



Residential Standard Operating Policies

Revised 05/29/2025

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<i>Policy Name</i>	Admission Committee/Referral and Screening
<i>Effective Date</i>	December 2, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: Admission to CODI A+ locations shall prioritize referrals from the state psychiatric hospital, coordinated through the designated state placement entity.

For community-based referrals, CODI shall accept referrals via online application. Each application will be reviewed to determine whether the applicant meets established admission and exclusion criteria.

Intake procedures shall be guided by the consumer's preferences, treatment goals, and vision for community living. All intake activities shall be conducted in a manner that is culturally and linguistically appropriate to support a smooth transition and ensure continuity of care.

Procedure: The following procedure shall apply:

1. The Recovery Plan Coordinator, serving as CODI's Admissions Coordinator, shall coordinate all communication between the state psychiatric hospital and CODI.
2. Consumers are assigned to CODI by the state placement entity. The hospital treatment team and social worker shall prepare and electronically transmit the assignment form (INDA) and the full referral information package to CODI's Admissions Coordinator. The placement entity is responsible for ensuring the assignment form is completed and received by CODI within one (1) business day of the assignment.
3. The informational package shall include:
 - a. Psychosocial Assessment;
 - b. Psychiatric Evaluation;
 - c. Physical Exam;
 - d. Psychological Assessment, if completed;

- e. Clear judiciary involvement;
 - f. Accurate family/guardian/emergency contact information
 - i. Consent for release of information prior to contacting above;
 - g. Medication Administration Record
 - h. Progress Notes – last two (2) weeks; and
 - i. Copy of consumer’s identification (if available).
4. Upon receipt of assignment, CODI’s Admissions Coordinator shall notify the placement entity and hospital social worker at least 24 hours before scheduling an interview. CODI shall initiate face-to-face engagement with the consumer within five (5) business days of assignment receipt.
 5. Admission Coordinator shall complete an Initial Assessment, including a suicide risk screening tool, during the intake interview. The completed assessment shall be reviewed by the Residential Admissions Team. If there is any indication of suicide risk during the assessment, staff shall immediately call 911. The suicide risk screening tool shall be maintained in the consumer’s file.
 - a. Intake procedures shall be guided by the consumer's preferences and goals with regard to treatment and community living and the consumer’s choices shall be documented in the assessment.
 - b. Admission Coordinator shall conduct intake procedures in a manner that is culturally and linguistically appropriate to the consumer and that facilitates continuity of service.
 6. Residential Admission Team shall be composed of the Recovery Plan Coordinator who serves as Admissions Coordinator, President/CEO, and VP of Residential Services. The team shall review each case and approve or deny admission by a simple majority vote of members present.
 7. If approved, the Admissions Coordinator shall submit completed INDA response to the Placement Entity and schedule admission to the program. Consumer shall be admitted as soon as possible, following approval.
 8. The target timeframe for completing the admission process is within twenty-one (21) days of receiving the information package.
 9. If the Residential Admissions Team does not approve the referral, the Admissions Coordinator shall notify the Placement Entity by submitting the completed INDA form indicating the decision.

10. For community-based referrals, the referral package shall be submitted to the Residential Admissions Team within five (5) days of receipt. The team shall review each case and determine admission eligibility by a simple majority vote.
11. The intake process shall include an orientation to the program and an explanation of the consumer's rights, rights regarding discharge, and grievance procedure.
12. Admissions Coordinator shall assign staff to coordinate admission for approved community referrals.
13. Admissions Coordinator will forward Placement Entity a list of current vacancies on a weekly basis.
14. The state placement entity determines consumer assignment based on current vacancy list and available bed. A waiting list is not maintained due to available beds being filled immediately, which is determined by the state placement entity. CODI follows state policies and procedures regarding admissions and vacancies.

<i>Policy Name</i>	Admission Criteria for DMHAS Licensed Facilities
<i>Effective Date</i>	October 17, 1977
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 16, 2025

Policy: CODI's Residential Program operates a range of licensed facilities designed to support individuals with mental health needs. All referrals are reviewed through an interview and assessment process conducted by the Residential Admission Committee. To be considered for admission, individuals must meet the following criteria:

1. Referred by a Hospital Placement Entity for placement in A+ facilities
2. Be 18 years of age or older
3. Have a primary psychiatric diagnosis
4. Have a history of psychiatric hospitalization or be at risk of hospitalization
5. Show a willingness to live cooperatively in a shared residential setting
6. Demonstrate a commitment to wellness and recovery, and be open to receiving support services

CODI shall not discriminate against an individual due to race, color, culture, creed, religion, sex, pregnancy, familial status, affectional or sexual orientation, gender identity and expression, age, ancestry, national origin, nationality, ethnicity, language, socioeconomic status, marital status, domestic partner or civil union status, liability for military status, political belief, atypical hereditary cellular or blood trait, genetic information, mental or physical disability including perceived disability, obesity, HIV or AIDS, alcoholism or substance use with legitimately prescribed medication[s] or other status protected by applicable federal, state, or local law or the ability to pay the residential service fee.

<i>Policy Name</i>	Advance Directive
<i>Effective Date</i>	April 11, 2011
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 16, 2025

Policy: Consumers shall be informed of their right to develop an Advance Directive for Mental Health Care as well as an advance directive for medical care. CODI is committed to supporting consumers in understanding and exercising this right.

Procedures: The following procedures shall be followed upon admission and throughout the duration of services:

- Staff shall provide informational materials to assist consumers in discussing and executing Advance Directives. These materials shall be available to interested consumers, their families, and designated mental health care representatives.
- If a consumer has an existing Advance Directive, staff shall request a copy. The directive shall be stored in both the consumer's case record and electronically on the public server in a designated folder titled, "Advance Directives."
- Advance directives shall be reviewed and considered during the development, review, or modification of the consumer's Individualized Rehabilitation Plan (IRP).
- Consumers shall be informed of available services related to End-of-Life care. End-of-life refers to the anticipated final days, weeks, or months of life due to advance, incurable disease or severe injury. Consumers shall be encouraged to create or update an Advance Directive addressing End-of-Life care. Discussions may include, but are not limited to, life-sustaining treatment preferences, Do-Not-Resuscitate (DNR) orders, hospice care, other health care options, and individual values and wishes.
- The consumer's face-sheet shall document whether an Advance Directives is in place. If a directive has not been executed, staff shall record efforts made to inform and assist the consumer in creating one.
- All executed or revised Advance Directives shall be registered online through the New Jersey Division of Mental Health and Addiction Services at: <http://www.state.nj.us/humanservices/dmhas/resources/mental/pad/>

<i>Policy Name</i>	Comprehensive Rehabilitation Needs Assessment
<i>Effective Date</i>	October 13, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 20, 2025

Policy: The purpose of the Comprehensive Rehabilitation Needs Assessment (CRNA) is to serve as the foundation for developing the Individualized Rehabilitation Plan (IRP). The CRNA is conducted by collecting comprehensive information necessary to assess the need for services, define their scope, and anticipate potential outcomes. This includes, but is not limited to, an individual's strengths, preferences, needs, abilities, psychiatric symptoms, medical history, and functional limitations.

The CRNA is a consumer-driven, face-to-face process conducted in collaboration with the consumer.

Procedure: The following steps shall be followed in the completion of the CRNA:

- I. A CRNA must be completed by licensed clinical staff or a registered nurse (RN) within fourteen (14) days of admission, every six (6) months for the first year after initial assessment, and annually thereafter.
- II. At the consumer's request, family members, significant others, and collateral service providers may participate and contribute relevant information, provided that confidentiality requirements are upheld.
- III. The CRNA shall include:
 1. Identifying information (name, gender, date of birth, religion, race, and Social Security number), referral date, and source.
 2. Psychiatric history, current mental status, and diagnosis or diagnoses (any secondary source of a consumer's psychiatric diagnosis shall be noted in the assessment).
 3. Current health status and medical history.
 4. Medication history, including current medication/dose/frequency and name of prescribing physician(s).

5. Past and current involvement with other agencies/mental health and health care services.
6. Legal matters relevant to treatment.
7. Name and phone number of emergency contact person and notation of any existing advanced directive for mental health care or living will. If one exists, a copy must be included in the consumer's record.
8. The valued life role consumer wants to achieve, as well as consumer's aspirations, strengths, and goals related to that valued life role, improving their life and achieving wellness and pursuing recovery.
9. Precursors or contributing factors to recent crises or increased distress and ways the consumer has de-escalated crises, such as relying on supports or accessing mental health or health care services.
10. Social and leisure functioning, including ability to make friendships, communication skills, and hobbies.
11. Social supports, including family friends, social, and religious organizations.
12. Trauma and abuse history.
13. The consumer's understanding of their mental health and health condition(s) and coping mechanisms.
14. Vocational and educational factors, including employment and education history, learning disabilities/needs, task concentration, potential for self-employment, and motivation for work.
15. Activities of daily living, including self-preservation skills, fire safety (including fire prevention during activities such as cooking and smoking) and evacuation skills, transportation, self-care, and hygiene.
16. Previous, current, and desired living arrangements.
17. Financial status; current entitlements; amount, type, and date of eligibility for subsidies; skills in knowledge of budgeting, including any history of managing entitlements and paying rent.
18. Substance use, including any substances used currently and, in the past, triggers for use of each substance, efforts made to stop or reduce using, consequences of use, substance abuse services received in the past and currently, the effectiveness of those services, community supports used to stop or reduce using, the effectiveness of those supports, and activities engaged in to avoid using.

19. Other important characteristics of the individual, such as special skills, talents and abilities.
20. Characteristics and behaviors resulting in barriers to successful community integration.
21. Recommendations regarding rehabilitation services to be provided.
22. Recommendations regarding housing arrangements.

<i>Policy Name</i>	Consumer Keys/Code
<i>Effective Date</i>	May 17, 2024
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 23, 2025

Policy: To promote the safety and security of residents and their personal belongings, the following procedures shall be followed:

Procedure:

1. Upon admission, the Residential Manager will issue each resident a lanyard containing keys to their medication cabinet, bedroom, and personal safe.
2. The Residential Manager will also provide residents with either a key or key code to the house and will advise them not to share the code with anyone.
3. Residents are responsible for always keeping their keys secure and in their possession.
4. Lost keys must be reported to staff immediately.
5. A \$5 replacement fee will be charged for each lost key.

<i>Policy Name</i>	Consumer Oxygen Safety
<i>Effective Date</i>	February 29, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: Consumers are responsible for the proper maintenance and safe use of their liquid oxygen tanks. This includes the ability to manage both oxygen tanks and/or concentrators, such as setting the liter flow according to the prescribed level.

Staff may provide verbal coaching only and shall not offer any “hands-on” assistance in managing oxygen equipment. If there is evidence that a consumer is not managing their oxygen responsibly or is noncompliant with prescribed usage, staff shall notify the consumer’s physician to evaluate the consumer’s ability to remain in the current setting or consider relocation to a more appropriate environment.

Before starting oxygen therapy, both staff and consumers shall review and adhere to the instructions provided by the oxygen supply company.

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

1. Do not smoke or allow others to smoke in areas where oxygen is in use.
2. Maintain a minimum distance of ten (10) feet between oxygen canisters and any open flames or heat sources.
3. Do not use petroleum-based lotions or creams. Use only water-based products (e.g., Aloe Vera, St. Ives, Neutrogena, or Aveeno).
4. Always turn off oxygen equipment when not in use to reduce fire risk and promote safety.
5. Do not use electrical appliances that produce sparks, such as electric razors or hair dryers, near oxygen.
6. Store oxygen canisters upright and securely in an approved storage device or oxygen cart, away from heat sources.

7. Store oxygen tanks in staff office, away from direct sunlight. Do not store oxygen tanks in closets, kitchens, confined spaces, or designated smoking areas.
8. Do not place or drape clothing over oxygen tanks.
9. In accordance with local fire codes, no more than five (5) oxygen tanks may be stored at any one time in a single location.
10. Plug oxygen concentrator directly into a wall outlet. Do not use extension cords.
11. Ensure tubing is long enough for safe use within a single room only.
12. Inform the power company that the consumer is oxygen dependent.

<i>Policy Name</i>	Continued Stay Criteria and Review
<i>Effective Date</i>	September 21, 1979
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 23, 2025

Policy: CODI provides a range of residential services designed to support individuals in progressing toward more independent, less restrictive living environments.

Procedure: The Residential Admission Committee (RAC) will regularly review each consumer's case to assess their readiness to transition to a less restrictive setting. The following factors will be considered in determining the appropriateness of continued residency:

1. The consumer expresses a desire to remain in the current setting, demonstrates a commitment to wellness and recovery, and actively participates in developing their Individualized Rehabilitation Plan (IRP).
2. The consumer is actively working toward meaningful and appropriate personal goals.
3. The consumer is not exhibiting behaviors that pose a danger to themselves or others.
4. Identified barriers exist that currently prevent the resident from transitioning to a less restrictive environment.

<i>Policy Name</i>	Coordination and Management of Services
<i>Effective Date</i>	October 18, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 20, 2025

Policy: Residential services shall be guided by the goals, objectives, interventions, and strategies outlined in each consumer's Individualized Rehabilitation Plan (IRP). Staff are responsible for overseeing and supporting the effective implementation of each consumer's IRP to ensure alignment with their recovery needs and progress.

Procedure: CODI shall adhere to the following procedures to implement and support the Residential program:

1. Ensure that all service activities are delivered, including providing collaborative consultation and guidance to other staff involved in supporting the individual and their family, as appropriate.
2. Monitor and follow up to evaluate whether the services provided effectively meet the individual's identified needs.

Based upon the needs of the consumers served, a range of services shall be offered to consumers in the supervised housing program, specifically addressing the maintenance or enhancement of consumer self-sufficiency. These services are intended to foster a sense of belonging, both within the residential setting and the greater community. They are designed to enhance the consumer's interest and participation in all spheres of community living (such as religious, social, political, and cultural). CODI shall empower the consumer to use the full range of community services. Other services shall be provided as outlined in the IRP and documented in the clinical record:

1. Provide housing skills including training in daily living skills, assisting the consumer in identifying natural supports to successfully live in an unsupervised setting, assisting the consumer to set up and decorate their residence, helping them to become familiar with the local community resources, accessing transportation services, and locating resources, such as the supermarket, bank, library, post office, and pharmacy.
2. Individual services coordination.
3. Mental health medication and illness self-management. Develop a plan to help the consumer monitor their symptoms, track early warning signs, develop coping skills, and prepare a plan to prevent or minimize a relapse. Observe the

- consumer's symptoms, help the consumer manage symptoms not reduced with medication, and assist the consumer to adapt and cope with internal and external stresses. Assist consumers in advocating for themselves regarding medication concerns and act as a liaison to clinical service providers.
4. Medication assistance, including medication education of proper administration techniques and medication monitoring.
 5. Assist with financial management, including budgeting and banking. Provide training and support in all areas concerned with the consumer's finances, including weekly/monthly budgeting, establishing bank accounts, balancing checkbooks, looking for sales, using coupons and rebate offers, avoiding impulse buys, responding to telemarketing or mail "schemes," establishing a savings plan designed for emergencies, and enhancing self- sufficiency.
 6. Assist consumers in managing their mental health and healthcare by monitoring symptoms, developing coping strategies, creating relapse prevention plans, and advocating for healthcare needs.
 7. Co-occurring mental health and substance abuse services linkages. Inquire about substance use/abuse history, and when a problem is identified, help consumers identify triggers for relapse and focus on a lifestyle centered on recovery. Refer to co-occurring mental health and substance abuse treatment if necessary. Educate the consumer on the interactive effects of substance use on psychiatric symptoms, psychiatric and other medications, and social behavior. Share Twelve-Step recovery and local co-occurring group meeting lists with consumers and accompany to local groups and/or meetings in order to encourage attendance. Encourage an alcohol and substance free-living environment in shared living arrangements. If necessary, assist consumers in accessing in-patient rehabilitation facilities
 8. Facilitate connections to legal assistance.
 9. Connect consumers to educational and vocational opportunities.
 10. Link consumers to recreational and leisure activities.
 11. Assist in accessing public benefits, including general assistance, food stamps, and Social Security.
 12. Transportation services. Provide coaching in the use of Medicaid taxi service, carpools, buses, trains, etc., and help consumers access low-cost transportation resources, if available. Assist with reading maps, reading bus/train schedules,

locating bus stops/train stations, etc. Assist consumers to save for bicycles or other low-cost methods of transportation. Provide instruction on and assistance with all transportation options.

13. Access to natural supports. Assist consumers to develop a support network other than professionals, which may include neighbors, family, friends, co-workers, [ministers or church members] clergy or lay religious or spiritual guides, shopkeepers, etc. Explore with the consumer opportunities for social networks and coach the consumer to strengthen these connections. Explore/encourage joining or rejoining a social organization, recreational group, or religious or spiritual organization to enhance quality of life and promote community integration.
14. Support services including illness management and recovery efforts.
15. Crisis intervention, consisting of face-to-face, short-term interventions with a consumer who is experiencing increased distress and/or an active state of crisis. Interventions and strategies include:
 - i. Contributing to the development and implementation of the consumer's crisis contingency plan and psychiatric advance directive;
 - ii. Brief, situational assessment;
 - iii. Verbal interventions to de-escalate the crisis;
 - iv. Assistance in immediate crisis resolution;
 - v. Mobilization of support systems; and
 - vi. Referral to alternative services at the appropriate level
16. Provide guidance in accessing emergency response services.
17. Residential counseling services.

<i>Policy Name</i>	Direct Care Training
<i>Effective Date</i>	October 18, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 20, 2025

Policy: CODI shall develop, update, administer, and document a comprehensive training program and community support services training manual for all staff. The training program shall be consistent with the requirements set forth at N.J.A.C. 10:37-6.99, D-2.14 and 10:77A-2.4 and shall have as stated objectives the attainment of the skills to provide, to the extent they are applicable. Direct care training shall include a comprehensive description of the training curriculum, aligned with the required topic areas listed below, the qualifications of the training providers or source, the format of training delivery, and any instructional materials used or distributed.

Procedure:

Training topics include:

1. Overview of adult mental health rehab services, including, but not limited to:
 - a. Psychiatric rehabilitation principles and methods;
 - b. Illness management and recovery;
 - c. Wellness and recovery action planning;
 - d. Advance directives for mental health care;
 - e. Professional ethics and boundaries; and
 - f. Confidentiality.
2. Emergency preparedness, including but not limited to:
 - a. CPR/First Aid/AED (training issued by American Heart Assoc. or American Red Cross trainer must be current);
 - b. Obstructed airway (usually part of CPR training);
 - c. Infection Control; and
 - d. Fire safety.
3. Suicide prevention, including but not limited to risk factors and warning signs.

4. Substance use disorders in conjunction with mental illness;
5. Crisis intervention and prevention skills, including:
 - a. Development of a crisis plan;
 - b. Crisis assessment;
 - c. Crisis prevention techniques;
 - d. Verbal intervention;
 - e. Crisis resolution; and
 - f. Mobilization of supports and how and when to access additional resources.
6. Documentation, including but not limited to:
 - a. Assessment;
 - b. Individualized rehabilitation plan;
 - c. Progress notes;
 - d. Termination summary; and
 - e. Objective vs. subjective recording of information.
7. Policies and procedures for verbally assisting the consumer in self-administering prescription and non-prescription medication.
8. Other medication/clinical issues including:
 - a. Classes of medication, therapeutic objectives, and side effects, including documentation and reporting of side effects to appropriate medical professionals; and
 - b. Clinical communication, including how to report symptoms when encountering problematic medical/clinical situations and pertinent information to share with medical providers during emergencies.
9. Activities of daily living and personal care management, including:
 - a. Personal hygiene;
 - b. Food preparation and nutrition;
 - c. Household maintenance, laundry, and budgeting; and
 - d. Monitoring of prescribed individual eating modifications.
10. Self-care health management and chronic health conditions.

A training completion summary sheet shall be maintained for each employee. This record must include all required training topics and subtopics relevant to the employee's job that is included in the curriculum, the date each training was completed, the source or provider of the training, and any competencies demonstrated, or certifications earned. On-line

training may serve as a delivery method for each topic or subtopic. The evaluation of staff competencies after completion of any training module shall include demonstrated, documented evidence of the knowledge and skills acquired by each participating employee.

<i>Policy Name</i>	Discharge Criteria
<i>Effective Date</i>	March 17, 1980
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Dt</i>	May 23, 2025

Policy: Consumers are encouraged to pursue goals that promote greater independence and autonomy. To ensure continuity of care and long-term support, discharge from the residential program will involve collaborative discussions with the consumer, relevant mental health providers, and natural supports identified by the consumer.

Procedure: Discharge from the residential program may occur under the following circumstances:

1. The consumer violates rules outlined in the service agreement in a manner that poses a substantial, ongoing, and immediate threat to the physical safety or emotional well-being of others. In such cases, the consumer will first receive written notice to cease the behavior. CODI will not discharge a consumer on this basis if the individual is civilly committed to an inpatient treatment facility.
2. The consumer's behavior causes the residence or program to be in violation of any lease terms, laws, or regulations.
3. The consumer repeatedly violates a reasonable rule governing conduct, despite receiving a written warning to cease such behavior. The rule must be clearly stated in the consumer's service agreement and comply with relevant regulations.
4. The consumer has reached the maximum clinical benefit of the services provided, an appropriate alternative living arrangement (excluding shelters, motels, or hospitals) is available, and CODI determines that discharge is in the consumer's best clinical interest.
5. The consumer has been absent from the residence for thirty (30) consecutive days without providing notice of intent to return.
6. The consumer refuses necessary and appropriate services as outlined in a properly developed Individualized Rehabilitation Plan (IRP), the refusal is not in their clinical interest, no suitable alternative plan is proposed, and an appropriate alternative living arrangement (excluding hospitals) is available.
7. The consumer voluntarily chooses to withdraw from the program.

Discharge Planning:

If a discharge is initiated, the consumer will be assisted in developing a comprehensive discharge plan. All efforts to secure appropriate housing, such as placement in a boarding home, must be documented. Discharge plans shall not include shelters, motels, or hospitals as final placements.

Consumer Rights:

If the consumer disagrees with the discharge decision, they will be provided with the grievance procedures. During the grievance process, the consumer may engage an advocate or attorney and present third-party testimony either in writing or in person. A reviewing officer from the NJ Division of Mental Health and Addiction Services will make the final determination. If discharge is upheld, CODI may proceed with removal no sooner than seven (7) days after the written decision is delivered to the consumer.

No consumer shall be discharged in retaliation for asserting their rights, expressing their needs, or making complaints.

<i>Policy Name</i>	Documentation Requirements A+ and B Level Residences
<i>Effective Date:</i>	October 21, 2016
<i>Approved By:</i>	Linda Carney, President/CEO
<i>Most Recent Revised Date:</i>	May 20, 2025

Policy: CODI requires all documentation to be accurate, comprehensive, and completed within timeframes that align with applicable regulatory standards and organizational expectations.

In addition to the recordkeeping requirements CODI shall keep appropriate financial records when charging consumers' fees. Financial records shall include specific charges for all service-related items applicable to each consumer. CODI shall make available to the consumer any and all financial records related to fees charged to that consumer and any rental subsidies received on the consumer's behalf.

Procedure: All documentation shall be completed within the designated timeframes by the staff responsible, as outlined below:

DOCUMENT	FREQUENCY	Responsible Staff
Application	Upon referral or at first face-to-face contact	Referral source or consumer
Initial Assessment	At first face to face contact	Recovery Plan Coordinator
Release of Information	At first face to face contact	Residential Manager and Caseworker
Consumer Status Memo	Within 24 hours of admission, transfer, or discharge	Residential Manager and Caseworker
USTF (Electronic)	Within 24 hours of admission or discharge	Recovery Plan Coordinator
Residential Service Agreement	Reviewed prior to admission, signed at admission, and reviewed annually	Recovery Plan Coordinator, Residential Manager, and Caseworker
Notice Consumer Rights	Within 5 days of admission	Residential Manager and Caseworker
Notice of Rights of Discharge	Within 5 days of admission	Residential Manager and Caseworker
Grievance Procedure	Within 5 days of admission	Residential Manager and Caseworker
Face Sheet entered into Foothold	On day of admission and updated every 3 months	Residential Manager and Caseworker and Caseworker
Admission Note	On day of admission into Foothold	Residential Manager and Caseworker
Privacy Statement [HIPAA]	Within 5 days of admission	Residential Manager and Caseworker
Electronic Communication & HMIS Agreement	Within 5 days of admission	Residential Manager and Caseworker
Comprehensive Rehabilitation Needs Assessment	Within 14 days of admission	Recovery Plan Coordinator

DOCUMENT	FREQUENCY	Responsible Staff
Initial Nursing Assessment	Within 14 days of admission and annually thereafter	RN
Individualized Rehabilitation Plan	In Foothold within 30 days of admission for group home and B level apartments; Revised every 90 days [a summary note documenting meeting is also required]	Residential Manager and Caseworker
Service Documentation Reports	Daily, for each shift	Residential Counselor
Progress Note	Face-to-Face contact	Residential Manager
Weekly Summary	Within 3 business days of week ending	Residential Manager and Caseworker
Monthly Summary	Within 3 business days of month ending	Residential Manager and Caseworker
90 Day Nursing Note	Every 90 days	RN
Notice of Hospitalization	In Foothold within 24 hours of admission and discharge	Residential Manager and Caseworker
Discharge Summary	Within 24 hours of discharge	Residential Manager and Caseworker

<i>Policy Name</i>	Evacuations Residential Facilities
<i>Effective Date:</i>	October 21, 2016
<i>Approved By:</i>	Linda Carney, President/CEO
<i>Most Recent Revised Date:</i>	May 23, 2025

Policy: In the event of an emergency, consumers may be required to evacuate the residential facility to ensure their safety and well-being.

Procedure: When an emergency necessitates evacuation from a residential site, the following steps shall be implemented:

- The President/CEO, or in their absence, the Vice President (VP) of Residential Services, will determine when an evacuation is necessary. If evacuation is required, staff will relocate consumers to one of the following pre-approved locations based on accessibility and current conditions including 901 Atlantic Avenue, Egg Harbor City, or Church by the Bay 244 East White Horse Pike, Galloway. The final evacuation site must be approved by the President/CEO or, in their absence, the VP of Residential Services.
- Upon directive from the President/CEO, the VP of Residential Services will instruct Residential Managers to initiate evacuation procedures. Residential Managers must ensure staff assist consumers in evacuating with essential personal belongings and sufficient supplies for at least three (3) days.
- Residential Managers shall gather all necessary contact information, which staff must transport to the evacuation site.
- Staff must ensure that all cell phones are fully charged and that assigned CODI vehicles are fueled and ready for transport.
- If possible, staff shall forward calls from the **landline** and consumer line to the group home cell phone. To forward calls: Dial *72 xxx-xxx-xxxx (ten-digit cell phone number). Confirm that the forwarding is successful. This process may need to be repeated.
- The Residential Manager must review the staff schedule to ensure adequate coverage based on consumers' needs. Staff shifts should not exceed 16 consecutive hours unless approved by the VP of Residential Services.
- Food and water supplies for at least three (3) days must be available for each consumer. The Residential Manager is responsible for developing and submitting a plan for purchasing and distributing food and water, subject to approval by the VP of Residential Services. Food from the group home may be brought to the evacuation site if needed.

- While at the evacuation site, staff shall advise consumers not to leave the premises unless directed by public safety personnel.
- President/CEO and VP of Residential Services shall determine when to return to residence.
- Upon return, to cancel the call forwarding from the landline, dial *73. Confirm that forwarding has been successfully canceled.

<i>Policy Name</i>	Exclusionary Criteria/ Denial Services
<i>Effective Date</i>	October 17, 1977
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 23, 2025

Policy: Individuals may be denied services based on specific exclusionary criteria designed to ensure the appropriateness and safety of residential placements:

1. The individual does not have a primary psychiatric diagnosis or a serious and persistent mental illness.
2. The individual has committed a serious assault or sexual offense against another person.
3. The individual presents a danger to themselves or others.
4. The individual exhibits behaviors that indicate unsuitability for cooperative living environments. Examples may include a history of fire setting, major property destruction, or documented inability to live in communal settings.

In addition to the above criteria, for level B group home and BSIA, individuals may also be denied services based on the following exclusionary criteria:

1. Inability to independently manage medication and are not on self-medication status.
2. Inability to independently schedule and attend medical and psychiatric appointments.

Appeals Process:

Individuals who meet exclusionary criteria and are denied services will be informed of the reason for denial and advised of their right to appeal. Appeals may be submitted to the President/CEO, who will conduct a final review and issue a determination.

In addition, appeals may be submitted to the following external contacts:

Amy Dindak, Program Analyst
 NJ Division of Mental Health & Addiction Services
 301 Spring Garden Rd., Ancora, NJ 08037
 Phone: (609) 567-7352

Kathleen Quish, Atlantic County Mental Health Administrator
201 Shore Rd., Northfield, NJ 08225
Phone: (609) 645-7700 ext. 4519

The program will maintain records and data related to all service denials, including the reason for denial and the outcome of any appeals.

<i>Policy Name</i>	Hospitalization
<i>Effective Date</i>	March 3, 1994
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 23, 2025

Policy: In the event of a hospitalization, consumers shall be given the opportunity to continue receiving services without interruption.

Procedure:

1. The consumer’s bed will be held for up to thirty (30) days following hospitalization.
2. The Residential Manager or caseworker shall document the hospitalization and all related details in Foothold.

<i>Policy Name</i>	Individualized Rehabilitation Plan
<i>Effective Date</i>	October 13, 2016
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 23, 2025

Policy: In accordance with State and Federal confidentiality laws, rules, and regulations, CODI shall collaborate with identified providers and the consumer's significant others in the development of the individualized rehabilitation plan (IRP).

Procedure: The following procedures shall guide in the development and implementation of each consumer's IRP:

1. No later than thirty (30) days after the consumer has been admitted, staff shall partner with the consumer to develop and implement an IRP.
2. At a minimum, each IRP shall be based upon the preliminary and Comprehensive Rehabilitation Needs Assessment (CRNA) and any other existing assessment, WRAP®, and advance directives.
3. All IRPs shall include:
 - a. The consumer's desired valued life role, specific recovery and rehabilitation goals, and measurable, time-framed objectives.
 - b. Strategies and interventions to be used, anticipated outcomes, and the following details:
 - i. Expected frequency and duration of each community support service.
 - ii. The location where each service will be delivered.
 - iii. The type and name/title of the practitioner responsible for each intervention.
 - c. Clearly defined measurable criteria to track progress, including desired behavioral changes or skill acquisition.
 - d. If psychotropic medications or controlled substances are included, documentation of the consumer's ability to self-administer, assistance to be provided by the service provider, and procedures for medication storage and retrieval shall be in the IRP.

4. Training and support services shall be provided as needs are identified in each consumer's IRP.
5. Services provided shall include, but are not limited to, evidence-based practices appropriate for implementing community support services:
 - a. Motivational Strategies: Encouraging personal connections to goals, promoting hope, exploring change readiness, and reframing experiences.
 - b. Cognitive Behavioral Strategies: Reinforcement, modeling, role-playing, behavioral shaping, cognitive restructuring, adherence strategies, coping and relaxation techniques, and social skills training.
 - c. Educational Strategies: Interactive teaching, simplification of information, comprehension checks, worksheet-based application, and collaborative homework planning.
 - d. Illness Management and Recovery (IMR).
6. Each IRP and its revisions shall be signed and dated by:
 - a. A physician or licensed practitioner authorized by State law to recommend treatment.
 - b. Appropriate team members, including intervention staff, the primary service coordinator, and the supervisor.
 - c. The consumer.
 - i. If the consumer declines to sign, staff must document the refusal in Foothold and on the IRP.
7. Review of the IRP shall occur as follows:
 - a. A consumer may request a review or revision of the IRP at any time.
 - b. In addition to any request by the consumer, CODI shall review and update the IRP as needed, at least every three (3) months. Review can be

documented as a note if consumer does not feel any goals or objectives needs to be revised.

- c. CODI shall collaborate with the consumer during any requested or scheduled review.
- d. Each review shall be documented with the date and signatures of the consumer, the staff member coordinating the services, and the supervisor overseeing the services.

<i>Policy Name</i>	Lost to Contact
<i>Effective Date</i>	November 25, 2013
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 21, 2025

Policy: An individual's ability to remain safe and connected in the community can be compromised by factors such as social isolation, medical issues, psychological trauma, stress, economic hardship, or environmental challenges. Because contact with residential staff may be the individual's only consistent connection to support services, CODI considers regular engagement essential to monitoring consumer well-being and safety in the community.

This policy establishes guidelines for staff to follow when an individual in CODI's residential program becomes lost to contact and outreach attempts are unsuccessful.

Procedure:

- During admission, CODI shall encourage consumers to provide copies of any existing Psychiatric Advance Directives (PAD) and the name of an emergency contact.
- Existing PADs shall be reviewed during each Individualized Rehabilitation Plan (IRP) update. Emergency contact information, listed on the Face Sheet, shall be reviewed quarterly and updated as needed. If a consumer has an active PAD, staff shall request a copy, which will be stored in both the consumer's case record and on the public server in the folder labeled "Advance Directives."
- If a consumer misses a scheduled appointment or outreach, staff shall attempt to contact the individual by phone within one (1) hour of the missed contact and document the outreach attempt in Foothold.
- If the consumer cannot be reached, staff must notify their immediate supervisor by the end of the same business day. Staff shall also inform the supervisor if the consumer has recently displayed behavioral changes, been discharged from an inpatient or crisis setting, or presented other risk indicators.
- If the immediate supervisor determines that the consumer is not at imminent risk, staff shall continue weekly outreach efforts.
- If no contact is established within thirty (30) days, CODI shall follow its established policy and procedures for service termination due to lost contact.

- If supervisor determines that consumer is at imminent risk, staff shall follow missing person policy.
- All contact attempts, assessments, and actions taken must be documented promptly and thoroughly in Foothold.

<i>Policy Name</i>	Meal Planning and Preparation
<i>Effective Date</i>	January 12, 1986
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: Consumers shall actively participate in meal planning and preparation as part of promoting independence, healthy living, and life skills development.

Procedure: The following procedures shall guide meal planning and preparation:

1. Weekly menus shall be developed with input from consumers to encourage engagement and choice.
2. Menus shall be reviewed by the Residential Manager to ensure they are nutritionally balanced and meet dietary guidelines.
3. Consumers shall receive education and guidance on the nutritional value of foods to support informed decision-making and awareness of health implications.
4. Consumers shall participate in grocery shopping including online shopping.
5. Staff shall assist consumers in the preparation of meals, providing support as needed to encourage skill-building and safety.
6. Staff shall accommodate and support consumers with special dietary needs, including those related to medical conditions, religious practices, ethnic backgrounds, or cultural preferences.

<i>Policy Name</i>	<i>Medical Parameters</i>
<i>Effective Date</i>	July 7, 2021
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	April 2, 2025

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 on an annual basis. If physician does not require actions, physician must notate condition is being monitored at the physician's discretion.
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 indicating required action, 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.

<i>Policy Name</i>	Medication Administration Record
<i>Effective Date</i>	March 12, 1982
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: To promote the safe administration of prescribed medications, CODI shall maintain a Medication Administration Record (MAR) for each consumer taking prescribed or over-the-counter medication who are not on self-medication status. Consumers who are approved for self-medication do not require a MAR.

Self-administration of medication means the consumer removes the individual dose of medication from a container provided by a pharmacy, sample medication container provided by the prescriber, or a container of non-prescription medication, and consumes the medication, places it into another container for consumption at a later time, applies the medication externally, or injects themselves with the medication.

Procedure: The following procedures shall be followed for the completion and maintenance of the MAR:

1. MAR shall identify an up-to-date list of all prescribed medication for each consumer who requires medication oversight. This list shall include the medication name, purpose, dosage, frequency of self-administration or administration, and the date prescribed for each medication, and must be entered into the consumer's clinical record.
2. If prescribed medication is not covered by insurance, staff shall contact the doctor to obtain a new script for medication covered by insurance. In the event medication is not covered by insurance, staff shall explore other options such as consumer budgeting for medication or alternative treatment plans.
3. Each MAR binder shall include a MAR Book Initial Page that clearly identifies both consumer and staff names along with corresponding initials used on the MAR.
4. MAR shall be maintained by residential counselors (RC) and reviewed weekly by Residential Managers to ensure accuracy and compliance.
5. The MAR must never contain blank boxes. If a Residential Manager identifies a blank box, it must be circled in red ink to indicate an omission. Omission shall be recorded on reverse of MAR in Nurse's notes and corrected accordingly.

6. The consumer shall initial in the corresponding box on the MAR when they take their medication.
7. The following key will be utilized in incidences where the consumer is not being observed taking their medication: H – Hospital, D – Discontinued, R – Refused, O – Out of Medications, P – Packed. If a consumer refuses medications or is out of medications, RC must document in the Nurse’s notes.
8. Whenever a consumer’s medication regimen changes, the RC must immediately update the MAR to reflect the changes. If a medication is discontinued, RC shall draw a horizontal line through the discontinued medication using blue or black ink.
9. MARs are considered a formal part of the consumer’s case record. They shall be kept neat, organized, and properly maintained. Upon discharge, MAR shall be saved in accordance with licensing regulations.

<i>Policy Name</i>	Medication Education
<i>Effective Date</i>	April 11, 2001
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: Consumers who voluntarily choose to take prescribed medications shall receive medication education from staff, including CODI's Registered Nurse (RN). The purpose of this education is to help consumers understand the reasons for their prescriptions, potential side effects, the importance of lab work when necessary, and any relevant contraindications.

Procedure:

1. Residential Counselors (RC) and the RN shall provide education to consumers on the proper use of prescribed medications.
2. Consumers shall receive medication information fact sheet for each prescribed medication including the medication's purpose and potential side effects, and responses to potential side effects and any special precautions, for example, heat related precautions, of which consumers should be aware.
3. Medication education shall be provided as frequently as possible and incorporated into the consumers' daily routines. Documentation of this education shall be included in the consumer's file through progress notes and service documentation reports.
4. Staff shall regularly provide counseling services aimed at informing consumers about medication(s) and the potential interactions if combined with alcohol or non-prescribed drugs.
5. Medication education provided by the RN as an intervention shall be documented in the consumer's Individualized Rehabilitation Plan (IRP). The RN shall also provide annual training on medication education to staff.
6. If a consumer repeatedly refuses to take prescribed medication, the Residential Manager may request the RN to provide additional medication.
7. Consumers shall be encouraged to direct any questions about their medications to their physician, prescribing agent, or CODI's RN.
8. Staff shall receive medication education during Heat Advisory training and educate consumers, which shall be completed annually before May 1st.

<i>Policy Name</i>	Medication Storage and Monitoring
<i>Effective Date</i>	March 22, 1982
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	March 24, 2025

Policy: All medications shall be self-administered by consumers. A Medication Administration Record (MAR) shall be maintained for all medication monitoring and documentation purposes.

Procedure: To ensure the safe storage and proper monitoring of consumer medications, the following procedures shall be followed:

1. Consumers are each assigned medication storage boxes requiring two keys for access. Key 'A' (top lock) is assigned to consumer. Both staff and the consumer must be present to access the medication. Prescription medications shall be kept locked in their medication storage box at all times. No stock supply of prescription medications or syringes shall be stored in the consumer's room or dwelling. Extra Key A copies shall be stored in a secure safe accessible only to the Residential Manager
2. Key B (bottom lock) is assigned to staff. Extra Key B copies shall be kept in a separate, secure cabinet accessible only to staff.
3. Medications requiring refrigeration must be stored in a personal locked box inside the staff refrigerator at a temperature required by the manufacturer of the medication. Staff shall ensure the refrigerator is always locked with a key staff only has access to. This process requires two keys for access.
4. Non-prescription OTC medications shall be locked in a secure place in the consumer's room and not in the medication storage box.
5. Consumer is expected to take prescribed medication. Residential Counselors (RCs) shall coach or monitor the consumer while they are self-administering the medication as part of the individuals' rehabilitation plan. No physical administration is permitted. If a consumer refuses medication, the RC shall encourage adherence but must respect the consumer's right to refuse. Repeated refusals shall be reported to the prescribing physician by the Residential Manager for further direction.
6. RC and consumer shall check medications weekly for expiration dates and the need for refills.

7. RCs shall submit a Medication Refill Notice electronically to the Residential Manager at least two weeks before the medication runs out.
8. Consumers using syringes must maintain a Syringe Count Record Form documenting usage and inventory. RCs shall verify accuracy and initial the record accordingly.
9. A running tally/inventory of all prescribed controlled dangerous substances (CDS) shall be documented on Medication Count form indicating medication inventory total at each shift. Prescribed CDS shall be deducted from count as consumer takes medication. RC shall document initials on form and ensure inventory is accurate.
10. If staff suspects a consumer is under the influence of alcohol or drugs at the time of medication, the pharmacy shall be contacted immediately to determine whether the medication can be safely taken.
11. If a consumer is not present when medication is delivered, staff may sign for the prescription. The medication shall be stored securely until the consumer returns. Upon return, staff shall transfer the medication to the consumer, who must sign a receipt confirming they received it and place it in assigned storage box.
12. Any changes or discontinuations in medication shall be documented on the MAR by the RC. The Residential Manager shall update the consumer's face sheet accordingly. Expired or discontinued medications shall be removed from the supply as soon as it is discontinued, placed in a separate locked box, and must be returned to an approved drop-off site or pharmacy. The Residential Manager shall remove labels, complete the Medications Returned form, and file appropriately.
13. The Residential Manager shall review MARs weekly to monitor medication adherence. If a consumer consistently refuses medication, the Residential Manager shall notify the VP of Residential Services via email.

<i>Policy Name</i>	Residential No Call/No Show Policy
<i>Effective Date</i>	November 6, 2023
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: The purpose of this policy is to ensure effective communication, maintain adequate staffing levels, and provide appropriate coverage in the event of staff absences. A no-call/no-show disrupts daily operations and compromises the quality of care provided by CODI. To prevent such occurrences, the following procedures must be followed.

Procedure:

1. Residential staff who are unable to report to work unexpectedly must notify both the administrative office and applicable house number to report an absence a minimum of four (4) hours before start of shift.
2. If the staff do not answer the house number, staff shall immediately call the Residential Manager.
3. Should the group home manager be unable to be contacted, staff shall notify the VP of Residential Services.
4. Failure to adhere to this policy may result in disciplinary action, including termination.

A no-call/no-show is unacceptable and grounds for immediate termination. Adhering to this policy helps provide continued coverage and residential staff support for those we serve.

<i>Policy Name</i>	Nursing Assessments & 90 Day Visits
<i>Effective Date</i>	October 17, 1977
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: A Nursing Assessment shall be completed by a licensed Registered Nurse (RN) within fourteen (14) days of a consumer's enrollment into A+ and B level residential arrangements, prior to any transfer to a different level of care, and annually thereafter. The RN is responsible for assessing the consumer's needs and determining the appropriate level of care.

Procedures: The following procedures shall be followed when conducting and documenting a Nursing Assessment:

1. The RN shall conduct a face-to-face comprehensive nursing assessment. The assessment shall document the consumer's strengths, identified needs, required services, treatment goals, and clinical recommendations.
2. All recommendations from the nursing assessment shall be incorporated into the consumer's Individualized Rehabilitation Plan (IRP) to ensure coordinated and appropriate care planning.
3. Following the initial assessment, the RN shall complete a face-to-face nursing visit every ninety (90) days while the consumer resides in a supervised residence. Each visit must be documented in the consumer's progress notes. In addition, where necessitated by the consumer's needs, the RN shall visit the consumer to periodically evaluate the consumer's condition and the appropriateness of care provided by staff.
4. Each 90-day visit shall include:
 - A clinical review of the consumer's current condition.
 - Assess the consumer's health.
 - An assessment of the services being provided.
 - A review of the IRP to ensure goals and interventions remain appropriate.
 - A review of the observations and progress notes made by the direct care staff.
 - Identification of any changes needed in the treatment approach in the IRP.

<i>Policy Name</i>	On-Call Support
<i>Effective Date</i>	January 5, 1998
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: The residential program shall provide consumers with access to an on-call staff member 24 hours per day, seven (7) days per week for times of stress, crisis, and emergency facility matters. This system ensures timely and appropriate responses to urgent issues that arise outside of regular business hours.

Procedure: Residential Counselors shall immediately contact the Residential Manager in any of the following situations:

1. Suicidal Intent or Suicide Attempt **[If a life-threatening emergency, first call 911].**
2. Medical / Emergency Room visit/follow-up **[If a life-threatening medical emergency, first call 911].**
3. PIP involvement or follow up.
4. Consumer requires evaluation or support to de-escalate situation.

The Residential Manager is required to respond to calls within fifteen (15) minutes. If there is no response within fifteen (15) minutes, the Vice President of Residential Services shall be contacted. If Vice President of Residential Services does not respond within fifteen (15) minutes, President/CEO shall be contacted.

Individuals (consumers, families, outside parties) calling CODI’s main office after business hours shall be directed to the on-call line at (609) 965-4873 for assistance.

<i>Policy Name</i>	Orientation of New Consumers
<i>Effective Date</i>	March 28, 1982
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: All new consumers shall receive an orientation to their assigned residence (house or apartment) upon admission to ensure familiarity with the environment, safety protocols, and key program information.

Procedure:

1. Introduction and Tour:

- New consumers shall be introduced to fellow residents and staff.
- A staff member shall provide a tour of the residence, highlighting:
 - a. Emergency exits
 - b. Safety procedures
 - c. Location of emergency contact numbers

2. Orientation Checklist: Staff shall complete the Consumer Orientation Checklist with the new consumer to confirm that all key topics have been reviewed and understood.

3. Required Documentation:

New consumers shall be asked to review and sign the following documents:

- Residential Services Agreement
- Acknowledgment of Receipt for the following:
 - a. Rights of Individuals Receiving Services
 - b. Rights Regarding Discharge from Level A and B Settings
 - c. Grievance and Appeal Procedure
 - d. Advance Directive Fact Sheet
 - e. Notice of Privacy Practices

<i>Policy Name</i>	Part-Time/On-Call Staff
<i>Effective Date</i>	April 21, 2021
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: CODI shall employ part-time and on-call staff to ensure adequate staffing and continuous coverage in group home settings.

Procedure: The following procedure shall apply:

1. Part-time and on-call staff are required to work a minimum of one shift within every sixty (60) calendar days to maintain active employment status.
2. Staff who do not work a shift within a sixty (60) day period shall be considered inactive and will be subject to automatic termination from employment.
3. Former staff who wish to return after termination must reapply through the Human Resources Department and follow standard hiring procedures.

<i>Policy Name</i>	Pest Control
<i>Effective Date</i>	June 8, 2012
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: CODI is committed to maintaining all facilities in a safe, sanitary, and pest-free condition. In the event of a pest infestation, staff shall report the issue immediately to their supervisor for prompt intervention and resolution.

Procedure: The following procedures shall be followed to prevent and respond to pest infestations, including bed bugs:

1. Consumers shall be routinely educated on the importance of maintaining a clean and sanitary living environment to help prevent pest infestations.
2. CODI facilities shall be treated quarterly by a licensed exterminator. When an infestation is reported, Residential Manager shall immediately submit work order. Facilities Manager shall assess and contact exterminator.
3. Mattresses and box springs shall always be covered by a protective bed bug cover.
4. If bed bug outbreak occurs, clothes will be washed immediately and non-washable items shall be sealed in plastic bags with chemically treated pest control strips.
5. Consumers are encouraged to report any unexplained red marks, bites, or visible pests to staff promptly.
6. Staff shall conduct weekly inspections of each consumer's room including mattresses, furniture, and personal items for signs of bed bugs. If evidence of infestation is found, a Critical Incident Report (CIR) must be completed before the end of the shift. Staff shall prompt and assist consumers to regularly vacuum and clean their personal living spaces.
7. Consumers are strongly discouraged from bringing used furniture or personal items into CODI facilities, as these may harbor pests.
8. All CODI vehicles shall be cleaned, detailed, and treated with steam annually and as needed to prevent pest infestations.

<i>Policy Name</i>	Pets in Residential Facilities
<i>Effective Date</i>	September 3, 2014
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: Pets are permitted in CODI-licensed residential facilities only with prior approval from consumers and authorization from the Vice President of Residential Services. Approval is based on the pets potential therapeutic benefit to consumers and the overall impact on the residential environment.

Procedure: The VP of Residential Services may approve the presence of a pet provided the following conditions are met:

- Consumer requests permission from Residential Manager to obtain a pet.
- The Residential Manager confirms that no consumers or staff in the residence have pet allergies or phobias that would be negatively affected by the presence of a pet.
- Consumer receives consent from all peers to obtain pet.
- Pet has been declared in good health by a licensed veterinarian and is up to date on all required vaccinations.
- Pet is licensed by the local municipality (if applicable).
- Pet shall be well cared for and receive regular care , including receiving appropriate food, hygiene, and medical care.
- Failure to properly care for the pet may result in revocation of the approval and removal of the pet from the residence.

<i>Policy Name</i>	Policy & Procedure Creation & Review
<i>Effective Date</i>	October 19, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: CODI shall develop, implement, maintain, and revise written policies and procedures to ensure that its service delivery system, organizational structure, and management practices are in full compliance with applicable statutory and regulatory requirements.

Procedure: The following procedures shall be followed to support compliance and continuous quality improvement:

1. CODI shall document the extent to which consumers and their families were meaningfully and actively involved in the development and revision of the policy and procedure manual. The manual shall be made available for review by consumers and their families upon request.
2. Policies and procedures shall:
 - a. Guide staff compliance with the principles and requirements of N.J.A.C.10:37a and any other applicable rules.
 - b. Always be readily accessible to direct care staff.
 - c. Be reviewed annually by designated staff, with dated signatures documenting the review.
 - d. Direct care staff are required to review residential and universal standard operating procedures within thirty (30) days of New Hire Orientation.

<i>Policy Name</i>	Purpose of Residential Services
<i>Effective Date</i>	October 17, 1977
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

CODI's residential program shall provide safe, affordable housing and support services to individuals who are severely and persistently mentally ill or have a co-occurring substance abuse disorder. CODI shall offer a range of services and supports necessary to assist the consumer in achieving mental health rehabilitative and recovery goals, as developed in the consumer's individualized rehabilitation plan. Each consumer shall be treated with respect and dignity and offered opportunities to develop a better quality of life.

The goal of CODI's residential program is to restore the consumer's level of functioning to that which allows the consumer to achieve community integration and to access an independent living setting of the consumer's choice. The program assists consumers in gaining the life skills necessary to move to a less restrictive environment. Consumers residing in supervised residences shall not be required to be a party to a lease.

Staff assists consumers to achieve and maintain valued life roles in the social, employment, educational, and housing domains. Staff also assists consumer to be fully engaged in a process resulting in their recovery from mental illness or addiction. Additionally, staff shall assist each consumer to be well in their environment of choice with the least amount of staff intervention. The consumer shall be seen as a partner in their care and shall have direct input into its design. Services shall be of the consumer's choosing and shall be flexible to meet their needs.

<i>Policy Name</i>	Re-Enrollment
<i>Effective Date</i>	August 31, 1978
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: Consumers who have previously received services through residential shall have the opportunity to reapply. Re-enrollment is particularly important due to the cyclical nature of mental illness and the potential for recurring needs.

Procedure: When an individual who was previously served by CODI is referred or applies for services, the following criteria will be evaluated:

1. The applicant must meet eligibility requirements.
2. Program capacity must allow for new admissions (i.e., an available vacancy).
3. If the admission is denied, the applicant may contact the following external resources:

In New Jersey, Call 2-1-1 for Help and Hot Lines <http://www.nj211.org/>

Community Health Law Project.....(856) 858-9500
 160 South Pitney Road, Galloway, NJ 08205 <http://www.chlp.org/>

Adult Protective Services (609) 645-5965 or (888) 426-9243
 101 S. Shore Rd, Shoreview Building, Northfield, NJ 08225
<http://www.atlantic-county.org/intergenerational-services/adult-protective-services.asp>

Disability Rights NJ..... (609) 292-9742 or (800) 922-7233
 210 S Broad St, 3rd Floor, Trenton, NJ 08608.....<http://www.drnj.org/>

Atlantic County Mental Health Administrator(609) 645-7700 ext. 4519
 Attn: Kathy Quish.....email: Quish_Kathleen@aclink.org
 101 S Shore Rd, Northfield, NJ 08225

NJ Division of Mental Health & Addiction Services.....(877) 285-2844
 Mental Health Advocacy, Hughes Justice Complex
 25 Market St, Trenton, NJ 08625

<http://www.nj.gov/defender/structure/mha/> email: njmentalhealthcares@mhanj.org

NJ Division of Mental Health & Addiction Services (DMHAS)
Consumer and Recovery Advocate (609) 438-4321
DMHAS Ombudsman email: dmhas.ombudsman@dhs.nj.gov
<http://www.state.nj.us/humanservices/dmhas/resources/services/recovery/advocate.html>

NJ Division of Child Protection and Permanency 877-NJ-ABUSE (877) 652-2873
<http://www.state.nj.us/nj/community/family/>

NJ Division of Developmental Disabilities (DDD) (609) 476-5200
5218 Atlantic Ave, Suite 205, Mays Landing, NJ 08330
<http://www.state.nj.us/humanservices/ddd/home/>

Ombudsman for Individuals with Intellectual or Developmental
Disabilities and Their Families (609) 984-7764
Department of the Treasury, New Jersey Ombudsman, PO Box 205,
Trenton, NJ 08625
<https://nj.gov/treasury/njombudsman/treasury/assets/contact/ombudsman/contact-ombudsman.shtml>

New Jersey Council on Developmental Disabilities (609) 292-3745 or (800) 792-8858
Mary Roebling Building, 20 West State St, 6th Floor, Trenton, NJ
08608 or, PO Box 700, Trenton, NJ 08625-0700
email: njcdd@njcdd.org

NJ Division of Vocational Rehabilitation (609) 813-3933 or (609) 292-5987
2 S. Main St, 1st Floor, Suite 2, Pleasantville, NJ 08232
or, PO Box 398, Trenton, NJ 08625
<http://www.state.nj.us/humanservices/cbvi/services/vocation/>

<i>Policy Name</i>	<i>Representative Payee</i>
<i>Approved by</i>	L. Carney, President/CEO
<i>Effective Date</i>	December 23, 2015
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: When a consumer has been previously assigned a Social Security Administration (SSA)-designated representative payee or requires one, CODI shall either assume this responsibility or apply to become the consumer's representative payee.

CODI will retain representative payee status until the consumer is deemed capable of independently managing their finances or formally requests a change in representative payee. Any changes to the representative payee agreement must be documented in writing and signed by the consumer.

Procedure: To ensure accurate accounting and responsible management of representative payee funds, CODI will adhere to the following procedures:

1. The Accounting Office shall be notified by the caseworker via a consumer status memo when CODI is designated as a consumer's representative payee.
2. The caseworker shall ensure that the consumer signs and dates the Representative Payee Agreement form.
3. In accordance with SSA regulations, Social Security checks shall be directly deposited into a designated Representative Payee bank account. These funds will be held in a federally insured financial institution. Any interest earned on account balances will be allocated quarterly among consumers based on their individual percentage of the total balance. Any checks received at the main office shall be logged, copied, and appropriately documented.
4. Accounting shall record all receipts and disbursements for each consumer's account.
5. Consumers may request and receive a statement of their account at any time, detailing all financial activity.

6. Consumers must submit a completed Social Security Monthly Expense Form to the Vice President of Residential Services to establish a monthly budget. The accountant shall pay bills in advance of their due date using the individual's funds. Consumers are responsible for forwarding all bills and any address changes to the accountant in a timely manner.
7. To request funds for non-budgeted expenses, consumers must complete and submit a Social Security Special Fund Request Form to the Vice President of Residential Services. Refer to the Representative Payee Fund Request Policy for additional guidance.
8. After budgeted expenses have been paid, any remaining funds will be disbursed to the consumer as outlined in their approved budget.
9. All correspondence between the SSA and CODI shall be maintained in the consumer's electronic financial file.
10. Consumer financial files are subject to review and may be included in the agency's annual independent audit.
11. The Chief Financial Officer (CFO) is responsible for completing and submitting the annual Representative Payee Report to the SSA.
12. If a consumer receiving SSI benefits under CODI's representative payee status is hospitalized, the caseworker must notify the accountant via a consumer status memo. Upon notification, the accountant shall return the funds to the SSA. Upon discharge, the caseworker shall again notify the accountant to resume account management.

<i>Policy Name</i>	Representative Payee Fund Request
<i>Approved by</i>	L. Carney, President/CEO
<i>Effective Date</i>	October 26, 2016
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: Consumers on Social Security representative payee status must submit a Social Security Request Form (Green Sheet) for initial monthly budgeted expenses, any changes to the existing budget, and requests for additional funds. The Accounting Department will not process or issue any funds without an electronically submitted and approved request.

Procedure: To ensure proper fund management and accountability, the following procedures shall be followed:

1. Staff shall assist the consumer in developing a monthly budget and completing the required Social Security Request Form. Consumers must electronically sign and date the form, indicating they have read and understood the instructions, before submission for approval.
2. For any monetary requests exceeding the approved monthly budget, consumers must submit a Social Security Special Request Form (Green Sheet). This form must also be electronically signed and dated by the consumer to confirm understanding of the process and requirements.
3. Staff shall review the completed request form, electronically sign and date it, and submit it to the VP of Residential Services for further review.
4. The VP of Residential Services will review the request and may approve, deny, or adjust it based on the consumer's financial situation. If the request exceeds the available account balance, the consumer must be consulted to discuss alternative options or budget adjustments.
5. If a consumer demonstrates difficulty managing their budget, the caseworker shall include budgeting assistance as part of the consumer's Individualized Rehabilitation Plan (IRP).
6. The VP of Residential Services may deny a request if it does not meet Social Security's criteria of financial need or involves a large amount that cannot be adequately tracked (e.g., if no receipt or documentation can be provided).

In such cases, the caseworker shall be notified via email. The caseworker must inform the consumer of the denial and discuss potential revisions. The consumer may resubmit a modified request or request reconsideration. The consumer may also request a meeting with the VP of Residential Services to discuss the decision.

7. Consumers who frequently submit special requests may be encouraged to reassess their monthly budget and create a new budget that better reflects their spending needs.
8. Once approved, the VP of Residential Services shall electronically forward the request to the Accounting Department for processing.
9. Monthly checks will be mailed to the consumer at the address provided, following the scheduled monthly disbursement cycle. Special request checks will be mailed within three to five business days of approval unless further clarification is required or the request is denied.
10. Any questions or concerns regarding Social Security fund request questions shall be directed to Supportive Housing Coordinator or VP of Residential Services.

<i>Policy Name</i>	Residential Consumer Accounts
<i>Effective Date</i>	November 11, 1987
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: Consumers shall have an individual account that identifies all charges and payments maintained by CODI.

Procedure: The following shall apply to the maintenance of consumer accounts:

1. The Accounting Department maintains individual consumer accounts in QuickBooks.
2. The senior accountant records charges every month, and the payroll coordinator records payments monthly.
3. Consumer accounts shall be reviewed monthly by the Chief Financial Officer.
4. Consumer shall receive monthly consumer account statement.

<i>Policy Name</i>	Residential Service Fee
<i>Effective Date</i>	March 31, 1982
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: Consumers residing in an NJDMHAS-licensed facility are required to pay a Residential Service Fee (RSF). However, individuals without income will not be denied access to services solely based on their inability to pay.

Procedure: The following shall apply to the determination and collection of the RSF:

1. Consumers shall receive a monthly statement outlining current charges and any outstanding balance.
2. The RSF is expected to be paid within the first seven (7) days of each month.
3. If the RSF is not paid within fifteen (15) days of the due date, the Chief Financial Officer (CFO) shall notify the Residential Manager and Vice President of Residential Services electronically. These parties will be responsible for conducting appropriate follow-up.
4. If a balance accrues, the consumer shall be asked to participate in a mutually agreed-upon repayment plan.
5. If no payments are made and the consumer fails to make any effort toward repayment for a period of three (3) months, steps may be taken to initiate discharge from the facility.

<i>Policy Name</i>	Residential Services Agreement
<i>Effective Date</i>	October 21, 1977
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: The Residential Services Agreement (RSA) establishes a formal agreement outlining the mutual responsibilities of CODI and the consumer. It defines the expectations, roles, and obligations of both parties. CODI shall develop and submit for approval to the Division prior to use a consumer service agreement. Any changes to the consumer service agreement including additions, deletions, or revisions must receive written approval from New Jersey Department of Human Services Office of Licensing PO Box 707, Trenton, NJ 08625-0707.

Procedure: The following shall apply to the RSA:

1. Prior to admission into a group home or semi-independent living facility, prospective consumers shall be provided with an opportunity to review the RSA.
2. The Recovery Plan Coordinator is responsible for ensuring the consumer reads and understands the contents of the RSA.
3. Within five (5) days of admission, the Residential Manager shall confirm that the RSA has been reviewed, explained, and signed by the consumer. If the consumer is unable to read or fully comprehend the document, the Residential Manager must provide an explanation in an accessible manner and arrange translation services if necessary.
4. The consumer service agreement shall indicate the consumer's written acknowledgement that he or she understands the following terms of the agreement:
 1. A list of available services for which there are no fees.
 2. The fees for optional services to be provided (if any).
 3. The consumer's rights (as specified in N.J.A.C. 10:37-4.5(h)1 through 7, and 10:37A Appendix A) and responsibilities, including expectations of the program and complaint process (as specified in N.J.A.C. 10:37-4.6(b)).
 4. CODI shall ensure that the consumer is afforded the opportunity to:
 - i. Be supported in an effort to achieve the wellness and recovery goals outlined in a fully developed WRAP® where one is

- available, and the consumer chooses to use that tool, and in the consumer's individualized rehabilitation plan.
 - ii. Be afforded suitable opportunities for interactions with others.
 - iii. Spend one's own money for expenses and purchases.
 - iv. See visitors each day.
 - v. Practice the religious/spiritual program of one's own choice or to abstain from religious practices.
5. The consumer's roles and responsibilities and consequences for violations.
 6. Service termination procedures.
 7. The location and accessibility of policy and procedure manuals.
5. The consumer service agreement shall contain provisions indicating the voluntary nature of services in supervised housing. These agreement provisions shall state that in the event that the consumer refuses services, staff shall meet with the consumer at least monthly to discuss the consumer's progress toward wellness and recovery goals and, if appropriate, alternatives for housing with or without services.
 6. Termination procedures shall be described in the consumer service agreement and shall comport with the requirements in N.J.A.C. 10:37A-5.3 and 11.2 through 11.5, as appropriate.
 7. If a consumer refuses to sign the RSA, admission to the program will not proceed.
 8. The Residential Manager shall witness the consumer's signature on the RSA.
 9. The RSA shall be reviewed with the consumer annually, and a new signature must be obtained to confirm ongoing understanding and agreement.

<i>Policy Name</i>	Rights Regarding Discharge from Level A+ & B Settings
<i>Effective Date</i>	October 17, 1977
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Dt</i>	May 29, 2025

Policy: Consumers residing in community residences licensed by the New Jersey Department of Human Services are entitled to protection from discharge or exclusion without sufficient and justifiable cause. Discharges must be based on clearly defined criteria and follow appropriate procedures to ensure fairness and consumer rights.

DISCHARGE:

The following conditions and steps must be met before a consumer may be discharged or excluded from a group home or supervised apartment:

1. The consumer has received the maximum clinical benefit available through the program, and an appropriate alternative living arrangement, excluding hospitals or shelters, is available.
2. The consumer has violated the terms and conditions outlined in the Residential Services Agreement.
3. The consumer has been absent from the residence for thirty (30) consecutive days without staff knowledge.
4. The consumer may be immediately removed if their behavior poses a substantial, immediate, or emergent threat to the physical safety or emotional/psychological well-being of others. In such cases, the consumer must be offered the opportunity to meet with a representative from the Division of Mental Health and Addiction Services (DMHAS) within three (3) days of removal.

DISCHARGE PROCEDURES:

A. In the event of discharge, the following procedures shall be followed:

1. The consumer shall receive a written notice of intent to discharge at least thirty (30) days in advance. This notice will include the Rights Regarding Discharge Policy and the Grievance Policy.

2. The Residential Manager shall meet with consumer to discuss reasons for discharge.
 3. Staff shall assist the consumer in developing a discharge plan. Ideally, the plan will include alternate living arrangements and connections to other treatment services.
 4. The final decision regarding discharge will be made by the President/CEO.
- B. If the consumer chooses to appeal the discharge decision, the following procedures must be followed:
1. Consumer shall contact CODI's President/CEO to appeal decision.
 2. CODI shall notify Division of Mental Health and Addiction Services of the appeal. The consumer shall be given the opportunity to meet with that representative.
 - The consumer shall be notified at least ten (10) days in advance.
 - The consumer has the right to bring an attorney or another individual to the meeting.
 - The consumer shall have the opportunity to present information in support of the appeal.
 3. The Division's representative may make a decision they consider fair and reasonable. The decision shall be provided to the consumer in writing. If the discharge is upheld, the consumer will be given at least seven (7) days from the date of receiving notice to vacate the residence. If the discharge is not upheld, CODI must comply with the Division's decision or may be subject to administrative sanctions.

OTHER PROCEDURES:

1. If consumer is hospitalized or temporarily leaves the residence, their bed must be held for thirty (30) days.
2. If a consumer is discharged and has not collected all personal belongings, CODI shall safeguard the property for a maximum of thirty (30) days.
3. Consumer shall not be discharged from a residence as a form of retaliation or reprisal.

WHERE TO CALL FOR HELP:

If a consumer needs assistance regarding their rights in a licensed community residence, they are permitted to call or write to any of the following:

Atlantic County Mental Health Administrator (609) 645-7700 ext. 4519

Attn: Kathy Quish..... email: Quish_Kathleen@aclink.org
101 S Shore Rd, Northfield, NJ 08225

Division of Mental Health Services: Amy Dindak #609 567-7352
301 Spring Garden Road
Ancora, NJ 08037

Community Health Law Project #856 858-9500
160 South Pitney Road, Galloway, NJ 08205
<http://www.chlp.org/>

NJ Protection & Advocacy #800 922-7233
210 S. Broad Street
Trenton, NJ 08608

NJ Division of Child Protection and Permanency
877-NJ-ABUSE (877) 652-2873
<http://www.state.nj.us/nj/community/family/>

<i>Policy Name</i>	Safety Checks/Medical Checks
<i>Effective Date</i>	September 21, 2021
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: To ensure the safety and well-being of consumers, staff may conduct Safety Checks or Medical Checks based on specific behavioral or medical concerns.

Procedure:

Safety Checks

1. The Residential Manager shall assign a consumer to safety checks for the following concerns:
 - a. Smoking in the residence
 - b. Consumption of alcohol
 - c. Use of unprescribed drugs or medication
2. Safety checks shall be documented on Safety Checks/Medical Checks Form every thirty (30) minutes.
3. Before initiating Safety Checks, the Residential Manager must notify the Vice President (VP) of Residential Services by submitting a Notification of Safety/Medical Checks form via email.
4. The Residential Manager shall document the consumer's Safety Check status in the weekly progress note.
5. Staff shall be informed of the Safety Check status through documentation in the communication log.
6. The Residential Manager shall evaluate the need for continuation of Safety Checks on a bimonthly basis.
7. To discontinue Safety Checks, the Residential Manager must submit a Notification of Safety/Medical Checks form via email to the VP of Residential Services.
8. Safety Check documentation shall be maintained in the consumer's file for three (3) years.

Medical Checks

1. The VP of Residential Services shall notify the Residential Manager of a consumer's assignment to Medical Checks by submitting a Notification of Safety/Medical Checks form via email.

2. Consumers shall be assigned to medical checks for the following concerns:
 - a. Recent suicide attempt or reported suicidal ideation
 - b. Risk of elopement
 - c. Monitoring of psychiatric status
 - d. Monitoring of medical conditions or needs
3. Medical Checks shall be documented on Safety Checks/Medical Checks form every fifteen (15) minutes.
4. The Residential Manager shall document the consumer's Medical Check status in the weekly progress note.
5. Staff shall be informed of the Medical Check status through documentation in the communication log.
6. The VP of Residential Services shall evaluate the need for continuation of Medical Checks on a bimonthly basis.
7. To discontinue Medical Checks, the VP of Residential Services must submit a Notification of Safety/Medical Checks form via email to the Residential Manager.
8. Medical Checks shall be maintained in the consumer's file for three (3) years.

<i>Policy Name</i>	Smoking and Health Related Issues
<i>Effective Date</i>	January 1, 2000
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: CODI is committed to maintaining a safe, healthy, and supportive living environment for all residents, staff, visitors, and contractors. To promote overall well-being and reduce exposure to secondhand smoke, this policy prohibits smoking in accordance with local laws and public health guidelines.

This policy applies to all individuals within the Residential Services program and includes all forms of smoking, such as cigarettes, cigars, pipes, e-cigarettes, vaping devices, and all forms of marijuana.

Procedure: As outlined in the Residential Service Agreement, smoking is strictly prohibited inside all residential buildings, including but not limited to individual rooms, common areas, hallways, kitchens, bathrooms, offices, and any CODI-operated vehicles.

Designated smoking areas are located outside of residential sites. These areas are positioned away from entrances, windows, and ventilation systems to minimize exposure to secondhand smoke. All designated smoking areas are clearly marked with appropriate signage.

Smoking is permitted only in these designated outdoor areas. Residents are expected to comply with posted rules, including proper disposal of cigarette butts in ashtrays or other approved containers.

Residents violating the no-smoking policy will first be reminded of the rules and offered support in identifying healthier coping strategies. Continued violations may result in a formal Cease-and-Desist Notification. Staff who violate this policy will be subject to disciplinary action in accordance with agency procedures, which may include formal warnings and, if necessary, termination.

This policy will be reviewed annually to ensure alignment with current public health standards and the evolving needs of the residential community. Feedback from residents and staff will be considered during policy updates.

During the intake process, all residents will receive a copy of the no-smoking policy, which will be explained in detail by staff.

Residents who wish to quit smoking will have access to smoking cessation resources, including individual or counseling, referrals to external services, and educational materials on the health benefits of quitting. Staff will actively encourage and support residents in their efforts to reduce or stop smoking.

<i>Policy Name</i>	Staff Coverage at Level A+ and B Group Homes
<i>Effective Date</i>	March 9, 1983
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: All licensed Level A+ group homes must have continuous, 24-hour on-site staff coverage, seven (7) days per week. Under no circumstances shall a Level A+ group home be left without at least one residential staff person on-site. CODI's licensed Level B group home shall provide a minimum of four (4) hours of staff coverage per day, seven (7) days per week.

Procedure: The VP of Residential Services is responsible for ensuring that each Level A+ group home maintains twenty-four (24) hour coverage, seven (7) days a week. The Residential Manager shall develop and maintain a weekly staff schedule for each group home and ensure compliance with coverage requirements.

CODI's licensed level B group home will provide four (4) hours of staff coverage per day, seven (7) days a week. The Residential Manager is responsible for ensuring staff is present at the group home four (4) hours every day.

Staff who are unable to work their assigned shift must notify both the assigned group home and CODI's 901 location at least four (4) hours prior to the scheduled start time. Group home staff shall contact on-call staff to fill shift. If unable to fill shift, staff shall notify Residential Manager. The Residential Manager may need to provide temporary coverage until a replacement is secured.

Residential Counselors (RC) shall report to assigned group home fifteen (15) minutes before start of shift for shift exchange.

RC working at group homes with overlapping shift coverage shall not be required to report early for shift exchange. Group homes with overlapping shifts such as 1-9 pm will not receive pay for shift exchange.

<i>Policy Name</i>	Staff Supervision
<i>Effective Date</i>	December 11, 1987
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: CODI is committed to fostering professional development and maintaining high-quality services by ensuring that staff have regular opportunities to meet with their supervisors. Supervision serves as a platform to enhance staff skills, address challenges, and optimize the delivery of services.

Procedure: Residential Managers are encouraged to schedule supervisions at least quarterly for full-time residential counselors and biannually for part-time and on-call residential counselors. Supervision meetings shall address, but are not limited to understanding the needs and dynamics of the consumers, recommendations and strategies for effective service delivery, and performance feedback and professional development goals.

Supervision shall be documented in writing. Documentation must be signed by both the Residential Manager and the staff member to confirm mutual understanding of the discussion.

The Residential Manager shall forward signed supervisory notes to the Director of Human Resources for inclusion in the employee’s personnel file.

<i>Policy Name</i>	Staffing Credentials & Responsibilities
<i>Effective Date</i>	October 18, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: CODI shall employ a sufficient number of qualified staff to offer and provide all required services to consumers based upon the number of consumers served, the level of functioning and needs of the consumers, the types of residences utilized, and the geographical distribution of residences.

All staff shall have credentials as appropriate to their functional job descriptions and be hired in compliance with all applicable laws regarding criminal record background checks and substance use testing.

Procedure: The following staff shall be employed and appropriately licensed if applicable to ensure the provision of appropriate and effective services:

1. Clinically licensed staff:
 - a. Registered Nurse (RN): Must be licensed by the appropriate State professional board.
 - b. Other Clinically Licensed Professionals: Must possess a master's degree from an accredited college or university in social work, rehabilitation counseling, or a related behavioral health or counseling discipline.
2. Master's level staff:
 - a. Must possess a master's degree from an accredited college or university in social work, rehabilitation counseling, or another related behavioral health or counseling field.
3. Bachelor's level staff:
 - a. Must have a bachelor's degree in a helping profession (e.g., social work, psychology, human services, counseling, or psychiatric rehabilitation).
 - b. A degree in a non-related field requires a minimum of two (2) years of professional experience in a community behavioral healthcare setting.
 - c. Certification as a psychiatric rehabilitation practitioner may substitute for one (1) year of experience.

- d. Staff employed under this subsection shall work under the supervision of a physician, psychiatrist, licensed psychologist, advanced practical nurse, registered nurse, or master's level community support staff.
4. Associate's degree level staff:
 - a. Must possess an associate's degree in one of the helping professions, such as social work, human services, counseling, psychiatric rehabilitation, psychology, counseling, or other related behavioral healthcare or counseling program from an accredited college or university.
 - b. A degree in a non-related field requires at least two (2) years of professional experience in a community behavioral health setting.
 - c. Certification as a psychiatric rehabilitation practitioner may substitute for one (1) year of experience.
 - d. Staff employed under this subsection cannot supervise others and shall work under the supervision of a physician, psychiatrist, licensed psychologist, advanced practical nurse, registered nurse, or master's level community support staff.
 5. High School graduate level staff:
 - a. Must possess a high school diploma or equivalent.
 - b. A minimum of three (3) years of experience in a community-based behavioral healthcare setting is required.
 - c. Certification as a psychiatric rehabilitation practitioner may substitute for one (1) year of experience.
 - d. Staff employed under this subsection cannot supervise others and shall work under the supervision of a physician, psychiatrist, licensed psychologist, advanced practical nurse, registered nurse, or master's level community support staff.
 6. Peer level community support staff:
 - a. Must be certified as a Psychiatric Rehabilitation Practitioner and have one (1) year of experience in a community-based self-help, wellness, or recovery support role, and two (2) years of experience in a community-based behavioral health or self-help setting.
 - b. Staff employed under this subsection cannot supervise others and shall work under the supervision of a physician, psychiatrist, licensed psychologist, advanced practical nurse, registered nurse, or master's level community support staff.

<i>Policy Name</i>	Substance Use Disorder Services
<i>Effective Date</i>	June 24, 1986
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: CODI provides substance use disorder assistance to individuals with co-occurring disorders.

Procedure: The following procedures shall be used to assist consumers with maintaining recovery:

1. CODI shall review the consumer’s history of substance use and help secure necessary support resources and develop recovery skills.
2. At intake, or any time thereafter, if a consumer is identified as having a history of substance use, the following steps shall be employed:
 - a. Consumer shall be encouraged to attend self-help groups with an emphasis on recovery.
 - b. CODI shall support consumer’s effort toward compliance with medical and mental health appointments, and attendance at meetings and groups.

<i>Policy Name</i>	Termination Summary
<i>Effective Date</i>	October 19, 2016
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: When Residential services are terminated, an electronic termination summary detailing service provision and progress attained shall be completed within thirty (30) days. This summary should provide a comprehensive overview of services delivered and the consumer's progress during their time in the program.

Procedure: Upon notification from the Vice President (VP) of Residential Services, the Residential Manager shall immediately initiate the discharge process as outlined below:

1. Complete the electronic discharge and include:
 - a. The primary presenting problem(s).
 - b. The treatment provided and consumer's response.
 - c. The clinical condition at termination.
 - d. Any recommendations and referrals, including medications.
 - e. The reason for program termination.
 - f. The consumer's post-termination housing address/housing status if known.
2. The Residential Manager shall forward signed copy of termination summary to VP of Residential Services.
3. The VP of Residential Services shall review and if approved, sign and forward to Quality Improvement Specialist for inclusion in the consumer's record.
4. The Residential Manager shall complete the electronic Consumer Status Memo within twenty-four (24) hours of the consumer's discharge.

<i>Policy Name</i>	Transfer Criteria to a Level B Setting
<i>Effective Date</i>	August 24, 1982
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: To support varying levels of independent living, CODI operates semi-independent living facilities (Level B), where support services are available for a minimum of four (4) hours per day. These facilities are designed to promote autonomy while still providing necessary supports.

Eligibility for transfer or admission to a Level B facility is based on the following criteria:

1. The consumer expresses a desire to live in a more independent setting.
2. The consumer meets program admission criteria.
3. The consumer demonstrates the ability to coexist peacefully with housemates and function appropriately within the community.
4. The consumer is an active participant in their recovery process.
5. The consumer is capable of performing basic household management tasks, either independently or with minimal staff support.
6. The consumer is on self-medication status, meaning they are able to take prescribed medication independently without staff monitoring.

<i>Policy Name</i>	United Services Transaction Form
<i>Effective Date</i>	May 17, 1983
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: To comply with the requirements set forth by the New Jersey Division of Mental Health and Addiction Services (NJDMHAS), a United Services Transaction Form (USTF) must be completed for all consumer admissions and discharges.

Procedure: The following procedures apply to the completion and submission of the USTF:

1. The Recovery Plan Coordinator shall complete a USTF via DMHAS USTF+ Data System on all new admissions within five (5) days of admission.
2. The Recovery Plan Coordinator shall complete a USTF via DMHAS USTF+ Data System on discharges from services within twenty-four (24) hours of discharge.
3. Each completed USTF shall be forwarded to the Quality Improvement Specialist to file in the consumer's electronic record.
4. Recovery Plan Coordinator shall update the USTF database for all transfers and address changes.
5. Recovery Plan Coordinator shall complete a USTF via DMHAS USTF+ Data System when a consumer has been admitted to a state hospital, even if we are holding a bed. Consumer will then be readmitted via DMHAS USTF+ system once discharged back to CODI.

<i>Policy Name</i>	Visitors
<i>Effective Date</i>	April 12, 2021
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: CODI is committed to providing a safe and secure environment for all consumers and staff. To support this objective, all staff and visitors must adhere to established procedures when visitors arrive at a group home.

Procedure:

Upon arrival, visitors shall be asked to provide their name and name of the consumer they are visiting.

The following steps shall be followed when visitors arrive:

1. Visitors shall sign-in on the group home Visitor Log. The Visitor Log documents the visitor’s name, name of visitor, arrival time, name of consumer being visited, and departure time.
2. If required, visitors must wear personal protective equipment (PPE) and observe all safety protocols as established by the Chief Operating Officer.
3. Each group home shall designate a common visiting area. Visitors shall wait in the designated area and shall meet with consumer only in that area.
4. Visitors needing to use the restroom shall be escorted by staff member from visiting area to restroom and back.
5. Once the visitor has exited the group home, staff shall clean and sanitize visitor area and restroom if applicable.

<i>Policy Name</i>	Wellness and Recovery Principles
<i>Effective Date</i>	October 14, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 29, 2025

Policy: CODI shall operate programs in accordance with wellness and recovery principles, ensuring that services are person-centered, strength-based, and supportive of each individual's long-term recovery journey.

Procedure: The following principles shall guide the delivery of residential services. These principles include, but are not limited to:

1. Consumers have the right to receive services that help them develop the tools and strategies needed to self-manage their mental health and improve their overall quality of life.
2. Staff shall assist consumers in identifying and building upon their unique strengths to better address their needs, preferences, and goals.
3. Staff shall foster an atmosphere that emphasizes wellness, recovery, dignity, and mutual respect for all consumers.
4. Recognizing that recovery is a long-term, individualized process, CODI shall provide ongoing support tailored to each consumer's changing needs and levels of functioning.
5. Recovery principles shall be integrated into all aspects of service delivery, including residential support, engagement, intervention, treatment, rehabilitation, and supportive services.
6. Residential programs shall be designed to promote stability and long-term recovery, engaging consumers in care with the goal of achieving wellness and independence, even beyond their formal enrollment in the program.
7. Whenever possible, residential services shall incorporate the consumer's natural support systems, including family, friends, and community resources.
8. Staff shall provide opportunities for consumers to develop practical life skills, build confidence in managing their illness, and reconnect with their communities in meaningful and constructive ways.

9. The residential program shall employ evidence-based and best-practice intervention strategies to ensure effective, recovery-oriented service delivery.