MCH

SECTION 4: MCE POLICIES, PROCEDURES & OPERATIONS

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INTRODUCTION

MCE is a licensed day program (as defined for 10A NCAC 27G .2300) for persons with developmental disabilities who can benefit from comprehensive, integrated, and individualized services. These services are designed to increase the individual's potential through training and experience in a prevocational and retirement setting. MCE provides these services through the establishment of practical and measurable goals which are applied within representative training situations. Each program within MCE complies with the respective federal and state standards and requirements of that program or funding source.

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CONFLICT OF INTEREST

MCE is committed to sound, fair, and legal management practices. No person receiving services, MCH employee or MCH Board member, nor the immediate family these persons shall benefit unfairly or unlawfully from any activity conducted by MCE or from any funds received or purchases made by MCE.

Procedures

1. MCE will conform to the MCH conflict of interest policy. Refer to the General Policies, Procedures and Operations Manual.
2. Any real, apparent, or alleged conflict of interest shall be made known in writing to the MCH Board of Directors as soon as possible or at least by the next regularly scheduled board meeting.
3. Any actions or exceptions will be recorded in the board minutes and reported to appropriate parties or agencies as necessary.

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ADMISSIONS/DISCHARGE

Persons may be referred to MCE privately or by a variety of community agencies. To be considered for admission, a person must:

- have a diagnosis of an intellectual or developmental disability as defined in GS 122 c-3 (12a)
- be a resident of North Carolina
- be 18 years of age or older
- not need a level of care higher or lower than that provided through ADVP supports
- able to benefit from training offered by MCE
- willing to participate in MCE programs and not hinder services to other clients
- willing to conform to MCE policies

Admission is contingent on space available within the appropriate program, funding, funding source, and assessment which determines that the person can be successfully served without limiting services to other persons or endangering other persons.

Procedures

1. A completed application for admission must be submitted including a current medical exam, psychological, and social history.
2. The executive director, MCE manager and qualified professional will meet and recommend immediate admission, waiting list admission, or deny admission. The referral source and the applicant will be notified of the admission decision either directly or through the appropriate care coordinator.
3. If the applicant is accepted, an admission date will be arranged and coordinated with the funding source. If admission is denied, the reason for denial must be given to the applicant.
4. The person may reapply if there is evidence of a change in circumstances which resulted in the denial of services. Whenever possible, referrals to other agencies or services will be made.
5. Ineligibility for services must be documented and kept with the application. Documentation must indicate the reason for ineligibility and referral recommendations made or actions taken. This information will be periodically reviewed for trends or patterns to be considered when planning for future services or when advocating for community services from other agencies.

6. In the event that there is no available space or lack of funding source when a person is deemed eligible for admission, his or her name will be added to a waiting list for services. First priority will be given by date of application.

See Attachment—Application for Services

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TRANSFER TO NEW PROGRAM OR RE-ENTRY INTO PROGRAM

Occasionally it may be feasible for a person to transfer from one MCE program to another or to re-enter MCE after a discharge. The same admissions criteria which applies to new applicants will apply; however, the previous service record may be transferred to the new program or re-opened. If information in the existing service record is current, it will not have to be resubmitted and will be updated. If too much time has elapsed or if the information in the service record is not current, the information may need to be resubmitted. This will be reviewed by MCE staff on an individual basis.

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SERVICE PLANS

Individuals receiving services through MCE has a person-centered plan (PCP) which integrates all available resources and is developed with participation by the person, care coordinator (if applicable), qualified professional, MCE manager, legally guardian (if applicable) and family, friends or other person(s) of choice. Participation is documented within the service plan. Depending on the funding a person receiving services has, their plan may be developed by a MCO care coordinator with specific goals developed by the MCH QP, or by the MCE Manager. Services plan formatting follows standards set in the APSM-45. The format used is determined by the funding source a person has.

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EVALUATION/FUNCTIONAL ASSESSMENT

MCE provides a comprehensive functional assessment for each person receiving ICF, Long Term Community Supports or fee for service supports at least annually. It is not completed for those receiving services through the NC Innovations Waiver. This assessment is used to identify viable prevocational and retirement options and develop realistic goals and objectives.

Procedures

1. An MCE Functional Assessment/Evaluation is completed within 30 days of admission and annually thereafter. Recommendations for reasonable goals are derived from the CFA.
2. Personal interviews and behavioral observations are integral to the evaluation process.
3. During the evaluation process, assessment is made to determine the most effective mode of instruction.
4. The MCE Manager may complete the CFA with assistance and input from the person, their family members or friends, and other staff who work with the person.

See Attachment—MCE Comprehensive Functional Assessment/Evaluation

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ADULT DEVELOPMENTAL VOCATIONAL PROGRAM (ADVP)

An Adult Developmental Vocational Program (ADVP) provides organized developmental activities for individuals with intellectual and developmental disabilities, to prepare the person to live and work as independently as possible. It focuses on The activities and services of ADVP are designed to adhere to the principles of normalization and community. Transportation to and from the home of the person receiving service to MCE each day is not included in state funded ADVP services.

Procedures

1. Persons receiving ADVP services must meet all facility admissions criteria.
2. Funding must be available through the MCO, either via a capitated rate to MCH or to the individual. If state funding is not available, persons seeking services will be advised of the fee-for-service option.
3. Upon admission to ADVP, a formal evaluation is completed and a person-centered plan (PCP) is developed within 30 days by the MCE Manager and QP. The person served and/or parent/guardian participate in the development of the plan.
4. Person-centered plans may include both long- and short-term objectives. Areas addressed may include, but are not limited to, the following:
   - developing community living skills
   - increasing interpersonal relations
   - expanding recreation/use of leisure time opportunities
   - pre-vocational development
   - expanding educational development
   - self-advocacy
   - accessing non-disability-related social resources
5. Progress on goals is measured at least quarterly and summarized in a service note.
6. Goals are continued, revised, or discontinued as needed.
7. Annual evaluations are conducted to measure progress and determine if current supports continue to best meet the needs of the person served.
8. The rights of all persons served in ADVP are protected and monitored by the MCH Human Rights Committee.
9. Ideally, persons served move from ADVP to other programs oriented towards higher levels of individual functioning; however, no limit is placed on the amount of time an individual may stay in ADVP.

10. While transportation to and from the person's home and MCE is not provided as a part of the state-funded service, MCE does provide transportation to and from MCE-sponsored activities in the community. Information about transportation options is provided during orientation.
11. ADVP conforms to the standards set forth by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.

See Attachment—Person-Centered Plan

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RETIREMENT ACTIVITY PROGRAM (RAP)

MCH strives to serve its aging population in an appropriate developmental day setting which allows for lifestyle changes associated with aging. RAP is an area of ADVP which was designed specifically for seniors with developmental disabilities. Participants in this program do not work and may participate in local trips in the community. RAP planning considers age-related needs. The goal of RAP is to prevent functional decline, establish an appropriate retirement culture, expand options for inclusive community participation and maximize limited resources. For those who want to retire, there will be careful planning for fiscal and programmatic issues, and if possible, retirement may be "phased-in," with part-time work.

Procedures

1. Each person served will have a written and individualized plan with specific, time-limited measurable goals and objectives. The plan format is the same as for any person receiving ADVP services.
2. The least restrictive environment will remain the primary focus with efforts to provide supports rather than move to a more restrictive environment.
3. Retirement programming will, to the extent possible, be in integrated settings.
4. Informal relationships with persons who are not developmentally disabled will be fostered.
5. Referral to RAP should be considered when all or many of the following criteria or factors are present:
   - Age 50 or older or under age 50 and presents older
   - Interested in retirement or working fewer hours
   - Few, if any, community activities outside employment
   - Difficulty planning good use of time
   - No meaningful, established routines
   - Does not tolerate group interaction well
   - Complains of boredom
   - Cannot identify recreational interests
6. All aspects of the individual's life will be carefully taken into consideration when developing RAP supports including but not limited to:
   - How well is the individual functioning in the current work position?
   - Does the person still enjoy working or has he/she ever enjoyed working?
   - Will retirement affect the individual's financial situation or social support network?
   - How well is the person included in community activities?
   - What health issues are present that need support (i.e., changes in vision, hearing, cognition, mobility and dietary)
7. Each RAP plan shall be reviewed at least quarterly and revised as needs change. Refer to the MCE Quarterly Progress Note. Goals will be measured monthly.

8. While transportation to and from the person's home and MCE is not provided, MCE does provide transportation to and from MCE-sponsored activities in the community. Information about transportation options is provided during orientation.

See Attachment—Person-Centered Plan

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NC INNOVATIONS DAY SUPPORTS

Day Supports is a paid service through the NC Innovations waiver. It funds the day programming needs of individuals who choose to attend or receive services provided through a licensed facility, like MCE. It offers support and training to help persons served improve or retain socialization and daily living skills that help create a meaningful day. It offers support for activities in the community, as long as one day of each week is spent at MCE. Transportation is provided to and from the person's home, MCE and/or the community. MCH and MCE operate in full compliance with the standards established within Clinical Coverage Policy 8-P.

Day Supports may not be provided at the same time of day that a person receives Residential Supports, Community Networking, Community Living and Supports, Supported Living, In-Home Skills Building, Supported Employment and/or one of the state plan Medicaid services that works directly with the person served.

Staff providing or overseeing Day Supports services must meet the minimum qualifications outlined in the service definition (Clinical Coverage Policy 8-P). Prior to providing services, staff will demonstrate competency in the following areas:

- Communication
- Person-Centered Practices
- Evaluation and Observation
- Crisis Prevention and Intervention
- Professionalism and Ethics
- Health and Wellness
- Community Inclusion and Networking
- Cultural Competency
- Education, Training and Self-Development

Documentation of competency will be maintained in the personnel record.

Each person receiving these services is assigned a Care Coordinator through their MCO. In most cases, the MCO is Vaya Health. The care coordinator holds a team meeting, much like ADVP services, where the person receiving services, their family and/or legal guardian, MCH QP, MCE Manager and direct care staff discuss services needed and specific goals. The care coordinator is responsible for writing and overseeing the individualized service plan (ISP). The MCH QP develops short-term goals which are documented on the Action Plan and measured at least quarterly. Documentation is completed according to the standards outlined within the service

definition, DHSR Licensing and Regulation of the North Carolina Administrative Code and the APSM-45.

See Attachment—Action Plan

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LONG TERM COMMUNITY SUPPORTS

Long-Term Community Supports (LTCS) is a community-based comprehensive Medicaid service for adults (ages 16 and older) with intellectual and/or developmental disabilities (IDD) that provides individualized services and supports to enable a person to maintain and promote participation in a day activity. This service is authorized as an "in lieu of" service by the N.C. Medicaid and is available to individuals whose Medicaid originates from Vaya Health LME/MCO's multi-county catchment area, are at risk for institutional care in an ICF-IID and are not enrolled in the N.C. Home and Community-Based Services 1915(c) NC Innovations Waiver. Services are delivered in accordance with Vaya Health | LTCS Service Definition.

Procedures

1. The MCH QP meets with the individual, their family and the MCE Program Manager to develop an initial individual support plan, outlining the need for LTCS services. This plan will outline the persons' interests, areas of strength, need for support, desired service schedule/frequency of service and specific goals that will be addressed through these supports.
2. The QP will submit the initial ISP to Vaya Health along with a service authorization request.
3. If the service is approved, the QP, MCE Manager and individual will determine a start date for services to begin.
4. If the service is denied, the MCH QP will provide information to the individual regarding the appeals process with Vaya Health.
5. The MCH QP will be responsible for ensuring authorization of ongoing services every six months as well as updating the support plan each year following an annual meeting, or more often as changes in support needs occur.
6. Documentation of the plan meeting and plan will be kept in the service record.

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FEE FOR SERVICE

For persons interested in receiving ADVP services but have no funding, a fee for service option is available. A schedule of fees is available upon request and is based on the current ADVP reimbursement rate. Payment will be expected within 2 weeks of receipt of invoice as generated by the Business Director. Services will be provided as outlined in the ADVP service definition.

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ORIENTATION

Each new person will undergo an orientation to MCH, MCE, the building, policies and staff at the time of admission. There are different components to orientation which may be completed by different MCH staff.

Procedures

1. The MCE Manager, MCE staff and/or QP will review various components of beginning services at MCE. Those topics are covered on the MCE Orientation Checklist.
2. Each person served and their guardian, when applicable, will participate in the person-centered plan.
3. Persons served/guardians will indicate consent to services by signing appropriate release forms after they are explained.
4. The degree to which the person's family or guardian will be involved in the orientation procedure will be determined by the person's ability to understand the process.
5. Each of the items on the MCE Orientation Checklist will be explained in such a manner that the person served can understand.
6. Each person served receives a handbook at the time of orientation and at least annually thereafter. It contains the essential information about MCE, including rights, confidentiality, rules, transportation, holidays and expectations.
7. Staff will provide a tour of MCE, highlighting the exits, on the first day of services.
8. Any other concerns of the person served, their representative or MCE staff will be discussed and noted on the Orientation Checklist.
9. A copy of the completed Orientation Checklist will be placed in the individual service record as well as given to the person served.

See Attachment—MCE Orientation Checklist
See Attachment—Handbook for MCE

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PAID WORK

One component offered by MCE is the opportunity for persons receiving services to be able to earn money. MCE offers a variety of jobs, when available, that pay at least minimum wage. Staff provide the level of support persons served need to track and record the time spent working on time sheets. Time sheets are reviewed by MCE staff and again by the MCH Office Manager for accuracy before processed for reimbursement. All work completed during a month will be paid to the person served on the 15th of the following month. For example, any work they completed in the month of July will be paid to the person served on August 15th.

Persons who are interested in working must provide necessary documentation to complete tax forms, including verification of citizenship.

See Attachment—MCE Employee Time Sheet

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LEAVING MCE

Macon Citizens Enterprises takes measures to ensure the safety of the persons we support. Individuals who have legally appointed guardians will not be allowed to leave with anyone who has not been authorized to pick up that individual by their legal guardian.

During the intake process, guardianship will be determined and copies of guardianship papers will be required for the service record. Guardianship will be indicated on the MCE Information Sheet and Emergency Medical Information. The guardian will be asked to name any person other than him/herself to whom the person served is to be released.

The information will be updated at least annually or as any changes in status occur. An inquiry is made to the guardian regarding any changes to be made. If a guardian, at that or any other time, makes changes in the names of authorized persons, such changes will be made on the form and staff will be informed.

See Attachment—MCE Information Sheet and Emergency Medical Information

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SELF-ADVOCACY

Because MCE is committed to increasing independence in activities of daily living and self-determination, a self-advocacy group has been established. The group is open to any persons receiving services who wish to participate and is held monthly at MCE.

The meeting is facilitated by MCH staff who discuss topics that help persons served develop a better understanding of their protected rights and how to advocate for themselves. While an MCH staff member may serve as a facilitator, the group is self-led. Persons served may use these meetings for training, discussion, or strategizing. Suggestions, concerns or complaints should be brought to the attention of administrative staff to ensure follow-up. MCH staff will encourage persons served to speak up and share ideas and will honor their suggestions as much as possible within fiscally sound, regulatory compliance, and safe practices.

Procedures

1. Meetings will occur at least quarterly at MCE.
2. The group should elect a spokesperson.
3. The group should determine their topics and trainings and seek ways to increase their individual and collective independence.
4. Any suggestions, concerns or complaints should be brought to the attention of MCH administrative employees. Issues should be resolved or reasonable explanation and feedback should be given to the group within 10 working days. It will also be reported at the next meeting.
5. The self-advocacy group should be open to all persons served through MCH with no expectation to attend or not to attend.
6. Staff participation should follow the direction of the group, allowing as much self-direction as possible while still providing leadership and guidance.
7. Minutes should be recorded by a MCH employee and maintained in a file to be stored at MCE.

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Reviewed: 4/18; 8/19; 7/20; 9/22

DISCIPLINARY ACTIONS

MCE and the services provided there are governed by many rules and regulations which require a standardized expectation of conduct by persons receiving services and MCH employees. The aim of the disciplinary procedure is to achieve a fair, effective and consistent method of addressing poor conduct while helping the person served achieve their goals and ensure safe, acceptable conduct at MCE. Disciplinary actions serve to protect the rights of all persons receiving services at MCE.

Procedures

1. MCE rules for and expectation of conduct are reviewed at the time of admission and at least annually thereafter. Each person served receives a copy of the conduct rules and expectations in the MCE Handbook annually and any time there is a change in the rules.
2. Offenses which require disciplinary action may include but are not limited to the following:
   - violation of safety rules
   - fighting with another person
   - gambling
   - threatening or intimidating another person
   - outright refusal to follow safety instructions or complete essential activities
   - possession or use of firearms or weapons on premises
   - possession or use of intoxicants or illicit drugs on premises
   - coming to MCE after use of intoxicants or illegal substances
   - willful damage or misuse of property
   - theft
   - lying
   - gross disregard of service requirements
   - inappropriate personal or sexual conduct
   - any conduct that would endanger another person
   - any conduct which is unseemly or inappropriate for MCE
   - using profanity
   - arguing with or inciting others
   - non-attendance
3. Staff members have the right and the duty to take immediate action to stop such behavior.

4. Although there are specific procedures to be taken when a person served commits an offense, procedures may be disregarded if the seriousness of the offense warrants such action.
5. Disciplinary action is goal-oriented, not punitive. Each disciplinary action must include statements of which rule has been violated, consequences of further violations, and what improvement is expected of the person served.
6. A *verbal* warning is a private explanation of rules and goals to the person served by the appropriate staff which, in most cases, is either the MCE Manager or QP. A verbal warning is documented in a progress note and kept in the person's service record.
7. If the person served has already received a verbal warning regarding the same rule infraction or if the infraction is severe, a written warning will be issued. It will be documented on a Notice of Disciplinary Action form. This will be reviewed with the person served by the MCE Manager, QP and/or executive director. A summary of the meeting should also be documented in a progress noted. Both will be kept in the service record and a copy provided to the person served.
8. Written warnings will be reviewed by the Human Rights Committee.
9. In most cases, suspension should be considered only after verbal, formal, and written warning. Extreme infractions or repeated infractions might warrant suspension. Suspension should also be reported on Notice of Disciplinary Action form. Suspension must be for a designated period of time and receive approval from the executive director. Suspensions must be reported via the state incident report form to the LME (IRIS).

See Attachment—Notice of Disciplinary Action

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DISCHARGE

Discharge from MCE may occur for a number of reasons. Discharge may occur when services are no longer appropriate, the person served moves from the area, or the person and/or their legal guardian choose other services or service provider. When a discharge occurs, MCE staff will assist the person served with discharge planning and assist with finding more appropriate services if necessary.

Procedures

1. A Discharge Summary is completed for any person who is discharged from services. The discharge summary will contain identifying information, status upon leaving services, diagnosis, services provided, recommendations and reason for discharge.
2. In some cases, discharge planning is specified by the funding source and that criteria should be followed.
3. Post discharge recommendations made to the person served and/or their family will be documented in the service record. These recommendations will serve to assist the person in maintaining and improving their present status and increasing independence. Follow-up plans will also be recorded at this time.
4. The person served will be given the opportunity to evaluate MCE services. This information will be used by management in program evaluation and planning.

See Attachment—Discharge Summary

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INVOLUNTARY DISCHARGE

On rare occasions, due to inability to ensure health and safety or for continued, unacceptable and/or unsafe conduct, it may be necessary to discharge a person receiving services. In most cases, discharge is to be considered *only* after other disciplinary measures have failed to change the behavior. Theft, willful damage of property, violence or threats of violence, possession of weapons, or any conduct that endangers the health or safety of the person served or others may be cause for immediate discharge. Failure to attend may also result in discharge from the program. The final decision to discharge will be made by the executive director and the Notice of Disciplinary Action Form be completed. A copy of the form will be provided to the person receiving services and other governing bodies as required.

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Reviewed: 4/18; 8/19; 7/20; 9/22; 8/23

APPEALS

Persons receiving services and/or their legal guardians have the right to appeal any disciplinary action made against the person.

Procedures

1. The person served must be informed of their right to appeal any disciplinary action taken against them. A full, clear explanation of the appeals process should be given at the time of the disciplinary action.
2. The person served should make the appeal to the MCE Manager or to the executive director. A decision should be rendered and a written explanation provided within two full working days of the request.
3. If the person served still disputes the discipline decision, an appeal can be made to the MCH Board of Directors in writing. This must be completed within five working days of the denial.
4. The MCH Board of Directors will have three working days to render a decision on the appeal. The decision will be put in writing, with copies being provided to the person served and the MCH Executive Director.
5. The decision of the MCH Board is final.

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FOLLOW-UP

After discharge from MCE, the manager or QP will follow-up with the individual to ensure no further services are needed and, if they are, make recommendations based on what is available within the MH/DD/SAS system. Follow-up information is used in planning for future services and can be a measure of the effectiveness of services. Each person served who exits MCE will be contacted up to 90 days. Documentation will be included in the service record and will be used in program evaluation and planning.

Procedures

1. Follow-up contact will be made by the MCE Manager 30, 60 and 90 days after discharge.
2. Contact may be in person, by mail, email or by telephone.
3. Questions asked during the follow-up should relate to the person's present status, goals and MCE's assistance in reaching those goals
4. Questions and responses should be documented on the discharge summary.
5. Subsequent follow-up contacts may be documented on the same sheet. Each entry must be signed and dated.
6. If attempts to make follow-up contact fail, efforts made must be recorded.

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MITIGATION OF INFECTIOUS DISEASES

MCH remains committed to protecting the health and welfare of the persons we serve as well as our staff. In adherence with safety practices provided by the Center for Disease Control, NC Department of Health and Human Services and NC Health Service Regulation, the following protocol has been established to mitigate the spread of any infectious disease while maintaining operation of MCE. At any time, based on the nature of the disease or the number of persons exposed, the MCE Manager, QP, RN and executive director may choose to close MCE for a period of time to protect the health and welfare of those attending or working at MCE.

Guardians are asked to complete an assessment on their day program attendee prior to drop off at MCE. This also includes prior to the pickup if using transportation services. Should they be experiencing any of the signs or symptoms of a potentially infection disease or were exposed to someone with these symptoms, MCH asks guardians to keep their person at home. Symptoms include:

- Elevated fever
- Vomiting or diarrhea
- Excessive coughing

In the event a person attending MCE develops any signs/symptoms of a potential communicable disease, the person will immediately isolate in a designated room until such time arrangements can be made for transportation home.

Additionally, during seasons of increased illness (such as cold/flu), group activities or meetings may be temporarily suspended to allow persons served to safely attend MCE while distancing from each other.

Implemented: 8/20
Revised: 9/22; 8/23