

Staff must document services, incidents, and supports as required by policy and program needs. Documentation must be completed promptly after the service or by end of shift unless otherwise directed, must be factual and free of opinion or judgment, and must include required elements such as date, time, activity details, initials, and signatures when applicable. Electronic documentation must be entered in HHCH-approved systems such as Therap and according to HHCH and DMH expectations. Staff must use professional, person-centered language and avoid slang or disrespectful terms. Handwritten errors must be corrected with a single line through the error, the word “error,” and initials; entries must never be erased or obscured.

Access to documentation is limited to authorized personnel, and staff must protect printed and electronic records from unauthorized viewing or sharing. Significant events, injuries, behavioral incidents, or suspected abuse must be reported and documented according to HHCH event reporting procedures and relevant DMH guidance, and incident reports must be filed according to HHCH procedure rather than included in daily notes when separation is required. Records must be retained for at least the minimum

period required by HHCH and applicable requirements and stored securely to prevent loss, damage, or unauthorized access.

For incidents, injuries, emergencies, or other reportable events, employees must also follow the Event Reporting (Section 5 policy 5.5 EMT/GER) policy requirements and complete required reporting and documentation within mandated timelines.

All documentation and communication related to individuals supported must comply with HHCH HIPAA and Confidentiality policies, including the “minimum necessary” standard, secure handling of records, and use of only HHCH-approved systems (including Therap) for any Protected Health Information. (See Section 6: HIPAA & Confidentiality)

### **3.9 Employee Cooperation Policy**

Harmony House Care Homes expects employees to promote teamwork, respect, and accountability through consistent cooperation with supervisors and coworkers. Cooperation includes following reasonable directions from supervisors, communicating clearly and professionally, participating in required trainings and meetings, and prioritizing the needs and safety of individuals supported. Employees are expected to contribute to a respectful work environment by assisting coworkers when needed, maintaining a constructive attitude, and addressing conflict through appropriate channels rather than gossip, hostility, or refusal to collaborate.

Employees must follow shift routines, support plans, and documentation requirements to ensure continuity of care, and they must demonstrate flexibility when schedules or assignments change due to emergencies, staffing needs, or individual preferences. Employees are expected to report concerns to supervisors using appropriate procedures and to resolve disagreements respectfully, seeking supervisory support when necessary. Behavior that undermines teamwork—such as refusing reasonable tasks, ignoring communication, escalating conflict, or otherwise disrupting service delivery—may result in corrective action.

### **Section 3 Review and Acknowledgment**

All employees must acknowledge Section 3 upon hire and during annual training cycles. By signing below, the employee confirms that they have received, reviewed, and understand the policies in this section and agree to follow HHCH standards as a condition of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Printed Name: \_\_\_\_\_

## **SECTION 4**

### **Health, Safety, Medical Supports &**

# Emergency Procedures

## Purpose

Section 4 outlines Harmony House Care Homes (HHCH) health and safety requirements that protect individuals supported and staff. These policies establish expectations for infection control, medication administration, transportation safety, safe food handling, and emergency response. Section 4 supports consistent, safe service delivery by requiring staff to follow approved plans, use universal precautions, complete required documentation, and respond promptly to medical and environmental emergencies while maintaining dignity, privacy, and person-centered care.

## What This Section Covers

- Infection control and bloodborne pathogen precautions (HSI)
- Medication management and health procedures
- Self-Administration Medication
- Transportation safety and agency vehicle requirements
- Emergency procedures, drills, and crisis response steps
- Specialized medical procedures and health-related supports
- Informed consent and individual health rights
- Safe food handling practices and sanitation expectations

### 4.1 Infection Control Policy

Harmony House Care Homes recognizes that employees may come into contact with blood or other potentially infectious materials (OPIM) while supporting individuals in their homes or in community settings. HHCH follows Centers for Disease Control (CDC) and World Health Organization (WHO) recommendations, as well as Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) standards, to reduce employee exposure to communicable diseases. HHCH will ensure employees have access to supplies needed to maintain a sanitary workplace and reduce transmission risk,



including hot water, soap, paper products, disposable gloves, cleaning supplies, and face protection such as masks, goggles, or face shields when needed.

HHCH requires staff to use **Universal Precautions** to reduce the risk of transmission of bloodborne and other pathogens. Handwashing and environmental cleaning are the most effective methods to prevent transmission of pathogens in residential, private, or community settings. Staff must also use appropriate personal protective equipment (PPE) when exposure risk exists, and all employees are required to implement effective respiratory hygiene and cough etiquette.

**Hand hygiene** is required for at least twenty (20) seconds using antibacterial soap and water. Employees must wash hands before, during, and after direct contact with an individual supported; immediately after removing disposable gloves; before handling any invasive medical device; and immediately after contact with bodily fluids or secretions, even if gloves were worn. Staff must also wash hands after contact with respiratory secretions and after cleaning tasks that could contaminate hands.

HHCH requires **routine environmental cleaning and disinfection** of living and service areas. Staff must handle soiled linens in a way that prevents contamination of skin and clothing and avoids transfer of pathogens to others. Staff must treat household waste as potentially contaminated with blood or other bodily fluids and dispose of waste properly. Cleaning and decontamination practices must be used for surfaces and equipment as needed to prevent spread of infection.

HHCH requires appropriate **PPE selection and use** based on assessed exposure risk. Disposable gloves must be worn when contact with blood or bodily fluids is possible, must be changed between tasks, and must be removed before touching non-contaminated surfaces. Facial protection such as safety goggles, masks, or face shields must be used when activities may generate splashes or sprays to the eyes, nose, or mouth. Gowns must be worn when activities may generate splashes or sprays that could soil clothing or expose skin. PPE must be disposed of properly after use, and hand hygiene must be completed after PPE removal. PPE gowns and face masks are located in the medication cabinet of all ISL and Day Habilitation sites.

HHCH requires **respiratory hygiene and cough etiquette**. Employees must cover the nose and mouth when coughing or sneezing using a tissue, mask, or the inner elbow, dispose of used tissues or masks properly, and perform handwashing after contact with respiratory secretions. HHCH recommends employees remain up to date on CDC-recommended vaccinations as an additional prevention strategy for vaccine-preventable illness.

HHCH educates employees regarding **bloodborne pathogens (BBP)**, which are infectious microorganisms that can be present in blood and may transmit illness. BBP exposure may occur through the eyes, nose, mouth, open skin, bites, or accidental needlesticks, and transmission requires exchange of fluid. HHCH requires employees to treat all blood as potentially contaminated and to use work-practice controls that reduce exposure risk, including safe handling of used sharps, safe handling of soiled linen, and proper cleaning and decontamination of surfaces and equipment. HHCH recommends vaccination consistent with CDC guidance for bloodborne pathogen prevention, including hepatitis vaccination. When an individual supported is known to have a bloodborne pathogen, the person's plan of care will include detailed supports within the health portion of the Individualized Support Plan so employees understand appropriate precautions and supports.

If an employee experiences a suspected or confirmed BBP exposure, the employee must flush the exposed area with water for sixty (60) seconds, clean the area with soap and water, and contact the HHCH on-call administrator immediately so medical attention can be arranged as quickly as possible. After medical attention is obtained, the employee must complete a GER documenting all details of the exposure.

HHCH will provide PPE to all work locations where employees may be exposed to bodily fluids or infectious disease hazards. All employees are expected to practice universal precautions and follow the information provided in bloodborne pathogen training. Failure to follow infection control procedures may result in disciplinary action up to and including termination.

#### **4.2 Medication Management & Health Procedures Policy**

Harmony House Care Homes requires medication administration and health procedures to be performed safely, accurately, and consistently in a manner that supports dignity, autonomy, and informed choice. Only trained and authorized staff may administer medications or provide medication assistance. All staff involved in medication supports must strictly follow the Five Rights of Medication Administration: ensuring the right person receives the right medication, in the right dose, by the right route, and at the right time. When a shift is staffed by two employees, one designated staff member will administer medications for that shift to ensure consistency, and both staff members are required to jointly count all controlled medications at the start and end of the shift and document the count as required.

Medications must be administered exactly as prescribed and may not be altered, withheld, or changed without provider authorization. Before administering medication, staff must verify pharmacy labels, medication administration records (MARs), and individual support plans to ensure accuracy, and medications must be administered one person at a time to prevent errors. Staff must observe individuals after administration for side effects or adverse reactions and respond promptly to concerns. PRN medications must be supported with clear documentation of symptoms before and after use. Controlled substances must be stored using double-lock procedures and must be counted and documented from shift to shift.

Medication storage must protect safety and prevent unauthorized access. Medications must remain locked and inaccessible unless self-administration is specifically authorized by an individual's support plan. Refrigerated medications must be stored securely in a locked container or a designated locked medication refrigerator, and all medications must remain in original pharmacy packaging with labels intact. Expired, discontinued, or damaged medications must be removed and disposed of according to HHCH protocol. Controlled substances must be stored in a double-locked cabinet and reconciled through documented shift counts.

All medication administration must be documented immediately on the MAR. Refusals, late doses, missed doses, or inability to administer must be documented, and staff initials and signatures must be clear and consistent with documentation standards. Medication changes must be recorded immediately, supervisors must be notified, and current provider orders must be maintained in the medical record. Medication errors must be reported immediately to a supervisor or on-call manager, documented factually with the time and actions taken, and appropriate notifications made to providers and guardians when required. Staff must participate in follow-up review and corrective action when needed, and DMH incident reporting must be completed within required timelines.

Staff must also monitor individuals daily for signs of illness, pain, and health concerns and document required observations such as vital signs when ordered or identified in support plans. Changes in mood, behavior, appetite, sleep, or mobility must be recognized and communicated to supervisors promptly. HHCH coordinates medical appointments and follow-up care by scheduling needed visits, arranging transportation and staff support, and ensuring relevant documents (such as MARs, ID, medication lists, and health history) are available. Provider recommendations must be communicated to supervisors and documented, and new orders or treatments must be implemented promptly and accurately. All health documentation—including MARs, logs, incident reports, and provider orders—must be maintained securely and confidentially under HIPAA requirements and updated within 24 hours of receiving new information whenever applicable.

#### **4.3 Self-Administration of Medication**

The provider supports the rights of individuals to participate in and direct their own health care to the fullest extent possible. Self-administration of medication is encouraged when appropriate and will be offered as an option based on the individual's abilities, safety considerations, and person-centered plan. Individuals will not be restricted from self-administering medication solely for provider convenience.

Self-administration of medication means the individual independently takes medication as prescribed and is able to correctly identify the medication, follow the correct dosage and schedule, understand the basic purpose of the medication, and demonstrate awareness of common side effects or when to seek assistance. Some individuals may self-administer with staff support. Supported self-administration means the individual remains responsible for taking the medication, while staff provide assistance such as reminders, prompts, observation, accessibility supports, or help opening containers, as outlined in the individual's plan.

Before an individual self-administers medication, the provider will complete and document an assessment to determine whether the individual can safely self-administer with or without supports. The individual's service plan will document the level of independence, the type of support required (if any), and any safety precautions needed. Self-administration approval and supports must be consistent with prescriber orders. The assessment and plan will be reviewed at least annually and whenever there is a significant medication change, a change in the individual's ability, or a concern regarding safety or adherence.

Medication storage and access must support both independence and safety. Medications must be stored in a safe and appropriate location consistent with the individual's plan and provider standards. If medications are stored in the individual's personal living space, the provider will ensure storage is secure and appropriate based on assessed risk. Individuals will not have unsupervised access to medications when the assessment or plan indicates a risk to self or others. Controlled substances must follow additional safeguards and documentation requirements.

Staff will monitor self-administration as required by the individual's plan to ensure medications are taken correctly, at the correct time, and in the correct amount. Staff will also monitor for medication side effects and ensure appropriate response and communication when concerns arise. Documentation must reflect the individual's self-administration status (independent or supported), the supports provided when applicable, and any missed doses, refusals, errors, or concerns.

If an individual refuses medication, misses a dose, or demonstrates difficulty self-administering safely, staff will follow the individual's plan and provider procedures, document the occurrence, and notify the appropriate supervisor or health coordinator as required. When clinically indicated or required by the plan, staff will notify the prescriber, guardian, and/or case manager. Medication errors must be addressed and reported according to the provider's medication error and event reporting procedures.

If at any time an individual is determined to be unable to self-administer safely, the provider will implement appropriate safeguards immediately, reassess the individual's ability, update the service plan, and transition to staff administration of medication when necessary. Staff supporting self-administration must be trained on medication safety, documentation expectations, error reporting, and individual-specific medication supports. Training occurs during orientation and at least annually.

#### **4.4 Transportation Safety Policy**

Harmony House Care Homes is committed to safe transportation that protects individuals supported, maintains comfort and dignity, and complies with DMH, HCBS, and agency standards. Staff transporting individuals must operate vehicles responsibly, follow all traffic laws, and ensure safety procedures are followed before, during, and after every trip. Before transportation, staff must complete a basic vehicle safety inspection by checking fuel level, tires, lights, mirrors, brakes, and seatbelts, and confirming emergency equipment such as a first aid kit and phone is available. The vehicle must be clean, free of clutter, and safe for riders, and staff must verify the destination, route, expected return time, and that staffing levels are appropriate for the individuals being transported.

All individuals must wear seatbelts unless a documented medical order indicates otherwise, and wheelchairs must be secured using approved tie-down systems. Staff must assist individuals with safe entry and exit and must never leave any individual unattended in a vehicle for any reason. During transport, staff must monitor individuals for signs of distress, illness, or behavioral concerns and respond appropriately. Drivers must hold a valid driver's license, meet HHCH driving requirements, avoid distractions including cell phone use while driving, and operate vehicles safely without aggressive driving or speeding. Any accident, mechanical concern, or safety issue must be reported immediately, and staff must not transport individuals if the vehicle appears unsafe.

If a medical emergency occurs during transport, staff must pull over safely, call 911 when emergency medical assistance is needed, notify a supervisor or on-call manager as soon as it is safe, and provide first aid only within their training and competency. Incidents must be documented according to HHCH and DMH requirements, and staff must remain with the individual until help arrives or adequate support is present. Agency vehicles may be used only for authorized purposes, and personal vehicles may be used only with prior approval. Transportation environments must remain safe and appropriate, including restrictions on smoking, pets, and strong fragrances, and required trip documentation such as logs, mileage, and destination notes must be completed for every trip. Transportation practices must uphold HCBS values by supporting dignity, choice, autonomy, and meaningful community participation.

#### **4.5 Agency Vehicles**

Harmony House Care Homes shall ensure the proper maintenance and operation of all agency vehicles to assure safety of individuals and staff, to minimize repair costs and extend the life of the vehicles.

- There shall be a current certificate of insurance for all agency-owned vehicles.

- Agency vehicles shall be cleaned on a regular basis and current state inspections decals shall be prominently displayed.
- Each vehicle will maintain a mileage log to be documented when utilized.
- All vehicles shall be stocked with readily accessible first aid kits which will be inspected quarterly and restocked as needed by the Program Director.
- The agency shall maintain records of periodic inspections and incidents in which vehicles require repairs.
- All staff shall follow the vehicle maintenance operations procedures as specified by the manufacturer.
- All staff that transport persons served will be properly licensed, with driving records acceptable to the agency.
- In case of an accident; a. Ensure the safety of all passengers, evacuate if necessary. Administer basic First Aid if needed. b. Do not move vehicle from the scene of the accident. Notify the police. c. If the vehicle needs towing, call the Program Director and his/her designee to make arrangements for payment and for transporting passengers. d. Complete a GER report as soon as possible.
- Upon return to the office, the employee will notify the individual's guardians if applicable, and a member of the management team so that a representative of the insurance company may be contacted.
- The employee will complete an Incident Accident Report immediately and a DMH EMT incident report if an individual was involved.

#### 4.6 Emergency Procedures Policy

##### Emergency Planning

Each residential location must maintain a **FYI binder** containing Emergency Preparedness information located **inside of the medication cabinet**. This binder must include household emergency contact information, home/person-specific evacuation plans, and event-specific procedures for fire, carbon monoxide, tornado, earthquake, flood, pandemic, power failure, home intruder, bomb threat, vehicle emergency, and medical emergency.

##### Notification of Emergencies (Priority Order)

In any emergency, HHCH staff must ensure the **immediate health and safety** of people supported and **call emergency services (911) first**, before notifying HHCH administration. HHCH maintains a **24/7 on-call phone line** answered by an agency administrator at **(816) 500-1737**, and additional emergency numbers (including 911, non-emergency local police, poison control, power company, and agency administrators) are maintained in the emergency binder at each location. Emergency contact information for each person supported is located in the person's medical binder and in Therap under the individual's home page emergency data form. After HHCH administration is notified, administration will contact the person supported's guardian and DMH as required.

##### Event Reporting Requirement

All medical and other emergencies are reportable through the event report process. Staff must complete required **GERs** prior to the end of the shift in which the event occurred. Reportable events require written notification to DMH and the support team by the next business day following the event or discovery, while critical events require immediate notification to DMH and the support team. Staff must follow the Event Reporting (EMT/GER) policy for full reporting requirements.

## Emergency Medical Care

If a person supported requires immediate medical attention for an emergent situation, staff must contact **911 first** and follow directions from the 911 operator until EMS arrives. If the person supported is unresponsive, not breathing normally, and/or without a pulse, HHCH staff must initiate and continue **life-saving measures (such as CPR)** until EMS arrives, unless there is a Division-approved Out-of-Hospital Do Not Resuscitate Order in place at the home. Once EMS secures the scene, staff must notify HHCH on-call and complete a GER prior to end of shift. HHCH requires ongoing staffing support for a person supported receiving medical care until hospital admission; staffing after admission is provided only when DMH funding approval is active and in writing.

## Non-Emergent Illness

If a person supported becomes ill and needs non-emergent treatment, HHCH will arrange a PCP appointment within 24 hours. If the PCP cannot provide treatment within 24 hours, HHCH will ensure the person is treated by urgent care or the emergency room of their/guardians choice.

## Seizures

HHCH generally follows DMH guidance to call 911 when a person has a first seizure, a seizure lasts longer than five minutes, the person does not “wake up” after movements stop, or the person is injured during the seizure. If a neurologist has provided individualized guidelines, staff must follow the guidelines in the person’s ISP while still ensuring safety.

## Choking Precautions

Choking risk is assessed by the Community RN or State of MO Community Nurse, and a choking protocol is created when needed and presented to the PCP for approval. Staff must monitor individuals with choking risks carefully and follow CPR/First Aid training guidelines during choking events (including the five-and-five approach, calling 911 when needed, and modified CPR techniques if unconscious). The Community RN must be notified every time a person supported has an incident of choking, and staff must notify HHCH on-call and complete a GER before end of shift.

## Community & Safety Emergencies

### Vehicle Emergency

Any time a person supported is transported, their emergency data sheet with photo must be taken and placed in a clearly visible location for responders if needed. In a vehicle emergency, staff should move people supported to safety away from traffic when possible, contact 911 as applicable, notify HHCH on-call at (816) 500-1737, cooperate with responding officials, and obtain a police report number when applicable. If emergency services or law enforcement are involved, agency directors notify the Regional Office/TCM agencies/guardian, and staff (if uninjured) complete a GER before end of shift.

### Missing/Eloped Person

If a person supported is missing without notification, staff must immediately contact 911, unless otherwise stated in the person’s Individual Support Plan (ISP), then notify HHCH on-call as soon as possible. Staff must provide law enforcement with the person’s most current photo and all relevant identifying information, including the person’s physical description, last known location, clothing last seen wearing, and any known or preferred places, routines, or activities the person may attempt to access. If the person leaves with notification, staff will, when possible, follow the person unless the ISP states

otherwise, maintaining in line of sight from a safe and appropriate distance, and will notify HHCH on-call immediately. Any elopement plan, safety protocol, or defined alone time documented in the person's ISP will override these general procedures and must be followed as written. A GER (General Event Report) must be completed before the end of the staff member's shift.

### **Arrest/Detainment**

If a person supported is arrested or detained, the staff member must attempt to learn the reason, notify HHCH on-call, and complete a GER prior to end of shift. Administration notifies the Regional Office/TCM agencies/guardian.

### **No Abandonment**

HHCH will never abandon a person supported in any way.

### **Death of an Individual**

In the event of the death of an individual:

- Immediately call 911, staff will contact the agency Administration.
- Administrative staff will notify the guardian, if applicable, and any immediate family members.
- Administrative staff will notify the Regional Office. If the death occurs after business hours or on a week-end, the after-hours notification procedure will be followed.
- A Community Event Report will be completed and forwarded to the Regional Office the next business day or more immediate if requested.
- Within five business days, the agency will complete the Mortality Review's Section 1 entitled "Provider Mortality Review." This will be done for the death of any individual receiving state or contracted residential services or who die while receiving any DMH paid service. The "Provider Mortality Review" will be completed by the Medical Manager and submitted to the Regional Office within five business days from the date of death unless a documented extension is granted by the Regional Office Director. Extensions will be documented within the Mortality Report.

### **Environmental & Facility Emergencies**

#### **Power Outage**

Each home must maintain an emergency kit (flashlights, batteries, first aid kit, weather radio) and an extra flashlight in medication storage, with monthly checks of flashlight function. Staff must notify HHCH on-call and report outages to the power company, and keep refrigerator/freezer doors closed. If temperatures fall below 60°F or rise above 80°F during extended outages, people supported must be relocated to the least restrictive environment possible and appropriate parties notified. For individuals using electrical durable medical equipment, a power outage plan must be included in the ISP/PO sheet. After power is restored, staff must check refrigerator/freezer temps; unsafe food must be discarded, and if power was out over 24 hours, refrigerated medications must be destroyed.

#### **Household Chemical Emergency**



Staff must use household chemicals safely (original container/labels, never stored with food/meds, never mix chemicals, avoid open flame, clean spills immediately). Staff must monitor for poisoning symptoms and contact poison control if symptoms occur, follow instructions, avoid giving anything by mouth unless directed, notify HHCH on-call once non-life-threatening, and complete a GER prior to end of shift.

### Workplace Violence/Intruder

Staff must follow the workplace violence/intruder evacuation plan to move people supported to designated secure areas, then contact emergency services and notify HHCH administration when safe. Any missing person after evacuation must be reported immediately, and staff complete a GER prior to end of shift.

### Hot Water Safety

Staff must check water temperature daily to ensure hot water is within **110–120°F** (or per ISP) and document the temperature and follow-ups in Therap each time completed.

### Extreme Heat / Extreme Cold / Snowstorm

Staff must follow listed safety measures during extreme heat and cold, monitor for heat/cold related illness symptoms, seek emergency medical treatment when symptoms occur, notify HHCH on-call when heating/cooling fails, and relocate people supported when home temperatures reach unsafe thresholds (80°F or higher for heat; 60°F or below for cold) using the least restrictive environment possible with required notifications.

### Natural Disasters & Threats

#### Fire

- **Call 911 immediately** and activate the fire alarm (if present).
- Evacuate everyone using the **designated exits** in the FYI binder and take the emergency binder if it is safe to do so.
- Assist people supported as needed and **account for all individuals** at the designated meeting location.
- **Do not re-enter** the residence until cleared by the fire department.
- Notify HHCH on-call once everyone is safe and complete a **GER before end of shift**.
- If the residence is unsafe or unlivable, people supported must be relocated to the **least restrictive environment possible** with required notifications.

#### Tornado / Severe Weather

- Monitor alerts and follow the **tornado procedure** in the FYI binder.
- Move people supported to the **designated safe area** (interior room/lowest level away from windows) and account for all individuals.
- Call 911 if there is injury or an immediate life-threatening hazard.
- Notify HHCH on-call once safe and complete a **GER before end of shift**.
- If the residence is unsafe or unlivable, relocate people supported to the **least restrictive environment possible** with required notifications.

#### Flood



- Follow the **flood procedure** in the FYI binder and move people supported away from water intrusion areas.
- If evacuation is needed, call 911/emergency services as appropriate and evacuate using safe routes.
- Do not enter flooded areas where electricity may be present or where conditions are unsafe.
- Notify HHCH on-call once safe and complete a **GER before end of shift**.
- If the residence is unsafe or unlivable, relocate people supported to the **least restrictive environment possible** with required notifications.

### Earthquake

- Follow “Drop, Cover, and Hold On” guidance and the **earthquake procedure** in the FYI binder.
- After shaking stops, evacuate only if needed and **avoid damaged areas**; account for all individuals.
- Call 911 if there is injury, structural danger, gas smell, or other immediate hazards.
- Notify HHCH on-call once safe and complete a **GER before end of shift**.
- If the residence is unsafe or unlivable, relocate people supported to the **least restrictive environment possible** with required notifications.

### Bomb Threat

- Follow the **bomb threat procedure** in the FYI binder and contact emergency services as required.
- Evacuate if instructed by authorities or if policy directs evacuation; account for all individuals.
- Notify HHCH on-call once safe and complete a **GER before end of shift**.
- If the residence is unsafe or unlivable, relocate people supported to the **least restrictive environment possible** with required notifications.

## Drills, Communicable Conditions, and Pandemic Response

### Emergency Drills

People supported and staff must participate in emergency drills quarterly. People supported may refuse drills; staff must document attempts to support participation and the final refusal.

All staff and people supported must also participate in emergency medical drills every six months. Drill times must rotate across day (**7am–3pm**), evening (**3pm–11pm**), and overnight (**11pm–7am, when people supported are asleep**), and drills should not occur at the same time as the previous drill.

Staff must complete the appropriate Therap drill form documenting, required details and recommended changes to evacuation plans. Emergency binder logs (fire extinguishers, smoke detectors, first aid kit, disaster kit) must be reviewed monthly to ensure items are present and working and that supplies/repairs are ordered timely.

### Universal Precautions

In order to protect all HHCH employees and people we support, All HHCH employees will utilize universal precautions at all times while at work:

The CDC recommends **Standard Precautions** for the care of all patients, regardless of their diagnosis or presumed infection status.

## Standard Precautions

apply to 1) blood; 2) all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

- Standard precautions include the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.
- **Transmission-Based Precautions** (i.e., Airborne Precautions, Droplet Precautions, and Contact Precautions), are recommended to provide additional precautions beyond Standard Precautions to interrupt transmission of pathogens in hospitals.
- Transmission-based precautions can be used for patients with known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by airborne or droplet transmission or by contact with dry skin or contaminated surfaces. These precautions should be used in addition to standard precautions.

**Airborne Precautions** used for infections spread in small particles in the air such as chicken pox.

**Droplet Precautions** used for infections spread in large droplets by coughing, talking, or sneezing such as influenza.

**Contact Precautions** used for infections spread by skin to skin contact or contact with other surfaces such as herpes simplex virus.

Airborne Precautions, Droplet Precautions, and Contact Precautions. May be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

## Communicable Conditions

HHCH Office should be notified of any diagnosis of a communicable illness, whether an individual supported's diagnosis or an employee's diagnosis. Knowledge of such diagnosis ensures that the agency can provide appropriate supports and notify any necessary parties.

## Pandemic Policy

HHCH understands that communicable diseases can happen. HHCH decisions regarding persons who have communicable diseases shall be based on current and well-informed medical judgements concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, and a careful weighing of the identified risks and the available alternative for responding to an employee with a communicable disease.

HHCH recognizes that managers/DSPs are not medical professionals and are not responsible for diagnosing diseases/illnesses, providing medical advice, or giving recommendations of medical professionals. However, HHCH does acknowledge that in certain health crisis situations such as global pandemic (as deemed by the CDC or local governing source) that certain health recommendations or guidelines will need to be implemented to ensure the safety of HHCH employees, individuals supported, as well as the general public.

In the event the CDC provides guidelines for implementing such procedures, HHCH will follow said guidelines by ensuring all employees and individuals supported are informed of any changes or recommendations as necessary.

These procedures can include but are not limited to monitoring body temperatures, recognizing symptoms of disease (as provided by CDC), asking employees specific questions regarding symptoms, asking about travel, and requiring physician release before returning to work as deemed necessary.

In the event of national or worldwide pandemic HHCH also will strive to keep the workplace as safe as possible. This includes but is not limited to implementation stringent and frequent sanitization protocols for all work locations, limiting and/or restricting visitors in all locations (including residential and day program), enforcing social distancing practices, and any other precautions as deemed necessary by the CDC or state/federal governing officials to ensure the health and safety of all individuals served.

During a pandemic if an employee reports to a manager that they are not feeling well or are sick the manager will follow the guidelines below:

- Ask symptoms of illness (specific to pandemic) and how long they have been displayed
- Ask if employee has had any known exposure to pandemic disease or illness
- Recommend employee contact primary physician or health care provider
- Notify administration team of employee symptoms immediately

Failing to follow these procedures will result in a disciplinary action up to and including termination.

#### **4.7 Specialized Medical Procedures Policy**

Harmony House Care Homes requires that only trained, competent, and approved staff perform specialized medical procedures, and all procedures must follow current provider orders, Nursing Practice Act Guidelines, and the individual's support plan. Staff must provide care using person-centered, respectful, and trauma-informed approaches and must not perform any medical procedure without proper authorization and training.

For seizure management, staff must follow the individual's seizure protocol and provider-written care plan, monitor the seizure's duration and presentation, and maintain safety by removing hazards and cushioning the head when appropriate. Staff must not restrain the individual or place anything in the person's mouth. Staff must call 911 for seizures lasting longer than five minutes, repeated seizures, or as otherwise directed by the protocol. All seizure activity, duration, and staff interventions must be documented on required logs.

For diabetes care, staff must perform blood glucose monitoring according to provider orders and training. Insulin may be administered only if the staff member is trained and the task is properly delegated under nursing authority. Staff must follow documented dietary requirements such as carbohydrate counting when applicable, monitor for signs of hypoglycemia and hyperglycemia, respond according to protocol, and document glucose readings, insulin administration, and dietary interventions.

Delegated nursing tasks such as catheter care, tube feeding, wound care, or other delegated procedures may be performed only by staff who have received training, demonstrated competency, and received

delegation approval. Staff must follow step-by-step procedures from the delegating nurse, report changes in condition immediately, and document tasks as required by provider orders and nursing instructions.

All specialized procedures must have a current provider order that is reviewed by supervisors and maintained in the individual's medical file. Staff may not perform procedures without valid authorization, must report changes in condition to supervisors and the nurse/provider as required, and must ensure expired or outdated orders are replaced promptly. Staff must complete training prior to performing specialized procedures and must complete competency checks annually or as required by the delegating nurse. Documentation must be completed immediately after procedures, including symptoms observed, responses to interventions, and communications with providers, guardians, or supervisors, and all logs must be maintained securely and confidentially. Specialized supports must align with HCBS principles by respecting dignity and autonomy, explaining procedures, seeking permission when possible, and using supportive communication.

#### **4.8 Individual Health Rights & Informed Consent Policy**

Harmony House Care Homes is committed to ensuring individuals retain the right to make informed decisions about their healthcare. Staff must support choice, ensure informed consent is obtained when required, respect a person's right to refuse treatment when permitted, and provide information in a way that is accessible, understandable, and respectful. Individuals have the right to receive clear information about their health, participate in decisions about their care, refuse treatment unless restricted by law or emergency circumstances, receive privacy and confidentiality during health procedures, ask questions and receive supportive answers, request a second opinion, and receive accommodations that support communication and understanding.

When informed consent is required, staff must explain the medication, procedure, or treatment in clear and understandable language, discuss benefits, risks, and alternatives when applicable, and allow time for questions and consideration. Consent may be written or verbal depending on provider order or agency protocol, and staff must document consent discussions and signatures in the medical record. Guardians must be involved only when legally required or when appropriate based on the individual's situation and rights.

Individuals may refuse treatment unless refusal places the person or others in immediate danger. When refusal occurs, staff must explain risks and potential consequences, notify a supervisor and healthcare provider when needed, document the refusal and the individual's stated reason, and describe actions taken and alternatives offered. Staff must support communication needs by using language matched to the individual's understanding, using visual aids or demonstrations when helpful, supporting AAC or assistive devices, allowing additional processing time, and securing interpretation services when needed. Medical information must be discussed privately, procedures should occur in private whenever possible, documentation must comply with HIPAA and confidentiality rules, and only authorized staff may access or discuss health records. This policy reflects HCBS values by ensuring individuals are empowered to direct healthcare decisions with dignity, independence, and informed choice.

#### **4.9 Food Safety & Sanitation Policy**

Harmony House Care Homes follows safe food handling practices to prevent contamination, foodborne illness, and allergic reactions, and these practices apply in the home and during community outings, picnics, and transportation of food. Employees must not prepare or serve food when ill with symptoms

that could spread illness. Staff must understand basic food safety concepts, including time/temperature control for safety (TCS) foods, cross-contamination, and sanitizing practices, and must consistently use safe food handling practices that reduce risk for individuals supported.

Staff must wash hands thoroughly with soap and warm water for at least 20 seconds and use gloves when required by the task or when handling ready-to-eat foods; gloves do not replace handwashing. Hair must be restrained as needed, clothing must be clean, and employees may not eat, drink, vape, or use tobacco while actively preparing food except in designated break areas. Employees with vomiting, diarrhea, fever, or other contagious symptoms must not prepare or serve food and must notify a supervisor. Employees with open sores on hands must cover the area with a bandage and glove or be reassigned away from food tasks.

Food must be checked upon delivery or purchase for damage, leaks, pests, expired dates, or temperature concerns, and questionable items must not be accepted or used. TCS foods must be refrigerated or frozen promptly after purchase, and raw meat, poultry, and seafood must be stored below ready-to-eat foods to prevent dripping and cross-contamination. Staff should use sealed containers, when possible, label opened items with the date opened, follow FIFO (first in, first out), and discard expired foods. Temperature safety must be maintained by keeping cold foods cold and hot foods hot, avoiding leaving TCS foods at room temperature, discarding food when safe time limits are exceeded or safety is uncertain, and using a food thermometer when cooking, reheating, or when temperature is in question. If the home uses temperature logs, staff must complete them as required.

Cross-contamination must be prevented by using separate cutting boards and utensils for raw meats and ready-to-eat foods when possible, cleaning and sanitizing surfaces after handling raw meats or eggs, avoiding placing cooked food back on unclean surfaces, and keeping food covered and stored to reduce contamination. Cleaning and sanitizing must occur routinely, including daily cleaning of countertops, tables, sinks, and high-touch kitchen areas, dishwashing with hot soapy water and air drying or dishwasher use as directed, and correct use of approved sanitizers according to label instructions without mixing chemicals. Refrigerators must be kept clean, spoiled food removed promptly, and trash removed regularly with lids kept closed when not in use.

Allergen safety must follow the individual's ISP/PCP, diet orders, and allergy information. Staff must prevent allergen cross-contact by washing hands, changing gloves, and cleaning surfaces before preparing allergen-free foods, labeling and storing allergen-containing items to reduce exposure risk, and following the person's emergency plan if a reaction is suspected, including calling 911 when needed. Safe food preparation includes thawing food safely (refrigerator, cold running water, or as part of cooking rather than on the counter), reheating leftovers thoroughly, storing leftovers promptly, discarding food that appears spoiled, and using safe knife handling to prevent injury. When transporting food into the community, staff must use insulated containers or coolers as needed, keep food covered and protected, and discard food if safe temperature cannot be maintained or time out of temperature control exceeds safe limits.

HHCH also requires additional precautions for hot liquids to prevent burns. Staff must prepare and transfer hot liquids to the designated dining area and must allow at least five (5) minutes of cooling time before offering hot food or liquids to individuals.

#### **Section 4 Review and Acknowledgment**

All employees must acknowledge Section 4 upon hire and during annual training cycles. By signing below, the employee confirms that they have received, reviewed, and understand the policies in this section and agree to follow HHCH standards as a condition of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Printed Name: \_\_\_\_\_

## **SECTION 5**

### **Abuse, Neglect, Protective Oversight & Event Reporting**

#### **Purpose**

Section 5 outlines the responsibilities of all Harmony House Care Homes (HHCH) employees to prevent, recognize, report, and respond to abuse, neglect, exploitation, unsafe supervision, and other protective oversight concerns. This section explains mandatory reporting requirements, definitions and indicators, staff duties during and after incidents, expectations for cooperation in investigations, protections against retaliation, and procedures for Emergency Medical Treatment (EMT) and General Event Reports (GERs).

These policies are required under Missouri Department of Mental Health (DMH) regulations, Home and Community-Based Services (HCBS) standards, and state law to ensure individuals receive safe, respectful, rights-centered support.

### **What This Section Covers**

- Definitions, indicators, and prevention of abuse, neglect, and exploitation
- Prohibited practices and staff conduct requirements
- Mandatory reporting rules and staff duty to protect
- Peer-to-peer aggression prevention and response
- EMT event response and reporting requirements
- Allegation management and investigation procedures
- Individual rights and protections during investigations
- False reporting and retaliation prevention
- Event Reporting (GER/EMT) procedures and timelines
- Non-restraint / No unauthorized restraints policy
- Positive supports and restrictive measures

The following policies establish HHCH's expectations and required procedures for preventing harm, identifying concerns, reporting incidents, and ensuring compliance with DMH and HCBS protections.

## **5.1 Definitions, Indicators & Prevention**

### **5.1 A Abuse, Neglect, and Exploitation Prevention and Reporting Policy**

Harmony House Care Homes maintains a zero-tolerance standard for abuse, neglect, and exploitation of any individual receiving services. The purpose of this policy is to establish clear expectations for prevention, early identification, and immediate reporting in alignment with Missouri Department of Mental Health (DMH) and Home and Community-Based Services (HCBS) requirements. This policy applies to all HHCH staff, contractors, volunteers, interns, supervisors, and administrators. Every employee is a mandatory reporter and must immediately report any observation, suspicion, or allegation of abuse, neglect, or exploitation, even when the staff member is uncertain or the report is based on indicators rather than a disclosure.

When abuse, neglect, or exploitation is suspected or alleged, staff must first ensure the individual's immediate safety by removing the person from harm and stabilizing the environment. The staff member

must notify a Supervisor or On-Call Manager immediately and must make required external reports to the appropriate authority, including the DMH Office of Constituent Services and/or the Adult Abuse and Neglect Hotline as required by law and reporting guidelines. Staff must document the event factually, including observations, relevant statements, and actions taken, and must avoid questioning the alleged victim beyond what is necessary to ensure safety. All staff must cooperate with DMH, law enforcement, or authorized investigative agencies and must maintain confidentiality by discussing the allegation only with authorized personnel. Throughout the process, staff must provide trauma-informed support and complete all HHCH and DMH-required documentation by the end of the shift or within mandated timeframes. When an allegation involves a staff member or other potential perpetrator, HHCH will ensure that the alleged perpetrator is removed from direct contact with individuals until the investigation outcome determines next steps. HHCH implements this policy in a person-centered manner consistent with HCBS principles by prioritizing dignity, autonomy, and protection from harm

### **5.1 B Signs of Abuse, Neglect, or Exploitation Policy**

All Harmony House Care Homes staff must remain alert for signs that may indicate abuse, neglect, or exploitation and must report concerns immediately when indicators are observed. Indicators may be physical, behavioral, emotional, or environmental and can include unexplained bruising, burns, injuries in various stages of healing, repeated emergency medical treatment, or inconsistent explanations for injuries. Staff must also watch for changes such as sudden fearfulness, avoidance of certain people or settings, withdrawal, anxiety, regression, aggression, self-injurious behavior, or changes in sleep and eating. Emotional indicators may include expressions of guilt or shame, heightened startle response, depression, panic symptoms, or a sudden decrease in engagement and communication. Environmental indicators may include unsafe or unsanitary conditions, lack of food or essential supplies, missing belongings, signs of financial exploitation, unauthorized restraints or restrictions, or staff/peers demonstrating controlling or threatening behavior.

When indicators are observed, staff must ensure the individual is safe and supported, then document observable facts objectively without assumptions or conclusions. Staff must immediately notify a Supervisor or On-Call Manager and complete any required external reporting to DMH or the Adult Abuse and Neglect Hotline according to policy. Staff must avoid repeated or investigative questioning and should provide emotional reassurance using trauma-informed approaches. Staff must continue monitoring for additional signs or disclosures and report any new concerns promptly. Maintaining vigilance and reporting concerns supports HCBS expectations by ensuring individuals are free from harm, supported in expressing concerns, and protected through respectful, person-centered practices.

### **5.1 C Prohibited Practices and Staff Conduct Policy**

Harmony House Care Homes strictly prohibits any action that harms, demeans, threatens, controls, or violates the rights of individuals supported. Staff must treat individuals with dignity, respect, patience, and professionalism at all times, and violations of this policy may result in disciplinary action up to termination and may require reporting to authorities. Prohibited conduct includes physical punishment, rough handling, pushing, grabbing, or the use of force outside of approved emergency safety circumstances; yelling, threatening, humiliating, insulting, or verbally demeaning language; coercion, intimidation, or manipulation to influence a person's choices; withholding food, water, visitation, communication, activities, or personal rights as punishment; the unapproved or illegal use of restraints, seclusion, or restrictive interventions; punitive medication practices or altering prescribed medication



without authorization; restricting access to personal belongings unless clinically justified and approved through the team process; retaliation against individuals or staff for reporting concerns or participating in investigations; discrimination based on disability, race, gender, religion, sexual orientation, or identity; any form of sexual contact, harassment, or an inappropriate relationship with an individual supported; and financial exploitation such as unauthorized purchases, borrowing money, or misuse of individual funds. HHCH also prohibits ignoring, minimizing, or failing to respond to signs or reports of abuse, neglect, or exploitation.

Professional conduct requires staff to use respectful, person-centered communication, maintain appropriate professional boundaries, support autonomy and informed choice in daily activities, apply trauma-informed approaches, provide supervision consistent with individual needs and support plans, respond to behavioral or medical events in a timely and safe manner, and report concerns or policy violations immediately. These expectations align with HCBS standards by preventing harmful or coercive practices and promoting environments free from intimidation, threats, restrictions, or retaliation.

## **5.2 Mandatory Reporting Responsibilities**

### **5.2 A Staff Duty to Protect Policy**

Harmony House Care Homes staff have a duty to protect individuals supported by providing supervision that matches each person's assessed needs and Support Plan and by taking proactive steps to prevent harm. Staff are expected to respond promptly to risk, distress, or unsafe behavior, to address hazards immediately when possible, and to report hazards or safety concerns to a Supervisor without delay. Staff must monitor individuals for behavioral, emotional, or medical changes, follow crisis prevention plans, behavior support plans, and medical instructions, and ensure individuals are not left unattended in unsafe environments. Suspected abuse, neglect, exploitation, or unsafe practices must be reported immediately, and staff must use trauma-informed communication that avoids escalation while preserving dignity and privacy. Failure to uphold the duty to protect may result in disciplinary action, investigation, or reporting to DMH as required.

To fulfill this duty, staff must regularly assess the environment for safety risks, correct hazards when within their ability to do so, and communicate maintenance or safety issues immediately when correction is not possible. When risks are identified, staff must increase supervision as appropriate, monitor warning signs of escalation, and use approved de-escalation strategies. Staff must follow all health and safety protocols, including medication and infection control procedures, intervene promptly to prevent harm, and document protective actions in accordance with HHCH documentation guidelines. These expectations support HCBS principles by ensuring services are delivered in safe, respectful, person-centered environments that protect rights while minimizing risk.

### **5.2 B Peer-to-Peer Aggression Prevention Policy**

Harmony House Care Homes is committed to protecting individuals from bullying, intimidation, harassment, physical aggression, and emotional harm from peers. Staff must use proactive, person-centered supports to prevent escalation and must intervene immediately when aggression occurs. Prevention includes monitoring interactions for tension or fear, recognizing early warning signs such as pacing, frustration, verbal escalation, or avoidance, and using redirection and de-escalation before conflict becomes unsafe. Staff must adjust supervision levels based on known risk factors and individual needs, implement behavior support plans consistently, encourage respectful communication, and ensure

individuals have meaningful activity, choices, and access to personal space. Staff should document emerging patterns that suggest increased risk so the team can respond early.

When peer-to-peer aggression occurs, staff must immediately intervene to ensure safety, separate involved individuals, and provide calming supports. Staff must check for injuries or distress and obtain medical care when needed, notify a Supervisor or On-Call Manager as soon as it is safe, and document the incident factually, including antecedents, actions taken, and outcomes. Incidents must be reported to DMH when required, and the team must review supervision levels and environmental triggers to reduce recurrence, including updating plans and supports when warranted. These practices align with HCBS expectations by maintaining inclusive environments that protect dignity, autonomy, and emotional wellbeing.

### **5.2 C Emergency Medical Treatment (EMT) Reporting Policy**

Harmony House Care Homes requires staff to respond immediately to medical emergencies and to complete all DMH-required reporting for Emergency Medical Treatment (EMT) events. EMT events include emergency room visits or hospital admissions, ambulance or EMS activation, urgent intervention after injury or acute illness, serious allergic reactions requiring emergency treatment, loss of consciousness, significant changes in medical status, or any situation requiring immediate stabilization.

When an EMT event occurs, staff must call 911 when emergency care is needed and remain with the individual while providing reassurance and support using trauma-informed practices. Staff must notify a Supervisor or On-Call Manager as soon as safely possible and accompany the individual to the hospital when required or directed. Staff should bring essential information when available, including identification, current medication information, and relevant medical history. Administration must contact guardians, service coordinators, and providers according to the individual's Support Plan. Staff must document the event factually, including symptoms, observed behaviors, and circumstances leading to the emergency, and must complete a GER report and incident documentation before the end of the shift. Discharge paperwork and follow-up recommendations must be submitted or uploaded per procedure, and the individual must be monitored after discharge with updated instructions implemented promptly. Administration will complete the DMH-required EMT following a reportable event.

### **5.3 Allegations & Investigation Procedures**

#### **5.3 A Allegation Management and Investigation Protocol Policy**

Harmony House Care Homes requires all allegations to be treated seriously, reported immediately, and managed in a way that protects individuals, preserves evidence, and supports a thorough investigation. Allegations covered by this policy include physical, verbal, emotional, or sexual abuse; neglect, abandonment, or unsafe supervision; exploitation; policy or procedure violations; boundary violations or staff misconduct; peer-to-peer aggression requiring formal investigation; and other serious concerns. Staff must adhere to reporting timelines, protect confidentiality, and cooperate fully with internal leadership, DMH, law enforcement, and authorized agencies.

When an allegation is received or observed, staff must ensure immediate safety by removing the individual from potential harm and notifying a Supervisor or On-Call Manager immediately. Staff must contact the DMH Office of Constituent Services and/or other required hotlines within mandated timeframes and must document the allegation factually, including times, locations, and any statements

made. When applicable, staff must preserve evidence and avoid altering the environment, and HHCH will ensure the alleged perpetrator is removed from direct contact with individuals pending investigation outcomes. Staff must provide trauma-informed support to all involved individuals, share information only with authorized personnel, and provide required updates to guardians, service coordinators, and other authorized parties. HHCH will implement corrective action, retraining, or discipline when warranted and will conduct follow-up reviews to reduce recurrence and strengthen protective practices, consistent with HCBS expectations for safe, rights-focused services.

### **5.3 B Rights of Individuals During Investigations Policy**

Individuals have the right to be safe, respected, and free from retaliation throughout any investigation. HHCH requires that investigations be handled with sensitivity and minimal disruption and that individuals not be subjected to repeated, unnecessary questioning or intimidation. Individuals must be treated with dignity and privacy, supported with reasonable accommodations for communication and comprehension, and provided follow-up support for emotional, behavioral, or medical needs after an incident.

During investigations, staff must maintain calm, supportive, trauma-informed interactions and may ask only questions needed to address immediate safety concerns. Staff must protect individuals from retaliation, intimidation, or coercion and must maintain confidentiality by sharing information only with authorized personnel. Staff must document observations objectively and must report changes in behavior, emotional state, or safety concerns to supervisors promptly. These requirements align with HCBS values by protecting dignity, autonomy, and emotional wellbeing during stressful events.

### **5.3 C Cooperation in Investigations Policy**

Harmony House Care Homes requires all staff to fully cooperate with investigations conducted by HHCH leadership, DMH officials, law enforcement, or authorized external agencies. Cooperation includes providing truthful, accurate, and complete information; responding promptly to requests for statements or clarification; maintaining confidentiality; refraining from interfering with the process; and providing access to relevant documentation and records when permitted. Staff must make themselves available for scheduled interviews and follow-up meetings and must not delete, alter, withhold, or destroy any information related to an allegation. Failure to cooperate may result in disciplinary action.

Staff are prohibited from refusing interviews, providing false or misleading statements, discussing investigations with unauthorized individuals, influencing or intimidating witnesses, interfering with evidence, or retaliating against anyone involved. Staff must continue to perform assigned duties while cooperating and must request supervisory guidance when unsure how to respond to investigative requests. Full cooperation supports HCBS expectations by promoting transparency, accountability, and protection of rights.

### **5.3 D False Reporting Policy**

Harmony House Care Homes encourages and requires good-faith reporting of suspected abuse, neglect, exploitation, and unsafe conditions. No staff member will be disciplined or retaliated against for making a good-faith report, even if the concern is later unsubstantiated. Good-faith reporting includes reports based on honest belief, observed indicators, or disclosures, and reports made when the reporter is uncertain but truthful about what was seen or heard.

However, intentionally making a false report, fabricating information, knowingly providing misleading statements, exaggerating facts intentionally, reporting allegations as retaliation, or encouraging others to make false statements is strictly prohibited and may result in disciplinary action. All concerns must still be reported immediately, and supervisors must review reports for accuracy and completeness. When false reporting is suspected, supervisors must notify administration and follow investigative protocols. Staff must provide factual statements and avoid speculation. HHCH will protect individuals supported from consequences related to unintentional misstatements, memory limitations, or communication differences and will investigate all reports according to policy. These expectations support HCBS values by promoting ethical reporting and maintaining safe, transparent environments.

## **5.4 Outcomes, Appeals & Protection From Retaliation**

### **5.4 A Investigation and Appeal Process Policy**

Harmony House Care Homes is committed to conducting thorough, timely, and impartial investigations and to ensuring that parties have access to a fair process. When an allegation is received, HHCH will ensure immediate safety, remove an alleged perpetrator from direct contact when required, notify DMH and other authorities within mandated timeframes, and assign an investigator who is objective and trained in investigative procedures. The investigation process includes gathering statements, reviewing documentation and records, collecting relevant evidence when applicable, and conducting interviews in a trauma-informed and respectful manner. After evidence review, HHCH will determine whether allegations are substantiated, unsubstantiated, or inconclusive and will submit required documentation to DMH and internal leadership. HHCH will communicate findings to authorized parties while maintaining confidentiality, and documentation will be retained in secure records.

Staff have the right to appeal substantiated findings in accordance with HHCH procedures, and individuals supported or guardians may request clarification or review of outcomes. Appeals must be submitted in writing within the timeline stated in HHCH procedures, typically within 15 to 30 days, and must include the basis for disputing the findings and any supporting information. Appeals are reviewed by an administrator or panel not involved in the original investigation, and the reviewer may request additional information or clarification. A written decision will be provided within agency-specified timelines, and all appeal decisions and documentation will be maintained confidentially. This process aligns with HCBS values by promoting fairness, transparency, and the protection of rights.

### **5.4 B Retaliation Prevention Policy**

Harmony House Care Homes strictly prohibits retaliation against any individual or staff member who reports abuse, neglect, exploitation, safety concerns, policy violations, or who participates in an investigation. Protection applies to all good-faith reports, regardless of whether allegations are substantiated. Retaliation may include threats, intimidation, harassment, punitive schedule or assignment changes, isolation, mistreatment, discouraging future reporting, or reducing privileges or services in response to a complaint, and any retaliatory conduct is a serious policy violation.

Staff are responsible for supporting a culture where individuals and employees feel safe raising concerns. Any suspected retaliation must be reported immediately to a Supervisor or Administrator. When retaliation is suspected, HHCH will ensure safety of the affected person, document events factually, and report to DMH when retaliation relates to abuse or neglect reporting requirements. HHCH will conduct an internal review consistent with investigative protocols and will implement corrective action, retraining, or

discipline when retaliation is confirmed. HHCH will also monitor ongoing safety and wellbeing for the individual or staff member affected. Preventing retaliation supports HCBS requirements by promoting empowerment, autonomy, and accountability in a person-centered environment.

### **5.5 Event Reporting (EMT/GER)**

Harmony House Care Homes requires all employees to complete a General Event Report (GER) whenever an event occurs that meets a reportable definition. Information gathered through a GER is used for risk prevention and management by HHCH and may also be reviewed by the Department of Mental Health (DMH), the Center for Medical Services, the Mental Health Commission, the Division of Licensure and Certification, and other state-operated programs. DMH identifies eight reportable categories that must be reported consistent with 9 CSR 10-5.206, 9 CSR 10-5.200, and Division Directive 4.070.

#### **DMH-defined reportable**

- Categories include events involving a report, allegation, or suspicion of misuse of funds or property, neglect, physical abuse, sexual abuse, or verbal abuse.
- Reportable events also include emergency room visits, non-scheduled hospitalizations, deaths of a person served, medication errors that reach a person supported, all falls (witnessed and non-witnessed), and all use of emergency procedures.
- Events involving law enforcement must be reported when a person supported is the victim, the alleged perpetrator, or when law enforcement is called in support of the event.
- Fire, theft, or natural disasters must be reported when they result in disruption of the person's services, including when a person does not attend a DMH-funded day program or workshop due to weather conditions.
- Reportable events also include sexual conduct involving a person supported when it is alleged, suspected, or reported that one of the parties is not a consenting participant; events involving a realistic threat or physical actions of serious self-harm or assault of others;
- Events where a person supported ingests a non-food item;
- And events that result in a need for life-saving intervention or emergency medical or psychiatric intervention.

In addition to the DMH categories above, HHCH requires the following events to be reported through Therap's GER module:

- all injuries of people supported and of employees regardless of cause or whether witnessed;
- all events where a person's rights were limited without documented due process (restrictive strategies);
- all events where a reactive strategy was used;
- and all events where a prohibited practice, as defined by the Division of Developmental Disabilities, was used.

Employees receive initial training on reportable categories upon hire and annually thereafter. When an employee is unsure whether an event requires a GER, the employee must complete and submit a GER so HHCH Administration can review and determine whether the event meets reportable guidelines. Failure

to report an event that meets a reportable definition may result in disciplinary action up to and including termination.

Employees must complete required GERs before the end of the shift in which the event occurred or was discovered. Reportable events require DMH notification by the next business day following the event or discovery, and Administration is responsible for making DMH notifications by entering the report into CIMOR. Certain critical events—including abuse, neglect, misuse of funds or property, death of a person supported, or other critical events defined in DOR 4.270—require immediate DMH notification. In these situations, employees must notify HHCH on-call immediately after ensuring the health and safety of the person supported. On-call will contact office administration, and administration will make immediate notification to DMH and other involved parties within a one-hour period. During business hours, direct entry into CIMOR constitutes immediate notification to DMH. HHCH also requires that the person supported's team be notified in writing of reportable events within the same timeline used for DMH notification.

GERs must be completed using Therap's General Event Report module. If the employee cannot access Therap, the employee must complete the EMT 4.0 form located in the FYI binder and its addendums and submit the forms to the HHCH administrative office within the required timeframe. HHCH requires GERs to be written using effective documentation standards, with all fields completed other than the plan of correction. Reports must use correct spelling, grammar, punctuation, and common terms and must be written using the ABC format of data collection, including the antecedent (before), behavior (during), and consequence (after). The event summary must be factual, chronological, and complete and must clearly identify who was involved by name and title, each person's role, and the supports provided. When administrators request clarification during review, the reporting employee is expected to be available and provide needed information within three (3) hours of the request.

HHCH Administration reviews GERs and submits EMTs to DMH by the next business day and also submits the EMT to the person supported's team. The EMT number is added to all required documentation including the GER. Administration remains available to DMH and TCM agencies and will supply additional information for CIMOR entries within twenty-four (24) hours of request. Administration reviews GERs and witness reports Monday through Friday for accuracy and clarity; when clarification is needed, the GER will be returned to the employee and the employee must add clarifications or work with administration to ensure clarifications are added within three (3) hours of notification. All GERs must be reviewed and approved by Administration no later than the following business day. Data from reportable GERs will be entered into CIMOR as a EMT within the same timeframe. If the Kansas City Regional Office or other TCM agency requests further information or corrections, HHCH will respond and/or make needed corrections within twenty-four (24) hours.

### **5.6 Positive Supports and Restrictive Measures Policy**

Harmony House Care Homes operates under a Positive Behavior Support (PBS) framework that emphasizes teaching, reinforcement, and collaboration rather than punishment or control. Staff will treat each individual with respect and dignity, recognize challenging behavior as communication, use proactive person-centered strategies, and ensure that supports are trauma-informed and least restrictive. HHCH does not permit practices that violate HCBS rights or human dignity, including seclusion or isolation, verbal



abuse or intimidation, withholding food or basic needs as punishment, or any restraint that is not permitted under emergency standards and training requirements.

Positive behavior supports are the standard method for addressing challenging behavior at HHCH. Each individual's plan identifies proactive and individualized strategies that promote communication, skill development, and self-regulation, and these strategies are reviewed regularly with the individual's team and guardian when applicable. Restrictive measures are used only when necessary to prevent imminent harm and only when they meet DMH and HCBS criteria. Any restrictive measure **must** be approved through due process, documented in the Individual Support Plan, monitored continuously, and reviewed for effectiveness. Staff must document emergency interventions and restrictive measures immediately in Therap as a General Event Report (GER), and administrative leadership will review reports within 24 hours. HHCH will report uses of restraint or restriction as required by DMH (including Directive 4.070 as applicable). A debriefing must occur within 24 hours after any restrictive intervention so the person supported, involved staff, and a supervisor or nurse can review what occurred, capture the person's feedback, and identify strategies to reduce the likelihood of future restrictions.

### **5.7 Non-Restraint / No Unauthorized Restraints Policy**

Harmony House Care Homes is committed to ensuring individuals supported are treated with dignity, respect, and freedom from coercion. HHCH prohibits the use of physical restraint, mechanical restraint, chemical restraint, seclusion, or any other restrictive intervention except as specifically permitted by applicable regulations and an approved person-centered plan. Restraints may never be used for discipline, staff convenience, retaliation, or to compensate for inadequate staffing. HHCH also prohibits any informal or "hidden" restraints, including blocking exits, locking individuals in rooms, restricting movement without approved due process, withholding mobility devices, or using any method that prevents a person from leaving an area or accessing typical household/community settings without proper authorization.

If an emergency situation occurs where there is an imminent risk of serious harm and immediate protective action is required, staff must use the least restrictive intervention necessary to maintain safety and must follow the individual's approved crisis plan and HHCH emergency procedures. Any emergency safety intervention must be time-limited, end as soon as the imminent danger has passed, and must be followed by required medical assessment when appropriate. Staff must notify the on-call administrator immediately and complete required event reporting documentation (GER/EMT reporting) before the end of the shift. HHCH will ensure timely review of the event, implement corrective actions or retraining as needed, and update support plans when indicated.

All staff receive training on prohibited practices, de-escalation, and positive supports. Staff are expected to use trauma-informed, person-centered strategies to prevent escalation, support communication, and reduce the need for emergency interventions. Any suspected use of prohibited restraint or seclusion must be reported immediately as a critical incident, investigated promptly, and reported to appropriate authorities as required. Violations of this policy may result in disciplinary action up to and including termination and may involve mandatory reporting to regulatory entities.

### **Section 5 Review and Acknowledgment**

All employees must acknowledge Section 5 upon hire and during annual training cycles. By signing

below, the employee confirms that they have received, reviewed, and understand the policies in this section and agree to follow HHCH standards as a condition of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Printed Name: \_\_\_\_\_

## SECTION 6

### Privacy, Confidentiality, Records Management & HCBS Rights

#### Purpose



Section 6 establishes Harmony House Care Homes (HHCH) standards for protecting the privacy, dignity, and legal rights of individuals supported. These policies outline requirements for HIPAA compliance, confidentiality, secure handling of records, proper use of electronic communication and social media, information security, and person-centered HCBS rights. This section ensures that all staff understand their responsibility to safeguard Protected Health Information (PHI), maintain professional boundaries, use approved communication methods, uphold dignity and autonomy, and protect sensitive records in accordance with federal law, state regulations, and organizational policy.

### **What This Section Covers**

- HIPAA privacy protections and the “Minimum Necessary Rule”
- Confidentiality of individual and agency information
- Secure use of electronic communication and social media
- Records management and information security practices
- Virtual communication expectations and privacy safeguards
- HCBS rights, person-centered practices, dignity, autonomy, and informed choice
- Staff responsibilities for protecting PHI and reporting breaches

### **6.1 HIPAA & Confidentiality**

The Health Insurance Portability and accountability Act (HIPAA) protects the confidentiality and security of healthcare information. HIPAA creates and protects individual privacy rights for protected health information (PHI) and governs the use and disclosure of that information. HHCH is a covered entity per CFR 160.103.

HHCH and its employees will abide by the “Minimum Necessary Rule” at all times by making reasonable effort to use, disclose, and request the minimum amount of protected health information needed to accomplish the intended purpose said information. In addition to this, all employees will take the following steps to avoid a violation of HIPAA:

- Know and follow HHCH policy

- Do not discuss PHI with fellow employees unless it is for the purpose of treatment, payment, or healthcare operations
- DO not share PHI with friends or family
- DO not leave PHI unattended or allow it to be visible to visitors
- Confirm you are following HHCH HIPAA policies before sending PHI in an email or by fax to anyone outside of the organization
- Never discuss HHCH operations or daily activities outside of the work environment
- Place all documents containing PHI into the locked shred box

HHCH utilizes multiple forms of electronic record-keeping and various social media platforms when conducting business. This allows employees to share communication, personal messages, and photos but as the opportunities to share information have increased, so have the challenges of keeping information private. To comply with HIPAA privacy and Security rules PHI that is communicated electronically must be protected from unauthorized access by people who do not need access to the information. The only authorized method of electronic communication deemed HIPAA compliant with HHCH is Therap. No PHI should be shared through any other means of electronic communication.

HHCH will provide computers for each residential location to be used for work purposes only so they can utilize Therap. Therap is secure, online, HIPAA compliant, and all computers are password protected. HHCH does prohibit any employee from or storing their Therap username and password for quicker log in.

HHCH does condone the use of personal devices for work purposes while utilizing Therap. All personal devices are required to be password protected. HHCH does prohibit any employee from storing PHI on their personal devices.

For any PHI to be released the person supported and their guardian will need to complete a release of records disclosure.

HHCH may release PHI without prior authorizations for the following reasons:

- A person supported or their guardian requests a copy of their own PHI
- Treatment: sharing information about an individual with professional colleagues for the purpose of treatment
- Payment: Sharing information to receive payment for services provided
- Healthcare Operations: to include quality assessment, case management and coordination, supervision, training, accreditations, underwriting, audits, management, etc
- Social Security or Medicaid representatives for eligibility of benefits determination

If a breach of PHI that meets the requirement of Breach Notification Rule per 45 CFR 164.408 is identified, HHCH will provide written notification to the following parties:

- The person whose PHI was breached
- Their guardian is applicable
- The Department of Health and Senior Services
- The Department of Mental Health

There are four tiers of penalties for HIPAA violations dependent on different factors. These penalties range from \$1,000.00 per offense to \$50,000.00 per offense in a calendar year. A person being penalized may be fined each calendar year the violation took place until the total penalty is \$1.5 Million dollars.

**Protected Health Information Defined:** PHI refers to any health information that is oral, electronic or on paper and identifies or could be used to identify an individual. It is created or received by a healthcare provider, health plan, employer or healthcare clearinghouse and related to: An individual's past, present or future physical or mental health; the provision of healthcare of an individual; and the past present, or future payment for healthcare that identifies an individual

**Electronic Communication Defined:** Electronic communication means all types of media, including pictures, data files, voice recordings, email, text messages, or online postings. Each person supported will be provided and asked to acknowledge this policy upon the start of services being provided and annually in conjunction with the person's ISP year after that. Each person's guardian will be provided and asked to acknowledge this policy upon the start of services being provided and annually in conjunction with the person's ISP year after that.

### Confidentiality

It is the responsibility of all employees to respect and protect the privacy of the people supported by HHCH. All information (hard copy, electronic, verbal) associated with client records and operational procedures will be kept in the strictest confidence. In addition, any and all information about the people supported or the agency that is disclosed or becomes known in the course of the job must be kept confidential. Employees will handle case histories in a confidential and professional manner. Records will not be examined in the presence of other clients, support teams, or families/friends.

Confidential information includes, but is NOT LIMITED to:

- Client list including any and all client related information
- Personnel and/or medical information
- Learning and/or training programs
- Salary and personal information
- Marketing plans and lists
- Agency policies and procedures
- Business plans and practices

- Price list

The safeguarding of confidential information is the responsibility of all employees. Employees are prohibited from disclosing information that is deemed sensitive or inappropriate to any person without obtaining approval from the agency and other legally required parties.

Confidential information is to be disclosed on a “need-to-know” basis and to a person entity who demonstrates a business need for such information. All information is owned by HHCH and as such will require a written and signed release by the Executive Director before it is distrusted to anyone outside of HHCH.

Any willful, intentional, or unauthorized disclosure of confidential information will result in disciplinary action up to and including termination.

This policy is reviewed annually. A copy of this document may be requested at any time by contacting HR.

All people we support, and employee records and information will be retained by HHCH for a minimum of seven (7) years.

## **6.2 Virtual Capabilities Policy**

Harmony House Care Homes supports the use of virtual technology to facilitate communication, service coordination, and meetings when appropriate. Staff must ensure that all virtual interactions protect privacy and confidentiality and uphold HCBS rights, including dignity, autonomy, and informed choice. Virtual communication must occur in a quiet and private setting to prevent unauthorized individuals from hearing, seeing, or accessing sensitive information, and staff must verify participant identity before discussing personal information or PHI.

Only members of the support team, guardians or legally authorized representatives, and relevant providers or professionals may participate in virtual meetings unless the individual supported requests additional participants. Staff must ensure that invited participants are visible on screen or verbally confirm their presence so that participation is clear and authorized. During virtual interactions, staff must protect an individual’s right to choose whether and how to participate, including the right to request accommodations such as using chat, turning the camera on or off, or requesting additional support. No individual may be required to participate virtually if they prefer in-person communication unless a safety, medical, or regulatory requirement makes an alternative necessary.

Technology and security expectations apply to all virtual communication. Staff must use HHCH-approved platforms and, when possible, HHCH-approved devices. Staff must prevent others from viewing screens containing PHI, must fully log off or exit sessions when communication ends, and must use secure networks and appropriate Wi-Fi settings. Use of personal devices for virtual communication involving PHI is discouraged unless specifically approved and appropriately secured, and any suspected breach must be reported immediately to a Supervisor or Administrator.

After virtual meetings or communications, staff must document the purpose, participants, decisions or action steps, and any concerns related to confidentiality, behavior, or safety. Failure to follow this policy

may result in retraining, loss of virtual privileges, corrective action, and discipline up to and including termination. Any breach of confidential information may also require mandatory reporting under HIPAA and DMH guidelines.

### **6.3 Records Management & Information Security Policy**

Harmony House Care Homes is committed to maintaining secure and accurate records, and all staff must protect records from loss, damage, unauthorized access, and improper disclosure. Documentation must be factual, timely, and consistent with regulatory requirements. This policy covers all records, including medical and health records, Medication Administration Records (MARs), daily logs and progress notes, incident reports and investigations, financial or billing information, support plans and assessments, HIPAA-protected information, and electronic communications related to care.

Staff must complete documentation in real time or as soon as possible after events occur and must ensure that entries are accurate, objective, and complete. Electronic records must reflect the correct date, time, and user login, and staff must not share logins or allow another person to document under their credentials. If electronic records (Therap) is not available, staff must use provided blank shift note and sign or initial documentation clearly, label late entries as late with the correct date and time, and correct errors by drawing a single line through the mistake and initialing the correction; entries must never be erased or removed.

Electronic records must be stored only in approved systems with password protection, and only authorized staff may access or view individual records. Staff must use password-protected devices with agency-approved security settings, must not share passwords or write them in visible locations, must log off devices when leaving workstations unattended, and must ensure screens containing PHI are not visible to unauthorized individuals. Staff may not store or access records using personal devices unless explicitly authorized, and records may not be stored on personal flash drives or unsecured platforms. Paper records must be stored in locked filing cabinets or secure rooms with restricted access, and confidential documents must never be left unattended, visible, or unsecured. When records must be transported, staff must use secure methods such as locked containers or sealed folders and must ensure records are not left in vehicles or public areas.

Records must be retained for the period required by DMH, HIPAA, and HHCH retention schedules, and records may not be destroyed without written approval from Administration when required by policy. When eligible for disposal, paper records must be destroyed by crosscut shredding or approved shredding services, and electronic records must be permanently deleted in accordance with HHCH procedures. Staff must never dispose of PHI or sensitive documentation in regular trash. Missing, lost, damaged, or compromised records must be reported immediately to a Supervisor or Administrator, suspected unauthorized access must be reported at once, and staff must cooperate fully with internal investigations and corrective actions, including HIPAA breach notification rules when applicable. Secure recordkeeping supports HCBS values by respecting privacy, dignity, and autonomy through consistent and secure handling of information.

### **6.4 Social Media & Electronic Communication Privacy Policy**

Harmony House Care Homes strictly prohibits the sharing, posting, or transmission of any confidential, identifying, or sensitive information about individuals through social media, text messages, email, or any electronic platform. Staff must maintain professional boundaries and protect privacy in all digital and

electronic interactions. Staff may not post photos, videos, or audio recordings of individuals or share identifying information such as names, locations, diagnoses, routines, or personal circumstances. Staff may not discuss individuals or work situations online even if names are omitted, because details can still identify the person or the setting. Staff may not use personal devices to text, message, or email information about individuals or transmit PHI through unapproved systems.

Electronic communication is permitted only when it is necessary for care coordination, uses agency-approved platforms, and is shared only with authorized staff who have a legitimate need to know. Staff must document within HHCH-approved record systems and must use secure platforms for telehealth or virtual meetings only when approved. Personal phones must not be used to store or transmit PHI or confidential information and should be silenced during work hours unless needed for emergency contact. Staff must not take photos or recordings in the workplace without administrative approval, and only agency-approved devices may be used for work-related communication.

Staff must avoid digital behavior that compromises professional boundaries or could reflect poorly on HHCH when connected to employment. Any suspected or known violation of this policy must be reported immediately to a Supervisor or Administrator. Incidents involving PHI must be treated as potential HIPAA breaches and will be investigated, with corrective action implemented when needed. Serious violations may result in disciplinary action and legal consequences. Proper use of electronic communication and social media supports HCBS principles by protecting dignity, privacy, autonomy, and trustworthy service relationships.

### **6.5 HCBS Rights and Person-Centered Practices Policy**

Harmony House Care Homes recognizes that every individual has the right to direct their own life, and all supports must maximize independence, self-determination, and community access. Staff must honor each person's preferences, cultural identity, routines, and communication style and must support informed choice rather than directing decisions. Individuals must be involved in decisions that affect their daily lives, supported to explore interests and pursue goals, and provided communication supports in their preferred method, including accommodations when needed. Staff must educate individuals about their rights, including privacy, autonomy, and community participation, and must demonstrate these rights in practice by knocking before entering private spaces, supporting autonomy with personal belongings, and ensuring individuals have access to community activities, relationships, and transportation supports.

Restrictions of rights may never be imposed casually or as punishment and may occur only when clinically justified, formally approved through the person-centered planning process, documented in the plan with a clear rationale, and implemented in a time-limited manner with ongoing review. Staff must immediately report rights violations, coercive practices, unsafe conditions, or restrictions being used without required approval. HHCH's commitment to person-centered practices ensures individuals experience autonomy, inclusion, privacy, and dignity in all settings in alignment with the HCBS Final Rule.

## **Section 6 Review and Acknowledgment**

All employees must acknowledge Section 6 upon hire and during annual training cycles. By signing

below, the employee confirms that they have received, reviewed, and understand the policies in this section and agree to follow HHCH standards as a condition of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Printed Name: \_\_\_\_\_

## SECTION 7

### **Payroll, Benefits & Employment Terms**

#### **Purpose**

Section 7 outlines Harmony House Care Homes (HHCH) employment-related policies governing wages, timekeeping, benefits, leave practices, employment status, workplace expectations, and on-call procedures. These policies ensure consistent application of payroll rules, compliance with state and

federal labor laws, fair administration of leave and benefits, and clear expectations regarding employee conduct related to compensation, attendance, and scheduled work. Section 7 also establishes HHCH guidelines for overtime, holiday and bereavement leave, referral bonuses, smoking prohibitions, and workers' compensation requirements.

### **What This Section Covers**

- Payroll, timekeeping, overtime, and compensation requirements
- Paycheck delivery, deductions, and correction procedures
- PTO accrual, blackout days, call-off rules, and leave expectations
- Employment classifications and pre-employment requirements
- Employee referral bonus eligibility and payout criteria
- Tobacco-free workplace expectations
- Sleeping-on-duty standards
- Personal property and visitor guidelines
- On-call system responsibilities
- Workers' compensation procedures and reporting rules

### **7.1 Payroll, Timekeeping & Compensation Policy**

Harmony House Care Homes is committed to maintaining fair compensation practices, issuing payroll on time, and complying with all applicable federal and state wage and hour laws. Employees are paid biweekly on designated payroll dates, and HHCH strongly encourages direct deposit as a secure and timely payment method. Employees who receive paper checks will be paid according to the Paycheck Guidelines outlined in Policy 7.2. All employees are responsible for accurately recording work time, and supervisors are responsible for reviewing, verifying, and approving time records prior to payroll submission.

### **Therap Time & Documentation Requirements for Non-Exempt Employees**

Non-exempt employee work hours are calculated based on documentation entered into Therap using each employee's individual, secure, and HIPAA-compliant login credentials.



Payroll is processed based on Therap documentation as of **Monday at 8:00 a.m. prior to payday**. The following procedures apply:

- **Incomplete documentation** (for example, documentation not fully completed or failure to document on all individuals served during a shift):  
If documentation is incomplete at the time payroll is processed, the employee will receive a **paper check** for that pay period. All required documentation **must be completed before the paycheck is released for pickup**.
- **Missing documentation** (no documentation entered for a worked shift):  
If documentation is missing at the time payroll is processed, the employee must:
  - Complete the missing documentation in Therap, and
  - Notify the Accounting Manager of the missing shift.

Compensation for the missing shift will be issued on the **next payroll cycle** after documentation is completed and verified.

Employees are responsible for ensuring all required documentation is accurate, complete, and submitted timely. Failure to complete documentation as required may result in payroll delays and may be addressed through corrective action in accordance with agency policy.

HHCH will process required wage deductions in accordance with law. Mandatory deductions include federal, state, and local taxes, and additional deductions may occur only when permitted or required, such as court-ordered garnishments or employee-authorized benefit premiums. HHCH will not make unauthorized deductions from pay. If an employee believes a paycheck is incorrect, the employee must notify Human Resources or Administration promptly. HHCH will investigate payroll concerns and issue corrections as soon as reasonably possible, which may include correcting missed hours, incorrect rates, or system errors. Payroll, timekeeping, and compensation records are retained according to HHCH's record retention schedule and applicable labor laws.

## **WORK HOURS/SCHEDULES**

The Agency's administrative offices generally operate during the hours of 8:00 a.m.- 4:00 p.m., Monday through Friday. Some employees have varied schedules depending upon the requirements of their job. It may be necessary to alter an employee's work schedule to accommodate the needs of the person supported and the work demands of the Agency.

### **7.2 Paycheck Guidelines Policy**

Harmony House Care Homes strives to ensure timely and accurate delivery of employee pay. Employees are responsible for reviewing pay information each pay period, and HHCH is responsible for ensuring payment is handled securely and in compliance with labor and privacy requirements. Employees are paid biweekly according to the established payroll calendar. Direct deposit is the preferred method and is strongly encouraged because it reduces delays and improves security. Employees who use paper checks must pick them up according to agency guidelines, and paper checks may be released only to the employee unless the employee has provided written authorization allowing another person to pick up the check. HHCH may request identification at the time of pickup.

If a paper check is not picked up within five (5) business days, HHCH will mail the check to the employee's home address on file to protect security and ensure delivery. Employees are responsible for keeping their address current. Any lost or stolen paycheck must be reported immediately to Administration so a stop payment or replacement process can be initiated when appropriate. Employees may be required to complete and sign stop-payment or replacement forms.

Employees may enroll in direct deposit at any time by completing the required form, and employees are responsible for ensuring the accuracy of banking information. Direct deposit setup or changes may take up to one pay cycle to take effect. Each pay period, employees will receive a pay stub or earnings statement, electronically or on paper, that reflects hours worked, pay rate, deductions, and net pay. Employees must review pay stubs for accuracy and report discrepancies promptly. HHCH will investigate concerns and issue corrections or replacements as quickly as reasonably possible. Administrative staff will process payroll consistent with state and federal law, ensure secure handling and distribution of pay, and respond promptly to payroll questions.

### 7.3 PTO Accrual, PTO Rules & Request Procedures Policy

Paid Time Off (PTO) begins accruing after ninety (90) days of continued employment and accrues each pay period based on approved hours worked. Accrual rates are determined by employment status and years of service, and an employee's PTO balance will be reflected on the pay stub or employee portal when available. Unused PTO may carry over according to HHCH guidelines. Employees are responsible for monitoring their own balances, and PTO may be used only when the employee has accrued sufficient hours; PTO may not be borrowed from future accruals.

PTO is intended for absences such as sick leave, vacation, appointments, or personal days. HHCH may require documentation for repeated unscheduled call offs, particularly when patterns occur or when absences fall immediately before or after a scheduled holiday. PTO may not be used to avoid disciplinary action or to cover repeated tardiness patterns, and absences not covered by PTO or not approved may be treated as unexcused. Excessive absenteeism may result in corrective action, and repeated patterns such as frequent Monday/Friday absences may require documentation.

Harmony House Care Homes recognizes the importance of rest and personal time for full-time employees and provides Paid Time Off (PTO) in accordance with agency policy and operational needs.

- PTO is granted on a first-come, first-serve basis which includes when two employees request the same dates off that work in the same program/house, the time off will be given to the employee who has requested it first. (Please understand if you ask for time off, it does not mean it will be granted)
- PTO is excluded when computing overtime compensation.
- PTO can only be used when a shift is not worked.
- PTO shall be used before the date of termination. **Harmony House Care Homes, Inc does not payout unused PTO.**
- To use PTO an SCOMM must be submitted to the Accounting Manager stating how many hours are to be used. **The request must be submitted before 8:00AM the Monday before the paycheck is issued.**

- Blackout dates are pre-determined dates on which no time off requests will be accepted or granted. These dates are frequently used for holidays and other dates that may cause high-traffic time off requests and staff shortages.
- Requests for time-off that are denied are automatically classified as a blackout date for the requesting employee. However, if you find your own coverage then the time off will be allowed. **Both parties must then notify Administration of the switch.** (Just remember if the person you have arranged to cover your shift does not report or calls off, you will be obligated to work your scheduled shift)
- If any scheduled employee calls in or fails to attend a scheduled shift on a blackout day
- and does not find coverage, they must provide legal notice of detention, military orders, or a physician's notice to excuse the day of absence. Failure to provide documentation will result in loss of employment.

HHCH uses blackout days to maintain staffing during high-need periods such as major holidays, state audit periods, special events, and designated agency days. PTO is generally not approved during blackout periods except in documented emergencies, and HHCH will provide annual lists of blackout periods. PTO requests must be submitted in writing or through the approved scheduling system at least two (2) weeks in advance for planned time off. Requests are reviewed on a first-come, first-served basis and are approved or denied based on staffing needs; approval is not guaranteed. Supervisors must respond to PTO requests within three (3) business days.

When an employee must call off, the employee must notify the on-call supervisor at least four (4) hours before the scheduled shift, or as soon as possible in emergencies. Failure to follow call-off procedures may result in unpaid status and/or corrective action. Supervisors are responsible for maintaining accurate PTO tracking, distributing blackout calendars annually, and reviewing PTO requests within the required timeline, while employees remain responsible for planning ahead, submitting requests appropriately, and providing documentation when requested.

#### 7.4 Blackout Days Policy

Harmony House Care Homes uses blackout days to maintain safe staffing and continuity of care during high-need periods such as major holidays, special events, audit periods, severe weather response periods, or other times identified by Administration. During blackout days, Paid Time Off (PTO) requests are generally not approved because adequate staffing is essential to protect the health, safety, and rights of individuals supported.

PTO requests submitted for blackout days may be denied even when the employee has available PTO, and approval is not guaranteed. Exceptions may be considered only for emergencies or extenuating circumstances and must be reviewed and approved by Administration. Employees who call off on blackout days without an approved emergency may be subject to corrective action. Employees must continue to follow standard call-off procedures by notifying the on-call supervisor at least four (4) hours before the shift, or as soon as possible in emergencies, and must provide required documentation when requested. HHCH applies blackout days consistently while balancing staffing needs, fairness, and the wellbeing of employees and individuals supported. All employees must acknowledge Section 7 upon hire and during annual training cycles, and compliance with blackout scheduling requirements is a condition of employment.

**The following dates listed are Blackout Dates:**

- New Year's Day
- Valentine's Day
- St. Patrick's Day
- Easter
- Memorial Day
- Independence Day
- Labor Day
- Halloween
- Thanksgiving
- Black Friday
- Christmas Eve
- Christmas Day
- New Year's Eve
- Super Bowl Sunday

#### **7.5 Overtime, Holidays & Bereavement Leave Policy**

Overtime is defined as hours worked over forty (40) in a workweek, consistent with federal and state wage and hour laws. All overtime must be approved in advance by a supervisor or administrator whenever possible. Even when overtime is not pre-approved, HHCH will pay overtime for hours actually worked, but unauthorized overtime may result in corrective action. Employees may not work off-the-clock and may not add time not actually worked. Supervisors must monitor overtime usage, approve it appropriately, and ensure staffing and payroll compliance.

Holiday pay is available to eligible full-time employees and is provided according to HHCH guidelines. Employees scheduled to work on a recognized holiday will receive holiday pay for hours worked when eligible. Holiday pay eligibility may require that the employee work the scheduled shift immediately before and after the holiday unless the absence is approved or properly documented. Recognized holidays include New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Bereavement leave is available to eligible full-time employees for the death of an immediate family member. Employees may request up to three (3) days of paid bereavement leave, and additional unpaid time may be requested based on need and approval. Immediate family includes a spouse or partner, parent, sibling, child, grandparent, grandchild, or household dependent. HHCH may require documentation such as an obituary or service program. Employees must notify a supervisor as soon as possible when requesting bereavement leave or holiday-related leave, and supervisors must respond promptly while balancing staffing requirements and agency policy. Administration will maintain accurate overtime, holiday, and bereavement records and will verify eligibility consistent with law and HHCH standards.

#### **7.6 Jury Duty/Subpoena to Appear as a Witness Policy**

Employees must notify their supervisor immediately upon receiving a jury summons or subpoena and must provide a copy of the summons or subpoena to the supervisor or Administration. Employees must also provide proof of service or attendance after completing jury duty or a court appearance, such as court verification or other documentation. Employees are expected to report to work when they are not required to be in court, including situations where they are released early, unless otherwise approved. Time away from work must be recorded in accordance with HHCH timekeeping procedures.

Employees must communicate expected reporting dates and daily court schedules as soon as they are known so scheduling and staffing needs can be addressed. HHCH will follow applicable law and HHCH procedures related to pay practices for jury duty. Hourly employees will be handled according to HHCH reimbursement practices for time missed due to jury duty when required documentation is provided. If court-provided juror pay applies, it must be handled consistent with HHCH payroll guidance.

Employees who are subpoenaed to appear as a witness must notify their supervisor immediately and provide a copy of the subpoena. If subpoenaed in connection with HHCH business or services, employees must coordinate with Administration for guidance. Employees must maintain confidentiality and comply with HIPAA and HHCH privacy requirements whenever court matters involve individuals supported or protected information.

#### **7.7 Employee Referral Bonus Policy**

Harmony House Care Homes may offer an employee referral bonus to eligible employees who refer qualified candidates who are hired and remain employed for ninety (90) days. Referral bonuses are intended to promote retention, improve staffing stability, and support teamwork. To qualify, the referring employee must be actively employed at the time of payout, and the referred candidate must list the employee's name on the application at the time of submission; referrals submitted after the application is submitted do not qualify. Supervisors and administrative personnel who are involved in hiring decisions are not eligible for referral bonuses.

#### **7.8 Employment Status & Pre-Employment Policies**

Harmony House Care Homes classifies employment status based on work hours and wage and hour laws. Full-time employees generally work thirty (30) or more hours per week and are eligible for agency benefits. Part-time employees work fewer than thirty (30) hours per week and may be eligible for limited benefits. PRN employees work as needed with no guaranteed hours and are not eligible for PTO or benefits. Employees are also classified as exempt or non-exempt in accordance with federal wage and hour laws, and non-exempt employees are eligible for overtime.

Prior to employment, applicants must complete a formal application and interview, provide required documentation for I-9 verification, and successfully complete background screenings and registry checks required by law and HHCH policy. Drug screening may be required when applicable. HHCH may also conduct reference checks to verify employment history and qualifications, and applicants must provide proof of any required certifications or credentials for the position. All new employees must complete agency orientation before working independently. Orientation includes required training such as HIPAA and confidentiality, individual rights, abuse and neglect prevention, emergency response, and job-specific tasks. Employees must complete mandatory DMH and HHCH training within specified timeframes, and failure to complete required training may delay scheduling or result in termination of employment.

All new employees are subject to a ninety (90) day introductory period during which supervisors evaluate performance, attendance, training progress, and suitability. Completion of the introductory period does not guarantee continued employment, and employment remains at-will. Employees must maintain eligibility to work in the United States at all times and must provide updated documentation when required, including renewed identification, certifications, or credentials; failure to provide required documentation may result in suspension or termination. Before being scheduled for independent shifts, employees must complete all required training modules and competency assessments and demonstrate adequate knowledge of agency policies and the needs of individuals supported. Supervisors may require additional shadowing shifts before independent work is permitted. Employees rehired within twelve (12) months may be required to complete updated screenings or training, and employees who change status from PRN to part-time or full-time must meet all status-based requirements. Supervisors must approve any schedule or status change.

### **7.9 No Smoking / Tobacco-Free Workplace Policy**

Harmony House Care Homes prohibits smoking, vaping, and the use of tobacco or nicotine products inside HHCH property, in HHCH vehicles, and while transporting or supporting individuals in the community. This policy applies to employees, contractors, volunteers, visitors, and any person present in HHCH homes or work settings.

Employees may not smoke or vape inside any HHCH home, office, vehicle, or near entrances, windows, or shared outdoor areas where smoke or vapor could enter the building or affect others. Employees may not smoke or vape while supervising individuals supported or while on duty in the community, including when transporting individuals. If an employee uses tobacco during an approved break, the break must be taken only in designated locations away from individuals supported. Violations of this policy may result in corrective action up to and including termination.

### **7.10 Sleeping on Duty Policy**

Harmony House Care Homes requires staff to remain awake, alert, and actively engaged during scheduled work hours to ensure safety, timely response to emergencies, and consistent supervision and support. Sleeping while on duty is prohibited, including sleeping in bedrooms, common areas, vehicles, or any workspace, unless a specific overnight “sleep shift” arrangement is formally authorized in writing by Administration and consistent with staffing plans and regulatory expectations. Even during overnight shifts, staff must remain responsive, must complete required checks, and must provide support immediately when an individual requires assistance.

Sleeping on duty is considered a serious safety violation because it may place individuals at risk, delay emergency response, and compromise supervision. Staff who feel unable to remain awake due to illness, medication effects, or fatigue must notify a supervisor immediately so staffing can be adjusted. If a staff member is observed sleeping, the supervisor may remove the staff member from duty and initiate corrective action. Depending on the circumstances, sleeping on duty may result in discipline up to and including termination. HHCH documents incidents and addresses patterns of fatigue through scheduling review, coaching, and when appropriate, fitness-for-duty evaluation.

### **7.11 Personal Property Policy**

Harmony House Care Homes respects employees’ personal property; however, employees are responsible for safeguarding their own belongings while at work. HHCH is not responsible for loss, theft, or damage



to employee personal items brought to the workplace. Employees are encouraged to limit valuables brought to work and to secure items appropriately, such as keeping personal belongings in a designated area, using lockers when available, and keeping vehicles locked when parking on or near HHCH property.

Employees must ensure that personal property does not interfere with service delivery, confidentiality, safety, or professional boundaries. Personal phones may not be used in a way that distracts from supervision or violates confidentiality, and staff may not take photos, videos, or recordings in HHCH homes or during services. Personal items may not be stored with or near medications, confidential records, or individual property, and staff may not use individual spaces or bedrooms to store personal belongings unless specifically authorized. If personal property creates a safety hazard, violates policy, or interferes with job duties, supervisors may require the employee to remove the item from the workplace. HHCH may investigate suspected theft or misconduct consistent with agency procedures and may involve law enforcement when appropriate.

### 7.12 Staff Visitors Policy

To protect the safety, privacy, and well-being of individuals and to maintain a secure environment, all Harmony House Care Homes locations enforce a strict **no-visitor policy for staff** while on duty. Staff members, contractors, agency personnel, and volunteers are **not permitted to bring or receive visitors** at any time, including friends, family members, children, or personal guests. Any exception to this policy must be approved **in advance** by Administration.

### 7.13 On-Call Policy

Harmony House Care Homes maintains an on-call system to ensure support is available to staff and individuals supported outside of standard business hours, including evenings, nights, weekends, and holidays. On-call staff provide guidance for urgent concerns, respond to emergencies, support staffing needs, and ensure required reporting and documentation occur within mandated timelines. Employees are expected to use the on-call system appropriately for urgent or time-sensitive matters rather than routine scheduling questions that can be addressed during business hours.

Employees must contact the on-call supervisor immediately for events such as medical emergencies, suspected abuse/neglect/exploitation, missing persons or elopement, police involvement, medication errors, serious injuries, rights restrictions concerns, fire or hazardous environmental events, significant behavioral crises, or any situation that threatens safety or requires immediate leadership direction. When calling on-call, employees must provide clear information including the individual involved, location, what happened, actions already taken, whether 911 was called, and what support is needed. Employees must follow on-call directions, document incidents in required systems, and complete required notifications. Misuse of the on-call system, failure to call on-call when required, or failure to follow directions may result in corrective action. HHCH publishes on-call schedules and contact methods, and staff are responsible for keeping this information accessible during shifts.

When calling on-call, please allow adequate time for the person on-call to answer the phone or call you back. If the person on-call does not answer the phone when it is called, please leave a message saying who is calling, what the nature of the call is and who it is regarding. If the person on-call does not call back within twenty (20) minutes try to call the phone again. If there is still no answer, leave another message. If you do not receive a call back within another 20 minutes, please call 816.217.7595 for Jeff Hagaman. The on-call phone number is 816.500.1737.

#### **7.14 Workers' Compensation Policy**

Harmony House Care Homes provides workers' compensation coverage for employees who experience job-related injury or illness in accordance with applicable state requirements. Workers' compensation may cover medical treatment and wage replacement benefits when an injury or illness arises out of and in the course of employment. Employees must report any workplace injury, exposure, or incident immediately, no matter how minor it may seem, so that HHCH can ensure appropriate medical care, complete required reporting, and reduce risk of further injury.

When an injury occurs, the employee must notify the supervisor or on-call manager immediately and must seek medical care when needed. For life-threatening or serious injuries, staff must call 911 first and then notify a supervisor as soon as it is safe. HHCH may direct employees to an approved provider or occupational clinic consistent with state guidelines and insurance requirements. Employees must cooperate with workers' compensation procedures, provide accurate information, attend medical appointments, and follow work restrictions as directed by healthcare providers. HHCH will document the incident, complete required forms, and coordinate return-to-work planning, including modified duty when available and appropriate. Failure to report an injury promptly or providing false information may affect benefits eligibility and may result in corrective action.

All employees at Harmony House Care Homes are required to read the Workers' Compensation Policies and Procedures Manual. A copy is provided in the office. The employee must sign off on the acknowledgment form stating that they have read and understand the Workers' Compensation Policies and Procedures.

Employees must understand that they are to only seek medical care from the company-designated physician who is in the Workers' Compensation network upon any accident/injury that occurred while working on the clock at Harmony House Care Homes, Inc.

Employees will not be compensated for their time while attending doctor's appointments or any other medical service through Workers' Compensation.

#### **Section 7 Review and Acknowledgment**

All employees must acknowledge Section 7 upon hire and during annual training cycles. By signing below, the employee confirms that they have received, reviewed, and understand the policies in this section and agree to follow HHCH standards as a condition of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Printed Name: \_\_\_\_\_



# SECTION 8

## Financial & Administrative Procedures

### **Purpose**

Section 8 outlines Harmony House Care Homes (HHCH) financial and administrative procedures that support safe, ethical, and compliant service delivery. These policies establish expectations for implementation strategy documentation, protection and use of individual funds, gift and receipt standards, enrollment and termination of services, billing accuracy, variance correction, and day program operations. This section helps ensure that services are properly authorized, documented, billed, and delivered in a

way that protects individuals from financial exploitation and supports consistent, person-centered programming.

### **What This Section Covers**

- Development, documentation, and review of Implementation Strategies
- Safeguards for individual funds and financial documentation requirements
- Gift and receipt rules to prevent financial exploitation or coercion
- Enrollment and termination procedures for ISL and day habilitation services
- Billing and variance procedures, including documentation accuracy and corrections
- Day program operations, including weather closures, health exclusions, and attendance expectations

### **8.1 Implementation Strategies**

Implementation Strategies are tools that guide staff in working effectively with each individual to achieve desired personal outcomes and goals. Because people grow and change, the Implementation Strategies document is dynamic and may be revised as often as necessary. All updates must reflect input from the individual so that teaching methods align with the person's preferences, learning style, and progress.

HHCH develops Implementation Strategies through discussions with the individual and the support team. Strategies must be individualized, specific, and measurable and must clearly describe the steps necessary for the individual to achieve the identified outcomes. All Implementation Strategies are documented in Therap under the individual's Program Goal task, and staff must follow these strategies consistently during service delivery.

HHCH monitors implementation documentation and reports progress monthly on personal outcomes and goals. If documentation shows that progress is not being made toward a goal, HHCH will revise the Implementation Strategies. Program Managers review outcome data entered in Therap each month to

determine whether current strategies are adequate and whether staff are implementing them correctly. If documentation shows an outcome has been met, the Program Manager will notify the planning team so a new outcome can be identified. If documentation shows a lack of progress for three (3) consecutive months, the Program Manager will revise the strategies and ensure staff are retrained. The Program Manager documents these findings monthly in the Monthly Summary under the Overall Program Progress section.

## **8.2 Financial Policy**

Harmony House Care Homes protects individual funds through clear safeguards, strict documentation, and ethical financial practices. Individual funds may include earnings or wages, EBT or grocery funds, food or grocery cash, personal spending money, and allowances or discretionary funds. Staff must support individuals in managing their own money in a way that promotes autonomy and informed choice while ensuring funds are protected from loss, misuse, or exploitation.

All purchases must be made only from the individual's money pouch and only using that individual's funds. Each money pouch must remain organized and contain only the person's funds, receipts, and required documentation. Money pouches must never be left unsecured. After each use, the pouch must be returned to the secure storage location immediately. Only authorized staff may access locked storage for individual funds, and staff may never borrow, loan, or use individual funds for any purpose.

Receipts are required for every purchase regardless of cost. When a printed or electronic receipt is not available, a handwritten receipt may be used only for purchases under five dollars (\$5). Handwritten receipts must include the date, amount, item description, staff signature, and the individual's signature when possible, and receipts must be placed back into the money pouch immediately after the purchase. Missing receipts must be reported immediately. If staff cannot provide a receipt for a purchase, the amount may be deducted from staff compensation in accordance with agency policy, and repeated missing receipts may result in corrective action.

All purchases must be entered into the Therap Financial Module by the end of the employee's shift. Each Therap entry must match the corresponding receipt(s) maintained in the money pouch, and cash on hand must match the Therap ledger at all times. Any discrepancy must be documented and reported the same day to the Accounting Manager via SCOMM before the shift ends. Financial misconduct is strictly prohibited and includes using, borrowing, or benefiting from an individual's money; altering, falsifying, or omitting receipts or documentation; failing to report discrepancies; or intentionally misusing funds. Violations may result in termination and legal action. Any suspected financial exploitation must be reported immediately to Administration, and all financial incidents must be documented according to HHCH guidelines.

### **Shift Change Money Count**

At every shift change, cash on hand must be counted and documented in the Therap MAR module. Staff are responsible for accurately recording money counts for each individual, including personal spending funds and all site funds, under the individual's designated money count section. If the cash on hand does not match the Therap ledger or the previously recorded count, staff must immediately notify the Harmony House Care Homes Accounting Manager of the discrepancy by submitting an SCOMM. All discrepancies

must be reported promptly to ensure accurate financial tracking and compliance with agency and regulatory requirements.

### **8.3 Gift & Receipt Policy**

Harmony House Care Homes maintains strict gift and receipt expectations to protect individuals and staff from financial exploitation, coercion, or the perception of undue influence. Receipts are required for all purchases made using an individual's money without exception. Receipts must be placed in the individual's money pouch immediately after purchase. Handwritten receipts are acceptable only for purchases under five dollars (\$5) when an electronic or printed receipt cannot be obtained and must include the date, amount, item description, staff signature, and the individual's signature when possible.

Missing receipts must be reported immediately to a supervisor, and a missing receipt form must be completed for any lost, damaged, or unavailable receipt. If documentation is not adequate, the cost of the purchase may be deducted from staff compensation. Repeated missing receipts may result in disciplinary action up to and including termination.

Because financial and gift exchanges can place individuals at risk for exploitation or perceived coercion, staff must maintain professional boundaries at all times. Staff may not buy gifts for individuals, may not purchase items from individuals, and may not accept gifts, money, or personal items from individuals. Staff must avoid exchanging personal items and must follow all financial documentation requirements when a gift-related purchase is made by an individual in a way that is permitted and appropriate.

Individuals should not purchase items for other individuals except on special occasions such as birthdays or holidays, and staff must remind individuals of any spending limits or restrictions as applicable. Staff must document gift-related purchases in the Therap Financial Module when appropriate. All purchase documentation must be entered into the Therap Financial Module by the end of the staff member's shift, and receipts must match the entries in Therap. Any discrepancy must be reported to the Accounting Manager via SCOMM immediately. Financial misconduct includes giving or accepting gifts that violate this policy, borrowing or exchanging money with an individual, failing to properly document purchases or gift-related transactions, or taking any action that places an individual or staff member at financial risk. Suspected financial exploitation or inappropriate gifting must be reported immediately to Administration, and staff must cooperate with any investigation related to financial or gift-related incidents.

### **8.4 Enrollment & Termination of Services Policy**

#### ***ISL – Residential Services***

- Requirements: Comprehensive Waiver  
Active Adult Medicaid  
Active Social Security Benefits

Enrollment - Individuals and family members who are interested in residential placement with Harmony House will need to call 816-988-8316. Harmony House administration will read the individuals support plan and determine if there is an appropriate placement within the Agency.

Termination – Harmony House strives to accommodate all individuals supported. In the event Harmony House has exhausted resources to safely and effectively support an individual a 30 day notice will be submitted to the support team.

### ***Day Habilitation Services***

- Requirements: Participation in any Medicaid Waiver  
Active Adult Medicaid

Enrollment - Individuals and family members who are interested in day-habilitation services with Harmony House Care Homes will need to call 816-988-8316. Harmony House administration will read the individuals support plan and determine if there is an appropriate day location within the Agency.

Termination – Harmony House strives to accommodate all individuals supported. In the event Harmony House has exhausted resources to safely and effectively support an individual, services can be terminated immediately without notice.

### **8.5 Billing & Variance Policy**

Harmony House Care Homes requires accurate, complete, and timely service documentation to support billing compliance. All service documentation must be completed accurately and submitted by the end of each shift. Billing entries must match the individual's attendance, service notes, and supporting documentation, and staff may not document or submit services that were not provided. Documentation must reflect the correct date, time, service type, and the staff member who provided the service.

Service notes must be objective, factual, and completed in real time whenever possible. Entries must follow HHCH-approved formats and include all required components. Corrections must follow agency guidelines and must not obscure the original documentation. A billing variance occurs when documented services do not meet billable requirements, including situations such as missing notes, inaccurate times, incorrect service codes, or incomplete documentation. When a variance exists, billing cannot be submitted until the variance is resolved.

To prevent variances, staff must complete documentation at the time services are delivered whenever possible, verify attendance and service delivery before submitting documentation, communicate promptly with supervisors about documentation issues, and review entries for accuracy prior to submission. When a variance is identified, staff must notify a supervisor immediately, correct the variance as soon as possible and within agency deadlines, and provide written explanations for repeated variances when required by supervision. Staff must cooperate with coaching, retraining, or corrective actions as needed. Attendance records must be completed daily and accurately, absences must be documented and communicated according to program procedures, and when applicable, guardians or residential providers must sign or verify attendance documentation. Administratively, HHCH conducts regular billing and documentation audits, provides staff training, and reviews and corrects billing errors before claims are submitted.

### **8.6 Day Program Operations Policy**

Harmony House Care Homes maintains operational procedures to ensure safe and consistent day program services. When inclement weather impacts operations, HHCH will contact individuals' homes and participating agencies if the day program is closed, and staff must wait for management notification before reporting. When opening or closing the building, the air conditioner and heat settings may be adjusted only by management and must not be tampered with. All lights must be turned off when leaving the building, and a supervisory check of cleaning duties must be completed before the building is closed.

To reduce illness spread, individuals may not attend day services until symptom-free for at least twenty-four (24) hours when they have a temperature above 100°F, vomiting due to illness, or diarrhea due to illness. If symptoms arise during services, the guardian or residential provider will be notified, and the individual must be picked up within one (1) hour of notification.

When an individual is hospitalized or placed on medical leave, HHCH must be notified immediately. HHCH requires at least twenty-four (24) hours' notice before the individual returns to services, and the return must include a physician's release, medical instructions, and signed copies of any new orders so that staff can implement supports safely and accurately.

Day program drop-off times are 8:50 a.m. to 9:00 a.m. Transporters or guardians must communicate with DSPs upon arrival to confirm attendance. If arrival is expected after 9:15 a.m., the day program must be contacted at (816) 988-8316 with the estimated arrival time.

### **Section 8 Review and Acknowledgment**

All employees must acknowledge Section 8 upon hire and during annual training cycles. By signing below, the employee confirms that they have received, reviewed, and understand the policies in this section and agree to follow HHCH standards as a condition of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Printed Name: \_\_\_\_\_

## **SECTION 9**

### **Individual Rights, Due Process & HCBS Compliance**

#### **Purpose**

Section 9 outlines the rights of individuals supported by Harmony House Care Homes (HHCH) and the responsibilities of staff to protect and uphold those rights at all times. These policies reflect requirements under Missouri law (RSMo 630.110 and 630.115), Department of Mental Health (DMH) regulations, and the federal Home and Community-Based Services (HCBS) Final Rule (42 CFR 441.301). This section establishes expectations for person-centered practices, due process before any rights modification, access

to advocacy, freedom from abuse, neglect, exploitation, coercion, and retaliation, and the right to full community participation.

### **What This Section Covers**

- Individual rights under Missouri statutes and DMH regulations
- HCBS rights including choice, autonomy, privacy, and community integration
- Due process requirements for any proposed rights modifications
- External advocacy access and support
- Complaint and grievance procedures for individuals supported
- Staff responsibilities when rights concerns or violations occur
- Hiring and religious participation rights specific to individuals supported

## **9.1 Individual Rights Policy**

### **Individual Rights of a Person Supported**

As outlined in RSMo 630.115, individuals who receive mental health services have the following rights without limitations:

- To humane care and treatment
- To the extent that the facilities, equipment and personnel are available to provide medical care and treatment in accordance with the highest standard accepted in medical practice.
- To have safe and sanitary housing
- To not participate in non therapeutic labor
- To attend or not attend religious services
- To receive prompt evaluation, care and treatment, habilitation or rehabilitation about which the individual is informed insofar that the person is capable of understanding
- To be treated with dignity as a human being
- To not be subject of, or to, experimental research without prior written and informed consent of the person, or that of the parent or guardian, if the person is a minor or is under guardianship; except that no involuntary committed person shall be subject to experimental research, except as provided by the statute
- To decide not to participate or to withdraw from any research at any time for any reason

- To have access to consultation with a private physician at the individual's expense
- To be evaluated, treated, or habilitated in the least restrictive environment
- To not be subjected to any hazardous treatment or surgical procedure unless the individual, their parent (if the person is a minor) or guardian consents; or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction
- In the case of hazardous treatment or irreversible surgical procedure, to have, upon request, an impartial review prior to the implementation, except in case of emergency procedures required for the preservation of life
- To have a nourishing, well balanced, and varied diet
- To be free from verbal and physical abuse

As outlined in RSMo 630.110, individuals who receive mental health services have the following rights:

- To wear one's own clothes and to keep and use one's personal possessions
- To keep and be allowed to spend, a reasonable sum of one's own money for canteen expenses and small purchases
- To communicate by sealed mail or otherwise with persons, including agencies inside or outside of the facility
- To receive visitors of one's own choosing at reasonable times
- To have reasonable access to a telephone booth to make and receive confidential calls
- To have access to one's own mental and medical records
- To have opportunities for physical exercise and outdoor recreation
- To have reasonable, prompt access to current newspapers, magazines and radio and television programming

\*Any limitations of rights will be documented in the individual's record and be viewed by the DMH due process committee to ensure that the person is receiving due process.

Additionally, the individual will have the absolute right to receive visits from their attorney, physician, or clergyman in private at reasonable times without limitation. Notwithstanding any approved limitations, the individual will be entitled to communicate by sealed mail with the department, their legal counsel, and with the court.

As outlined in 9 CSR 45-3.030, all individuals served by the Division of DD shall be entitled to the following rights and privileges without limitation, unless otherwise provided by law:

- To be treated with respect and dignity as a human being
- To have the same legal rights and responsibilities as any other citizen
- To receive services regardless of race, creed, marital status, national origin, disability, religion, sexual orientation, gender, or age.
- To be free from physical, emotional, sexual, and verbal abuse and financial exploitation
- To receive services and supports to achieve the maximum level of independence.
- To have full access to rules, policies, and procedures governing the operations of the division of DD in an accessible format, and to have those rules, policies, and procedures explained in a matter that is easily understood.
- Within one's financial means, to have a choice to where to live and whether or not to share a home with other people



- To direct one's own person centered planning process and to choose others to be included in that process
- To participate fully in the community
- To communicate in any form and to have privacy of communications
- To accept or decline participation in any study or experiment
- To have freedom of choice among division of DD approved providers
- To seek employment and work in competitive integrated settings
- To participate or decline participation in any study or experiment
- To choose where to go to church or place of worship, or to refuse to go to church or place of worship.
- To have rights, services, supports, and clinical records recording services explained in a manner that is easily understood and in an accessible format
- To have all of an individual's records maintained in a confidential manner
- To report any violation of one's rights free from retaliation and without fear of retaliation
- To be informed on how to make an inquiry, file a complaint or report a violation of one's rights, and to be assisted in these processes, if requested.

Adults who do not have a legal guardian have the right to designate a representative to act on behalf of themselves for purposes of receiving services from the division of DD.

Refer to the home and community based services (HCBS) policy for additional information relating to the rights of the people supported.

It is an expectation that all employees of HHCH understand the rights of the people supported. No rights will be limited unless authorized by Missouri law. Rights will not be limited through HHCH policies or procedures, house rules, or staff practices for any reason. All individuals supported by HHCH will be supported in making their own decisions and not persuaded through the use of coercion (including intimidation force or threats). Any such use of intimidation, force or threats will be reported to the Missouri department of mental health in accordance with HHCH reporting policy.

In the event that the person supported or their support team feels that their rights are being limited and or violated without proper due process, a written complaint will be filed with HHCH's Executive Director or directly to the Missouri Office of Constituent Service.

The people supported by HHCH and their guardians will review their rights upon admission and annually after. All HHCH employees will be trained on individual rights upon hire and then annually after.

### **Hiring Process:**

Each individual supported has the right to choose the staff working with them. New staff members will be trained at each location and office administration will follow up after training with each individual living in the home and tenured employees to make sure the new staff is a good fit. If at any time an individual supported has a concern with an employee they are able to share their concerns with office administration and it will be followed up on immediately.

### **People Supported: Attending Religious Services**

In accordance with 9 CSR 45-5.010 (4) (A) 7, HHCH will support individuals in attending religious services and worshipping as they choose. HHCH will not prohibit participation in religious services and

will also not require them. Should an individual wish to attend religious services, HHCH will provide transportation to those services. The individual can choose to have natural supports accompany them and or transport them to or from services.

### **External Advocacy**

The people supported by HHCH have the right to request and be supported in obtaining an external advocate of their choosing. External advocates' duties may vary by person, but typically they will answer questions and provide in-depth explanations, find solutions to problems, and advise their person on various matters.

The Missouri Protection and Advocacy Services (MO-P&A) is a nonprofit organization that was established through federal mandate to provide advocacy services for people with developmental disabilities. MO P&A can be contacted by:

Phone: 1-800-392-8667

Email: [app.unit@mo-pa.org](mailto:app.unit@mo-pa.org)

Mail: MO P&A, Attn: Application Unit, 925 S Country Club Drive, Ste. B, Jefferson City, MO 65109

A HHCH representative will work with each person supported to review their right to have an advocate and to offer support in obtaining an advocate. The person supported may decline or accept at this time but at a later date change their mind. Within 30 days of a person deciding they would like to have an advocate, HHCH will assist the person in contacting MO PA to obtain one.

### **Due Process for Limitations of Rights**

Each person supported has a right to due process, and to be notified of the right limitations, to be informed of their available options to restore their rights, to be present during their due process review, and to be heard on their limitations.

The rights of a person supported may not be limited by a provider without due process unless the limitation will prevent an immediate health and safety concern to the person supported, others around them, or where there is damage to Community property. Due process development will include documentation of the following: Justification for the limitation that includes what positive interventions were used prior to the limitation being implemented, conditions of the limitation, positive teaching and support strategies, monitoring methods, criteria and timeline for restoration, a review schedule, and notice to the person supported and their guardian of their right to due process. The person supported and their support team will participate in the development of due process for each limitation.

All planned limitations of rights will be reviewed by the DMH Due Process Committee (DPC) upon identification of the limitation and annually until the limitation is removed to ensure that the person's rights are adequately being protected and that there is a plan in place of how the rights will be restored. Record of initial and annual review will be kept in the file of the person supported. HHCH will ensure all Due Process paperwork is signed by the person supported and if applicable, their guardian acknowledging the restrictions were discussed and approved by DPC and kept in their file.

The person supported whose rights are being limited and their guardian have the right to appeal. If it is believed that rights have been violated, the person supported, or someone on behalf of the person supported, may file a complaint with one of HHCHs directors, the persons assigned service coordinator, the local regional office, or the office of constituent services.

Harmony House

816-988-8316

Kansas City Regional Office

816-889-3400

Missouri Department of Mental Health

800-364-9687

### **Ensuring Rights of People Supported**

All employees are expected to be knowledgeable of these rights and to ensure that the rights of the people supported by HHCH are in place. Rights will not be limited unless due process is documented in the person's ISP or unless there is an immediate health and safety risk to the person or others around them. If an employee discovers a rights limitation being implemented without due process, a general event report (GER) will be written.

In an event where there is a realistic threat or physical actions resulting in serious self harm, harm to others or damage to community property, employees may implement a limitation that prevents the harm from occurring and a GER will be completed. HHCH's administration will then submit the report using the event reporting system in accordance with DMH's timelines.

Employees are expected to follow the documented guidelines for all limitations that are in place with documented due process. This includes: the conditions of which the limitation is implemented, implementing identified teaching and support strategies and documenting the implementation of, and supports provided for, the limitation period when the person has met the criteria for restoration, employees are expected to stop the implementation of the limitation.

Each person supported and their guardian will review this policy upon initial placement and then annually corresponding with their ISP implementation date. To ensure that this policy is explained in a language that is understood, the "Know Your Rights: A Guide for Individuals with Disabilities" tool may be substituted in place for this policy for the person supported.

### **Ensuring due process for people supported**

Office Administration is responsible for reviewing each person's supported ISP for limitation of rights the month the ISP implements.

Office Administration will work with the person's assigned support coordinator to ensure that the ISP is referred to Due Process Committee (DPC) within 30 days of implementation.

Upon report that a right is being limited without due process, office administration will make written notification of the limitation to the planning team. The support team will have 5 business days to meet, discuss, develop and submit a new limitation to DPC.

Documentation of initial referral to DPC and documentation of in progress completed DPC review will be kept in the record of the person supported.

#### **People supported: Grievance Procedures**

Each person supported and members of their support team can talk to any HHCH employee at any time to communicate if they are unhappy with the services provided and HHCH will try to resolve the issue. All reports will remain confidential and can be made without fear of recourse. HHCH employees will help the person supported contact their guardian and or their support coordinator. If the concerns have not been resolved, the person supported or their support team can file a verbal or written grievance to office administration. Office administration will notify the person's planning team of the filed grievance. Once a grievance has been filed, the Executive Director will review the grievance and will meet with the individual or person filing the grievance, in person, within seven days to discuss the grievance.

A signed acknowledgement of this policy will be obtained from the person supported or their guardian if applicable upon entry into services and annually thereafter, and kept in the records file of the person supported.

Harmony House Care Homes

Attn: Executive Director – Jeffrey Hagaman

920 SW 37<sup>th</sup> Street, Blue Springs MO 64015

816-988-8316

[j.hagaman@harmonyhousecarehomes.com](mailto:j.hagaman@harmonyhousecarehomes.com)

In the event the person supported or their support team feels that their concerns are not being or cannot be reported directly to HHCH, they are encouraged to file their complaint directly with the support coordinator assigned to the person supported or to file an anonymous complaint by contacting the following parties:

The Office of Constituent Services

PO Box 687

Jefferson City, MO 65102

1-800-364-9687

[constituentsvcs@dmh.mo.gov](mailto:constituentsvcs@dmh.mo.gov)

Department of Mental Health and Senior Services

PO Box 570

Jefferson City, MO 65102

1-800-392-0210

This policy will be reviewed annually. A copy of this document may be requested at anytime by contacting administration.

## **9.2 Home and Community-Based Services (HCBS) Compliance Policy**

### **Home and Community Based Services (HCBS)**

Harmony House Care Homes will ensure that people with disabilities have full access to and enjoy the benefits of community living through long-term services and support in the more integrated settings of this choosing. HHCH policies verify HBC requirements are met of the 42 CFR 441.301 Federal HCBS rule that was effective March 14, 2019. Throughout this manual, policies relating to the HCBS final rule will be identified as such.

Monitoring of HCBS compliance: Evidence based on the procedures set forth by HHCH may and will be monitored by the Division as well as HHCH will also implement a systematic quality review of their waiver settings as identified in the policies to show ongoing compliance of the Federal HCBS rule.

### **Access to the Community (42 CFR 441.301(4)(i))**

Harmony House Care Homes will ensure that all participants know about their community and are supported in making choices related to accessing the community, including: accessing services provided at local businesses, recreational opportunities, types of transaction services available, local events and activities, churches, service/civic organizations, etc. Participants shall be supported in fully accessing and becoming a member of their community. For Instance, if a participant wants to attend an event, staff will assist the participant in identifying what is needed for them to participate (money, transportation, assistance of staff/natural supports, accessibility of locations, etc.) and help the participant to plan and make decisions, including considering provider agency and natural support options, available funds, etc. HHCH will support participants in researching their community to identify how to find services, local events, groups, transportation routes, etc. and help identify options for participants to choose between. Participants will be encouraged and supported in becoming a contributing member of their community.

### **Employment (42 CFR 441.301(4)(i))**

Harmony House Care Homes will ensure that all participants who wish to work, are supported in doing so. Participants who are interested in the beginning process, should talk with HHCH or request a planning team meeting to discuss employment options. HHCH will assist and/or engage in conversations with the planning team about employment services options. If participants obtain or have a job; HHCH will support them, as needed to accommodate their identified needs and help in their success.

### **Money Management/Personal Resources (42 CFR 441.301(4)(i))**

Harmony House Care Homes will support individuals in managing their own money and personal resources, whether they have a payee or are managing their own money. Participants shall control their own access to their money, but may also request to have HHCH help manage funds. If requested, HHCH will help pay your bills, make deposits, budget for more expensive items, and help participants learn how to manage their own money. Participant funds will only be used by the participant.

### **Community Resources (42 CFR 441.301(4)(i))**

Harmony House Care Homes will encourage participants to make informed choices regarding their needs being met and accessing services in their community; such as medical, behavioral, social and recreational activities, or other services that apply. HHCH will encourage participants to make informed choices about where they get their services.

### **Choice of Setting (42 CFR 441.301 (4) (ii))**

Harmony House Care Homes will help educate and engage participants and seek their input and discuss their preferences in activities, living arrangements, staff and if participants convey they want services at other locations, HHCH will assist. HHCH will promote integration as participants without disabilities regarding living, learning, working, and enjoying life as others do in the community. HHCH offers participants opportunities to change their services, and express their concerns or ask questions regarding the services they receive.

### **Restrictions/Modifications (42 CFR 441.301(4)(ii))**

Participants shall be in full control of their daily lives. No participants will have their rights restricted by HHCH except if detailed in their ISP or BSP and approved by the planning team. Any modification or restriction of a “right” must meet the following requirements, be reviewed by the Due Process Committee and be documented in the ISP.

- Specific assessed need and justified,
- Positive interventions and supports used prior to modifications,
- Less intrusive methods of meeting tried but did not work,
- Clear descriptions of the condition that is directly proportionate to the specific assessed need,
- Regular collection and review of data to measure the ongoing effectiveness,
- Informed consent of the participant,
- Assurance that intervention and supports will cause no harm to the participant.
- If a participant has a rights restriction indicated in his/her ISP, HHCH will collaborate with the Support Coordinator and other providers to collect data, attempt alternative strategies, and work toward reinstating the restriction over time.
- External advocate and right to participate in the process.

### **Privacy (42 CFR 441.301(4)(ii)) and (42CFR 441.301(4)(iii))**

Participants have a right to privacy. All participants will have the opportunity to assist in the selection of a roommate/housemate. Participants will have privacy in their bedrooms. If participants share a bedroom, participants can request private space to meet with visitors during day services. Staff will always knock before entering a person’s home, bedroom or bathroom. Extra effort will be made to ensure privacy in bedrooms and bathrooms except when assistance is needed and documented in the ISP. All participants will have input on the people with whom they live. If an issue arises between housemates, HHCH will meet with participants and try to develop solutions. If a participant expresses desire to change housemates, HHCH will assist in making alternate arrangements.

### **Housing Opportunities (42 CFR 441.301(4)(ii))**

Harmony House Care Homes will work with participants who have the desire to live in the least restrictive environments and will receive information on affordable housing. HHCH will give choice of housing options and of living arrangement. Participants will decide where they want to live, who lives

with them and who they want to provide their supports. Participants will have the opportunity to discuss with HHCH and their assigned TCM Support Coordinator during the Person Centered Planning process regarding their waiver funding and resources available for housing.

#### **Code of Conduct (42 CFR 441.301(4)(iii))**

Harmony House Care Homes and all staff recognize the importance of treating participants with **dignity and respect**. The following code of conduct applies to anyone/employed by HHCH:

- Protect Health & Safety: If HHCH suspects a participant has experienced any abuse, neglect, exploitation, or maltreatment, our first duty is to protect the participant's health and safety. Staff must follow agency policy and criteria for reporting events.
- Compliance with laws: All staff will conduct business activities in compliance with all applicable laws and HHCH policies. All staff are expected to take appropriate actions against co-workers who violate laws or policies.

#### **Grievance Policy (42 CFR 441.301(4)(iii))**

Participants can talk to staff any time they are unhappy with staff or the services provided, and HHCH will try to resolve the issue. HHCH will help the participants contact their guardian or their case manager if needed. If the issues have not been resolved, participants or guardians can file a verbal or written grievance, which is a formal way of telling HHCH that you are unhappy about something and/or someone and asking for someone to help you with it.

#### **Freedom of Choice (42 CFR 441.301(4)(iv))**

Harmony House Care Homes will support participants in their independent choices they make in their daily activities, how they spend their free time, but not limited to whom they interact with, what activities they choose or where they are located. HHCH will offer different options to participants so they may make a decision independently or with a guardian without any undue influence, and that is based on sufficient experience and knowledge, including exposure, awareness, interactions, and/or instructional opportunities, to ensure that the choice is made with adequate awareness of all the available alternatives to and consequence of options available.

#### **Visitors (42 CFR 441.301(4)(iv))**

Participants are encouraged to invite family and friends to visit in the participant's home at any time. Visitors are allowed in common areas and the participant's bedroom, if the participant wishes to invite them.

#### **Services and Supports (42 CFR 441.301(4)(v))**

Harmony House Care Homes will seek input on the participant's preference in staff and/supports or the type of staff that are the best fit. If multiple participants and guardians request a small number of staff, HHCH ensures that participants have fair access to their preferred staff as available or appropriate. HHCH will offer different options to participants so they may decide independently or with their guardian that is based on sufficient experience and knowledge, including exposure, awareness, interactions, and/or instructional opportunities, to ensure that the choice is made with adequate awareness of all the available alternatives to and consequences of the options available.

#### **Provider Owned and Controlled Residential Setting**



CMS views staff or employees of the provider owning the home to be provider owned and controlled. If the HCBS provider does not lease or own the property but has a direct or indirect financial relationship with the property owner, the setting is considered provider controlled unless the property owner or provider establishes that the nature of the relationship did not affect either the care provided or the financial conditions applicable to tenants.

Any modification/restrictions to a participant's ISP to the following HCBS requirements must document that Due Process was followed.

#### **Rental Agreement (42 CFR 441.301 (4)(vi)(A))**

Harmony House Care Homes has participants that live in a home that is owned by HHCH but has a legally enforceable agreement or lease that offers the same protection from eviction that tenants have under landlord-tenant law of the state, county, city, or other designated entity have available. Participants will learn how to express they want to relocate or request new housing.

#### **Privacy (42 CFR 441.301 (4)(vi)(B))**

All participants will have privacy in their bedrooms; if participants share a bedroom, participants can request private space to meet with a visitor during day services. Staff will always knock before entering a person's home. Extra effort will be made to ensure privacy in bedrooms and bathrooms except when assistance is needed and documented in the ISP.

All exterior doors to the residences will have locks, and all participants will be given a key or other access. Appropriate staff will have access to the entrance door and bedroom door keys but will always knock before entering.

#### **Freedom of Choice (42 CFR 441.301 (4)(vi)(C))**

Harmony House Care Homes will offer participants activities that are individualized; Participants will have access to their food at any time; and choose their own schedule.

#### **Visitors (42 CFR 441.301 (4)(vi)(D))**

Participants are encouraged to invite family and friends to visit in the participant's home at any time. Visitors are allowed in common areas and the participant's bedroom, if that participant wishes to invite them. HHCH will not restrict the participant's rights of visitors.

#### **Accessibility (42 CFR 441.301(4)(vi)(E))**

Harmony House Care Homes will ensure that all participants have access to their home and community. Practical accommodations will be offered to allow for the participants to move about freely in their home.

#### **Restrictions/Modifications (42 CFR 441.301 (4)(vi)(F))**

No participants will have their rights restricted by HHCH except if detailed in their ISP or BSP and approved by the planning team. Any modification or restriction of a right must meet the following requirements and be documented in the ISP and reviewed by the Due Process Committee:

- Specific assessed need and justified
- Positive interventions and supports used prior to any modifications
- Less intrusive methods of meetings tried but did not work
- Clear description of the condition that is directly proportionate to the specific assessed need



- Regular collection and review of data to measure the ongoing effectiveness
- Informed consent of the participant
- Assurance that interventions and supports will cause no harm to participants.
- If a participant has a rights restriction indicated in his/her ISP, HHCH will collaborate with the Support Coordinator and other providers to collect data, attempt alternative strategies, and work towards reinstating the restriction over time.

#### **Heightened Scrutiny evidence (42 CFR 441.301(5)(v))**

1. The setting is located in or adjacent to a publicly or privately owned facility that provides inpatient treatment.
2. The setting is on the grounds of, or immediately adjacent to a public institution.
3. The setting has the effect of isolating participants receiving Medicaid- funded HCBS from the broader community of participants not receiving Medicaid funded HCBS

#### **Monitoring of HCBS Compliance:**

Evidence based on the procedures set forth for HHCH may and will be monitored by the Division as well as HHCH will also implement a systematic quality review of their waiver setting as identified in the policies to show ongoing compliance of the Federal HCBS rule.

This policy will be reviewed annually. A copy of this document may be requested at any time by contacting HR.

Failing to follow these procedures will result in a disciplinary action up to and including termination.

#### **Section 9 Review and Acknowledgment**

All employees must acknowledge Section 9 upon hire and during annual training cycles. By signing below, the employee confirms that they have received, reviewed, and understand the policies in this section and agree to follow HHCH standards as a condition of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Printed Name: \_\_\_\_\_



## Handbook Ending Section

This section concludes the Harmony House Care Homes (HHCH) Policies & Procedures Handbook.

### Summary of Employee Expectations

- Follow all HHCH policies, procedures, and protocols as outlined in this handbook.
- Maintain professional conduct, ethical behavior, and respect toward individuals, coworkers, and agency property.
- Protect confidentiality and safeguard sensitive information.
- Report concerns, incidents, or violations promptly to appropriate supervisory staff.
- Complete required documentation accurately, timely, and in compliance with agency guidelines.
- Meet all training requirements, including orientation, annual refreshers, and mandatory state trainings.

### Important Notices & Disclaimers

- This handbook is not a contract of employment and does not guarantee continued employment.
- HHCH reserves the right to revise, update, or rescind any portion of this handbook at any time.
- Employees will be notified of significant changes and are responsible for reviewing and understanding updated policies.
- Failure to comply with agency policies may result in corrective action, up to and including termination.

### At-Will Employment Reminder

Employment with HHCH is at-will. This means either the employee or the agency may terminate employment at any time, with or without cause. Policies in this handbook do not alter the at-will nature of employment.

### Employee Handbook Acknowledgment Form

By signing below, I acknowledge that I have received and reviewed the Harmony House Care Homes Policies & Procedures Handbook. I understand that I am responsible for reading, understanding, and complying with all policies and procedures.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrative Use Only

☐ New Hire Orientation

☐ Annual Review

☐ Policy Update Revision