



Independent Identity's
Adult Day Program
4902 Grover Ave., Austin, TX 78756
Phone: (512) 810-9149

Client/ Guardian Manual

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Independent Identity Description

How to Contact the Independent Identity's Adult Day Program

Mailing Address: 1705 S. Capital of Texas Hwy, Suite 201, Austin, TX 78746

Physical Address: 4902 Grover Ave., Austin, TX 78756

Telephone: 512-810-9149

E-mail: jenna.taylor@independentidentity.org

The adult day program operates from 9 A.M. to 3:30 P.M., Monday through Friday. Client drop off is at 9:00am and pick up is at 3:30.

Phone rolls into voicemail if it is not answered after 4 rings.

If you urgently need to reach us and get voicemail during program hours, please try calling again.

If you are calling a Team Leader, unless it is an emergency, you will be asked to leave a voicemail and staff client will check it as soon as possible. This is to avoid disruption of client programming during the day. Please also avoid raising issues and/or providing critical information during drop off or pick up to avoid information getting lost or forgotten. You are encouraged to leave your son/daughter/ward's Team Leader an email, voicemail, or send in a note to address any issues, concerns, communicate information or schedule a time to meet.

Any communications updating the client's pickup information, Guardianship, medication administration, or Emergency information requires the appropriate form to be completed and signed.

The Client/Guardian - Independent Identity

Transition planning

Our overriding goal for each adult is that they are successful in our program from the very first day. As we want to immediately set the tone that the environment and staff are reinforcing, we will plan for the client's first days to include a rich array of reinforcing activities on a very frequent schedule, contingent only on the successful performance of activities that are relatively less demanding for the client. Relatively quickly, as a client becomes comfortable in our environment and recognizes the availability of reinforcing activities here, we will gradually reduce the frequency of reinforcement to a steady-state level and increase the duration and/or difficulty of tasks, while providing appropriate

behavioral and training support to the client. As appropriate, we will also work to increase the client's independence in managing his/her own behavioral support.

We will arrange for the client to visit the program with his/her current staff, family and/or Guardian a week or two before they start at the Independent Identity. We will work with the client (if appropriate), his/her current teachers/therapists, family and/or Guardian to determine if more visits are required during the several weeks prior to starting at Independent Identity or if a reduced schedule should be in place during the client's first week in the program to make his/her transition most successful.

In collaboration with current therapists and the family, Independent Identity will draft a preliminary behavior management plan for each student specifying prevention activities, reinforcement schedule, and how inappropriate behaviors will be addressed. This plan will be presented to the family for review and informed consent during the first week of attendance. This plan is preliminary and will be modified after the collection of baseline data during the client's first few weeks in the Program.

Each new client will be assigned to a Team Leader who will coordinate, implement and monitor his/her day-to-day programming (see staff roles and responsibilities later in this manual). Each client will be assigned to a larger group of 8 to 12 clients and their behavior technicians for the purpose of transitioning between activities with that group throughout each day.

We immediately begin to collect data on behavior and skill levels for the purpose of creating a baseline and developing the Individualized Treatment Plan as well as a comprehensive Behavior Management Plan.

Independent Identity - Home Communication Log

Each client will update an Independent Identity-Home Communication Log at the end of each day with the help of the Behavior Technicians. Clients will keep these logs in a binder that they will take home each day to share information about their day with family and/or caretakers. Please bring back to the program each day.

On the bottom half of the Independent Identity-Home Communication Log there are two additional sections: The first section, "Any Important Notes from Independent Identity staff" provides a means for Independent Identity staff to communicate any important events or issues that occurred during the day that may affect the client's behavior or communications when they return home at the end of the day. The next section, "Any Important Notes from Home" is a place where the client's family, Guardian or caretakers can communicate any important events or issues that occurred overnight or during the weekend that may affect the client's behavior or communications when they arrive to Independent Identity at the beginning of the day. As it is not always possible for Independent Identity staff to provide written daily updates for each client, these sections will focus on communicating things that are unexpected or out of the ordinary and not to provide general information about the client's Day.

Client or Guardian consent and signature on all behavior change procedures

Behavior management plans are developed when an individual exhibits behavior that interferes with their ability to participate in community and family/residence activities or reduces their ability to learn. Behaviors may be identified by the individual's instructors, guardians, and/or family members. Once identified, the interfering behavior is defined, and baseline data is collected. In most cases, a functional assessment is conducted to develop hypotheses on why the individual is exhibiting the behavior and guide the development of a comprehensive behavior plan. This analysis assumes that all behavior has a valid purpose. Determining the purpose allows us to assist the individual in developing more appropriate ways to achieve that purpose. From this information, programs designed to increase appropriate alternative behaviors and reduce inappropriate behaviors are developed by Independent Identity's personnel under the supervision the Executive Director, who is a Board Certified Behavior Analysts (BCBA). These programs are reviewed by the client or Guardian.

Independent Identity will not implement any behavior management plans, except on a test basis, without written informed consent from a Guardian. Before asking for consent, we will review the proposed program with the Guardian thoroughly. We will set criteria for determining if the plan is successful. Data is collected as part of every behavior management program.

Behavior plans at Independent Identity's programs always include the following components: hypotheses regarding the function of the behavior; activities and environmental modifications designed to prevent the behavior; functional communication and functional alternative training; reinforcement for appropriate behavior; and procedures to follow if inappropriate behavior occurs. The focus of an Independent Identity behavior plan is to teach and reward appropriate alternative behaviors. Alternative behaviors are only valuable to the individual if they provide access to the same type of reinforcement that he/she received for inappropriate behavior. Therefore, functional assessment is an important component of developing appropriate behavior plans.

Teaching functional communication skills and self-management skills are critical for promoting appropriate behavior. Some procedures reward the individual for going for periods of time without exhibiting inappropriate behavior. These intervals are usually very short at first in order to ensure that the individual is frequently rewarded and sees the value of engaging in appropriate behavior and avoiding inappropriate behavior. When the behavior occurs, the reinforcement is withheld, and the interval is reset. In some cases, the individual would incur a response cost or be asked to engage in a less desired activity. In still others, the behavior is simply ignored or redirected.

All these programs, and any others that might be indicated by a functional assessment, are subject to BCBA review and will be implemented only with client or Guardian informed consent.

You are free to withhold your consent from a plan or to withdraw your consent at any time. In that case, the plan will not be implemented, and we will work with you to develop an acceptable alternative. If the behavior presents a threat to the safety of the individual or other clients or staff in the program, we may require that the client remains at home/residence while an acceptable alternative is developed. If we cannot agree on an acceptable alternative, we will require that another placement be found for the client.

Development Plans and Progress Reports

Within ten (10) program days the Client/Guardian will receive the following:

1. A Preliminary Behavior Protocol: The program's BCBA will work with the Team Leader assigned to the client to develop a preliminary behavior plan based on the information received, observed and assessed during the admissions process. This initial plan will serve as part of a functional assessment conducted to develop a more comprehensive behavior plan. This plan will identify the anticipated behavior(s) of concern, the likely conditions in which the behavior(s) occur, any known predictors that indicate the behavior is likely to occur, the protocol for staff to implement to try to de-escalate the client prior to the behavior(s) occurring, the appropriate behaviors that will be reinforced, and the protocol for staff to implement if the behavior occurs. This preliminary plan will be discussed with the client/Guardian to ensure their understanding of the process and protocols being put in place. Client/Guardian signature is required on the plan indicating their informed consent. If consent is withheld for the initial plan, we will work with the client/Guardian to develop an acceptable alternative. We may ask that the client not attend the Program until an agreed plan is in place. However, if the behavior is determined by Independent Identity's BCBA to present a potential threat to the safety of the individual or other clients or staff in the program, and we cannot agree on an acceptable alternative we will require that another placement be found for the client.

Within ninety (90) days the Client/Guardian will receive the following:

1. A comprehensive **Behavior Management Plan (BMP)**: We anticipate this more comprehensive Behavior Management Plan will be complete within the first thirty (30) days of a client's admission. Data is collected and utilized as a part of a functional assessment of the client's behaviors. The plan will specify appropriate behaviors targeted for the increase and inappropriate behaviors targeted for reduction..
2. A baseline **Essential for Living Assessment**: Will be completed and will be reviewed with parent/guardian. This assessment, developed by Patrick McGeevy, is a comprehensive life-skills assessment curriculum with social validity, evidence-based teaching and measurement strategies and procedures, which result in the dignity and quality of life for the learner. It is likely that new clients to the program will have another one of these assessments completed approximately one (1) year after the baseline

assessment and that all clients will be assessed approximately every three (3) years thereafter.

3. A final **Individual Support Plan (ISP)**: Details the goals and objectives that will be addressed with each client and establishes benchmarks and timing to address them.

Visiting Independent Identity's Adult Day Program

Guardians and/or family members (with client/Guardian approval) are welcome to visit their son/daughter/ward while they are at Independent Identity's Program. Due to confidentiality and privacy issues for all our clients, these visits must be scheduled in advance. When arranging a time for you to visit, program personnel will consider other activities and staffing levels on the day and at the time of the requested visit, and if that is not a time that works for the program will provide an alternative time/date. Again, for confidentiality and privacy reasons, extended observation of your son/daughter/ward while engaged in programming may not be possible as most, if not all, of the programming will be conducted with other clients in the program.

The Client or Guardian's Son/Daughter/Ward at Independent Identity

Medical and Emergency Forms

The client/Guardian and the client's doctor prepared medical forms and submitted them to Independent Identity by the first day the Client started at Independent Identity. In order to keep the medical information up to date, each client will need to have a physical exam once a year and a dental visit every year and the appropriate physician-signed reports will need to be submitted to Independent Identity. In addition, the client's physician needs to provide the Director at Independent Identity with any updates or changes to a client's medical status or history as they occur. For example, if the client is newly diagnosed with a chronic medical condition, it is important that we be provided with that information. In some cases, we may contact the client's physician directly to ensure that we understand the proper procedures to follow so we can be properly prepared to react to any symptoms the client may present.

In addition, if the client or Guardian's phone number, address, Guardianship or emergency contacts change, we ask that you notify us at once in writing. In this way, we will be able to reach you or someone on your list quickly in the event of an emergency. Any change in this information will be immediately passed on to the client's Team Leader and Behavior Technicians by the Executive Director or his/her designee. Copies of the Emergency Information Form and Permission to Seek Emergency Medical Treatment are included in this manual. Please use these forms if any update is needed during the year. It is particularly critical that we be notified in the event there is any change in the Guardianship status of the client. Please notify us in writing of any changes and enclose copies of the relevant legal agreements or forms.

Finally, any changes to the administration of medication taken by the client II must be made in writing and signed by the physician. This includes adding medication, changing the dosage, changing the administration schedule, or stopping a medication. We are not able to make any changes without a physician's signature. Please contact the Executive Director if you need copies of any of these forms.

What each new Client should bring to the program

Completed medical, emergency, release forms, and copy of photo insurance card must be received by the first day a client attends the program.

If the client receives medicine during the day while at the program, the client/Guardian must send a supply to Independent Identity in the original pharmacy bottle with the appropriate physician authorization. The Team leader will inform the client/Guardian when the medication supply is running low.

- If the medication is being sent in from the family, and not being transported by a residential program, all medication must be in a paper bag that is stapled shut.
- If the medication is being sent in from the family, and not being transported by a residential program, the parent/guardian must ask if the transportation driver and/or monitor is willing to be responsible for the oversight of the medication and give it to Program staff. If so:
 - The parent/guardian should hand the paper bag to this individual and this individual should give the paper bag to the Program staff
- For antipsychotic/controlled substances: these will need to be delivered in person by either a guardian or residential staff so that staff can compare medication counts with the individual who is dropping the medication of

Edible reinforcers (if they are used).

At least one change of clothes.

Materials for ADLs (toothbrush, toothpaste, hairbrush, razor, shaving cream, face wash, soap, shampoo, etc. - as applicable).

Materials for client program (headphones, visuals, weighted blanket, etc)

Any diapers/pull-ups/wipes/menstrual care items, if applicable.

Any AAC device or communication book that the client utilizes.

Please be sure to inform the Team Leader assigned to the client if there are certain items that should go back and forth with the client each day (iPad, weighted vest, communication book, etc.).

Wellness Policy - When a Client should stay home

In an effort to offer an environment where optimal supports can be provided, this wellness policy has been created to provide guidelines to protect the health of all clients

and staff at our Program. When making a decision about whether or not an individual is able to attend the program, we ask that the client/Guardian or caretaker at the client's home environment exercise judgment when considering coming to/sending the individual to the program who appears to be ill. Below are conditions that require a client to stay home and the requirements for returning to the program:

- A client with a fever of 100 degrees or above must be kept home until their fever has been gone for 24 hours plus one subsequent program day.
- A client placed on antibiotics must remain home for at least 24 hours after the medication begins.
- A client with greenish nasal discharge should be kept home until the discharge has been clear for 24 hours.
- A client with symptoms of conjunctivitis should remain home until symptoms are gone.
- A client with wet or oozing rashes or sores should remain home until symptoms are gone.
- A client who has been vomiting or had two (2) or more incidences of diarrhea within the previous 24 hour period must be kept at home until they have been symptom free for 24 hours plus one subsequent program day.
- A client with head lice must be kept home until inspection shows no remaining nits.
- A client in obvious physical discomfort that would interfere with his/her ability to participate in programming should remain home until his/her symptoms are lessened.

If a client exhibits any of these symptoms while at the program, the Guardian or caretaker will be called for immediate pickup. If the Guardian or caretaker cannot be reached or cannot come, the client's emergency contacts will be called. It is expected that the client will be picked up within an hour's time. If a client is dismissed from the program due to illness, they must remain at home for additional program day after they are symptom free for 24 hours. For example, if a client has a fever at 11 A.M. on Tuesday at the program and remains symptom free from 11:30 A.M. Tuesday to 11:30 A.M. Wednesday, the earliest they can return to the program is Thursday morning.

Should a client have a planned medical appointment where the use of a pre-appointment medication is required, and the resulting effect is the individual is in a sedative state; the client should remain home until the sedative effects have passed.

Staff Roles and Sample Program Schedules

Each client is part of a group of 8-12 clients. All staff of the Independent Identity's Program receives intensive and ongoing training in the principles of Applied Behavior Analysis. In addition to the oversight and program development provided by the Executive Director each group of clients will have daily interaction with the following Independent Identity personnel:

One (1) Team Leader

The Team Leader acts as a case manager for each of the clients in a group. He/she provides daily coordination, implementation, and monitoring of the clients's programming. The Team Leader oversees the staff working directly with the clients (see Behavior Technicians and Program Interns below). He/she is responsible for summarizing the clients' data, preparing quarterly programming updates and summary reports, and working with the Program Director and BCBA to complete assessments and behavior plans. The Team Leader works with the team in the preparation of each client's quarterly updates and summary reports.

Three to Five (3-5) Behavior Technicians

The Behavior Technicians provide direct services and behavioral support to the clients (in whatever ratio is specified by the client's plan). Behavior Technicians are fluent in the behavior plans and learning styles of each of the 8-12 Clients in the group. The number of Behavior Technicians assigned to a particular group of clients is dependent on the ratio of staff support required for those clients in the various programming and activities they take part in throughout the day. Behavior Technicians transition with clients through all programming activities, including exercise, skills development, community trips, and job sites (if applicable).

One or Two (1-2) Program Interns across all Groups

Intern personnel provides the group with additional support for the general daily care of the clients and their programming including additional support required in-house when a client requires additional staff to work through behavior or when clients are in the community. Intern staff also assist Behavior Technicians with making program materials, setting up daily programming, and providing direct services and behavioral support during Behavior Technician absences. Program Interns are required to complete all of the same training requirements as Behavior Technicians.

Staff Training

Independent Identity provides training for all new staff. Team Leaders, Behavior Technicians, and Interns take part in orientation training during their first month on the job. This training consists of an introduction to the facility and Independent Identity's Program policies and procedures, group orientation training with guided notes on a variety of topics (followed by an orientation post-test tests to ensure content retention), and structured, on-the-job client training is overseen by Team Leaders for Behavior Technicians and Interns and the Executive Director for Team Leaders. These staff members also take part in bi-monthly training sessions and/or exercises as well as training as necessary for any recertification requirements. All direct care interns and direct care temporary employees are also required to take part in the same training as full-time Behavior Technicians and Interns as part of their orientation to the job.

Training topics include instruction in:

- Characteristics of autism
- Principles of Applied Behavior Analysis (ABA)

- Best practices in motivating others: how to be reinforcing
- Respondent and operant behavior
- Reinforcement and punishment
- Functions of behavior
- Behavior management strategies
- Implementing behavior management procedures
- Group instruction and teaching methods
- Working as a team-staff roles and responsibilities
- Prompting and error correction
- Operationally defining behavior and collecting data
- Performing functional assessment of problem behaviors and developing behavior management plans
- Conducting assessments and preparing reports
- Supporting individuals in the community
- Working with families/guardians, HCS other agencies
- Safety and Emergency Procedures
- Professional Crisis Management (PCM)
- Medication Administration Protocols
- Blood-borne pathogens
- First Aid
- CPR
- Professional behavior and ethics

A critical component of training is hands-on practice of skills with immediate coaching and feedback provided. In addition, training includes assigned reading; didactic instruction; and testing.

In addition to orientation training, staff members attend an average of 2 to 4 hours per month of training. This training is generally held immediately after clients leave for the day. In addition to covering multiple topics related to specific ABA teaching techniques and II protocols, training, certification and recertification in CPR, First Aid, and crisis prevention is also provided during these sessions. The program will close to clients for one day every other month to implement trainings.

All full-time direct care staff clients take part in an average of 24 - 50 hours of training per year.

Fundraising

Independent Identity conducts multiple fundraising events during the year. These events allow us to keep costs low to families, fund programs, and provide resources and materials to our Program.

Your participation in these fundraisers is entirely voluntary. While we encourage your participation, you are under no obligation to take part. Decisions on how to spend the funds raised will be in no way affected by whether a family has participated in the event.

Client Records

Client records will be maintained for seven (7) years following a client's discharge after which time they will be destroyed. Client records are confidential and will only be accessed by, or provided to, the following:

1. Staff members and contractors who are responsible for providing the client's programming and health care
2. People authorized in writing by the client or client's Guardian to receive such information
3. Government agencies are authorized by law to have access to such information.

Each client's complete record consists of the following:

- Admissions information: Including the referral information received, application, guardian questionnaire, Independent Identity assessment(s), observations and admissions notes, Independent Identity Interdisciplinary Team Review and determination.
- Current picture of the client
- Copy of legal guardianship paperwork (if applicable)
- Copy of Insurance card
- Physician referral for day habilitation services
- Consents and information (updated annually): Including an emergency information card, permission to seek medical treatment, consent for emergency restraint, permission for community outings, authorization identifying approved individuals client can be released to, consent for use of client's image, likeness and audio for programming purposes, website, publications or promotional materials.
- Medical information: Including an annual physical report from the client's physician, certificate of immunization, verification of dental services, updated physician medication orders, and medical notes and summaries.
- Other correspondence and notes specific to each client.

In addition, an emergency binder is maintained for each group. These binders have a section for each client that includes a current picture of the client, a copy of his/her current Emergency Information Card and a copy of his/her current Permission to Seek Medical Treatment consent. This folder travels with each group while in the community and would be provided to emergency personnel in the event of an emergency.

Statement of Client Rights

At Independent Identity, our mission is to assist individuals with autism in gaining the skills they need to participate in the life of their family and community. Our ABA teaching methods rely on motivating clients to learn through functional programming, positive reinforcement and behavior management supports. In all our interactions with clients, we strive to protect their rights. These rights include:

- The right to effective behavioral treatment
- The right to have their dignity protected
- The right to physical safety and protection of their health
- The right to caring and compassionate treatment
- The right to self-determination
- The right to freedom of choice
- The right to be free from discomfort
- The right to receive services in the least restrictive effective setting
- The right to be treated in a fashion appropriate to their age level and in accord with the practices of the local community
- The right to engage in activities and social interactions appropriate to their chronological age to the extent that is safe and practical
- The right to physical exercise and enjoyable leisure activities
- The right to have their personal belongings respected by others
- The right to privacy
- The right to access their own records (as appropriate)
- The right to informed consent by them, or on their behalf, for all treatment
- The right to refuse to participate in any research efforts
- The right to be free from abuse, neglect, humiliation, retaliation, and financial or other exploitation

It is understood that the effectiveness of certain behavioral procedures requires controlling access to specific activities. When this is the case, special attention will be provided to ensure that opportunities to access those activities are provided.

Policies and Procedures

Admissions Policy and Procedures

Independent Identity shall maintain on permanent file this written description of admission procedures. A copy of these procedures will be provided to placing agencies and the guardian(s) of any candidate referred for placement.

Independent Identity is an integrated life skills training, job training, employment, recreational, and day habilitation program for adults with Autism and Intellectual and Developmental Disabilities (IDD). Independent Identity provides adults more profoundly impaired by Autism/IDD with the behavioral and functional support required to help them maximize their independence in the many environments they encounter in their daily life. The Program provides clients with job training, employment opportunities (if appropriate) as well as comprehensive functional skills development programming on-site and in the community.

Independent Identity accepts male and female clients and does not discriminate in admission or administration of its policies on the basis of race, color, religious affiliation,

sexual orientation, sex or creed or national or ethnic origin. Independent Identity does require evidence of secured funding prior to admitting any client.

Intake may include observation of the client in his/her current placement and/or assessment of the applicant at Independent Identity. Other relevant information (some of these may be documents submitted to satisfy certain requirements above if done within the prior 12 months) to be provided to Independent Identity include, as applicable: a diagnostic evaluation, prior Individual Education Plans or Service plans and recent progress reports; any relevant reports from treating clinicians, including behavior analysts; psychologists; and, physicians, including pediatricians, neurologists, psychopharmacologists, and psychiatrists.

For candidates with complex medical needs. Independent Identity will work with the candidate's physician and guardian(s) to determine whether and how Independent Identity's program can serve him/her.

Independent Identity also requires permission to contact the candidate's current and/or prior placement(s).

Independent Identity's Adult Program team will determine whether Independent Identity's Adult Program is appropriate for the candidate. This Team will also determine if the candidate may be appropriate for the program with a recommendation for additional support including recommendations for personnel requirements and timing.

In a manner appropriate to the client, Independent Identity will make clear its expectations and requirements for behavior and provide the candidate with an explanation of the program's criteria for successful participation in the program. If during the Admissions process it is determined that the potential client may require it, Independent Identity will develop a preliminary behavior management plan to be effective when the individual begins at the program and a comprehensive behavior plan based on functional assessment within 90 days. Independent Identity will initiate a functional assessment and behavior planning process for any client during his or her tenure at Independent Identity if the client exhibits new behaviors that present a clear and present danger to self and others or if the behaviors included in the existing plan increase to a level indicating that the plan requires review.

Within the initial ninety (90) days of enrollment, Independent Identity will complete a comprehensive assessment of the new client in order to assist the team in the development of his/her treatment plan so that Independent Identity can satisfactorily deliver services that will enable the client to achieve his or her goals.

Upon request, Independent Identity will provide a written statement of the reason for the refusal of admission to the guardian(s) and/or the referring agency.

Communication with Outside Parties

Except as required by law, Independent Identity will not provide any information about a client to any parties outside of Independent Identity without a client's/Guardian's prior written consent.

Confidentiality

It is Independent Identity's policy to keep confidential all identifying information about a client except for information available by law to relevant agencies (HCS) or by the client/Guardian's prior written consent to outside parties. Independent Identity adheres to the code of ethics established by the Behavior Analyst Certification Board.

We ask that you support the right of each client in our program to confidentiality through adherence to the following guidelines:

- Do not discuss any other client in our program with anyone in a way that could allow the identity of the client to be surmised.
- Do not ask questions of II staff that would require them to breach our confidentiality guidelines to answer. Staff will be trained to refrain from responding to such questions.
- Do not assume any information that you have about a client can be shared unless you have explicit permission from the client/Guardian

No Smoking Policy

Independent Identity is a no-smoking environment. There is no smoking in any of our facilities or on the grounds. We do not permit cigarettes in our facilities. Staff members, visitors, program members, people providing transport to clients, and other associates are not permitted to smoke on our grounds at any time even if they are in a vehicle. Staff members and program members are not permitted to smoke during program hours even if they are out in the community and not on Independent Identity grounds.

Cancellation, Emergency Closings, Early Dismissal and Delayed Openings

If II's Program is to be closed or delayed due to inclement weather it will be posted on II's website at www.Independentidentity.org, on the Facebook and Instagram pages, and via email.

Families should assume the program will still remain open unless otherwise communicated. In the event that II cancels or delays school, a text message will be sent to all staff, guardians and parents who have signed up. It is the parent/guardian's responsibility to notify transportation companies of program closures.

In the event II's program must be closed, dismissed early or our opening delayed for reasons other than weather, all guardians or residences will receive a telephone call as

soon as the decision is made to close, dismiss early, or delay opening. For example, if we lost power or water in our building or if there was some other building related emergency, it might be necessary for us to close until the situation is rectified.

If a client must be picked up at our facility, we will request that the parent/guardian, residence staff or transportation company pick up the client as quickly as possible. If they cannot, we will contact the other names provided on the emergency information card. Staff will remain with clients until they are picked up.

Fire Drill Procedures

The Independent Identity practices fire drills and emergency evacuation procedures once per month. Procedures for emergency evacuation are in the emergency binder for reference and the Executive Director maintains a log of the date and time that a drill has been completed

Health and Safety Procedures

As noted above in Independent Identity's Wellness Policy, the following are reasons for dismissal during program hours and the method for notification of Guardians:

1. Temperature of 100 degrees or over (oral/ear/temporal temperature)
2. Disruptive cough or cough with fever
3. Suspected infection of eye, ears, nose, throat, skin, scalp
4. Severe abdominal pain or headache
5. Suspected communicable disease
6. Suspected Pediculosis (head lice)
7. Suspected fractures or any severe or disabling injury
8. Questionable need for sutures
9. Vomiting or diarrhea
10. Head injury

If a client exhibits any of the above symptoms, the Executive Director or her designee will call the client's Guardian and/or residence to have the client immediately picked up. Guardians will be notified using the Emergency Information Card, which is filled out prior to admission and updated annually thereafter. If the Guardian or residence personnel cannot be reached, then the emergency contacts will be notified. The client will only be dismissed to the Guardian, approved residence personnel, or the emergency contacts listed on the Emergency Information Card. If an emergency contact with whom program personnel are not familiar picks up the client, they will be required to show a photo ID.

Independent Identity employees are provided with the training required to receive and maintain their certifications in First Aid and in CPR within three months of becoming employed at Independent Identity's Adult Day Program.

As specified in that training, Independent Identity always calls in Emergency Medical Personnel to transport a client to a hospital, if such transport is needed. Independent Identity staff will never drive a client to a hospital because of the risk that the client will

need emergency treatment while en route. Independent Identity staff will call Emergency Medical Personnel in any situation where the client exhibits any signs of respiratory or cardiac distress, severe bleeding or any other significant trauma.

It is possible that Independent Identity may require actions by other clients attending Independent Identity's Program. For example, it is possible that we may ask that clients refrain from bringing in certain foods that contain specific allergens if we accept a client with severe allergies that may lead to anaphylaxis as long as that restriction is not a hardship on the programming of any other clients in the program

Preventative Health and Communicable Diseases

It is the policy of II to comply with local, state, and federal laws and regulations pertaining to the prevention and/or identification of communicable diseases. Subject to the foregoing, it is the intent of II to ensure that information regarding communicable diseases is available to all employees and clients, that the rights of individuals are protected in as confidential and non-discriminatory fashion as possible, and that appropriate prevention measures are utilized to provide for a safe work environment. An employee or client who has been diagnosed with a communicable disease will be subject to these personnel policies and procedures in the same manner as employees with any illness. A client may be assured of continued participation provided there is medical certification, if required, that the client's condition does not present a significant risk to self, clients, or other employees. A client's health is personal and confidential. Only those for whom it is determined solely by II as essential to know will be informed of an client's medical condition. It is the client/guardian's responsibility to inform the Executive Director in the event he/she has been diagnosed with a communicable disease. The Director is responsible to review with the client or guardian all related policies, provide the client with information relative to reporting cases of communicable diseases, and determine which personnel, if any, for whom it would be essential to be informed of the client's condition. It is the client/guardian's responsibility to notify the appropriate local authorities and/or the Texas Department of Public Health concerning relevant communicable diseases. II reserves the right at its expense to require a medical examination and report in the event there is a dispute or uncertainty concerning a potential risk to self, other clients, or other employees.

MRSA (Methicillin-Resistant Staphylococcus Aureus)

Staph is a type of bacteria commonly carried on the skin or in the nose of healthy people. About 25-30% of the U.S. population carries staph on their bodies at any time. Sometimes, though, staph can cause a skin infection that looks like pimples or boils. Skin infections caused by staph may be red, swollen, painful, or have pus or other drainages. Some staph (known as Methicillin-Resistant Staphylococcus Aureus or MRSA) is resistant to certain antibiotics, making it harder to treat. Only a doctor can determine if you have a staph infection by doing lab testing.

Anyone can get a staph infection. People are more likely to get a staph infection if they have: skin-to-skin contact with someone who has a staph infection, contact with items

and surfaces that have staph on them, openings in their skin such as cuts or scrapes, crowded living conditions or poor hygiene.

Staph infection can be prevented. Regular hand washing is the best way to prevent getting and spreading staph, including MRSA. Keep your hands clean by washing them frequently with soap and warm water or using an alcohol-based hand sanitizer, especially after direct contact with another person's skin. Keep the cuts and scrapes clean and covered with a bandage until they have healed. Avoid contact with other people's wounds and do not touch other people's cuts or bandages. Do not share personal items such as towels, washcloths, toothbrushes, and razors. Sharing these items may transfer staph from one person to another. Keep your skin healthy, and avoid getting dry, cracked skin, especially during the winter. Healthy skin helps to keep the staph on the surface of your skin from causing an infection underneath your skin. Most importantly, contact your doctor if you have any kind of skin infection that does not improve.

For more information on MRSA, go to the Center for Disease Control web site.http://www.cdc.gov/ncidod/dhqp/ar_mrsa.html

Any staff or client presenting with signs of a skin infection is referred to their PCP for medical evaluation and treatment as soon as possible. A note from the attending physician is required before the employee or client can return to the program.

Influenza

Influenza (the "flu) is an illness with fever, headache, sore throat, cough, and muscle ache, caused by the influenza virus (germ). "Seasonal" flu occurs every year, usually during the late fall and winter. Getting a flu vaccine can prevent seasonal flu, but because the virus changes each year, and the effect of the vaccine does not last long, a new shot and often a new vaccine, is needed each year. The flu spreads from person to person. People with the flu can spread their infection before they have symptoms as well as during the time, they have the flu. The flu is spread through wet droplets that are produced when people cough, sneeze or speak. If these infectious droplets get into the nose, mouth, or eyes they may cause the flu. If these droplets get on hands or contaminate surfaces, they may be brought to the nose, mouth, or eyes and cause the flu.

H1N1 flu is caused by a newer virus that was first recognized in April of 2009 and was called "swine flu." H1N1 flu had quickly spread to many parts of the world and had become a "pandemic," or global outbreak. H1N1 flu is not the same as swine flu, which is a virus that pigs can get. It is not the same as seasonal flu which occurs every year, during the winter and early spring. But H1N1 flu causes symptoms that are similar to seasonal flu, is spread like seasonal flu (from person to person), and can be prevented like seasonal flu. H1N1 flu symptoms are very similar to seasonal flu symptoms. The most common are fever, cough, and sore throat. Symptoms can also include body aches, headache, chills, runny nose, and feeling very tired. Some people also have

diarrhea and vomiting. Symptoms last from a few days to up to a week or more. Illness with HIN1 flu has ranged from mild to severe. While most people sick with HIN1 flu get better without needing medical treatment, severe illness and deaths have occurred in some people. Like seasonal flu, some people are at higher risk of serious health problems when they get the HIN1 flu. This includes pregnant women, infants, and people with medical conditions like asthma, diabetes, heart disease, kidney disease, and muscle or nerve conditions that affect their breathing and weakened immune systems. The flu virus is in the wet spray (droplets of saliva and mucous) that comes out of the nose and mouth of someone who coughs or sneezes. If you are close enough to a person with the flu (3 - 6 feet) when they cough or sneeze, you can breathe in the virus and get sick. Flu symptoms start 1 - 4 days (usually 2 days) after a person breathes in the virus.

Flu is spread easily from person to person. The virus can also live for a short time on things you touch like doorknobs, phones and toys. After you touch these objects, you can catch the virus when you touch your mouth, nose, or eyes. However, when the wet droplets on these types of objects dry out, the virus can't cause infection. Adults with the HIN1 flu can spread from about one day before symptoms appear to about one week after. Children can spread the flu even longer after they get sick.

Pandemic flu occurs approximately every 20-40 years; a new strain of the flu virus appears which is very different from the ordinary seasonal flu virus. Because most people do not have immunity to this new strain of flu virus, it can spread to many people, across the world, over a short period of time. Existing types of vaccines will not prevent people from getting this new type of flu, and a vaccine to prevent illness from the new strain typically takes 5-6 months to develop, long after a pandemic begins. The most recent flu pandemics occurred in 1889-90, 1918, 1957, 1968, and 2009 (as noted above). Another pandemic may occur at any time. Flu illness during pandemics is similar to the flu that occurs every year, but pandemics can start at any time during the year, not just the typical "winter flu" season. You can protect yourself and others from pandemic flu the same way as you can protect yourself from seasonal flu.

Transportation Policy and Community Outings

A critical component of II's Program programming is providing our clients with opportunities to 1. productively engage with people in the community, and 2. II's first priority when bringing clients into the community is safety. Any potential issues regarding a client's safety in the car or while in the community must be brought to the attention of II staff, in writing. These may include unsafe behaviors observed such as removing seat belts, opening windows or doors, etc. While being a part of the community is an import part of II's Program, II staff may restrict whether and where a client is transported due to safety concerns as safety will always take precedence. If/when this is the case, II staff will work with the client and/or his/her guardian to develop an appropriate behavior plan to work toward having that client become

successfully engaged in the community. Practice skills at various locations within the community. Each week, as appropriate for the client, opportunities are provided to engage in the following activities in the community:

- Banking.
- Grocery shopping
- Lunch, at a restaurant or via drive-through
- Recreation and leisure activities
- Volunteer and/or work activities

When a client starts at II's Program, the client or his/her Guardian is required to sign an authorization to go on community outings with II staff clients as part of the programming provided. Clients will be transported using Cap Metro or walking.

Generally, there will be no fewer than two II staff for any group of clients going into the community. However, exceptions may be made by the Executive Director for specific clients or situations. II staff clients will practice good safety habits with clients.

Client Release Authorization

Client Release Authorization For safety reasons, the II Program will only release a client to an individual who has been authorized by the client/Guardian in writing. If II staff are not familiar with that person, that person will be required to provide picture identification before the client will be released to them. Below is the release authorization that is signed by each client/Guardian when they are admitted. This form should also be completed at any time that there is a change. For example, if the client/Guardian would like to add or delete an authorized person to the list II needs to receive a newly completed form by the client/Guardian. A client will not be released to an individual not included on the release authorization form.

Independent Identity

Client Release Authorization

I/we authorize Independent Identity to release my son/daughter/ward to the following individuals other than their guardian(s).

Bus/Van Company: _____ Phone #: _____

Other Authorized Person: _____ Relationship: _____

Phone: _____

Other Authorized Person: _____ Relationship: _____

Phone: _____

Other Authorized Person: _____ Relationship: _____

Phone: _____

I/we recognize that Independent Identity will not release my child/ward to any individuals other than those on this list. I/we authorize Independent Identity to request identification from any individual picking up my child/ward.

Signature of Guardian

Date

Medication Administration Policies

Independent Identity's (II) medication administration policies are overseen by our Executive Director, Jenna Taylor. All medicine will be kept in a locked secure cabinet and labeled with the Client's name, the name of the drug, and the directions for its administration. The program will dispose of or return to the client/Guardian any unused

or expired medication. A separate refrigerator will be kept in the Executive Director's office for medications in need of refrigeration.

Prescription Medications: In order for II to administer a doctor prescribed medication to a client, we require that the prescribing physician complete and submit a signed medication order form. This form specifies the dosage and timing of administration and a start and end date. II will not start or stop any medication administration without this signed authorization. If there are any changes made to the original orders, new orders are required. All medication orders will be renewed annually. In addition to the signed authorization form, II requires that the client/Guardian provide the medication to us in the original container with the pharmacy label and dosage instructions. II will not accept more than a thirty-day supply of prescription medication. We notify the client/Guardian when the supply is running low. However, it is the client/Guardian's responsibility to ensure that the medication is available at the program. All staff working with clients are to be informed of all medications the clients are on and updated on any changes in medication

Non-Prescription Medications: will be administered only if there is a signed Authorization for Non-prescription Medication Form signed by a physician. When non-prescription medication is administered, it will be recorded in the client's Medication Log. All non-prescriptions (i.e. OTC med) permission forms must be signed annually by a physician.

Short-Term Medication: We will administer short term treatment medications at the program without requiring a written physicians order in place. A short-term treatment medication would be considered a medication that is to be administered for no longer than 10 consecutive days, such as an antibiotic. Team will administer oral antibiotics, ophthalmic antibiotic drops, and optic antibiotic drops for a period of no longer than 10 consecutive days without requiring a written physician's order. The medication must be received at the Program in the original container with the pharmacy label and dosage instructions. The pharmacy label must have the following information: clients Name, clients date of birth, medication name, medication strength, dosage, and route and duration of medication to be administered.

Antipsychotic Medications: In order for II to administer anti-psychotic medication to a Client, we require that the prescribing physician complete and submit a signed medication order form. This form specifies the dosage and timing of administration and a start and end date. II will not start anti- psychotic medication without this signed authorization. The prescribing physician will submit a written report to II detailing the necessity for the medication, staff monitoring requirements, potential side effects that may or may not require medical attention and the next scheduled clinical meeting or series of meetings with the client. No antipsychotic prescription shall be administered for a period longer than is medically necessary and clients on antipsychotic medication must be carefully monitored by a physician. Staff caring for a client on anti-psychotic

medication will be educated on the nature of the medication as well as potential side effects.

Use of Physical Restraint Policy

Independent Identity (II), in accordance with relevant statutes and regulations, uses various therapeutic methods and techniques for behavioral intervention with its clients. Physical restraint is not utilized by II as a behavioral intervention except in situations where the severity of the behavior and functional assessment results support it as the least restrictive, effective treatment. In these cases, parent/guardians will be asked to provide informed consent to the specific procedures utilized within a comprehensive behavior plan. In all other cases, physical restraint is utilized only when other relevant forms of intervention have been thoroughly exhausted, and the form of restraint used will be the least intrusive necessary to protect the client, other II clients, and II staff. II provides training and refresher training annually to its employees in appropriate restraint techniques utilizing the Professional Crisis Management (PCM) techniques. No employee can engage in the physical restraint of a client without completing this training. This training is overseen by one of II's clinical staff and is run by specific II staff who have been certified as instructors by PCM and are required to undergo recertification training and testing annually.

Physical restraint can only be implemented when there is the immediate need to:

- Protect a client from self-abuse
- Protect other clients from assault
- Protect employees, parents/Guardians and/or visitors from assault
- Protect property when failure to do so may cause harm or risk of injury to self or others.

Any restraint administered is documented in the client's data. In addition, a functional assessment process under the direction of a staff Board Certified Behavior Analyst must begin immediately in order to develop a behavior plan for the client that reduces or eliminates the need for physical restraint.

II provides Guardians with notification of this restraint policy and requires that they sign a consent form in case of the need for II staff to use restraint. The notification and consent form is sent to the Guardian with the initial forms required for a client prior to his/her placement with II and annually thereafter.

Discharge Policy

A client will be discharged from the II Program under one of the following conditions:

- A periodic review shows that the client has met the goals defined in his/her treatment and behavior plans and the development of new goals are not in the client's best interest given the programming offered
- The client has ceased to benefit from the programming offered
- The client exhibits dangerous, aggressive or self-injurious behaviors which pose a safety concern for the client, other clients, staff or visitors for which the client/Guardian and II are unable to agree to a plan to address the behavior(s). II's Program will work with the client, his/her family and/or Guardian, and the staff of the program or agency to which the client is being transferred (if applicable) to assist in the successful transition of the client out of the Program. A discharge plan, inclusive of the reason for discharge and dated and signed by the Executive Director, will be maintained in the client's file and be accessible to those authorized continued access to it for four (4) years after the date of discharge after which it will be destroyed.

Policy for Registering Complaints

At Independent Identity, our mission is to provide our clients, in partnership with their families, with the highest quality programming that we can. We strive to involve clients/Guardians in that process and provide multiple means for them to communicate with us. II also strives to provide an environment for its families and clients that is free from discrimination based on race, color, national origin, gender, religion, ancestry, sexual orientation, or disability. If clients/Guardians have concerns or complaints about a client's programming or believe that the client has been subject to discrimination, we ask that these concerns be brought to our attention immediately so that we can work with you to address them. In many cases, your concerns may be raised and addressed through a phone call to the Executive Director.

If the concern is not addressed through these channels, or you feel it is best raised with an officer of Independent Identity, we ask that you use the following process: Write a note outlining your concern or complaint and address it to either Sarah Rayburn, Board President, or Caroline Nelson, Board Vice President.

Sarah or Caroline will call you within 3 days of receiving the note. We will discuss your concerns over the telephone and arrange a mutually convenient meeting time (within a week), if needed, to address the concern or complaint. Sarah and/or Caroline will involve others at Independent Identity in the process if they feel that is needed. We will document the resolution of the concern or complaint in a note to you within 1 week after our telephone call or meeting.

Clients/Guardians are always welcome to raise any concerns or complaints with their Home and Community Services representative. Clients/Guardians can raise any

issue(s) or complaint(s) with the assurance that doing so would not result in retaliation or barriers to services.

If a complaint needs to be filed for a Human Rights issue, please utilize the following contact information:

Adult Protective Services Texas: 1-800-252-5400

Guardian/Client Manual Sign-off Sheet

Guardian Sign-off

I/we _____, the Guardian(s) of _____, a client at Independent Identity, have reviewed all of the information in this Client/Guardian Manual.

By my/our signature, we acknowledge that we understand and will abide by the information contained in this manual.

Signed:

Guardian _____ Date: _____

Guardian _____ Date: _____

Client Sign-off (if no Guardian)

I _____, a client at the Independent Identity, have reviewed all of the information in this client/Guardian Manual.

By my signature, I acknowledge that I understand and will abide by the information contained in this manual.

Signed:

Client _____ Date: _____