

MISSION STATEMENT

OHI, a Maine non-profit corporation,
supports people with disabilities to live productively
in their communities.

Adopted: 11/4/93 BOD; Rev: 11/94 BOD; Rev: 3/1/95; Rev: 1/1/96; Final Adoption Date: 6/25/97; Reviewed Board of Directors: 2/26/98; Reviewed Board of Directors: 11/8/98; Final Adoption Date 11/25/98. Rev. 10/26/2000; Rev. 11/1/2001. FAD: 11/15/01. Review by the Board of Directors 8/28/03. FAD 8/28/03.

PHILOSOPHY AND VALUES

AT OHI, WE BELIEVE:

EVERYTHING IS POSSIBLE.

- We believe each person can be successful with the right quality and combination of supports.

CHOICE IS ESSENTIAL.

- We believe each person should be supported to achieve a quality of life that meets individual goals and realizes lifelong dreams.
- We believe each person should choose and design his/her own lifestyle with the assistance of people of his/her choice.
- We must value the unlimited possibilities of each person's potential to learn, develop and grow.
- We believe each person should be supported, to the extent necessary, to choose and manage his/her own property, possessions, supports and other resources.
- We believe each person should be supported to lease or own a home of his/her choice in his/her community.
- We believe each person should live with a person(s) of his/her choice.
- We believe each person should be supported in developing, obtaining and maintaining the job of their choice in their community.
- We believe in supporting relationships between each person, his/her family, friends, neighbors and communities, because these are the primary opportunities to learn diversity, courage, determination and acceptance.
- We believe in assisting each person to develop and nurture natural supports in the community.

RIGHTS MUST BE PROTECTED.

- We believe each child and adult is a person first and must always be treated with respect and dignity.
- We believe each person has equal rights. OHI shall support the role of each person it supports, guardians, families, communities and the state and federal government in protecting these rights.
- We believe in providing opportunities for each person to enjoy a fulfilling private and social life, free from ridicule, embarrassment and discrimination.
- We believe we must always advocate for the persons we support, and we must encourage them to advocate for themselves.
- We believe each person has the right to work, live, play and receive supports in the community.
- We believe the most positive, least restrictive, most non-aversive practices, supports and interactions must be used in supporting persons.
- We believe in protecting the right of each person to age in his or her place of choice.

PROFESSIONAL EMPLOYEES ARE A KEY TO OUR SUCCESS.

- We believe OHI employees are our greatest asset and the value of each is immeasurable.
- We believe all OHI employees are professionals and must be multi-faceted, well trained, flexible and ethical.
- We believe we must be team players with a focus on partnership, collaboration and positive thinking.
- We believe in the importance of membership in provider and professional networks.

- We believe ethics should be at the foundation of all decisions made and actions taken by employees, Board of Directors, contractors and volunteers of OHI.
- We believe we must support and communicate with each other with dignity and respect.

A POSITIVE OUTLOOK IS CRUCIAL.

- We believe a positive attitude, positive thinking and a positive work environment is essential to the well-being of OHI, the people it supports and its employees.

PROFESSIONAL DEVELOPMENT AND EDUCATION IMPACTS ON THE FUTURE.

- We believe we must continually educate the people we support, family members, guardians, neighbors, community members, and employers of the persons we support.
- We believe OHI staff must be knowledgeable about and contribute to local, regional, national and global enlightened trends in public policy, program, research and funding in the disability field for both children and adults.

SAFETY IS IMPERATIVE.

- We believe each person should be assisted to make safe, healthy, legal and reasonable informed choices about all aspects of life.
- We believe in providing a safe and healthy atmosphere for the persons OHI supports and for its employees.

CONTINUOUS QUALITY IMPROVEMENT IS VITAL TO OUR MISSION.

- We believe in providing the highest quality of supports.
- We must continually strive to improve in everything we do.
- We must understand the boundlessness of human potential so that we may set expectations that liberate rather than limit.
- We believe we must continually re-dedicate ourselves to our philosophy.

Rev. 10/15/92 BJB; Rev. 7/7/93 Executive Management Team; Rev. 1/14/94 MRW; Rev. 1/19/94 MRW/BJB; Approved 1/27/94 Board of Directors; Final Adoption Date 2/15/94; Rev. 11/94 Board of Directors; Final Adoption Date 3/1/95; Rev. 9/30/97 Management Team; Rev. 10/20/97 MRW/BJB; Rev. 4/6/98 Executive Management Team; Rev. 8/12/98 OHI Management Team.; Rev. 9/3/98 Executive Management Team; Approved Board of Directors 9/24/98; Final Adoption Date 9/30/98. Rev. 4/18/02 Board of Directors; Approved BOD 4/25/02; FAD 5/1/02. Reviewed 8/28/03 Board of Directors; FAD 8/28/03.

ROLE OF QUALITY IMPROVEMENT TEAMS (GENERIC)

I. POLICY:

The Team process is a tool used by OHI to promote and implement continuous improvement based on data and feedback. The purpose of Quality Improvement Teams for each Division of OHI shall be to identify and address areas or processes needing improvement. These Teams shall serve as a forum for training, brainstorming and innovation.

II. PROCEDURES

A. TEAM COMPOSITION

Diversity shall be a key element in each Team. Each Team shall consist of the Director of Quality Improvement, the Division Leader, Managers, Direct Support Professionals, people receiving supports and services, and public and private guardians.

B. TEAM DYNAMICS

1. The Director of Quality Improvement shall serve as the facilitator for the Team and shall provide ongoing training in quality improvement philosophy and methods. The facilitator shall assure minutes are kept, the agenda is followed, that team members have an opportunity to express opinions and that communication is optimized within the Team.
2. The Division Leader shall serve as the Team's leader. The Team Leader shall call the meeting, assure the agenda is developed and disseminated prior to the meeting and shall serve as the contact person for members between meetings, unless other arrangements are made by the Team.
3. Team members shall be responsible to attend and participate in meetings. Team members may serve as facilitators, minute keepers, time keepers or discussion leaders, depending upon how the Team decides to divide responsibility.
4. Team members shall enter the meeting on equal ground. All team members shall be empowered to express opinions and make recommendations within the meeting format. This shall be reinforced at each meeting, as needed.

C. METHODS

1. Detailed agendas shall be used for all meetings. Agendas may include topics, estimated time limits and the name of the discussion leader. Agenda items shall be developed at the end of each meeting for the next meeting.

2. Meetings shall be held regularly and ongoingly, as decided upon by individual Quality Improvement Teams. Each Quality Improvement Team shall decide the frequency, time, date and duration of each meeting.
3. The Team shall use various continuous quality improvement tools, including statement of purpose and Team charters.
4. Teams shall be empowered to make recommendations primarily, but may be delegated responsibility for making and implementing decisions specific to their Division or on agency-wide topics by the Division Leader or the Executive Director.
5. Training shall be used ongoingly to promote team learning and growth.
6. Each Team shall develop a mission statement and a list of short and long term goals. Action plans shall used to address each goal.
7. Areas needing improvement shall be identified through the collection of data and feedback by Team members.
8. Teams shall use both formal and informal feedback from people supported by OHI, their family members, team members, guardians, employees, community members, and interested others in determining areas of strength and opportunities for improvement.

POLICY: QUALITY ASSURANCE AND IMPROVEMENT PLAN (GENERIC)

I. POLICY

It shall be OHI's policy to implement a process of quality assurance and continuous quality improvement in order to assure its customers' satisfaction through high quality supports and services. Continuous improvement is an ongoing cycle involving feedback from customers, analysis of commendations and recommendations, prioritization of areas for improvement, development of improvement strategies and action plans, implementation of strategies and plans, and assessment of the outcomes of these steps. This cycle involves the people OHI supports, their guardians, family members and any significant others, OHI employees at all levels, community members with whom OHI partners to provide supports and services, the community itself, and licensing, accrediting, funding, and auditing bodies. The cycle is driven by a common understanding of OHI's mission, philosophy, and values, and is ever-changing and evolving, as are the needs and desires of the people involved in it. Continuous quality improvement is vital to our mission.

II. DEFINITIONS

- A. **Quality** is defined by OHI customers and is about how well OHI does or doesn't meet their expectations.
- B. **Quality of Life** is also defined by OHI customers, particularly people OHI supports, who measure their quality of life based on their individual values and how well OHI supports them to achieve their hopes and dreams for the future.
- C. **Outcome Measures** are goals and objectives that are established, based on what OHI customers need and want from OHI services, to help OHI determine whether or not it is doing its best to meet customer expectations.
- D. **Customers** are the people OHI supports and serves as well as the following other groups: OHI employees, parents, families, guardians and friends of people OHI supports, fellow service providers with whom OHI partners, business associates, funders, accrediting bodies, auditors, and licensers, and all others with whom OHI does business in the process of providing supports and services.
- E. **Quality Improvement Teams** have become an integral part of how OHI gets things done. QITs are cross-functional teams, one for each division of the agency, which come together regularly to address satisfaction feedback, outcome measures, employee recognition, training, communication, process analysis and improvement and other topics as they come up.
- F. **Cross-functional** teams are now used throughout the agency. Most committees, task forces, and teams are cross functional. Cross-functional means that people from all sides of an issue are on the team: leaders, managers, direct support professionals, people OHI supports, guardians, family members, community members, etc. Teams are made up based on who might have input about, or be impacted by, a project or decision.
- G. **Surveys** are sets of questions, developed in focus groups, designed to determine whether or not customers are satisfied with the supports and services they receive. Surveys may be formal, written, mail-in types, or they may be informal face to face or telephone interviews.
- H. **Focus Groups** are people from the same customer group who come together to give feedback. Direct Support Professionals and Self-Advocacy groups are examples of focus groups.
- I. **Quality Assurance** methods focus on checking and inspecting to ensure compliance with standards, regulations, and policies. Inconsistencies and deficiencies are corrected in order to assure high quality supports and services. The focus is on fast response to problems.
- J. **Quality Improvement** methods focus on anticipating customer needs, ongoingly assessing and evaluating practices and procedures, getting feedback and input from people at all levels, and making adjustments along the way to "build in quality" in order to provide high quality supports and services. Inconsistencies and deficiencies are avoided. The focus is on preventing problems and continuously improving.

III. PROCEDURES

A. COMMITMENT TO QUALITY

1. **Quality is a priority.**
 - a. OHI has a division of Quality Improvement which employs two staff; the Director of Quality Improvement and a Community Inclusion Coordinator.
 - b. Continuous quality improvement is the second item on all meeting agendas, second only to safety.
 - c. The Division of Quality Improvement staff mentor Quality Improvement Teams and Focus Groups, and participate in most teams and committees.
 - d. Quality Improvement Teams are expected in all divisions of the agency.
2. **Quality Training is mandated.**
 - a. The Director of Quality Improvement provides an hour of training for all new managers in specific tools and techniques used.
 - b. The Director of Quality Improvement provides ongoing training in quality concepts and methods through leadership of, and participation in, OHI teams and committees.
 - c. The Division of Quality Improvement staff provide training to all employees in implementation of satisfaction surveys each year at the time surveys are disseminated.
3. **Quality is Customer Driven.**
 - a. Representatives of customer groups participate on OHI teams and committees.
 - b. Representatives of some customer groups serve on the OHI Board of Directors.
 - c. People supported drive their own personal planning processes.
 - d. Improvements are made ongoingly based on customer feedback.

B. INDIVIDUAL CHOICE AND EMPOWERMENT

1. **Choice is essential.**

OHI is committed to providing opportunities for people supported to make choices in all aspects of their lives.
2. **Planning is personal.**

Each person supported and/or their guardian chooses an individualized planning process. Most people supported use Person Centered Planning or Individual Service Planning. These processes are driven by the person supported, focus on their hopes and dreams for the future, and fully include their needs and desires. The team process is cross functional, involving the person supported and all those who provide support and services.
3. **Self Advocacy is a priority.**

OHI provides a focus group for people supported to learn about self-advocacy and to practice self-advocacy skills. People are supported to participate in local, state, and national self-advocacy initiatives.
4. **People Supported have a voice.**
 - a. Many people we support assist in hiring their own staff, and have an opportunity to give input on their performance at appraisal time.
 - b. People we support have the opportunity to participate on OHI teams and committees.
 - c. People supported have regular opportunities to give feedback about the supports and services they receive through their planning process, house meetings, satisfaction interviews, and satisfaction surveys.
 - d. People with disabilities are represented on the OHI Board of Directors.
5. **Employees at all levels have a voice.**

Direct Support Professionals, Managers, and Leaders have opportunities to participate on all agency teams and committees in order to give input on decisions, projects, and

development of policies, procedures, and services.

C. SATISFACTION

1. **Annual Satisfaction Surveys are conducted.**

- a. Each of the identified customer groups is surveyed annually. Surveys are formal, written sets of questions designed to assess satisfaction in a variety of areas. Surveys may be completed in writing, or may be done verbally, face to face, or by telephone. For people supported who do not use written or verbal language, an informant (a trusted team member who knows the person well) completes the survey to the best of their ability based on their relationship with the person.
- b. Survey results are compiled by the Director of Quality Improvement by division as well as agency-wide.
- c. Quality Improvement Teams study survey results and compare them to previous years survey data and to established outcome measures to determine areas needing improvement.
- d. Quality Improvement Teams develop and implement improvement action plans based on survey data.
- e. The OHI Leadership Team and Board of Directors review survey data annually.
- f. Results of surveys are published in the OHI newsletter and are provided to funding, licensing, and accrediting bodies.

2. **Regular Satisfaction Interviews are conducted.**

- a. People supported and employees are interviewed annually at the homes and programs in which they live and work. Interviews are informal, but use a standard set of questions which are designed to assess satisfaction in a variety of areas. Interviews are conducted by Division of Quality Improvement staff and Division Leaders.
- b. A written report is provided to the supervising Manager with recommendations for improvement. The Manager is responsible for developing action plans to address any areas needing improvement.
- c. Reports with documented action plans are reviewed by the Division Leader, Assistant Chief Executive Officer, and Chief Executive Officer to assure quality, and to ensure that leaders have regular access to satisfaction information.
- d. Reports are filed by the Director of Quality Improvement and interview data is compiled on a quarterly basis.

3. **Telephone interviews provide sample data from guardians.**

- a. In addition to, or in some cases in place of formal surveys, telephone interviews are done with guardians on an annual basis.
- b. Guardian feedback is recorded in a narrative format and is shared with the appropriate Division Leader(s), the Assistant Chief Executive Officer, and the Chief Executive Officer.
- c. Division Leaders and/or Managers develop action plans to address any areas needing improvement. The Assistant Chief Executive Officer ensures follow through.

4. **Exit Interviews and Appeals give employees a final opportunity to give input.**

- a. Exit interview forms are given to all employees upon resignation or termination.
- b. Employees may choose to mail in their written comments, call the Director of Quality Improvement to interview by phone, or schedule an appointment for a face to face interview with the Director of Quality Improvement.
- c. A standard set of exit interview questions is used. Feedback is documented and shared with the supervisor, Division Leader, Assistant Chief Executive Officer, Chief Executive Officer, and the Director of Human Resources.

- d. Supervisors document action plans for areas noted as needing improvement. Division Leaders ensure follow through.
 - e. The Director of Quality Improvement compiles exit interview feedback on an annual basis. The Leadership Team addresses trends and patterns when noted.
 - f. The Director of Human Resources files the interview in the administrative records.
 - g. Employees have the right to appeal decisions made regarding performance improvement plans, including termination.
5. **Exit interviews are done randomly with people supported and guardians after services have been terminated.**
- a. The Director of Quality Improvement does a telephone interview with people supported and guardians upon request.
6. **Trainees assess the quality of training.**
- a. At the end of each session, trainees are asked to evaluate the quality of the class and instruction. A standard set of questions is used to elicit feedback.
 - b. Each trainer/instructor has the opportunity to review feedback at the end of each class in order to ongoingly improve skills.
 - c. At the end of each two week orientation session the Division of Professional Development staff obtain verbal feedback from the group of trainees regarding the quality of the training received.
 - d. The Director of Professional Development compiles trainee feedback and reviews trends and patterns.
 - e. Quality Improvement Division staff disseminate a questionnaire to all new employees after they have been with OHI for three months. The questionnaire is a standard set of questions designed to determine whether or not employees feel well trained to meet the demands of their work.
 - f. The Director of Quality Improvement compiles data collected from the questionnaire and reports trends and patterns on an annual basis.
7. **People supported regularly review their plans.**
- People supported have the opportunity to review their individual plan as often as they choose. In some divisions, primary staff review the plan with the person each week. Other people supported choose less frequent review schedules. Reviewing the plan allows the person to identify the need for changes, ensuring that the plan is driven by the person, and that they are satisfied that it reflects the areas they want to focus on.
8. **Focus groups provide an opportunity to assess satisfaction monthly.**
- a. The OHI Self-Advocacy group meets with the Chief Executive Officer and the Director of Quality Improvement each month. This forum provides another opportunity for leaders to hear first hand whether or not people supported are satisfied with supports and services being received.
 - b. The Direct Support Professionals Alliance Group meets with the Chief Executive Officer each month. This forum allow DSPs to bring up joys and concerns, and provides an opportunity to brainstorm possible solutions to problems.
9. **House Meetings are another opportunity.**
- a. People supported are encouraged to participate in regular house meetings with their housemates in order to ongoingly build relationships and practice conflict resolution skills. These meetings can help people supported to feel more satisfied with people with whom they live.
10. **Staff meetings and Division Meetings give employees another chance to address issues which impact their level of satisfaction.**
- a. Most locations have a weekly staff meeting. This provides employees and managers with a frequent opportunity to address and resolve issues that impact employee satisfaction, such as communication, scheduling, and concerns about people being supported.
 - b. Division meetings are held monthly and are used to enhance communication,

share information, and provide needed additional training, all issues that impact employee satisfaction.

11. Regular supervision enhances support to employees, another key element in assuring their satisfaction.

All employees have regular supervision meetings with their supervisors in order to review goals established, update on progress, discuss concerns and recommendations, and to provide support and direction.

D. SELF-ASSESSMENT

1. Safety is our number one priority.

- a. A Health and Safety Self-Inspection Checklist has been developed and is used to assess the health and safety of each physical plant on a quarterly basis. Areas assessed are: Accessibility, Ergonomics, Fire Prevention and Survival, Health and Safety Training, Medication Storage, OSHA requirements, Physical Plant Safety, Workplace Violence and Disaster Preparedness.
- b. Self-Inspections are completed by people supported, Direct Support Professionals, Division Leaders, and Managers and are turned in to the Division Leaders who track and report Division trends. Action plans are developed in staff meetings to ensure immediate resolution of any areas noted for improvement.
- c. The Safety Committee reviews trends from the quarterly inspections, making recommendations for agency improvement to Division Leaders.
- d. Division of Quality Improvement staff periodically do a walk through of each physical plant to check for safety hazards. Hazards found are corrected at the time whenever possible, or are referred to the responsible Manager for follow up.
- e. Staff conduct inspections at least four times per year.

2. Continuous Quality Improvement is vital to our mission.

A variety of teams, committees, focus groups, task forces, and special interest groups create a framework within which areas for improvement are identified and action plans are developed to achieve improvements. All groups use agendas and keep and disseminate minutes of their meetings.

- a. **Quality Improvement Teams** are made up of representatives from each customer group served (people supported, guardians and families, employees at all levels, and community members, funding sources, etc.). Different divisions support different groups of customers, so customer groups represented vary by division. All QITs address satisfaction survey data, development and monitoring of outcome measures, employee recognition, communication, and analysis of internal processes. Each division that directly serves people with disabilities has a team (Supported Living, Assisted Living, Program Work Services, Mental Health, and Children's Services). The divisions of Finance, Human Resources, and Training also have teams. Teams usually meet once a month for an hour or two. Minutes are kept and disseminated throughout each division and among Leadership Team members.
- b. The **Direct Support Professionals Alliance** is a focus group made up of Direct Support Professionals from each division of the agency in which DSPs are employed. The group addresses issues such as growth and professional development, professionalism, communication, conflict resolution, corporate culture, training and wages and benefits. The group meets once a month for two hours and facilitated by the Chief Executive Officer and is mentored by the Director of Quality Improvement. Minutes are kept and disseminated throughout the agency.
- c. The **Self Advocacy Group** is a focus group for people supported by OHI. The group focuses on teaching self advocacy skills and on teaching group process

- skills and behaviors. People supported have an opportunity to speak with the Chief Executive Officer and the Director Quality Improvement at that time to give input about the quality of services they receive as well. Minutes are disseminated to all homes and programs as well as to managers. Meetings are held once a month for one hour.
- d. The **Management Team** is made up of all the agency Managers (including Division Leaders). The purpose of the Management Team meeting is to share information, promote mission and philosophy, to provide group training, to brainstorm and get feedback on common issues, and to enhance communication. The team meets once a month for two hours. Minutes are shared with all Managers and Division Leaders.
 - e. The **Leadership Team** is comprised of the Chief Executive Officer, Assistant Chief Executive Officer, and all the Division Leaders. The purpose of the team meeting is to share information, develop/revise/approve policies, procedures, and services, and to do planning and futuring for the agency as a whole. The Leadership Team sets and communicates the direction of the agency. The Team meets every other week for two hours and minutes are shared among members.
 - f. The **Finance Team** is made up of a member of the Board of Directors, the Chief Executive Officer, the Assistant Chief Executive Officer, the Director of Finance, and other Team Leaders. The purpose of the group is to regularly review and improve the financial performance of the agency. The group meets every other week for two hours and minutes are disseminated among members.
 - g. Two **Human Rights Committees** meet for two hours each month. The groups are made up of people supported, Direct Support Professionals, Managers, Division Leaders, community members, guardians of people supported, and community professionals. The purpose of the groups is to review all incidents and accidents that occur with people supported that may have implications in the area of human rights. Allegations of abuse, neglect, exploitation, and mistreatment are reviewed, as is the use of psychotropic medications by people supported. Ensuring that rights are protected is the ultimate goal of each group. Meeting minutes are reviewed by group members and are kept on file at the OHI business office to ensure confidentiality.
 - h. The **Technology Committee** is made up of Managers and Division Leaders and works to meet the technology needs of the agency with limited resources, recognizing that advances in technology can lead to working more efficiently than we have in the past. The group meets once a month and minutes are shared with members.
 - i. The **Safety Committee** develops annual safety goals, assesses all reports of occupational injury, reviews quarterly health and safety self-inspections for trends and patterns, communicates safety related topics in each agency newsletter, generates safety topics for management team members to address at staff meetings and develops and monitors safety related policies and procedures. The committee meets once a month for two hours and is comprised of people supported, Direct Support Professionals, Managers, and Division Leaders.
 - j. Special groups are formed around projects, such as **Planning Committees** for agency functions, like the annual holiday party or picnic; or **Task Forces** used to develop or revise major processes, such as the employee performance management system. These groups are made up of interested individuals who will be involved in the event or will be impacted by the project.
 - k.. **Incident Review Teams** are made up of the Director of Human Resources, one Manager, and one Division Leader. The teams are convened whenever a serious allegation of abuse, neglect, exploitation, or mistreatment, an injury of unknown origin, or serious incident or accident, is reported in order to conduct

a thorough internal investigation and make recommendations for action planning. Reports are confidential and are kept on file at the OHI business office.

- l. **The Program Committee** is made up of Managers who have programmatic responsibilities, and meets to provide support and ensure appropriate, least restrictive options are used to teach people supported new skills or behaviors. The Director of Clinical Services coaches and leads the committee.
- m. **Board of Directors Subcommittees** oversee all key areas of business operations, such as Finance and Strategic Planning, for example. These groups are made up of Board members and leaders and meet on an as needed basis.
- n. The **Hiring Group** meets weekly to ensure the efficiency and effectiveness of the hiring process for new employees. Managers needing to hire employees attend. The group is led by the agency Recruiter.
- o. The **Benefits Committee** meets monthly to review and make recommendations about employee benefits.
- p. The **Wellness Committee** is responsible for oversight of agency health promotion policies and practices.

3. Professional employees are a key to our success.

The Human Resources Division oversees the implementation and ongoing assessment and improvement of processes relating to employee recruitment and retention.

- a. All employees must meet minimum eligibility requirement for employment, such as having a High School Diploma or a General Equivalency Diploma and a valid drivers license. Managers and Division Leaders are expected to have higher levels of education and experience.
- b. All employees must give three references, two professional and one personal, which must be able to be checked prior to an offer of employment being made.
- c. All employees are subject to employment eligibility checks to ensure the safety of the people we support.
- d. All employees must complete a minimum of 80 hours of training and orientation before they begin their assigned work duties.
- e. All employees have regular supervision meetings with their supervisors in which their performance is informally reviewed.
- f. All employees have an annual Performance and Development Appraisal completed jointly by themselves and their supervisors.
- g. All employees are expected to participate in professional growth and development activities, including annual training recertifications and refreshers provided by OHI.
- h. Detailed job descriptions have been developed for every position in the agency. Employees review and sign off on their job description as part of their orientation and training.
- i. New employees are asked to rate their level of satisfaction with recruitment and hiring processes as part of the their orientation and training.
- j. The Human Resources Quality Improvement Team regularly assesses the efficiency and effectiveness of Human Resource policies and procedures based on feedback and collection of data from key processes.
 - 1) Key processes tracked and evaluated include: timeliness of employee performance appraisals, quality of personnel records developed and maintained, employee turnover and tenure, occupational injuries, allegations of abuse/neglect/mistreatment/exploitation, and development and maintenance of an employee data base.

4. Employees give key input into how they want to be recognized and rewarded.

Through Division Meetings employees provide feedback about how money set aside for employee recognition should be spent. Each Division develops an annual Employee Recognition Plan. Annual surveys are used to collect agency-wide feedback about employee satisfaction with pay, benefits, and recognition plans.

5. **Education and Training Impact the Future.**
 - a. Training records are maintained by the Division of Training for each employee.
 - b. Training records are reviewed at the time of the annual Performance and Development Appraisal.
 - c. Goals for completion of needed training are completed as part of the annual appraisal.
 - d. Managers ensure that employees needing training and recertifications are signed up to attend training opportunities provided by OHI or outside sources, as appropriate.
 - e. All employees are encouraged to pursue professional growth and development on their own through post-secondary education, as well as through OHI sponsored training events or OHI-paid external training opportunities.
 - f. Employees may receive credit for “non-OHI” education and training through the OHI Professional Development Division.
 - g. Salary offers for new Managers are based on education, training, and experience.
6. **Customer-Driven Outcomes are developed and measured.**
 - a. Each Division annually identifies the primary customer groups they serve through the Division Quality Improvement Teams.
 - b. The expectations of customer groups are identified using satisfaction survey data, interview data, focus group minutes, performance-based contracts, and input from day to day interactions.
 - c. Outcome measures are identified based on areas of primary importance and areas needing improvement in the coming year.
 - d. Quality Improvement Teams document the outcomes the Division will address in the coming year.
 - e. The Director of Quality Improvement compiles the Outcome Measures developed by all the Division Quality Improvement Teams into one Outcome Measurement Report.
 - f. Division Quality Improvement Teams update the Outcome Measurement Report at least annually, giving data on measures to the Director of Quality Improvement to be incorporated into the report.
 - g. Division Quality Improvement Teams review and update the outcome measures for their Division at least annually.
 - h. The Outcome Measurement Report is shared with the Board of Directors and funding, licensing, and accrediting bodies annually, or upon request.
 - i. The Leadership Team develops agency-wide outcome measures. The Director of Quality Improvement prepares a Quarterly Trend Analysis
7. **Agency mission and philosophy are reviewed regularly.**
 - a. The OHI Board of Directors annually reviews the agency mission and philosophy to ensure each remains viable and appropriate.
 - b. Decisions made at the Board of Directors and Leadership levels are guided by the OHI mission and philosophy.
 - c. All OHI employees are trained annually through review of the mission and philosophy.
 - d. All employees have an opportunity to give input and suggested changes to the mission and philosophy to the Leadership Team and Board of Directors prior to the annual review.
 - e. Mission and philosophy are communicated in all OHI correspondence through letterhead, the OHI newsletter, advertising, forms, performance improvement planning, and via the agency motto “Everything is Possible”.
 - f. Employees at all levels are expected to use the mission and philosophy as the

guiding principles for their day to day work, and as a test to ensure the efficacy of every decision made (“Is this in keeping with our mission and philosophy? Does this activity support our mission and philosophy?”).

- 8. Strategic Plans guide daily operations based on a long range view of the future.**
 - a. The Leadership team and Board of Directors engage in a visioning process to determine a long range view of the future of the agency.
 - b. Strategic plans are developed by a planning committee to support the agency vision/long range view for the future. Plans are developed in the form of goals, with assigned time lines and people responsible.
 - c. Division Quality Improvement Teams develop tactical plans for their Divisions based on supporting the overall strategic plan goals for the agency.
 - d. Strategic plan goals are reviewed and revised annually by the planning committee, based on feedback from the Leadership Team and Board of Directors, and tactical plans are reviewed and revised annually by Quality Improvement Teams.
- 9. Employee Performance is assessed ongoingly.**
 - a. Employees participate in formal Performance Appraisals at six months of employment and annually thereafter.
 - b. Employees participate in regular supervision meetings.
 - c. Employees have opportunities to set their own goals for professional growth and development through the annual appraisal and regular supervision processes. Supervisors may also establish goals in these forums.
 - d. Supervisors may use Performance Improvement Planning to assist employees in meeting job requirements. Performance Improvement Planning is progressive, usually beginning with informal counseling, and can eventually lead to termination if employee performance is consistently unacceptable.
 - e. Employees have the opportunity to appeal appraisals and improvement planning if they disagree with the actions of their supervisor. The appeal process is printed on each appraisal form and on each Performance Improvement Plan and is verbally reviewed with employees during Performance Appraisals or performance improvement planning meetings.

D. EXTERNAL EVALUATION

- 1. OHI engages in performance-based contracting.**

The Divisions of Supported Living, Mental Health, and Program Work Services all participate in performance-based contracting with the Maine Department of Mental Health, Mental Retardation, and Substance Abuse Services. An annual contract is agreed upon and quarterly reports of progress are submitted.
- 2. Independent audits are conducted annually.**

Audits of OHI’s fiscal performance are conducted annually by an outside auditing firm.
- 3. OHI’s Employment and Community Services are CARF accredited.**

CARF accreditation surveys are conducted once every three years, based on our current accreditation status.
- 4. Licensed homes and programs are surveyed annually.**

The Maine Department of Human Services licenses OHI’s Assisted Living Facilities. Licensing surveys and the accompanying Fire Marshall’s inspection are expected annually. Homes and programs within the Mental Health Division are surveyed by Mental Health Licensing.
- 5. Quality Award Criteria are used to assess business practices.**

OHI periodically applies for the Margaret Chase Smith Maine State Quality Award in order to gain an outside evaluation of current business practices.
- 6. Safety Consultants are used for periodic inspections of Health and Safety.**

A safety specialist from Maine Employers Mutual Insurance Company inspects OHI’s

homes and programs once every three years to provide an evaluation of our health and safety practices.

E. COMMUNITY MEMBERSHIP AND CORPORATE CITIZENSHIP

1. Employees give to the United Way.

OHI sponsors a United Way campaign each year to involve employees in supporting deserving community programs. Each year we set goals for participation and provide incentives and rewards for employees who choose to become involved.

2. Move and Improve helps to promote Health and Wellness.

OHI encourages employees and people we support to participate in the annual Move and Improve program sponsored by Eastern Maine Healthcare to promote cardiovascular health and fitness through participation in regular exercise. Each year OHI establishes a goal for participation and provide incentives to people who choose to participate.

3. OHI employees are expected to “be at the table”.

OHI supports and encourages all employees to become involved in local, regional, statewide, and even national initiatives that will impact the quality of services to people with disabilities. Examples of such involvement include membership of OHI employees on School Boards, Quality Improvement Councils, State and National Disability associations, and participation of employees in legislative hearings relating to human service initiatives.

**JOB DESCRIPTION: DIRECTOR OF QUALITY IMPROVEMENT
(QUALITY IMPROVEMENT DIVISION)**

I. QUALIFICATIONS

The Director of Quality Improvement shall have the following:

- A. Bachelors Degree in a related field;
- B. Experience in quality improvement philosophy and methods;
- C. Four years experience in supporting children and adults with disabilities;
- D. Three years experience in leadership and administrative areas;
- E. One year experience in program planning and policy development
- F. Experience working within an organization which provides housing and program/work services;
- F. Experience in fiscal management, budgeting and applying funding regulations;
- G. Ability to work a flexible schedule;
- H. Crisis prevention, intervention and teaching experiences;
- I. Valid Maine drivers license;
- J. Physical skills – be able to run, squat, stoop/bend, kneel, climb stairs, be able to lift at least 50 pounds (or ¼ own body weight), push and pull against potential resistance; and be able to implement non-physical and physical interventions with people supported when needed;
- K. Adequate vision, reading, writing and documentation skills and hearing to perform the essential functions of the job;
- L. Commitment to the mission and philosophy of OHI;
- M. Ability to maintain assigned work hours, having sufficient endurance to perform tasks over long periods of time;
- N. Ability to write detailed reports, work independently and be detail oriented; and
- O. Computer skills.

II. ACCOUNTABILITY

The Director of Quality Improvement shall be accountable to the Assistant Executive Director.

III. RESPONSIBILITIES

A. IMPLEMENTATION OF THE PHILOSOPHY OF OHI

- 1. Respect each person as an individual and the rights of each person.
- 2. Implement the dignity of risk principles.
- 3. Implement people first language consistently.
- 4. Actively advocate for each person’s rights.

B. CORPORATE-WIDE KNOWLEDGE

The Director of Quality Improvement shall have specific knowledge of, implement and assure the implementation of the following:

1. OHI policies and procedures as outlined.
2. Licensing and accreditation rules.
3. Fire safety, life safety and other pertinent city/town codes.
4. OHI organizational structure, mission and philosophy.
5. Dignity of risk principles and the principle of social role valorization.
6. Funding regulations, budgetary agreements and contracts, including licensing and other regulations pertinent to all programs of OHI.
7. Strategic Plan of OHI.
8. Rights of Recipients of Mental Health Services Who Are Children or Adults In Need Of Treatment.
9. Community Consent Decree and the AMHI Consent Decree
10. CQI philosophy, tools and methods, and specific knowledge of data collection, analysis and reporting methods.
11. Safety Plan.
12. Quality Improvement Plan.
13. Bill of Rights for Persons with Mental Retardation.

C. FISCAL RESPONSIBILITIES

1. Assure all time sheets are completed and signed accurately and in a timely manner.
2. Complete payroll accurately and in a timely manner.
3. Prepare annual and/or revised budgets for the Quality Improvement Division.
4. Review monthly financial reports, remain within budgeting guidelines and make corrections as necessary in conjunction with the Director of Finance.
5. Operate within the budget.
6. Follow through on recommendations to maintain a balanced budget.
7. Submit employee reimbursement requests in a timely manner.
8. Assure that employee time records are kept and presented to the Director of Finance in an accurate and auditable financial fashion.
9. Work closely with the Director of Finance in the fiscal areas related to payroll.
10. When budgets are in deficit, take timely action to address and remediate the concerns.

D. IMPLEMENTATION OF SAFETY AND EMERGENCY PROCEDURES

1. Report medical emergencies as required by policy.
2. Report injuries, incidents and accidents as required by policy.
3. Report physical plant emergencies or concerns as required by policy.
4. Follow fire evacuation and disaster procedures correctly and in a timely manner.
5. Consistently use universal precautions.

6. Report symptoms and signs of communicable diseases as required by policy.
7. Provide on-call services in a timely and professional manner.
8. Assure safety is the number one priority.
9. Report missing or lost persons in a timely manner.
10. Work safely.
11. Report thefts immediately.
12. Report and assure rights violation allegations are processed according to policy.

E. IMPLEMENTATION OF ADMINISTRATIVE PROCEDURES

1. Participate in staff meetings, inservices and internal and external assigned committees.
2. Follow established procedures to resolve concerns and conflicts.
3. Complete paperwork such as bills, time sheets and receipts as required.
4. Dress professionally.
5. Report discrepancies in his/her own payroll.
6. Participate in assigned committees and meetings.
7. Request time off using established procedures.
8. Assure and follow through on Incident Review Team recommendations.
9. Maintain the strictest confidentiality.
10. Travel at the direction of the Executive Director.
11. Demonstrate credibility and skill when negotiating with contractors, licensing, funding and monitoring agencies on behalf of OHI.
12. Review and comment on all policies and procedures being proposed or revised.

F. HUMAN RESOURCES RESPONSIBILITIES

1. Assure or conduct interviews in a timely manner.
2. Assure or set the first day of work for each new employee, as appropriate.
3. Coordinate training requests, needs and dates.
4. Develop work schedules.
5. Complete and assure the completion of performance appraisals in an accurate and timely manner.
6. Delegate responsibilities effectively.
7. Assure employees have completed orientation prior to working.
8. Review and take appropriate action on exit interview recommendations.
9. Directly hire, supervise and appraise the performance of the Quality Improvement Manager, and others as indicated.
10. Provide training as indicated.

G. PROGRAM RESPONSIBILITIES

1. Use an appropriate voice tone and level.
2. Use positive interactions.
3. Allow a reasonable response time for learning.
4. Provide clear instructions.

5. Be respectful.
6. Use a variety of approaches.
7. Use the least restrictive approach first.
8. Encourage people to make choices.
9. Use non-threatening, non-physical, least restrictive approaches first.
10. Use a calm, firm, directive voice tone.
11. Take action to prevent escalation of behavior.
12. Model appropriate behavior.
13. Provide crisis prevention and intervention.
14. Cooperate with service providers, employees and people served.
15. Advocate for necessary and recommended services and procedures.
16. Meet with families, guardians, and caseworkers as needed.
17. Support and encourage self advocacy.

H. DOCUMENTATION AND WRITING RESPONSIBILITIES

1. Complete documentation and writing responsibilities in a timely, accurate, detailed, neat and objective manner, using correct spelling and grammar.

I. DIVISION LEADERSHIP

1. Oversee the day-to-day operation of the Quality Improvement Division.
2. Lead the development of systems and procedures for the organized and efficient operation of the Quality Improvement Division.
3. Lead the development of new programs and services within the Quality Improvement Division.
4. Lead Quality Improvement Division staff in the implementation of the strategic plan.
5. Be involved and take leadership responsibilities as indicated, in local, regional and state-wide areas such as program or policy development, advocacy for people with disabilities, legislative issues, regulatory concerns and in other areas as indicated.
6. Maintain professional relationships with other service providers through participation in community and state initiatives and/or networking.
7. Actively promote and be responsible for the oversight of continuous quality improvement in the Quality Improvement Division.
8. Follow up on the status of Incident Review Team and Quality Improvement Site Visit recommendations, which apply to the Quality Improvement Division.

J. CUSTOMER SATISFACTION RESPONSIBILITIES

1. Speak individually with people supported by OHI about their satisfaction with OHI's services.
2. Speak individually with family, friends and significant others about their perceptions of the person's quality of life.

3. Speak individually with OHI employees about their satisfaction with their employment with OHI.
4. Support self advocacy efforts and initiatives.
5. Develop, revise, disseminate, summarize and evaluate feedback from annual customer satisfaction surveys.
6. Conduct exit interviews with interested employees upon termination of employment.
7. Solicit feedback from new employees about the perceived quality of their orientation and training after the first three months of employment.

K. QUALITY IMPROVEMENT LEADERSHIP RESPONSIBILITIES

1. Coordinate OHI's overall quality improvement efforts.
2. Meet with Leadership Team members to make recommendations for overall agency improvements and policy revisions.
3. Act as chairperson of Division Quality Improvement Teams.
4. Act as an advisor to the Self Advocacy Group.
6. Keep informed about quality improvement methods and techniques which become available.
8. Keep managers informed of any perceived personnel problems that may affect quality of services.
9. Communicate updates about committee activities and quality initiatives ongoingly and through newsletter contributions.
10. Review and revise OHI's Quality Improvement Plan periodically.
11. Train others in Continuous Quality Improvement Philosophy and methods.
12. Participate in discussions with Team Leaders regarding recommendations for improvements in the areas of Finance, Human Resources, Training and Administration.
13. Develop tools to assess and monitor quality in all homes and worksites.

L. QUALITY IMPROVEMENT REVIEW RESPONSIBILITIES

1. Ensure completion of a thorough Quality Improvement Review of the appropriateness of placement, medical and active treatment for each individual, initially within 60 days of service initiation and twice per year thereafter for persons supported in the Mental Health Division and the Children's Division.
2. Coordinate a thorough Quality Improvement Review of each home and program twice per year within the Assisted Living Division, Supported Living Division and Program/Work Services Division.
3. Assess whether licensing rules, OSHA requirements, DOL posters and policies are met, followed and/or posted.
4. Assess whether fire safety procedures and equipment are in place.
5. Review and follow up on lists of licensing deficiencies to assure each is completed.

6. Provide the Administrator, staff and people who live in the home with a report of the findings of the review, meeting individually with managers whenever possible.
7. Discuss any urgent problems immediately with the manager.
8. Provide copies of reports of findings to Team Leaders and the Safety Committee, as indicated.
9. When possible, leave a hand written list of review findings with staff of the home or program.
10. Correct deficiencies and safety hazards as needed.
11. Conduct emergency quality improvement site reviews as needed.

M. LEADERSHIP AND SUPERVISION RESPONSIBILITIES

1. Develop and maintains a teamwork environment.
2. Provide positive feedback and support to employees he/she supervises.
3. Follow up on complaints, concerns and performance improvement plans as needed and in a fair, timely and professional manner.
4. Complete timely and accurate performance and development appraisals.
5. Keep employees well informed in a timely manner.
6. Listen to and encourage ideas and suggestions, and follow up on such.
7. Is in charge of any work site or other place where any people are in time of crisis.
8. Has knowledge of wages, benefits and other fringe benefits of all employees under his/her supervision.
9. Excludes self from collective bargaining agreements.
10. Does not encourage or facilitate employees to join a union.
11. Implements federal and state laws.
12. Supervise employees in accordance with OHI's Management Philosophy.

N. ORIENTATION TOWARDS RESULTS

1. Initiate projects, anticipate changes or needs, set new priorities, and follow through and meet deadlines.

O. PLANNING AND ORGANIZATION

1. Be a visionary and establish course of action for self and others to accomplish goals.
2. Make proper assignments of personnel and appropriate use of resources.
3. Set realistic target dates.

P. COORDINATION

1. Work with others as a team and express individual view point while considering and learning from the input of others.

2. Effective expression in individual and group situations, including listening, nonverbal communication and appropriate language.
3. Express ideas clearly and concisely in good grammatical form.
4. Complete concise written reports that detail the scope of assignments.

Q. INTERPERSONAL RELATIONSHIPS

1. Cooperate, work and communicate with co-workers, supervisors, subordinates or outside contacts willingly and effectively.

R. JUDGMENT

1. Make sound and proper decisions by drawing on professional expertise with minimal negative effects on employee relations, and/or Division and OHI goals and results.
2. Take responsibility for decisions made.

S. JOB KNOWLEDGE

1. Possess working knowledge of all phases of the job and the various techniques and skills necessary for the efficient completion of tasks.
2. Remain up-to-date on changes and trends in the technical knowledge of the job.
3. Expand knowledge of job and OHI services as it relates to other positions.

T. WORK ETHICS STANDARDS

1. Make logical, sound and acceptable decisions under pressure. Use professional judgment.
2. Punctual to work and meetings.
3. Acceptable attendance record.
4. Highly motivated. Takes initiative.
5. Effectively listens.
6. Tactful.
7. Respond quickly and effectively to crises and stressful situations.
8. Accept responsibilities and approach change enthusiastically.
9. Effectively give and receive constructive criticism.
10. Present self and OHI in a positive, professional manner.
11. Communicate effectively with others including those in the community.
12. Independently seek new and better ways of doing things.

U. MISCELLANEOUS RESPONSIBILITIES

1. Follow the job description of the Leadership Team.
2. Be a corporate Trainer.
3. Actively participate in professional development.
2. Act in the capacity of the Executive Director or others, when so designated.
3. Carry out other duties, as assigned.

Dev. 3/10/99 SP, MRW; Rev. 4/22/99 SP; Final Adoption Date 6/14/99. Rev. 3/7/01 MRW; Rev. 3/8/01 SP; Rev. 3/26/01 MRW: FAD 4/1/01.

THE ROLE OF THE OHI ETHICS COMMITTEE (BOARD OF DIRECTORS)

I. PURPOSE

The purpose of the OHI Ethics Committee is to assure OHI has a track record for ethics and integrity, which are qualities vital for establishing trust, the basis for all successful relationships.

II. ROLE OF AN ETHICS COMMITTEE MEMBER

The role of the Ethics Committee is to serve as an advisor to the Executive Director in matters of ethics.

III. COMPOSITION

The OHI Ethics Committee shall minimally be comprised of the Assistant Executive Director, a member of the OHI Board of Directors, a member of the OHI Management Team, a Direct Support Professional, a person OHI supports, a family member of a person with disabilities, a funder of OHI supports and services and a member of the community. The Chairperson shall be assigned by the President of the OHI Board of Directors.

IV. RESPONSIBILITIES

- A. Through discussion, make recommendations to the Executive Director regarding development and revision of ethics policies and procedures for OHI. These policies and procedures shall include but not be limited to topics of:
 - 1. Conflict of interest;
 - 2. Codes of conduct;
 - 3. Respect of the rights of employees, customers and others who have direct contact with OHI; and
 - 4. Social responsibility.
- B. Ensure that OHI policies, procedures and practices continue to be aligned with ethical principles.
- C. Assure ethical expectations are clearly communicated.
- D. Provide multiple channels for feedback through which people can ask questions, voice concerns, and seek resolution to ethical issues.
- E. Review any major ethical issues that may arise from time to time and make recommendations to the Chief Executive Officer for commendations or corrective actions.
- F. Unresolved ethical dilemmas may be brought to the Board of Directors by the Chairperson of the Ethics Committee.

CODE OF ETHICS FOR DIRECT SUPPORT PROFESSIONALS NATIONAL ALLIANCE FOR DIRECT SUPPORT PROFESSIONALS

PREAMBLE:

Direct Support Professionals (DSPs) who support people in their communities are called upon to make independent judgements on a daily basis that involve both practical and ethical reasoning. The people who assume the support role must examine and call upon values and beliefs, as well as creative vision, to assist them in the complex work they perform.

A primary purpose of the DSP is to assist people who need support to lead self-directed lives and to participate fully in our communities and nation. This emphasis on empowerment and participation is critical because the prejudices of society from powerful barriers that prevent many people with mental or physical disabilities from enjoying a high quality of life. And, too often, the very social policies and service systems designed to help can create other barriers.

Therefore, it must be the mission of the Direct Support Professional to follow the individual path suggested by the unique gifts, preferences, and needs of each person they support, and to walk in partnership with the person, and those who love him or her, toward a life of opportunity, well-being, freedom, and contribution. Unfortunately, there have been no set criteria to guide these journeys as there are for other professional groups (such as doctors, nurses, service coordinators, and social workers) who have intimate knowledge of and responsibility for another persons emotional, financial, or physical being. There is no other position today in which ethical practices and standards are more important than direct support. DSPs are often asked to serve as gatekeepers between people needing support and almost every aspect of their lives, including access to community, personal finances, physical well being, relationships, employment, and everyday choices. The whole landscape of a person's life can change with the coming and going of these critical support people.

As a result of these work duties, DSPs face ethical decisions on a daily basis and consistently feel the tension between the ideals of the profession and its practices. There are numerous pressures coming from organizations, government, social policy, and societal prejudices that can shift focus and allegiance away from those supported. In order to maintain the promise of partnership and respect that must exist in a helping relationship, a strong ethical foundation is critical to help DSPs navigate through the maze of influences that bombard them.

This issue has lead to the efforts on the part of the National Alliance of Direct Support Professionals to identify the kinds of ethical situations that DSPs face and to develop a set of ethical guidelines. The NADSP convened a national panel of DSPs, advocates, families, professionals, and researches who constructed this code of ethics. Focus groups and surveys regarding the draft language were conducted throughout the country and were integrated to create the final code. This Code of Ethics is intended to serve as a straightforward and relevant ethical guide, shedding some light on the shared path to a self-directed life. It is intended to guide DSPs in resolving ethical dilemmas they face everyday and to encourages DSPs to achieve the highest ideals of the profession.

The skills and knowledge of community support practices must be joined with the ethical principles to create the environment needed to fully support people. To do so effectively, we must all work toward recognizing DSPs as professionals who have skills, knowledge, and values that constitute a unique and important profession. There must be a commitment to hiring, developing, and supporting DSPs who have a healthy sense of their own worth and potential, and the worth and potential of the people they support and who can infuse these beliefs into practice. DSPs themselves must know that it is part of their role to foster a spirit of cooperation and mutual responsibility with other DSPs regarding ethical practices.

Direct support professionals, agency leaders, policymakers and people receiving services are urged to read the Code and to consider ways that these ethical statements can be incorporated into daily practice. The beliefs and attitudes that are associated with being an effective human service professional are the cornerstone of this code. This code is not the handbook of the profession, but rather a roadmap to assist us in staying the course of securing freedom, justice and equality for all.

1. Person-Centered Supports

As a DSP my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

Interpretive Statements

As a Direct Support Professional, I will:

- a. Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary concern to guide the selection, structure and use of supports for that individual.
- b. Commit to person-centered supports as best practices.
- c. Provide advocacy when the needs of the system override those of the individual(s) I support, or when individual preferences, needs or gifts are neglected for other reasons.
- d. Honor the personality, preferences, culture and gifts of people who cannot speak by seeking other ways of understanding them.
- e. Focus first on the person, and understand that my role in direct supports will require flexibility, creativity and commitment.

2. Promoting Physical and Emotional Well-Being

As a DSP I am responsible for supporting the emotional, physical and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.

Interpretive Statements

As a Direct Support Professional, I will:

- a. Develop a relationship with the people I support that is respectful, based on mutual trust and that maintains professional boundaries.
- b. Assist the individuals I support to understand their options and the possible consequences of these options as they relate to their physical health and emotional well-being.
- c. Promote and protect the health, safety and emotional well-being of an individual by assisting the person in preventing illness and avoiding unsafe activity. I will work with the individual and his or her support network to identify areas of risk and to create safeguards specific to these concerns.
- d. Know and respect the values of the people I support and facilitate their expression of choices related to those values.
- e. Challenging others, including support team members (e.g. doctors, nurses, therapists, co-workers, family members) to recognize and support the rights of individuals to make informed decisions even when these decisions involve personal risk.
- f. Be vigilant in identifying, discussing with others, and reporting any situation in which the individuals I support are at risk of abuse, neglect, exploitation or harm.
- g. Consistently address challenging behaviors proactively, respectfully and be avoiding the use of aversive or deprivation intervention techniques. If these techniques are included in an approved support plan I will work diligently to find alternatives and will advocate for the eventual elimination of these techniques from the person's plan.

3. Integrity and Responsibility

As a DSP I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professional and the community.

Interpretive Statements

As a Direct Support Professional, I will:

- a. Be conscious of my own values and how they influence my professional decisions.
- a. Maintain competency in my profession through learning and ongoing communication with others.
- b. Assume responsibility and accountability for my decisions and actions.

- c. Actively seek advice and guidance on ethical issues from others as needed when making decisions.
- d. Recognize the importance of modeling valued behaviors to coworkers, persons receiving support and the community at large.
- e. Practice responsible work habits.

4. Confidentiality

As a DSP I will safeguard and respect the confidentiality and privacy of the people I support.

Interpretive Statements

As a Direct Support Professional, I will:

- a. Seek information directly from those I support regarding their wishes in how, when and with whom privileged information should be shared.
- b. Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.
- c. Recognize that confidentiality agreements with individuals are subject to state and agency regulations.
- d. Recognize that confidentiality agreements with individuals should be broken if there is eminent harm to others or to the person I support.

5. Justice, Fairness and Equity

As a DSP I will promote and practice justice, fairness and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights and responsibilities of the people I support.

Interpretive Statements

As a Direct Support Professional, I will:

- a. Help the people I support use the opportunities and the resources of the community available to everyone.
- b. Help the individuals I support understand and express their rights and responsibilities.
- c. Understand the guardianship or other legal representation of individuals I support and work in partnership with legal representatives to assure that the individual's preferences and interests are honored.

6. Respect

As a DSP I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value.

Interpretive Statements

As a Direct Support Professional, I will:

- a. Seek to understand the individual's I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- b. Honor the choices and preferences of the people I support.
- c. Protect the privacy of the people I support.
- d. Uphold the human rights of the people I support.
- e. Interact with the people I support in a respectful manner.
- e. Recognize and respect the cultural context (e.g. religion, sexual orientation, ethnicity, socio-economic class) of the person supported and his/her social network.
- f. Provide opportunities and supports that help the individuals I support to be viewed with respect and as integral members of their communities.

7. Relationships

As a DSP I will assist the people I support to develop and maintain relationships.

Interpretive Statements

As a Direct Support Professional, I will:

- a. Advocate for the people I support when they do not have access to opportunities and education to facilitate building and maintaining relationships.

- b. Assure the people have the opportunity to make informed choices in safely expressing their sexuality.
- c. Recognize the importance of relationships and proactively facilitate relationships between the people I support, their family and friends.
- d. Separate my own personal beliefs and expectations regarding relationships (including sexual relationships) from those desired by the people I support based on their personal preferences. If I am unable to separate my own beliefs/preferences in a given situation, I will actively remove myself from the situation.
- e. Refrain from expressing negative views, harsh judgements, and stereotyping of people close to the individuals I support.

8. Self-Determination

As a DSP I will assist the people I support to direct the course of their own lives.

Interpretive Statements

As a Direct Support Professional, I will:

- a. Work in partnership with others to support individuals leading self-directed lives.
- b. Honor the individual’s right to assume risk in an informed manner.
- c. Recognize that each individual has potential for lifelong learning and growth.

9. Advocacy

As a DSP I will advocate with the people I support for justice, inclusion and full community participation.

Interpretive Statements:

As a Direct Support Professional, I will:

- a. Support individuals to speak for themselves in all matters where my assistance is needed.
- b. Represent the best interests of people who cannot speak for themselves by finding alternative ways of understanding their needs, including gathering information from others who represent their best interests.
- c. Advocate for laws, policies, and supporters that promote justice and inclusion for people with disabilities and other groups who have been disempowered.
- d. Promote human, legal and civil rights of all people and assist others to understand these rights.
- e. Recognize that those who victimize people with disabilities either criminally or civilly must be held accountable for their actions.
- f. Find additional advocacy services when those that I provide are not sufficient.
- g. Consult with people I trust when I am unsure of the appropriate course of action in my advocacy efforts.

I believe and will adhere:

DSP Signature/Title/Date: _____

ANCOR

PRINCIPLES AND STANDARDS OF CONDUCT

Adopted by OHI on July 26, 2001

ANCOR member organizations are required to commit to the following prescribed standards and principles which apply to the supports provided in the professional relationship with persons served, with parents and guardians of individuals served, with colleagues, with related agencies and professions, and with the community as a whole. In abiding by these standards, it is understood that the member organization views its obligation in as wide a context as the situation requires, taking all the principles into consideration and choosing a course of action consistent with the spirit and intent by which it was created.

As a member of **ANCOR**, this organization:

- ❑ Shall provide supports and services as a public trust that requires integrity, compassion, and respect for individual differences and choice;
- ❑ Shall provide supports and services designed to meet the needs of the individual with emphasis on promoting choice, inclusion, growth and development;
- ❑ Shall respect the privacy of persons served and protect the rights of confidentiality;
- ❑ Shall give preference to professional responsibility over any personal interests;
- ❑ Shall advocate for standards that promote outcomes of quality for people;
- ❑ Shall contribute ideas, findings, concepts, understanding, knowledge and practice to the body of community supports, and develop continuing education and expanded knowledge of the best practices services in the field of disabilities;
- ❑ Shall encourage and advocate for the protection of the individual and the community against unethical and/or illegal practices or actions by other individuals or organizations engaged in providing supports;
- ❑ Shall not discriminate because of race, color, religion, age, sex, sexual orientation, handicap, or national ancestry; and shall work to eliminate or prevent such discrimination in providing supports;
- ❑ Shall promote inclusion and equitable treatment of all people including those receiving supports, staff, friends, families and the public;
- ❑ Shall be accountable for statements made with respect to individuals with disabilities and shall distinguish clearly, where appropriate, statements and actions made as an individual and those made as a representative of **ANCOR**..

Draft Policy: OHI Corporate Compliance Program

I. Policy

It shall be the policy of OHI to comply with all applicable local, regional, state and federal laws, statutes, and regulations in the operation of business and in the provision of supports and services.

It shall be the policy of OHI to designate a Corporate Compliance Officer who will report directly to the CEO and Board of Directors and who will oversee, monitor and report on the elements of OHI's Corporate Compliance Program. (See also Job Description: Corporate Compliance Officer.)

It shall be the policy of OHI to establish a Compliance Committee to carry out and monitor the various components of the Corporate Compliance Plan. The Corporate Compliance Officer will be the chair of said committee. (See also Policy: Compliance Committee.)

Further, it shall be the policy of OHI to report all suspected fraud and/or impropriety to the appropriate authorities in an accurate and timely fashion.

II. Procedures

A. Standards of Conduct

OHI will develop written Standards of Conduct which all OHI employees will read and agree to follow, as indicated by their signed statement of agreement. Each time the standards are updated all employees will read and sign a new statement of agreement with the Standards of Conduct. The signed statements will become part of OHI personnel records.

B. Identification of Risk Areas

The United States Office of the Inspector General has identified various risk areas for business providing home based health services. Some of the identified areas which apply to OHI supports and services are:

1. Billing for items or services not actually rendered or provided.
2. Billing for unnecessary services.
3. Duplicate billing.
4. Falsifying cost reports.
5. Failure to refund credit balances.
6. Agency incentives given to actual or potential referral sources.
7. Over or under utilization.
8. Knowingly billing for substandard or inadequate care.

9. Insufficient documentation to support that services were performed and to support reimbursement.
10. Billing for unallowable costs.
11. Billing for services rendered by unqualified or unlicensed clinical staff.
12. False dating of amendments to care notes.
13. Falsifying plans of care.
14. Duplication of services being provided by another assisted living facility, clinic, etc.
15. Failure to adhere to licensing requirements and conditions of participation.
16. Knowing failure to return overpayments.

In addition to these, OHI leaders will annually identify additional risk areas and develop risk management strategies.

C. Designation of Compliance Officer and Committee

OHI will designate a Compliance officer to oversee the Corporate Compliance Program. A Compliance Committee will be assigned by the CEO to carry out the activities of the Corporate Compliance Program. See also Policy: Compliance Committee and Policy: Job Description Corporate Compliance Officer.

D. Training and Education

All OHI employees will be trained in:

1. Applicable laws, statutes, regulations and requirements that apply to the operation of OHI and supports and services provided.
2. Ethics and Values
3. Rights of People Supported
4. Standards of Conduct
5. Documentation and Record Keeping
6. Corporate Compliance Program Policy
7. Principles of Reimbursement
8. Identified Risk Areas
9. Disciplinary Guidelines
10. Duty to Report and Reporting Procedures
11. Confidentiality
12. Non-Retaliation Policy
13. Prohibition on giving or receiving remunerations for referrals

E. Communication

1. Employees will receive training, as indicated above, upon hire and annually thereafter.
2. Independent reporting paths will be established allowing employees to report improprieties, fraud and abuse directly to the Corporate Compliance Officer and/or the CEO and/or the Board of Directors outside of the internal chain of command when appropriate.
3. Reports of suspected impropriety, fraud and abuse will be accepted in various forms: by phone, by e-mail, via written memo or concern/recommendation forms, via the OHI suggestion box, or in person. Reports may be made anonymously.
4. The Corporate Compliance Officer will maintain a log of all communications received, investigations conducted, and results of such investigations.
5. The Corporate Compliance Officer will report to the CEO, Board of Directors, and the Compliance Committee on a regular basis, and at least once a year, all communications received and actions taken.

F. Disciplinary Guidelines

1. Progressive Performance Improvement Planning, including and up to termination of employment, will be used to address employee failure to comply with applicable laws, statutes, regulations etc. as defined in OHI policy. (See also: Performance Improvement Planning Guidelines)
2. All potential employees will be subject to background checks to include criminal record checks, reference checks, motor vehicle record checks, and adult and child protective checks. (See also Policy: Criminal Record Check)
3. Potential employees whose record checks produce documented history of domestic violence, assault, child abuse, elder abuse, theft, embezzlement etc. may be denied employment.

G. Internal Monitoring and Auditing

1. Communications and reports of suspected non-compliance, impropriety, fraud and abuse will be documented and investigated. Corrective actions will be recommended as part of each investigation.
2. Compliance Audits will be conducted periodically by both internal and external parties. Audits may include but will not be limited to:
 - a. Independent Financial Audit
 - b. Checks for compliance with all applicable laws, regulations (including billing, reimbursements, cost reports etc.)
 - c. Review of identified risk and risk management strategies for areas of vulnerability.
 - d. Review of Marketing practices.
 - e. Review of concerns and complaints registered.
 - f. Review of employee training records.

- g. Review of disciplinary action in conjunction with reports of non-compliance, impropriety, fraud and abuse.
 - h. Compliance Officer records of communications and investigations.
- 3. Customers will be interviewed periodically.
- 4. Utilization patterns will be monitored and analyzed.
- 5. Clinical and Financial staff will periodically be tested on reimbursement criteria.
- 6. Homes and offices will be subject to surprise mock surveys, audits and investigations.
- 7. Ongoing monitoring of past deficiencies, complaints and exceptions will occur in order to ensure improvement.
- 8. Review of Personnel records of persons accused of noncompliance, impropriety, fraud and/or abuse will occur as part of the investigation process.
- 9. Employees will periodically be interviewed.
- 10. Surveys and Questionnaires will be conducted with employees and customers.
- 11. Records of people supported will periodically be audited.
- 12. Written policies and procedures will periodically be reviewed and updated as needed.
- 13. Trends will be analyzed and reported regularly.

H. Documentation of Compliance Efforts

All personnel will document efforts made to comply, including, but not limited to such things as: phone calls made to request or clarify compliance information, correspondence to request compliance advise from another entity, maintenance of records of follow up actions taken on advise given, documentation that demonstrates a reasonable effort (due diligence) to comply or to implement advise given.

I. Reporting and Corrective Action

- 1. Suspected fraud or False Claims Act complaints will be immediately reported to law enforcement and government officials and a corrective plan of action (including the return of overpayments) will occur.
- 2. All other suspected noncompliance complaints will be reported through communication channels previously described and will be documented by the Corporate Compliance Officer. The Corporate Compliance Officer will periodically assess and document reporting trends for review by the CEO, Board of Directors and Compliance Committee.
- 3. Upon receipt of a complaint the Corporate Compliance Officer will document the nature of the alleged violation and initiate an investigation. Investigation proceedings, findings and recommendations and corrective actions taken, including disciplinary action, will be documented. If, during the course of investigation it is determined that criminal, civil or administrative laws have been violated, the agency will report to the proper authorities within 60 days of determining that there is credible evidence of violation.

OHI
HOUSE AUDIT POLICY (GENERIC)

I. POLICY

It shall be the policy of OHI to ensure house audits happen in a timely efficient manner in accordance with procedures herein.

II. PROCEDURES

- A.** House audits will occur on a random basis including but not limited to one interagency audit per month.
- B.** The house auditor will notify the home administrator of house audits no more than twenty-four (24) hours before the actual house audit.
- C.** House audits will consist of, but not be limited to the following:
 - 1. Check that all credit and EBT cards are used, safeguarded and accounted for according to policy.
 - 2. Check that all personal spending money is safeguarded and accounted for according to policy.
 - 3. Check that all house supplies money is safeguarded and accounted for according to policy.
 - 4. Check that randomly picked food and household items are present or accounted for.
 - 5. Check that all home vehicles are maintained according to policy.
- D.** The house auditor will maintain a list of findings and/or recommendations and report to the assistant CFO. The assistant CFO shall present findings and/or recommendations to the CFO of finance. The CFO of finance shall follow up with the appropriate administrator in ensuring appropriate action is taken in resolving findings and/or recommendations.
- E.** If a home is audited twice and the same findings and/or recommendations are found with no evidence of resolution the house auditor shall report to the assistant CFO. The assistant CFO shall report to the CFO of finance. The CFO shall report findings and/or recommendations to the team leader who shall be responsible for appropriate action in resolution of findings and/or recommendations.

- F.** The house auditor will maintain a list of other non-fiscal related issues observed while conducting house audits and shall report to the assistant CFO. The assistant CFO shall report non-fiscal related issues to the CFO of finance. The CFO of finance shall report non-fiscal related issues to the team leader who shall be responsible for appropriate action in resolution of non-fiscal related issues.

- G.** The house auditor shall be responsible for quarterly reports of electric, heat, telephone and water/sewer cost. The house auditor shall compile a quarterly report documenting quarterly average for each home and overall agency percentage. The house auditor shall track percentage above or below agency average for each individual home.

**OHI
FINANCE DIVISION
HOUSE AUDIT CHECKLIST**

LOCATION: _____

DATE: _____

STAFF ON DUTY AT TIME OF INSPECTION: _____

TIME OF INSPECTION: _____

CONSUMERS AT HOME AT TIME OF INSPECTION: _____

CREDIT AND EBT CARDS

	YES	NO	N/A
ARE ALL CREDIT AND EBT CARDS IN A LOCKED SECURE PLACE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS THE SIGN IN/OUT SHEET FOR CREDIT AND EBT CARDS UP TO DATE AND BEING UTILIZED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE RECIEPTS BEING TURNED IN WITHIN FIVE DAYS OF EXPENDITURE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS EACH USE OF CREDIT AND EBT CARDS CONSISTENTLY DOCUMENTED ON THE SUMMARY OF PURCHASE SHEET AS REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE MANAGER BI-WEEKLY CHECKS CONSISTENTLY DOCUMENTED IN ENSURING THAT CREDIT AND EBT CARDS ARE IN THE HOME AND PROCEDURES ARE BEING FOLLOWED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS DOCUMENTATION EVIDENT THAT EACH CARD IS BEING ACCOUNTED FOR AT THE CHANGE OF EACH SHIFT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VERIFICATION OF BALANCE OF EBT CARD

DATE: _____ BALANCE PER DHS: SEE SUMMARY OF FINDINGS AND RECOMENDATIONS

BALANCE PER EBT CARD EXPENDITURE SHEET: SEE SUMMARY OF FINDINGS AND RECOMENDATIONS

CARDS SINGED OUT TO HOME FROM FINANCE DIVISION

(CHECK ONLY CARDS APLICABLE)

SHAWS:____ RH FOSTER:____ WALMART:____

OTHER:____ CARD NAME:_____ CARD NAME: _____

EBT CARDS:____ NUMBER OF CARDS ISSUED TO HOME:____

PERSONAL SPENDING MONEY

	YES	NO	N/A
IS STAFF RESPONSIBLE FOR ANY CONSUMER PERSONAL SPENDING MONEY IN THE HOME?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS EACH CONSUMERS MONEY IN A LOCKED SECURE PLACE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS EACH CONSUMERS MONEY IN A CLEARLY MARKED ENVELOPE WITH THE CONSUMERS NAME ON IT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE ALL RECEIPTS FOR ALL EXPENDITURES OF PERSONAL SPENDING ON HAND?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOES CASH ON HAND AND RECEIPTS FOR PERSONAL SPENDING TOTAL WHAT EACH CONSUMERS ALLOTMENT FOR PERSONAL SPENDING SHOULD BE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE WRITTEN PERMISSION OR A TREATMENT PLAN SIGNED BY THE CONSUMER, HIS/HER LEGAL GUARDIAN OR REP -PAYEE DESIGNATING OHI TO MANAGE EACH PERSONS PERSONAL SPENDING MONEY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS DOCUMENTATION EVIDENT THAT EACH CONSUMERS PERSONAL SPENDING ACCOUNT IS BEING ACCOUNTED FOR AT THE CHANGE OF EACH SHIFT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD SUPPLIES MONEY

	YES	NO	N/A
ARE ALL HOUSEHOLD SUPPLIES FUNDS IN A SECURE LOCKED PLACE?			
ARE ALL RECIEPTS BEING TURNED IN ACCORDING TO POLICY?			
IS ALL HOUSEHOLD SUPPLIES MONEY KEPT IN A SEPARATE LABELED ENVELOPE?			
ARE ALL RECIEPTS FOR ALL HOUSEHOLD SUPPLIES EXPENDITURES ON HAND?			
DOES CASH ON HAND AND RECIEPTS FOR HOUSEHOLD SUPPLIES TOTAL WHAT THE HOMES ALLOTMENT FOR HOUSEHOLD SUPPLIES SHOULD BE?			
IS DOCUMENTATION EVIDENT THAT HOUSEHOLD HYGIENE MONEY IS ACCOUNTED FOR AT THE CHANGE OF EACH SHIFT?			

USDA COMMODITIES AND GROCERY CHECKLIST

TWO ITEMS IN EACH CATEGORY SHALL AMOUNT TO \$5+ AND \$5- EACH	PRESENT	MENU	DATE USED	UNACCOUNTED FOR
GROCERY ITEM #1 (\$5 OR MORE): \$6.99 Jenne-o turkey PURCHASE DATE: 4-26-2004				
GROCERY ITEM #2 (\$5 OR MORE): \$7.06 7.93lb Leg Quarters PURCHASE DATE: 4-26-2004				
GROCERY ITEM #3 (LESS THAN \$5): \$2.89 SH COF CRM 22Z PURCHASE DATE: 4-26-2004				
GROCERY ITEM #4 (LESS THAN \$5): \$.59 SH CREAM MUSHROO PURCHASE DATE: 4-26-2004				
USDA COMMODITY #1: CEREAL (6 BOXES) 5/7/04				
USDA COMMODITY #2: PEANUT BUTTER (8 JARS) 5/7/04				
USDA COMMODITY #3: PUDDING (7) 5/7/04				
USDA COMMODITY #4: TOLIET PAPER (4) 5/7/04				
HOUSEHOLD SUPPLIES ITEM #1: \$9.99 XTRA Powder/ Bleach PURCHASE DATE: 5/6/2004				
HOUSEHOLD SUPPLIES ITEM #2: \$7.49 Sh Towel 12 Pack 2 PURCHASE DATE: 5/6/2004				

SUMMARY OF FINDINGS AND RECOMMENDATIONS

HOUSE AUDIT CHECKLIST PAGE 6

NAME,	INDIVIDUAL ACCOUNT SPECIALIST	DATE
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Distribution:

Distributed 5-14-2004

HOUSE AUDIT CHECKLIST PAGE 7

OHI
FOOD STAMP EBT CARD POLICY (GENERIC)

I. POLICY

It shall be the policy of OHI to ensure EBT cards are safeguarded and used in accordance with procedures herein.

II. PROCEDURES

- A.** Before managing or holding a person's EBT card, the Manager or designee shall secure written permission by having the EBT card consent signed by:
1. The person, if the person is his/ her own Guardian.
 2. The person's Guardian, trustee or conservator; or
 3. The Department of Human Services, if a Guardian, trustee or conservator exists but cannot be reached.
- B.** When the Manager or designee has signed permission and is requested to manage a person's EBT card, the person's team shall be notified at its next meeting.
- C.** When funds are withdrawn with the Manager or designee:
1. The withdraw shall be recorded on the EBT card expenditure sheet.
- D.** A monthly expenditure sheet shall be maintained for each EBT card.
1. The Manager or designee shall check the ledger balance on a monthly basis, to if it is equal to the total of receipts and funds remaining on the EBT card.
 2. The EBT card expenditure sheet shall be turned into the Finance Division on a monthly basis.
- E.** EBT cards shall be secured in a locked cash box. The Manager or designee shall be the only person with access to the locked box.
1. An individual envelope for each person, clearly marked, shall hold the person's EBT card and receipts for expenditures.
 2. Each person may access his/her EBT card at will, unless otherwise recommended by the person's team.
- F.** The person's team may develop a plan for the parameters of the person receiving his/her EBT card upon request:

1. When depleted funds cause a hardship on the person and money management shall convene to develop a plan of action.

G. The Manager shall maintain communication with the Representative Payee regarding each person's financial resources in order to avoid overspending, plan for future needs and to use the information in financial counseling with each person.

1. The manager or designee shall inform the Representative Payee, Guardian and team of any incident of a person's mismanagement of funds.

H. OHI staff shall ensure personal EBT cards are used only for the benefit of the beneficiary or the home if received under the Group Living Arrangement.

1. If an EBT card should become lost or stolen, staff will report the lost or stolen card to the Department of Human Services immediately. Staff will report the lost or stolen card to the Manager the same day or the next working day. The Manager will notify the authorized food stamp representative of the Finance Division who will resume responsibility with the Department of Human Services in replacement of the EBT card.