



"BUILDING BRIDGES TO THE COMMUNITY"

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Foster Parent

Service Provided:

Start Date:

Last Date of Employment:

Yes No		SECTION I MANDATORY PERSONNEL	SECTION II MANDATORY	Yes No	
		Staff Application	Auto Insurance Declaration Page		
		Job Description	Motor Vehicle Report		
		Education Verification (Ex: Copy of Academic Achievement or Verification)	Background Check		
		Hepatitis B Form	Health Care Registry Check		
		Physical Form	Confidentially(Client) Rights Acknowledgement		
		Medical History Form	Signed Acknowledgement of Staff Handbook		
		Background Check Form	Code of Conduct and Ethics		
		Disclaimer Form	Credentialing Verification		
		Staff Release Authorization	Privileging Form		
		Drug Free Workplace Policy	Supervision Contract		
		Search & Seizure Form			
		Grievance Procedures			
Yes No		SECTION III: CERTIFICATES	SECTION IV: CORE COMPETENCIES REQUIRED TRAINING	Yes No	
		Orientation	Person Served (Client) Specific / Core Competency Training		
		First Aid	Person Served (Client) Rights / HIPPA/ Confidentiality		
		CPR	Effective Communication / Interaction and Communication		
		Medication Administration	Incident/Accident Reporting		
		Blood borne Pathogens	Service Documentation		
		N.C.I.	Person-Centered Planning		
		Seizure Management	Overview of Development Disabilities		
			Role/ Purpose/ Philosophy of Services		
		SECTION V: CODE OF ETHICS IN-SERVICE TRAINING	SECTION VI: LICENSE & INSPECTIONS		
		Orientation	License & Inspections (if applicable)		
		Corporate Compliance			
		QA/QI Policies			
		Health & Safety			
		Systems of Care			
		Cultural Diversity			
Date Reviewed: Initials: Percentage Outcome:		Date Reviewed: Initials: Percentage Outcome:	Date Reviewed: Initials: Percentage Outcome:	Date Reviewed: Initials: Percentage Outcome:	

HEPATITIS-B WAIVER FORM

I, _____ understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis-B virus (HBV). I have been given the opportunity to be vaccinated with Hepatitis-B vaccine but at this time have declined it.

If in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis-B vaccine, I can receive the vaccination.

STAFF SIGNATURE

DATE

WITNESS SIGNATURE

DATE



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Physical Examination Form

Name of Agency Requesting Information: Unique Caring Foundation, **Inc**

In order to protect the above agency/facility and the children who may reside in the family foster home or residential child/adult care facility of Unique Caring Foundation, the agency must obtain medical information on the person whose name appears below in order to be in compliance with licensure rules. The person named below has given the agency permission to obtain their medical report and to release the information by the licensed medical provider, also named below to Unique Caring Foundation.

I, _____, (patient's name) agree to the release of my physical and/or medical examinations by (licensed medical provider, _____) to UCFon ___/___/___

Name: _____ Age: _____

Address: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

History of Medical Illnesses:	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Tuberculosis or other	_____	_____	Fainting and/or	_____	_____
Pulmonary defects	_____	_____	Dizzy spells	_____	_____
Seizures	_____	_____	Heart Trouble	_____	_____
Venereal Disease	_____	_____	Serious Defects of	_____	_____
Mental or Emotional	_____	_____	Bones and Joints	_____	_____
Disturbance	_____	_____	Other Chronic or	_____	_____
Hypertension	_____	_____			
Communicable Disease	_____	_____	Specify if yes: _____		

Physical Examination (circle all that were examined)

Heart	Lungs	Abdomen	Genitalia
ENT	Extremities	Hernia	Eyes

Date of Examination: _____

Date of Tuberculin Skin Test: _____ Results: Positive _____ Negative _____

Date of Chest X-Ray: * _____

*Required only is tuberculin test positive

Please comment on any physical, mental or emotional or communicable infectious disease apparent from your examination or any knowledge of the above named person that might affect the health, safety or welfare of adult and children residing in the home or a facility of Unique Caring Foundation.

Physician's, PA's Nan's Signature: _____ Date: _____

Address: _____ Phone: _____

Name _____

Home Address _____

Phone _____ Birthdate _____

HEALTH HISTORY

Any history, past or present of

	Yes	No
Head or back injuries	___	___
Convulsions or other neurological disorders	___	___
Heart disease, high blood pressure, or rheumatic fever	___	___
Lung disorders, asthma, tuberculosis	___	___
Stomach, gallbladder, or other gastro-intestinal disorders	___	___
 Anemia	 ___	 ___
Kidney trouble	___	___
Venereal disease	___	___
Diabetes or other glandular disorders	___	___
Surgery	___	___
Genital problems	___	___
Psychological disorders	___	___
Communicable Disease	___	___

If any of above answered yes, please elaborate

What do you consider your state of _____
 Excellent _____ Good _____
 Fair _____ Poor _____

To the best of my knowledge, the above information is correct.

 SIGNATURE

 Date

BACKGROUND CHECKS

In connection with my application for employment (including contract for service), I understand that information may be requested by The Unique Caring Foundation, Inc. including criminal records, which can be obtained through the Clerk of Courts, or DMV Driver's License and Driving Record check, A Health Care Registry Check, educational experience, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination or past employment. All expenses incurred will be the responsibility of the applicant. Further, I understand that you, the applicant, will be required to list the names, address, and phone numbers of at least 3 professional and 3 personal (if applicable) references, of which will be verified, in connection with my application for employment.

I hereby authorize without reservation, any party or agency contacted by The Unique Caring Foundation, Inc. to furnish the above- mentioned information.

I have the right to make a request of any person served reporting agency, upon proper identification, the information in its files on me at the time of my request.

I further authorize on-going procurement of the above-mentioned reports at any time during my employment (or contract) with The Unique Caring Foundation, Inc.

STAFF SIGNATURE

DATE

WITNESS SIGNATURE

DATE



DISCLAIMER FOR STAFF

- I have no criminal, social or medical history that would adversely affect my capacity to work with children and adults.
- I have not abused or neglected a child or adult MR/DD.
- I have not had child protective services or adult protective services, or investigation involvement.
- I have not had child protective or adult protective services involvement that resulted in the removal of a child or adult with MR/DD.
- I have not been a respondent in a juvenile court proceeding that resulted in the removal of a child.
- I have not abused, neglected or exploited a disabled adult.
- I have not been a domestic violence perpetrator.

Have you ever pled “guilty” or “no contest” to or been convicted of a crime other than a minor traffic citation? yes or no If yes please explain:

I certify that the above statements are true and understand that my employment/contract or my relationship with the agency as an Employee/Staff terminated for making a false statement.

If answered “**Yes**” to any of the above, please explain: _____

Printed Name of Staff: _____

_____ Date

Signature _____

_____ Date



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STAFF/ CONTRACTOR RELEASE AUTHORIZATION

By signing below, I authorize **The Unique Caring Foundation** and its agents (**Success Linc Inc., ADP, etc.**) to verify any and all information given by me as a prerequisite of employment/contract. I fully understand that information will include, but is not limited to, criminal records, drug testing, credit history, employment verification, social security number verification, motor vehicle driving record, education verification, and personal history. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies named above from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of pre-employment verification and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original.

****PLEASE PRINT CLEARLY****

Name (Last) _____ (First) _____ (Middle) _____

List any other name used in the last 7 years _____

Date of Birth ____/____/____ Social Security Number ____ - ____ - ____

Driver's License # _____ State _____ Phone (____) ____ - ____

Address: _____ City: _____ State: _____ Zip: _____

SIGNATURE _____ **DATE:** _____

List Previous Employer:

Name of Employer _____ **Dates Employed: From** _____ **to** _____

Employer Phone (____) ____ - ____ **Position Held:** _____

*****APPLICANTS DO NOT WRITE BELOW THIS LINE*****

****FOR OFFICE USE ONLY****

- | | | |
|--------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Mecklenburg County Only | <input type="checkbox"/> DMV Report (State _____) | <input type="checkbox"/> Employment Verification |
| <input type="checkbox"/> Other County _____ | <input type="checkbox"/> Address/SS Number Trace | <input type="checkbox"/> Health Care Registry Check |
| <input type="checkbox"/> NC Statewide | <input type="checkbox"/> Education Verification | <input type="checkbox"/> Professional License Verification |
| <input type="checkbox"/> Other State _____ | <input type="checkbox"/> Federal Search | <input type="checkbox"/> Drug Test |

FAX 704-736-9150

SUCCESSLINC, INC.
509 E. Main St.
Lincolnton, NC 28092

- | |
|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Report Completed
<input type="checkbox"/> Faxed Back to
<input type="checkbox"/> _____ Int. _____ |
|----------------------------------------------------------------------------------------------------------------------------------|

704-732-2285 Please Note: Should any adverse information be obtained the individual will be notified and have the opportunity to correct such information.



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A DRUG-FREE WORKPLACE (ALCOHOL AND DRUG ABUSE)

The Unique Caring Foundation, Inc. is committed to the maintenance of a drug free workplace. Staffs who abuse alcohol or other drugs are a danger to themselves, to other Staffs, and to our person served.

The use of illegal drugs and abuse of other controlled substances, on or off duty, is inconsistent with law-abiding behavior expected of all citizens. Staffs who use illegal drugs or abuse other controlled substances or alcohol, on or off duty, tend to be less productive, less reliable, and prone to greater absenteeism. In addition, many of the person served of The Unique Caring Foundation may have been referred wholly or in part because of the effects of their own involvement with alcohol or illegal drugs. Mental Health technicians who themselves abuse alcohol or are involved with illegal substances are unable to serve as appropriate role models. Violations of the illegal substance, alcohol, and controlled substance policies shall be viewed as unacceptable personal conduct and shall result in no further assignments.

DRUG TESTING

1. The Unique Caring Foundation, Inc., will not assign as a Mental Health Technician any person who refuses to undergo or who fails to pass a pre-employment drug test.
2. Whenever a Provider suffers an injury while on assignment or The Unique Caring Foundation, Inc. determines that he/she may have contributed to an accident involving a fatality, serious bodily injury, or substantial damage to property, The Unique Caring Foundation, Inc. may require the Technician to submit to the taking of a breath, saliva, urine and/or blood specimen for alcohol or drug testing. A Staff who tests positive for alcohol or drugs as a result of such a test will be in violation of The Unique Caring Foundation, Inc. policy. The Staff will be removed from assignment and deemed ineligible for future assignments.

STAFF SIGNATURE

DATE

WITNESS SIGNATURE

DATE

POLICY NAME: SEARCH AND SEIZURE	EFFECTIVE DATE: 04/01/04
ANNUAL REVIEWS: 01/01/05, 01/01/06, 01/01/07, 01/01/08, 01/01/09, 01/01/10, UPDATE REVISIONS: 08/25/10, 11/23/10, 11/24/10, 02/04/11	

POLICY:

When receiving services through THE UNIQUE CARING FOUNDATION, INC. person served shall be free from any unwarranted search of their person or property as well as invasion of privacy. Person served shall be afforded the same rights as any citizen regarding searches with following exceptions:

1. Staff and Providers may be authorized to conduct the two types of searches allowed at THE UNIQUE CARING FOUNDATION, INC.; (a) at the time of admission to establish a record of their personal property and (b) to control what is brought into the provider's home.
2. A facility or home approved search may be conducted when there is reason to believe that dangerous or illegal substances, contraband or weapons have been brought into the facility or foster home. The Unique Caring Foundation staff shall obtain authorization for a search from the supervising Qualified Professional, Quality Assurance Manager, Program Manager or Executive Director if the search disrupts services to person served or could be considered an invasion of person served privacy.

PROCEDURES:

1. Prior to any search taking place, the staff member or provider contacts the supervising Qualified Professional, Quality Assurance Manager, Program Manager or Executive Director for prior approval. If, in the judgment of the staff member or provider, a search needs to take place immediately, the search may be conducted, and a follow up call to the supervising Qualified Professional, Quality Assurance Manager or Program Manager immediately after the search.
2. THE UNIQUE CARING FOUNDATION, INC. authorizes two types of searches:
 - A. **Search of Person:** The person served personally empties their pockets inside out and turns shoes upside down. No patted frisk searches by staff member or Providers are authorized.
 - B. **Search of Foster Home:** The home or day site is searched for hidden items. The search is supervised by a staff member or provider. At any time a search is warranted and the person served refuse, a debriefing is held between the staff member or provider, the supervising Qualified Professional, Quality Assurance Manager or Program Manager. A decision is made whether the police should be called to conduct the search. If it is determined that the person served has any illegal substances, contraband or a weapon, the supervising Qualified Professional, Quality Assurance Manager or Program Manager will authorize the police to be dispatched to conduct a search and help promote the safety of everyone involved.

Reasons for a Search and Seizure Incident:

If the provider beyond a reasonable doubt knows that the person serve is:

- Distributing an illegal substances
- In possession of illegal substances
- In possession or a firearm or illegal weapon,
- In possession of expensive equipment in boxes
- In possession of expensive jewelry that is not theirs

The legal guardian will be made aware of The Unique Caring Foundation, INC. policy during admission. Documents will be signed stating acceptance and authorization to the search and seizure policy that THE UNIQUE CARING FOUNDATION, INC. has in place. In the event that items' not belonging to the person served are confiscated during the search, the supervising Qualified Professional, Quality Assurance Manager or Program Manager will take possession of those items. A determination will be made regarding the disposition of item(s). Every effort will be made to return the item(s) to the rightful owner. If the confiscated items are illegal drugs, contraband and/or a weapon, the Director or Supervisor will turn the items over to the local police department. In both cases, the legal guardian will be contacted, within 48 hours in writing, by the supervising Qualified Professional of what has taken place.

Informing Legal Guardian or Legally Responsible Individual:

1. The legal custodian/legally responsible person is informed as soon as possible but within 48 hours after the search is conducted.
2. A Search and Seizure Report Form is completed and placed in the person served record by the Supervising Qualified Professional. The legal guardian will also receive a copy within 48 hours of completion of this report. Please note, the police department report will determine the delivery of this report.

Documentation:

Every Search and Seizure that required the presence of Law Enforcement must have a police report and number attached to the report. Every Search and Seizure shall be documented. The documentation shall include:

1. Action taken by Provider
2. Reason for Search
3. Procedures followed in the search
4. A description of any property seized and
5. An account of the disposal of seized property.
6. Date & time of the search
7. Action taken by the agency
8. Name of the Provider informing the agency
9. Date & time parent/guardian was notified by agency
10. Date & time the agency was informed

STAFF SIGNATURE

DATE

WITNESS SIGNATURE

DATE

SEARCH AND SEIZURE REPORT FORM

Before conducting a search review agency's Policy and Procedures. Fill in all blank and remember to contact your supervisor.

Name of Client: _____ Medical Record #: _____

Date of Search: _____ Time of Search: _____

Provider Reporting Search: _____

Action Taken by Provider

Action Taken by the Agency:

Reason for Search: Suspicious Search with Administration Approval

Description of property seized :

An account of how the seized property was disposed:

REPORTING INFORMATION:

Agency/Person	Contact Name	Notification Date	Notification Time
Unique Caring Foundation			
Parent/Guardian			
County DSS			
Law Enforcement			
Other			

Name/Title of Supervisor authorizing report **(Please print)**

Signature: _____ Date: _____

STAFF GRIEVANCE POLICY AND PROCEDURES

POLICY #: 27G.0201(a)(8)-(14)	POLICY EFFECTIVE DATE: Jan 1, 2009
Annual Review:	Updates/Revisions: 1/1/2008; 03/02/2011;
Approved by: QA/QI Committee	

What if you have a concern or problem at work?

You can try an informal approach by talking to a member of management about your complaint so we can try to find a solution. We encourage you to always talk to any member of management about your concerns. We will make it our priority to listen to you and try to work out all issues. If we are unable to resolve the issue you can use our "grievance and complaint procedures" to take a more formal approach.

A "grievance or complaint" is a concern or complaint you have against a Provider or Staff affiliated with Unique Caring Foundation, Inc., that has not been resolved. We believe in your right to do this, and we will help you through the process as outlined below:

Step I: Initiate the Grievance Process. If unable to find a good solution, initiate the process by submitting the Grievance form to Human Resource Representative within 2-5 business days of your verbal complaint to management.

Step II: Upon the completion of the Grievance and Complaint Report submit it to the Human Resources Department. The HR Representative will take one of the following actions within 2 to 5 days of receiving the complaint:

1. *Determine that there is no reasonable cause for complaint.* If the Human Resources Representative determines the complaint was unfounded and documents such in writing, by checking the appropriate line on the bottom of the complaint form. The complainant must sign the complaint form again indicating that they have been informed of this determination.
2. *If the Human Resources Representative is able to offer a resolution that is acceptable to the complainant,* this resolution will be documented on the complaint form. The complainant must check the appropriate line on the complaint form and sign the bottom of the complaint form indicating that they agree that the proposed resolution is acceptable.
3. *Attempt to resolve the complaint, but finds that Human Resources Representative. proposed resolution is not satisfactory to the complainant.* Since the Human Resources Representative is unable to resolve the complaint to the satisfaction of the complainant, this will be indicated on the Complaint form and forwarded to the Quality Assurance/Quality Improvement Committee for further resolution.

Step III: If it is determined that the matter cannot be resolved within five (5) working days and a lengthy investigation is anticipated, a quorum of the QA/QI committee will convene. At the

discretion of the committee the complainant may be requested to personally present the complaint to the QA/QI Committee. This committee has 5 working days for a resolution.

Step IV: Provider and Staff do have a **Right of Appeal** to the Board of Directors if the resolution of the QA/QI Committee is still not satisfactory. After receipt of your grievance, you will be notified, in writing, within 5 business days of receipt of your concerns. The Board of Directors will find a solution to resolve your concern or complaint within 10 additional business days.

Step V: The Executive Director makes the ultimate decision based on Recommendation from the Board. He upholds the Board's decision or makes an independent decision.

This process has been set up to give staff a way to get help in solving a problem with our supports when you feel we are not listening or responding to you. There will be no retaliation for you talking about a concern or complaint or filing a grievance. You can be sure that at every step we will try to find a good solution.

My signature below indicates that I have received a copy of The Unique Caring Foundation Grievance and Complaint policy which outlines how to file a complaint if I am not satisfied or feel grieved.

STAFF SIGNATURE

DATE

WITNESS SIGNATURE

DATE

CLIENT RIGHTS POLICY

1. Each individual who is admitted to a Unique Caring Foundation service will be informed of his/her rights as stipulated in 122C Article 3. A written summary will be given each participant and his/her legally responsible person.
2. All staff, care providers and volunteers are informed of the rights of the participants. Documentation of this training is signed by each staff member, care provider, contractor and volunteers and maintained by the program.
3. The Unique Caring Foundation Client Rights Committee will conduct an annual review of the Client Rights Policy, rights training and agency compliance with the Client Rights Policy.
4. Information provided to the participant will be consistent with their level of comprehension and will include: Protection regarding disclosure of confidential information; the governing body policies for fee assessment; grievance procedure; service suspension or expulsion; search and seizure procedure; and program rules with potential penalties.
5. Participants/legally responsible persons will be informed in terms they can understand about the potential risks and benefits of services, and will give consent to receive these services except in emergency situations or otherwise specified by laws.
6. Each voluntarily admitted individual has the right to refuse any treatment and or service.
7. If treatment is refused, the qualified professional will determine if another type of treatment is possible. If all appropriate modalities are refused, a voluntarily admitted consumer can be discharged. Refusal of consent should not be used as the sole grounds for termination unless the procedure is the only viable treatment/habilitation method available at the agency.
8. Documentation of informed consent will be placed in the individual's record.
9. Each individual will be encouraged to participate in appropriate, generally accepted social interactions and activities with other members of the community.
10. Special procedures and safeguards will be developed and implemented according to sound medical practice when a medication that is known to present serious risk to an individual is prescribed.
11. Care providers and staff will make every reasonable effort to protect each participant's personal clothing and possessions from theft, damage, destruction, loss or misplacement.
12. Each participant is assured the right to dignity, privacy and human treatment in the provision of personal health, hygiene and grooming care. Such rights include but are not limited to an opportunity for a shower or tub bath daily, the opportunity to shave daily, the opportunity to obtain individual personal hygiene articles which include but not limited to toothpaste, toothbrush, sanitary napkins, shaving cream and utensils.
13. Bath tubs or showers and toilets that ensure individual privacy will be available. Adequate toilet, lavatory, and bath facilities for use by an individual with mobility impairment may be available.

14. Each consumer will be provided a quiet atmosphere for uninterrupted sleep during scheduled sleeping yours and accessible areas for personal privacy for at least limited periods of time as clinically appropriate.
15. Each participant will maintain communication rights. Adult participants will have access to a telephone in a private area.
16. Individuals will be free from unwarranted invasion of his/her privacy. Searches of the individual or their property is warranted only when there is a reason to believe that they have possession of materials that are prohibited by the program's admission policy (including House Rules) or our agreement with the individual. All searches will be conducted according to The Unique Caring Foundation policy.
17. Each participant will be free from the threat or fear of unwarranted suspension or expulsion from the program. Any suspension or termination of services will comply with The Unique Caring Foundation Suspension/Termination Policy.
18. Care providers and staff will not subject any participant to any sort of neglect or indignity or inflict abuse upon anyone. Care providers and staff will ensure to prevent the neglect or abuse of any participant in their care by others.
19. Care providers and staff are prohibited from engaging in ay acts that constitute a sexual offense, sexual molestation, sexual harassment or sexual abuse.
20. All instances of alleged or suspected abuse, neglect or exploitation of consumers will be reported to the appropriate county Department of Social services, Division of Facility Services and the Healthcare Registry. Persons reporting instances of abuse, neglect or exploitation will be protected from harassment or threats.
21. The goal of the agency is to provide services using the least restrictive, most appropriate and effective positive modality.
22. Each participant will be free from unnecessary or excessive medication.
23. The following restrictive interventions are not used at all: Seclusion, physical restraint, isolated time out (see policy).
24. The following types of procedures are prohibited: Interventions prohibited by statute, corporal punishment, painful body contact, substance administered to induce painful bodily reactions, unpleasant tasting foodstuffs, noxious situations or substances, noise, bad smells, splashing with water, potentially physically painful procedures, electric shock, and insulin shock.
25. Use of protective devices will not be permitted unless the following conditions are met: The device has been assessed, it is the least restrictive appropriate measure, the individual is monitored at all times and the devices are cleaned at regular intervals.
26. The Unique Caring Foundation and our care providers reserve the right to establish rules regarding acceptable behaviors and medical records requirements. Violation of these rules may cause a service disruption and replacement or suspension/termination. Service suspensions or terminations will comply with The Unique Caring Foundation policies and the Grievance Procedure.
27. Participants/legally responsible persons may recommend changes in program policies and procedures or agency governance.
28. Each participant maintains all civil rights unless adjudicated incompetent.
29. Participants have the right to contact the Governor Advocacy for persons with Disabilities and will be given assistance by the program staff if necessary. The telephone number for the council is 1-704-433-2067.
30. The Grievance Policy and procedure is distributed to all participants and/or family members upon admission to the program. This policy allows consumers, family members, significant others, care providers and staff to express concerns about services and what response they may expect. The procedures include how to concern/complaint is

to be expressed, to whom the concern/complaint should be addressed, a time frame for a response, and subsequent levels of management to contact if the response is unsatisfactory.

Referral to the Advocate may be made at any point in the grievance process. Referrals to the appropriate Governor's Advocacy Council staff may be made at any point in the process. Each complaint will be evaluated and may be referred to the Client Rights Committee for investigation at any point.

STAFF SIGNATURE

DATE

WITNESS SIGNATURE

DATE



STAFF NOTIFICATION OF RECEIPT OF CLIENT RIGHTS INFORMATION

I have received and read a copy of the client rights policies and procedures, which is a written summary of 122C, Article 3. I understand it is regarding client rights and responsibilities. My questions that I had regarding client rights have been answered.

I also understand that specific programs may have additional policies and procedures pertaining to client rights and that those will be explained to me upon initiation with those programs.

I have received the following information:

1. Rules and responsibilities that I am expected to follow regarding client rights and that I accept the penalties for any violation of the rules.
2. Protections regarding disclosure of confidential information
3. Policies addressing fee assessment and collection practices
4. Grievance policy and procedure and name of contact person.
5. Search and Seizure policies & procedures
6. Notification of provisions regarding emergency use of restrictive interventions

I understand that failure to comply with these regulations could result in dismissal of employment or contract with The Unique Caring Foundation and may result in legal consequences.

Signature Staff

Date

Signature Witness

Date

POLICY NAME: CODE OF CONDUCT AND ETHICS	EFFECTIVE DATE:
ANNUAL REVIEWS: 3/18/211	
UPDATE REVISIONS: 03/21/211; 4/13/2011	

It is the policy of Unique Caring Foundation that all full and part-time staff, contractors, providers, students, volunteers (collectively referred to as "staff"), Board members, affiliate agencies, community stakeholders, and members of the governing authority are expected to perform their designated functions in a manner that reflects the highest standards of ethical behavior. The ethical standards contained in this policy shape the culture and norms of the agency's administrative operations and clinical practices, and both staff and members of the governing authority will be held fully accountable to these standards.

In addition to the specific guidelines contained in the policy, professionals are expected to follow the ethical standards required by their specific licensing and certification boards. The Code of Conduct Policy is to ensure that all staff' actions reflect a competent, respectful, and professional approach when serving our consumers, their families and/or representatives, working with other providers of services, and interacting within the communities we serve.

It is expected that staff and members of the governing authority will perform their duties in compliance with all federal, state, and local regulations in accordance with guidelines set forth in this policy. A signed copy of the Code of Conduct will be filed in each staff file. Violation of guidelines within the Code of Conduct Policy can lead to disciplinary actions, including termination of employment.

PROCEDURES:

A. Professional Conduct:

1. Staff will respect the rights of our consumers by demonstrating full knowledge, understanding of and compliance with, the guidelines contained in the Client Rights Policy. This includes the right of the consumer to make autonomous decisions and fully participate in every aspect of the service delivery process.
2. Staff will provide services in a manner that fully respects the confidentiality of consumers, by demonstrating a functional knowledge of confidentiality policies and guidelines.
3. Staff will be fair and honest in their work. They will not exploit or mislead, and will be faithful to their policy, legal and contractual obligations. Staff should be honest and forthcoming in all communications.

4. To prevent and avoid unethical conduct, staff will consult with, refer to, and cooperate with Supervisors. Staff will clarify their professional roles and obligations and be accountable for upholding professional standards of practice.

B. Personal/Professional Conduct:

1. All prior personal relationships between staff and persons entering the organization's programs shall be disclosed by the staff member and subject to review by the appropriate supervisor. Failure to do so may result in discipline up to and including termination.
2. Staff will limit relationships with persons served to their defined professional roles.
3. Staff will not establish ongoing personal or business relationships with consumers receiving services.
4. Staff will conduct themselves in a professional, ethical, and moral manner.
5. Sexual relationships between staff and persons served are never appropriate. Sexual relationships include, but are not limited to the following: engaging in any type of sexual activity, flirting, advances and/or propositions of a sexual nature, comments of a sexual nature about an individual's body, clothing, or lewd sexually suggestive comments. Any knowledge of a sexual relationship must be reported to your supervisor or Human Resources immediately. Any parties found engaging in a sexual relationship may be subject to discipline up to and including termination.
6. No Staff, Board member, or other persons affiliated with Unique Caring Foundation, Inc., will accept gifts of material value, or favors for personal gain from any individual, client agency, corporation, or organization that does business with Unique Caring Foundation, Inc. Additionally, no staff, board member, or other persons affiliated with Unique Caring will attempt to influence decisions of any funding source through donations of cash, promises of special consideration, or suggestions of any valuable contributions. The receipt of any inappropriate gifts or inappropriately influencing of decisions may result in discipline up to and including termination.

C. Business Practices:

1. The agency will utilize the Corporate Compliance Officer to ensure that it conducts business in an ethical manner and ensure that any business practices that are questionable are thoroughly investigated using the ethical investigation procedures that follow in this policy.
2. All financial, purchasing, personnel, facility development and information technology practices shall comply with local, state, and federal law and guidelines.
3. All staff shall adhere to the agency's Human Resource Policies and Procedures.

D. Marketing Practices:

1. The agency will conduct marketing practices in an honest and factual manner. Marketing materials and practices will in no way mislead the public or misrepresent the agency's abilities to provide services. The agency will not claim any service outcomes unless represented by valid and reliable outcome data and/or research studies.

2. The agency will utilize clear and consistent methods of communicating information to consumers, family members, third-party entities, referral sources, funding sources, and community members, and will exhibit sensitivity to the educational and reading levels of all persons when distributing information.
3. The agency will not utilize monetary rewards or gifts to any potential consumer of services in an attempt to entice them to enter programs.

E. Clinical Practices:

1. Staff will adhere to all professional codes of conduct and ethical standards for his/her specified professional discipline.
2. As part of new Staff orientation, staff will read and sign the organization's Code of Conduct and demonstrate knowledge of the guidelines.
3. In addition all staff will be informed of client's rights and compliance requirements regarding confidentiality.

F. Potential Conflicts of Interest:

1. No consumer will be hired or placed in an Staff/employer relationship with the agency while an active participant in programming.
2. Any programming that involves a work task, and remuneration for the task, will be therapeutic in nature and will be documented as such by programming guidelines based on theoretical constructs.
3. Staff will not engage in outside professional mental health services that are incompatible or in conflict with job duties within the organization.
4. Private practice must be done on the staff's own time and outside the organization, as long as such activities are not adverse to the interests and goals of the agency and have met the organization's guidelines on conducting a private practice.
5. Staff will not recruit clients for their private practice within their professional roles as the agency staff members.
6. If an Staff leaves the agency and enters private practice, the consumer may choose to continue their service(s) with the former Staff. However, the consumer's leaving must not be due to coercion by staff.
7. No staff shall engage in any other employment or activity on the organization's premises or to an extent that affects, or is likely to affect, his or her usefulness as an Staff of the organization. Any external employment or activity must be cleared in writing by the Executive Director.

G. Quality of Care:

1. The agency will provide quality Mental Retardation (Intellectual Developmental Delay) Developmental Disability, Mental Health, Substance Abuse (MR/IDD/DD/MH/SAS) care in a manner that is appropriate, determined to be necessary, efficient, and effective.

2. Healthcare professionals will follow current ethical standards regarding communication with consumers and their representatives regarding services provided.
3. The agency will assure each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about:
 - a. the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and
 - b. the length of time for which all signed consent forms are valid and the procedures that are to be followed if he or she chooses to withdraw consent.

It is the policy of our agency to not utilize therapeutic holds or mechanical restraints. However, in the event a Behavioral Plan is required, the length of time for consent for shall not exceed six months.

4. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs:
 - a. Antabuse; and
 - b. Depo-Provera when used for non-FDA approved uses.This rule does not apply to the agency.
5. Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation. A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility.

H. Necessity of Care:

1. The agency shall submit claims for payment to governmental, private, or individual payers for those services or items that are clinically necessary and appropriate.
2. When providing services, staff shall only provide those services that are consistent with generally accepted standards for treatment and are determined by the professional to be clinically necessary and appropriate.
3. Service providers may determine that services are clinically necessary or appropriate; however, the consumers funding source may not cover or approve those services. In such a case, the consumer may request the submission of a claim for the services to protect his/her rights with respect to those services or to determine the extent of coverage provided by the payer.
4. Coding and documentation will be consistent with the standards and practices defined by the organization in its policy, procedures, and guidelines.

I. Coding, Billing, and Accounting:

1. Staff involved in coding, billing, documentation and accounting for consumer care services for the purpose of governmental, private or individual payers will comply with all applicable state and federal regulations and organizational policies and procedures.
2. The agency will only bill for services rendered and shall seek the amount to which it is entitled.

3. **Supporting clinical documentation will be prepared for all services rendered. If the appropriate and required documentation has not been provided, then the service has not been rendered.**
4. All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable regulations, laws, contracts, and organizational policies and procedures. Federal and state regulations take precedence, and organizational policies and procedures must reflect those regulations.
5. Consumers shall be consistently and uniformly charged in accordance with policy and regulation.
6. Government payers shall not be charged in excess of the provider's usual charges.
7. Billing and collections will be recorded in the appropriated accounts.
8. An accurate and timely billing structure and medical records system will ensure that the agency effectively implements and complies with required policies and procedures.

J. Cost Reports:

1. The agency will ensure that all preparation and cost reports submitted to governmental and private organizations are properly prepared and documented according to all applicable federal and state laws.
2. All cost reports will be submitted and prepared with all costs properly classified, allocated to the correct cost centers, and supported by verifiable and auditable cost data.
3. All cost report preparation or submission errors and mistakes will be corrected in a timely manner and, if necessary, clarify procedures and educate staff to prevent or minimize recurrence of those errors.

K. Personal and Confidential Information:

1. The agency will protect personal and confidential information concerning the organization's systems, staff, contractors, providers and consumers.
2. Personnel, contractors, and/or volunteers shall not disclose confidential consumer information unless at the consumer's request and/or when authorized by law. When mandated by the LME or the state, appropriate use of consumer information for research purposes must be obtained with the full informed consent of participants in the research.
3. Confidential information will only be discussed with or disclosed to persons and entities outside the organization through the request of the consumer. Persons outside the organization include the family, business, or social acquaintances of the consumer.
4. Consumers can request in writing, and are entitled to receive copies or summaries of their records with the exception of minors and consumers being treated for alcohol and drug abuse, who may be provided with copies of their record if it is judged appropriate by the provider charged with their care.

5. The agency personnel, contractors, and/or volunteers will be familiar with all organizational policy and procedures regarding confidentiality.

L. Creation and Retention of Consumer and Institutional Records:

1. Records are the property of the organization. Personnel responsible for the preparation and retention of records shall ensure that those records are accurately prepared and maintained in a manner and location as prescribed by law and organizational policy.
2. Staff will not knowingly create records that contain any false, fraudulent, fictitious, deceptive, or misleading information.
3. Staff will not delete any entry from a record. Records can be amended and material added to ensure the accuracy of a record in accordance with policy and procedures. If a record is amended, it must indicate that the notation is an addition or correction and record the actual date that the additional entry was made.
4. Staff will not sign someone else's signature or initials on a record.
5. Records shall be maintained according to specific organizational policy and procedure.
6. Staff shall not destroy or remove any record from the organization's premises.
7. The organization will maintain record retention and record destruction policies and procedures consistent with federal and state requirements regarding the appropriate time periods for maintenance and location of records. Premature destruction of records could be misinterpreted as an effort to destroy evidence or hide information.

M. Government Investigation:

1. Staff shall cooperate fully with appropriately authorized governmental investigations and audits.
2. The agency will respond in an orderly and timely fashion to the government's request for information through Staff interviews and documentation review.
3. The organization will respond to the government's request for information in a manner that enables the organization to protect both the organization and consumer's interests, while cooperating fully with the investigation.
4. When a representative from a federal or state agency contacts the agency Staff at home or at their office for information regarding the organization or any other entity with which the organization does business, the individual will contact Tyrone Miller, Executive Director and Owner immediately. If Mr. Miller is not available, the individual will contact the Director of Operation.
5. Staff will ask to see the government representative's identification and business card, if the government representative presents in person. Otherwise, the Staff should ask for the person's name, office, address, phone number, and identification number and then contact the person's office to confirm his/her identity.

N. Prevention of Improper Referrals or Payments:

1. Staff will not accept, for themselves or for the organization, anything of value in exchange for referrals of business or the referral of consumers.
2. Staff must not offer or receive any item or service of value as an inducement for the referral of business or consumers.
3. Federal law prohibits anyone from offering anything of value to a Medicare or Medicaid consumer that is likely to influence that person's decision to select or receive care from a particular behavioral health care provider.
4. The organization shall establish procedures for the review of all pricing and discounting decisions to ensure that appropriate factors have been considered and that the basis for such arrangements is documented.
5. Development or initiation of joint ventures, partnerships, and corporations within the organization must be reviewed and approved by the organization's management to ensure compliance with organizational policy and federal regulations.

O. Antitrust Regulations:

1. The agency will comply with all applicable federal and state antitrust laws.
2. Staff should not agree or attempt to agree with a competitor to artificially set prices or salaries, divide markets, restrict output, or block new competitors from the market, share pricing information that is not normally available to the public, deny staff privileges to qualified practitioners, or agree to or participate with competitors in a boycott of government programs, insurance companies, or particular drugs or products.

P. Avoiding Conflicts of Interest:

1. All staff shall conduct clinical and personal business in a manner that avoids potential or actual conflicts of interests.
2. Staff shall not use their official positions to influence an organizational decision in which they know, or have reason to know, that they have a financial interest.
3. Staff must be knowledgeable about activities that may be an actual or potential conflict of interest. Examples of such activities may include, but are not limited to the following:
 - a. Giving or receiving gifts, gratuities, loans, or other special treatment of value from third parties doing business with or wishing to do business with the organization. Third parties may include, but are not limited to, consumers, vendors, suppliers, competitors, payers, carriers, and fiscal intermediaries.
 - b. Using the agency facilities or resources for other than organization sanctioned activities.
 - c. Using the agency's name to promote or sell products or personal services.
 - d. Contracting for goods or services with family members of the organization directly involved in the purchasing decision.

Q. External Relations:

1. Staff shall adhere to fair business practices and accurately and honestly represent themselves and the organization's services.
2. Staff will be honest and truthful in all marketing and advertising practices pertaining to the business practices of the organizations service delivery system.
3. Vendors who contract to provide goods and services to the organization will be selected on the basis of quality, cost-effectiveness and appropriateness for the identified task or need, in accordance with organization policy.

R. Human Resources:

1. The agency prohibits discrimination in any work related decision on the basis of race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. The organization is committed to providing equal employment opportunity in a work environment where each Staff is treated with fairness, dignity, and respect.
2. The agency will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.
3. The agency does not tolerate harassment or discrimination by anyone based on the diverse characteristics or cultural backgrounds of those who work for the organization pursuant to the organization's affirmative action policy.
4. Staff has a right to file a complaint, serve as a witness testifying in any procedure without the fear of retaliation. The agency prohibits any form of retaliation.
5. Any form of sexual harassment, regardless of gender, is prohibited.
6. Any form of workplace violence is prohibited.
7. The agency prohibits retaliation in any form against any staff, board member or stakeholder. Retaliation is against Unique Caring policies, culture and norms.

S. Code of Conduct Procedures:

1. All staff, students, volunteers and governing authority members, as part of the organization's initial orientation, will review the Code of Conduct, including the procedures for investigating and acting on conduct violations.
2. All staff will receive a copy of the Code of Conduct, sign a form acknowledging their review and full understanding of the code, and return the form to be filed in the individual's personnel, contractor, or volunteer file.
3. To assure an awareness of ethical practices, reviews of the Code of Conduct and continued training will be conducted on an annual basis.

T. Procedures for Investigating and Acting on Violations of The Code of Conduct:

1. When any consumer, family member, authorized representative, advocate or other person believes that an ethical violation has occurred within the operations of the organization, they may report such suspicion directly to any management staff.
2. There will be no retribution for asking questions or raising concerns about the program, or for reporting possible improper conduct.
3. When staff believe a violation of the Code of Conduct has occurred they are obligated to report the violation by following the Grievance Procedure
4. Supervisors who have been informed of a suspected violation are required to immediately inform the Corporate Compliance Officer of the suspected violation.
5. If the violation involves a direct and immediate threat to the safety of a patient, staff member, or clinic visitor, staff are obligated to report the alleged violation immediately to their supervisor.
6. Staff is required to report any suspected violation of the Code of Conduct; however, they are not required to investigate or know for certain that a violation has occurred.
7. Once the questionable behavior has been brought to the attention of the supervisor or reported through the corporate compliance procedures, staff reporting the situation will no longer have a responsibility for being involved with the investigation other than providing additional information through a requested interview by the investigator.
8. Staff must report each suspected violation of the Code of Conduct separately, should a violation that has been reported occur again.
9. When any suspected violation of the Code of Conduct is reported to a supervisor, program sponsor or the corporate compliance officer, the corporate compliance officer will begin an investigation of the matter immediately. While investigating the complaint, the following issues should be considered and action taken depending on the situation:
 - a. Is any client in any harm or potential harm because of this behavior?
 - b. Does the complaint require immediate action to remove the Staff from contact with a client?
 - c. Does the complaint put the agency or its Staff in a potentially liable situation that needs legal consultation?
10. Code of Conduct investigations will follow the guidelines outlined in the agency's Corporate Compliance Policy and Procedure.

U. General Ethical Guidelines and Considerations:

1. The Code of Conduct is shared with persons served during client orientation and is posted throughout public areas in all owned, leased, or rented facilities.

2. The agency believes in the importance of ethical practices within the organization. Any Staff who reports waste, fraud, abuse or any other questionable practices will not be subject to reprisal by management of the organization. To assure that reprisal is not used, the organization's governance authority will serve as advocates for any Staff who reports questionable practices. The Corporate Compliance Officer will provide assurance and oversight that there are no adverse actions toward the Staff.
3. The following list of violations of the Code of Conduct will result in termination of employment and or contract:
 - a. Theft of funds or property belonging to the company or person-served.
 - b. Physical, emotional, or sexual abuse of a client or staff, Staff, contractor, provider or stake-holder.
 - c. Willful neglect and violation of Agency Policy and Procedures.
 - d. Any staff, Staffs, contractors and providers can be terminated for the following reasons including but not limited to:
 - Violation of policies, procedures, rules, federal, local or state laws
 - Falsification of documents regarding safety care or well being of persons-served.
 - Willful neglect or abuse of person-served.

ACKNOWLEDGEMENT:

I have received and read a copy of the Code of Conduct. I understand it is regarding my conduct while affiliated with Unique Caring Foundation, Inc. My questions that I had regarding the Code of Conduct have been answered to my satisfaction.

I also understand that specific programs may have additional policies and procedures pertaining to conduct and those will be explained to me upon initiation with those programs.

I understand that failure to comply with this Code of Conduct could result in dismissal from Unique Caring Foundation and may also result in legal consequences.

My Signature below indicates that I have received a copy of The Unique Caring Foundation, Inc. Code of Conduct which outlines how to conduct myself in the utmost respect.

PRINT NAME

DATE

SIGNATURE

DATE

Signature of Witness

Date

CREDENTIALING VERIFICATION FORM

Staff Name: _____ **Date Began Providing Services:** _____

EDUCATION

Most Recent Institution _____

High School Diploma/GED _____ Grad. Date: _____

Technical/Trade School _____ Grad. Date: _____

Undergraduate Degree _____ Grad. Date: _____

Graduate Degree _____ Grad. Date: _____

Verified by: _____ Date _____

Does the provider have to meet the minimum qualifications of one (1) year work experience with MR/DD population or related field? _____ **Yes** _____ **No (If no, skip to credentialing & provide reason):** _____

WORK EXPERIENCE

Name of Company/Agency _____ Phone _____

Location of Company _____ Name of Supervisor _____

Position _____ Date Hired (month & year) _____ Date Terminated _____

Population(s) Served:

_____ mental health _____ developmental disabilities _____ substance abuse _____ physical disabilities

Spoke To: _____ Date: _____

Verified by: _____ Date: _____

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Name of Company/Agency _____ Phone _____

Location of Company _____ Name of Supervisor _____

Position _____ Date Hired (month & year) _____ Date Terminated _____

Population(s) Served:

_____ mental health _____ developmental disabilities _____ substance abuse _____ physical disabilities

Spoke To: _____ Date: _____

Verified by: _____ Date: _____

Did the provider meet the minimum qualifications of one (1) year work experience with MR/DD population or related field? _____ **Yes** _____ **No**

CREDENTIAL(S) VERIFIED (CHECK ALL THAT APPLY)

i. Paraprofessional:

Date this Staff met this standard _____ (must include month and year)

___ Has high school diploma +1 year (full-time) experience with DD, MR, and SA population.

ii. Associate Professional:

Date this Staff met this standard _____ (must include month and year).

___ Graduate of a college or university with a Masters degree in related human service field with less than one year of full-time post accumulated MH/DD/SAS experience with population served. Upon hiring, an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience; or

___ Graduate of a college or university with a BA in related human service field with less than two years of full-time post accumulated MH/DD/SAS experience with population served. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience; or

___ Graduated of a college or university with a baccalaureate degree in a field not related to human services with less than four years of full-time, post-baccalaureate accumulated MH/DD/SAS experience with population served. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience.

Qualified Mental Health Provider:

Date this Staff met this standard _____ (must include month and year).

Has Masters Degree in a related human services field and 1 year of full-time post-graduate accumulated DD/MR/SA experience with the population served; or

___ a graduate of a college or university with a baccalaureate degree in a related human services field and has two years of full-time post-graduate accumulated DD/MR/SA experience with the population served; or

___ a graduate of a college or university with a baccalaureate degree in a field no related to human services and has four years of full-time, post-baccalaureate accumulated MH/DD/SA experience with the population served.

Staff's Signature: _____

Date: _____

Qualified Professional's Signature: _____

Date: _____



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Staff Name: _____ Position/Title: _____

Hire Date: _____ QDDP: _____

Agency/Location: _____

(CHECK ONE)

_____ Initial Request _____ Change In Job Status

_____ Annual Review of Privileges

Privileging Category: _____ **(Check One)**

PROFESSIONAL STATUS _____ **PARAPROFESSIONAL STATUS** _____

Years of experience: _____ Years of Education: _____

Highest Degree: _____ Major/Minor: _____

Education:

High School Diploma: Yes _____ No _____ Year Completed _____

GED: Yes _____ No _____ Year Completed _____

Associate Degree:

Did you graduate? Yes _____ No _____ Year Completed _____

Major _____ Minor _____

Undergraduate Degree:

Did you graduate? Yes _____ No _____ Year Completed _____

Graduate Degree:

Did you graduate? Yes _____ No _____ Year Completed _____

Trade/Business

School Yes _____ No _____ Major _____ Minor _____



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THE UIQUE CARING FOUNDATION
ANNUAL CLINICAL SUPERVISION CONTRACT & LOG

Staff Name: _____ Hire Date: _____

Is privileging required? ___ yes ___ no

(If required) Date Staff met privileging requirements: _____
Date

___ Paraprofessional providing:
(HS Diploma, 1 year experience with DD population)
• All duties of paraprofessional

___ Associate Professional (MS/MA in related human service field with less than 1 year exp;
BS/BA in related human service field with 2 years post grand experience; BS/BA in a non-related human
service field with less than 4 years post grand exp.; RN licensed to practice in NC with 4 years)
• All duties of Associate Professional

___ Qualified Professional (MA/MS in related human services field and 1 year post grand exp with population
Served) or BS/BA in related human services field and 2 years post grand exp with population served; BS/BA in
non-related field with 4 years post grand exp with population served)
• All duties of Qualified Professional

QP Providing Supervision: _____

Format of supervision: ___ Individual ___ Group ___ Telephone ___ Face to Face

Frequency of supervision: ___ times a year

Identified Core Competencies for review during supervision: It is not necessary to address all
topics each month, but all topics should be addressed one year from contract date.

- 1 Technical Knowledge Accurate Documentation, Service Definitions, Adheres to agency rules, policies, and
procedures.
2 Cultural Awareness Interactions with people from a variety of backgrounds, Recognizing different cultural beliefs and
behaviors, Understanding how culture influences behaviors.
3 Analytical Skills Problem Solving,
4 Decision Making Skills
5 Interpersonal Skills Time Management, Self Management, Personal Development, Relationship with person
served, Display of Teamwork and Professional Growth
6 Communication Skills Listening, Writing and Speaking ones thoughts.
7 Clinical Skills Understanding of population served, Person Centered Thinking, Attending in-service trainings, Insure
safety and engages person served in meaningful activities.

I agree to provide the supervision specified above: _____
QP Signature & Date

I agree to participate in supervision specified above: _____
Staff Signature & Date



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UCN PROVIDER SUPERVISION
Policy # 27G .024

NAME: _____ **DATE:** _____

DURATION OF SUPERVISION (EXAMPLE: 12:00 – 1:00) _____

Competency	3	2	1	SUPERVISION NOTES
Documents information accurately and legibly				
Understanding of Service Definitions				
Adheres to agency rules, policies and procedures				
Ability to interact with people from a variety of backgrounds				
Ability to recognize different culture beliefs and behaviors				
Understanding how culture influences behaviors				
Problem Solving Skills				
Decision Making Skills				
Time management/punctuality				
Self management skills				
Professional Growth				
Relationship with person served				
Schedules time off in advance				
Communication Skills				
Attending in-service training				
Insure person served safety				
Engages Person served in meaningful activities				
Incorporate Person Centered Thinking when delivering services				
Total of each column				

Format of supervision: ___ Individual ___ Group ___ Telephone ___ Face to Face

TOTAL OF EACH COLUMN AVERAGED : _____ (EX: TOTAL # OF POINTS DIVIDED BY # of COMPETENCIES REVIEWED)

***3 = Displays Excellence
 ***2 = Meets Expectations
 ***1 = Needs Improvement

Staff Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____



SECTION 3

SECTION III: CERTIFICATES
Orientation
First Aid
CPR
Medication Administration
Blood borne Pathogens
N.C.I.
Seizure Management

SECTION 4

SECTION IV: PRE-EMPLOYMENT CORE COMPETENCIES (ANNUAL REQUIRED TRAINING)

Person served Specific Training

Person served Rights/HIPPA/Confidentiality

Interaction and Communication

Incident/Accident Reporting

Service Documentation

Person-Centered Planning

Overview of Development Disabilities

Role/Purpose/Philosophy of Services



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HIPAA STAFF PRIVACY ACKNOWLEDGEMENT

I understand that while performing my official duties I may have access to protected personal and health care information as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I also understand the following:

- Protected health information is individually identifiable health information that is created, maintained or used within or by Unique Caring Foundation, Inc.
- Protected health information is not available to the public
- Special precautions are necessary to protect this type of information from unlawful or unauthorized access, use, modification, disclosure or destruction.

In order to help ensure the confidentiality and privacy of this information, I agree to:

- Access, use or modify protected health information only as needed for the purposes of performing my official duties
- Never access or use protected health information out of curiosity, or for personal interest or advantage, or in the presence of unauthorized any third party
- Never show, discuss, or disclose protected health information to or with anyone who does not have the legal authority
- Never retaliate, coerce, threaten, intimidate or discriminate against or take other retaliatory actions against individuals or others who file complaints or participate in investigations or compliance reviews
- Never remove protected health information from the work area without proper written authorization
- Never share passwords with anyone or store passwords in a location accessible to unauthorized persons
- Always store protected health information in a place physically secure from access by Unauthorized persons and out of plain view.
- Dispose of protected health information by utilizing an approved method of destruction (i.e., shredding). I will not dispose of such information in wastebaskets or recycle bins.

I understand that penalties for violating one of the above limitations may include disciplinary action including possible termination, civil or criminal prosecution. I certify that I have read, understand and agree to the Privacy Acknowledgement Statement printed above.

Print Full Name (First, Middle Initial, Last)	Signature
Unique Caring Foundation Representative:	Date Signed



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SECTION 5

SECTION V: OTHER CERTIFICATES AND ANNUAL IN-SERVICE TRAINING

Corporate Compliance

QA/QI Policies

Transportation Policies and Procedures

Health & Safety



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CORPORATE COMPLIANCE & CODE OF ETHICS POLICIES

I _____ (Staff's name) affirm that I have read and fully understand The Unique Caring Foundation's Corporate Compliance & Code of Ethics Policies & Procedures and certify my intentions to act in complete compliance with these polices and procedures.

Furthermore, I understand the when necessary I should seek advice from the appropriate supervisor and/or the Corporate Compliance Officer, Celeste Miller concerning appropriate actions that I may take in order to comply with Unique Caring Foundation's Corporate Compliance and Code of Ethic Policies and Procedures.

STAFF SIGNATURE **DATE**

WITNESS SIGNATURE **DATE**

COMPLIANE OFFICER **DATE**



TRANSPORTATION POLICY AND PROCEDURES

POLICY #: 27G.0201(a)(8)-(14) Approved By: Governing Body ANNUAL REVIEW: ___/___/___	POLICY EFFECTIVE DATE: APRIL 1, 2003 SIGNATURE: _____ UPDATES/REVISIONS: ___/___/___
----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

POLICY:

THE UNIQUE CARING FOUNDATION is expected to furnish transportation for person served as per contractual expectations. This could include transporting to and from appointments, social and recreational activities, medical and dental appointments, etc.

Any exceptions to this policy must be authorized in writing by the Director and alternative arrangements agreed upon prior to the person served placement.

THE UNIQUE CARING FOUNDATION, INC. staff and care providers use their personal vehicles to transport person served to various functions. Staff and care providers are required to maintain the state required auto insurance on the vehicle used to transport person served. Unique Caring Foundation will keep copies of the staff's and care provider's vehicle insurance in their personnel file. Staff and care providers must inform the agency if insurance on the vehicle has lapsed or if there are any driving restrictions. Also, if staff or care provider gets involved in any accident in a company vehicle or their own personal vehicle, while transporting a client, he/she must notify Unique Caring Foundation within 24 hours of the accident. A copy of the police report must also be submitted along with an Incident Report Form. Staff is not allowed to transport person served if the license has been suspended or restrictions are placed on the license.

All person served shall be provided transportation services in a safe and competent manner. Any individual transporting person served shall have a current valid driver's license. A seat belt shall be provided for each person served in the vehicle.

All staff and care providers will carry emergency information and an emergency medical authorization at all times when transporting person served. If an emergency occurs, the staff is to provide for the person served and then call the Director as soon as the situation warrants.

THE UNIQUE CARING FOUNDATION, INC. vehicles used for transportation of person served will carry liability insurance. This is also required under North Carolina State Law. In

addition, THE UNIQUE CARING FOUNDATION, INC. will carry comprehensive insurance on its vehicles regardless of the vehicles age. This will protect the agency should a person served cause damage to the vehicle, as local agencies will not be financially responsible for any damage to vehicles caused by person served.

PROCEDURES:

The procedure to follow in the event of an emergency will, include:

1. Stay calm;
2. Staff and care providers will make certain that all person served are safe and not in need of medical attention;
3. If medical attention is needed, staff and/or care provider will perform CPR or first aid until the ambulance arrives;
4. Staff and/or care providers will ensure all person served are safe and secure and then contact the Director as soon as possible; and
5. The Director will notify AMH Person served Rights Coordinator in writing within 48 hours of incident on standard incident reporting form.
6. The person served case manager will be notified verbally.
 - A. When person served who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.
 - B. When two or more preschool children who require special assistance with boarding or riding I a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.

Staff Signature: _____

Date: _____

Witness Signature: _____

Date: _____



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DHHS INCIDENT AND DEATH REPORTING PROCEDURES

I acknowledge that I have received a copy of Unique Caring Foundation's (UCF) Incident and Death Reporting Plan. I understand that it is my responsibility to review the DHHS Incident and Death Reporting Plan and familiarize myself with all the reporting plan procedures. I further understand that I will receive on going DHHS Incident and Death Reporting procedural training.

In the event that the North Carolina Department of Health & Human Services-Division of Mental Health/Developmental Disabilities/Substance Abuse Services alters, changes, or amends the NHHS Incident and Death Reporting procedures, Unique Caring Foundation and or Unique Caring

Foundation will notify its staff and or Foster Care Parents. Furthermore, the North Carolina Department of Health & Human Services-Division of Mental Health/Developmental Disabilities/Substance Abuse Services Department reserves the right to amend, alter, and change the DHHS Incident and Death Reporting procedures without notice to the health care provider agencies.

Staff Name (Please print)

Date

Staff Signature: _____

QUALITY IMPROVEMENT PROCEDURES

I acknowledge that I have received a copy of Unique Caring Foundation's (UCF) Quality Improvement Plan. I understand that it is my responsibility to review the Quality Improvement Plan and familiarize myself with all Quality Improvements procedures. I further understand that I will receive on going Quality Improvement procedural training.

In the event that Unique Caring Foundation alters, changes, or amends our Quality Improvement procedures, the staff will be notified. Furthermore, we reserve the right to amend, alter, and change our Quality Improvement plan with or without notice to the providers.

Staff Name (Please print):

Date:

Staff Signature: _____