

# **ATS**

# **Standard Operating**

# **Procedures**

Reviewed and Revised 12/30/2024

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**Career Opportunity Development, Inc.**  
**Standard Operating Procedures for**  
**Adult Training Services**

Mission Statement

CODI is committed to enriching the lives of differently abled individuals through employment, housing, and economic independence.

Vision

"People of diverse backgrounds and experiences work together to foster inclusive communities where differently abled individuals can work or volunteer, live in a safe and comfortable home, recognize their value and worth, and feel empowered to make a positive impact."

Core Values

Integrity – Uphold the highest professional standards. Be honest and transparent in all dealings. Seek and use input from stakeholders, including consumers, family members, staff, referral/funding sources, and the community in decision making, strategic planning, quality improvement, and to enhance satisfaction.

Respect – Respect the rights and dignity of others. Accept people for who they are, not who we think they should be.

Stakeholder Commitment – Exceed internal and external stakeholder expectations. Through communication, empathy, empowerment, and teamwork we shall gain our stakeholder's trust, respect, and ongoing business.

Diversity and Inclusion – Respect and value the traits and characteristics that make people unique. Foster and nurture an inclusive culture which embraces behaviors that ensure people feel welcome. Sustain a dynamic organizational culture where people from all walks of life with all kinds of experiences come together to further CODI's Mission and Vision.

Integration and Partnerships – Initiate (value-based) strong community partnerships to foster a holistic approach to enhance optimal outcomes for those we serve.

Empowerment – Provide needed supports to further enable differently abled individuals to gain and maintain power and control of their lives.

Teamwork – Inspire a goal-oriented, optimistic CODI team with shared values and vision.

## Philosophy

CODI is committed to upholding the highest ethical standards. We shall carry out our mission with unquestionable integrity, which is the cornerstone of achieving credibility and ensuring public trust. CODI's ability to achieve its mission is directly dependent on our actions and the day-to-day choices and decisions we make. We are accountable for creating and maintaining credibility and trust with internal and external stakeholders. We shall deal fairly, ethically, and honestly with consumers, board members, staff, volunteers, interns, funding sources, family members, community partners, referral sources, contractors, suppliers, and consultants. To maximize resources for those we serve, we shall routinely cooperate and collaborate with professionals, colleagues, and community partners.

## Supports Program Description

The Supports Program is the Division initiative included in the Comprehensive Medicaid Waiver (CMW) that was approved by the Centers for Medicare & Medicaid Services (CMS) on October 1, 2012.

The Supports Program provides needed supports and services for adult individuals, 21 and older, living with their families or in other unlicensed settings. It has been designed to help New Jersey better serve adults with developmental disabilities and significantly reduce the number of individuals waiting for supports and services.

The Supports Program provides participants with employment/day services and individual/family support services based on their assessed level of need. Individuals and their families will have the flexibility to choose the options and opportunities for support services that will best meet their needs with the assistance of Support Coordinators who will assist them in developing an Individualized Service Plan and link them to appropriate services.

## ATS Program Description

CODI's ATS Program provides education and training to acquire the skills and experience needed to participate in the community, consistent with the participant's Service Plan. This may include activities to support participants with building problem-solving skills, self-help, social skills, adaptive skills, daily living skills, and leisure skills.

Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence, and personal choice. Services are provided during daytime hours and do not include employment-related training.

<b><i>Procedure Name</i></b>	<b>ATS Activities</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Policy:** To ensure activities provided are engaging and desired.

**Procedure:** Activities are planned with the following general guidelines in mind based on Individualized Service Plan (ISP) goals and objectives.

**Activities shall:**

- **Be Age-Appropriate-** Activities shall be implemented that are reflective of those activities of interest to and appropriate for adults rather than activities designed and geared for children.
- **Offer Variety & Choice-** Offering a variety of activities assists with engagement, decreases boredom, and provides each individual with the opportunity to identify strengths, abilities, preferences, support needs, etc.
- **Emphasize Community Experiences-** Real community experiences shall be provided when safe to resume.
- **Focus on Small Groups and Individual Interactions and Experiences-** Activities and outings shall be geared towards small groups to ensure that small group and individual experiences take place during the day/week to build social skills.

<i>Policy Name</i>	<b>ATS Documentation</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Policy:** ATS staff shall maintain accurate and current documentation as outlined in the Supports Program Policy Manual.

**Procedure:**

Individualized Goals:

1. ATS Manager, in collaboration with the individual, must develop strategies to assist the individual in reaching the outcome(s) related to the Day Habilitation services that the service provider has been chosen to provide as indicated in the Individualized Service Plan (ISP).
2. Strategies can be designed to assist in progressing toward employment-related outcomes by providing education and training to acquire skills and experience that will potentially lead to the individual participating in the workforce (examples may include but are not limited to strategies to build social skills, address personal grooming concerns, increase attention to tasks, follow directions, etc.).
3. Strategies must be completed within fifteen (15) business days of the date the individual begins to receive Day Habilitation services from the provider and must be documented on the Day Habilitation Individualized Goals Log (See attachment 1).
4. Strategies must be revised any time there is a modification to the ISP that changes the service specific outcome(s) and when the annual ISP is approved.
5. Strategy revisions must be completed within fifteen (15) business days of the ISP modification or approval of the annual ISP.

### Activities Log:

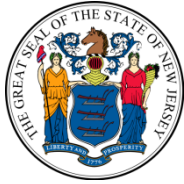
1. ATS staff shall complete a Foothold note on each date services are delivered to indicate which strategies were addressed that day and provide a notation of activities done to address the strategy and what occurred that day as these activities were conducted.
2. Foothold note should also include time services were provided to the individual and number of units provided.

### Annual Update:

1. On an annual basis, according to the individual's ISP plan year, ATS staff shall provide a summary of that year's services by completing the Annual Update (See attachment 2). This annual documentation will assist in the development of the ISP for the upcoming year.



## Attachment 2



New Jersey Department of Human Services  
Division of Developmental Disabilities  
[www.nj.gov/humanservices/ddd](http://www.nj.gov/humanservices/ddd)

### Community Inclusion Services – Annual Update

**Name of Individual:** Click here to enter text.

**ISP Start Date:** Click here to enter a

date. **ISP End Date:** Click here to enter a date.

**Describe how the activities participated in during this year assisted the individual in moving toward his/her ISP outcome(s):** Click here to enter text.

**Do changes need to be made to the strategies/activities based on the above information?** Click here to enter text.

**Are there any outstanding issues/concerns?** Click here to enter text.

**Give example(s) of how the individual participated in the planning of his/her activities throughout the year:** Click here to enter text.

**Give example(s) from this year that demonstrate how the individual made new connections and/or participated more fully in his/her community:** Click here to enter text.

**Have any opportunities for employment of additional community participation been identified during this year?** Click here to enter text.

**What has been done to pursue these employment or additional community participation opportunities?** Click here to enter text.

**Has anything changed related to the individual's health/safety during this year? Is follow up needed?** Click here to enter text.

**Completed By:** Click here to enter text.

**Date of**

**Completion:** Click here to enter a date.

<i>Policy Name</i>	<b>ATS Documentation Review</b>
<i>Effective Date</i>	February 20, 2020
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Policy:** CODI shall maintain accurate and current documentation for Medicaid billings.

**Procedure:**

1. ATS Workers shall input daily activity notes into Foothold within five (5) business days.
2. VP of OES shall review notes a minimum of once per week to ensure notes are present and correctly entered.
3. VP of OES shall forward results to ATS Manager.
4. ATS Manager shall review the needed changes within one (1) business day.
5. ATS Manager shall review findings with ATS Workers no later than the next working day.
6. ATS Workers shall make corrections by the next working day.
7. VP of OES shall re-check to ensure all changes were made.
8. ATS Manager shall review the contents of notes to ensure they match expected goals and outcomes.

<b><i>Policy Name</i></b>	<b>ATS Referral and Admission</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved By</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Purpose:** To ensure ATS referrals are processed, and services provided are appropriate, the following guidelines shall be used with referrals/admissions.

**Policy:** CODI shall not deny services/admissions to any individual based on race, color, culture, creed, religion, sex, pregnancy, family structure, actual or perceived sexual orientation or gender identity and expression, age, ancestry, national origin, nationality, ethnicity, language, socioeconomic status, marital status, domestic partner or civil union status, military status, political belief, atypical hereditary cellular blood trait, genetic information, mental or physical disability including perceived disability, obesity, HIV or AIDS, alcoholism or substance use. In addition, CODI shall not discriminate against staff who may or may not be in treatment or recovery from substance use with legitimately prescribed medication[s] or other status protected by applicable federal or state statutes.

CODI shall assure confidentiality including records of all individuals receiving services in accordance with Division Circular #30, Records Confidentiality and Access to Client, Division and Provider Records (N.J.A.C. 10:41-2). Records shall be secured against access, loss, defacement, and use or copying by unauthorized persons.

**Eligibility Criteria:**

1. Eligibility shall be determined on a case-by-case basis using the following eligibility criteria:
  - a. Individuals shall have a primary diagnosis of a developmental disability;
  - b. Individuals shall be a minimum of 21 years of age;
  - c. Consumers must possess or, with the assistance of an aide, have the ability to:
    - Feed themselves.
    - Use restrooms independently.

- Remain seated.
  - Participate in daily program activities.
  - Follow basic instructions.
  - Remain with the group when on community outings.
2. Communicate needs, desires, and goals relative to CODI services.
  3. Demonstrate they have made an informed choice to participate in CODI services.
  4. Consumer must be enrolled in Medicaid before entrance into program.
  5. Consumer must have the ability to follow the rules and regulations as stated in Vocational Consumer handbook.
  6. There are no limitations in providing services based upon any specific developmental disability.
  7. There is no maximum age restriction.
  8. Consumers must also be in a mental or emotional state that is free of any aggressive or harmful tendencies that may endanger themselves, other consumers, or the staff.
  9. Individuals, who have a history of being sexually predatory, have a history of violence or aggressive behavior, have active fire setting behavior/diagnoses, cannot be served.

**Procedures:**

**Receipt of Current ISP**

Support Coordinator or DDD Case Manager shall contact ATS Manager with an interested party and ascertain if there are openings.

1. Upon receipt of ISP, ATS Manager will contact interested party and give an overview of the services provided and answer any questions. Preliminary contact information not already known will also be requested at this time, to include but not be limited to:
  - a. Name of person/entity making the inquiry;
  - b. The telephone number of person/entity making the inquiry;
  - c. The e-mail address for person/entity making the inquiry; and
  - d. The relationship to referral.

2. ATS Manager shall review current ISP including the following pre-admission information:
  - a. Individual's full name, date of birth, and sex;
  - b. Individual's Social Security, Medicaid numbers or medical insurance numbers;
  - c. Date(s) of admission, re-admission, transfer, or discharge;
  - d. Individual Service Plan as amended or modified;
  - e. Names and addresses of persons or Agencies responsible for placement;
  - f. Names and addresses of all personal physicians and dentists;
  - g. Results from a physical examination conducted no more than ninety (90) days prior to scheduled admission;
  - h. Name, address, and telephone number of legal guardian(s) (or guardianship worker), next of kin, and any other interested person(s), and a copy of guardianship determination, if applicable;
  - i. Pre-admission data including diagnosis, a psychological evaluation, as appropriate and/or developmental history, including behavioral characteristics; and,
  - j. An immunization record, as available and as required for individuals under the age of 22.
  - k. Required level of supervision.
  - l. If pre-admission information requested is incomplete, ATS Manager shall send a letter or e-mail requesting additional information. A copy of this correspondence shall be kept on file.

### **Preliminary Determination Process**

1. ATS Manager and VP of OES shall make a preliminary determination on whether the individual is eligible and seems to be an appropriate candidate within ten (10) business days from receipt of pre-admission packet.
  - a. In making preliminary determination ATS Manager and VP of OES shall consider the following factors:
    - i. Current valid assessments of behavioral, social, health, functional, developmental, feeding, and toileting;

- ii. Individual's needs in relation to other program participants with respect to their functional level, age, range of capabilities, personalities/behaviors, and strengths or needs, etc.;
    - iii. Individual's need for program placement in relation to another pending candidate that has also been referred for services; and,
    - iv. Individuals demonstrated desire for placement and willingness to participate in the program.
  - b. ATS Manager shall notify placing agency/entity, legal guardian(s), and individual of preliminary decision rendered regarding candidate's acceptance or lack thereof.
2. Once a preliminary determination is made that an individual may be an appropriate candidate to receive services, an intake shall be scheduled within ten (10) business days.
  - a. Consumer shall receive an overview of services, and CODI's Mission, Vision, Core Values, and Philosophy.
  - b. An opportunity to ask questions will be afforded to the referring party, the consumer's legal guardian(s), and support system.
  - c. ATS Manager shall complete a standardized intake packet with consumer during intake.
  - d. Consumer will sign the Consumer Handbook Review form indicating that they understand and agree to the policies as stated. A copy of the Consumer Handbook is given to the consumer at the intake appointment.

### **Waiting List**

1. ATS Manager shall maintain a waiting list if program is at capacity.
2. Individuals added to waiting list are determined eligible for services.
3. When an individual is reached, ATS Manager will notify the individual or their guardian.
4. The process of review of emergent circumstance can be initiated by the Support Coordinator or by DDD.

<i>Policy Name</i>	<b>Central Registry/CARI- Compliance Checks</b>
<i>Effective Date</i>	October 2010
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	April 24, 2024

**Policy:** Applicants are required to complete the following Compliance Checks.

**Procedures:** Central Registry:

1. If an applicant, intern, or volunteer’s name appears on the Central Registry, the individual shall not be hired or permitted to intern or volunteer. The Director of Human Resources (DHR) and Director of Community Outreach (DCO) shall perform Central registry and CARI compliance checks. If DHR or DCO is unavailable, President/CEO shall perform the required check.
2. The DHR and Payroll Coordinator are notified via email of Central Registry updates. Payroll Coordinator shall upload current staff, intern, and volunteer listing into the Central Registry database to complete a comparative analysis of the updated Central Registry within twenty-four (24) hours of receipt or the next business day. In the absence of the Payroll Coordinator, CODI’s Chief Financial Officer is responsible for completing the comparative analysis.
3. If an employee, intern, or volunteer’s name appears on the Central Registry, the individual shall be immediately terminated.

**CARI:**

No one identified on the CARI registry shall be employed.  
 Applicants who refuse or fail to cooperate with a CARI check shall not be considered for employment.  
 Staff refusing or failing to complete a CARI check shall be terminated.  
 Staff may work without restrictions while the results of the CARI check are pending.

1. DHR shall serve as the Administrator of the electronic CARI account for the agency.

DHR shall assure the following:

- a. All direct care staff applicants must complete an electronic CARI (Child Abuse Record Information) check form before hire. DHR shall invite new hire to complete electronic CARI application through an e-mailed link.
- b. Prospective employee is aware the invitation will expire after two (2) weeks.
- c. Electronic application shall be submitted into the electronic CARI system within the applicant's first ten (10) days of employment.
- d. DHR shall monitor the CARI electronic system for employee compliance and check status of submitted applications.
- e. Documentation confirming submission of application shall be maintained.
- f. DHR shall monitor CARI electronic system for completed CARI check and shall download and include results in personnel file.
- g. Staff shall be terminated within twenty-four (24) hours of notice of positive CARI results.

<i>Policy Name</i>	<b>College of Direct Support (CDS)</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Policy:** The College of Direct Support (CDS) is an online training and learner management system, which is used to provide and track training.

**Procedure:**

1. Providers are given access to CDS after enrollment with the Division.
2. Approved service providers must have a CDS Agency Administrator. It is strongly recommended that each agency have two (2) CDS Administrators to account for vacation and turnover. Each provider may have a maximum of four (4) CDS Administrators.
3. All Agency CDS Administrators are required to complete training offered through The Boggs Center on how to use the system and must follow the procedures as described in the CDS Administrator Manual and training related policies set forth by the Division.
4. Technical Assistance is provided to Agency CDS Administrators through contacting [cdsta@rutgers.edu](mailto:cdsta@rutgers.edu). Additional information on using the College of Direct NJ Division of Developmental Disabilities 68 Supports Program Policies & Procedures Manual (Version 7.0) January 2022 Support including: Learner Manual, instructional webinars, Agency Guide: Using the CDS for Pre-Service Training, the NJ Career Path, etc. can be found on The Boggs Center Workforce Development webpage.

<b><i>Policy Name</i></b>	<b>Consumer Absenteeism</b>
<i>Effective Date</i>	October 1, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Policy:** Consumer attendance is vital to CODI programs and chronic absenteeism has a direct impact on revenue and service delivery. Efforts shall be made to minimize absenteeism.

**Procedure:**

1. When a consumer is absent three (3) consecutive days from CODI program without notification (such as vacation, medical reason, etc.), supervisor of consumer’s work section shall call their residence to ascertain the reason for absence.
2. Supervisor shall notify ATS Manager regarding reason for absence and contact shall be notated in Foothold in consumer’s electronic chart.
3. If consumer is absent seven (7) consecutive days with no excuse, a follow-up call shall be made and notated, and the support coordinator shall be contacted.
4. If absences continue, ATS Manager shall follow-up and determine necessary recourse.

<i>Policy Name</i>	<b>Consumer Chart Review</b>
<i>Effective Date</i>	September 15, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Policy:** To assure consumer files are compliant with funding source requirements, all files shall be reviewed annually.

**Procedure:**

1. Quality Improvement (QI) Specialist shall systematically select files from each department to ensure all files are reviewed annually.
2. QI Specialist shall report number of deficiencies and staff responsible for file.
3. Monthly review of consumer records shall assess whether the following have occurred:
  - a. Each consumer has a chart or file that contains information including medical emergency information, physicals, and progress notes,
  - b. Consumers and staff completed and properly signed required paperwork within prescribed timeframes.
  - c. Individualized Service Plan (ISP) are reviewed and updated within required timeframes.
4. QI Specialist shall provide written notification to staff and supervisor of all deficiencies needing correction within the first two (2) weeks of the month. Assigned staff shall correct deficiencies within two (2) weeks of notification.
5. VP of Quality Improvement shall follow up on outstanding deficiencies and report at monthly Leadership Team meetings. Leadership Team may recommend disciplinary action for assigned staff if deficiencies remain outstanding.

<i>Procedure Name</i>	<b>Consumer Badges</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Policy:** To identify consumers permitted to leave CODI, property ID badges are required.

**Procedure:**

1. Consumers are issued a photo ID identifying them as participants of the ATS program.
2. Badge is to be worn while in the building and when on community activities.
3. In addition to the photo, the badge will have the universal hospital symbol in the lower right-hand corner identifying an escort is needed if the consumer ever needs to go to the hospital in an ambulance.
4. ID badge will be yellow to quickly identify consumers who are not permitted to leave the building.
5. If consumer has misplaced badge, immediately notify ATS Manager.

<b><i>Policy Name</i></b>	<b>Consumer Oxygen Safety</b>
<i>Effective Date</i>	February 29, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	July 31, 2023

**Policy:** Consumer shall be responsible for maintaining liquid oxygen tanks. Consumer must be able to manage oxygen tank and/or concentrator, including setting the liter flow to prescribed level.

Staff shall provide verbal coaching only and shall not offer “hands-on” assistance. In the event there is reason to believe consumer is not taking responsibility for their oxygen and is noncompliant with usage instructions, consumer’s physician shall be requested to evaluate consumer for continued stay or re-location to a more appropriate setting.

Before initiating oxygen therapy, staff and consumers shall review and follow instructions provided by oxygen-supply company.

**Procedure:** When using oxygen, the following precautions and procedures shall be followed:

1. Do not smoke or allow anyone else to smoke in areas where oxygen is in use.
2. Keep oxygen canisters ten (10) feet away from an open flame or source of heat.
3. Avoid using petroleum-based lotions or creams. Choose water-based products such as Aloe Vera, St. Ives, Neutrogena, or Aveeno.
4. Turn oxygen off when not in use to support home and workplace safety and reduce risk of fires.
5. Avoid using electrical appliances that produce sparks, such as electric razors or hair dryers.
6. Store oxygen canisters safely and securely in an upright position, away from any type of heat source and in an approved oxygen storage cart or other device designed to store home oxygen.
7. Store oxygen tanks in staff office away from the sun. Do not store in closets or other confined spaces, in kitchen, or in designated smoking area.

8. Do not drape clothing over oxygen tanks.
9. Consistent with local fire code, no more than five (5) oxygen tanks shall be stored at any one time at a given location.
10. Plug oxygen concentrator directly into electrical outlet and not into an extension cord.
11. Tubing for oxygen tanks and concentrators must be long enough to accommodate use in one room only.
12. Notify power company that consumer is oxygen dependent.

<i>Policy Name</i>	<b>Consumer Satisfaction</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Policy:** It is a fundamental practice for the program to annually assess and monitor the satisfaction of individuals served. Survey results are shared with consumers and other stakeholders including President/CEO.

**Procedure:** The following shall apply to all consumer satisfaction surveys.

1. A questionnaire shall be distributed annually to each person receiving services including questions relating to:
  - Consumer access;
  - Person-centered service planning and delivery;
  - Provider capacity and capabilities;
  - Consumer safeguards;
  - Consumer rights and responsibilities;
  - Consumer outcomes and satisfaction; and
  - System performance.
2. If the consumer requests assistance in the completion of survey, staff member that does not currently work with the consumer may assist the consumer in doing so.
3. Consumers are not required to identify themselves. If the consumer prefers to identify themselves, they may do so and may request a personal response to their opinions.
4. Quality Improvement Specialist will review surveys and complete Annual Consumer Satisfaction Reports.
5. Results shall be used for the purpose of enhancing services, facilities, and overall consumer satisfaction.

<b><i>Policy Name</i></b>	<b>Crisis Intervention</b>
<i>Effective Date</i>	October 11, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Reviewed Date</i>	January 11, 2024

**Policy:** In emergencies, staff shall provide crisis intervention services and use emergency services personnel to assess consumers.

**Procedure:** During the initial assessment interview, assigned staff shall conduct a suicide risk assessment using a suicide risk screening tool. If there is any indication of suicide risk during the assessment, staff shall immediately call 911. Suicide risk screening tool shall be maintained in the consumer’s file.

When staff believes a consumer is at risk of harming themselves or others, they shall attempt to redirect the consumer and de-escalate a potential crisis. Staff shall contact the assigned caseworker on-call or supervisor to assist in managing crisis.

If there is an immediate risk of a consumer harming themselves or others, staff shall immediately call 911.

For a potential psychiatric crisis, where the consumer is not an immediate threat to themselves or others, staff shall contact a supervisor to request screening intervention services. Screening intervention is conducted by AtlantiCare Psychiatric Intervention Program (PIP). PIP shall determine further emergency intervention. Staff shall forward Consumer Face Sheet, which includes information about consumer’s advanced directive for psychiatric care, to PIP.

If a crisis occurs after regular business hours, staff shall contact caseworker on call for assistance and use 911 emergency services as necessary (See Residential On-Call Policy).

In response to crisis intervention, support services may be increased to provide additional interventions to promote wellness and recovery. Increased level of service must be pre-approved by a supervisor.

Crisis intervention may include assessing consumers for potential risk of suicide. Warning signs of suicide may include but are not

limited to:

- Expressing a desire to harm self or lack of desire to live
- Seeking means to harm self
- Talking or writing about death
- Expressing feelings of hopelessness
- Increased alcohol or drug use
- Dramatic mood/behavior changes
- Withdrawing from friends and others

<i>Policy Name</i>	<b>Critical Incidents/Unusual Incidents; Tracking and Follow-Up</b>
<i>Effective Date</i>	September 29, 2010
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	February 16, 2024

**Policy:** Tracking critical incidents/unusual incidents provides the mechanism to identify trends or indicators that may require remediation, additional training, policy revisions, disciplinary action, etc. Tracking and follow-up minimizes or eliminates probability of reoccurrence.

**Procedure:** Critical/ Unusual Incidents shall be recorded by Vice President of Quality Improvement (VPQI) and maintained for review and analysis by Leadership Team. VPQI shall also complete DMHAS and DDD Follow-Up Reports.

If a Critical/ Unusual Incident occurs involving alleged neglect or abuse or failure to follow procedure that directly leads to the death or injury of individual served, VPQI shall investigate. Staff accused of alleged neglect or abuse shall be interviewed and may face disciplinary action without pay until investigation is completed.

Leadership Team shall review of CIR/UIR in an attempt to gain an understanding of events that led to incident and how persons involved responded. Leadership Team shall attempt to provide recommendations suggesting preferred or “best practices.” Recommendations may include changes in consumer level of service, policy, post-incident counseling, or disciplinary action if warranted.

VPQI shall complete an annual review of Critical/ Unusual Incidents, which is distributed to Leadership Team and Board of Directors.

<b><i>Policy Name</i></b>	<b>DDD Orientation and Training</b>
<i>Effective Date</i>	July 7, 2016
<i>Approved by</i>	Linda L. Carney, President/ CEO
<i>Most Recent Revised Date</i>	December 30, 2024

**Policy:** Staff working with Division of Developmental Disabilities (DDD) consumers shall be trained to be proficient and competent in the rehabilitation of individuals served. CODI shall ensure that all applicable staff receive DDD-mandated training as outlined below.

**Procedure:** As required by regulation, DDD-mandated training includes, but is not limited to:

1. Orientation

- a. Overview of the organization’s mission, philosophy, goals, services, and practices;
- b. Personnel Practices Code;
- c. Understanding and practicing Person-centered Planning and the significance of using information gained through consumer choice and interaction to develop individualized strategies and services;
- d. Documentation and record keeping;
- e. Training relevant to health and safety;
- f. Justice, Equity, Diversity, and Inclusion;
- g. Individual Consumer Rights;
- h. An overview of developmental disabilities and any special needs of the individuals being served, for example, medical or behavioral problems requiring specific, tailored training;
- i. The appropriate job description and the personnel policies of the organization, including its drug testing policies;
- j. Individualized Service Plan, Services, and Documentation;
- k. Individual Support Plans, Progress, and Personal Goals;
- l. Working with Families; and
- m. Unusual Incident reporting and investigating procedures.

2. DDD College of Direct Support (CDS)

- a. Before working with individuals, Stephen Komminos' Law, Danielle's

Law, and Life-Threatening Medical Emergency Curriculum.

- b. Before administering medication:
  1. Medications 1: Overview and Key Concepts
  2. Medications 2: Healthcare Appointments
  3. Medications 3: Getting and Storing Medications
  4. Medications 4: Documentation and Communication
  5. Medications 5: Supporting Medication Administration & Preventing and Addressing Errors
  6. Medications 6: Observation & Next Steps
  7. After completing CDS, staff shall complete: Onsite Practicum/Competency Assessment and annually thereafter.
- c. Before working single coverage or within sixty (60) days of hire, Prevention of Abuse, Neglect, and Exploitation, including The DSP Role, What is abuse, What is neglect, What is exploitation, The Ethical Role of DSPs, and Onsite Practicum/Competency Assessment after completing modules.
- d. Before working single coverage or within sixty (60) days of hire, Understanding & Preventing Life-Threatening Health Conditions including Introduction to Understanding & Preventing Life-Threatening Conditions, Choking, Aspiration, Constipation, Dehydration, Seizures, Infection, Gastroesophageal Reflux Disease (GERD), and Pressure Injuries.
- e. Within ninety (90) days of hire, DSP Professionalism, including Becoming a DSP and Applying Ethics in Everyday Work, Introduction to Developmental Disabilities including Terminology & Classification in Developmental Disabilities and A Brief History of Developmental Disabilities and Person-Centered Planning, An Overview of Person-Centered Approaches, and Bringing Person-Centered Plans to Life.
- f. With ninety (90) days of hire, Working with Families, Family Networks, Understanding Support Networks, Problem-Solving with Support Networks, Individual Rights & Choice, Overview of Individual Rights, Restrictions of Individual Rights, Your Role in Supporting Expression of Rights & Facilitating Choice Making, and Overview of Home & Community Based Services Settings Rule.
- g. Within sixty (60) days of hire, DDD Service Documentation Requirements & Medicaid, Fraud, Waste & Abuse, including Overview of DDD Services, Documentation Requirements, and Medicaid, Fraud, Waste, & Abuse.
- h. Within 120 days of hire, Understanding Behavior & Effective Supports and Overview to Dual Diagnosis.
- i. Within 180 days of hire, Intro to Trauma Informed Supports Everyone

Can Communicate, Role of DSP as a Communication Partner, What is Communication and Why is it important, How People Communicate, Augmentative and Alternative Communication, and Strategies to Enhance Communication.

3. CPR/AED/First Aid Certification - Before working single coverage and recertification every two years.
4. Positive Behavior Supports Overview before implementing behavior supports (Boggs Center on Developmental Disabilities or Division preapproved alternate training).
5. Before working single coverage or within sixty (60) days of hire, Basic Safety, including topics on Safety in the Home/Service Setting, Community Safety, Vehicle Safety, and Balancing Risk with Individual Choice
6. Before working single coverage or within sixty (60) days of hire, Crisis Prevention and Intervention.
7. Before working single coverage or within sixty (60) days of hire, Fire Evacuation and Emergency Procedures.
8. Employees shall review departmental and universal standard operating procedures within thirty (30) days of New Hire Orientation.
9. Specialized staff training before working single coverage or within sixty (60) days of hire and as needed, i.e., specialized diet/mealtime needs, mobility procedures and devices, seizure management and support, assistance, care, and support for physical or medical conditions, or mental health or behavioral needs, and Support needs and preferences as outlined in the PCPT and ISP and other resources.
10. Within ninety (90) days of hire and annually thereafter, Universal Precautions, including Bloodborne Pathogens and Use of Standard Precautions, Infection Control Essential Principles, and Basics of Hand Hygiene.
11. Within ninety (90) days of hire, HIPAA, HIPAA Basics, and HIPAA Privacy Rule.
12. Within 120 days of hire, Supporting Healthy Lives, Health Needs and Outcomes for People with IDD, Common Health Problems & Interventions for Persons with IDD, Working with Healthcare Providers, Supporting Healthy Eating & Exercise, Cultural Competence, and Diversity in disability.
13. Professional Development – Annually, 12 hours for full-time staff or 30 hours or more, or 6 hours for part-time staff.
  - a. Mandated trainings (Relias trainings and Policies)
  - b. Orientation
  - c. Seminars

- d. Webinars
- e. Staff in-service Held Annually at CODI's administrative site
- f. College of Direct Support
- g. Conferences

### **Training:**

According to DDD policy, training shall be completed by qualified staff or electronically through the College of Direct Supports, Relias, or Boggs Center. Only staff in supervisory, administrative, or training roles within the agency shall conduct training and practicum/competency assessments to evaluate staff's understanding of information and practical ability to apply learned knowledge on the job. Trainers must have one year of experience in the field or one year of training experience.

Completion of training shall be documented and verified using the required forms.

If the competency assessment determines that staff did not reasonably understand the content, staff shall receive additional training and professional development until they understand the information. Staff who are unable to pass the competency assessment shall be terminated.

### **Documentation:**

Demonstration of completion of all mandated orientation and training shall be documented through certificates of attendance/completion, sign-in sheets from the training entity, provider, or trainer, information maintained through the College of Direct Support, Relias, etc., and shall include a date, signed acknowledgment by the employee receiving and the person(s) providing the orientation/training. Orientation and trainings shall be maintained in staff electronic records. DHR shall track and

<b><i>Policy Name</i></b>	<b>Health Screening</b>
<i>Effective Date</i>	November 2015
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	April 24, 2024

**Policy:** Employees funded through the Division of Developmental Disabilities must provide documentation of a Mantoux Skin Test and Statement of Good Health Exam/Screening before being hired.

**Procedure:** Upon offer of employment, the prospective employee shall schedule a Mantoux Skin Test or an Interferon Gamma Release Assay (IGRA) blood test and submit test results to Director of Human Resources (DHR). If Mantoux Skin Test was completed within the past year, results can be submitted to DHR.

If the prospective employee has had a previous positive Mantoux tuberculin skin test, or if the Mantoux tuberculin skin test is significant (10 or more millimeters (mm) of induration) or if the IGRA blood test is positive, the prospective employee shall submit a statement from their physician or advanced practice nurse certifying that they pose no threat of tuberculosis contagion before they are hired. No further testing shall be required if the Mantoux tuberculin skin test is insignificant (zero to nine mm of induration) or if the IGRA blood test is negative. Additional screening is required only if known or suspected exposure to Tuberculosis occurs.

Upon any known or suspected exposure to a confirmed case of M. Tuberculosis, DHR shall consult with the local health department and maintain documentation that all requirements for follow up testing were met.

Additionally, prospective employees shall submit a written statement from a licensed physician indicating that they are in good health. Such statement shall be based on a medical examination conducted within twelve (12) months immediately preceding the prospective employee's starting date. If a prospective employee has not had a medical examination within the past twelve (12) months, they shall schedule a Statement of Good Health Exam/Screening Test with their primary care physician and submit paperwork to DHR.

Receipt of a Statement of Good Health is required prior to the applicant being hired.

<i>Policy Name</i>	<b>Human Rights Committee - DDD</b>
<i>Effective Date</i>	March 18, 2011
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Reviewed Date</i>	March 7, 2022

**Policy:** CODI shall refer all Human Rights restrictions and potential violations to Department of Development Disabilities Human Rights Committee.

**Procedure:** For ATS program, all potential rights restrictions or violations shall be immediately referred to assigned DDD Support Coordinator or Case Manager. VP of OES shall notify DDD Support Coordinator or Case Manager in writing of any potential restrictions or concerns regarding rights of individuals receiving services.

The DDD Support Coordinator or Case Manager shall notify DDD Unit Supervisor at (609) 476-5200, and DDD Community Services Administrator at (856) 770-3939 following DDD policy and procedure.

<b><i>Policy Name</i></b>	<b>Illness/Contagious Conditions</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Policy:** To ensure the health and safety of consumers and staff the following policy shall be followed when consumer becomes ill or injured while at program.

**Procedure:**

1. If a consumer arrives for program in apparent ill health or becomes ill during program hours, the ATS Manager or designee shall:
  - o Require that the consumer be removed from services for symptoms including but not limited to fever, vomiting, diarrhea, body rash, sore throat and swollen glands, severe coughing, eye discharge, or yellowish skin or eyes;
  - o Notify the caregiver or guardian; and
  - o Document actions in the individual record.
2. If a consumer is suspected of having a contagious condition, the consumer shall be removed from services until a physician’s written approval/clearance is obtained as documented in the individual file. ATS Manager or designee shall ensure exposed individuals and their primary caregiver or guardian are notified of related signs and symptoms.
3. If a consumer requires emergency treatment at a hospital or other facility during program hours, ATS Manager or designee shall remain with the individual until the caregiver or guardian arrives.

<i>Policy Name</i>	<b>Individualized Service Plan (ISP)</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 24, 2024

**Purpose:** To establish a process for development, implementation, review, and evaluation of Individualized Service Plans (ISP).

**Policy:** The ISP must be developed and approved within thirty (30) days of Supports Program enrollment. The content of an individual’s service plan stems from the person-centered planning process and will vary depending on the unique characteristics and specific needs of the individual and the individual’s service settings. The ISP shall be based on the results of mandated assessments/evaluations and can incorporate additional information from optional discovery tools and evaluations/assessments of the individual. All individuals served shall be provided opportunities to participate in development of their ISP to the fullest extent they are capable.

Current ISP shall be part of consumer’s record and shall be subject to confidentiality provisions defined in N.J.A.C. 10:41, Division Circular #30, “*Record Confidentiality and Access to Client and Agency Record*”. In addition, release of the ISP shall only be made in accordance with Division Circulars #53, #53A and #53B, “*Health Insurance Portability and Accountability Act (HIPAA)*”.

**Procedure for ISP Planning and Notification:**

1. Supports Coordinator serves as Individualized Service Plan Coordinator (Plan Coordinator) for all individuals receiving services. Responsibilities include scheduling ISP meetings, coordinating ISP development, and monitoring ISPs. Upon admission, ATS Manager shall meet with each individual served to identify their Interdisciplinary Team (IDT) members, as follows:
  - a. At a minimum:
    - i. Support Coordinator;
    - ii. Legal guardian; and,
    - iii. DDD Case Manager.

In addition, at consumer’s request IDT may also include:

- i. Parents or family members;
- ii. Advocates and friends;

- iii. Persons that work most directly with consumer; and,
    - iv. Representatives of service areas who are relevant to design and evaluation of individual's participation in programs or services.
2. Plan Coordinator shall assure each individual's comprehensive ISP includes, at a minimum:
  - a. Cover page;
  - b. Evaluation summaries;
  - c. Summary of Progress toward Previous ISP goals and objectives;
  - d. Identification of person's preferences, capabilities, and needs;
  - e. Goals;
  - f. Behaviorally stated, measurable, sequential objectives;
  - g. Clearly stated method of achieving each objective;
  - h. Identification of IDT members and persons responsible for ensuring delivery of services/programs described in plan;
  - i. Listing of all current and planned services/programs and dates of initiation, anticipated duration, and frequency;
  - j. Barriers to meeting consumer's needs;
  - k. Review of guardianship status;
  - l. Meeting summary/addendum, which may include disagreement with any part of plan;
  - m. Sign-off section, indicating attendance only;
  - n. Authorization for approved individual expenses; and
  - o. Community Care Waiver Certification, where needed.
3. To address major changes in support services, Plan Coordinator shall schedule ISP meeting thirty (30) days after admission or on an as-needed basis and annually thereafter.
4. Plan Coordinator shall contact all IDT members of ISP meeting minimally thirty (30) days prior to scheduled meeting. Notification shall indicate date, time, and location of meeting, which will be set with intent to accommodate schedules of all parties to best extent possible.

5. At least five (5) days prior to scheduled meeting, Plan Coordinator shall assure all applicable assessment summaries are completed and available. At a minimum this shall include assessments in these areas:
  - a. Medication issues/Self-Medication administration;
  - b. Identification and review of guardianship status;
  - c. Ability of consumer to manage their funds;
  - d. Ability to remain unsupervised in the vehicle;
  - e. Supervision needs, both at home and in the community;
  - f. Current day program;
  - g. Current residential placement, etc.

### **Procedure for the ISP Meeting:**

1. During ISP meeting, Plan Coordinator will lead IDT in a review and discussion of, at a minimum, objectives from previous ISP, analysis of consumer's progress, new goals, and objectives and whether former goals and objectives should be continued.
  - a. If there is not a consensus with all IDT members, Plan Coordinator shall document this lack of agreement within *Meeting Summary* page of ISP.
  - b. Plan Coordinator shall assure ISP addresses consumer's strengths, preferences and needs for specific programs, supports, and/or services.
2. Within two (2) weeks of IDT meeting, Plan Coordinator shall assemble all pertinent information including IDT determinations, complete ISP document, and forward to individual's DDD Case Manager for final review and approval.
3. Upon return of approved ISP, Plan Coordinator shall immediately file a copy of ISP in the individual's record and place goals and objectives in Training Record Binder.
4. Within seven (7) days of receipt of approved ISP, Plan Coordinator shall distribute copies to individual receiving services (upon request).
5. DDD Case Manager shall forward ISP to consumer's legal guardian and sections pertaining to external service providers to those providers.

Areas of responsibility of the provider include but are not limited to the following:

- Providing details regarding the services available within their agency
- Contributing to the development of outcomes specific to the services they will be

or are already providing

- Assisting with the establishment of units, start/end dates, etc. for identified services and confirming their accuracy within the ISP
- Reporting changes in individual services.

### **Procedure for Implementation of the ISP:**

Within one (1) week of IDT meeting, Plan Coordinator shall assure ATS staff are aware of and implement individual's goals and objectives. Implementation shall be consistent with the following schedule:

- a. Continued goals/objectives shall be implemented without a break in training;
- b. New goals and objectives shall be implemented as follows:
  - i. First day of next month, if ISP was held on 1<sup>st</sup> through 14<sup>th</sup> of month (i.e., if meeting was held on February 9<sup>th</sup>, objectives shall be implemented on March 1<sup>st</sup>); or
  - ii. First day of 2<sup>nd</sup> month, if ISP was held on 15<sup>th</sup> through last day of month (i.e., if meeting was held on February 15<sup>th</sup>, objectives shall be implemented on April 1<sup>st</sup>).

### **Procedure for ISP Modifications:**

1. Modifications to ISP shall be made by Plan Coordinator when major changes occur at any point in ISP cycle. This includes, but is not limited to:
  - a. Achievement or lack of achievement of goals and objectives after six (6) months;
  - b. Availability of services, programs, or supports;
  - c. Changes in day program/employment;
  - d. Reduction in need for supervision; and/or,
  - e. Any significant changes in an individual's physical or mental condition.
2. Should any major changes to ISP be identified during ISP year, Plan Coordinator shall call for a special IDT/ISP Modification meeting.

<b><i>Policy Name</i></b>	<b>Medication Management</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 30, 2024

**Purpose:** To ensure administration and management of medication is safe, accurate, and in accordance with all applicable rules, regulations, and Division of Developmental Disabilities’ policies.

**Policies:**

All individuals served shall take their own medication to extent they are able, as determined by their Interdisciplinary Team (IDT) and documented in their Individual Service Plan (ISP).

If an individual is not capable of administering their own medication, a trained staff person shall oversee medication process as prescribed by their physician.

Only staff persons who have successfully completed New Jersey College of Direct Support (CDS) Medication Training and On-Site Medication Practicum, shall oversee medication process. Only staff preparing medication shall oversee medication process.

Staff shall ensure information on medication container from manufacturer or pharmacist and prescription from physician and Medication Administration Record (MAR) are the same.

Pharmacy label is not required for medications available over-the-counter, whether for routine or as needed (PRN). Manufacturer’s labeling shall be maintained, and match physician’s order.

Both prescription and over-the-counter medications are kept in a locked storage area. The key is available only to staff responsible for monitoring of medications for their particular shift. Oral medications shall be kept separate from topical medications as well as eye preparations and ear drops. Medications requiring refrigeration shall be kept in a locked box inside a refrigerator. After overseeing medication process, staff shall ensure that medications are returned to proper storage area. All narcotic medications are kept under double lock.

## **Procedures:**

### **A. Medication Administration Record (MAR)**

ATS Manager is responsible for ensuring completion of Medication Administration Record (MAR) form, as follows:

1. Caregiver sends in medication with script from doctor/pharmacy and MAR.
2. MAR shall identify an up-to-date list of prescribed medication for each consumer who requires oversight to take medication. A list of all prescribed medications including the name, purpose, dosage, self-administration frequency, and date prescribed for each medication shall be entered into the consumer's clinical record.
3. Medication is administered with appropriate dose and time and MAR is completed and initialed.
4. At no time should MAR contain blank boxes. When ATS Manager identifies a blank box on MAR, they shall circle box with red ink to indicate an omission has occurred and notify caregiver as soon as error is discovered.
5. Staff shall initial when taking medication in the corresponding box.
6. MARs shall be maintained in a neat and organized fashion and are considered part of consumer's case record. Upon discharge, MAR shall be saved in accordance with CODI's Case Records Storage and Maintenance policy.

### **B. Medication Oversight**

At designated time on each shift staff overseeing medication process shall:

1. Disregard distractions and ask co-workers and consumers not to interrupt during medication process.
2. Wash hands thoroughly before handling medication.
3. Go to locked medication storage area and remove one consumer's medication box and MAR logbook.
4. Give medications to only one person at a time.
5. Pour medications into a cup to give individually, so consumer does not make hand contact with the medication.
6. Wear gloves if consumer needs assistance with topical medication.
7. Ensure consumer has the correct liquid available to take with medication; some medications require milk to be given instead of water and some individuals have a physician's order to use apple sauce or pudding to take

their medication.

8. Read label on medication container and compare it with MAR, ensuring right medication, right person, right dosage, right route (i.e., oral, topical), and right time when administering medication.
9. Give medication to consumer and observe to assure they have swallowed it.
  - a. Should an individual cough or spit out a pill in its entirety, a new pill may be given. **DO NOT** repeat liquid medications if consumer coughs or spits it out because one does not know exactly how much medication was lost. If consumer states he did not swallow his medication or staff is unsure if medication was given, **DO NOT** repeat dosage. If individual vomits after taking medication, **DO NOT** repeat dosage unless a physician or pharmacist gives consent.
10. Immediately document medication process by writing initials in proper box on MAR in black ink. Repeat this procedure for each individual medication prescribed.
11. Return medications and MAR to locked storage area and repeat entire process for all individuals.
12. Upon completion of medication process, lock storage area.
13. Observe individuals for any side effects:
  - a. Staff shall have access to a current medication reference book, which shall include information of side effects and drug interactions. Reference books must be current within three (3) years and written for laypersons.
  - b. Suspected side effects shall be noted on Medication Administration Record, and reported immediately to VP of OES, prescribing physician, and documented in *Unusual Incident Report*. Prescribing practitioner shall immediately be made aware of any drug reactions, and their directions followed. Drug reactions must be recorded in *Unusual Incident Report*, reported and documented in accordance with Division Circular #14.

### C. **Medication Oversight During Community Outings**

On community outings during designated medication times staff shall:

1. Prepare medication prior to outing:
  - a. Place medication into a clean envelope or container.
  - b. On envelope or container, document individual's name, medication, and time of dose.

- c. Seal envelope or container and place it in a portable locked box, only staff giving medication shall hold key.
2. Oversee medication process at designated time.
3. Immediately sign MAR upon returning to program.

**D. Medication Errors**

1. If there is a known medication error, staff shall immediately:
  - a. Call consumer's physician or pharmacist and follow instructions.
  - b. Follow *Critical/Unusual Incident and/or Grievance Reporting Policy*.
  - c. Document incident on back of MAR before end of shift.
2. If there is a documentation error, staff shall immediately:
  - a. Circle the error in red
  - b. Document error on back of MAR
3. Whenever an error occurs, VP of OES shall:
  - a. Ensure proper documentation is used to record error.
  - b. Contact responsible staff to discuss and clarify error.
  - c. Subsequent error shall be addressed through retraining and Professional Development/Disciplinary Action.

**E. Medication Storage**

1. ATS Manager shall ensure:
  - a. All medications are kept in original containers from pharmacy with a legible label.
  - b. All medications are stored in a locked area such as a cabinet, box, or closet designated solely for medication storage.
  - c. Controlled substance medications are locked in a box and again locked in medication storage area.
  - d. Medications requiring refrigeration are stored in a locked box in refrigerator.
  - e. Only authorized staff completing New Jersey CDS Medication Training and Medication Practicum shall be responsible for overseeing medication and storage.

## **F. Self-Medication**

1. For individuals who have been assessed and determined to be self-medicating by their IDT, and whose ISP includes this documentation, ATS Manager shall ensure:
  - a. Individuals maintain medications in a locked box at their workstation.
  - b. Individual shall maintain key, so box is inaccessible to others.
  - c. A spare key shall be available to authorized staff, in case of an emergency.
  - d. A list of all medication currently prescribed for individual in the Individual's Record is maintained and shall include:
    - i. Name of medication
    - ii. Type of medication
    - iii. Dosage
    - iv. Frequency
    - v. Date of prescription
    - vi. Storage location
    - vii. Route of administration

## **G. Refusal to take Prescribed Medication**

1. A consumer has a right to refuse to take prescription and/or non-prescription medications.
2. At no time shall staff force anyone to take medication.
3. If a consumer refuses to take medication, staff shall immediately notify caregiver.
4. Staff shall attempt to resolve situation for up to one (1) hour after prescribed administration time.
5. After one (1) hour staff shall write "R" in appropriate box on MAR and document on back of sheet date, time, staff signature, and an explanation of the circumstances (explanation may state "refer to Internal Incident Report").
6. If a consumer continues to refuse medication past one (1) hour, staff shall contact caregiver to contact prescribing physician or pharmacy.
7. Physician's or pharmacist's orders shall be communicated to staff and documented on back of MAR.
8. An Unusual Incident Report shall be completed as needed, per

*Critical/Unusual Incident and/or Grievance Reporting Policy* and contact Support Coordinator.

9. Repeated refusal to take medication shall be discussed with individual's physician and IDT.

## **H. Medication Training**

Medication training will be completed according to DDD policy. Only staff holding a supervisory, administrative, or training role within the agency will conduct evaluation of staff competency in administering medications safely. New hires will not handle medication until they have concluded an on-site medication assessment. All staff required to handle medication will complete an on-site medication assessment annually. This assessment will have three (3) components and will be required within thirty (30) days of successful classroom or online training completion as follows:

1. On-site review and testing of agency specific policies/procedures.
2. "Mock" (practice) medication administration observation.
3. Observation and evaluation of three (3) medication administrations (med passes).

<i>Procedure Name</i>	<i>Staff Responsibilities</i>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 30, 2024

**Policy:** To ensure the highest degree of quality services are provided to consumers, as well as provide accountability to organizational stakeholders, the guidelines listed below are to be followed:

**Primary Responsibilities**

Staff shall follow all CODI policies and procedures.

Work with consumers to assist them in achieving their Individual Service Plan goals and document activities in Foothold.

**Supervisory Hours Worked:**

Staff is paid hourly wage and is required to clock in daily using a swipe card at the beginning of the day and clock out at the end of the day. Hours for supervisors are scheduled from 8:30 am to 3:30 pm. Staff is required to clock in and out for a 30-minute lunch break. All extra hours must be preauthorized.

One employee shall be stationed at the glass door to front parking lot to assist consumers upon their arrival. All other supervisors shall prepare for activities.

When consumers leave at 2:30, any supervisor remaining will complete any cleaning up, assist ATS Manager, complete documentation for the day, and day habilitation activity preparation.

**Functions:**

ATS Workers are expected to teach life skills, provide activities that strengthen skills, maintain required documentation, and transport consumers to community outings and activities. Activities should be individualized based on likes, dislikes, areas of interests, desires, dreams, etc. as documented in the Person-Centered Planning Tool (PCPT).

Staff is responsible for cleaning up supplies after each activity and returning them to proper storage space.

Assist ATS Manager in developing monthly activities schedules.

Maintain communication with ATS Manager regarding any behavioral issues, goals, and accomplishments of consumers.

Examples of community experiences include:

- Shopping – budgeting, money management
- Restaurants – ordering from menus, personal choices, paying the bill
- Sports/fitness events and activities
- Library, Book clubs
- Health fairs
- Museums
- Cultural events
- Travel and community safety, use of public transportation
- Theater, community concerts
- Community festivals
- Holiday celebrations

Examples of activities include:

- Cooking, meal preparation, food safety
- Money management
- Health, fitness
- Laundry
- Personal hygiene
- Classes on skill development
  - o Advocacy
  - o Assertiveness
  - o Communication
  - o Choices, decision-making
  - o Problem-solving
  - o Boundaries
  - o Healthy sexuality
  - o Relationship building
- Developing personal interests
  - o Cards and competitive/collaborative games
  - o Painting, artwork, drawing, constructing models, needlecraft, jewelry design, sculpting, woodworking, scrapbooking, photography
  - o Theater, filmmaking
  - o Dancing, music, playing instruments, singing
  - o Horticulture, gardening, terrariums
  - o Athletics, sports, fitness
  - o Reading, books, poetry
  - o Computer and other devices/technology, social media experience
- Current events
- Telling time

- Cleaning

Each supervisor is to document what training was done, how long it lasted, and which consumers participated in training on a specific day.

At end of day, staff is required to input group activity notes in Foothold by fifteen-minute increments and document strategies to complete outcomes as listed on individual's ISP.

At end of week, staff is responsible to turn in staff documentation form to ATS Manager.

### **Additional Responsibilities**

Supervisors are responsible to maintain order of consumers and their behavior in their group. No food or drink is to be at tables during activities. Consumers are expected to follow policies and procedures as written in the Vocational Consumer Handbook, which is given at intake and reviewed annually.

Each driver is responsible for reading and signing off that they have read the Transportation Manual.

Supervisors are required to keep CPR and first aid certifications current. CODI provides training for CPR and first aid.

All consumer lunches are supervised. Duties include assisting consumers who need help buying their lunches, assisting those who need help opening containers, using microwave, safety, etc.

On occasion, when necessary, assistance will be provided to consumers who have an accident and may need assistance changing clothes and cleaning themselves.

<i>Policy Name</i>	<b>Suspension/Discharge</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 30, 2024

**Policy:** To assure procedures for suspending or discharging consumers are established and implemented according to Suspension/Discharge Policy.

**Procedure:** The following list sets forth examples of the types of violations that may be considered grounds for disciplinary action ranging from a verbal warning to suspension, or discharge, depending upon the factors in each case. The list is illustrative and not all-inclusive, and other actions may also subject consumers to disciplinary action or discharge.

Suspension or discharge from day program may occur when:

1. Consumer violates CODI rules set forth in the CODI Consumer Handbook which creates a substantial, continuing, and immediate threat to the physical safety of other persons or to the emotional or psychological health of other consumers.
2. Consumer’s inappropriate behavior renders the program out of compliance with regulation.
3. Consumer repeatedly violates CODI rules after receiving suspension.
4. Consumer refuses services offered by CODI or consumer chooses to withdraw from program.
5. Consumer does not maintain Medicaid eligibility.
6. Consumer no longer resides in the State of New Jersey.
7. Consumer no longer meets the Level of Care for the Supports.
8. Consumer has enrolled in another HCBS or MLTSS program (including the CCP).

## Immediate Suspension or Termination

Circumstances may arise which call for the immediate suspension or discharge of consumers from the program. Those circumstances may include, but are not limited to, times where consumer presents a hazard to others or otherwise jeopardizes the safety, health, order, or ability of CODI to provide services.

## Disposition of Discipline

In cases where discipline is warranted, CODI shall consider, among other relevant factors, seriousness of the misconduct and past disciplinary record.

CODI uses progressive discipline in dealing with consumer misconduct. However, the application of progressive discipline is not mandatory and shall be determined by the circumstances of each case.

In instances in which immediate discharge has not been imposed, CODI shall consider the following progressive disciplinary steps:

Written warning: Shall be documented and signed by consumer and ATS Manager. Consumer shall receive a copy with a copy placed in consumer's file. ATS Manager shall contact caregiver and Support Coordinator to discuss behavior.

Suspension: The number of days of suspension shall be determined by severity of the violation. Suspension shall be documented and signed by consumer and ATS Manager. Consumer shall receive a copy with a copy placed in consumer's file. Suspension shall be approved by President/CEO or designee. ATS Manager shall contact caregiver, Support Coordinator, and DDD to discuss suspension.

Discharge: Discharge shall be determined by severity of the violation. Reason for termination shall be documented and placed in consumer's file. Discharge shall be approved by President/CEO or designee.

In such cases, prior to suspension or discharge, consumers will be provided with a written notice. Reason for suspension or discharge shall be written, explained, and signed off by consumer.

Should program be determined no longer suitable or no longer meets consumer needs, consumer shall be maintained at program, and caregiver, Support Coordinator, and DDD shall be contacted and alternate program shall be arranged.

If a consumer is to be discharged for any reason, the following actions shall be taken by ATS Manager prior to expected discharge date.

- a. Upon recommendation for discharge, ATS Manager shall meet with IDT; who minimally shall include consumer, legal guardian, and DDD representative to discuss specifics of discharge and develop an appropriate discharge plan.
- b. An ISP Modification shall be written by Support Coordinator with input from IDT. Modification document shall update existing ISP and identify specifics of transition consistent with ISP procedure.
- c. For consumers identified for discharge, Support Coordinator shall assure Modification includes a Discharge Summary and Plan, which shall minimally:
  - i. Assess individual's continuing priority needs;
  - ii. Determine any recommendations for future priorities, including possible need for follow-up services.

Within twenty-four (24) hours of IDT meeting, Support Coordinator shall submit Discharge Summary and Plan to DDD Regional Office.

ATS Manager in coordination with Vice President of Quality Improvement shall ensure that individual's complete record is transferred with individual on the same date of discharge.

If consumer disagrees with decision to discharge, consumer shall have available grievance and appeal procedures.

No consumer shall be discharged as a retaliation or reprisal for such consumer's attempt to assert their right, desires, or needs.

<b><i>Policy Name</i></b>	<b>Tara's Law</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 30, 2024

**Policy:**       ATS Manager or designee shall notify DDD when a consumer from a community care residence is absent for thirty (30) consecutive days.

**Purpose:**

A crucial focus of Tara's Law is related to attendance at day program. It requires that a Community Provider of a Division contracted day program for individuals with developmental disabilities notify their respective Regional Director of Adult Training Services when an individual from a community care residence has been absent from their day program for thirty (30) consecutive days. In accordance with the law, this notification should occur no later than fourteen (14) days after the end of the month.

Community Providers should also be aware that the law includes enforceable penalties related to attendance reporting. The Division, on behalf of the Department, will be responsible for the assessment and collection of any fines, as warranted.

<b><i>Policy Name</i></b>	<b>Transportation</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 30, 2024

**Policy:** To ensure safety of riders and driver, the following transportation procedures shall be followed.

**Procedures:**

**Vehicle Accidents**

1. Call 911 and report all accidents.
2. Check passengers for injuries.
3. Notify immediate supervisor or designee of accident. Immediate supervisor shall notify main office.
4. Obtain as much information as possible from the other driver, including driver’s license number, insurance information, and license plate number.
5. If vehicle is removed from scene of accident and staff needs medical attention, the following individuals are responsible for retrieving all CODI property from vehicle within one working day:
  - Outsource Center- VP of Organizational Employment Services
6. If safe, use CODI cell phone to take photos of damage and accident scene and attach them when completing Accident Report Form located in CODI vehicles and on Public Server. Staff must submit Accident Report Form to Karen Gardner, CFO, before end of shift on day of accident.
7. If accident involves ATS consumers, designee shall notify consumer’s emergency contact.
8. Complete a Critical/Unusual Incident Report before end of shift on day of accident.

**Suspension**

Any unruly behavior that jeopardizes safety of riders or driver, consumer may be suspended. Suspension shall be explained and signed off by consumer.

Frequency and severity of behavior shall determine length of suspension.

ATS Manager shall notify consumer, caregiver, Support Coordinator, and DDD.

Consumer may return to transportation after specified period of suspension.

Consumers may use Grievance and Appeal Procedure.

**Cancellations**

Caregivers are encouraged to call main number or visit CODI website during inclement weather to determine if day program is open. For emergency closings, driver shall contact caregiver.

Caregiver shall notify program if consumer is ill or not attending program.

<b><i>Policy Name</i></b>	<b>Universal Policies</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 30, 2024

**Procedure:** Please see Universal Policies for Prohibition of Abuse, Neglect, and Exploitation Policy, Corporate Compliance Policy, Critical/Unusual Incident and/or Grievance Reporting Policy, Drug Free Workplace Policy, Evacuation (901 Facility) Policy, Grievance (Consumer) Policy, Information Security and Violations Policy, Investigation Procedure Policy, Life-Threatening Medical Emergencies Policy, Medical Emergencies Policy, Release of Consumer Information Policy, Rights of Individuals Receiving Services, SKL/CARI (Stephen Komninos’ Law) Policy, and Whistleblower Policy.

<i>Policy Name</i>	<b>Credential Verification and Staff Qualifications</b>
<i>Effective Date</i>	January 2011
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	April 24, 2024

**POLICY:**

CODI verifies employee credentials and conducts various background checks based on funding source requirements. The verification process is performed in a manner designed to ensure requirements are met and the integrity of our services and the persons served are not compromised.

The Director of Human Resources (DHR) is responsible for ensuring that procedures in this policy are followed.

**PROCEDURES:**

**A. Background Check**

- **Criminal Checks:** All prospective employees and staff other than DDD-funded employees are required to complete electronic background checks (see below for DDD staff). Should an applicant or employee refuse to consent to a criminal background check, they shall not be considered for future or ongoing employment.
- **DDD -** Requires electronic fingerprinting for employees working with consumers receiving DDD Services. Positions include Adult Training Services staff (ATS), 106 staff, and Employment Specialists. DHR shall check the State of New Jersey’s FARA (Fingerprint Approval Retrieval Application) system to determine fingerprint outcomes. If fingerprints are rejected by New Jersey State Police or Federal Bureau of Investigation as unclassifiable, applicant must immediately make an appointment to be reprinted. If a new TCN number is not received by DHR within ten (10) days of notification that fingerprints were rejected, applicant’s name will be withdrawn from consideration.

Employees working with consumers receiving Division of Developmental Disabilities (DDD) services whose positions include direct consumer contact and whose fingerprints are archived with IdentoGo/MorphoTrust shall be rechecked by CODI’s DHR every two (2) years. DHR shall follow the “Archive Procedure” outlined in the Department of Human Services,

Division of Developmental Disabilities, Fingerprint Procedures (Division Circular #40).

**B. Child Abuse Record Information (CARI):** No one identified on the CARI registry shall be employed.

Applicants who refuse or fail to cooperate with a CARI check shall not be considered for employment.

Staff refusing or failing to complete a CARI check shall be terminated.

Staff may work without restrictions while the results of the CARI check are pending.

2. DHR shall serve as the Administrator of the electronic CARI account for the agency.

DHR shall assure the following:

- h. All direct care staff applicants must complete an electronic CARI check form before hire. DHR shall invite new hire to complete electronic CARI application through an e-mailed link.
- i. Prospective employee is aware the invitation will expire after two (2) weeks.
- j. Electronic application shall be submitted into the electronic CARI system within the applicant's first ten (10) days of employment.
- k. DHR shall monitor the CARI electronic system for employee compliance and check status of submitted applications.
- l. Documentation confirming submission of application shall be maintained.
- m. DHR shall monitor CARI electronic system for completed CARI check and shall download and include results in personnel file.
- n. Staff shall be terminated within twenty-four (24) hours of notice of positive CARI results.

**C. Central Registry:**

- 4. If an applicant, intern, or volunteer's name appears on the Central Registry, the individual shall not be hired or permitted to intern or volunteer. DHR and Director of Community Outreach (DCO) shall perform Central Registry and CARI compliance checks. If DHR or DCO is unavailable, President/CEO shall perform the required check.

5. The DHR and Payroll Coordinator are notified via email of Central Registry updates. Payroll Coordinator shall upload current staff, intern, and volunteer listing into the Central Registry database to complete a comparative analysis of the updated Central Registry within twenty-four (24) hours of receipt or the next business day. In the absence of the payroll coordinator, CODI's Chief Financial Officer is responsible for completing the comparative analysis.
6. If an employee, intern, or volunteer's name appears on the Central Registry, the individual shall be immediately terminated.

**D. Driving Abstract:** Employees using company vehicles are required to possess a valid NJ driver's license. Driving abstracts shall be completed upon hire and every six (6) months. Abstracts revealing a suspended driver's license, DUI, reckless driving, or having more than five (5) points on driver's license may be grounds for disciplinary action, including suspension or termination.

**E. Drug Testing:** If the applicant or staff tests positive for unlawful use of any controlled dangerous substance or refuses to submit to drug testing, the applicant shall be removed from consideration for employment or terminated.

If applicant or staff misses a drug screen appointment, applicant or staff shall be removed from consideration for employment or terminated.

Applicant or staff who had been removed from consideration for employment or terminated due to a positive, refusal, or missed pre-hire drug screen is not eligible for hire.

Staff members are subject to random and for-cause drug testing.

1. DHR shall schedule 4-panel drug test for random and 5-panel drug test for cause through i3screen.

DHR shall assure the following:

- a. Each applicant and staff shall sign and date the NHO checklist acknowledging they have been advised of the requirements for compliance with random and for-cause drug testing.
- b. Applicant or staff shall be given an I-3 Screen Donor pass by the DHR and must schedule a date and time with the approved DHS vendor to complete the test before the 48-hour expiration date.

Failing to keep this appointment may constitute grounds for not proceeding with an offer of employment or termination.

- c. Each applicant shall provide a negative drug testing result before hire.
  - d. Applicants receiving a positive drug screen shall not be considered for employment. Staff who receive a positive drug screen will be disciplined/terminated as per our Drug Free Workplace Policy.
2. DDD staff are required to undergo random drug screening. When notified by DDD, DHR shall notify staff. DHR and the employee shall immediately schedule a screening.

**F. Education:** Applicant shall provide a copy of highest degree obtained. For college degrees, DHR shall access The National Student Clearinghouse database at [www.studentclearinghouse.org](http://www.studentclearinghouse.org) and verify degree. If degree is verified by an accredited college and meets position requirements, applicant may be offered employment. If a degree is required and is not verified, no offer of employment shall be made.

- If a high school diploma is required, applicant must complete NJ Department of Education Office of Career Readiness Access Code Request Form. Upon receipt of the access code, applicant can access e-transcript/diploma verification and forward results to DHR.

**G. Employment:**

a. Disqualifications:

- Applicants shall be disqualified for employment for any crime or disorderly person offense involving danger to persons set forth in NJSA 2C:11-1, et. seq., through NJSA 2C:15-1 et. seq., including but not limited to: murder, manslaughter, death by auto, simple assault, aggravated assault, recklessly endangering another person, terroristic threats, kidnapping, stalking, criminal restraint, interference with custody of children, sexual assault, criminal sexual contact, human trafficking, lewdness, and robbery.
- Any crime against children or incompetents as outlined in NJSA 2C:24-4 & 2C:24-7, et. seq., including endangering the welfare of a child or endangering the welfare of an incompetent person.
- Based on funder regulations, a crime or offense involving manufacture, transportation, sale, possession, or habitual use of a

controlled dangerous substance as defined in NJSA 2C:35-5 & 2C:35-10 et. seq.

- If known, conduct in any other state or jurisdiction which, if committed in New Jersey, would constitute any offense described above.
- b. Lifetime disqualification: If applicant's disqualifying conviction is for aggravated assault, recklessly endangering another person, kidnapping, sexual assault, criminal sexual contact or lewdness, these offenses shall be deemed to constitute an unacceptable level of risk extending throughout applicant's lifetime.
- c. Pending matters: If the background check is returned with a pending matter, applicant shall be placed on hold until a final disposition has been made.
- d. Notifications: Applicant shall be notified in writing by DHR of disqualification based on results of background check including conviction(s) which constitute(s) basis for disqualification.
- e. Notifications post-hire: Arrest that calls into question honesty, safety, reliability, or staff member's ability to perform job duties or for any disqualification previously mentioned above can receive disciplinary action, up to and including termination.

#### **H. List of Excluded Individuals/Entities (LEIE):**

1. Before hiring a new employee, DHR shall run employee's name to ensure employee is not on the LEIE excluded list. If an applicant's name appears on the LEIE Exclusionary List, the applicant shall not be eligible for employment.
2. The employee shall be terminated if their name appears on the LEIE Database.

**I. Licensure and Certification:** DHR shall obtain a copy of the required applicant's license. Before offering employment, DHR shall verify credentials electronically and determine license status via the NJ Division of Consumer Affairs website at <https://newjersey.mylicense.com/verification>. DHR shall document outcome on CODI HR Database and place a copy of the verification in employee's personnel file. If credential is in good standing, applicant may be offered employment; if not, no offer of employment shall be made.

**J. Professional Reference:** Prior to being hired, all applicants who are applying for a DMH or DDD funded position must submit two professional reference letters to the DHR.

**K. Veritable Screening:**

1. Applicants/staff undergo a Veritable Screening Background check initially with monthly screenings completed thereafter by Veritable Screening.
2. The DHR sends the applicant/staff information through the Veritable Screening system.
3. If an applicant or staff has a reportable record they shall not be considered for hire or terminated.

**L. Staff Qualifications:**

1. DHR shall ensure staff meet or exceed the minimum qualifications and training. Qualifications and training shall be documented in application, resume, reference check, or other personnel documents.

a. All Staff:

- Minimum 18 years of age - AND -
- Complete State/Federal Criminal Background check and Central Registry checks.
- Valid driver's license and abstract (not to exceed five (5) points) if driving is required

b. President/CEO:

- Bachelor's Degree or high school diploma (or equivalent); - AND -
- Five (5) years' experience working with people with developmental disabilities, two (2) of which shall have been supervisory in nature.

c. DDD Program Management/Supervisor

- High school diploma or equivalent; - AND -
- One (1) year experience working with people with developmental disabilities.

d. DDD Direct Service Staff

- High school diploma or equivalent

e. Trainers- including CPR/First Aid, Medication, Abuse/Neglect, Incident Reporting, Specialized, etc.

- One (1) year experience in the field or one (1) year experience in training

<i>Policy Name</i>	<b>Volunteer/ Intern/ Board Member</b>
<i>Effective Date</i>	March 17, 2011
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	April 18, 2024

**Policy:** CODI welcomes volunteers, interns, and board members from colleges, schools, church groups, non- and for-profit organizations, and the community at large. CODI does not accept volunteers, interns, and board members who would be ineligible for employment.

**Procedures:** Prospective volunteers, interns, and board members are directed to our website, [www.njcodi.org](http://www.njcodi.org), to complete an application and Central Registry form. The Director of Community Outreach (DCO) determines if opportunities match the applicant’s qualifications or internship requirements. If an applicant is not a good fit for the agency or has no internship opportunities, DCO shall notify the applicant.

Volunteers, interns, and board members must not appear on the Central Registry of Offenders against Individuals with Developmental Disabilities. If an applicant is on the registry, they are ineligible to volunteer, complete an internship, or serve as a board member.

Volunteers and interns are assigned to one of two levels:

**Level One:** Individuals or groups with minimal consumer interaction, assisting in administrative duties, or fundraising activities must complete the application and Central Registry form. The DCO or designee shall supervise individuals under the direction of the President/CEO:

**Level Two:** Outsource Center, Food Pantry Volunteers, and interns with ongoing, direct contact with consumers must complete application, Central Registry, Release, and Waiver of Liability, and complete orientation.

As part of orientation, Level two volunteers complete:

- Anti-Bias/Discrimination/Harassment Policy
- Code of Ethics Policy
- Confidentiality Policy
- Danielle’s Law Training
- Drug-Free Workplace Policy
- Mission, Vision, Philosophy, Values
- Prohibition of Abuse, Neglect, or Exploitation Policy

- Rights of Individuals Receiving Services
- Social Media Policy
- Stephen Komminos' Training from the NJ Department of Human Services Chapter 238 and YouTube Video
- Volunteer and Intern Code of Conduct
- What is UROC?

Upon completing the above requirements, volunteers and interns shall sign and submit a Volunteer Acknowledgement. Interns shall provide CODI with a clear criminal background check and negative drug screening test before commencing the internship. After determining that a prospective volunteer or intern has successfully passed all screenings, DCO shall notify the applicant of acceptance or denial within five (5) days of receiving registry and background checks.

Any volunteer or intern may be removed or requested not to return at the discretion of DCO under the direction of the President/CEO.

Prospective board members shall be required to complete the Board of Directors application, Central Registry, and Release and Waiver of Liability forms. Board members shall read the following documents:

- Board By-Laws
- Board Member Criteria, Selection, Election and Orientation Policy
- Board Member Responsibilities
- Board Member Standards
- Board Structure
- Budget Policy
- Chief Executive Compensation Policy
- Code of Conduct and Ethics Policy with annual signature
- Conflict of Interest Policy with Declaration with annual signature
- Corporate Compliance
- Development
- Governing Philosophy and Values Policy
- Mission, Vision, Core Values, and Philosophy
- Strategic Plan
- Succession Plan

Upon completion of the above requirements, board members shall sign and submit the Board of Directors Acknowledgement. Board members shall not be required to submit to a criminal history background check.

<i><b>Policy Name</b></i>	<b>Weapons</b>
<i>Effective Date</i>	July 1, 2017
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 30, 2024

**Policy:** To assure safety of consumers and staff, CODI enforces a strict no weapons policy.

Regardless of obtaining a permit to carry a registered firearm, CODI prohibits weapons on property owned, leased, or rented by the organization including vehicles. Other weapons such as knives, box cutters, or any other items considered dangerous are also prohibited.

**Procedure:**

1. Consumers shall sign a document indicating they have reviewed and understand CODI’s No Weapons Policy.
2. All weapons are prohibited on all CODI premises and vehicles.

<i>Policy Name</i>	<b>Medical Parameters</b>
<i>Revised Date</i>	September 6, 2024
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Reviewed Date</i>	September 6, 2024

**Policy:** Staff shall ensure medical parameters are established and followed for all consumers with life-threatening medical diagnoses such as seizure disorder, diabetes, and hypertension.

**Procedure:** The following procedures shall apply:

1. Before admission, consumers shall provide written parameters from their physician dictating required action related to the above conditions. Depending on parameters, action may include calling 911, contacting the physician directly, holding or adding a medication, etc. Parameters will be updated based on doctor's recommendations.
2. Consumers with a prescription must test their blood sugar level (BSL) or take their blood pressure and document readings on medical sheet. If BSL or blood pressure is not within prescribed parameters, staff shall follow physician's order.
3. If consumer with a seizure disorder has a seizure that lasts beyond prescribed parameters, hits their head during seizure, or seizure is not witnessed by staff, staff shall immediately call 911.
4. If no parameters are identified, staff shall follow Life-Threatening Medical Emergencies Policy procedures.
5. Staff shall electronically complete a Critical/Unusual Incident Report (CIR/UIR) and submit to Chief Compliance Officer and President/CEO no later than end of shift.