

Catholic Charities of the Diocese of La Crosse
Agency & Client Relations Policies

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| Policy Name: | Statement of Principle (401) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/20/2008; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | None |
| References: | |

401.00 Statement of Principle – Client & Agency Relations

Catholic Charities of the Diocese of La Crosse seeks to promote just and equitable services to all clients. We strive to provide services that respect human dignity and privacy and utilize best practices. We also strive to ensure professional and respectful interactions with other agencies and firms with which we do business. The following policies govern our relations with clients and other agencies.

Catholic Charities of the Diocese of La Crosse, Inc.

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| Policy Name: | Service Population & Admission Criteria (402) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 8/20/2008; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | 2/5/2019, <u>11/19/2020</u> |
| References: | COA CR 1.03, 1.05 , <u>1.06</u> |

402.00 Service Population & Admission Criteria

402.10 General. Catholic Charities of the Diocese of La Crosse is commissioned to provide social services to persons in need within its competency.

402.20 Non-discrimination in Service Delivery. Catholic Charities, in accordance with Catholic Moral and Social Teachings, shall not engage in any discriminatory actions against any legally protected class unless otherwise provided by law. Catholic Charities does not discriminate against paid or unpaid staff, clients, donors or other stakeholders in any programs or activities on the basis of social and economic class, race, color, national origin, gender, sexual orientation, age, ability, religious creed or political affiliation or beliefs. There will be no retaliation against individuals for opposing discrimination protected under the laws of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations. Catholic Charities follows Wisconsin State Statutes 48.82 which indicates who may adopt a child: a husband and wife jointly, or either the husband or wife if the other spouse is a parent of the minor, or an unmarried adult. Rules and expectations will be enforced consistently across the agency to help ensure non-discriminatory treatment of clients.

402.30 Geographic Coverage. CCDL provides services to persons residing within the Diocese of La Crosse, which encompasses the following nineteen counties in the State of Wisconsin: Adams, Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, Juneau, La Crosse, Marathon, Monroe, Pepin, Pierce, Portage, Richland, Trempealeau, Vernon, and Wood. Services that are to be extended to persons residing outside of the Diocese of La Crosse must be approved by the Executive Director. In general, such services must also have the consent of the Catholic Charities

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Executive Director in the other Diocese covered by any such service area expansion.

- 402.40 Mission & Competence. Each program shall develop admission criteria that are consistent with the mission of Catholic Charities, Catholic Social Teaching, and within the scope of competence of staff delivering services. The service population shall be defined in writing and made available to all interested persons.
- 402.50 Legal & Contractual Responsibilities. If any program operates under specific legal requirements, or grant or contractual obligations, such requirements and obligations must be considered when defining the program's admission criteria.
- 402.60 General Admission Procedures. Each program's written admission criteria must minimize barriers to the timely initiation of services; serve as the basis for accepting applicants for initial screening or placement on a waiting list; give priority to persons or families with urgent needs or in emergency situations; and ensure that all persons are treated equitably and without favoritism.
- 402.70 Services to Minors. Notwithstanding 402.20, Catholic Charities may condition the provision of services to persons under the age of eighteen on the receipt of appropriate parental consent, consistent with Wisconsin law.
- 402.71 Definitions.

"Minors" - are persons who have not attained the legal age for consent to treatments or services under the applicable laws of the State of Wisconsin. The age of majority in the State of Wisconsin is 18 years. The exception to the 18 year-old cutoff is an "emancipated minor".

"Emancipated Minors" - include those persons who are not living with a parent and who are financially independent from their parent, guardian, or the State if a ward.

"Assent" - means that child's affirmative agreement to participate in treatment or service. Mere failure to object, absent affirmative agreement, should not be construed as assent.

"Parent" - means the child's biological or adoptive parent.

"Guardian" - means an individual appointed by a court of competent jurisdiction to consent, on behalf of a child.

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- 402.72 Parental consent must be obtained before providing services to minors at Catholic Charities, subject to the exceptions provided below. Parental consent must be documented on an approved form, signed and dated by the parent or legal guardian of the child seeking services. Appropriate mental health care for a minor with an urgent or emergent condition should never be withheld or delayed because of problems obtaining consent. However, such individuals should be referred to a medical provider immediately upon stabilization.
- 402.74 Treatment for alcohol or drug abuse. A minor twelve years of age or older can consent without parental notification to treatment for alcohol or other drug abuse. Catholic Charities will encourage parental involvement if the safety of the client is not at risk.
- 402.75 Adoption and Birthparent Services. A minor who is pregnant or is the putative father of an unborn child may receive services without parental consent or notification. Catholic Charities will encourage parental involvement if the safety of the client and/or child is not at risk.
- 402.76 Request for Privacy. If a minor explicitly requests that service be provided without parental notification or consent and no law requires parental notification, the request will be considered on a case by case basis. In order to grant such a request, the minor must have a compelling reason for avoiding parental notification and consent and such reason must significantly contribute to the likelihood of a positive outcome for the services rendered. Catholic Charities will encourage parental involvement if the safety of the client is not at risk. In addition, if the service to be provided is fee-based, the minor must provide an assurance of payment from a source other than his/her parents or legal guardians, if appropriate. All such requests will be subject to written approval by the program supervisor. Exceptions to parent consent and notification shall be documented in the case record.
- 402.77 Every program should develop written policies and guidelines that conform with federal and state laws, regarding consent for the treatment of minors, including specific guidelines on financial billing, parental notification, and client confidentiality for the unaccompanied minor.
- 402.78 In general, the parent or guardian should not only consent, but be invited to be involved in the services provided, as appropriate during the initial assessment and intake session.

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402.79 Assent of the minor. Whenever services are delivered to a minor, such services must be completely explained in advance to the minor in a manner appropriate for the minor's development, age, and understanding. The minor him/herself must assent to the services to be provided and staff should document in the case record all discussions of consent or assent, including the identity of the person providing consent or permission for treatment (the minor or parent or another adult acting on the parent's behalf), an assessment of the maturity and understanding of the minor, and the effort made to obtain consent from the minor's legal guardian, if unavailable.

Catholic Charities of the Diocese of La Crosse, Inc.

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| Policy Name: | Special Communication Needs (403) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 08/20/2008; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | None 11/21/2020 |
| References: | <u>COA ASE 3.02, 3.03</u> |

403.00 Special Communication Needs

Catholic Charities of the Diocese of La Crosse will ensure that all individuals with special communication needs receive appropriate assistance to ensure that CCDL provides meaningful service to these populations.

403.10 Limited English Proficiency. Documents critical to providing adequate service to LEP individuals will be translated in Hmong and Spanish. This may be accomplished in both written and oral (CD's) formats. All non-English speaking clients will be provided with qualified interpreters to ensure effective service delivery. A list of qualified interpreters will be maintained by the Client Rights Specialist and made accessible to staff.

403.20 Deaf and Hard of Hearing. Appropriate sign language interpreters will be secured to ensure effective service delivery to the deaf and hard of hearing. A list of qualified sign language interpreters will be maintained by the Client Rights Specialist and made accessible to staff.

403.30 Visually Impaired. CCDL will provide orally recorded or verbal information to the visually impaired as necessary to ensure effective service delivery.

403.40 Special Needs. Individuals who have special needs, such as differing motor abilities, will be served in a manner that is effective for them. This may include securing individuals who have special training or knowledge of the client's need to assist in the service delivery or collaborating with other community resources to get these individual's needs met.

403.50 Literacy. Individuals whose literacy level does not allow them to fully comprehend the oral communication or written materials given to them will be assisted in a way most appropriate for their level of understanding.

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| Policy Name: | Cultural Sensitivity (404) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | 2/5/2019 |
| References: | COA CR 1.03 |

404.00 Cultural Sensitivity

Catholic Charities of the Diocese of La Crosse's policies, procedures, and practices will recognize, respect, and respond to the unique, culturally defined needs of persons and families within its service population.

404.10 Cultural Sensitivity Expectations: Catholic Charities will ensure that its culture is one that expects staff at all levels in the organization to recognize, respect, and respond to the various and unique needs of our clients.

404.11 Civil Rights. All staff members will undergo training during the initial days of employment on the agency's civil rights plan that sets forth requirements to ensure equal opportunity in service delivery. Catholic Charities, in accordance with Catholic Moral and Social Teachings, shall not engage in any discriminatory actions against any legally protected class unless otherwise provided by law.

404.12 Training. Staff will receive regular training on the unique culturally diverse populations likely to be encountered in service delivery. These training opportunities will take place at quarterly All Staff meetings, monthly staff meetings, trade association sponsored training, and other internal or external seminars.

404.13 Staff Competence. When possible, CCDL will ensure that it hires staff who are culturally competent when the position warrants. Additionally, bilingual staff will be hired to serve those of Limited English Capacity (LEP) in Refugee Resettlement or Immigration Assistance positions where a high concentration of LEP clients are likely to be served.

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| Policy Name: | Service Barriers and Opportunities (405) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 8/31/2017, 2/5/2019 |
| References: | |

405.00 Service Barriers and Opportunities

Catholic Charities of the Diocese of La Crosse will institute a system to ensure that barriers and opportunities for service are regularly examined within each program.

405.10 Short Term Planning: The Program Supervisors will examine the outreach, intake, assessment, and service delivery process by reviewing the results of quarterly client satisfaction surveys, risk management reviews, and discussions with program staff at regularly scheduled staff meetings. Special attention will be given to any barriers to programs and services due to differing visual, auditory, linguistic or motor abilities of our clients.

4.05.20 Long Term Planning: On an annual basis, the Program Directors will document the defined service barriers and opportunities based on this review process. Actions that can be addressed at the program level are implemented. The Program Directors discuss other higher level issues with the Executive Director to determine what action may be taken.

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| Policy Name: | Prohibition on Corporal Punishment and Degrading Behavior (406) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 04/16/2018; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 04/16/2018; 03/27/2019 |
| Effective Date: | 10/20/2008, 04/16/2018 |
| Date(s) of Revision: | None |
| References: | BSM 1.02 |

406.00 Prohibition on Corporal Punishment and Degrading Behavior

Catholic Charities of the Diocese of La Crosse personnel shall never engage in any of the following practices in the course of their work:

- (A) Corporal punishment;
- (B) The use of aversive stimuli such as electric shock devices;
- (C) Interventions that involve withholding nutrition or hydration or which inflict physical or psychological pain;
- (D) Forced physical exercise to eliminate behaviors;
- (E) Punitive work assignments;
- (F) Punishment by peers;
- (G) Group punishment or discipline for individual behavior;
- (H) Verbal berating or obscene language;
- (I) Exposure to graphically violent or pornographic images;
- (J) Any other behavior that is degrading or denies the basic human dignity of the person served or fellow employee.

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| Policy Name: | Client Advocacy (409) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/20/2008; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | None |
| References: | |

409.00 Client Advocacy

Catholic Charities of the Diocese of La Crosse, Inc. seeks empowerment for the persons it serves. Staff shall work in active partnership with the families and persons they are serving to ensure that they have appropriate support to advocate on their own behalf and, if necessary, with the assistance of Catholic Charities staff. Such advocacy is meant to assist the client in overcoming access barriers for social services to which they may be entitled and to serve as a liaison between the client and government social services or other private agencies in order to gain the economic and programmatic support necessary to strengthen their families or alleviate their condition of poverty.

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| Policy Name: | Levels of Security (411) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 8/30/2017; 2/5/2019 |
| References: | COA RPM 6.01 |

411.00 Levels of Security

An Employee Security Profile will be completed at the time of hire. The profile will indicate what access the employee should have to client and agency information stored in file cabinets and on the computer system as well as what keys and other property the employee should be issued. When the employee leaves the agency, the security profile will be reviewed to ensure that equipment is returned and computer access is disabled.

Catholic Charities of the Diocese of La Crosse, Inc.

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| Policy Name: | Information Handling (412) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 9/5/2017 |
| References: | |

412.00 Information Handling

412.10 Faxes

- 412.11 Removal of Fax Documents. Front Desk Staff will be responsible for timely removal of fax documents from the fax machine and placing the documents in the appropriate staff member's mail slot.
- 412.12 Fax Cover Sheet. All faxes will be accompanied by a fax cover sheet that includes a privacy disclaimer. The fax cover sheet should be placed on top of the set of documents being faxed so that it is the top page on the stack of faxed items the recipient receives.

412.30 Voicemail

- 412.31 Secured Voicemail Computer. The server that operates the voicemail system will be kept in a secured area.
- 412.32 PIN Access. Staff are instructed to change their personal identification number to a number that only they know and to keep it confidential. The systems administrator will change the access code when a staff member separates employment.
- 412.33 Timely Deletion. Staff will ensure that they listen to and delete all voicemail messages in a timely fashion. Any voicemails with client data should be deleted at the end of each week.

412.60 Mail Trays

- 412.61 Secured. Mail trays for staff will be kept in a secure area to prevent inadvertent access by unauthorized persons.
- 412.62 Material Removal. Staff will ensure that they check for items in their mail trays to ensure timely removal of sensitive data.
- 412.63 Mailrooms. The mailrooms will be locked nightly.

412.70 Destruction of Files/Information

- 412.71 All offices will contain a confidential document bin to ensure that documents are kept confidential before they are destroyed.

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| Policy Name: | Client & Case Record Confidentiality (414) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 8/20/2008; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | 2/5/2019 |
| References: | COA CR 1.01, 2, 2.01, 2.5 RPM 6, 6.01, 6.02, 6.07 |

414.00 Client & Case Record Confidentiality

Catholic Charities of the Diocese of La Crosse shall employ appropriate measures to safeguard client and agency information to ensure confidentiality.

Catholic Charities of the Diocese of La Crosse will follow all regulations set forth by the Wisconsin Department of Children and Families and the Wisconsin Department of Health Services as well as the Department of Health and Human Services in Washington, D.C. that enforce the protection of clients' private personal information.

414.10 Minimum Disclosure. No employee shall knowingly disclose any confidential client information to other staff members without the client's permission unless the disclosure is necessary in treating or serving the client. In this event, the minimum amount of information necessary to treat or serve the client will be shared.

414.20 Client Authorizations. Employees will not discuss confidential client information with persons outside the agency unless the client has specifically consented to the release of the information. Each Program will use the agency Authorization for Release of Information Form (Form 414A) or a similar authorization specific to the program. Consent must be obtained from a parent or legal guardian if the client is a minor or incapable of providing informed consent. All Authorizations for Release of Information must expire within one year; if the Authorization is for a one-time release of information expiration should occur within 90 days. The original Authorization for Release of Information will be filed in the client's case record. The client will be provided with a copy of the Release of Information Form.

414.21 Restriction of Limitation. Clients have the right to request a specific restriction or limitation of the disclosure or use of their protected personal information contained in their case record.

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414.22 Disclosures without Authorization. In certain instances, CCDL will release client information without the client's authorization. These instances include the following:

- CCDL *must* disclose protected client information to the Department of Health & Human Services for compliance investigation purposes.
- CCDL *may* disclose protected client information without client authorization if it is allowed under the HIPAA Privacy Rule or required by law relating to:
 - Child abuse
 - Neglect
 - Domestic violence
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - For certain public health activities including disclosures for the purpose of preventing or controlling disease, injury, or disability, and disclosures related to victims of child abuse or neglect
 - For health oversight (audits; civil, administrative, or criminal investigations; licensure or disciplinary actions)
 - If about decedents (to a law enforcement official if suspicion that the death resulted in criminal conduct or to coroners or medical examiners for the purpose of identifying the deceased or determining the cause of death)
 - For certain research purposes, if all criteria under the HIPAA Privacy Rule are met
 - To avert a serious threat to health or safety including a duty to warn pursuant to CCDL policy 822
 - For specialized government functions
 - For worker's compensation
 - For certain marketing activities, such as informing clients of new staff or programs. Client information cannot be disclosed to business associates or to an institutionally related foundation for the purpose of raising funds for its own benefit
 - For treatment or payment activities such as case consultation and insurance claims

414.23 Minimum Necessary. When disclosing protected information, staff must limit the information disclosed to the minimum information necessary to carry out the given purpose or function.

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414.24 Receive an Accounting of Disclosures Clients have the right to receive an accounting of all the disclosures provided to others where their authorization was not required. Catholic Charities of the Diocese of La Crosse will keep a record of all disclosures in the case record (Form 414B) for a period of seven years.

414.25 Informed Consent. The caseworker will ensure that the client is well informed of the reasons and/or benefits to consenting to the release of their information. Additionally, precautions will be instituted to ensure that requests for client information are valid and in the best interests of the client.

414.30 Reporting All employees will report any actual or potential breaches of client confidentiality to the Privacy Officer of the organization.

414.40 Client Case Records Client information related to treatment and service is kept in confidential client case records. Staff members are only provided access to the case records and client information required for them to carry out their job duties. Any client case record information stored in electronic form in the computer system will be deleted when it is no longer necessary to serve the client or is not required by law. All client information stored in electronic form will be appropriately safeguarded by the use of computer passwords, firewalls and anti-virus software. All client information stored in paper form will be kept in locked metal file cabinets inside locked rooms. Access to the cabinets will only be granted to staff members who need the client's information. Security of confidential information is checked on a monthly basis as part of our facility inspections.

414.41 Record Retention. All case records will be kept for a minimum of 7 years after case closing unless specific regulations governing a particular program require records to be maintained beyond seven years.

414.42 Record Disposal in Event of Agency Closing. In the event that

Catholic Charities of the Diocese of La Crosse is no longer operating, any case records that need to be retained will be transferred to the State of Wisconsin or the Chancery Office of the Diocese of La Crosse.

414.43 Staff Use of Case Records. Access to case records will be limited

to only those staff members who require information in the case record to carry out their job duties. When an employee takes a record from their own file cabinet out of the office, takes a record from another employee's

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file cabinet, or takes a record from the closed records storage, a Record Checkout Form (Form 414E) must be completed. The Record Checkout Form will be filed in the front of the file drawer. This will help any staff member who is looking for the record to know when the record was checked out and by which employee. When records are returned, the Record Checkout Form should be removed and shredded.

414.50 Master Appointment Books All master appointment books will be kept in locked metal file cabinets when not in use. The confidentiality of client information shall be preserved by listing only the client's first name and first initial of the last name in all appointment books, personal day planners, computer calendars, and personal digital assistants used by staff.

414.60 Database. Data from all agency services is entered and stored in the agency's computer system by the caseworker, program administrative assistant, or secretary, for the purpose of providing generic information for grants and other agency reports. The database is protected by a system of passwords and may only be accessed by appropriately authorized agency employees. All staff with such access are expected to follow the "need to know" standard in working with this data.

414.70 Transporting Client Case Records. Client case records should not be transported outside of Catholic Charities unless it is necessary for direct client service. In the event it is necessary to transport the records, employees will utilize locking briefcases or totes to secure the records. All material transported by vehicle shall be stored in the trunk of the vehicle or locked and concealed inside the vehicle.

414.80 Receipt Books. Receipt Books will be kept in a secured and locked drawer or cabinet when not in use. Care will be taken to ensure that other clients do not see any other client's information contained in these documents when in use.

414.90 Billing Files, Appointment Books, and Dictation Tapes. These materials will be kept in secure, locking cabinets or drawers when not in use. Dictation tapes will be erased after use.

414.100 Use of Cell Phones. Identifying client information will be avoided when using cell phones in public areas.

414.110 Chance Meetings Employees of Catholic Charities will not initiate contact with clients during chance meetings outside of the office.

414.120 Notice of Information Practices An attempt will be made to provide all clients with a copy of our Notice of Information Practices (Form 414F) no later than the date of first service delivery, detailing how we will handle their protected personal information. If the first service delivery occurs over the

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telephone, the Notice will be sent no later than the day following the telephone conversation. Clients will be asked to sign an Acknowledgment Form (Form 400A) indicating receipt of the Notice and this will be kept in their client case record.

414.130 Staff Training and Acknowledgement All staff are required to read the confidentiality policies of Catholic Charities of the Diocese of La Crosse and sign an Employee Confidentiality Pledge (Form 414C). Any violation of a client's right to privacy may result in disciplinary action up to and including termination of employment. Staff will also receive training on the HIPAA regulations during orientation and annually thereafter. Staff will sign an acknowledgment attesting to such training (Form 414D).

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| Policy Name: | Client & Case Record Confidentiality (414) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 8/20/2008; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | 2/5/2019, <u>11/20/2020</u> |
| References: | COA CR 1.01, 2 , 2.01, <u>2.02, 2.5</u> RPM 6, 6.01, 6.02, 6.07 |

414.00 Client & Case Record Confidentiality

Catholic Charities of the Diocese of La Crosse shall employ appropriate measures to safeguard client and agency information to ensure confidentiality.

Catholic Charities of the Diocese of La Crosse will follow all regulations set forth by the Wisconsin Department of Children and Families and the Wisconsin Department of Health Services as well as the Department of Health and Human Services in Washington, D.C. that enforce the protection of clients' private personal information.

414.10 Minimum Disclosure. No employee shall knowingly disclose any confidential client information to other staff members without the client's permission unless the disclosure is necessary in treating or serving the client. In this event, the minimum amount of information necessary to treat or serve the client will be shared.

414.20 Client Authorizations. Employees will not discuss confidential client information with persons outside the agency unless the client has specifically consented to the release of the information. Each Program will use the agency Authorization for Release of Information Form (Form 414A) or a similar authorization specific to the program. Consent must be obtained from a parent or legal guardian if the client is a minor or incapable of providing informed consent. All Authorizations for Release of Information must expire within one year; if the Authorization is for a one-time release of information expiration should occur within 90 days. The original Authorization for Release of Information will be filed in the client's case record. The client will be provided with a copy of the Release of Information Form.

414.21 Restriction of Limitation. Clients have the right to request a specific restriction or limitation of the disclosure or use of their protected personal information contained in their case record.

414.22 Disclosures without Authorization. In certain instances, CCDL will release client information without the client's authorization. The client

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will be informed of these instances before disclosure occurs. These instances include the following:

- CCDL *must* disclose protected client information to the Department of Health & Human Services for compliance investigation purposes.
- CCDL *may* disclose protected client information without client authorization if it is allowed under the HIPAA Privacy Rule or required by law relating to:
 - Child abuse
 - Neglect
 - Domestic violence
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - For certain public health activities including disclosures for the purpose of preventing or controlling disease, injury, or disability, and disclosures related to victims of child abuse or neglect
 - For health oversight (audits; civil, administrative, or criminal investigations; licensure or disciplinary actions)
 - If about decedents (to a law enforcement official if suspicion that the death resulted in criminal conduct or to coroners or medical examiners for the purpose of identifying the deceased or determining the cause of death)
 - For certain research purposes, if all criteria under the HIPAA Privacy Rule are met
 - To avert a serious threat to health or safety including a duty to warn pursuant to CCDL policy 822
 - For specialized government functions
 - For worker's compensation
 - For certain marketing activities, such as informing clients of new staff or programs. Client information cannot be disclosed to business associates or to an institutionally related foundation for the purpose of raising funds for its own benefit
 - For treatment or payment activities such as case consultation and insurance claims

414.23 Minimum Necessary. When disclosing protected information, staff must limit the information disclosed to the minimum information necessary to carry out the given purpose or function.

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414.24 Receive an Accounting of Disclosure Clients have the right to receive an accounting of all the disclosures provided to others where their authorization was not required. Catholic Charities of the Diocese of La Crosse will keep a record of all disclosures in the case record (Form 414B) for a period of seven years.

414.25 Informed Consent. The caseworker will ensure that the client is well informed of the reasons and/or benefits to consenting to the release of their information. Additionally, precautions will be instituted to ensure that requests for client information are valid and in the best interests of the client.

414.30 Reporting All employees will report any actual or potential breaches of client confidentiality to the Privacy Officer of the organization.

414.40 Client Case Records Client information related to treatment and service is kept in confidential client case records. Staff members are only provided access to the case records and client information required for them to carry out their job duties. Any client case record information stored in electronic form in the computer system will be deleted when it is no longer necessary to serve the client or is not required by law. All client information stored in electronic form will be appropriately safeguarded by the use of computer passwords, firewalls and anti-virus software. All client information stored in paper form will be kept in locked metal file cabinets inside locked rooms. Access to the cabinets will only be granted to staff members who need the client's information. Security of confidential information is checked on a monthly basis as part of our facility inspections.

414.41 Record Retention. All case records will be kept for a minimum of 7 years after case closing unless specific regulations governing a particular program require records to be maintained beyond seven years.

414.42 Record Disposal in Event of Agency Closing. In the event that Catholic Charities of the Diocese of La Crosse is no longer operating, any case records that need to be retained will be transferred to the State of Wisconsin or the Chancery Office of the Diocese of La Crosse.

414.43 Staff Use of Case Records. Access to case records will be limited to only those staff members who require information in the case record to carry out their job duties. When an employee takes a record from their own file cabinet out of the office, takes a record from another employee's file cabinet, or takes a record from the closed records storage, a Record Checkout Form (Form 414E) must be completed. The Record Checkout

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Form will be filed in the front of the file drawer. This will help any staff member who is looking for the record to know when the record was checked out and by which employee. When records are returned, the Record Checkout Form should be removed and shredded.

- 414.50 Master Appointment Books All master appointment books will be kept in locked metal file cabinets when not in use. The confidentiality of client information shall be preserved by listing only the client's first name and first initial of the last name in all appointment books, personal day planners, computer calendars, and personal digital assistants used by staff.
- 414.60 Database. Data from all agency services is entered and stored in the agency's computer system by the caseworker, program administrative assistant, or secretary, for the purpose of providing generic information for grants and other agency reports. The database is protected by a system of passwords and may only be accessed by appropriately authorized agency employees. All staff with such access are expected to follow the "need to know" standard in working with this data.
- 414.70 Transporting Client Case Records. Client case records should not be transported outside of Catholic Charities unless it is necessary for direct client service. In the event it is necessary to transport the records, employees will utilize locking briefcases or totes to secure the records. All material transported by vehicle shall be stored in the trunk of the vehicle or locked and concealed inside the vehicle.
- 414.80 Receipt Books. Receipt Books will be kept in a secured and locked drawer or cabinet when not in use. Care will be taken to ensure that other clients do not see any other client's information contained in these documents when in use.
- 414.90 Billing Files, Appointment Books, and Dictation Tapes. These materials will be kept in secure, locking cabinets or drawers when not in use. Dictation tapes will be erased after use.
- 414.100 Use of Cell Phones. Identifying client information will be avoided when using cell phones in public areas.
- 414.110 Chance Meetings Employees of Catholic Charities will not initiate contact with clients during chance meetings outside of the office.
- 414.120 Notice of Information Practices An attempt will be made to provide all clients with a copy of our Notice of Information Practices (Form 414F) no later than the date of first service delivery, detailing how we will handle their protected personal information. If the first service delivery occurs over the telephone, the Notice will be sent no later than the day following the telephone conversation. Clients will be asked to sign an Acknowledgment Form (Form 400A) indicating receipt of the Notice and this will be kept in their client case record.

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414.130 Staff Training and Acknowledgement All staff are required to read the confidentiality policies of Catholic Charities of the Diocese of La Crosse and sign an Employee Confidentiality Pledge (Form 414C). Any violation of a client's right to privacy may result in disciplinary action up to and including termination of employment. Staff will also receive training on the HIPAA regulations during orientation and annually thereafter. ~~Staff will sign an acknowledgment attesting to such training (Form 414D).~~

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| Policy Name: | Professional Conflict of Interest (415) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | None |
| References: | |

415.00 Professional Conflict of Interest

Before providing services, employees should determine whether a professional conflict of interest exists in providing service to the person requesting service. A conflict of interest exists if the employee providing direct client services knows or has reason to know the person requesting services through a personal or professional relationship outside of Catholic Charities or the employee cannot reasonably provide the requested service due to personal bias or prejudice against the client.

In cases of a professional conflict of interest, the employee shall take the following steps:

- Refrain from gathering any further information regarding the client;

- Inform the client of the actual or potential conflict of interest and the need to remove themselves;

- Refer the client to another case worker within Catholic Charities who does not have a professional conflict of interest or, if that is not possible, provide a referral to another agency.

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| Policy Name: | Service Recipient Rights and Responsibilities (421) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 8/20/2008; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | 2/5/2019, <u>11/19/2020</u> |
| References: | COA CR 1, 1.01, 1.02, <u>1.04</u> , 1.07, 1.08 |

421.00 Service Recipient Rights and Responsibilities

All clients of Catholic Charities have certain rights and responsibilities with regard to the services they receive. The following information references the general agency Service Recipient Rights and Responsibilities. Individual programs may also have their own program-specific Service Recipient Rights and Responsibilities as required by the state and federal law or regulations.

421.10 Alternative Formats Catholic Charities of the Diocese of La Crosse Service Recipient Rights and Responsibilities outline will be made available in alternate formats to ensure that all clients understand their rights and responsibilities. Alternative formats include translation in the major non-English speaking languages in our service area (Hmong and Spanish), interpretation for languages other than English, and oral recording for the blind and those of special need.

~~421.30~~ 421.20 Dissemination The Service Recipient Rights and Responsibilities (SRR&R) outline (Form 421A) will be posted in a location visible to all clients in each office or service delivery location. Employees of CCDL will ensure that all clients receive the agency SRR&R in writing in addition to any program-specific SRR&R during the initial service. If the client is not in a clear and stable frame of mind, it will be provided at a more appropriate time. Clients who don't receive services in person via telephone will have a copy of the SRR&R mailed to them or will be directed where to view it on our website. Clients will verify receipt of the Service Recipient Rights & Responsibilities by signing the Acknowledgement Form (Form 400A) which is also available on our website.

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~~421.31~~ ~~421.30~~ EE Exercise of Rights All clients have the ability to exercise their rights outlined in the Service Recipient Rights and Responsibilities

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421.31 Grievance Process. Clients shall follow the client grievance policy which is posted in each location.

421.32 Notice of Information Practice. Clients will be given the Notice of Information Practice (Form 414F) during their initial service. The

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NIP outlines how CCDL will protect the client's protected personal information in accord with the Health Insurance Portability and Accountability Act (HIPAA) of 2003 and the process for filing grievances under the HIPAA regulation.

421.33 Discrimination/Civil Rights. All clients will be free from discrimination and given equal opportunity in service delivery in accord with the agency's Civil Rights Compliance Plan and policy 402.

421.34 Participation. All clients of CCDL have the right to participate in decisions regarding the services they are provided and to receive services in a non-coercive manner. Family members or legal guardians may also participate in such decisions as appropriate. Clients will be informed of both the benefits and risks of services being offered as well as the most appropriate alternatives.

421.35 Refusal of Treatment. All clients have the freedom to refuse any service or treatment unless mandated by law or court order. If a client refuses treatment, the caseworker will inform the client of the consequences of such refusal and document this in the client's case record.

421.36 Termination of Service. All clients may terminate their services with CCDL at any time for any reason unless mandated by law or court order.

421.37 Research Participation. The client has to be informed and give written consent to participate in research conducted by CCDL (Form 429A). Clients have the right to refuse participation in research or experimental services without fear of retribution.

421.38 Published Fee Schedules. Prior to service delivery All clients will be informed in writing of the cost of services provided to them including: the amount charged; when fees are charged, refunded or changed; and when payment is due. Clients will also be informed of possible consequences of non-payment for services.

421.40 Enforcement of Responsibilities. CCDL reserves the right to enforce client responsibilities as outlined in the Service Recipient Rights and Responsibilities

421.41 Termination of Services. CCDL reserves the right to terminate a client's services. The program supervisor will issue a termination of service notice to the client in writing.

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421.42 Collection of Fees. Clients of CCDL are expected to pay their fees for service promptly. When a client is in arrears, collection letters will be sent when the client's fees are 30, 60, and 90 days past due. If the client is still in arrears after the collection letters have been sent, legal action may be taken.

421.50 Availability of Service. Walk-in hours of service are posted at each CCDL location. Services will also be available by appointment.

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| Policy Name: | Client Communication Requests (422) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 8/20/2008; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | None |
| References: | |

422.00 Client Communication Requests

422.10 General Catholic Charities of the Diocese of La Crosse will accommodate reasonable requests by clients to receive communication by alternative means or at alternative locations. All clients must complete the Client Case Record and Communication Request form (Form 422A) for these types of requests. After completing the form, client should return the form to his/her caseworker. The caseworker should forward the form to the Client Rights Specialist who will respond to all such requests by completing the Agency Response to Client Case Record and Communication Request Form (Form 422B).

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| Policy Name: | Client Case Record Requests Policy (423) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400-Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017, 04/16/2018; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017, 04/16/2018; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017, 04/16/2018 |
| Date(s) of Revision: | 03/14/2016, 08/31/2017 |
| References: | COA RPM 8, 8.01, 8.02, 8.03 |

423.00 Client Case Record Requests

- 423.10 General: Clients of Catholic Charities of the Diocese of La Crosse (CCDL) have rights with regard to the information contained in their client case record. The following policies are derived from the Code of Federal Regulations, Title 45, Public Welfare and Human Services and Wisconsin Statute sec. 51.30 and HFS 92, Wisconsin Administrative Code.
- 423.15 Outside Entities: When outside entities request client information, the agency must consider:
- Is the request legitimate, legal, valid?
 - Do we have written consent from client or guardian?
- 423.20 Requests and Response: Clients must submit all requests regarding their case record in writing.
- 423.30 Access: Clients, or legal representatives, have the right to access their case record to inspect and have copies made of documents that pertain to their physical health or medications. This does not include psychotherapy notes, confidential information about family members or third parties who may be mentioned in the file or who have provided information requested to be kept confidential, or information that has been compiled in reasonable anticipation for use in civil, criminal or administrative proceedings. If the request is granted, the inspection will be conducted on Catholic Charities’ premises and a professional staff member or Executive will be present.
- 423.31 Access to client records shall be limited to:
- Past or present client/client’s guardian;
 - Staff on a “need to know” basis;
 - Requests for records of deceased clients; and
 - Auditors, licensing or other authorized personnel consistent with the confidentiality policy.

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- 423.32 Client files and or information will not be left unattended in public or non-secured areas. All confidential information will be secured by a double lock system when not in use.
- 423.33 Response Time: CCDL must respond to the client's request to access within 30 days. If an extension is necessary, CCDL may extend the response time another 30 days.
- 423.34 Reasonable costs for providing the case record for inspection or copying may be passed along to the client.
- 423.35 When the case record is electronic, the record may either be printed to allow the client to view it, or the record may be viewed electronically by the client using a separate user account. Clients will not, however, be permitted to access their records through a staff account because this would cause a security risk.
- 423.36 Requests may be denied if it is determined that it would be harmful for the client to review the file information. If so, they have the right to have the information reviewed by a licensed health care professional, who will not be able to divulge information that may be harmful to the client (422C).
- 423.37 If requests are denied, senior management will review, approve and enter into the client file the reasons for the refusal.
- 423.40 Amendment. Clients have the right to request an amendment of their case record.
- 423.41 Response Time: CCDL must respond to the client's request to amend his/her record within 60 days. If an extension is necessary, CCDL may extend the response time another 30 days.
- 423.42 Informing Others: If CCDL agrees to the amendment, it must obtain the client's identification of and agreement to notify all relevant persons with which the amendment needs to be shared.

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| Policy Name: | Denial of Client Requests (424) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 08/30/2017 |
| References: | |

424.00 Denial of Client Requests

424.10 General: A client's request concerning their case record or alternate communication may be denied by Catholic Charities of the Diocese of La Crosse.

Review by a Licensed Provider: Clients have the right to have denials of their requests reviewed by a licensed health care professional designated by CCDL who was not involved in the original decision to deny the request. CCDL may also allow a qualified professional to review the case record on behalf of the client in the event the professional agrees not to divulge any information that may be deemed to be harmful to client. The professional will sign a statement to this fact and a copy will be placed in the client's case record (422C).

424.30 Statement Insertion: Clients have the right to file a written statement into their case record in any instance including when CCDL denies requests. If any staff member of CCDL inserts a statement in response to the client's statement, the client must be made aware of the inclusion of the staff member's statement.

424.40 Future Disclosure: Clients have the right to request that any denials for amendment of their case record along with the original request to amend their case record be provided with any future disclosures of their protected personal information.

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| Policy Name: | Client Grievance Policy (425) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 6/14/2010, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 2/9/2010, 5/6/2010, 6/14/2010, 7/12/2010, 08/31/2017 |
| References: | COA RPM 2.03, CR 1.05, |

425.00 Client Grievances

A person having a complaint about the manner or quality of assistance rendered by the program, or denial of services, or about alleged violations of state or federal laws, regulations, or the Clients' Bill of rights, may file a grievance.

425.10 Creation of Client Grievance Committee The Chair of the Board of Directors shall appoint a grievance committee consisting of three persons, who shall be members of the Board of Directors. One member shall be appointed by the Chair of the Board to chair the committee.

425.20 Posting of this Resolution

425.21 A summary of this policy shall be posted in a conspicuous place in the reception area of each office of the program, including branch offices and satellite offices. A copy of the summary is provided to each client when service is initiated. A copy of the full policy will be provided to any person, free of charge, upon request.

425.22 A person who, because of handicap or other reason, is interviewed by a program staff member outside the offices shall be provided a copy of the policy summary.

425.70 Clients or their representatives will not be subject to any form of retribution for filing a complaint; expressing a grievance; providing information in writing or interviews to an accrediting entity on the agency's performance; or questioning the conduct of or expressing an opinion about the performance of the agency.

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| Policy Name: | Client Participation in Promotional Media (428) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | None |
| References: | COA CR 2.03 |

428.00 Client Participation in Promotional Media

- 428.10 Catholic Charities of the Diocese of La Crosse prohibits the involuntary participation of persons served in public performances, or without the informed consent of that person or his/her parent or legal guardian.

- 428.20 Catholic Charities prohibits the coerced use of public statements by person served that express gratitude to the organization.

- 428.30 Catholic Charities prohibits the use of photographs, videotapes, audio-taped interviews, artwork, or creative writing for public relations or fundraising purposes without the informed consent of that person, or his/her parent or legal guardian.

- 428.40 Informed consent may be obtained from clients for the use of media for public relations or fund-raising purposes, if the purpose is clearly explained to the client and the client voluntarily consents to such use in writing on a standard media release form prior to any use of their image, voice or creative product for such purposes. Informed Consent will be obtained on the Consent to Use Name and/or Image form (Form 428A).

- 428.50 Catholic Charities shall never condition the grant of services upon the release of personal image, voice or creative products for the purpose of promoting Catholic Charities or its programs and services. No employee shall ever deny services, threaten to deny services, or condition the receipt of services upon the client's consent to the use of their image, voice, or creative product for promotional or fundraising purposes.

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| Policy Name: | Client Participation in Research (429) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | None |
| References: | COA CR 3.01, 3.02, 3.03 |

429.00 Client Participation in Research

429.10 Statement of Principle. Catholic Charities of the Diocese of La Crosse seeks to employ the highest standard of care in its delivery of services to the persons it seeks to serve. Participation in scientific research can help to advance the field of knowledge and improve the delivery of social and human services. Therefore, in limited circumstances, Catholic Charities may participate in research grants or research projects which involve current clients. Such participation will be strictly governed by the criteria listed below.

429.20 Basic Criteria for Research. Participation by Catholic Charities in any form of research study, project, or grant must meet the following criteria:

- Consistent with Catholic Charities' mission & Catholicity
- Protects the dignity of the client(s) involved
- Establishes a process for obtaining informed consent
- Clients have the freedom to refuse to participate without retribution of any kind
- Fiscal integrity and neutrality in the budgeting and expenditure process is maintained
- There is reasonable assurance that the research will contribute to the advancement of knowledge in the field of inquiry
- Research outcomes are clearly identified

429.30 Approval Process. Prior to the start of any research study, the staff person wishing to participate in or conduct the research must discuss the project with his/her program supervisor. A written proposal that addresses each of the criteria outlined in 429.20 above and a discussions of the risks, benefits, and resources necessary to carry out the research, along with a project budget, shall be submitted to the Executive Director no less than 60 days before the onset or deadline for participation. The Executive Director shall convene the Program Committee of the Board of Directors

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for the purposes of considering the proposal, including any ethical dimensions of such proposal. The Program Committee may seek additional expert opinions regarding the ethical, legal, moral, or scientific implications of the proposed research. Within thirty (30) days of consideration, the Program Committee shall vote to either approve or deny the research request.

429.40 Monitoring. If approved, the staff member shall provide quarterly reports on the progress of the research to the Executive Director. The reports shall provide information on the status of the research, the characteristics of the participants, and quality assurance indicators, including outcome measures and a fiscal analysis. The Executive Director shall forward this report to the Program Committee for review.

429.50 Voluntary Participation.

429.51 Participation by clients in any and all research conducted by Catholic Charities or its staff is strictly voluntary.

429.52 Neither Catholic Charities nor any staff or volunteer of Catholic Charities shall threaten to withdraw services or otherwise coerce persons served into participating in any research grant, study, or project.

429.53 Catholic Charities prohibits the use of financial incentives as a means for recruiting research participants.

429.60 Client Consent. Each research participant, or his/her parent or legal guardian, shall sign a Catholic Charities Consent to Participate in Research (Form 429A) containing the following elements:

- A statement that he/she voluntarily agrees to participate
- A statement that Catholic Charities will continue to provide services whether or not he/she agrees to participate;
- An explanation of the nature and purpose of the research;
- A clear description of possible risks or discomfort;
- A guarantee of confidentiality
- The participant's name, date of birth, signature, and date of signing
- An anonymous number assigned to the client for purposes of participation

429.70 Confidentiality. Catholic Charities shall safeguard the identity and privacy of persons served in all phases of research conducted by or with the cooperation of the agency. Any internal research shall track participants by anonymous numbers and double blind study methods shall

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be employed. All Catholic Charities confidentiality and HIPPA policies shall apply to research participants.

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| Policy Name: | Service Environment (430) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 09/01/2017; 2/5/2019; <u>11/21/2020</u> |
| References: | COA ASE 1. 02 , 1. 03 , 1. 05 , 2.04, <u>3, 3.01, 5, 6.05</u> |

430.00 Service Environment

Catholic Charities of the Diocese of La Crosse will strive to provide a service environment that ~~is~~; is accessible; ~~is~~; is appropriate for providing services confidentially and respectfully; ~~and~~ preserves ~~the~~ health and ~~and~~ safety; promotes the dignity of clients, personnel and visitors.

431.00 Smoking Policy

Smoking is prohibited inside all Catholic Charities facilities. Smoking is only permitted in designated smoking areas outside of the building and at least 20 feet from any entrances, windows and ventilation systems. Informational brochures (from the Wisconsin Tobacco Quit Line) on smoking cessation are available in all public areas and lobbies.

432.00 Tools & Equipment

In order to preserve the safety of employees, clients, and other individuals who enter our offices all equipment, tools, and appliances are maintained in safe working order. If equipment, tools, and appliances are not functioning properly, the office liaison should be notified so that repairs can be arranged.

433.00 Client Use of Tools or Equipment

Before any client is permitted to use tools, appliances, or equipment, personnel must evaluate the potential hazards associated with this use and identify whether the use is appropriate based on the user's age and competency level. Personnel must directly supervise any client use of tools, appliances, or equipment and ensure that these items are properly stored after use.

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434.00 Construction & Building Repairs

If the need arises to conduct building repairs or renovation, proper precautions are taken to minimize the impact and the risk to service recipients, staff, and the environment. The impact on service delivery will be taken into account when any construction or building repairs are scheduled.

435.00 Accessibility

Catholic Charities will ensure that all of its facilities are accessible and convenient for service recipients. Planning will include:

- Consideration for clients with special needs.
- Legal requirements for building accessibility. (ADA)
- Proximity to other area resources.
- Accessibility and convenience considering things such as parking and public transportation.
- Alternate locations when accessibility is an issue.

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| Policy Name: | Behavior Support & Management (440) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 9/1/2017 |
| References: | COA BSM 1, 5 |

440.00 Behavior Support & Management

The ultimate goal of Catholic Charities of the Diocese of La Crosse's Behavior Support & Management policies is to preserve the health and safety of service recipients and staff.

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| Policy Name: | Restrictive Behavior Management Interventions (441) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017, 04/16/2018; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017, 04/16/2018; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017, 04/16/2018 |
| Date(s) of Revision: | 9/1/2017, 04/16/2018 |
| References: | COA BSM 1, 1.01, 1.02, 2.03, 2.04, 2.05, 2.06, 5, 5.01 |

441.00 Restrictive Behavior Management Interventions

A. Restrictive behavior management interventions are only used as a last resort for safety reasons and comply with all applicable local, state and federal regulations.

B. Emergency Restrictive Measures

Isolations and/or locked seclusions are not used as a common practice, and may only be used in an emergency when the safety of any one person or group of individuals is seriously threatened—where one person is trying to physically harm another person or persons. In this instance, isolation or locked seclusion may only be used as a means to separate an individual from others, where that individual is attempting to harm one or more other people, in order to allow those whose safety is threatened to convene in a safe area away from the individual causing harm. This isolation or locked seclusion must be done with the dignity of the person in isolation or locked seclusion as the utmost importance, and must end as soon as the threat of danger or harm to another has ended (when those whose safety is threatened by physical harm are in a safe area).

Manual or mechanical restraints will also be permitted only as an emergency safety measure when other measures have not been effective to prevent an individual from harming themselves or others. The restraint will be discontinued as soon as the individual has calmed, not to exceed the following guidelines for maximum time periods:

- a. 15 minutes for children aged nine and younger, for all restrictive behavior management interventions;
- b. 30 minutes for individuals aged ten and older, undergoing manual or mechanical restraint;
- c. 30 minutes for individuals aged ten to thirteen in isolation or locked seclusion; and

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d. one hour for individuals aged fourteen and older in isolation or locked seclusion.

- C. Prohibited Practices: Under no circumstances will any staff member of Catholic Charities use chemical restraint. Staff members are prohibited from using behavior management interventions as a form of discipline or in response to situations that do not involve imminent danger to self or others. In addition, please see Policy 406 regarding other prohibited practices.
- D. Assessment & Screening: Catholic Charities does not make determinations of which clients require restrictive behavior management interventions. Information provided during onboarding of new clients, as well as regular interactions with the individual, will be taken into consideration to alert us to potential risk of danger to self and others. We recognize that the clientele which we serve present a higher probability for an incident to occur. Therefore, we are continually assessing the situation for potential issues.

If a client is identified as having a higher potential for dangerous behavior, a plan to de-escalate and strategies to be used prevent dangerous behaviors will be developed. The plan will be signed by the client, guardian and personnel as appropriate. It may be modified as a result of continual assessment.

In the case of extreme and or prolonged threat of physical violence, outside authorities may be contacted for assistance.

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| Policy Name: | Reviews of Agency Practices (442) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 9/1/2017, 2/5/2019 |
| References: | COA BSM 1.03 |

442.00 Reviews of Agency Practices

The Director of Disability Services, Executive Director, Performance & Quality Improvement Director, and Director of Human Resources will conduct regular reviews of the use of behavior support and management interventions:

- A. Review how our organizational policies and practices compare with current information and research on effective practice;
- B. Review quarterly risk management reviews to inform staff about current practice and any needed changes;
- C. Revise policies and procedures as necessary and appropriate;
- D. Support efforts to minimize the use of restrictive behavior management interventions.
- E. Obtain needed resources.

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| Policy Name: | Information Provided to Service Recipients (443) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 9/1/2017 |
| References: | COA BSM 2.01 |

443.00 Information Provided to Service Recipients

All clients in the Disability Services Program will receive the following information during the intake session:

- A. Explanation of our behavior support and management philosophy;
- B. Strategies used to maintain a safe environment and prevent the need for restrictive behavior management interventions.

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| Policy Name: | Staff Training (444) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 8/20/2008, 10/13/2017; 04/16/2018; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 04/16/2018; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017; 04/16/2018 |
| Date(s) of Revision: | 9/1/2017, 04/12/2018 |
| References: | COA BSM 1.02, 2, 2.02, 2.03, 3, 3.01, 3.02; 3.03, 4; 4.01, 4.02, 4.03 |

444.00 Staff Training

All of our programs, across the agency, emphasize a strength based, positive approach to providing services.

Consistent responses to dangerous behavior will help foster a safe environment.

To prepare for dangerous situations, all staff members receive training appropriate to their responsibilities on the following topics:

- A. How to recognize aggressive behavior;
- B. How to manage out-of-control behaviors;
- C. How to recognize factors that may lead to a crisis; and
- D. Methods for de-escalating volatile situations;
- E. Staff will be instructed that they are prohibited from using any type of restrictive behavior management unless they have received the appropriate training.

Training occurs at orientation and follow-up training is scheduled once every two years.

Staff training will also include ways to avoid and de-escalate dangerous situations, such as:

- A. Listening, communicating, negotiating and mediating;
- B. Encouraging self-calming behaviors;
- C. Separation of involved parties;
- D. Escort to a safe location;
- E. Time out;
- F. Nonverbal, Paraverbal and Verbal communication;
- G. Use of the Supportive Stance;
- H. Use of the Verbal Escalation Continuum;
- I. Understanding precipitating factors;
- J. Rationally detaching oneself from difficult situations;

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- K. Using positive, productive responses and understanding how both participant and staff behaviors influence each other;
- L. Decision making that takes into account the person's rights and dignity as well as safety of all involved.

Any staff member who will use restrictive behavior management interventions must receive the proper training prior to using restrictive behavior management interventions. This training should occur at orientation and follow-up training is scheduled once a year. Training should include the following topics:

- A. When interventions are appropriate;
- B. Proper and safe use of interventions;
- C. Understanding the experience of being placed in seclusion or restraint;
- D. Signs of distress;
- E. Techniques to prevent and reduce injury;
- F. Recognizing and assessing physical and mental status;
- G. Recognizing and assessing nutritional and hydration needs;
- H. Recognizing when to discontinue use of the intervention; and
- I. Recognizing when medical or emergency personnel are needed.
- J. Negative results from misuse of interventions.

After training is completed, staff members should receive a post-test and be observed in practice to ensure that they can competently carry out use of these interventions.

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| Policy Name: | Documentation (445) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 9/1/2017; 2/14/2019 |
| References: | COA BSM 1.04, 6.01 |

445.00 Documentation

An Incident/Accident Report will be filled out any time restrictive behavior management interventions are used. (Refer to Policy and Procedure 887). Any time that restrictive behavior management interventions are used, staff members must document the following in the case record:

- Type of intervention used
- Date & time of intervention
- Justification for use
- Circumstances
- Length of time intervention was used
- Signature of caseworker making the entry
- Names of the client and staff involved
- Verification of continuous visual observation.

Copies of the Incident/Accident Reports will be forwarded to the Program Director and Performance & Quality Improvement Director and reviewed within 24 hours.

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| Policy Name: | Debriefing Following Use of Restrictive Behavior Management Interventions (446) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 10/13/2017; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008, 10/13/2017; 03/27/2019 |
| Effective Date: | 10/20/2008, 10/13/2017 |
| Date(s) of Revision: | 9/1/2017, <u>11/20/2020</u> |
| References: | COA BSM 2.01, 6, 6.02, 6.03, 6.04 |

446.00 Debriefing Following Use of Restrictive Behavior Management Interventions

- A. When a staff member uses manual restraint on a minor or vulnerable adult, the parents/guardians and Care Manager must be notified promptly (within 24 hours) of the use of these methods. An accident/incident report must be completed.
- B. Within 24 hours, debriefing should occur in a safe and confidential setting.
- C. Service recipient ~~, parent/guardian,~~ and appropriate personnel including the Care Manager should meet to evaluate physical and emotional well-being of the service recipient, identify need for counseling or other services following the incident, modify the service plan if necessary, and facilitate the service recipient's reentry into routine activities. Alternative methods that don't involve restraints will be proactively sought.
- D. Debriefing will occur to assess the physical and emotional status of personnel, events leading up to the use of interventions, how the incident was handled, and any necessary changes to procedures.
- E. Any witnesses to the incident are debriefed to identify any injuries or emotional reactions.

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| Policy Name: | Environmental Factors (450) |
| Domain: | Client & Agency Relations Policies |
| Policy Location: | O:/Policies/400 - Client & Agency Relations Policies |
| Executive Committee Approved: | 9/4/2008; 02/25/2019 |
| Board of Directors Approved: | 10/20/2008; 03/27/2019 |
| Effective Date: | 10/20/2008 |
| Date(s) of Revision: | None |
| References: | COA ASE 1.04 |

450.00 Environmental Factors

Catholic Charities of the Diocese of La Crosse strives to reduce the environmental impact of its daily operations through the following:

- A. Each office will post the recycling guidelines applicable to their location. Staff will be expected to recycle based upon the posted guidelines.
- B. No styrofoam or other disposable dishes will be purchased for daily lunch use. Staff are asked to use dishes and glassware provided by the agency. Disposable dishes may only be purchased for special events/meetings that require a higher volume of dishes than what we have on hand.
- C. All staff members are to turn off computers and monitors each evening to minimize energy use.
- D. Whenever possible, documents should be copied on both sides of paper, rather than making single-sided copies.
- E. Whenever possible, environmental friendly products should be purchased. When new equipment is purchased, attempts will be made to purchase equipment that is energy-efficient.
- F. Travel shall be minimized when possible by coordinating meeting schedules to make carpooling feasible.