

**MACON CITIZENS HABILITIES, Inc.**

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# ICF-IID HANDBOOK

Revised: February 2024



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## Introduction

Welcome to residential services through MCH. Thank you for choosing us as your provider.



The type of home you are living in is called an ICF-IID group home. This stands for Intermediate Care Facility for Individuals with Intellectual Disabilities. We want this to feel like your own home and for you to enjoy the experience of having housemates. While living here, staff will teach you how to do many things we all have to do in our homes such as cooking meals, shopping, doing laundry and keeping things clean. You may also learn how to take care of your personal needs better. If there are tasks where you may need someone to help you complete it, group home staff are trained to assist you.

## Open Door Policy



We want you enjoy living at your group home. We encourage you and/or your guardian(s) to share your concerns, ask questions, make suggestions, and help us solve problems. You may talk to your qualified professional (QP) or the Executive Director for MCH at any time to discuss any problems.

If you have any suggestions or ideas to improve your services, we want you to tell us about them. We want MCH to be a good choice for the people we serve and provide supports that assist you in achieving your dreams. The MCH administrative office is open Monday-Friday, 8:30am-4:30pm if you would like to come by or schedule a meeting to talk with your QP or director.

## Our Homes

The ICF-IID group home is a place for persons with developmental disabilities to live, learn new skills and take part in many community activities. Macon Citizens Habilities, Inc. provides ICF-IID services in 4 group homes:

Smoky Group Home, 115 Storybook Lane, Sylva



lotla Street Group Home, 406 lotla Street, Franklin



Webster Group Home, 103 Little Savannah Road, Webster



Macon Group Home, 170 Second Street, Franklin



We want you and your housemates to have a nice, home-like setting while our staff teach and help you in areas you need. Our goal is to help you reach your own goals in a way that honors your choices, meets your individual needs and celebrates your accomplishments. Before you are invited to live in the home, several MCH staff and the people already living in the home meet you. We want to make sure the home is a good match for everyone. If your home is a HUD home and is managed by ARC/HDS, you must also meet income eligibility. All of these things are considered before you move.

## Services & Supports

Our group homes provide many things for you including your own room, meals, transportation, and training. The list below gives you an idea of the many things offered:

- bedroom with furniture suitable to your needs
- decorating your room according to your tastes
- daily meals and snacks, as recommended by our dietician and your doctor, based on your nutritional needs
- staff on-site 24 hours/day to offer training and support as you need
- support to take part in community activities of your choice
- teaching you how to do things around the house and to take care of yourself
- assistance with daily activities as needed
- transportation to and support on outings
- privacy and protection of your rights
- deodorant, toothpaste, disposable razors, soap, laundry detergent
- durable medical equipment
- assistance with sending or opening mail
- medical services as needed, including an annual physical and quarterly nursing exams
- dental services, as recommended by the dentist
- pharmaceutical services
- nursing services as needed
- speech/language services as needed
- psychological services as needed
- physical therapy services as needed
- weekday activity such as a day program, retirement activities or volunteering
- social work as needed

Each year, a group of people meets with you and your family to talk about what is important to you, things you would like to learn and areas where you may need help.

What you decide on will be written into a plan for MCH to follow. This plan is called a habilitation plan or hab plan. Some of the people at the meeting are your MCH qualified intellectual disabilities professional (QIDP or Q as we like to say), the group home manager, the day program manager, your legal guardian(s), physical therapist, dietician, psychologist, RN and whoever else you would like to invite. This group of people talks with you and/or your family frequently. The Q helps you and your family to understand your plan and answers any questions if necessary. We monitor throughout the year to see if you are making progress towards your goals, having your needs met and/or wanting to make changes to your plan. Your input is important in developing goals to work towards. We want to help you succeed in achieving your goals and dreams.

If you need help with learning ways to deal with frustrations or worry, a behavior support plan may be developed by our psychologist. Behavior plans are intended to teach you how to best handle stresses and frustrations that many people experience. If you need to take medicine to help with these issues, the use of that medicine is also reviewed and approved by you or your legal guardian and the Human Rights Committee to make sure your rights are being protected.

You may live in an ICF group home as long as you need the supports staff provide. If you continue to learn many new skills, you may be ready to move to a new place such as a home for adults with developmental disabilities (DDA) group home or an AFL (alternative family living). MCH will assist you in finding a new place with the supports in place to make sure you succeed. If you lose skills, become ill and/or no longer benefit from services at the group home, MCH staff might recommend another place to live that offers the support you need. If this happens, MCH will help you and your legal guardian(s) find the best option possible. If your funding changes, MCH staff will make every effort to find new funding or help you find another place to live if we can no longer offer services.

## Things Not Supplied

- clothing, including shoes and special clothing
- personal care items *except those* for basic needs such as soap, deodorant, toothpaste, disposable razors – we do provide those!
- personal possessions including televisions, radios, watches, clocks, etc.
- tobacco products or goods which you may choose to purchase
- *individual* trips or events

## MCE

As a part of living in an ICF home, you are able to go to our day program. At Macon Citizens Enterprises (MCE), you can participate in a variety of activities such as bowling or music as well as work on goals to increase your ability to do things for yourself. Operating hours are from 9:30 until 3:30 each day, Monday through Friday. However, you and the people who support you, may look at part-time options if you need. The choice is yours.

## MCH Fitness Center

MCH provides a fitness center to promote good health. The fitness center is offered as part of your day at MCE. A licensed physical therapist evaluates you and develops a fitness program based on your needs. Your doctor must agree that you can participate in the fitness center activities. If you have one, your legal guardian(s) must also agree that it is okay for you to participate in the fitness center.



## Your Money



Taking care of your money is very important. You should handle your own money whenever possible. However, with the approval of you or your legal guardian(s), MCH staff may help you with your money. MCH may also teach you to manage your money.

Any benefits you receive that are to pay for your room and board, such as Social Security or Supplemental Security Income (SSI) will be given to MCH for providing this care. Your legal guardian may choose to manage your money and pay MCH each month for your care or may choose to have MCH receive your benefit payments directly. Most choose to let the group home receive the funds.

You will receive \$30 each month out of your benefit check for your personal spending. You can deposit this money and any of your earnings into an interest-bearing account at a bank each month. You or your legal guardian(s) will be sent a record of your spending so that you can know where your money goes. You can write checks from this account for shopping and activities. MCH staff will help you as necessary.

We want you to always have access to money if you want to make purchases and will teach you how to keep up with a wallet or purse if you do not yet know how to do that. The manager of your home keeps a small cash account for you at the group home, so you always have access to personal spending money. If you move out of the group home, any of your money remaining will be given back to you within 30 days of when you leave.

## Cultural Differences

MCH recognizes and respects that not all people are the same and that your culture includes your behaviors, ideas, attitudes, values, beliefs, customs, religion, where you were born, gender, sexual orientation, age and your native language and makes every effort to help you participate in a system which allows you and your family to feel comfortable in the community and to be treated in a respectful manner. We want everyone to feel valued and respected for their individuality.

## Personal Property



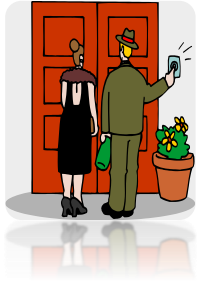
This is your home. We want you to bring whatever personal items such as radios, televisions, books, posters, games, etc. you would like. Please know that you are responsible for taking care of your personal items. If MCH staff damage your personal belongings, MCH will pay to replacement or repair it. MCH staff may help you take care of your personal belongings if you need assistance. If another resident damages one of your personal possessions, MCH will work with that person to replace it.

## Therapeutic Leave

When you want to spend time with your family or friends, staff will assist you in making plans if you need help. Per state regulations, people living in an ICF home may spend up to 60 nights per year away without jeopardizing the funding that pays for you to live at the group home. Your doctor must also agree being away from the home is good for you and include it in your annual plan. While you may use up to 60 days each year, regulations limit use to 14 days at one time. If you plan a time away from the group home for longer than 14 days, MCH will have to get permission from the LME/MCO to make sure your services do not get interrupted.

MCH appreciates a 48-hour notice for overnight visits away from the group home, if possible. This allows us to make sure we do not plan outings or activities away from the home at the times when you are leaving or coming back home. When you leave the group home, the person who picks you up will need to sign an authorized leave form and accept responsibility for your wellbeing while you are away. If your legal guardian(s) is not the person who checks you out, your guardian(s) will need to tell the group home manager or your Q who else can pick you up. When you return to the group home, staff will complete an authorized leave form. This allows MCH to track your therapeutic leave and report it as required by the state.

## Having Visitors



You are encouraged to have family and friends visit you at the group home. 24-hour advance notice is appreciated but is not necessary. This is only to make sure you are home when your visitor comes and not at an appointment or on an errand.

The group home is your home. You may enjoy company in any of the public areas of the house, such as the dining room or living room as well as privately in your bedroom. Because you have housemates, MCH asks you to be respectful of their schedules by having visitors during reasonable waking hours.

Visitation may be temporarily suspended if your habilitation team, your guardian(s), or the Human Rights Committee recommend this for your personal protection. This would rarely ever happen and would be only for your protection if necessary.

## Your Rights

MCH is committed to protecting the rights of the people we serve. You are assured of the right to dignity, privacy, and humane care. MCH staff are trained so they can help you exercise your rights. *Your Rights as a Person Served* pamphlet is included with this handbook.

You have the right to:

- exercise civil rights.
- be told why if you are transferred to another facility for treatment.
- to be treated by medical professionals when you need it
- get legal counsel
- communicate with and meet with people of your choice with proper supervision
- have visitors or refuse to see visitors
- make visits outside the group home
- get and/or keep a driver's license unless you are adjudicated incompetent
- live in an unlocked environment.
- be outside daily and have access to recreational facilities and equipment for physical exercise several times per week
- be free from seclusion
- be free from mistreatment, abuse, neglect, exploitation including financial, humiliation, retaliation, harassment or intimidation
- be free from exclusion from ongoing programming as a result of inappropriate behavior
- be free from physical and personal restraint and time out unless there is special consent



- be free from treatment given without informed consent involving aversive stimulation, the use of experimental drugs or procedures, or surgery other than emergency surgery
- be free from unnecessary or excessive medication and not receive medication as punishment or discipline.
- send and promptly receive sealed, uncensored mail
- have access to a schedule for collecting and distributing mail and packages.
- have access to writing material, postage, and staff assistance when necessary.
- make and receive confidential telephone calls
- participate in religious worship by choice
- keep and use your own clothing and personal possessions

## Resolving Conflicts

You are encouraged to let staff know if you have any concerns or complaints about how MCH and/or your staff treat you or other people around you. Your voice matters!



If you or your legal guardian(s) have a complaint or grievance and it cannot be resolved with your QIDP, please ask to speak to the executive director about the matter.

If your grievance or complaint cannot be resolved with the director, you can appeal to the MCH Board of Directors. The board must respond within 10 working days of hearing the grievance. You may also file a grievance with your MCO. MCH will assist in providing you that contact information should you need it.

## Disability Rights North Carolina

Disability Rights North Carolina provides free advocacy services to individuals with disabilities. They may be able to offer legal advice and/or help advocate for you if your rights have been violated. The toll free number for the Disability Rights North Carolina is **1-877-235-4210**. The website is [www.disabilityrightsncc.org](http://www.disabilityrightsncc.org).

## Privacy & Confidentiality



Staff cannot talk to anyone about you unless you or your legal guardian(s) give them permission except in the event of an emergency. Your right to confidentiality and privacy is respected at all times. We ask you to be respectful of your friends and not talk about them to people who they do not know.

MCH works hard to keep your information private. Staff are trained to not share how they know you to anyone, even your family and friends, without your permission. If you have a legal guardian, we must have their permission to share any information.

You should know that staff may discuss information about you with other staff who work for or contract with MCH so that you receive the best possible support. Confidentiality of your information is protected by both state and Federal laws. Staff cannot disclose information about you without your expressed and informed consent unless:

- abuse is suspected. MCH staff **MUST** report suspected abuse.
- a court of law orders staff to disclose information.
- there is imminent danger to you or another person.
- it is to prevent a serious or violent crime.
- there is a medical emergency and a health care provider needs information.
- it is for release of information to insurance companies to receive payment for services rendered.

You have the right to privacy. MCH staff are trained to ensure you have privacy during times such as when you use the rest room, want to be alone in your bedroom or when taking care of personal needs. You should always be treated with dignity and respect.

If you have any questions about the right to privacy and confidentiality, please ask your QIDP or the director.

## Fire & Emergency Drills



Fire and emergency drills are conducted at least monthly and anytime a new housemate or staff start at the group home. You should always evacuate when you hear the alarm, even if you know it is just a drill. Practicing is important so that you know what to do if there is a real emergency. If you smell smoke or suspect a fire, tell staff immediately.

## Safety

MCH is committed to keeping you safe and wants your group home to be a safe place. We ask that you learn to follow these simple principles to keep things safe:

- If you see an accident or if a housemate in trouble, tell staff immediately
- Do not run in the house or in the parking lot
- Use the proper exits during fire drills and follow directions
- Before leaving, let staff know you are going outside
- Don't open the door to strangers

## Medications

If you do not need help from anyone to take medication, MCH will need a note from your doctor saying you can take your medication on your own. If you need help to take medications, MCH will provide you assistance as needed while teaching you how to do this on your own.



All medications must be ordered by a doctor. Staff cannot even give you an aspirin unless a doctor has said it is okay. You may participate in taking your medications but trained staff must monitor and document each time you take a medication. MCH staff are trained before they can give you medication and continue to be supervised by the MCH nurses.

Medications to help you better control your mood or some behaviors cannot be unless you or your legal guardian(s), the Human Rights Committee and the rest of your team members agree that it is needed. Behavior medications must be reviewed by members of your team at least every 3 months to make sure they are helping you. You or your legal guardian(s) and the Human Rights Committee must review medications to help you with your behaviors at least every 6 months and agree that it's best for you to take them.

## Staff Qualifications

MCH employs qualified staff who meet state requirements to work with you. All MCH staff undergo background checks and drug screenings. References are also checked. MCH employs persons who meet the set requirements for a qualified intellectual disabilities professional (QIDP), nurse, etc., and arranges services with other professionals such as a physical therapist, psychologist, and dietitian. Copies of licenses and other qualifications are kept in the administrative office. Staff are trained on your individual goals and needs by the QIDP.

## Code of Ethics

MCH staff must obey all legal standards and regulations and are expected to exercise moral standards of conduct as well. If you see staff not obeying these rules, you may report them to the manager, QIDP, director or to the MCH Board. If you need help to understand these rules, please ask staff or someone in your life to help explain them.

1. MCH staff will represent your interests. MCH staff are trained to always protect your rights
2. MCH staff will keep information about you confidential.
3. MCH staff will do nothing to violate your trust.
4. MCH staff will do nothing to violate the trust of the community.
5. MCH staff will honor the MCH mission statement.

6. MCH staff cannot do business with the people they serve.
7. MCH staff must follow special rules when spending MCH's money.
8. MCH staff cannot do business with you if it appears to benefit the staff member.
9. MCH brochures and website must contain true information about MCH.
10. MCH uses donated money appropriately and gives all donors true tax information.
11. MCH follows all laws when it hires employees.
12. MCH consults with experts for advice when necessary.
13. MCH does not violate the law in the way it treats employees or persons served.
14. MCH proves that employees are competent to do their jobs.
15. MCH gives out accurate information about the organization.
16. MCH lets employees and associates know about its ethical standards and welcomes feedback.

## House Rules

The following rules are posted in your group home. Staff will explain them to you and review them at house meetings. We ask that you be considerate of others and expect your housemates to treat you the same. Violation of these rules could result in loss of privileges. If you continue to violate them, you may be asked to move.

1. Respect the rights of your housemates.
2. Participate in activities and training unless you are sick.
3. Help take care of the house and keep it neat and clean.
4. Use tobacco products only in designated areas.
5. Get ready for bed at a reasonable hour so you do not disturb others.
6. Be considerate of others at night if you stay up late.
7. Respect the property of your housemates. Do not take nor destroy their things.
8. Do not go into the rooms of my housemates unless they invite you.
9. Do not go into the staff bedroom or manager's office unless they invite you.
10. Do not go outside the group home after dark without talking to staff first.
11. Do not drink alcoholic beverages in the group home.

## Scent-Free

All of MCH has a scent-free policy. Because many people are allergic to scents and offended by fragrances, we ask MCH staff and persons receiving services from MCH to not wear perfumes, colognes or strongly scented lotions.



## Accessing Your Record

If you or your legal guardian(s) want to see your record, you should contact the QIDP or the director and arrangements will be made for you to review your record. While you cannot make changes, you can provide a written statement if you do not agree with something in the record.

## Discharge

While MCH strives to help support you as long as possible, there may be times when you need services that MCH does not or cannot provide. You or your legal guardian may also decide you want to try another provider. If your legal guardian decides to end services with MCH, you should give at least a 30-day notification. MCH will give you 60-days notification if for some reason we cannot continue to provide your services. If your health or behaviors changed suddenly and we could no longer keep you safe or healthy, MCH may discharge with a shorter notice or no notice. Other rules regarding discharge include:

- You cannot be discharged without a recommendation from your team of professionals.
- You may be discharged if you or legal guardian ask for a discharge.
- You may be discharged if your medical needs change including a need for a change in level of care.
- You may be discharged if your behavior endangers you and/or others, including staff.
- You may be discharged if your source of funding changes such that MCH cannot afford to continue services.
- You may be discharged if you or your legal guardian demonstrate behaviors or actions that impede MCH staff from providing services safely and in accordance with service standards. This includes maintaining respectful communications and interactions between MCH staff and you/your guardian

## Provider Choice



We remind you that there are other service providers. While we hope that you choose to continue services with MCH, if you want to make a change, we will provide you with a list of other providers and help you find suitable services. Your care coordinator and/or the QIDP may also assist with helping you find another provider.

## Consent to Services

MCH strives to ensure we are doing all we can to help you achieve the goals you have while providing the supports you need. While we try to make every accommodation to make our services as specific for each individual as possible, we also must adhere to the definitions that outline what your services can and cannot be or do. These service definitions are determined by state and/or federal regulating agencies. In giving your consent to receive these services, you are acknowledging that you and your family agree to have your services provided by MCH and in accordance with set regulations.

## Other Resources

The NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and Advocacy and Customer Service Section has developed a *Consumer Handbook* to help guide and assist individuals seeking services and supports from the public mental health, developmental disabilities, and substance abuse service system. It includes information about how to access services, person-centered planning, crisis services, rights and responsibilities of consumers, and helpful contacts and resources. Please let your QIDP if you would like a printed copy. You can also access the *Consumer Handbook* at the MCH Administration Office or on the internet at this web address:

<http://www.ncdhhs.gov/document/consumer-handbook>. There is also a link on the MCH website.

## Contact Numbers

Christi Huff, Executive Director	(828) 524-5888 ext. 218
Ashley Hopkins, QIDP	(828) 524-5888 ext. 220
Melanie Smith, QIDP	(828) 524-5888 ext. 203

## Non-Discrimination

All MCE rules apply to everyone regardless of race, color, religion, age over 40, sex, national origin, or degree of MH/DD/SAS disability. MCH does not discriminate on the basis of race, color, religion, national origin, gender (including gender presentation), age, degree of MH/DD/SAS disability, citizenship, genetic information, family status, pregnancy status or veteran status. MCH respects all cultures and all people. All individuals, regardless of these factors, have the right to access medical care and habilitation services. For specific information about how these areas are protected by federal law, please reference the following:

- Civil Rights Act of 1964
- Age Discrimination Act of 1967
- Equal Pay Act of 1963
- Immigration Reform and Control Act
- Civil Rights Act of 1968
- Rehabilitation Act of 1973
- Pregnancy Discrimination Act
- Americans with Disabilities Act of 1990
- Uniformed Services Employment and Reemployment Rights Act
- Genetic Information Nondiscrimination Act

## Therap: Electronic Health Record (EHR)

In order to keep a thorough record of the care we provide to you, MCH uses an electronic health record call Therap. MCH staff are provided access to Therap to assist them in the performance of their jobs. You will see them using a tablet or computer to make notes about how you are feeling, when you take medication or how well you did something. Some items, such as consents, will continue to be done on paper. You are able to access your electronic health record at any time. When you would like to review your record, please contact your group home manager or Q. Therap meets all state and federal requirements to ensure the privacy of your health information is protected.

## HIPAA

This notice describes how medical information about the people we serve may be used and disclosed and how the person or legally responsible person can access to this information. This information is provided through by the Health Information Portability and Accountability Act. Please review it carefully.

### **Understanding Health Record/Information**

Each time a visit is made to a hospital, physician, or other healthcare provider, a record of the visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as a health or medical record, may serve as a:

- basis for planning care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how health information is used helps to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access health information
- make more informed decisions when authorizing disclosure to others



## Health Information Rights

Although the health record is the physical property of MCH, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

### **Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.**

#### **You have the right to inspect and copy your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record for as long as we maintain the protected health information. A “designated record” contains medical that MCH uses for making decisions about you. You may request access to your record by completing the Access to Record form.

#### **You have the right to request a restriction of your protected health information.**

You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

You may request a restriction by instructing the QIDP or executive director and such notices will be recorded in your IHP and on the face sheet of your medical record. Your request must be in writing and your signature witnessed.

#### **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our executive director.

#### **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes



disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

## **Our Responsibilities**

### **MCH is required to:**

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied MCH.

We will not use or disclose your health information without your authorization, except as described in this notice.

### **For More Information or to Report a Problem**

If have questions and would like additional information, you may contact the QIDP or executive director at (828) 524-5888.

If you believe your privacy rights have been violated, you can file a complaint with the executive director, MCH Board of Directors, MCO or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Examples of Disclosures for Treatment, Payment, and Health Operations**

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

We will use some of your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and days served.

We will use your health information for regular health operations.

For example: Members of the staff, the QP, or members of the safety committee may use information in your record to assess the care and outcomes of your care and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include speech language, psychological, pharmacy, physical therapy, dietary, accounting, and banking. When these services are contracted, we may disclose your information to our business associate so that they can perform the job we've asked them to do and bill your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member,

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

## Closing

**This is your handbook. If you have any questions or need to have certain things explained to you, please ask the group home manager, QIDP or director.** This handbook is designed to help you understand your role and the role of the group home, but it does not replace official MCH Policies and Procedures. If you wish to see the official policies, please ask your manager, the QIDP or director. You may also refer to the Agreement Between Resident/Guardian and Group Home which you signed when you moved into the group home.

The next several pages include consents and acknowledgments we must have you or your legal guardian(s) review and sign every year. Included is the Non-Disclosure and Confidentiality Agreement, acknowledgement of receipt of this handbook and provider choice. **Please return pages 20 - 26 in the envelope provided. Please contact us if you have any questions. These consents are required for you to continue services with MCH.**

**Thank you for choosing services with MCH. We appreciate your trust in us!**



**MACON CITIZENS HABILITIES, INC.  
CONFIDENTIALITY AGREEMENT**

I understand and agree to comply with Confidentiality Regulations developed by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and MCH to insure the privileged and confidential nature of consumer information. The terms of this agreement apply to any exchange of information written or oral, involving individually identifiable health information, financial information, personal or corporate names, contract initiated by or involving MCH. I understand that neither persons receiving services or staff may be videoed or audio recorded without express consent.

In accordance with all state and federal regulations, I agree to hold CONFIDENTIAL all such information about individuals who receive or have received services through MCH and agree not to divulge such confidential information to unauthorized persons. For the purpose of this Agreement, *Confidential Information* shall include, but is not limited to financial, specific to persons served, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.), may be considered confidential. The confidentiality and integrity of information are to be preserved and availability maintained. The value and sensitivity of information is protected by law and by the strict policies of MCH. The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity to accomplish MCH's mission.

This Agreement begins retroactively to the beginning of Undersigned Party's relationship with MCH and remains in effect at all times during any consulting, partnering, or other business relationship between the parties and for the periods of time specified thereafter as set forth below. This Agreement does not create any form of continued business relationship other than as set forth in a separate written agreement signed and dated by all parties.

I (undersigned party) shall comply with all reasonable rules established from time to time by MCH for the protection of any Confidential Information. In witness whereof, the "Undersigned Party" hereby understands that a violation any of the above terms may result in disciplinary action, including possible discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to MCH.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Relationship to MCH

\_\_\_\_\_  
Date

Revised 6/04; 2/05; 2/16; 2/17; 2/21; 2/22

**ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK**

I understand I may access the ICF Handbook any time on the MCH website at [www.maconcitizens.org](http://www.maconcitizens.org) or request a printed copy at any time. I understand that I may contact an MCH employee such as one of the directors or QP if I have questions or concerns. I understand that I can review the official Policies and Procedures if I wish.

\_\_\_\_\_  
Signature of individual, legal guardian or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**CONSENT FOR USE OF ELECTRONIC HEALTH RECORD**

I, \_\_\_\_\_ understand that use of an electronic health  
(individual, legal guardian or parent)

Record (EHR) is a requirement for all Medicaid providers, including MCH. I am aware that MCH uses Therap to maintain my electronic health record and transmit required information to the North Carolina Health Information Exchange Authority in accordance with NCGS 90-414.7.

\_\_\_\_\_  
Signature of individual, legal guardian, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF PROVIDER CHOICE/CONSENT FOR SERVICES**

I, \_\_\_\_\_ understand that I have  
(individual, legal guardian or parent)

the right to choose my service provider and can, at any time, change to another provider. I am aware of my right to choose, change, or refuse the type of services provided. By choosing MCH as my provider, I

am also giving consent for \_\_\_\_\_ to receive services from MCH.  
(name of person receiving services)

My choice of provider for residential services:  MCH  Other provider \_\_\_\_\_  
(agency name)

My choice of provider for day services:  MCE  Other provider  Not applicable

\_\_\_\_\_  
Signature of individual, legal guardian, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF RECEIPT OF RIGHTS HANDBOOK**

I understand I may access the *Knowing Your Rights* handbook on the MCH website at [www.maconcitizens.org](http://www.maconcitizens.org) or request a printed copy at any time. I understand this is a summary of an individual's rights, based on the NC General Statutes. I understand that I may contact an MCH employee at any time if I have concerns about rights protection for any person served by MCH.

\_\_\_\_\_  
Signature of individual, legal guardian, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**CONSENT FOR ENVIRONMENTAL ACCOMMODATIONS**

I have been informed about environmental accommodations that are in place at the group home in order to provide for the health and safety needs of all residents. I support and give my consent for the door alarms on exterior doors and for the fenced and, if applicable, gated areas in the back yard.

I understand that these monitoring and safety features in no way replace routine monitoring or specific supervision needs per individual or NC Innovations. I have read and understand this consent and it is valid for no more than a year. I understand that we will review this issue at each annual service plan.

\_\_\_\_\_  
Signature of individual, legal guardian, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Written Acknowledgement of Notice of Privacy Practices for Protected Health Information**

I acknowledge that I have reviewed the Notice of Privacy Practices contained herein which provides a description of information uses and disclosures. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that MCH is not required to agree to the restrictions I request. I understand that the release/disclosure of my information may only occur with consent unless it is an emergency or for other reasons detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.

\_\_\_\_\_  
Signature of individual, legal guardian, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**THE NORTH CAROLINA DHHS DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES CONSUMER HANDBOOK**

I understand that I can access the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services *Consumer Handbook* from the Division website, the MCH website or from the MCH Administrative Office.

<http://www.ncdhhs.gov/document/consumer-handbook>

<http://www.maconcitizens.org>

\_\_\_\_\_  
Signature of individual, legal guardian, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**MCH CONSENT FOR TRANSPORTATION**

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to be  
(Individual, legal guardian or parent) (Individual)

transported by MCH staff for appointments, work, facility and individual outings, etc. I understand that MCH will provide transportation only by licensed, trained drivers and only in MCH vehicles unless the driver has provided proof of insurance to MCH. This consent is valid for one year. I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

\_\_\_\_\_  
Signature of individual, legal guardian, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### MCH CONSENT TO HANDLE PERSONAL FUNDS

I \_\_\_\_\_ give MCH permission to handle the personal funds  
 (Individual, legal guardian or parent)  
 of \_\_\_\_\_. I understand that detailed records are kept of how the funds are spent,  
 (Individual)  
 and I can discuss any of the expenditures with the director, QP or manager at any time. This consent will be valid for one year. I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

\_\_\_\_\_  
 Signature of individual, legal guardian, or parent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date

### MCH CONSENT TO ATTEND WORSHIP SERVICE

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to attend  
 (Individual served, legal guardian, or parent) (Individual)

services at the church of his/her choice. I understand that MCH will provide transportation *if possible* and will not force the religious views of staff upon the person served. The person served may choose to attend or not to attend at will. If you have a denominational preference, please indicate in the space provided below.

\_\_\_\_\_  
*Denominational Preference*

First Baptist Church of Franklin offers a Sunday School classes for persons with developmental disabilities.

I agree to \_\_\_\_\_ attending this class. Yes  No   
 (Individual)

This consent will be valid for one year. I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

\_\_\_\_\_  
 Signature of individual, legal guardian, or parent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date



### MCH CONSENT TO USE IMAGE

I hereby give permission for Macon Citizens Habilities, Inc. to capture an image or images of

\_\_\_\_\_ and/or myself. It is understood these images may  
(Name of Individual)

include photographs, videos, slides and/or movies and may be used for marketing and communication tools on behalf of Macon Citizens Habilities. Various uses include brochures, articles for professional journals, public education presentations, scrapbooks kept by MCH, local newspapers, the Macon Citizens Habilities website and the Macon Citizens Habilities social media websites. At no time shall such media (photograph, video, etc.) described above disclose the name of said person served without express consent except when it is to be used solely for the person served record or for medical and educational purposes unless such consent is rendered. This consent will be valid for one year. I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

\_\_\_\_\_  
Signature of individual, legal guardian, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

-----OR-----

\_\_\_\_\_ I do **NOT** want any image or images of the individual to be used in the media platforms listed above.

\_\_\_\_\_  
Signature of individual, legal guardian or parent

\_\_\_\_\_  
Date

**MCH CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**NAME:** \_\_\_\_\_

**RECORD NUMBER:** \_\_\_\_\_

**FACILITY NAME:** \_\_\_\_\_

I, \_\_\_\_\_ authorize and grant consent to MCH to obtain  
(Individual, legal guardian(s) or parent)

emergency medical, dental, or psychiatric care and attention for the above-named person. This consent is valid for one year. I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

\_\_\_\_\_  
Signature of individual, legal guardian, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date