

BID RESPONSE PACKET

710-22-0023

Please select the catchment area being bid as defined in Attachment H:

☐

Area 3

☒

Area 4

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	United Methodist childrens Home - ARKANSAS CARES			
Address:	2002 South Fillmore Street			
City:	Little ROCK, AP	State:	AR	Zip Code: 72204
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #: _____ * See Minority and Women-Owned Business Policy				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Kate Hardage, LCSW	Title:	UMCH Outpatient Administrator
Phone:	501-906-4247 (office)	Alternate Phone:	479-640-5734 (cell)
Email:	khardage@methodistfamily.org		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<p><i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i></p>

ILLEGAL IMMIGRANT CONFIRMATION
<p>By signing and submitting a response to this <i>Bid Solicitation</i>, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.</p>

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
<p>By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.</p>
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: William A. Altom Title: President/CEO

Printed/Typed Name: William A. Altom Date: 12/17/21

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	United Methodist Childrens Home - AR. CARES	Date:	12/17/24
Signature:	William A. Altom	Title:	President/CEO
Printed Name:	William A. Altom		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

BUSINESS ASSOCIATE AGREEMENT

Arkansas Department of Human Services, Division of Aging Adults & Behavioral Health Services ☒ ("Covered Entity")
and United Methodist Childrens Home ☒ Arkansas CARES
("Business Associate") enter into this Business Associate Agreement ("BAA") as
of ("Effective Date").

Covered Entity and Business Associate agree that under entered into by Covered Entity and
Business Associate (the "Agreement"), Business Associate provides services for or on behalf of Covered Entity
that may involve access to PHI (as defined below) and that, as such, the parties agree as follows:

I. DEFINITIONS

Unless otherwise specified in this BAA, all capitalized terms used in this BAA not otherwise defined have the meanings ascribed by HIPAA and ARRA, as each may be amended from time to time.

- A. "ARRA" means the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009, Pub. Law No. 111-5 and its implementing regulations.
- B. "Breach" means the actual or reasonably suspected acquisition, access, Use or Disclosure of PHI in a manner not permitted by the Privacy Rule that compromises the security or privacy of the PHI.
- C. "Breach Notice Rule" means the federal breach notification regulations issued pursuant to ARRA, as amended from time to time, 45 C.F.R. Parts 160 and 164.
- D. "Compliance Date" means, in each case, the date by which compliance is required under the referenced provision of ARRA's or HIPAA's implementing regulations, as applicable.
- E. "Discovery" means the first day on which Business Associate, or any workforce member, agent, or Subcontractor of Business Associate, knows, or, by exercising reasonable diligence would have known, of a Breach.
- F. "Encrypt" means to use an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key, which process conforms to NIST Special Publications 800-111, 800-52, 800-77, or 800-113, as appropriate, or that is otherwise validated against the Federal Information Processing Standards (FIPS) 140-2.
- G. "ePHI" means PHI as defined below, which is transmitted or maintained in electronic media.
- H. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations.
- I. "PHI" means Protected Health Information, as defined in 45 C.F.R. § 160.103, limited to the Protected Health Information received from, or received, created, or accessed on behalf of, Covered Entity.
- J. "Privacy Rule" means the federal privacy regulations issued pursuant to HIPAA, as amended from time to time, 45 C.F.R. Parts 160 and 164.
- K. "Security Incident" means the successful unauthorized access, Use, Disclosure, modification or destruction of ePHI or interference with system operations in an information system. Unsuccessful attempts to breach security, including pings and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as such incidents do not result in unauthorized access, use or disclosure of PHI, shall not be deemed Security Incidents. However, more than 20 unsuccessful attempts or other patterns of successive attempts, that are not individual deemed Security Incidents in themselves shall be considered Security Incidents due to the number or pattern of such events.

- J. Business Associate shall not Use or Disclose PHI except as necessary to perform its obligations under the Agreement or as otherwise required by this BAA, provided that such Use or Disclosure is permitted by applicable law and complies with each applicable requirement of 45 C.F.R. § 164.504(e).
1. In compliance with 45 C.F.R. § 164.502(b)(1), as of its Compliance Date or no more than 90-days following the Effective Date, whichever is earlier, Business Associate shall request, Use, and Disclose only the minimum amount of PHI necessary to accomplish the purpose of the request, Use, or Disclosure.
 2. Business Associate shall not use PHI to make or cause to be made any communication that would constitute Marketing.
- K. Without unreasonable delay, and in any event, no more than 24-hours after Discovery, Business Associate shall notify Covered Entity of any Breach, Use or Disclosure of PHI not permitted under this BAA, or any Security Incident. Business Associate shall deliver the initial notification of such Breach, in writing, which must include a reasonably detailed description of the Breach and the steps Business Associate is taking and would propose to mitigate or terminate the Breach. Furthermore, Business Associate shall supplement the initial notification, no more than 5 calendar-days following Discovery, with information including the identification of each individual whose PHI was or is believed to have been involved; a reasonably detailed description of the types of PHI involved, and written updates every 5 calendar-days until the event has been concluded; all other information reasonably requested by Covered Entity, including all information necessary to enable Covered Entity to perform and document a risk assessment in accordance with 45 C.F.R. Part 164 subpart D; and all other information necessary for Covered Entity to provide notice to individuals, the U.S. Department of Health & Human Services (“HHS”), or the media, if required. Despite anything to the contrary in the preceding provisions, in Covered Entity’s sole and absolute discretion and in accordance with its directions, Business Associate shall conduct, or pay the costs of conducting, an investigation of any Breach and shall provide or pay the costs of providing any notices required by the Breach Notice Rule or other applicable law.
- L. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate that is not permitted by this BAA.
- M. Business Associate shall make available to HHS its internal practices, books, and records, relating to the Use and Disclosure of PHI pursuant to the Agreement for purposes of determining Business Associate’s and Covered Entity’s compliance with the Privacy Rule.
- N. Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI.
- O. To the extent Business Associate is to carry out one or more of Covered Entity’s obligations under the Privacy Rule, the Business Associate shall comply with the requirements of the Privacy Rule that apply to Covered Entity in the performance of such obligations.
- P. Business Associate shall provide contact information for one primary person and one secondary person in Appendix A. Any changes in the contact information shall be forwarded to the Covered Entity.
- Q. The Business Associate shall respond in writing within 10 business days to the Covered Entity’s request(s) to attest to the Business Associate’s compliance with the Privacy Rule, the Security Rule, and the Responsibilities of the Business Associate as specified in this BAA. The Business Associate shall make available to the Covered Entity its internal practices, books, and records, relating to the Use and Disclosure of PHI as necessary to substantiate the attestation of compliance.

III. RESPONSIBILITIES OF COVERED ENTITY

Covered Entity shall notify Business Associate, in writing, of an Individual’s request to restrict the Use or Disclosure of such Individual’s PHI, any limitations in Covered Entity’s Privacy Notice relevant to Business Associate’s performance of its obligations under this BAA or the Agreement, or any revocation by an Individual of authorization to Use or Disclose PHI.

VI. GENERAL TERMS

- A. This BAA amends and is made a part of the Agreement. Any changes or modification to this BAA must be in writing and signed by both parties.
- B. To the extent not clear, the terms of this BAA are to be construed to allow for compliance by the parties with HIPAA or ARRA. If any provision of the BAA is in conflict with any provision of the Agreement, the conflicting provision of this BAA prevails to the extent necessary for the parties to comply with HIPAA and ARRA.
- C. Nothing in this BAA confers upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities, whatsoever.
- D. Sections II(G)(H)(J)(M) and Sections IV, V, VI(E)(F) survive the termination for any reason or expiration of this BAA.
- E. In the event Business Associate receives a notification from or on behalf of HHS regarding a compliance review, an audit, or an investigation or inquiry of any kind pertaining to the services provided under the Agreement or Covered Entity, it will notify Covered Entity no more than 3-days following its receipt of that notice.
- F. The law of the State of Arkansas without regard to its internal law on the conflict of laws, controls this BAA. The Business Associate consents and submits to the jurisdiction of the federal and/or state courts of Arkansas, and hereby waives any defense based upon venue, inconvenience of forum, or lack of personal jurisdiction in any action or suit brought in connection with or relating to this BAA or related matters. The Business Associate will bring any action or suit concerning this Agreement or related matters in federal or state court or the Arkansas Claims Commission with appropriate subject matter jurisdiction in Little Rock, Arkansas. **The Business Associate acknowledges that it has read and understands this clause and agrees willingly to these terms.**
- G. The parties may execute this BAA in a number of counterparts and each counterpart signature, when taken with the other counterpart signatures, is treated as if executed upon one original of this BAA. A facsimile or pdf signature, or a scanned image of an original signature, of any party to this BAA is binding upon that party as if it were an original.

Signed:

BUSINESS ASSOCIATE: United Methodist Childrens Home — Arkansas CARES

Signed:

William H. Alt

Title:

President/CEO

Date:

11/17/21

COVERED ENTITY

Division of Aging Adults & Behavioral Health Services



Signed:

Title:

Date:

Attachment

A

EO 98-04 DISCLOSURE FORM

Contract Number 710-21-0023
Attachment Number A
Action Number

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME: United Methodist Children's Home dba Arkansas CARES

☐ Yes ☒ No United Methodist Children's Home dba Arkansas CARES

IS THIS FOR:

TAXPAYER ID NAME: United Methodist Children's Home Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Hardage FIRST NAME Kate M.I.: F

ADDRESS: 2002 South Filmore Street

CITY: Little Rock STATE: AR ZIP CODE: 72204 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Attachment

B

COPY OF VENDOR'S EQUAL OPPORTUNITY
POLICY



Equal Opportunity Employment

Equal Opportunity Employment

In accordance with Title VI and VII of the Civil Rights Acts of 1964 and their implementing regulations, Methodist Family Health is an equal opportunity employer. Our policy is to recruit, hire, promote and compensate without regard to race, age, religion, sex, national origins, creed, handicap or color. Employment opportunities are open to qualified applicants on the basis of their experience, aptitude and ability.



Attachment C

SIGNED ADDENDA to this IFB
NOT APPLICABLE
statement



No addenda has been submitted with this solicitation.

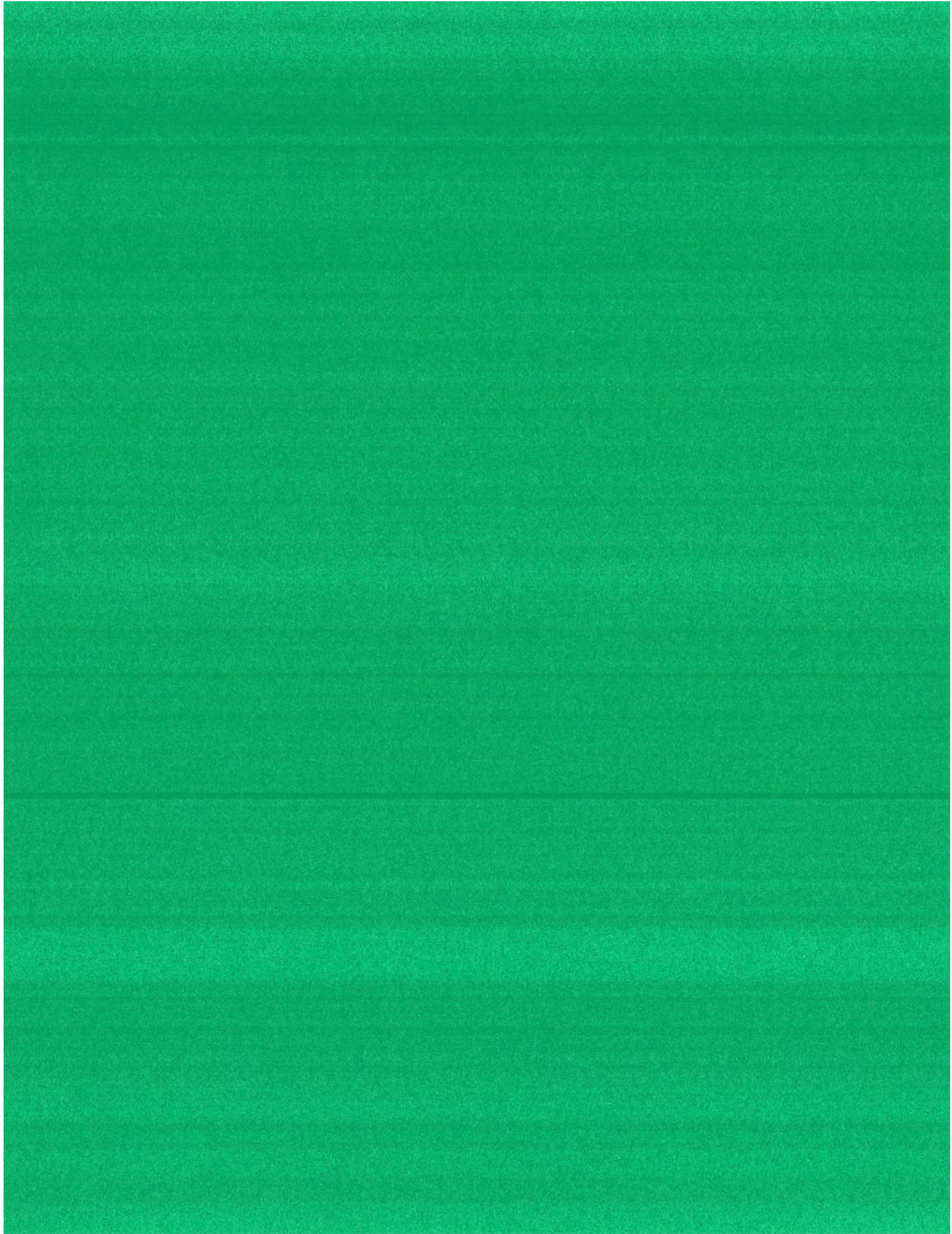
This attachment is Not applicable.

Kate Hardage, LCSW
Kate Hardage, LCSW 12/17/21

Attachment

D

Documentation of Minimum QUALIFICATIONS
met outlined in this IFB.





United Methodist Children's Home-Arkansas CARES
IFB-710-21-0053-Specialized Women's Substance Abuse Treatment Services

PROPOSAL

United Methodist Children's Home - Arkansas CARES is a licensed provider of Specialized Women's Dual Diagnosis Residential Treatment services since 2007. Further, Arkansas CARES is certified by the Division of Aging Adult Behavioral Health Services (DAABHS) (See Attachments D-2). As such, staff are certified and/or trained in Substance Abuse Treatment and implement evidence-based treatment practices, including: Seeking Safety, 12-Step Program AA/NA, Peer Recovery Support Services, MATRIX, M.Y.T.E., Relapse Prevention, Common Sense Parenting, Living in Balance, Teaching Family Model, Dialectical Behavioral Therapy, etc.

Arkansas CARES proposes to provide Specialized Women's Dual Diagnosis Substance Abuse Treatment Services in the residential setting and outpatient treatment programming in Area 4 as defined in this IFB for the following counties: White, Prairie, Lonoke, Pulaski, Saline, Monroe, Grant, Jefferson, Arkansas, Cleveland, Lincoln, Desha, Drew, Ashley, and Chicot counties, in accordance with DAABHS and DHS. SWS programming is provided in our current Dual Diagnosis Day Treatment facility and will provide specialized partial day treatment for substance abuse, to include individual, family and group therapy (12-step) services. As treatment progresses and goals are met, clients will be referred for continued services to be provided on an outpatient basis, by a qualified professional.

Supporting Documentation for Minimum Qualifications and Cross Referenced with IFB

Below is a checklist that has been cross-referenced with the IFB to ensure Arkansas CARES is currently compliant with all expectations outlined in the IFB Section 2- Minimum Requirements and Qualifications.

2.1 INTRODUCTION (p.11)

United Methodist Children's Home (UMCH)- Arkansas CARES, a private not-for profit organization, is proposing to offer Specialized Women's Services under the IFB-Specialized Women's Services- Substance Abuse for pregnant and/or parenting women and their children. Arkansas CARES, established in 1992 as a specialty program of the University of Arkansas for Medical Sciences, College of Medicine in the Department of Psychiatry. The innovative and effective program serves pregnant and parenting women with addictions and their children through family-focused services designed to decrease maternal substance abuse and promote optimal family outcomes through prevention, treatment, education, research and advocacy. Approximately 90% of mothers choosing Arkansas CARES for dual diagnosis treatment are referred by DCFS with children having been removed from mothers' custody due to neglect related to parental substance abuse. DCFS caseworkers are an integral part of the Arkansas CARES treatment team and most of the requirements of the mother's DCFS Plan of Care is integrated into the Arkansas CARES treatment plan. Historically CARES beds have been funded by various contracts and grants, to which CARES was a subcontractor through the Catchment areas throughout the state to provide SWS dual diagnosis residential treatment to pregnant and/or parenting mothers. Currently, CARES is funded solely through the Substance Abuse Block Grant (SABG) as a subcontractor for both DAABHS and DCFS referred clients in Areas 1,2,3,5,7,8,9, and 10.



Arkansas CARES is a comprehensive dual diagnosis treatment program that serves pregnant and parenting women who struggle with addiction and mental illness. The focus of treatment at Arkansas CARES is the application of family-focused services designed to decrease maternal substance abuse and promote optimal family outcomes through prevention, treatment, education, research and advocacy. The program has 26 full time equivalent positions. All direct care staff have a drug screen, background check, and child abuse registry check.

CARES is licensed by DAABHS as both a Behavioral health provider for adults and children and as a Specialized Women's Services substance abuse treatment center. Treatment services are initiated when a client initially contacts CARES to complete the telephone screening that determines whether the family meets admission criteria for the program. If potential clients are placed on a waiting list for the next available bed, the CARES Admission Coordinator begins to provide interim services by providing general education and counseling concerning diseases related to substance use (HIV & TB) and the risk and prevention of transmission of these diseases to other community members. During initial contact, clients are referred to the Arkansas Health Department for further screening, education, and treatment. During the initial contact, pregnant women are educated about the impact substance abuse has on their fetus and are referred to UAMS to obtain prenatal care.

Mothers and their children admitted to Arkansas CARES reside on our campus in dormitory cottages with a residential supervisor on site to ensure all clients apply skills as they are learned in treatment. Behavioral Instructors are present at all times during evenings, weekends, and holidays when professional staffs are not on-site. Staff is trained in CPR, First Aid, and CPI. They always have access to a professional level staff person via an on-call system. All services associated with residing on the CARES campus are provided on a daily basis. To ensure learned skills are applied, client behavior is reviewed daily by residential supervisors and mothers earn a daily score that applies for progression through treatment levels and earning additional privileges. Childcare is provided through UAMS Early Head Start program located on campus, or other licensed childcare providers deemed necessary for the child(ren). CARES coordinates transportation arrangements, if needed, for CARES children Monday through Friday, if an alternative childcare setting other than UAMS Early Head start Program, to the facility so mothers can attend class and therapy. Arkansas CARES has several vans used by Behavioral Instructors and Case Managers (QBHP's and PRSS) to transport mothers and children for medical care and to community service agencies.

In terms of medical treatment, all mothers and children entering treatment are screened for medical problems by our registered nurse upon admission, via a Nursing Assessment. An advanced practice nurse is available on an as needed basis to see common medical problems faced by CARES clients. Any current medical issues are discussed, and appointments are made for all family members to see a primary care physician within a month of entering treatment. TB tests are administered upon entry and the nurse provides educational groups that cover substance abuse related illnesses and the prevention of transmission of the diseases in the day treatment setting.

Currently, CARES offers Specialized-Women's Services-dual diagnosis residential treatment to pregnant and/or parenting mothers. The Fillmore campus where CARES is housed has dormitory style cottages where the woman and children reside while in treatment. A full range



of mental/behavioral health and substance abuse services is offered as part of the treatment our clients receive at Arkansas CARES. Interdisciplinary treatment teams composed of physicians, psychologists, nurses, social workers; substance abuse counselors, caregivers, mental health professionals qualified behavioral health providers, and peer recovery support specialists carry out the program's mission to focus on recovery of the individual and the family.

Clients' progress through the dual diagnosis treatment program is based on completion of individualized goals and objectives. Women attend a structured day program from 8:00 a.m. – 3:30 p.m. Monday through Friday. Scheduled programming is also provided on Saturday and Sunday. A four-level system is used to monitor and recognize client progress. It begins with a thirty-day orientation period and progresses through Level IV and graduation. At each level, clients have: 1) specific objectives to accomplish; 2) specific privileges; and 3) advancement criteria. When these goals are accomplished, the client petitions the treatment team to move to the next level. Each mother is expected to complete 40 hours of direct service care each week from the professional staff at Arkansas CARES.

CARES Adult Day Treatment Program offers mental, behavioral, and substance abuse treatment through various modalities, not limited to, the following: individual, Behavioral Health Process group, and family therapy, day treatment groups and psychoeducation such as Twelve Step Recovery Model, Living in Balance, trauma recovery (MYTE) and DBT group, self-esteem, anger/stress management, parenting, recovery matrix, medication/symptom management, educational groups that cover substance abuse related illnesses and the prevention of transmission of the diseases (provided by Nursing staff), one on one interventions with a QBHP (Case Manager) and/or Peer Recovery Support Specialists, Structured "Mommy and Me" time, and AA groups that are held at the cottage.

Additionally, CARES Adult Day Treatment Program offers vocational and educational training for 32 hours each week for clients. Any client who does not have a high school diploma or GED will be required to attend the GED classes on campus and complete the computerized GED program. An LPE completes a psychological and vocational assessment for each mother, and during the vocational track, each mother must complete a resume and identify 3-5 jobs and apply for employment prior to discharge. The Parent Educator has a structured treatment program for all parents who attend classes specifically designed to address parenting problems by age of child. Family education and support groups are offered each weekend through the Matrix Model of treatment. All families and clients must attend weekend sessions in order to qualify for family visitation. Two Case Managers (QBHPs and/or PRSS) manage client care and conduct all external communications between the client and court and community resources. Case Managers complete the client's initial assessment and facilitate all communication with DHS, drug court, probation and parole, and DWS for the clients. Case Managers (QBHPs and/or PRSS) are an integral part of the interdisciplinary treatment team and attend weekly staffing to report on current discharge and aftercare plans for each mother in treatment. When clients discharge from Arkansas CARES, they are encouraged to enroll in the 18-month Transitional Living Program through CARES. The Methodist Family Health Foundation will provide the clients with scholarships for books, tuition, laptops, and transportation for secondary education of their choice. After clients complete the intensive treatment program, Case Managers are responsible for follow-up duties with all clients for one to three years. Here, Case Managers provide wrap around services for clients to continue to assist with employment, education, housing, and independent living.

2.2 **Minimum Qualifications (p.11)**

- A. Currently registered to conduct business with Arkansas Secretary of States office (Attachment D-1).
- B. All required licensure and certification documents are found in the Response Packet as required for this. (Attachment D-2).
- C. Arkansas CARES is located at 2002 South Fillmore Street, Little Rock, AR., Bidder **must** have a Specialized Women's Service facility located within the state of Arkansas with a minimum of. Supporting documents: Signed attestation of existing property meets qualifications of (20) beds in this IFB, floor plans, fire/safety inspections and liability insurance. (Attachment D-3)
- D. Arkansas CARES is Licensed by the Department of Human Services (DHS) Division of Provider Services and Quality Assurance (DPSQA). (Attachment D-4).
- E. Arkansas CARES documentation and verification of Medicaid Provider number or documentation for verification of application to become a service provider in the Arkansas Medicaid Program. (See Attachment D-5).
- F. Arkansas CARES is accredited by The Joint Commission (TJC). Arkansas CARES certification renewal for Survey Site Visit by June 20,2021 however due to COVID-19 pandemic on-site surveys were postponed. MFH- Arkansas CARES as of this submission has not received word of the scheduled on-site visit with TJC. (Attachment D-6).
- G. Arkansas CARES Staffing plan with licensure and or certification required for all staff proposed to carry out the scope of work. (Attachment D-7).
- H. Supported Documentation of HIPAA compliance for EHR system. (Attachment D-8)

2.3 **SCOPE OF WORK (p.12)**

Arkansas CARES Scope of Services

Screening/Interim Services

Arkansas CARES is a comprehensive dual diagnosis treatment provider serving a specialized population of pregnant and parenting women, aged 18 and older, who suffer from both addiction and mental illness. Arkansas CARES, on the behalf of this solicitation, would like to provide comprehensive dual diagnosis residential treatment to pregnant and/or parenting mothers in the Catchment Area defined in this Soliciting as Area 4 (White, Pulaski, Lonoke, Prairie, Monroe, Saline, Grant, Jefferson, Arkansas, Cleveland, Lincoln, Desha, Drew, Ashley and Chicot Counties)

The focus of treatment at Arkansas CARES is the application of family-focused services designed to decrease substance abuse and promote optimal family outcomes through prevention, treatment, education, research and advocacy. CARES is licensed by DBHS as both a mental health provider for adults and children and as a Specialized Women's Services substance abuse treatment center. Treatment services are initiated when clients initially contact CARES to complete the telephone screening that determines whether the family meets admission criteria for the program. If potential clients are placed on a waiting list for the next available bed, the CARES Admission Coordinator/Office Manager begins to provide interim services by providing general education and counseling concerning diseases related to substance use (HIV & TB) and the risk and prevention of transmission of these diseases to other community members. During initial contact, clients are referred to the Arkansas Health Department for further screening, education, and treatment. During the initial contact, pregnant women are educated about the

impact substance abuse has on their fetus and are referred to University of Arkansas for Medical Sciences (UAMS) to obtain prenatal care.

Admission

Mothers and their children admitted to Arkansas CARES reside on our campus in dormitory cottages with a residential supervisor on site to ensure all clients apply skills as they are learned in treatment. Behavioral Instructors are always present during evenings, weekends, and holidays when professional staff are not on-site. All staff are trained in CPR (infant, child and adult), First Aid, and CPI. They always have access to a professional level staff via an on-call system. All services associated with residing on the CARES campus are provided daily. To ensure learned skills are applied, client behavior is reviewed daily by residential supervisors and mothers earn a daily score that applies for progression through treatment levels and earning additional privileges. Childcare is provided through an on-site UAMS- Headstart daycare. School aged CARES children are enrolled in LRSD schools and the school district provides transportation for these children. Arkansas CARES has several vans used by Behavioral Instructors and Case Managers (Peer Recovery Specialists) to transport mothers and children for medical care and to community service agencies, when needed.

Treatment

CARES will offer (120) day dual diagnosis residential treatment to clients who are either pregnant and/or parenting and meet the dual diagnosis and Specialized Women's Services criteria. CARES will serve up to (20) with the capacity to increase if residents are able to combine based on family size, pregnancy status and/or similarly aged children or both pregnant mothers that can room together. There are 4 admission levels which determines the client's admission priority level identified on the CARES Monthly Waitlist managed and sent to DAABHS monthly in the form of the Capacity Management Report. The four admission levels that determine the priority of the women on the waitlist is determined by the following:

1. If a woman currently being screened is pregnant and IV user, this woman is placed at the top of the waitlist regardless of when she calls for a screen. This client is considered as **first priority**.
2. If the woman currently being screened is pregnant, or a substance user with NO identified IV drug use, this client is considered **second priority** (No matter the administration of the abused substance, if a woman is pregnant, she gets second priority) and
3. If a woman currently being screened identifies as an IV user but is not pregnant but parenting, this client is considered **third priority**.
4. All other women who do not meet the above (3) criterion are determined to be **fourth priority** and placed on the waitlist.

In terms of medical treatment, all mothers and children prior to entering treatment are screened for medical problems by the Admission Coordinator, as well as our Registered Nurse. If, during the initial screening of the client, there are any alarming/concerning medical issues reported that may impact the client's treatment, the Admissions Coordinator notifies the Registered Nurse who contacts the potential client to obtain additional information. A more detailed health screen is completed at admission by our Registered Nurse. Any current medical issues are discussed, and appointments are made for all family members to see a primary care

physician within a month of entering treatment. TB tests are administered upon entry and the nurse provides educational groups that cover substance abuse related illnesses and the prevention of transmission of the diseases.

A full range of mental/behavioral health and substance abuse services are offered as part of the treatment our clients receive at Arkansas CARES. Interdisciplinary treatment teams composed of physicians, psychologists, nurses, social workers, substance abuse counselors, caregivers, mental health professionals and paraprofessionals carry out the program's mission to focus on recovery. Clients' progress through the dual diagnosis treatment program is based on completion of individualized goals and objectives. Clients attend a structured day program from 7:30 a.m. – 3:30 p.m. Monday through Friday. Scheduled programming is also provided on Saturday and Sunday. A four-level system is used to monitor and recognize client progress. It begins with a thirty-day orientation period and progresses through Level III and graduation. At each level, clients have: 1) specific objectives to accomplish; 2) specific privileges; and 3) advancement criteria. When these goals are accomplished, the client petitions the treatment team to move to the next level. Each mother is expected to complete 40 hours of direct service care each week from the professional staff at Arkansas CARES. 88% of all treatment delivered to a CARES clients is evidence based to include: Teaching Family Model and Common Sense Parenting, Trauma Informed Care- Trauma Focused Cognitive Behavioral Therapy, EMDR (Eye Movement Desensitization Reprocessing), Dialectical Behavioral Group for emotional regulation, cognitive behavioral therapy, Matrix Model, and relapse prevention therapy, Motivational Interviewing, Stress Management, Seeking Safety, Anger Management, and MYTE (Mothering Youth with Trauma Experience).

CARES Day Treatment Program also offers vocational and educational training in collaboration with the local area Workforce center. An MHP completes a psychological and vocational assessment for each mother, and during the vocational track, each client must complete a resume and identify 3-5 jobs and apply for employment prior to discharge. The Parent Educator has a structured treatment program for all parents who attend classes specifically designed to address parenting problems by age of child. Family education and support groups are offered each weekend through the Matrix Model of treatment. All families and clients must attend weekend sessions in order to qualify for family visitation. Three Case Managers (Peer Recovery Specialist) manage client care and conduct all external communications between the client and court and community resources. Case Managers (Peer Recovery Specialists) complete the client's initial case management assessment; assist client in completing the ASI; facilitate all communication with DHS, drug court, probation and parole, and DWS for the clients.

Case Managers (Peer Recovery Specialists/QBHP) are an integral part of the interdisciplinary treatment team and attend weekly staffing to report on current discharge and aftercare plans for each client in treatment. Case Managers (Peer Recovery Specialists) assist the clinical process by performing duties such as identifying goals, assisting with treatment planning, life skills coach, resource referral, conducting recovery groups, assisting with discharge planning, and individual sessions (one-on-one coaching). Case Managers (Peer Recovery Specialists) help clients work toward meaningful recovery from mental illness and/or Substance Abuse challenges through the development of self-efficacy. Case Managers (Peer Recovery Specialists) assist clients in the development of self-efficacy through, but not limited to, role modeling, ongoing mastery of specific recovery skills needed through experiences, assist in finding



meaning, purpose, and social connections in their lives in order to work towards a meaningful recovery.

When clients discharge from Arkansas CARES, they are encouraged to enroll in the 24-month Transitional Living Program through CARES. CARES also provide support through the Building Bridges program. Building Bridges is a Continuing Care program that is offered to graduates of the Arkansas CARES residential treatment program. Building Bridges staff is available to assist clients in linking to the following supportive services in their community:

- Relapse Prevention Planning
- Medication Management
- Mental/Behavioral Health Counseling for Adults and Children
- Vocational / Educational Counseling
- Life Management Skills
- Case Management
- Health Care Coordination
- Peer Recovery Support Services

Building Bridges continuing care services are available to clients for up to three years, and staff is available to provide support to them during their transition back into the community. Building Bridges staff will contact participants monthly and administer home visits as needed to ensure that the client is living in a safe and stable environment. The Building Bridges program is a requirement for those clients who receive a housing voucher through the LR Housing Authority. Clients who are not compliant with the Building Bridges Aftercare Program will lose their housing voucher. Clients will be given additional information on the Building Bridges program upon receiving a discharge date from the treatment team. The Methodist Family Health Foundation will provide the clients with scholarships for books, tuition, laptops, and transportation for secondary education of their choice. After clients complete the intensive treatment program, Case Managers are responsible for follow-up duties with all clients for one to three years. Here, Case Managers provide wrap around services for clients to continue to assist with employment, education, housing, and independent living.

Introduction of Organization

Arkansas CARES is a comprehensive dual diagnosis treatment program that serves pregnant and parenting women who struggle with addiction and mental illness. The focus of treatment at Arkansas CARES is the application of family-focused services designed to decrease maternal substance abuse and promote optimal family outcomes through prevention, treatment, education, research and advocacy. The program has 26 full time equivalent positions. All direct care staff have a drug screen, background check, and child abuse registry check. CARES is licensed by DBHS as both a mental health provider for adults and children and as a Specialized Women's Services substance abuse treatment center.

Mothers and their children admitted to Arkansas CARES reside on our campus in dormitory cottages with a residential supervisor on site to ensure all clients apply skills as they are learned in treatment. Behavioral Instructors are always present during evenings, weekends, and holidays when professional staffs are not on-site. Staff is trained in CPR, First Aid, and CPI. They

always have access to a professional level staff person via an on-call system. All services associated with residing on the CARES campus are provided daily. To ensure learned skills are applied, client behavior is reviewed daily by residential supervisors and mothers earn a daily score that applies for progression through treatment levels and earning additional privileges.

2.3 SCOPE OF WORK (p.12)

2.3.1 Service Requirements

- A. Description of Arkansas CARES comprehensive dual diagnosis treatment services to pregnant and/or parenting women. And their children (Attachment D-9)
- B. Arkansas CARES verification of the following: documented evidence of a pre-admission screening, an intake/assessment, which at a minimum includes financial eligibility, evidence-based screening tools for substance abuse and co-occurring problems, American Society of Addiction Medicine (ASAM) based determination of treatment modality an initial treatment plan, and a comprehensive treatment plan. (Attachment D-10)
- C. Arkansas CARES will abide by the term “family” as it applies to the scope of work in this solicitation is defined as one (1) mother and up to (2) children under the age of seven (7) allowed on-site in the residential facility for treatment; mother can be biological, adopted, or considered the legal guardian of the children. If Arkansas CARES receives a referral for a mother whom either has children over the age of (7) and/or more than (2) children entering treatment with her Arkansas CARES will contact DAABHS regarding this client for further direction and/or referral to another SWS treatment center under the direction of DAABHS.
- D. Supported documents verifying individuals admitted to Arkansas CARES-Specialized Women’s Services program are provided services outlined in this section on the IFB (IFB, Section 2.3,2.3.1, D) (Attachment D-11).
- E. Supported documents verifying individuals admitted to Arkansas CARES- Specialized Women Services (SWS) program **must** include the following: 1. Provide room, board, and laundry facilities, 2. Periodic drug testing, 3. Treatment, 4. Meals (Attachment D-11).
- F. Supported Documents verifying individuals admitted to Arkansas CARES-SWS services include documentation of 1. Childcare, 2. Transportation, 3. All medical treatment, 4. Housing, 5. Education/job skills training, 6. Parenting and child development training, 7. Family reunification, 8. Family education and support, 9. House rules (Attachment D-11)
- G. Supported Documents verifying Arkansas CARES utilizes trauma-based Evidenced Based Program identified by DAABHS: Seeking Safety. (Attachment D-12).
- H. Supported Document verifying Arkansas CARES provides (30) hours of structured Treatment on a weekly basis. (Attachment D-13)
- I. Supported Documents verifying Arkansas CARES clients who are not identified as needing residential treatment and are working must attend at least fifteen (15) hours of therapeutic services. (Attachment D-13)
- J. Arkansas CARES is compliant with licensure standards as identified in the most current revision of the DAAVHS Licensure Standards for Alcohol and other Drug Abuse Treatment Programs, The physical environment, educational and program elements, and staff qualifications.
- K. Arkansas CARES will contact DAABHS if readily placement is not available for an individual determined to need SWS services and will contact other approved facilities as necessary for to arrange placement for the individual.

2.3.2 Standard Care (p.13)

- A. Supported Documents verifying Arkansas CARES ensures clients funded by DAABHS meet eligibility guidelines; individuals whose income is at or below one hundred fifty percent (150%)

of the Federal Poverty Level as issued in the Federal Register by the Department of Health and Human Services (HHS). (Attachment D-14)

- B. Supported Documents verifying Arkansas CARES use of Evidenced Based materials from SAMSHA, policy/procedure for staff providing services have documented training in EBP and in located in HR Personal File, documents in the clients EHR verify the use of Evidence-Based curriculums being used appropriately, and Policies and procedures must be in place regarding the training and continuing education required of staff, as well as the required use of evidence-based programs. (Attachment D-15)
- C. Please see Attachment D-11 for supported documents verifying that Arkansas CARES ensures family/support involvement in the treatment process as well as children enrolled with their mothers and/or children not enrolled in treatment with the mother are involved in SWS treatment (Attachment D-11).
- D. Please see Attachment D-11 for supported documents verifying that Arkansas CARES ensures Children in treatment with their mother receive age-appropriate therapy and medical treatment as needed. In the case where the need arise, AR CARES will contact DHS to accommodate room for additional family members. (Attachment D-11)
- E. Arkansas CARES educates pregnant women on the impact of substance abuse on the fetus, as well as on HIV, TB, and the risks of transmission of these potential illnesses during screening by telephone and during treatment via psychoeducation groups and individual appointments made with the advanced practice nurse located on campus at Arkansas CARES. (Attachment D-11)
- F. Supported Documentation verifying that treatment services are strength-based, trauma-informed, holistic, culturally relevant, educational, individualized, and recovery oriented. Clients' strengths are identified during the screening/intake/assessment process. Clinical documentation must reflect that strengths are utilized when appropriate and are considered a key part of the treatment process. Treatment includes documented educational/informational activities relevant to enhancing the quality of life, prevention, resiliency, and recovery. Evidence that clients are involved in the development of treatment goals and objectives, revisions of goals and objectives, and in the development of an aftercare plan. All documentation is individualized and client specific and Aftercare and discharge planning must be individualized and include identification of appropriate referrals to specific and relevant community resource, as well as specific plans on how to maintain or exceed progress achieved during the course of treatment. (Attachment D-11).

2.3.3 Care Coordination (Residential) (p.14)

Supported documents verifying Arkansas CARES has policy and procedures in place to assist the client and family in gaining access to needed medical, social, educational, and other services including the following activities: 1. Input into the treatment planning process. 2. Coordination of the treatment planning team. 3. Referral to services and resources identified in the treatment plan. 4. Facilitating linkages between levels of care. 5. Monitoring and follow-up activities necessary to ensure the goals identified in the treatment plan are met or revised as needed. 6. Assisting with transitioning between levels of care and/or integrating back into the community. (Attachment D-11)

2.3.4 Records and Reporting (p.14)

- A. -G. Arkansas CARES is complaint with all compliance and reporting requested by DAABHS as well as with all DAABHS rules of Practice and Procedures.

2.3.5 Staffing (p.15)

- A. Supported documentation verifying Arkansas CARES ensures all services (client-related or non-client related) are provided by appropriate qualified or credentialed persons. (Attachment D-7)
- B. Supported documentation verifying Arkansas CARES Staff providing treatment-related services must have current licenses or certifications with supporting documentation located in their personnel file. (Attachment D-7)
- C. It is Arkansas CARES policy that all staff are certified and remain in compliance in CPI, CPR (adult and infant), and First Aid (infant, child and adult) along with all other employee requirements as stated in MFH Employee Handbook.
- D. Arkansas CARES will have at minimum (1) staff member certified in Motivational Interviewing no later than February 1, 2022- the start of this contract. Verification of this will be sent to DAABHS upon completion.
- E. It is Arkansas CARES policy (Methodist Family Health) that all employees are required to submit to a criminal background check and child maltreatment check. Background checks are submitted to the Arkansas State Police via the internet and to childcare licensing. Employees must be free from all charges/convictions delineated on the childcare licensing list. Background checks for all employees will be repeated every two years. (Attachment D-15)
- F. It is Arkansas CARES policy (Methodist Family Health) that all employees are required to submit to a criminal background check and child maltreatment check. Background checks are submitted to the Arkansas State Police via the internet and to childcare licensing. Employees must be free from all charges/convictions delineated on the childcare licensing list. Background checks for all employees will be repeated every two years. (Attachment D-15)
- G. It is Arkansas CARES policy (Methodist Family Health) that each employee receives an annual Performance evaluation, an analysis of how well the employee is meeting the standards of their position. Direct supervisors will conduct an annual performance evaluation which references duties outlined in your job descriptions, to include quality of work, your teamwork and attendance. Performance Evaluations can be found in the employees HR file. (Attachment D-15)
- H. It is Arkansas CARES policy (Methodist Family Health) that each employee All professional registered or licensed employees are required to keep their registration certificate or license current. Failure to do so may result in the termination of the employee's employment. A copy of the current registration, license or certification must be submitted to MFH-Human Resource Department prior to employment and with each renewal. As well as all required Continuing Education training as deemed by the employee's certification and/or licensure is the employee's responsibility to maintain and remain in compliance. (Attachment D-16)
- I. It is Arkansas CARES policy (Methodist Family Health) policy that each employee All professional registered or licensed employees are required to keep their registration certificate or license current. Failure to do so may result in the termination of the employee's employment. A copy of the current registration, license or certification must be submitted to MFH-Human Resource Department prior to employment and with each renewal. As well as all required Continuing Education training as deemed by the employee's certification and/or licensure is the employee's responsibility to maintain and remain in compliance.
- J. Supported documentation verifying policy in place at Arkansas CARES regarding training, continuing education required of staff, as well as the required use of evidence-based programs. (Attachment D-16).
- K. Arkansas CARES will participate in all trainings and meetings set forth and as required by DAABHS.

2.3.6 Compliance (p.15)

- A. Supported Documents verifying Arkansas CARES ensures clients funded by DAABHS meet eligibility guidelines; individuals whose income is at or below one hundred fifty percent (150%) of the Federal Poverty Level as issued in the Federal Register by the Department of Health and Human Services (HHS). (Attachment D-14)
- B. Arkansas CARES is accredited by The Joint Commission (TJC). Arkansas CARES certification renewal for Survey Site Visit was due by June 20, 2021 however due to COVID-19 pandemic on-site surveys were postponed. MFH- Arkansas CARES, as of this submission, has not received word of the scheduled on-site visit with TJC. (Attachment D-6).
- C. Arkansas CARES is and will remain compliant with all regulatory agencies applicable to services rendered and the most current versions of DAABHS Alcohol and Drug abuse Rules of Practice and Procedure and the DAABHS Licensure standards for Alcohol and Other Drug Abuse Treatment Programs.
- D. Arkansas CARES has been and will remain a Medicaid service Provider through the Arkansas Medicaid Program.
- E. Arkansas CARES will inform DAABHS and the Division of Provider Services and Quality Assurance prior to any changes to management staff, contact information, suite moves, additional sites, or changes in ownership within (5) business days.

2.3.7 Technology Requirements (p.16)

- A. Arkansas CARES utilizes Carelogic, an electronic health records (EHR) system since 2010.
- B. It is Arkansas CARES policy and procedure that that all required clinical documentation, consents, notifications, receipts, etc., are available upon request.
- C. ADMIS is actively used by Arkansas CARES for DAABHS reporting as required.
- D. Supported Documentation of HIPAA compliance for EHR system. (Attachment D-8)
- E. It is policy and procedure for Arkansas CARES, as well as all MFH, to maintain a site-specific emergency response plan, which includes a 24-hour emergency telephone number. Upon admission to any program in the Methodist Behavioral Hospital or Methodist Children's Home Outpatient Departments (MBH OP or MCH OP), the client and family are provided with the Department's 24-hour emergency telephone number, (501)803-3388 or toll-free 1(866)813-3388. Additionally, they may also be provided with a therapist's cell phone number. (Attachment D-17)

2.3.8 Physical Plant Requirements (p.16)

- A. -F. Arkansas CARES will ensure and remain in compliance with all physical plant requirements in accordance with DAABHS, Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs, The Joint Commission, and all other regulatory agencies.

2.3.9 Billing (p.17)

- A. Arkansas CARES will comply with this contract and bill other available payors (e.g., Medicaid, Private Insurance Provider) before billing the State for services rendered on a fee for service basis.
- B. Arkansas CARES will demonstrate ongoing staff development and recruitment processes to ensure good stewardship of state and federal funds.

2.4 PERFORMANCE STANDARDS (p.17)

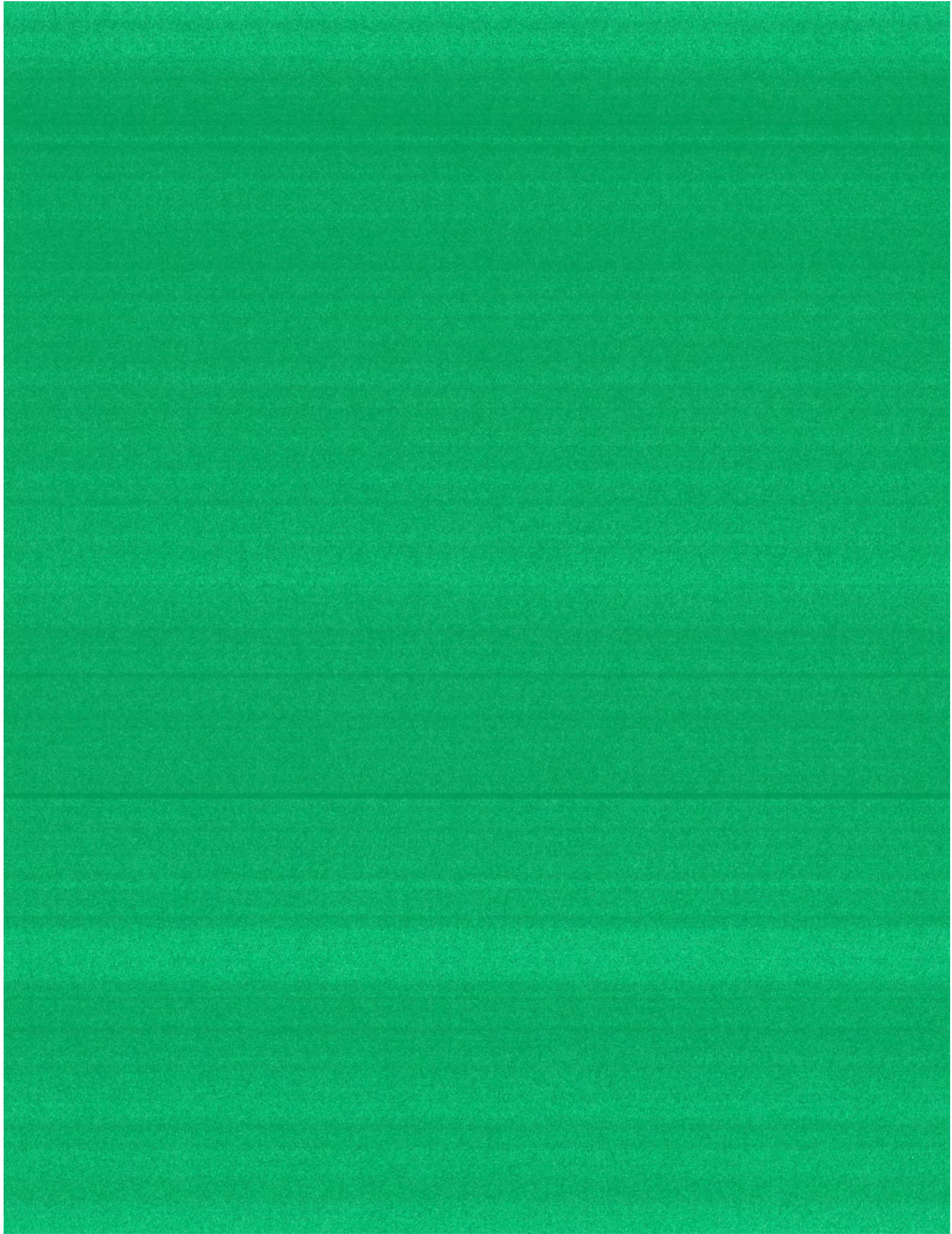


Arkansas CARES will comply with all Performance Standards set forth in this solicitation and contract.

Attachment

D-1

UMGH 501(c)(3) DOCUMENTATION



Department of the Treasury
Internal Revenue Service
Returns Program Mgmt Staff
P. O. Box 1055 - RM 907
Atlanta, Georgia 30370-0000

Date: JUL 25 1990

Date of Inquiry:
07/12/90
Refer Reply To:
QRS:EO:TPA
EIN:
71-0235906
FFN:

UNITED METHODIST CHILDRENS HOME INC
2002 S FILLMORE
LITTLE ROCK, AR 72204-4999

Dear Taxpayer:

This is in response to your request for confirmation of your exemption from Federal Income Tax.

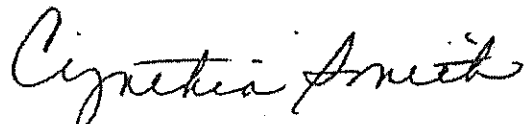
You were recognized as an organization exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code by our letter of March, 1946. You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified, or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any changes in your name and address.

Thank you for your cooperation.

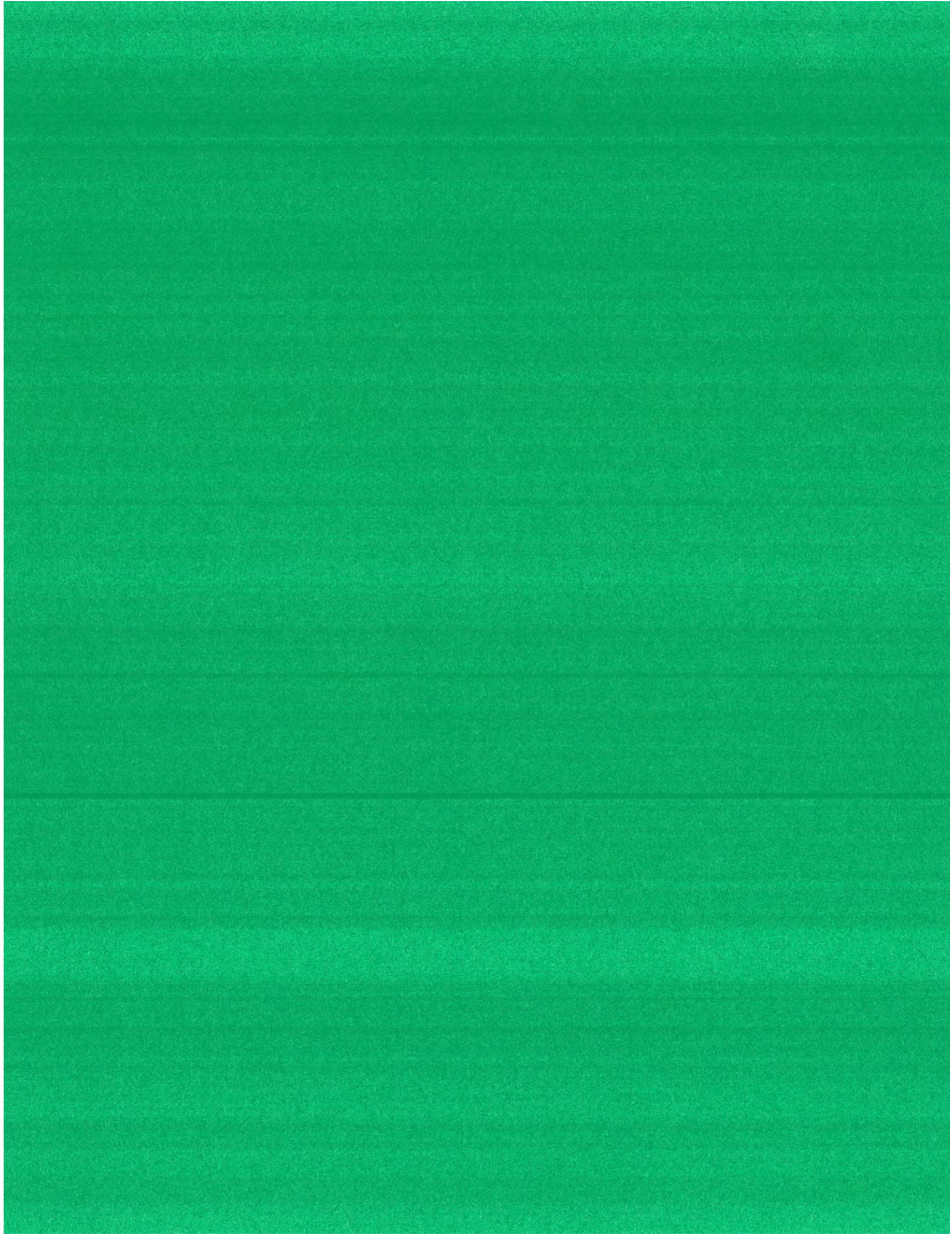
Sincerely yours,



Exempt Organizations Coordinator

Attachment

D-2





**Division of Provider Services &
Quality Assurance**
Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>
PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6287 · Fax: 501-682-8551



06/08/2020

Andy Altom, CEO
United Methodist Children's Home
1600 Aldergate Road
Little Rock, AR 72205

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your new certification number is **11069**. Your previous license number is **070**. Your previous vendor number is **33776**.

The following service location is associated with this provider:

2002 South Fillmore Street
Little Rock, AR 72204

New Certification #33776

Certification Dates: 07/01/2019 – 07/01/2022

On an ongoing basis, if circumstances change regarding your service delivery, site address(es), or organizational structure, you must notify DPSQA/Substance Abuse Licensure and Certification office with applicable updates. Additionally, please remember that all alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current Alcohol and Drug Management Information System (ADMIS). Tascha Petersen is our staff dedicated to ADMIS training and data. She can be reached at (501) 686-9953.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA.ProviderApplications@dhs.arkansas.gov or at (501) 320-6110.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnathan Jones".

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Licensure File

Daphne Burkins, DXC
Tamera Belin, OMIG
Tascha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Otis Hogan
Patricia Gann
Sharon Donovan
Vivian Jackson
Melissa Ward

JJ/wh



License Number: 33776

This Is to Certify That
United Methodist Children's Home / AR CARES

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 2002 South Fillmore Street _____,

Little Rock _____, County of _____ Pulaski _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





Division of Provider Services And Quality Assurance

Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6233 · Fax: 501-682-8551



August 13, 2020

Joyce Greb
United Methodist Children's Home / AR CARES
1600 Aldersgate Road
Little Rock AR 72205

RE: Therapeutic Communities (TC) Recredential Certification, Level 2

Dear Provider:

You have been assigned a new license number due to internal process changes. Your new certification number is 33778. Your previous license number is 719. Your previous vendor number is 12019.

Please find enclosed License and/or Certificates for the following site(s):

2002 South Fillmore Street
Little Rock, AR 72204

New Certification #:33778

Certification Dates: 07/01/2020 – N/A

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements. Please be sure to provide a copy of your current professional licensure and a copy of any accreditation date changes (if applicable) to DPSQA for our records prior to all expiration dates.

Please contact Sharon Donovan with DMS @ (Sharon.donovan@dhs.arkansas.gov) or (501) 396-6003 with questions related to Behavioral Health Medicaid Services.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA.ProviderApplications@dhs.arkansas.gov or at (501) 320-6110.

Sincerely,

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Daphne Burkins, DXC
Reagan Cook, OMIG

humanservices.arkansas.gov
Protecting the vulnerable, fostering independence and promoting better health



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33778

This Is to Certify That

UNITED METHODIST CHILDREN'S HOME dba AR CARES
2002 SOUTH FILLMORE STREET, LITTLE ROCK, AR 72204

has met provider requirements to operate a(n)/as _____ Therapeutic Communities, Level II _____

Certificate effective from 07/01/2020 to N/A (unless sooner revoked).





Division of Provider Services And Quality Assurance

Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6233 · Fax: 501-682-8551



August 17, 2020

United Methodist Children's Home
dba AR Cares
1600 Aldersgate Road
Little Rock AR 72205

RE: Therapeutic Communities (TC) Recredential Certification Level I

Dear Provider:

You have been assigned a new license number due to internal process changes. Your new certification number is 33777. Your previous license number is 718. Your previous vendor number is 12018.

Please find enclosed License and/or Certificates for the following site(s):

2002 South Fillmore Street
Little Rock, AR 72022

New Certification #:33777

Certification Dates: 07/01/2020 – N/A

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements. Please be sure to provide a copy of your current professional licensure and a copy of any accreditation date changes (if applicable) to DPSQA for our records prior to all expiration dates.

Please contact Sharon Donovan with DMS @ (Sharon.donovan@dhs.arkansas.gov) or (501) 396-6003 with questions related to Behavioral Health Medicaid Services.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA.ProviderApplications@dhs.arkansas.gov or at (501) 320-6110.

Sincerely,

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Daphne Burkins, DXC

humanservices.arkansas.gov
Protecting the vulnerable, fostering independence and promoting better health



Certificate Number: 33777

This Is to Certify That

UNITED METHODIST CHILDREN'S HOME dba AR CARES
2002 SOUTH FILLMORE STREET, LITTLE ROCK, AR 72204

has met provider requirements to operate a(n)/as _____ Therapeutic Communities, Level 1

Certificate effective from 07/01/2020 to N/A (unless sooner revoked).





**Division of Provider Services &
Quality Assurance**
Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>
PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6287 · Fax: 501-682-8551



05/12/2020

WILLIAM A ALTON CEO
UNITED METHODIST CHILDRENS HOME
1600 ALDERSGATE ROAD
LITTLE ROCK AR 72205

RE: Behavioral Health Agency (BHA) Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your previous license number is 070. Your previous vendor number is 11069.

Enclosed certification (s):

2002 S. Fillmore St.
Little Rock AR 72204

New Certification #32343

Certification Dates: 07/01/2019 – 12/30/2021

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements.

Should you have any questions or concerns, contact the Licensing and Certification department at DPSQA.ProviderApplications@dhs.arkansas.gov or (501) 320-6287. You may also contact Dana Briscoe at Dana.Briscoe@dhs.arkansas.gov. Any questions related to Behavioral Health Medicaid Services, contact Sharon Donovan with DMS at Sharon.donovan@dhs.arkansas.gov or (501) 396-6003.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnathan Jones".

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Daphne Burkins, DXC
Tamera Belin, OMIG
Taseha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Otis Hogan
Patricia Gann

humanservices.arkansas.gov
Protecting the vulnerable, fostering independence and promoting better health



Certificate Number: 32343

This Is to Certify That

United Methodist Children's Home / AR CARES

2002 S. Fillmore St. Little Rock AR 72204

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/30/2021 (unless sooner revoked).



United Methodist Children's Home, Inc..

Little Rock, AR

has been Accredited by



The Joint Commission

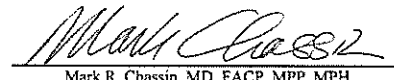
Which has surveyed this organization and found it to meet the requirements for the
Behavioral Health Care Accreditation Program

June 30, 2018

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #147240
Print/Reprint Date: 10/01/2018


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

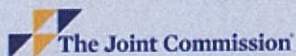




Organizations that have achieved
The Gold Seal of Approval® from
The Joint Commission®



Quality Report





United Methodist Children's Home, Inc..

HCO ID: 147240
2002 South Fillmore Street
Little Rock, AR, 72204
(501) 661-0720
www.methodistfamily.org

Summary of Quality Information

Accreditation Programs

[View Accreditation History](#)



[Behavioral Health Care](#)

Accreditation
Decision
[Accredited](#)

Effective
Date
6/30/2018

Last Full Survey
Date
6/29/2018

Last On-Site Survey
Date
6/29/2018

Sites

Fayetteville Group Home

1745 North Ruppel Road
Fayetteville, AR, 72704

Available Services

- Behavioral Health (Group Home(s) - Child/Youth)

Heber Springs Counseling Clinic

515 Main Street
Heber Springs, AR, 72543

Available Services

- Behavioral Health (Non 24 Hour Care - Adult)
- Behavioral Health (Non 24 Hour Care - Child/Youth)

Heber Springs Therapeutic Group Home

1342 Heber Springs Rd. South
Heber Springs, AR, 72543

Available Services

- Behavioral Health (Group Home(s) - Child/Youth)

Magale Manor and John Magale Group Homes

200 North Pecan
Magnolia, AR, 71753

Available Services

- Behavioral Health (Group Home(s) - Child/Youth)

Methodist Children's Home Campus

2002 South Fillmore Street
Little Rock, AR, 72204

Available Services

- Behavioral Health (Day Programs - Adult)
- Behavioral Health (Non 24 Hour Care - Adult)
- Behavioral Health (Non 24 Hour Care - Child/Youth)
- Behavioral Health (Residential Care - Adult)
- Behavioral Health (Residential Care - Child/Youth)
- Behavioral Health (Group Home(s) - Adult)
- Behavioral Health (Group Home(s) - Child/Youth)
- Behavioral Health (Partial - Adult)
- Case Management (Non 24 Hour Care - Adult)
- Case Management (Non 24 Hour Care - Child/Youth)
- Chemical Dependency (Non 24 Hour Care - Adult)
- Chemical Dependency (Residential Care - Adult)
- Chemical Dependency (Non-detox - Adult)
- Shelter (Non 24 Hour Care - Child/Youth)

Nolan Dacus RTC

211 Church Street
Bono, AR, 72416

Available Services

- Behavioral Health (Residential Care - Child/Youth)

Ophelia Polk Moore Therapeutic Group Home

471 PC 251 Road
Lexa, AR, 72355

Available Services

- Behavioral Health (Group Home(s) - Child/Youth)

Searcy Therapeutic Group Home

2104 Beebe Capps Parkway
Searcy, AR, 72143

Available Services

- Behavioral Health (Group Home(s) - Child/Youth)

Springdale Therapeutic Group Home

19243 Blue Springs Road
Fayetteville, AR, 72703

Available Services

- Behavioral Health (Group Home(s) - Child/Youth)

Therapeutic Day Treatment Educational Program

2000 Aldersgate Road
Little Rock, AR, 72205

Available Services

- Behavioral Health (Non 24 Hour Care - Child/Youth)
- Chemical Dependency (Non 24 Hour Care - Child/Youth)
- Chemical Dependency (Non-detox - Child/Youth)

National Patient Safety Goals and National Quality Improvement Goals

Symbol Key

- 🌟 This organization achieved the best possible results
- + This organization's performance is above the target range/value
- ✓ This organization's performance is similar to the target range/value
- - This organization's performance is below the target range/value
- N/A This measure is not applicable for this organization
- ND Not displayed

Measures Footnote Key

1. The measure or measure set was not reported.
2. The measure set does not have an overall result.
3. The number is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The measure results are not statistically valid.
7. The measure results are based on a sample of patients.
8. The number of months with measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

The Joint Commission only reports measures endorsed by the [National Quality Forum](#).

* This information can also be viewed at [Hospital Compare](#).

** Indicates per 1000 hours of patient care.

*** The measure was not in effect for this quarter.

---- Null value or data not displayed.

**Behavioral Health
Care**

**2018 National Patient
Safety Goals**

Nationwide
Comparison: ✓

Statewide
Comparison: N/A

New Changes to Quarterly Measure

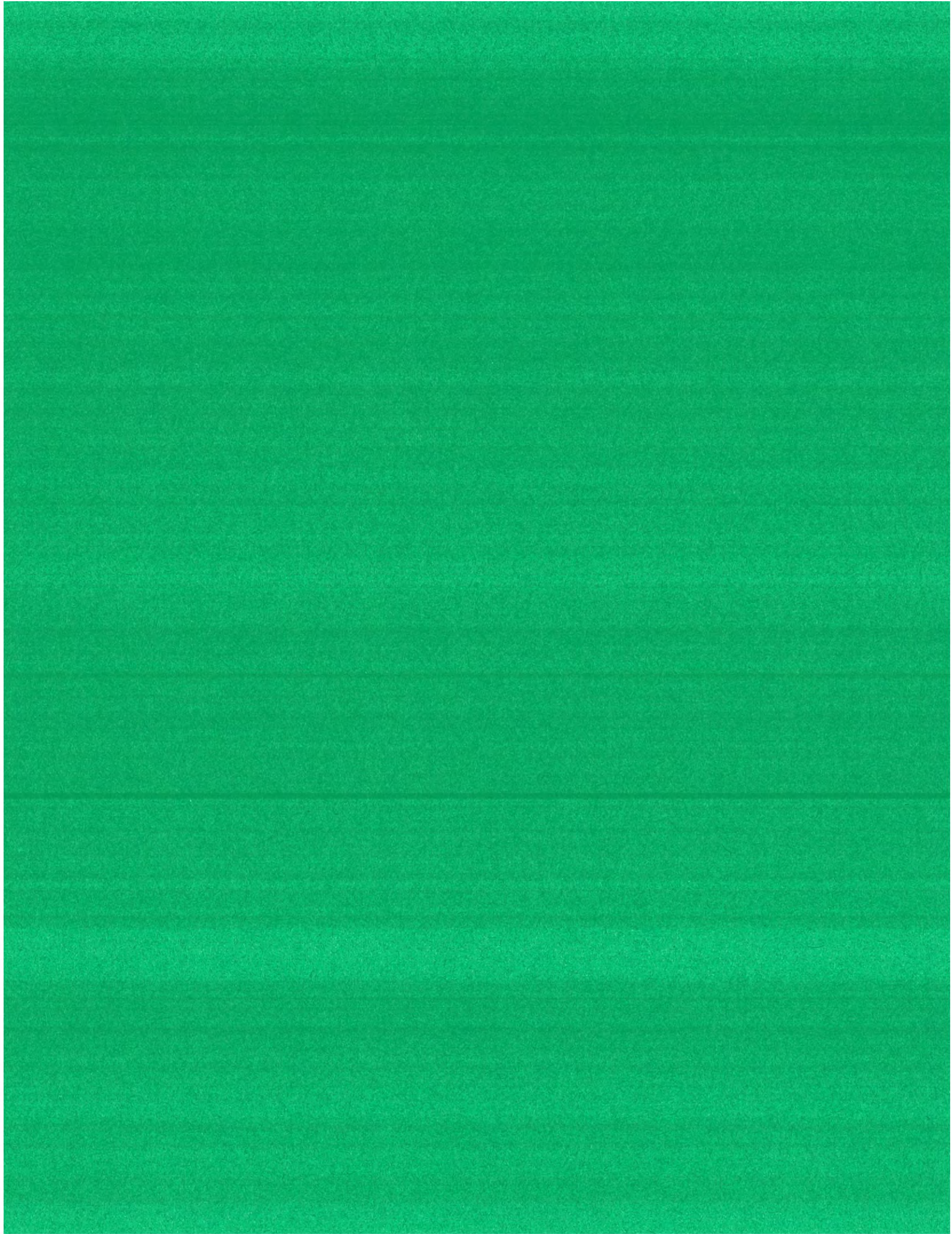
Download Quarterly Measure Results

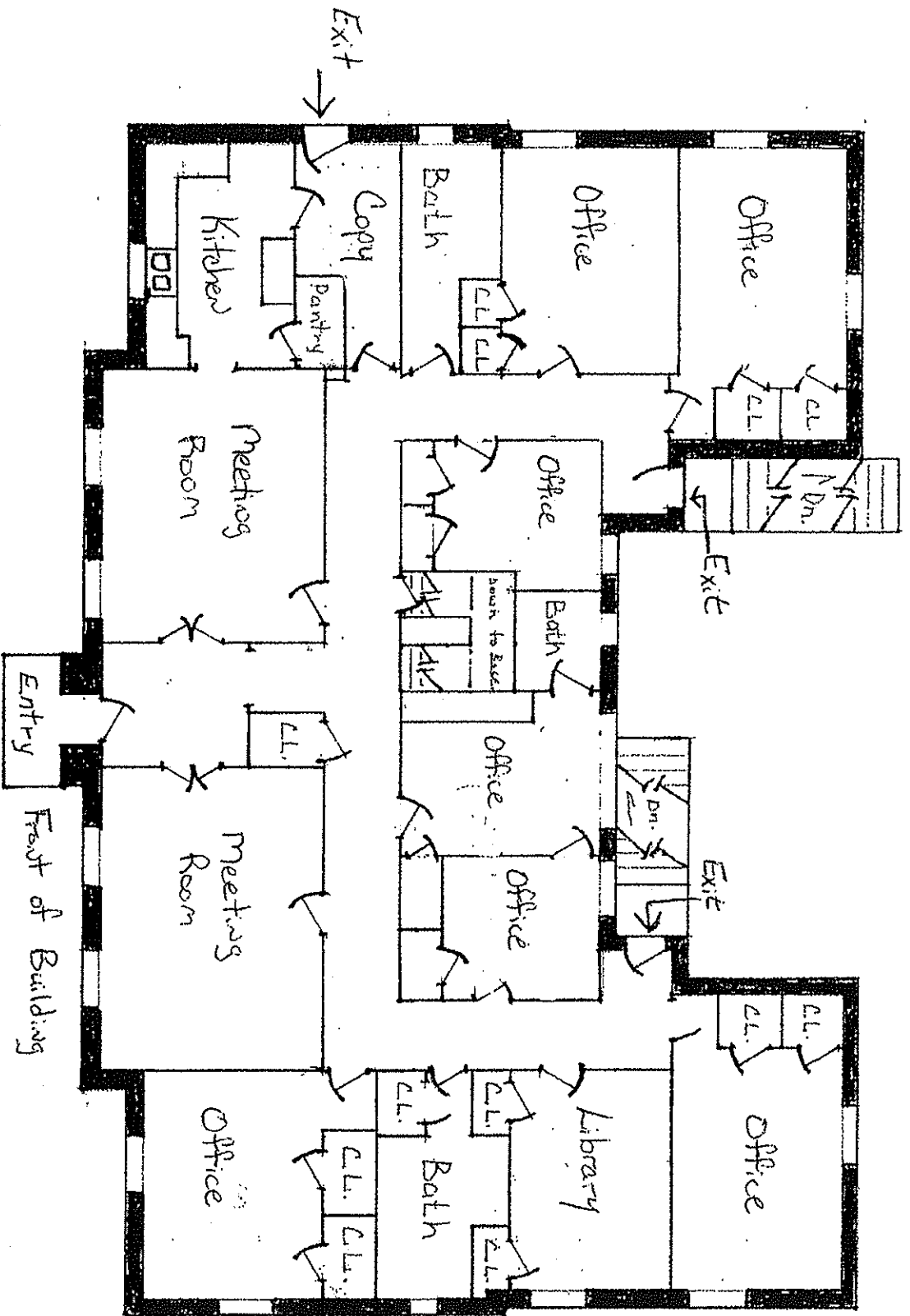
The Joint Commission only reports measures endorsed by the [National Quality Forum](#).

* State results are not calculated for the National Patient Safety Goals.

Attachment

D-3

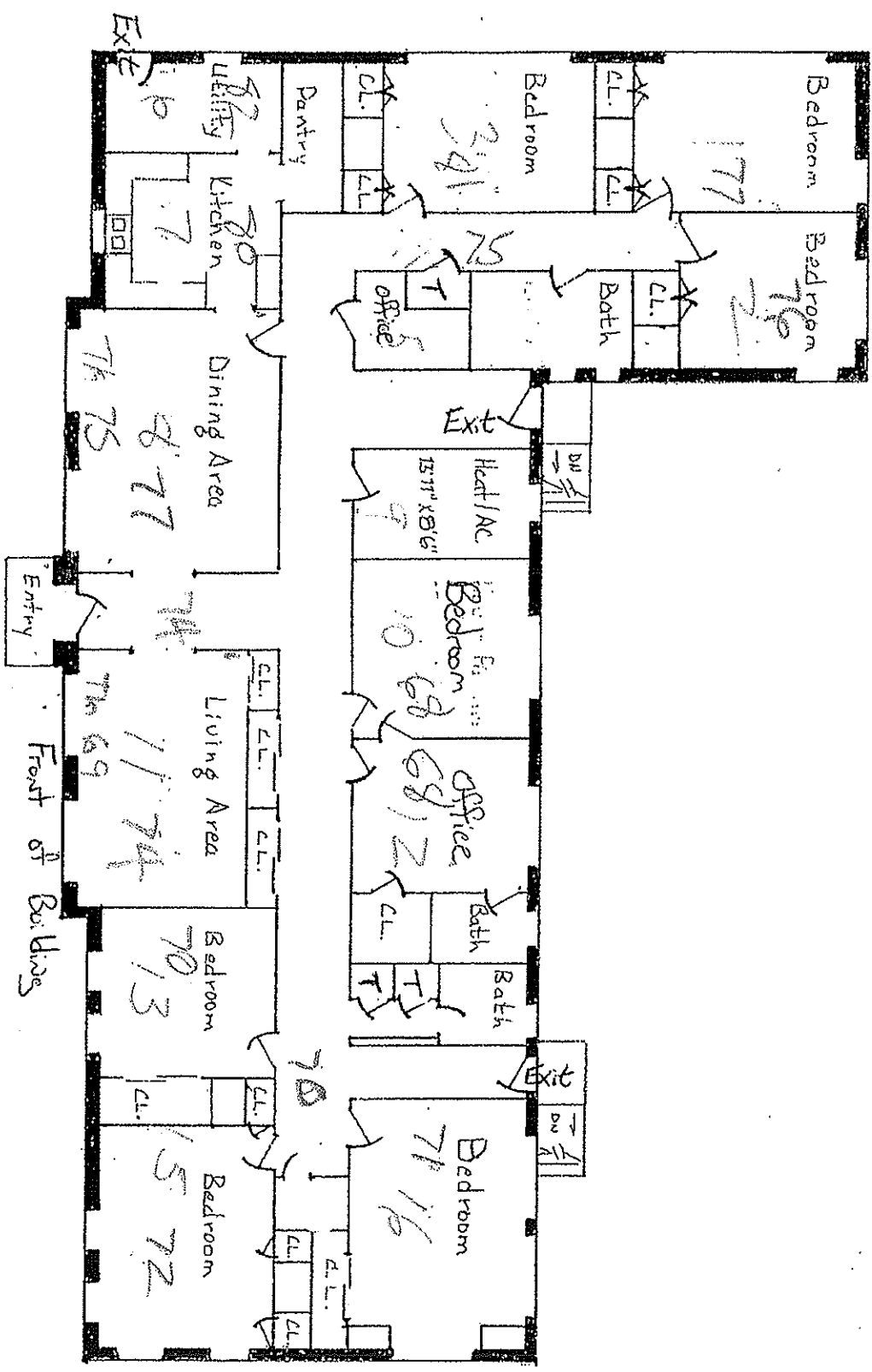




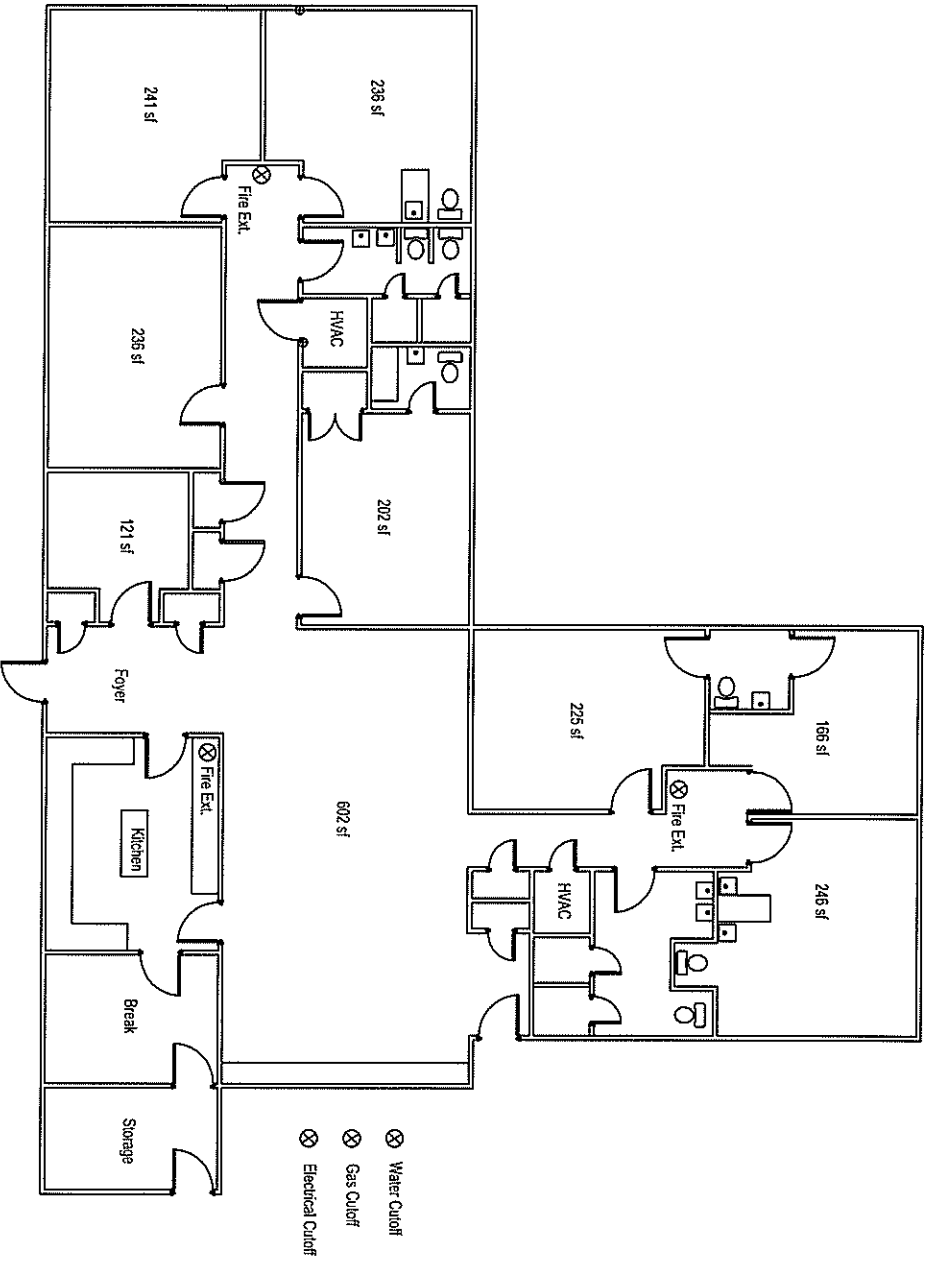
CARES ADULT DAY TX

#6

TEMP 75
15



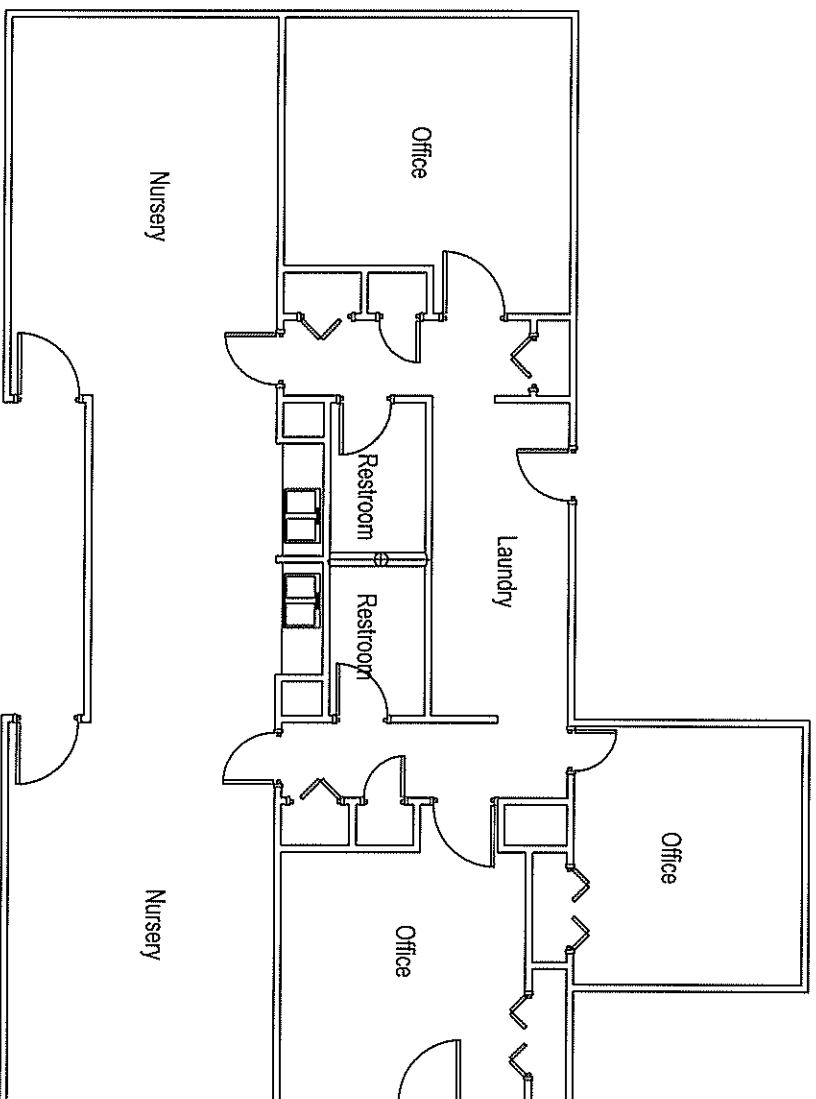
CARES RESIDENTIAL #8



Building 9

3809 G.S.F.

VAMS HEADSTART
TODDLER- PRE-K



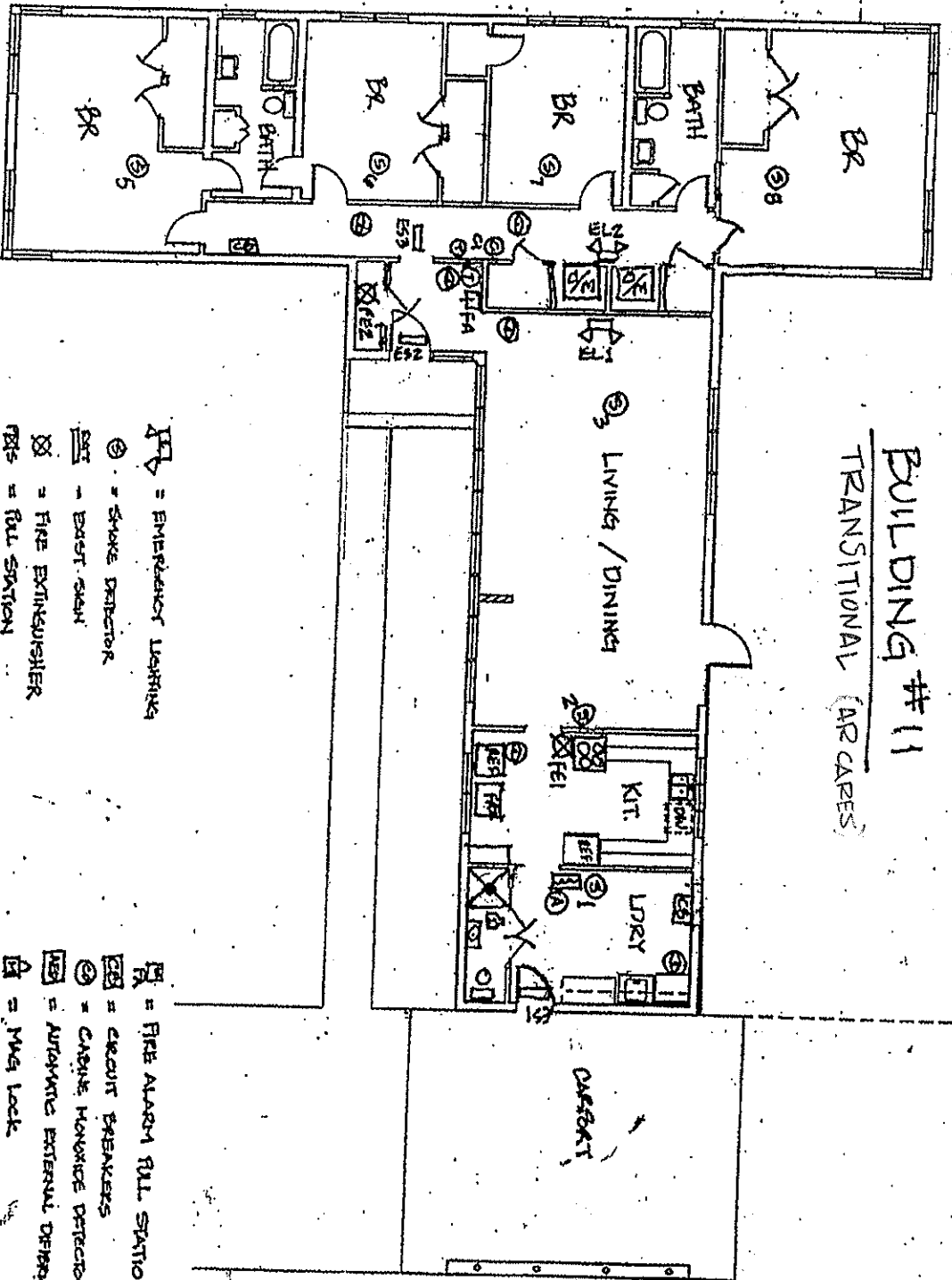
Building 15

1593 G.S.F.

VAMS HEADSTART
NURSERY

BUILDING #11

TRANSITIONAL (ARC CARES)



- ⚡ = EMERGENCY LIGHTING
- ⊙ = SMOKE DETECTOR
- ☒ = FIRST AID
- ☒ = FIRE EXTINGUISHER
- ☒ = FULL STATION
- ☒ = WEATHER RADIO
- ⊙ = CAMERA
- ☒ = SHUT KIT/PPE
- ☒ = FIRST AID
- ☒ = SAFETY DATA SHEETS
- ☒ = EMERGENCY EYE WASH STATION

- ☒ = FIRE ALARM FULL STATION
- ☒ = CIRCUIT BREAKERS
- ☒ = CABINE MONITOR DETECTOR
- ☒ = AUTOMATIC EXTERNAL DEFIBRILLATOR
- ☒ = MFG LOCK
- ☒ = MOTION SENSOR
- ☒ = ALARM PANEL (SECURITY)
- ☒ = GENERATOR
- ☒ = AIR CONDITIONING UNIT (# BLDS NO/UNIT#)
- ☒ = THERMISTAT
- ☒ = PLANE
- ☒ = WATER HEATER
- ☒ = AMERICAN ESCORTER LUGGAGE

UNITED METHODIST CHILDRENS HOME

2002 FILLMORE ST

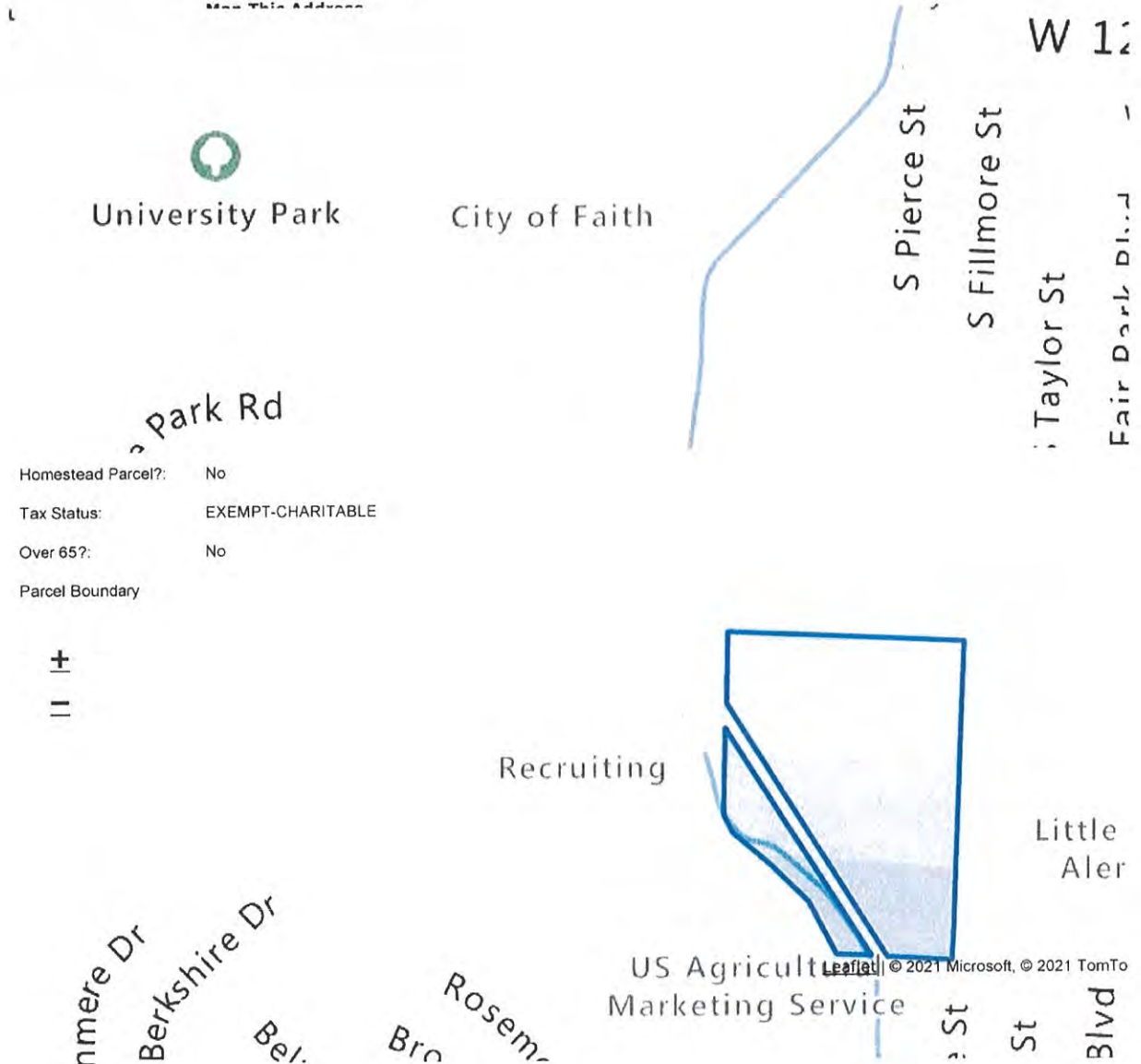
LITTLE ROCK, AR 72204-4939

Basic Information

Parcel Number: 34L1170005000

County Name: Pulaski County

Property Address: UNITED METHODIST CHILDRENS HOME
2002 FILLMORE ST
LITTLE ROCK, AR 72204-4939
[Map This Address](#)



Land Type	Quantity	Front Width	Rear Width	Depth 1	Depth 2	Quarte
COMSQFT	1,194,526 sqft					



Assessment Year:

20

Sales History

Filed	Sold	Price	Grantor	Grantee	Book	Page	Deed Type
2/14/2006	1/27/2006	0	UNITED METHODIST CHILDRENS HOM	VERIZON WIRELESS	2006	011806	HIST(HISTORICAL)
11/20/1945	8/6/1945	6,000	HARDIN JOSEPH C/MARIAM W	ARK METHODIST ORPHANAGE	322	84	WD(WARRANTY DEED)

Improvement Information

Commercial Improvements

Commercial Improvement #1



Building Section #: 1

Business Name: ORPHANAGE

Location: 2002 S FILLMORE LITTLE ROCK

Total SF: 6,360

Stories: 1

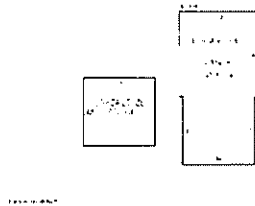
Year Built: 1956

Effective Age: 10

Occupancy:	Code	Description	Class	Percent
	344	OFFICE BUILDING	D-2	100%

Additive Items:	Description	Qt
	2 4" ASPHALT-4" BASE	300
	6 FENCE - CHAINLINK 4FT - LNFT	20

Commercial Improvement #2



Building Section #: 1
 Business Name: ORPHANAGE
 Location: 2002 S FILLMORE LITTLE ROCK
 Total SF: 3,696
 Stories: 2
 Year Built: 1976
 Effective Age: 10

Occupancy:	Code	Description	Class	Percent	
	321	DORMITORY	D-2	100%	

Additive Items:	Description	Qt
	2 4" ASPHALT-4" BASE	200
	99 SLAB ROOF CEIL	4

Commercial Improvement #3



Building Section #: 1
 Business Name: ORPHANAGE
 Location: 2002 S FILLMORE LITTLE ROCK
 Total SF: 5,260
 Stories: 2

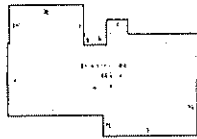
Year Built: 1956

Effective Age: 25

Occupancy:	Code	Description	Class	Percent
	344	OFFICE BUILDING	D-2	100%

Additive Items	Description	Qt
	99 GAS STATIONS - C-STORE CANOPY STEEL	74
	99 SLAB ROOF CEIL	8

Commercial Improvement #4

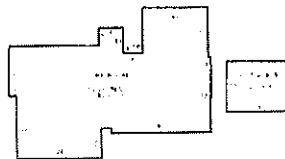


Building Section #: 1
 Business Name: ORPHANAGE
 Location: 2002 S FILLMORE LITTLE ROCK
 Total SF: 4,389
 Stories: 1
 Year Built: 1956
 Effective Age: 25

Occupancy:	Code	Description	Class	Percent
	321	DORMITORY	D-2	100%

Additive Items:	Description	Qt
	99 SLAB ROOF CEIL	5

Commercial Improvement #5



Building Section #: 1

Business Name: ORPHANAGE

Location: 2002 S FILLMORE LITTLE ROCK

Total SF: 4,073

Stories: 1

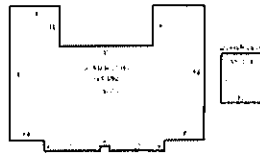
Year Built: 1956

Effective Age: 25

Occupancy:	Code	Description	Class	Percent
	321	DORMITORY	D-2	100%

Additive Items:	Description	Qt
	99 SLAB ROOF CEIL	3

Commercial Improvement #8



11/17/2021

Building Section #: 1

Business Name: ORPHANAGE

Location: 2002 S FILLMORE LITTLE ROCK

Total SF: 4,124

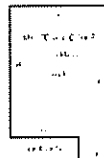
Stories: 1

Year Built: 1956

Effective Age: 25

Occupancy:	Code	Description	Class	Percent
	321	DORMITORY	D-2	100%

Commercial Improvement #7



11/17/2021

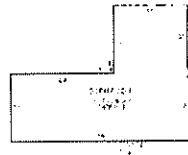
Building Section #: 1

Business Name: ORPHANAGE
 Location: 2002 S FILLMORE LITTLE ROCK
 Total SF: 932
 Stories: 1
 Year Built: 1956
 Effective Age: 30

Occupancy:	Code	Description	Class	Percent
	470	EQUIPMENT (SHOP) BUILDING	D-2	100%

Additive Items	Description	Qt
	99 SLAB ROOF CEIL	10

Commercial Improvement #8

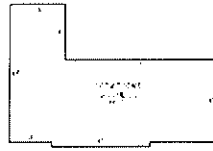


Building Section # 1
 Business Name: ORPHANAGE
 Location: 2002 S FILLMORE LITTLE ROCK
 Total SF: 3,876
 Stories: 1
 Year Built: 1956
 Effective Age: 25

Occupancy:	Code	Description	Class	Percent
	321	DORMITORY	D-2	100%

Additive Items:	Description	Qt
	99 SLAB ROOF CEIL	1
	99 SLAB ROOF CEIL	3

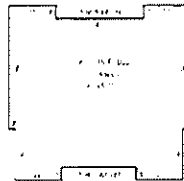
Commercial Improvement #9



Building Section #: 1
 Business Name: ORPHANAGE
 Location: 2002 S FILLMORE LITTLE ROCK
 Total SF: 4,590
 Stories: 1
 Year Built: 1956
 Effective Age: 25

Occupancy:	Code	Description	Class	Percent
	321	DORMITORY	D-2	100%

Commercial Improvement #10

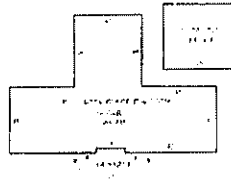


Building Section #: 1
 Business Name: ORPHANAGE
 Location: 2002 S FILLMORE LITTLE ROCK
 Total SF: 6,370
 Stories: 1
 Year Built: 1956
 Effective Age: 25

Occupancy:	Code	Description	Class	Percent
	358	GYMNASIUM (SCHOOL)	D-2	100%

Additive Items:	Description	Qty
	99 SLAB ROOF CEIL	21
	99 SLAB ROOF CEIL	24

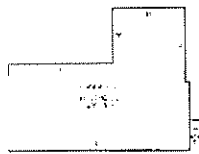
Commercial Improvement #11



Building Section #: 1
 Business Name: ORPHANAGE
 Location: 2002 S FILLMORE LITTLE ROCK
 Total SF: 5,183
 Stories: 1
 Year Built: 1956
 Effective Age: 25

Occupancy	Code	Description	Class	Percent	
	321	DORMITORY	D-2		100%
Additive Items	Description				Qt
	99 SLAB ROOF CEIL				27

Commercial Improvement #12

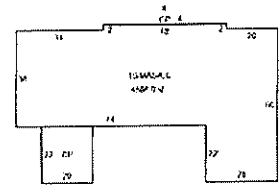


Building Section #: 1
 Business Name: ORPHANAGE
 Location: 2002 S FILLMORE LITTLE ROCK
 Total SF: 4,392
 Stories: 1
 Year Built: 1956
 Effective Age: 25

Occupancy	Code	Description	Class	Percent	
	321	DORMITORY	D-2		100%

Residential Improvements

Residential Improvement #1



Basement Floor Plan

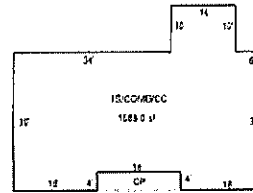
Living Area 1st Floor	4,588	Basement Unfinished
Living Area 2nd Floor	0	Basement Finished w/Partitions
		Basement Finished w/o Partitions
Living Area Total SF	4,588	Basement Total SF

Occupancy Type:	Single Family
Grade:	D2
Story Height:	1 Story
Year Built:	1956
Effective Age:	25
Construction Type:	Masonry
Roof Type:	Asphalt
Heat / AC:	Central
Fireplace:	0 0
Bathrooms:	4 full 0 half
Foundation Type:	Closed Piers
Floor Type:	Wood Subfloor
Floor Covering:	carpet:

4,588 sq ft

Additive Items:	Additive Item	Quantity	Size	Description
	OP		32	OPEN PORCH
	CP		440	CARPORTS

Residential Improvement #2



Source: Public Works

Living Area 1st Floor

1,688 Basement Unfinished

Living Area 2nd Floor

0 Basement Finished w/Partitions

Basement Finished w/o Partitions

Living Area Total SF

1,688 Basement Total SF

Occupancy Type: Single Family

Grade: D4

Story Height: 1 Story

Year Built: 2005

Effective Age: 15

Construction Type: Masonry

Roof Type: Asphalt

Heat / AC: Central

Fireplace: 0 0

Bathrooms: 1 full 0 half

Foundation Type: Closed Piers

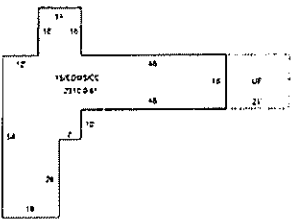
Floor Type: Wood Subfloor

Floor Covering: carpet. 1,688 sq ft

Additive Items.	Additive Item	Quantity	Size	Description
	OP		72	OPEN PORCH

Residential Improvement #3

No Image Available



Send to the Author & Editor:

Living Area 1st Floor

2,310 Basement Unfinished

Living Area 2nd Floor

0 Basement Finished w/Partitions

Basement Finished w/o Partitions

Living Area Total SF

2,310 Basement Total SF

Occupancy Type: Single Family

Grade: D4

Story Height: 1 Story

Year Built: 1956

Effective Age. 25

Construction Type: Masonry

Roof Type: Asphalt

Heat / AC: Central

Fireplace: 00

Bathrooms: 2 full 0 half

Foundation Type: Closed Piers

Floor Type: Wood Subfloor

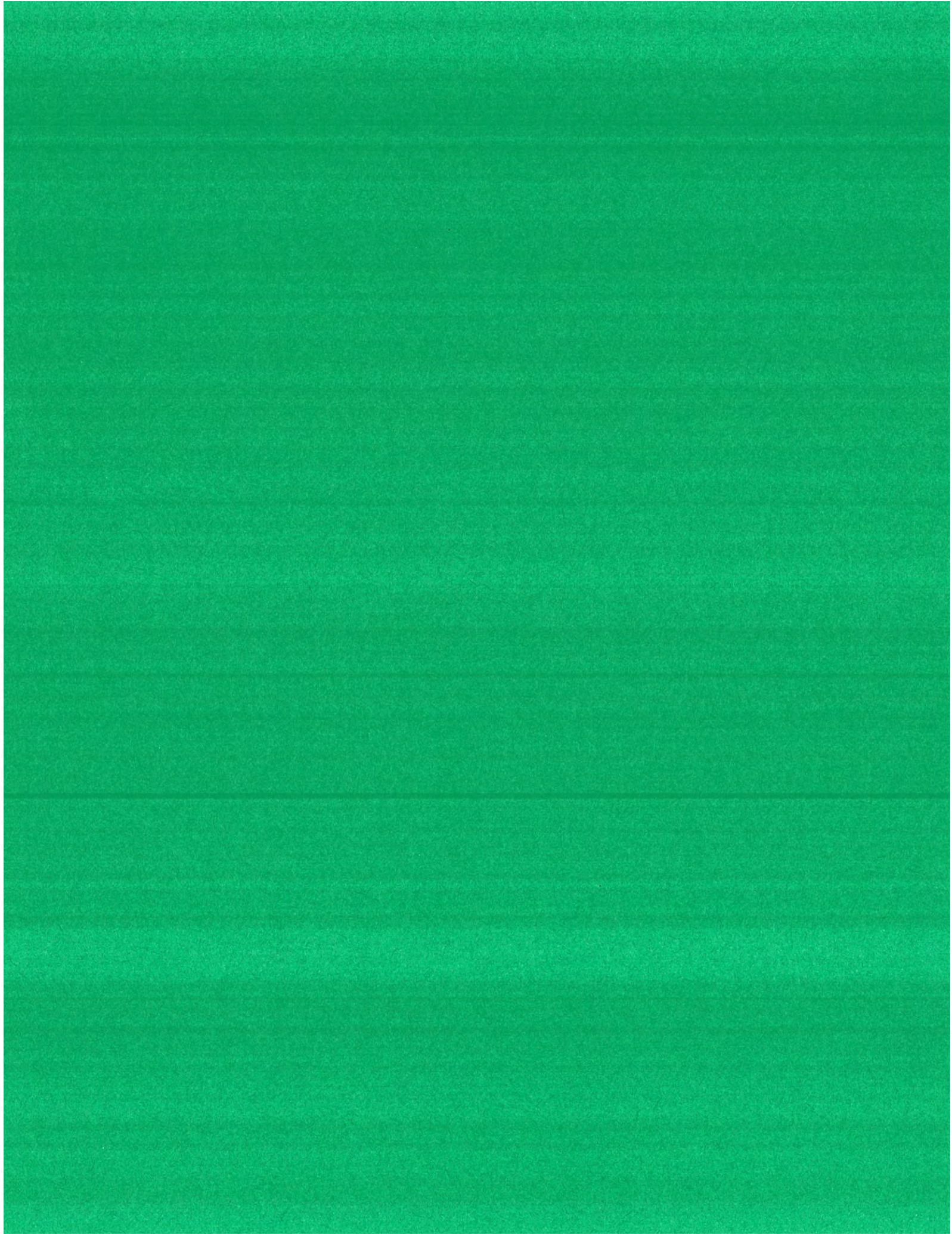
Floor Covering: carpet. 2,310 sq ft

Additive Items:	Additive Item	Quantity	Size	Description
	OP		378	OPEN PORCH

Outbuildings / Yard Improvements:	OBYI Item	Quantity	Size	Description
	ADW		15000	ASHPALT PAVING

Attachment

D-4





Division of Provider Services & Quality Assurance

Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6287 · Fax: 501-682-8551



06/08/2020

Andy Altom, CEO
United Methodist Children's Home
1600 Aldergate Road
Little Rock, AR 72205

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your new certification number is **11069**. Your previous license number is **070**. Your previous vendor number is **33776**.

The following service location is associated with this provider:

2002 South Fillmore Street
Little Rock, AR 72204

New Certification #33776

Certification Dates: 07/01/2019 – 07/01/2022

On an ongoing basis, if circumstances change regarding your service delivery, site address(es), or organizational structure, you must notify DPSQA/Substance Abuse Licensure and Certification office with applicable updates. Additionally, please remember that all alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current Alcohol and Drug Management Information System (ADMIS). Tascha Petersen is our staff dedicated to ADMIS training and data. She can be reached at (501) 686-9953.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA.ProviderApplications@dhs.arkansas.gov or at (501) 320-6110.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnathan Jones".

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Licensure File

Daphne Burkins, DXC
Tamera Belin, OMIG
Tascha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Otis Hogan
Patricia Gunn
Sharon Donovan
Vivian Jackson
Melissa Ward

JJ/wh



License Number: 33776

This Is to Certify That

United Methodist Children's Home / AR CARES

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 2002 South Fillmore Street _____,

Little Rock _____, County of _____ Pulaski _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





**Division of Provider Services
And Quality Assurance**

Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6233 · Fax: 501-682-8551



August 13, 2020

Joyce Greb
United Methodist Children's Home / AR CARES
1600 Aldersgate Road
Little Rock AR 72205

RE: Therapeutic Communities (TC) Recredential Certification, Level 2

Dear Provider:

You have been assigned a new license number due to internal process changes. Your new certification number is 33778. Your previous license number is 719. Your previous vendor number is 12019.

Please find enclosed License and/or Certificates for the following site(s):

2002 South Fillmore Street
Little Rock, AR 72204

New Certification #:33778

Certification Dates: 07/01/2020 – N/A

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements. Please be sure to provide a copy of your current professional licensure and a copy of any accreditation date changes (if applicable) to DPSQA for our records prior to all expiration dates.

Please contact Sharon Donovan with DMS @ (Sharon.donovan@dhs.arkansas.gov) or (501) 396-6003 with questions related to Behavioral Health Medicaid Services.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA.ProviderApplications@dhs.arkansas.gov or at (501) 320-6110.

Sincerely,

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Daphne Burkins, DXC
Reagan Cook, OMIG

humanservices.arkansas.gov
Protecting the vulnerable, fostering independence and promoting better health



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33778

This Is to Certify That

UNITED METHODIST CHILDREN'S HOME dba AR CARES
2002 SOUTH FILLMORE STREET, LITTLE ROCK, AR 72204

has met provider requirements to operate a(n)/as _____ Therapeutic Communities, Level II

Certificate effective from 07/01/2020 to N/A (unless sooner revoked).





Division of Provider Services And Quality Assurance

Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6233 · Fax: 501-682-8551



August 17, 2020

United Methodist Children's Home
dba AR Cares
1600 Aldersgate Road
Little Rock AR 72205

RE: Therapeutic Communities (TC) Recredential Certification Level I

Dear Provider:

You have been assigned a new license number due to internal process changes. Your new certification number is 33777. Your previous license number is 718. Your previous vendor number is 12018.

Please find enclosed License and/or Certificates for the following site(s):

2002 South Fillmore Street
Little Rock, AR 72022

New Certification #:33777

Certification Dates: 07/01/2020 – N/A

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements. Please be sure to provide a copy of your current professional licensure and a copy of any accreditation date changes (if applicable) to DPSQA for our records prior to all expiration dates.

Please contact Sharon Donovan with DMS @ (Sharon.donovan@dhs.arkansas.gov) or (501) 396-6003 with questions related to Behavioral Health Medicaid Services.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA.ProviderApplications@dhs.arkansas.gov or at (501) 320-6110.

Sincerely,

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Daphne Burkins, DXC

humanservices.arkansas.gov
Protecting the vulnerable, fostering independence and promoting better health



Certificate Number: 33777

This Is to Certify That

UNITED METHODIST CHILDREN'S HOME dba AR CARES
2002 SOUTH FILLMORE STREET, LITTLE ROCK, AR 72204

has met provider requirements to operate a(n)/as _____ Therapeutic Communities, Level 1

Certificate effective from 07/01/2020 to N/A (unless sooner revoked).





Division of Provider Services & Quality Assurance

Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6287 · Fax: 501-682-8551



05/12/2020

WILLIAM A ALTON CEO
UNITED METHODIST CHILDRENS HOME
1600 ALDERSGATE ROAD
LITTLE ROCK AR 72205

RE: Behavioral Health Agency (BHA) Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your previous license number is 070. Your previous vendor number is 11069.

Enclosed certification (s):

2002 S. Fillmore St.
Little Rock AR 72204

New Certification #32343

Certification Dates: 07/01/2019 – 12/30/2021

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements.

Should you have any questions or concerns, contact the Licensing and Certification department at DPSQA.ProviderApplications@dhs.arkansas.gov or (501) 320-6287. You may also contact Dana Briscoe at Dana.Briscoe@dhs.arkansas.gov. Any questions related to Behavioral Health Medicaid Services, contact Sharon Donovan with DMS at Sharon.donovan@dhs.arkansas.gov or (501) 396-6003.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnathan Jones".

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Daphne Burkins, DXC
Tamera Belin, OMIG
Tascha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Otis Hogan
Patricia Gann

humanservices.arkansas.gov

Protecting the vulnerable, fostering independence and promoting better health



Certificate Number: 32343

This Is to Certify That

United Methodist Children's Home / AR CARES

2002 S. Fillmore St. Little Rock AR 72204

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/30/2021 (unless sooner revoked).

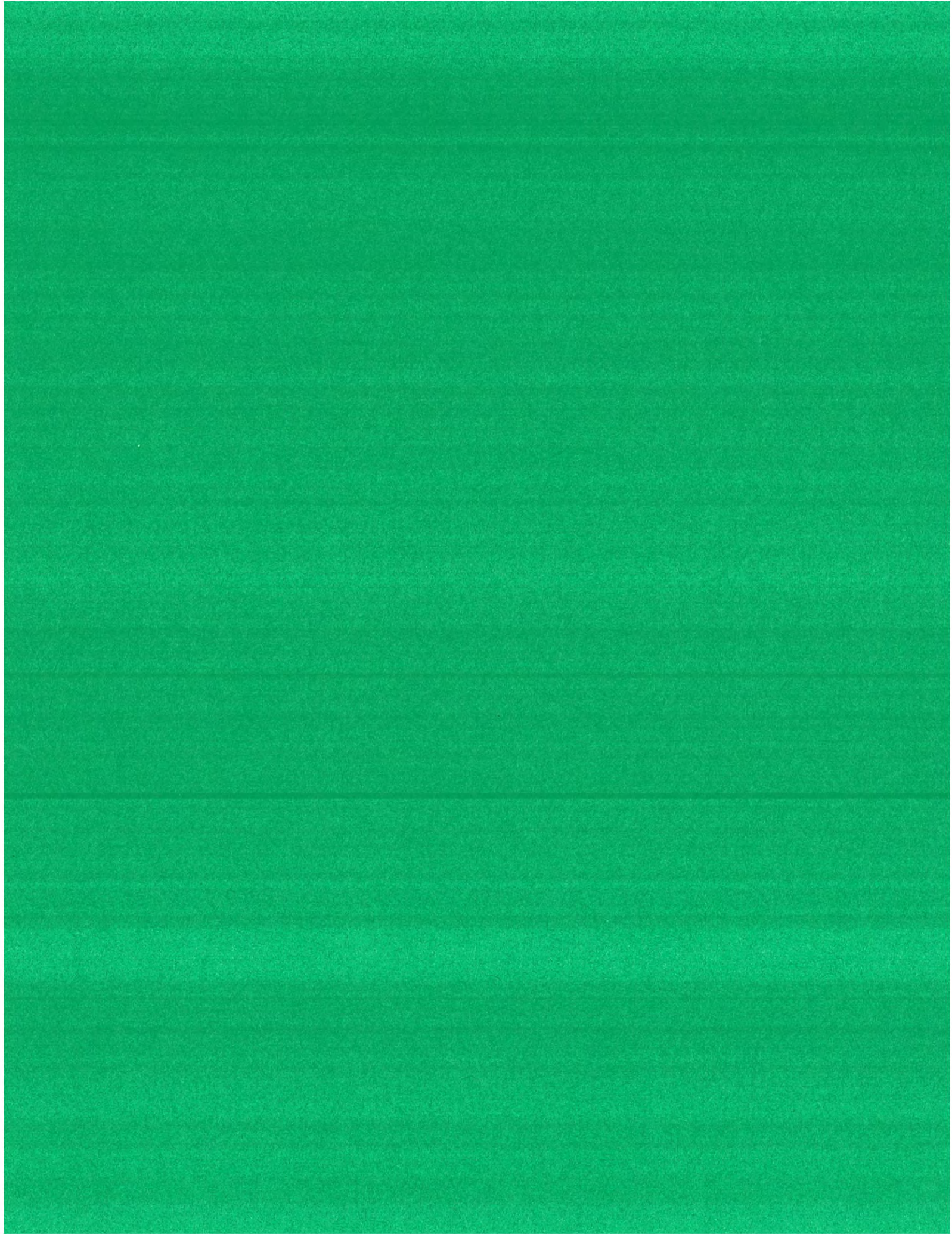


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Attachment

D-5

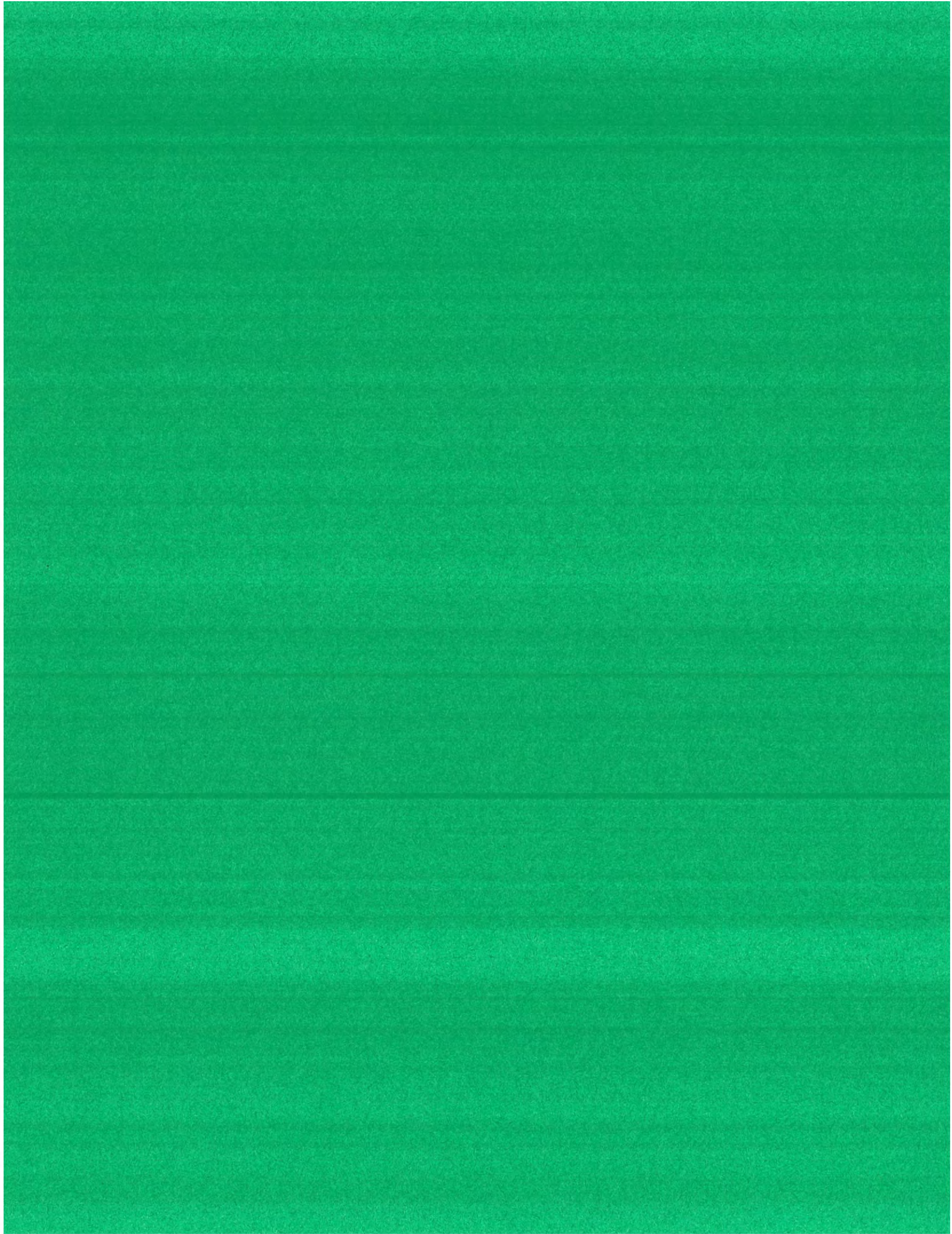
REFER to "Attachment D-2"



Attachment

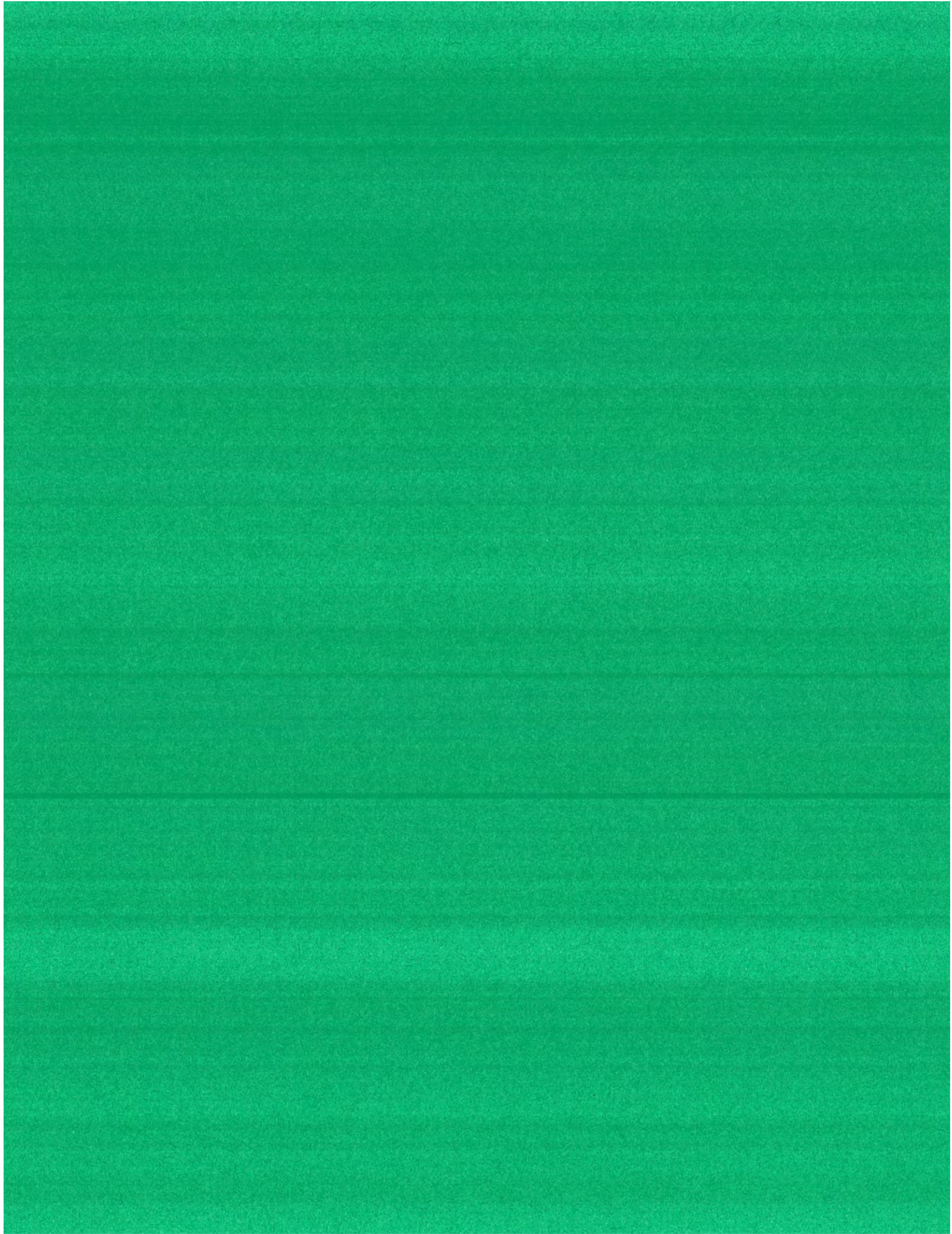
D-6

REFER to "Attachment D-2"



Attachment

D-7





Arkansas CARES Organization and staffing

Position	President / CEO			
Position Description (RFP Responsibility)	Serves as primary officer for the Agency charged with oversight and responsibility of operations of Methodist Family Health, owner of United Methodist Children's Home and United Methodist Behavioral Hospital.			
<u>Name</u> Andy Altom	<u>Education</u> MBA	<u>Licensure</u> N/A	<u>Position</u> President / CEO	<u>Yrs.</u> 19
Position	United Methodist Children's Home Program Administrator			
Hours for RFP	10 per week			
Position Description (RFP Responsibility)	Responsible for supervising Clinical Director and Family Services Director. Oversees dual diagnosis treatment program systems to meet consumer needs. Ensures ADAP licensure standards are met. Responsible for financial performance of Arkansas CARES. Reviews funding requests prior to submitting to DBHS.			
<u>Name</u> Craig Gammon	<u>Education</u> MBA	<u>Licensure</u> N/A	<u>Position</u> MCH Administrator	<u>Yrs.</u> 18
Position	MCH and Arkansas CARES Outpatient Program Administrator			
Hours for RFP	10 per week			
Position Description (RFP Responsibility)	Responsible for supervising Clinical Director and Family Services Director. Oversees dual diagnosis treatment program systems to meet consumer needs. Ensures ADAP licensure standards are met. Responsible for financial performance of Arkansas CARES. Reviews funding requests prior to submitting to DBHS.			
<u>Name</u> Kate Hardage	<u>Education</u> MS- Social Work	<u>Licensure</u> LCSW	<u>Position</u> MCH OP Administrator	<u>Yrs.</u> 13
Position	Clinical Director			
Hours for RFP	40 per week			
Position Description (RFP Responsibility)	Responsible for supervision, training and evaluation of clinical staff including: Nurses, Child Therapists; Adult Therapists; Admission Coordinator; and Licensed Psychological Examiner. Maintains all licensing standards for CARES operation. Supervises Clinical Team.			



<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Mercedes Crayton	MS- CMHC	LAC	CARES Clinic	5

Position
Hours for RFP
Position Description
(RFP Responsibility)

Day Treatment/Residential Program Director
40 per week
Supervises all Residential Behavioral Instructors and Adult Day Treatment staff including Case Managers. Maintains licensing standards as SWS substance abuse treatment program. Clinically supervises all substance abuse treatment. Oversees transportation duties for all CARES clients. Leads treatment staffing related to day treatment and substance abuse.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Elizabeth Grobmyer (acting as currently- position to be filled)	BS	QBHP, PRSS	CARES ADT	6

Hours for RFP
Position Description
(RFP Responsibility)

Medical Director
5 per week
Responsible for diagnosis/evaluation and medication management. Provides supervision of adult and child psychiatrists for quality of medical services provided. Heads Medical Exec Team for MFH.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Scott Hogan	MD, Ped Psych, Addiction	Medical Doctor	Outpatient Services	16

Position
Hours for RFP
Position Description
(RFP Responsibility)

Registered Nurse
31 per week
Provides medication education, examines clients reporting to daily sick call, completes nursing assessment, makes physician referrals for any off campus medical needs for mothers and children on campus. Provides health classes weekly to include education on HIV, AIDS, STDs, TB, family planning, and sexual and spousal abuse. Provides smoking cessation assistance and education.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Leslie Brown	BS	LPN	CARES Clinic	27

Position
Hours for RFP
Position Description
(RFP Responsibility)

Adult and Child Therapists
40 per week
Provide individual, family, and group therapy for mothers and children in treatment at Arkansas Cares. All use evidence based cognitive behavioral therapy.

<u>Names</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Kate Hardage	MS	LCSW	Therapist	13



Mercedes Crayton	MS- CMHC	LAC	Therapist	5
J. Andy McCullough	MS	LPC, LADAC	Therapist (contract)	15
To be filled				

Position	Case Managers
Hours for RFP	40 per week
Position Description (RFP Responsibility)	Provide evidence based educational groups on daily basis. Complete CM Needs Assessment first week of program entry. Work directly with DBHS caseworkers for court ordered mothers. Coordinate and provide transportation for all outside appointments for community services. Monitor client progress and assist in preparation of court reports. Monitor treatment progress and attend staffing weekly. Schedule DCFS staffing with treatment team and DHS Caseworkers.

<u>Name</u>	<u>Education</u>	<u>Certification</u>	<u>Position</u>	<u>Yrs.</u>
Malcolm Thomas	BS	QBHP	CARES Day	17
3 additional QBHP's to be filled			Treatment	

Position	Parent Educator
Hours for RFP	40 per week
Position Description (RFP Responsibility)	Responsible for supervising all infants and children in the CARES program. Prepares and provides all evidence based <i>Common Sense Parenting</i> as parent education for mothers. Monitors mother with child(ren) to ensure she applies skills learned in individual and classroom setting. Coordinates all childcare activities.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Malcolm Thomas	BS	QBHP	CARES Day	17
			Treatment	

Position	Admission Coordinator
Hours for RFP	40 per week
Position Description (RFP Responsibility)	Responsible for completing initial telephone screening to ensure clients meet program admission criteria. Provide immediate education on HIV, TB and risks of transmission of substance related illnesses. Educates pregnant women on impact of substance abuse on fetus. Provides referral for interim services including prenatal care. Prepares documentation for ADMIS system. Maintains client waiting list and coordinates admission to program.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Elizabeth Grobmyer	BA	QBHP, PRSS	CARES Clinic	6



Position	Residential Behavioral Instructors
Hours	40 per week (24 per week for weekend workers)
Position Description	Responsible for managing cottages where mothers and children reside. Observe and report on application of all educational services of Arkansas CARES staff. Assign nightly letter grade for behavior in cottage that allows clients to qualify for privileges such as telephone and off campus passes. Oversees clients in chore completion for household duties. Works with parent educator to ensure newly learned skills are applied. Provide feedback on cottage performance to CARES mothers. Provides all after business hours transportation.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs</u>
Mavi Marshall	HS	QBHP	Residential	17
Bridget Kanu	HS	QBHP	Residential	17
Beverly Burse	HS	QBHP	Residential	8
3 additional positions to be filled				

Mercedes Crayton is currently seeking licensure as an LPC; however, is currently practicing under the supervision of MCH OP Administrator and Clinical Supervision under Jay Gentry, LPC, CS. MCH has demonstrated through its previous contracts with DCFS that it is a dependable and qualified organization. We started our first contract with DCFS on a very small scale in the early 1990's and have grown into one of the largest providers for residential and psychological services to children and families in the state. MCH is open to all forms of review and actively seeks out ways to get input from DCFS at all levels. MCH has demonstrated the ability to provide treatment for of a wide variety of mental health needs for families placed with our various treatment programs. Arkansas CARES has provided dual diagnosis treatment through contracts and grants since its inception and with MCH since 2007.

Project Management

Overall Supervision of the program is the responsibility of the MCH Administrators who report directly to the CEO. Operations management is the responsibility of the Clinical Director and the Director of Family Support Services. All program staff is directly or indirectly accountable to these two program directors. Both Directors report to the MCH Outpatient Administrator. Support functions for Arkansas CARES are the responsibility of the appropriate departments within MFH, the management company (physical plant management, information technology, utilization management and accounting/ financial management). MCH through the MFH management company houses a human resources department that is responsible for recruiting, hiring and training of all MCH staff. This department ensures all staff licenses and training requirements are current.

The State Shared Technical Architecture Program has been reviewed and MCH Arkansas CARES is compliant with this set of policies and standards. MCH Arkansas CARES is Joint Commission accredited with strict requirements protecting personal health information.

Arkansas CARES implements an extensive quality control program to solicit feedback from our consumers. Monthly, every client in treatment completes a Patient Satisfaction Survey and results of the survey are reported to the QAPI Committee, Medical Executive Board, and Operations Board of Directors. Quarterly quality assurance and performance improvement reports are imperative since consumer feedback is necessary to improve the quality of the services we deliver.



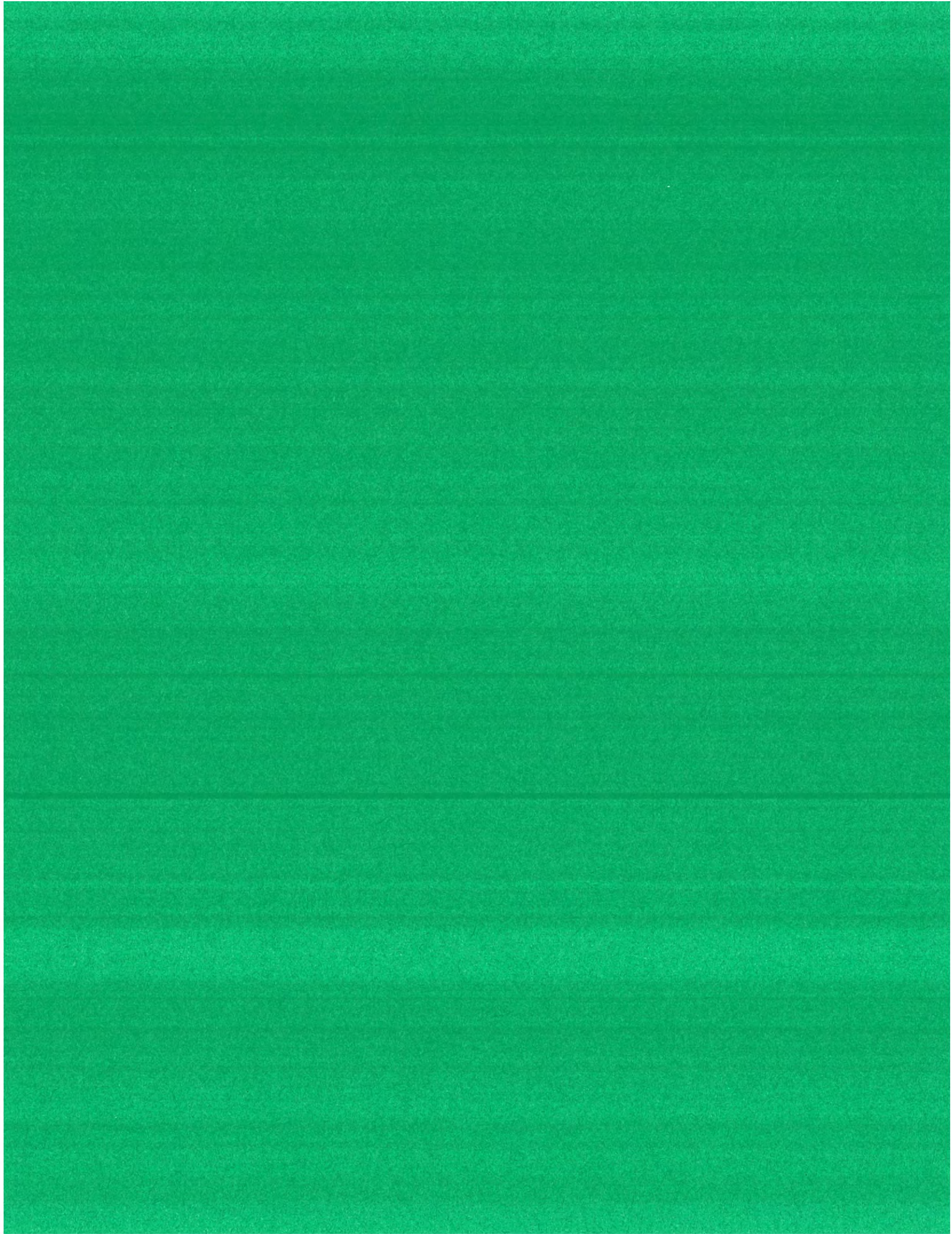
Financial management of SWS Contracts are managed through MFH (Management Company) with a to ensure DBHS administrative functions are completed appropriately. The MCH Administrator reviews each invoice to DBHS to sign off her approval before the invoice is submitted.

In terms of service delivery, the Clinical and Day Treatment Directors consistently review documentation to ensure accuracy in reflecting the services delivered by Arkansas CARES. Quarterly audits addressing the quality of documentation is conducted and immediate feedback is given to staff to maintain a high quality and accurate documentation. DBHS primarily communicates with the CARES Administrative staff, Clinical Director and Residential/Day Treatment Directors

Arkansas CARES looks forward to continuing to provide comprehensive treatment services for all clients who enter treatment and continue to choose our transitional living program as they plan to re-enter their respective communities as productive mothers, family members, and citizens.

Attachment

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Complaints

If you believe your privacy rights have been violated, please contact the Methodist Children's Home, Methodist Counseling Clinic & the Methodist Behavioral Hospital and/or the Office for Civil Rights, Region VI, (U.S. Department of Health & Human Services):

Office for Civil Rights
U.S. Department of Health & Human Services
1301 Young St., Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940
(214) 767-0432 Fax

Jennifer Horner, MSHI, RHIA
Chief Privacy Officer
Methodist Family Health
1601 Murphy Dr.
Maumelle, AR 72113
(501) 906-4314

(866) 813-3388 toll free
jhorne@methodistfamily.org
(Contact for additional information on NPP)

Keven Burress
Chief Security Officer
Methodist Family Health
1600 Aldersgate Road, Suite 200
Little Rock, AR 72205
(501) 906-4215
(800) 756-3709
kburress@methodistfamily.org

Notice of Privacy Practices (HIPAA Notice)

Electronic copy located:

<http://www.methodistfamily.org/your-privacy/>

This notice was published & effective on April 14, 2003. Revised: 8/29/03; 2/25/11; 10/25/12; 10/31/13; 2/15/14; 4/13/16; 1/11/18; 7/24/18



Notice of Privacy Practices

Uses and Disclosures of Protected Health Information

METHODIST CHILDREN'S HOME

METHODIST BEHAVIORAL HOSPITAL

METHODIST COUNSELING CLINIC

(501) 661-0720 main

(800) 756-3709 toll free

www.methodistfamily.org

Notice of Privacy Practices (NPP) describes uses & disclosures of a patient's "Protected Health Information" (PHI) regarding treatment, payment or healthcare operations & for other purposes permitted or required by law & a patient's right to access & control of PHI including demographics: identity of patient; past, present or future physical or mental health or condition &/or related healthcare services.

Methodist Children's Home, Methodist Behavioral Hospital, & Methodist Counseling Clinic. will abide by the terms of the NPP & at any time may change the terms of notice that will be effective for all PHI maintained at time of change. A revised NPP will be provided on request by mail or email.

THE PATIENT'S RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE RE

You have the right to inspect and copy the patient's PHI contained in a designated record set (medical/billing re about the patient) for as long as the Methodist Children's H (MBH), & Methodist Counseling Clinic (MCC) maintains PHI information compiled in reasonable anticipation of, or use proceeding, & PHI subject to non-access laws. Please con: tions & a decision to deny access may be reviewed.

You have the right to request a restriction of your PI Parent/guardian may request non-use or disclosure for pur operations that applies to family members or friends invol es as described in this Notice of Privacy Practices. Specific r striction applies. The patient's physician is not required to : believed not in patient's best interests. If patient's physicia System may not use or disclose the patient's PHI unless to l any restriction with the patient's physician. Submit your re: to the *Health Information Management Department (Medi*

You have the right to request and receive confidential MCC by alternative means or at an alternative locati The System will accommodate reasonable requests made i ask for the following information: (1) how payments will be dress or other contact methods; (3) explanation for the req

You may have the right to have your physician amer Request for amending PHI are for as long as the System ma tain situations, you have the right to file a statement of dis: tact the Chief Privacy Officer for questions regarding amen

You have the right to receive an accounting of disclo cerning patient's PHI

Specific disclosure information may be received (after April certain exceptions, restrictions & limitations Disclosures o operations as described in the Notice of Privacy Practices ir for a facility directory, to family members or friends involv es.

Who Will Follow This Notice?

Programs associated with the Methodist Children's Home (& Methodist Counseling Clinic (MCC) may share medical in tions as described in this notice. Any healthcare profession odist System – employees, staff & other personnel authori the patient's file or record will follow the terms of the NPP.

Upon request, you have the right to obtain a paper (MCH, MBH, & MCC even if you agreed to electronic

Notice of Privacy Practices

Uses and Disclosures of PHI

Uses and Disclosures of Protected Health Information Based Upon Written Consent

Parents/Legal Guardians will be asked to sign a consent form to use and disclose patient's PHI for treatment, payment and healthcare operations. PHI may be used and disclosed by the System staff and others involved in the patient's care and treatment located outside of the System facilities. Examples are listed:

Treatment: Coordinate or manage the patient's healthcare and related services including a third party with prior permission to access patient's PHI. Examples: home health agencies, other treating and referral physicians, healthcare providers, specialists or laboratories.

Payment: Obtain payment for healthcare services. Examples: eligibility and utilization review procedures for health insurance plans and hospital admission's process.

Healthcare Operations: (1) Support business activities of patient's physician's practice. Examples: quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other activities such as appointment reminders and calling patient's name in waiting room on admittance or discharge. (2) Share with third party "business associates" who perform billing, transcription services and other activities. (3) Provide as necessary alternative treatment information or other health-related benefits and services. (4) Provide the System marketing procedures: name, address used for newsletter notifying of practices and services; information about beneficial products and services; demographics and patient treatment dates to be used to contact patients for fundraising activities; Chief Privacy Officer (CPO) contact information provided to request these materials not be sent to you. *MCH, MCC and MBH may use or disclose PHI with its subsidiaries within the applicable Continuum of Care.*

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Written authorization required, unless otherwise permitted or required by law as described below. You may revoke authorization, at any time, in writing, except to the extent that the patient's physician or physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

If parent/guardian is not present or able to agree or object to the use or disclosure of the PHI, then physician may use professional judgment to determine whether the disclosure is in the patient's best interest & only PHI that is relevant to the patient's healthcare will be disclosed.

Others Involved in The Patient's Healthcare: Without parental/guardian objection, family members, close friends & other designated by parent/guardian may be placed on *Authorization Contact List* to assist (1) with notification to family, personal representatives or others responsible for the patient's care of the patient's location, general condition or death (2) in disaster relief efforts & coordination to family or other individuals involved in patient's healthcare. If parent/guardian is not present or able to agree or object to the use or disclosure of the PHI, then physician may use professional judgment to determine whether the disclosure is in the patient's best interest & only PHI that is relevant to the patient's healthcare will be disclosed.

Emergencies: The patient's physician during emergency treatment situations shall try to obtain consent as soon as reasonably practicable after the delivery of treatment. If physician is required by law to treat the patient & an attempt to obtain consent was made but unable to obtain, the physician may use PHI to treat the patient.

Communication Barriers: If attempts to obtain consent are unsuccessful due to substantial communication barriers, the physician, using professional judgment, will determine parent/guardian's intentions concerning PHI.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

Required By Law: PHI will be in compliance with the law & limited to the relevant requirements of the law.

Public Health/Disaster Relief: PHI may be disclosed for public health activities/authorities that are permitted by law to collect or receive the information for the purpose of controlling disease, injury or disability or if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, & we will follow your instructions. In these cases, you have both the right & choice to tell us to: Share information with your family, close friends, or others involved in your care; Share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead & share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious & imminent threat to health or safety.

Communicable Diseases: PHI disclosures are made if authorized by law, to a person possibly exposed to a communicable disease or at risk of contracting or spreading the disease or condition.

Health Oversight: PHI may be disclosed to oversight agency (healthcare systems, government benefit programs, governmental regulatory programs & civil rights laws) for activities authorized by law, such as audits, investigations, & inspections.

Abuse or Neglect: PHI disclosures authorized by law allows a public health authority to receive reports of child abuse or neglect. The System, in accordance with federal & state laws, may disclose to a governmental entity or authorized agency the patient's PHI if abuse, neglect or domestic violence is suspected.

Food and Drug Administration: PHI may be disclosed to a person or company required by the Food & Drug Administration to report adverse events, product defects or problems, biologic product deviations & to track products, enable product recalls, repairs or replacements, and/or to conduct post marketing surveillance.

Legal Proceedings: PHI may be disclosed in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in response to a subpoena, discovery request or other lawful process.

Law Enforcement: PHI may be disclosed if applicable legal requirements are met: (1) legal processes, (2) limited information requests for identification & location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) crime occurs on the premises of the System, & (6) medical emergency not on the System premises that demonstrate a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: PHI may be disclosed for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

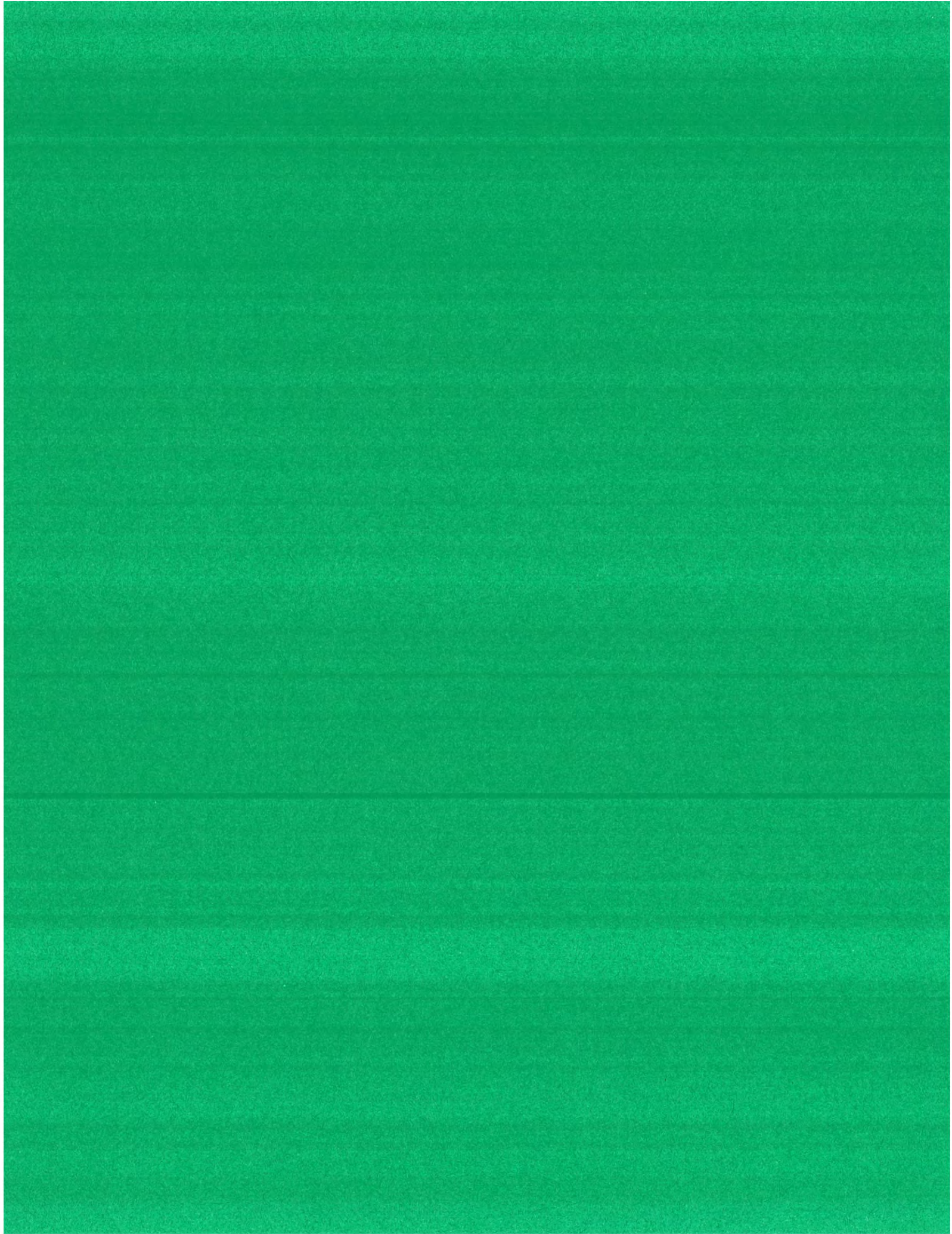
Research: The System may provide PHI to researchers when an institutional review board has evaluated the research proposal & ensured the patient's privacy through established protocols.

Criminal Activity: Under federal & state laws, the System may disclose the patient's PHI to prevent or lessen a serious & imminent threat to the health or safety of a person or the public & to assist law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: PHI may be disclosed to Armed Forces personnel: (1) activities deemed necessary by appropriate military command authorities; (2) the purpose of a determination by the Department of Veterans Affairs of the patient's eligibility for benefits, (3) foreign military authority if patient is member of foreign military services, (4) authorized federal officials for con-

Attachment

D-9



Arkansas CARES Scope of Services

Screening/Interim Services

Arkansas CARES, is a comprehensive dual diagnosis treatment provider serving specialized population of pregnant and parenting women aged 18 and older clients who suffer from both addiction and mental illness. The focus of treatment at Arkansas CARES is the application of family-focused services designed to decrease substance abuse and promote optimal family outcomes through prevention, treatment, education, research and advocacy. CARES is licensed by DBHS as both a mental health provider for adults and children and as a Specialized Women's Services substance abuse treatment center. Treatment services are initiated when clients initially contact CARES to complete the telephone screening that determines whether or not the family meets admission criteria for the program. If potential clients are placed on a waiting list for the next available bed, the CARES Admission Coordinator/Office Manager begins to provide interim services by providing general education and counseling concerning diseases related to substance use (HIV & TB) and the risk and prevention of transmission of these diseases to other community members. During initial contact, clients are referred to the Arkansas Health Department for further screening, education, and treatment. During the initial contact, pregnant women are educated about the impact substance abuse has on their fetus and are referred to University of Arkansas for Medical Sciences (UAMS) to obtain prenatal care.

Admission

Mothers and their children admitted to Arkansas CARES reside on our campus in dormitory cottages with a residential supervisor on site to ensure all clients apply skills as they are learned in treatment. Behavioral Instructors are present at all times during evenings, weekends, and holidays when professional staff are not on-site. All staff are trained in CPR (infant, child and adult), First Aid, and CPI. They have access to a professional level staff person at all times via an on-call system. All services associated with residing on the CARES campus are provided on a daily basis. To ensure learned skills are applied, client behavior is reviewed daily by residential supervisors and mothers earn a daily score that applies for progression through treatment levels and earning additional privileges. Childcare is provided through on site UAMS- Headstart. School aged CARES children are enrolled in LRSD schools and the school district provides transportation for these children. Arkansas CARES has several vans used by Behavioral Instructors and Case Managers (Peer Recovery Specialists) to transport mothers and children for medical care and to community service agencies, when needed.

Treatment

Currently, CARES offers dual diagnosis treatment to 8-10 clients whom are either pregnant and/or parenting meet the dual diagnosis criteria, with the capacity to increase by 19 bedrooms that would serve a minimum of an additional 19 mothers with the capacity to combine residents based on family size, pregnancy status and/or similarly aged children or both pregnant mothers that can room together which would further increase the number of clients that can be served (at minimum CARES can increase from a 10 client facility to a 29-32 bed facility). There are 4 admission levels which determines admission priority level; If the women is pregnant and IV user, she will be first priority; if client is pregnant this makes the client second priority; and then if the client is only IV user then this makes the client third priority.; all other clients are determined fourth priority. No matter the administration of the abused substance, if a women is pregnant she gets second priority.

In terms of medical treatment, all mothers and children prior to entering treatment are screened for medical problems by admission coordinator as well as our registered nurse. If during the initial screening to the client, if there are any alarming/concerning medical issues reported that may impact the client's treatment, the admissions coordinator notifies the registered nurse whom contact the potential client to obtain additional information. A more detailed health screen is completed at admission by our registered nurse. Any current medical issues are discussed and appointments are made for all family members to see a primary care physician within a month of entering treatment. TB tests are administered upon entry and the nurse provides educational groups that cover substance abuse related illnesses and the prevention of transmission of the diseases.

A full range of mental/behavioral health and substance abuse services are offered as part of the treatment our clients receive at Arkansas CARES. Interdisciplinary treatment teams composed of physicians, psychologists, nurses, social workers; substance abuse counselors, caregivers, mental health professionals and paraprofessionals carry out the program's mission to focus on recovery. Clients' progress through the dual diagnosis treatment program is based on completion of individualized goals and objectives. Clients attend a structured day program from 8:00 a.m. – 3:30 p.m. Monday through Friday. Scheduled programming is also provided on Saturday and Sunday. A three-level system is used to monitor and recognize client progress. It begins with a thirty-day orientation period and progresses through Level III and graduation. At each level, clients have: 1) specific objectives to accomplish; 2) specific privileges; and 3) advancement criteria. When these goals are accomplished, the client petitions the treatment team to move to the next level. Each mother is expected to complete 40 hours of direct service care each week from the professional staff at Arkansas CARES. 88% of all treatment delivered to a CARES clients is evidence based to include: Teaching Family Model and Common Sense Parenting, Trauma Informed Care- Trauma Focused Cognitive Behavioral Therapy, EMDR (Eye Movement Desensitization Reprocessing), Dialectical Behavioral Group for emotional regulation, cognitive behavioral therapy, Matrix Model, and relapse prevention therapy, Motivational Interviewing, Stress Management, Anger Management, and MYTE (Mothering Youth with Trauma Experience).

CARES Day Treatment Program also offers vocational and educational training in collaboration with the local area Workforce center. An MHP completes a psychological and vocational assessment for each mother, and during the vocational track, each client must complete a resume and identify 3-5 jobs and apply for employment prior to discharge. The Parent Educator has a structured treatment program for all parents who attend classes specifically designed to address parenting problems by age of child. Family education and support groups are offered each weekend through the Matrix Model of treatment. All families and clients must attend weekend sessions in order to qualify for family visitation. Three Case Managers (Peer Recovery Specialist) manage client care and conduct all external communications between the client and court and community resources. Case Managers (Peer Recovery Specialists) complete the client's initial case management assessment; assist client in completing the ASI; facilitate all communication with DHS, drug court, probation and parole, and DWS for the clients.

Case Managers (Peer Recovery Specialists) are an integral part of the interdisciplinary treatment team and attend weekly staffing to report on current discharge and aftercare plans for each client in treatment. Case Managers (Peer Recovery Specialists) assist the clinical process by performing duties such as identifying goals, assisting with treatment planning, life skills coach, resource referral, conducting recovery groups, assisting with discharge planning, and individual sessions (one-on-one coaching). Case Managers (Peer Recovery Specialists) help clients work toward meaningful recovery from mental illness and/or Substance Abuse challenges through the development of self-efficacy. Case Managers (Peer Recovery Specialists) assist clients in the development of self-efficacy through, but not

limited to, role modeling, ongoing mastery of specific recovery skills needed through experiences, assist in finding meaning, purpose, and social connections in their lives in order to work towards a meaningful recovery.

When clients discharge from Arkansas CARES, they are encouraged to enroll in the 24-month Transitional Living Program through CARES. CARES also provide support through Building Bridges program. Building Bridges is a Continuing Care program that is offered to graduates of the Arkansas CARES residential treatment program. Building Bridges staff is available to assist clients in linking to the following supportive services in their community:

- Relapse Prevention Planning
- Medication Management
- Mental Health Counseling for Adults and Children
- Vocational / Educational Counseling
- Life Management Skills
- Case Management
- Health Care Coordination

Building Bridges continuing Care services are available to clients for up to three years, and staff is available to provide support to them during their transition back into the community. Building Bridges staff will make contact with participants monthly and administer home visits as needed to ensure that the client is living in a safe and stable environment. The Building Bridges program is a requirement for those clients who receive a housing voucher through the LR Housing Authority. Clients who are not compliant with the Building Bridges Aftercare Program will lose their housing voucher. Clients will be given additional information on the Building Bridges program upon receiving a discharge date from the treatment team. The Methodist Family Health Foundation will provide the clients with scholarships for books, tuition, laptops, and transportation for secondary education of their choice. After clients complete the intensive treatment program, Case Managers are responsible for follow-up duties with all clients for one to three years. Here, Case Managers provide wrap around services for clients to continue to assist with employment, education, housing, and independent living.

Introduction of Organization

Arkansas CARES is a comprehensive dual diagnosis treatment program that serves pregnant and parenting women who struggle with addiction and mental illness. The focus of treatment at Arkansas CARES is the application of family-focused services designed to decrease maternal substance abuse and promote optimal family outcomes through prevention, treatment, education, research and advocacy. The program has 26 full time equivalent positions. All direct care staff have a drug screen, background check, and child abuse registry check. CARES is licensed by DBHS as both a mental health provider for adults and children and as a Specialized Women's Services substance abuse treatment center.

Mothers and their children admitted to Arkansas CARES reside on our campus in dormitory cottages with a residential supervisor on site to ensure all clients apply skills as they are learned in treatment. Behavioral Instructors are always present during evenings, weekends, and holidays when professional staffs are not on-site. Staff is trained in CPR, First Aid, and CPI. They always have access to a professional level staff person via an on-call system. All services associated with residing on the CARES campus are provided on a daily basis. To ensure learned skills are applied, client behavior is reviewed daily by residential supervisors and mothers earn a daily score that applies for progression through treatment levels and earning additional privileges.

Background of Organization

Methodist Children's Home was established in 1899 as an orphanage in response to the pressing need for care of orphaned and dependent children. In the decades that followed, the agency grew into a comprehensive residential facility as the Orphanage expanded its efforts to serve a growing number of disadvantaged children. MCH is a self-owned, private, non-profit corporation. In 1991, Methodist Children's Home (MCH) leaders took measures to move from a child-centered, campus-based program to a family-centered, community-based approach. The Home signed a contract with Methodist Home for Children in North Carolina to become a Certified Teaching-Family site. So, began a move to establish a network of youth homes across the State of Arkansas. The residences are located close to clients' homes so that parents, as well as the child, can be involved in treatment. While MCH's mission to serve children remains unchanged, the actions taken in 1991 reflect a philosophical change. From the century-old practice of rescuing the child, there evolved a more modern methodology, which aims to assist the child by trying to preserve the family.

Methodist Children's Home currently operates eight residential group homes. Homes serving 6-8 children are located across Arkansas: Searcy, Lexa, Magnolia, Mulberry (6-8 girls per home); and Heber Springs, Magnolia, and Fayetteville (6-8 boys per home). One home is co-ed in Little Rock. Group homes are individually licensed as residential child-care facilities and youth capacity is dictated by the license.

MCH has two psychiatric residential treatment facilities, one in Little Rock and one in Bono near Jonesboro. The Little Rock facility serves thirty-seven youth and the Bono facility serves twenty-eight children and adolescents. In the fall of 2002, MCH added an emergency shelter program on the Little Rock campus that serves up to 5 youth, and in 2009 an emergency shelter was expanded to the Magnolia campus group homes.

MCH started a therapeutic day treatment school program in 2001 that is currently located on the Camp Aldersgate property in Little Rock. A second therapeutic day treatment school was opened in 2009 in Magnolia. The Little Rock school has capacity for 60 children and the Magnolia school has the capacity to serve 30 youth.

In 2004 Methodist Children's Home and its subsidiary, Methodist Behavioral Hospital joined to form a management company, Methodist Family Health. This Management Company oversees operations for both entities. The result of this restructuring has been the development of a continuum of care that ranges from outpatient counseling to acute psychiatric hospitalization with many programs in between.

On January 1, 2007, United Methodist Children's Home (MCH) acquired the ownership and operations of Arkansas CARES dual diagnosis treatment program. United Methodist Children's Home has been serving children for over 110 years. The acquisition of this specialty treatment program allowed Methodist Children's Home to expand treatment services to include a holistic family treatment approach. Arkansas C.A.R.E.S. opened in 1992 as a specialty program of the University of Arkansas for Medical Sciences, College of Medicine in the Department of Psychiatry. The innovative and effective program serves pregnant and parenting women with addictions and their children through family-focused services designed to decrease maternal substance abuse and promote optimal family outcomes through prevention, treatment, education, research and advocacy. Approximately 90% of mothers choosing Arkansas CARES for dual diagnosis treatment are referred court ordered from DBHS with children having been removed from mothers' custody due to neglect related to parental substance abuse. DBHS

caseworkers are an integral part of the Arkansas CARES treatment team and most of the requirements of the mother's DBHS Plan of Care is integrated into the Arkansas CARES treatment plan.

Although the management company, Methodist Family Health employs in excess of 500 employees across Arkansas in thirteen separate treatment programs, Methodist Children's Home is a non-profit subsidiary of Methodist Family Health with approximately 140 employees. Methodist Children's Home any similar contracts with DBHS for serving emergency shelter beds, group home children, and two residential treatment facilities.

The management of the Arkansas CARES dual diagnosis treatment program is displayed in the attached organizational charts (Attachment A). Overall Supervision of the program is the responsibility of the MCH Administrator who reports directly to the CEO. Operations management is the responsibility of the Clinical Director and the Director of Family Support Services (Residential and Adult Day Treatment Programs). All program staff is directly or indirectly accountable to these two program directors. Both Directors report to the MCH Administrator. Support functions for Arkansas CARES are the responsibility of the appropriate departments within MFH, the management company (physical plant management, information technology, utilization management and accounting/ financial management). MCH through the MFH management company houses a human resources department that is responsible for recruiting, hiring and training of all MCH staff. This department ensures all staff licenses and training requirements are current.

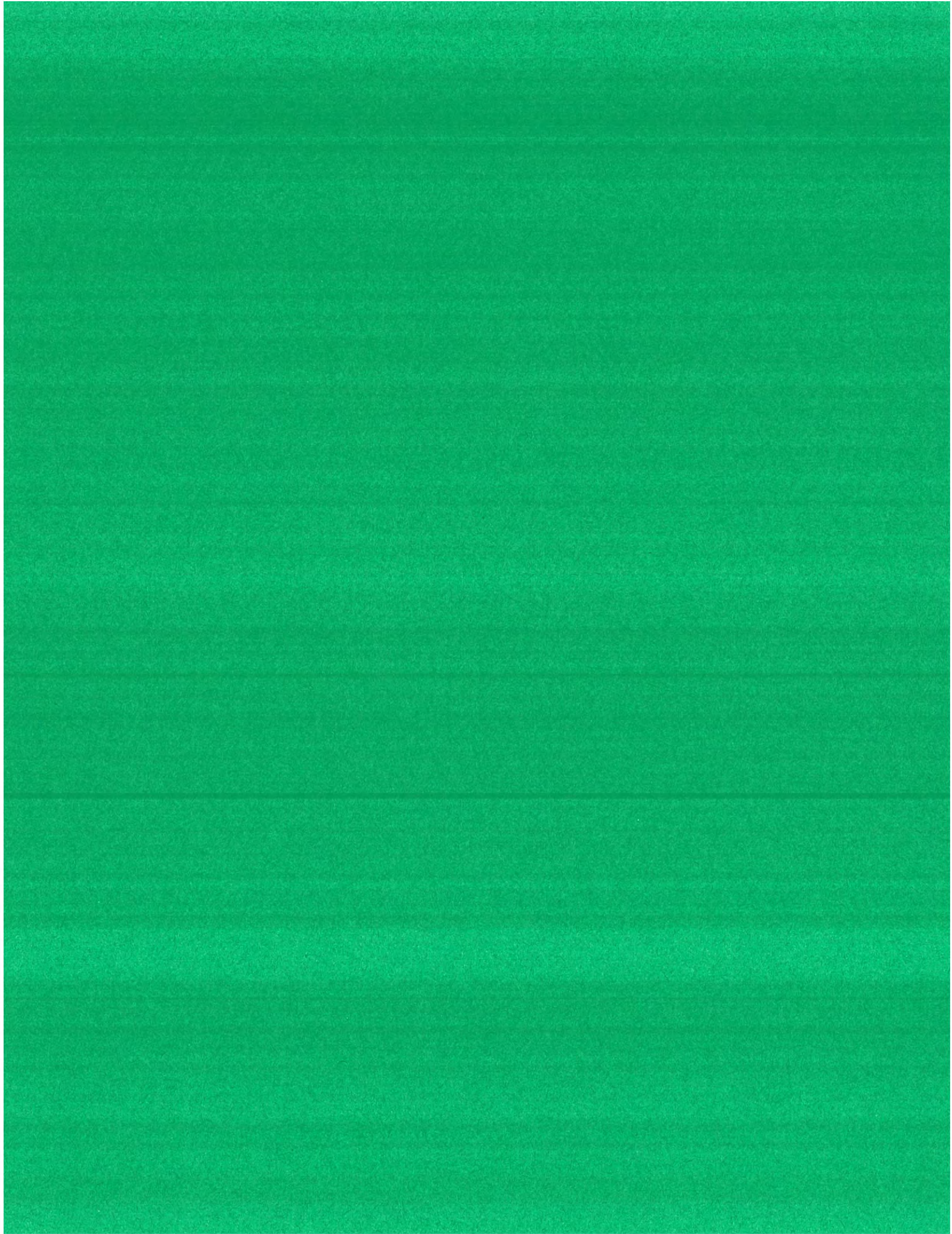
The State Shared Technical Architecture Program has been reviewed and MCH Arkansas CARES is compliant with this set of policies and standards. MCH Arkansas CARES is JCAHO accredited with strict requirements protecting personal health information.

Arkansas CARES implements an extensive quality control program to solicit feedback from our consumers. Quarterly, every client in treatment completes a Patient Satisfaction Survey and results of the survey are reported to the QAPI Committee, Medical Executive Board, and Operations Board of Directors. Quarterly quality assurance and performance improvement reports are imperative since consumer feedback is necessary to improve the quality of the services we deliver.

Financial management of SWS Contracts are managed through MFH (management company) with a dedicated Grants Coordinator assigned to ensure DBHS administrative functions are completed appropriately. The MCH Administrator reviews each invoice to DBHS to sign off his approval before the invoice is submitted.

Attachment

D-10



Section 1: Client Rights and Responsibilities

1.1 Rights and Responsibilities	Effective: January 1, 2007
	Reviewed: November 14, 2006; June 21, 2019
Approved by: CEO, Program Administrator, Program Director	Revised: June 2019

Purpose:

The purpose for this policy is to establish patient's rights and responsibilities while receiving treatment.

Policy:

Arkansas CARES will adhere to the policy established by Methodist Family Health (MFH) Continuum of Care, as well as the following specific rights for clients admitted into the treatment services of Arkansas CARES.

Procedure:

1. Arkansas CARES clients will be informed in advance of scheduled visitations. ALL visitors (including students) will:
 - a. Conduct themselves so as to minimally interrupt the client's usual activities and therapeutic programs;
 - b. Be informed of client confidentiality and their responsibility in maintaining client confidentiality, and
 - c. Sign a visitor roster as evidence of their visit and their agreement to maintain client confidentiality
2. The Arkansas CARES Client Handbook outlines the dignity of all clients and their legal and human rights. Each Arkansas CARES client is given a copy of the handbook upon admission to Arkansas CARES, and each client is familiarized with the contents of the handbook in a way that she understands. Documentation that each client received the Arkansas CARES handbook and had an opportunity to discuss its contents is maintained in the client's individual record. At a minimum, the following is included in the Arkansas CARES client handbook
 - a. A statement of Arkansas CARES services and a description of the kinds of problems and types of clients the program can or cannot serve;
 - b. Arkansas CARES admission/discharge requirements, and
 - c. Arkansas CARES standards or behavior expected by clients.
3. Clients of Arkansas CARES are allowed access to legal representation of their choice at any time. Expense of legal actions/consultations will be the responsibility of the client.

4. Active clients shall not be used for the solicitation of funds or other contributions.
5. Upon admission to the Arkansas CARES treatment program, clients are presented a copy of their Patient Rights and are asked to attest they have read this statement of rights and or it has been read to me; had an opportunity to ask questions and have them answered; understand their rights and have been given a copy of their statement.
6. Client/Rights are posted in all service areas throughout the organization.
7. Actual client rights are as follows:
 - a. Arkansas CARES clients have the right to be treated with dignity and respect as an individual who has personal needs, feelings, preferences and requirements.
 - b. Arkansas CARES clients have the right to privacy in your treatment, in your care, and in the fulfillment of your personal needs.
 - c. Arkansas CARES clients have the right to be fully informed of all services available to Arkansas CARES clients in any of the Arkansas CARES programs and of any charges for those services.
 - d. Arkansas CARES clients have the right to be fully informed of your rights as a resident and of all expectations for your conduct at this facility.
 - e. Arkansas CARES clients have the right to manage your personal financial affairs. If Arkansas CARES clients desire assistance, Arkansas CARES staff will arrange appropriate assistance for you.
 - f. Arkansas CARES clients have the right to know about your physical condition unless your physician, for medical reasons, chooses not to inform you, and so states in your medical record.
 - g. Arkansas CARES clients have the right to be a part of making your treatment plan.
 - h. Arkansas CARES clients have the right to refuse treatment to the extent permitted by law and to be informed of the consequence of this choice.
 - i. Arkansas CARES clients have the right to continuity of care. Arkansas CARES clients will not be discharged or transferred except for medical reasons, for personal welfare, or the welfare of others. Should your transfer or discharge become necessary, Arkansas CARES clients will be given reasonable advance notice, unless an emergency situation exists.
 - j. Arkansas CARES clients have the right to voice opinions, recommendations and grievances in relation to policies and services offered by Arkansas CARES without fear of restraint, interference, coercion, discrimination or revenge.
 - k. Arkansas CARES clients have the right to be free from physical, chemical, and mental abuse.
 - l. Arkansas CARES clients have the right to confidential treatment of your personal and medical records. Information from these sources will not be

- released without your prior consent, except in your transfer to an emergency medical facility as required by law, or under third party payment contracts.
- m. Arkansas CARES clients have the right to retain and use your personal clothing and belongings, as space permits, unless doing so would infringe upon the rights and safety of others or is against your written plan of treatment.
 - n. Arkansas CARES clients have the right to participate in the activities of social, religious, and community groups of your choice.
 - o. Arkansas CARES clients have the right of choice of persons with whom Arkansas CARES clients associate and communicate, publicly and privately.
 - p. Arkansas CARES clients have the right to privacy during visits by your spouse, family, clergy, 12 Step sponsor and others as appropriate to your Treatment Plan, and the space limitations of the residence.
 - q. Arkansas CARES clients have the right to receive visitors as appropriate to your Treatment Plan, and the design of the Arkansas CARES program.
 - r. Arkansas CARES clients have the right to both make and receive telephone calls, as appropriate to your Treatment Plan, and the structure of the Arkansas CARES program.
 - s. Arkansas CARES clients have the right to send and receive mail. The staff reserves the right to request that Arkansas CARES clients open mail in the presence of a staff member.
 - t. Arkansas CARES clients have the right to be informed in advance of any visitors to Arkansas CARES, and the right to privacy if Arkansas CARES clients do not wish to see visitors or be a part of activities while visitors are present.
 - u. Arkansas CARES clients have a right to have your family involved in your treatment and are allowed to define who your “**family**” is.
 - v. Arkansas CARES clients have a right to know the clinical staff members who will be involved in your care.
 - w. Arkansas CARES clients have the right to be informed of all experimental research or educational activity involved in your care and to be given the opportunity to refuse to participate. (See “Informed Consent” – Participating in Research – Human Subjects)
 - x. Arkansas CARES clients have the right to have your rights explained to Arkansas CARES clients in a language Arkansas CARES client can understand.
8. Actual client responsibilities are as follows:
- a. The Client has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to psychiatric health.
 - b. The Client has the responsibility to report unexpected changes in his/her condition to the responsible practitioner. The Client is responsible for reporting whether he/she comprehends a contemplated course of action and what is expected of him/her.

- c. The Client is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders. The Client is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.
- d. The Client is responsible for keeping appointments, and when the Client is unable to do so for any reason, is responsible for notifying the responsible practitioner.
- e. The Client is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
- f. The Client is responsible for following MFH rules and regulations affecting Client care and conduct.
- g. The Client is responsible for being considerate of the rights of other patients and MFH personnel and for assisting in the control of noise and smoking. The Client is responsible for being respectful of the property of other persons and MFH.

*The term Client includes, when appropriate, the family, guardian or primary caregiver.

Section 1: Patient Rights and Responsibilities

1.2 Patient Grievance Procedure	Effective: January 1, 2007
	Reviewed: November 14, 2015; June 21, 2019
Approved by: CEO, Program Administrator, Program Director	Revised: June 21, 2019
	Attachments: Arkansas CARES Grievance Form

Purpose:

The purpose of this policy is to establish a guideline for patient grievance.

Policy:

All clients served at Arkansas CARES have a right to participate in the resolution of conflicts that may arise as a result of their participation in the treatment services offered at Arkansas CARES.

Procedure:

1. Clients may use the grievance procedure outlined in their client handbook (See Section 1.1 for copy of Client Handbook).
2. Clients are urged to have the framework of a workable solution when they make a grievance.
3. All grievances must be submitted in writing on the Arkansas CARES Grievance Form to provide the necessary documentation.
4. All grievances will be resolved in a manner that is consistent with the mission and philosophy of Arkansas CARES.
5. Grievance Procedure as outlined in the client handbook:

We encourage you to evaluate and record your treatment experience at Arkansas CARES. If you have a complaint or grievance about Arkansas CARES rules, responsibility, or administrative action, please do the following:

- a. Speak to any member of your Arkansas CARES Treatment Team and complete an Arkansas CARES Grievance. The written grievance form is located throughout each building in a black box attached to the wall. The client may complete the grievance form and put it in the locked box.
- b. Submit the Arkansas CARES Grievance to any Arkansas CARES Director or the client may complete the grievance form and put it in the locked box.

- c. The Client Advocate retrieves the grievance form from the boxes and reviews the grievance within 5 business days and then forwards it to the appropriate program director.
- d. The Arkansas CARES Director will review the grievance with the client within 2 weeks or 72 hours if an emergency. The grievance will then be sent to the Grievance Committee to determine if additional action should be taken. Depending on the issue, the grievance will be discussed in the appropriate therapy setting, appropriate action will be taken or if determined, a conference will be scheduled.
- e. If a mutually agreeable settlement is not reached within 5 working days, a meeting will be arranged within the next 10 business days. Meeting participants may include (but are not be limited to) the Client, **Staff Member Involved, Clinical Director, Program Director, Client advocate, the person responsible for the client and/or child at ARKANSAS CARES** and a neutral **Program Consultant**.
- f. If the issue continues to be unresolved the Client may appeal to the President/CEO. A meeting will be arranged within the next 15 business days. Participants may include (but are not be limited to) the President/CEO, Medical Director or Treating Physician, Program Administrator, Clinical Director, Program Director, Youth Advocate, Director of Human Resources, and the person responsible for the client (minor).
- g. All meetings and actions will be in writing on the Grievance Follow-up Form, which generates from the meeting regarding the Client's grievance.
- h. The Client and/or Guardian have the right to report grievances directly to the ARKANSAS CARES Client Advocate, Kristie Esaw 501-906-4928, whom holds the title of Office Manager. In addition, the Client and/or Guardian may directly contact the Arkansas Department of Health Facility Services at 501.686.9866 or the Joint Commission on Accreditation of Healthcare Organizations (TJC) by either calling 800.994.6610 or e-mailing complaint@jcaho.org.
- i. If at any time you choose to register the complaint outside of Arkansas CARES, you may contact Kate Hardage, MCH Outpatient Administrator, by calling 501-661-0720 Monday through Friday, 8:00 a.m. – 4:30 p.m.
- j. You always have the right to outside legal help at your own expense. You always have the right to have a personal advocate with you during the grievance process.



Arkansas CARES Grievance Form

Date of Incident: _____

Time of Incident: _____

Persons Involved: _____

Description of Incident: _____

Who you reported this to when it occurred: _____

Where did the incident occur: _____

Name of person filing the grievance: _____

Today's Date: _____

Section 1: Rights and Responsibilities

1.3 Confidentiality	Effective: January 1, 2007
	Reviewed: November 14, 2006, June 20, 2019
Approved by: CEO, Program Administrator, Program Director	Revised: November 14, 2006

Purpose:

The purpose of this policy is to establish a procedure for following Confidentiality Federal and State Laws.

Policy:

AR CARES will adhere to the policy established by the MFH Continuum of Care, as well as federal laws- 42 U.S.C. (United States Code) 29 dd-3 and ee-3 and 42 CFR (Code of Federal Regulations) Part 2.

Procedure:

1. All Arkansas CARES client information is protected by federal and state confidentiality laws. A copy of specific regulations and procedures for responding to subpoenas, court orders, search warrants, and arrest warrants is maintained at the Arkansas CARES office.
2. All Arkansas CARES employees trained on client confidentiality at new employee orientation.
3. Any release of information regarding a current or former Arkansas CARES client (including verification that an individual is/was a client) will be accompanied by a current, specific release of information form signed by the client.
4. A written consent for release of information will be required prior to responding to any telephone or in-person inquiry regarding an Arkansas CARES client or potential client. This means such inquiries are answered, "State and federal confidentiality laws prohibit me from either confirming or denying that anyone by that name is or is not at AR CARES."
5. Each authorized written release will contain, when completed, at least:
 - a. Name of the program that is to make the disclosure.
 - b. Name or title of the person or organization to which disclosure is to be made.
 - c. Client's Name.
 - d. Purpose or need for the disclosure
 - e. Extent or nature of information to be disclosed.

- f. A statement that the consent is subject to revocation at any time and the date, event or condition upon which it will expire without express revocation.
- 6. When there is staff or client question about requested release of information, the MFH legal consultant is contacted for advice prior to any release of information.
- 7. A written notice of prohibition on re-disclosure accompanies any authorized disclosure in accordance with 42 CFR, Part 2.
- 8. Every authorization form for release of information becomes a part of the Arkansas CARES client's individual permanent record.
- 9. A dated and signed entry in the Progress notes section of client's record reports what specific information was released and to whom it was released. (the copy of the signed release in the chart should suffice, or some reference to such with documentation of any outside communication.)
- 10. In a life-threatening situation or when an individual's condition or situation precludes that possibility of obtaining written consent, Arkansas CARES staff members may release pertinent medical information to the medical personnel responsible for the individual's care without a client or applicant's authorization and without the authorization of the program director or designee if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.
- 11. When Arkansas CARES client information has been released without the individual's authorization, the staff member responsible for the release of information documents in the client's individual record all details pertinent to the transaction, including at least:
 - a. Date the information was released.
 - b. Doctor's order for any release of emergent information without signed consent.
 - c. Person(s) to whom the information was released.
 - d. Reason the information was released.
 - e. Nature and details of the information given.
 - f. When information has been released as in #11 above, the Arkansas CARES current or former client or applicant is informed as soon as possible that such information was released, and this notification is documented in the client's individual record.
- 12. Arkansas CARES maintains Qualified Service Organization Agreements (QSOA's) with selected community providers. These agreements allow disclosure without a patient's consent and obligate the provider receiving confidential information to abide by confidentiality regulations.
 - a. Current QSOA's must be filed at Arkansas CARES.

- b. QSOA's cannot be signed with law enforcement agencies or other drug and alcohol treatment programs.
- 13. All Arkansas CARES client records/log books are maintained in folders marked "CONFIDENTIAL" and filed in a cabinet or room that is locked.
- 14. Nothing in these confidentiality standards shall prevent Arkansas CARES staff from following through on their mandate as child abuse and neglect reporters when suspicion or evidence of child abuse or neglect exists. (See Child Abuse and Neglect Reporting).
- 15. When Law Enforcement presents a Search Warrant (for client record)
 - a. Provide the officer with a copy of 42 CFR, Part 2 and explain that the program cannot release/provide client records without the proper court order.
 - b. Notify your immediate supervisor.
 - c. Notify MFH legal consultant and let him/her attempt to resolve the situation with the officer in such a way that neither the client's or program's position is compromised.
 - d. Ask the officer if the program can contact the prosecuting attorney or the officer's supervisor so that the program can restate its argument.
 - e. If the officer insists on the search. DO NOT assist the officer, but DO NOT forcibly resist.
- 16. Client information may be released without express written consent only upon receipt of a duly executed court order affirming that all requirements of federal law (CFR 42, Part 2) have been met. In other words, a court order is not sufficient to authorize release of records unless all conditions of the Federal law have been met. The conditions include:
 - a. The crime involved is extremely serious, such as an act causing or threatening to cause death or serious injury.
 - b. The records sought are likely to obtain information of significance to the investigation or prosecution.
 - c. There is no other practical way to obtain the information.
 - d. The public interest in disclosure outweighs any actual or potential harm to the client, or client relationship, and the ability of the program to provide services to other clients.
 - e. When law enforcement personnel execute the order, the program had an opportunity to be represented by independent counsel.
 - f. All of the above conditions must be met for the court order to be valid. No court order can authorize a program to turn over the entire client file to a law enforcement, investigative, or prosecutorial agency.
 - g. When presented with a court order for a client's records, the Arkansas CARES Legal Consultant and Clinical Director will be notified.

17. Client information (even acknowledgment that an individual is/was a client) cannot be released under a subpoena even if the subpoena is signed by a judge.
 - a. A subpoena must be complied with when the program itself is the subject of the subpoena.
 - b. Do not ignore the subpoena.
 - c. Notify the source of subpoena of necessary means of obtaining client information.
 - d. Client's written consent.
 - e. Proper court order
 - f. The notification should be in writing but, if sufficient time is unavailable, communicate orally with a follow-up letter.
 - g. If possible, notify the client.
 - h. Seek the assistance of the MFH attorney and inform the Project or Clinical Director.
18. Arrest warrants do provide law enforcement officers with the right to search the program for a particular client.
 - a. Advise the officer to obtain a proper court order before executing the arrest warrant.
 - b. If the officer is still intent on executing the warrant, do not resist. Do not point out the client unless a proper court order is provided.
 - c. After the warrant has been executed, talk to the other clients and explain to them what has happened and inform your program director.
19. Alcohol/Drug Abuse Information: no information regarding alcohol or drug abuse is to be released without the approval of the Clinical Director or attending physician and without prior written consent of the individual served, parent or legal guardian
20. Program Consultants provide each Behavioral Instructor with specific training concerning confidential information handled by the agency. All employees are required to attend specific HIPPA training. Confidentiality training is provided before a new employee assumes responsibilities for the agency. This training includes:
 - a. definitions of confidentiality
 - b. rationales for professional confidentiality
 - c. specific areas of confidentiality
 - d. descriptions of confidential issues for which the employee is directly responsible
 - e. procedures for monitoring and maintaining confidentiality
 - f. a review of all policies specifically addressing confidentiality
21. Any concerns over possible privacy violations or questions regarding privacy policy must be directed to the privacy officer.

Section 4: Client Care

4.3 Client Community Service Hours	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; July 30, 2019

Purpose:

The purpose of this policy is to establish a guideline for the completion of community service by the client.

Policy:

Arkansas CARES will coordinate with the Department of Community Punishment or court authorities for clients who need to complete community service hours.

Procedure:

1. The clinical treatment team will address community service commitment in the client's Master Treatment Plan to include clearly defined job duties, time, reporting mechanism, and staff responsible for supervising client's service work.
2. The client's work assignment will be for task(s) that contribute to the improvement of the residential community. Clients will not perform tasks usually performed by paid staff.
3. The client's Case Manager will coordinate with Probation Officer or other court official to develop a work plan. The work plan will be signed by the client, Probation Officer (or court official), and Case Manager.
4. The supervising staff will document service work in the client's daily record, and provide feedback to the Case Manager regarding client's compliance and productivity.
5. The Case Manager will provide follow-up with Parole Officer or court official as specified.

Section 1: Rights and Responsibilities

1.4 Right to Privacy	Effective: January 1, 2007
	Reviewed: November 14, 2006; June 21, 2019
Approved by: President/CEO, Program Administrator, Program Director, QAPI Committee, Governing Board	Revised: November 14, 2006
	Attachment: Outpatient Rights and Responsibilities

Purpose:

To explain the measures UMCH- Arkansas CARES takes to insure client's right to privacy.

Policy:

UMCH-Arkansas CARES respects a client's privacy as indicated on the patient rights document attached. It may also restrict some client's privacy rights for therapeutic reasons. UMCH-Arkansas CARES distribute a copy of the patient rights document to each client upon admission.

Procedure:

1. Client's privacy will be respected at all times.
2. Prior to restrictions on a client's privacy, concerns & reasons must be Addressed by the treatment team. A determination for therapeutic value will be discussed and determined at that time.
3. Treatment Team will indicate the restrictions into the treatment plan and the client will be informed and given the therapeutic nature for the restriction.
4. Privacy restrictions will be reviewed on a monthly basis for their effectiveness.
5. Those clients who disagree with the restrictions will be referred to their client advocate for grievance procedures.



PATIENT NAME: _____

MEDICAL RECORD #: _____

OUTPATIENT* RIGHTS AND RESPONSIBILITIES**PATIENT RIGHTS**

1. The patient has the right to expect appropriate psychiatric care regardless of race, disability, color, religion, national origin, the patient's source of payment, sexual orientation, or religious and spiritual beliefs.
2. The patient has the right to be treated with respect, addressed by proper name without undue familiarity, listened to when requesting information and to receive an appropriate and timely response.
3. The patient has the right to privacy and confidentiality in all aspects of care. The patient's records will be treated as confidential. The patient is entitled to privacy when examined – to have the door closed, to have observers identified, and to be informed of the role they play in patient care. The patient may ask any individual to leave the room, and has the right to restrict visitors.
4. The patient has the right to an explanation of all charges.
5. The patient has the right to know the name of the clinician responsible for his/her care, to talk with that clinician and to obtain information necessary for an understanding of his/her problems.
6. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for care) concerning treatment with the expectation that the Department will honor the intent of that directive to the extent permitted by law and policy.
7. The patient has the right to be informed of the course of treatment and to receive an explanation of any planned procedures. If an interpreter is required, one will be obtained for the patient.
8. The patient has the right to refuse treatment.
9. The patient has the right to be advised when the clinician is considering the patient as part of a clinical research program, and the patient must give informed consent prior to actual participation in such a program. After the details of the program have been explained, the patient may refuse to participate and may cancel participation at any time. This decision will not change the right of the patient to receive treatment.
10. The patient has the right to express any grievance orally or in writing, without fear of reprisal. The patient has the right to discuss their concerns with their doctor or therapist or they may bring their concerns to the MBH Outpatient Administrator or MCH Outpatient Administrator at (501)661-0720.
11. The patient has the right to obtain care from other clinicians within the BHH, to see a second opinion, and to seek specialty care.
12. The patient has the right to obtain a personal advocate at any time.

PATIENT RESPONSIBILITIES

1. The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to psychiatric health.
2. The patient has the responsibility to report unexpected changes in his/her condition to the responsible practitioner. The patient is responsible for reporting whether he/she comprehends a contemplated course of action and what is expected of him/her.
3. The patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, and implement the responsible practitioner's orders. The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.
4. The patient is responsible for keeping appointments, and when the patient is unable to do so for any reason, is responsible for notifying the responsible practitioner.
5. The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
6. The patient is responsible for following MFH rules and regulations affecting patient care and conduct.
7. The patient is responsible for being considerate of the rights of other patients and MFH personnel and for assisting in the control of noise and smoking. The patient is responsible for being respectful of the property of other persons and MFH.

*The term patient includes, when appropriate, the family, guardian or primary caregiver.

I have read this statement of rights and responsibilities and/or it has been read to me. I have had an opportunity to ask questions and have them answered. I understand what my rights and responsibilities are, and I have been given a copy of this statement.

Signature of Patient

Date

Signature of Parent or Guardian (if applicable)

Date

Section 1: Rights and Responsibilities

1.5 Treatment Research	Effective: January 1, 2007
	Reviewed: November 14, 2006; June 21, 2019
Approved by: CEO/President, Program Administrator and Program Director	Revised: June 21, 2019
	Attachment: Authorization and Informed Consent Form

Purpose:

To insure each client understands research is voluntary and it will not compromise access to services provided by Arkansas CARES Outpatient Clinic.

Policy:

Each client receives an informed consent form and given an opportunity to indicate in writing their choice to participate in any treatment research. Treatment research is elective and is not contingent on being able to access services provided.

Procedure:

1. Prior to entering a client into a research project, the Outpatient Therapist must discuss with the client the nature of the research, the responsibilities of each party, and potential risks and benefits to the client. The client must sign an informed consent, indicating that they been informed of such and that they consent to participate.
2. After Clients give consent to participate, they may terminate their involvement at any time, without prejudice or penalty of any sort. Prior to entering into a research project, the Outpatient Therapist must discuss any foreseeable consequences of declining or withdrawing prematurely.
3. For individuals who are legally incapable of giving informed consent, the Outpatient Therapist nevertheless:
 - a. Provides an appropriate explanation of the research
 - b. Obtains the participant's assent, and
 - c. Obtains appropriate permission from a legally authorized person if such substitute consent is permitted by law.



PATIENT NAME: _____

MEDICAL RECORD #: _____

AUTHORIZATION AND CONSENT FORM

Civil Rights Policy: - According with Title VI and VII of the Civil Rights Acts of 1964 and their implementing regulations, Methodist Family Health (Methodist Behavioral Hospital/Methodist Counseling Clinic/Methodist Children's Home) will, directly or through contractual or other arrangements admit and treat all persons without regard to race, color, creed, religion, sex, or national origin in its provision of services and benefits, including assignments or transfers within the facility and referrals to or from the facility. Staff privileges are granted without regard to race color or national origin (where appropriate).

Information Privacy: We (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regard to your personal health information. You have the right to review this notice prior to signing this consent. The terms of the notice may change with time and we will always post the current notice at our facilities, on our web site www.methodistfamily.org, and have copies available for distribution. You may ask us to restrict the use and disclosure of your personal health information, but we are not required to agree to such a request. If we do agree, we are bound by law to the agreed upon restrictions. You may revoke this consent in writing at any time, except to the extent to which we have already taken action. I acknowledge receipt of Methodist Family Health's (Methodist Behavioral Hospital/Methodist Counseling Clinic/Methodist Children's Home) Notice of Privacy Practices.

Consent for Medical Treatment: I, the undersigned, permit my doctor, or my child's doctor, Methodist Family Health, its clinics and its employees, and all other persons caring for me or my child to treat me or him/her in ways they judge are beneficial to me or my child. I understand that this care may include tests, examinations, intensive psychotherapy, and medical treatment.

Financial Responsibility: I, in consideration for services rendered by Methodist Family Health, do hereby agree to pay Methodist Family Health on demand all charges for said services and incidents incurred on my behalf.

Personal Valuables: I understand that Methodist Family Health shall not be liable for the loss of any money or the loss of or damage to any other personal property.

Medicare/Medicaid Patient Certification: I certify that any information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration, its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

Authorization to Release Information: I hereby authorize Methodist Family Health to release any or all records and other information requested regarding my care directly to my insurance company or their authorized representative. I also authorize the release of any or all records and other information requested regarding my care that may be necessary for any court proceedings in which I may be involved.

Consent for Transportation: I authorize the therapist & the case manager at my child's school to transport my child as part of the services provided for school-based mental health services. I understand that these individuals are part of the School District School-Based Mental Health program, but are not employees of the School District. I also understand that such transportation will be in their private vehicles and not in vehicles owned or provided by the School District. Furthermore, I also release the therapist, case manager and Methodist Family Health and its subsidiaries from liability (including death) during the transportation of my child.

Telephonic Recording: I understand that telephone conversations may be recorded for internal quality assurance purposes only.

Telephone Contact Agreement: By signing below, I agree to receive telephone calls from Methodist Family Health treatment team, including the treating therapist/counselor, for the purpose of reviewing my own or my child's treatment progress and continued treatment needs so that an updated treatment plan, as required by my insurance, can be completed in a timeframe required by my insurance.

Assignment of Benefits: I authorize my insurance/Medicaid carrier to pay directly to Methodist Family Health the

benefits due me for services rendered. I also agree that the above-named assignees may receive any such payments with my power of attorney and that receipt shall be acknowledgement by me that I have received benefits in the sum specified in such receipt. I acknowledge I am responsible for all charges for services rendered and agree to pay such charges or any portion remaining after my insurance/Medicaid pays and will meet with the Financial Counselor to discuss payment alternatives. Unless previously negotiated or deemed by law.

Client

Date

Time

Parent or Legal Guardian (if applicable)
Relationship

Date

Time

Witness

Date

Time

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Section 1: Rights and Responsibilities

1.6 Referrals to Other Organizations	Effective: January 1, 2007
	Reviewed: Annually
Approved by: CEO/President, Program Administrator, and Program Director	Revised: June 21, 2019

Purpose:

To insure a continuum of care for each client.

Policy:

Referrals to other organizations are made as appropriate or as requested by the clients.

Procedure:

1. The reason for any proposed transfer is communicated and discussed with the client (and family) as appropriate. This communication is initiated by the outpatient therapists when possible.
2. When limits to the length of available treatment are dictated by reimbursement issues, the client is informed as part of the entry process that an appropriate transfer may be made. The transfer is made only after the client has received complete information and an explanation concerning the needs for and alternatives to such a transfer.
3. The receiving organization must be contacted to insure the transfer is acceptable. This contact must be documented in the client's treatment file.
4. The receiving organization will be contacted after the client is placed with their organization to determine adequacy of referral/services to both client and organization.

Section 1: Rights and Responsibilities

1.7 Interpretive Services: Support for Clients' Cultural and Linguistic Diversity	Effective: July 1, 2008
	Reviewed: June 21, 2019
Approved by: CEO/President, Program Administrator, Program Director	Revised: June 21, 2019

Purpose:

To ensure that service programs can be clearly understood by all clients regardless of their cultural history or linguistic needs. It should be noted interpreters will be provided for clients admitted to treatment programs who do not understand the English language. These clients include people who communicate through languages other than English as their primary language or clients who are hearing impaired.

Policy:

The agency shall respect cultural diversity as it applies to treatment. In addition, clients in treatment need to have treatment presented in a way they can understand. Case managers and administrative staff will be responsible to obtain interpretive support during treatment for all clients actively enrolled in treatment insofar as those practices do not infringe upon the effective delivery of services. In the case of clients who are legally identified as minors, interpretive services shall be arranged in consultation with their legal custodians.

Procedure:

1. Agency staff will identify clients who have cultural or linguistic needs during the intake assessment.
2. United Methodist Children's Home maintains a contract with a company who provides interpretive services for clients who are hearing impaired or unable to understand the English language.
3. When a client has been admitted to the treatment program, the therapist or administrative staff will notify the agency to provide interpretive services to the client and arrange for the interpreter to attend and interpret during therapy sessions.

Section 2: Continuum of Care

2.1 Admission Criteria and Scope of Services for Arkansas CARES Continuum	Effective: January 1, 2007
	Reviewed: November 14, 2006; June 20, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006 November 14, 2015; June 20, 2019
	Attachment: Section 2.1: Table A: Scope of Services

Purpose:

The purpose of this section is to describe the criteria for admission and scope of services offered in the Arkansas CARES continuum of care.

Policy:

Arkansas CARES program provides services for clients that seek and/or require Specialized Women's Service- Dual Diagnosis Substance Abuse Treatment Program, Admission is indicated when admission criteria are met (See Section 2.1 Table A).

Procedures:

See Section 2.1 Table A for descriptions of the following: Admission Criteria; Client Characteristics; Level of Risk; Level of Functioning; Scope of Services; Client Costs and Reimbursement Issues; Hours of Service; Staff Qualifications; Family Resources; Treatment History; and Discharge Criteria.

Admission to AR CARES is open to voluntary and involuntary commitment.

Treatment staff will immediately inform Pulaski county prosecuting attorney if a voluntarily client meets the criteria for involuntary commitment.

Criteria for involuntary commitment are as follows:

1. Gravely disabled person as evidenced by:
 - a. Inability to provide for his/her own food, clothing, medication, medical care, and shelter.
 - b. Placement of others in a reasonable fear of violent behavior or serious physical harm.
 - c. Inability to avoid or protect himself/herself from severe impairment of injury.
2. Recent overt behaviors of homicidal or violent assaultive tendencies
3. Imminent risk to physical self.
4. Person is a citizen of the State of Arkansas and 18 years of age.

The Petition for involuntary commitment shall document:

1. Whether the person is believed to be homicidal, suicidal, or gravely disabled.
2. Describe the conduct, clinical signs, and symptoms of the behaviors.

3. Contain the names and addresses of witnesses having knowledge relevant to the allegations.

Contain a specific prayer for commitment of the person to an appropriate designated facility or program

TREATMENT FEES

Arkansas CARES receives funding for the provision of treatment services from a variety of resources. These resources include: Federal and state contracts or grants, insurance reimbursement, client payments, and charitable contributions. In order to qualify for governmental subsidized services, certain eligibility requirements must be met. A financial assessment is performed on all clients to determine eligibility. Therefore, all clients must provide proof of income in order to determine eligibility for subsidized services. Proof of income must be in the form of one or more of the following documents:

- a. Most recent 1040(A) tax statement;
- b. Statement from the Social Security Administration
- c. Most recent six (6) months of pay stubs.

If proof of income is not provided, a client will be charged the full fee amount for all treatment services provided. Fees for specific substance abuse services are as follows:

Residential fee	\$214.00 per day
Day Treatment Classes	\$ 95.00 per day
Individual Therapy	\$109.20 per session
Group Therapy	\$ 88.20 per session
Case Management	\$ 50.00 per hour
Drug Test	\$ 15.00 per test

Whenever possible, payment plans can be arranged for the payment of treatment fees. Certificates of Completion will not be issued for clients that do not make arrangements for payments of fees. In addition, outstanding unpaid balances may be turned over to a collection agency.

LENGTH OF TREATMENT AND DISCHARGE CRITERIA

The length of time spent in the Arkansas CARES treatment program depends upon your individual substance use and clinical needs. At a minimum, you will be expected to remain in treatment for three (3) months. You will be expected to attend a minimum of two individual therapy sessions and five group therapy sessions weekly. In addition, you will be required to attend a minimum of two (2) family sessions monthly and meet with a Certified Drug and Alcohol Counselor on a weekly basis. Program expectations include a minimum of two weekly AA meetings during regular treatment hours and daily AA meetings during times you are on pass or off campus. In order to successfully complete treatment, you must meet all of the goals established in your Treatment Plan. You will also be expected to comply with all program rules.

You may be discharged as not completing treatment for the following reasons:

- a. Repeated failure to meet the goals of your Treatment Plan
- b. Bringing alcohol or other illicit substances on campus
- c. Bringing weapons on campus
- d. Selling items or loitering on campus
- e. Physical assault or verbal abuse of any person on the program grounds
- f. Continued inappropriate behavior
- g. Continued resistance to treatment

1. The first part of the document is a list of the names of the persons who have been named in the document.

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SECTION 2.1 TABLE A: MFH ARKANSAS CARES CLINICAL PROGRAMS ADMISSION CRITERIA AND SCOPE OF SERVICES					
TREATMENT CONTINUUM	Intensive Day Program	Continuing Care Program	Children's Mental Health Program	UAMS-Headstart Childcare Center (M-F) and in Residential Cottage	Residential Program
ADMISSION CRITERIA	Pregnant women or mothers with children ages newborn to 12 years, who have an addiction	Parenting women who have completed intensive treatment for addictions.	Children of current and former clients; children of parents with an addiction or dual disorder (addiction and another psychiatric disorder.	Children from birth to age twelve; children of women in substance abuse treatment; and children of women who have completed treatment and who are working or attending school or job training; children identified as "at-risk" by a referring agency; or other community children who receive child care services only on a space available basis.	Pregnant women or mothers with children who have an addiction or dual disorder and their children ages 0 to 12 years.
DESCRIPTION OF APPROPRIATE CLIENTS	Mothers with children ages newborn to 12 years, who have an addiction. Most have a concurrent psychiatric diagnosis.	Parenting women with addictions. Most have a concurrent psychiatric diagnosis.	Children of current and former clients; children of parents with an addiction or dual disorder; community referrals	Ages birth to 4, at risk for developmental delay and mental health disorders, and medically stable. A few slots may be used by community children needing child care only.	Pregnant women or mothers with children ages newborn to 12 years who have an addiction and their children. Most mothers have a concurrent psychiatric diagnosis
LEVEL OF RISK	Does not pose imminent risk of harm to self or others; not gravely disabled; capable of living in home without serious or acute risk of danger to self or others.	Does not pose imminent risk of harm to self or others; not gravely disabled; capable of living in home without serious, acute risk of danger to self or others.	Does not pose imminent risk of harm to self or others; not gravely disabled; capable of living in home without serious, acute risk of danger to self or others.	Does not pose imminent risk of harm to self or others; not gravely disabled; capable of living in home without serious, acute risk of danger to self or others.	Does not pose imminent risk of harm to self or others; not gravely disabled; capable of living in home without serious, acute risk of danger to self or others.

SECTION 2.1 TABLE A: MFH ARKANSAS CARES CLINICAL PROGRAMS ADMISSION CRITERIA AND SCOPE OF SERVICES				
TREATMENT CONTINUUM	Intensive Day Program	Continuing Care Program	Children's Mental Health Program	UAMS-Headstart Childcare Center
LEVEL OF FUNCTIONING	Capable of living safely in the community but with evidence of emotional/behavioral problems or significant functional impairments arising from a mental disorder and/or substance addictions.	Capable of living safely in the community but with evidence of emotional or behavioral problems or significant functional impairments arising from a mental disorder and/or substance addictions.	Capable of living safely in the community but with evidence of emotional/behavioral problems or significant functional impairments arising from a mental disorder and/or family substance addictions.	Capable of living safely in the community but with evidence of emotional/behavioral problems or significant functional impairments arising from a mental disorder and/or by family substance addictions. The center is inclusive in that there are child care slots available for children without special needs as well.
OTHER ADMISSION CRITERIA	Does not require acute services (no imminent threat of danger to self or others) and is without grave disability.	Does not require acute services (no imminent threat of danger to self or others) and is without grave disability.	Does not require acute services (no imminent threat of danger to self or others) and is without grave disability.	Does not require acute services (no imminent threat of danger to self or others) and is without grave disability.
				Capable of living safely in the community but with evidence of emotional/behavioral problems or significant functional impairments arising from a mental disorder and/or substance addictions such that they would benefit from residential support.

SECTION 2.1 TABLE A: MFH ARKANSAS CARES CLINICAL PROGRAMS ADMISSION CRITERIA AND SCOPE OF SERVICES					
TREATMENT CONTINUUM	Intensive Day Program	Continuing Care Program	Children's Mental Health Program	UAMS-Headstart Childcare Center	Residential Program
SCOPE OF SERVICES	Provides broad range of services including brief or comprehensive assessment, brief or extended treatment; psychosocial, psychotherapeutic (including individual, group, and family therapy), general health screening, medication management, 24 hour crisis services including on-call psychiatrist Case management services offered in the home, school or other community location. Level of service dictated by family need but is more intensive than regular outpatient treatment. Support services include childcare, residential support, health assessments and transportation.	Services are the same as those offered in the intensive day program only for fewer hours and with strong emphasis on self-sufficiency.	Provides broad range of services including brief or comprehensive assessment, brief or extended treatment; psychosocial, psychotherapeutic (including individual, group, and family therapy), general health screening, medication management, 24 hour crisis services including on-call psychiatrist. Case management services offered in the home, school or other community location. Level of service dictated by family need but is more intensive than regular outpatient treatment.	Child care; screening and assessment services; early childhood education; early intervention. Occupational, speech and physical therapy services as needed is provided in the center by community agencies. Case management, and other community-based services offered in the home, school or other community-based settings as needed. The preschool is an ABC site. Level of service is dictated by child/family need and may range from child care to individual, group, and family therapy.	Drug free and safe housing and supervision for adult women in recovery and their children to age 12.

SECTION 2.1 TABLE A: MFH ARKANSAS CARES CLINICAL PROGRAMS ADMISSION CRITERIA AND SCOPE OF SERVICES					
TREATMENT CONTINUUM	Intensive Day Program	Continuing Care Program	Children's Mental Health Program	UAMS-Headstart Childcare Center	Residential Program
PATIENT COSTS AND/OR REIMBURSEMENT ISSUES	Costs and insurance/third party reimbursement issues are discussed with client upon initial intake in detail, and reinforced at community meetings and at discharge. Discounted fee scales based upon family size are used.	Costs and insurance/third party reimbursement issues are discussed with client upon initial intake in detail, and reinforced at community meetings and at discharge. Discounted fee scales based upon family size and income are used.	Costs and insurance/third party reimbursement issues are discussed with client and parents/guardian upon initial intake in detail, and reinforced at community meetings and at discharge.	Child care is provided for women in treatment through Department of Health and Human Services vouchers, grant funds, or self-pay. Third party payments are accepted. Costs and insurance/third party reimbursement issues are discussed in detail with clients upon initial intake and at transition. Child care is available to community children with vouchers, other third party pay, or private pay. . .	Costs and insurance/third party reimbursement issues are discussed with client upon initial intake in detail, and reinforced at community meetings and at discharge. Arkansas Department of Health and Human Services' Alcohol and Drug Abuse Prevention, Emergency Shelter, and TANF grants, and City of Little Rock grants fund these services.
HOURS OF SERVICES	8 to 3:00 Monday through Friday for structured programming; however evening and weekend services are provided per clinical need.	Flexible according to client family needs	8 to 5:30 Monday through Friday. After hours appointments can be arranged with individual clinicians; evening and weekend coverage for emergency care is provided via MFH Psychiatrist.	6:30 a.m. – 5:30 p.m. Monday through Friday.	24 hours a day, 7 days a week

SECTION 2.1 TABLE A: MFH ARKANSAS CARES CLINICAL PROGRAMS ADMISSION CRITERIA AND SCOPE OF SERVICES				
TREATMENT CONTINUUM	Intensive Day Program	Continuing Care Program	Children's Mental Health Program	UAMS-Headstart Childcare Center
GOALS OF SERVICE	To provide the full range of psychiatric and addiction treatment services to patients in order to return patient to a less intensive level of care (less restrictive setting) and to maintain treatment gains and prevent deterioration and the subsequent movement to a more restrictive and more intensive setting or level of care.	To provide the full range of psychiatric and addiction treatment services to patients and their children in order to assist families in transition to self-sufficiency and to return patient to a less intensive level of care or less restrictive setting, or to maintain treatment gains and prevent deterioration and the subsequent movement to a more restrictive and more intensive setting or level of care.	To provide the full range of psychiatric treatment services to patients in order to return patient to a less intensive level of care or less restrictive setting, or to maintain treatment gains and prevent deterioration and the subsequent movement to a more restrictive and more intensive setting or level of care.	To provide a safe, well staffed, nurturing, and stimulating environment of care for infants through school age children. To provide assessments that assist in answering referral questions, clarifying diagnostic uncertainties, identifying and providing treatment needs, and determining appropriate range of services needed.
				To provide the full range of psychiatric and addiction treatment services to patients in order to return patient to a less intensive level of care or less restrictive setting, or to maintain treatment gains and prevent deterioration and the subsequent movement to a more restrictive and more intensive setting or level of care.

SECTION 2.1 TABLE A: MFH ARKANSAS CARES CLINICAL PROGRAMS ADMISSION CRITERIA AND SCOPE OF SERVICES

TREATMENT CONTINUUM	Intensive Day Program	Continuing Care Program	Children's Mental Health Program	UAMS-Headstart Childcare Center	Residential Program
STAFF QUALIFICATIONS	Qualified Mental Health Professionals and/or paraprofessionals, psychiatrist and registered nurse. For further information on staff qualifications refer to competency-based job descriptions for each position and discipline and/or credentialing documentation.	Qualified Mental Health Professionals and/or paraprofessionals, psychiatrist and registered nurse. For further information on staff qualifications refer to competency-based job descriptions for each position and discipline and/or credentialing documentation.	Qualified Mental Health Professionals and/or paraprofessionals, psychiatrist and registered nurse. For further information on staff qualifications refer to competency-based job descriptions for each position and discipline and/or credentialing documentation.	Early Intervention Specialist must pass a criminal and child abuse and neglect background check, must be clean, neat, and reliable and be able to follow instructions. Lead teachers have minimum of CDA. Preschool teacher has must have bachelor's degree and teacher certification. Staff providing day treatment services must be licensed and/or certified at professional or paraprofessional level according to services provided. All qualifications are deemed by UAMS Policy and Procedures.	Qualified Mental Health Professionals and/or paraprofessionals, Psychiatrist, and registered nurse. For further information on staff qualifications refer to competency-based job descriptions for each position and/or discipline and/or credentialing documentation.

SECTION 2.1 TABLE A: MFH ARKANSAS CARES CLINICAL PROGRAMS ADMISSION CRITERIA AND SCOPE OF SERVICES

TREATMENT CONTINUUM	Intensive Day Program	Continuing Care Program	Children's Mental Health Program	UAMS-Headstart Childcare Center	Residential Program
FAMILY RESOURCES	Family is able and willing to attend scheduled appointment(s) and implement treatment recommendations	Client is able and willing to attend scheduled appointment(s) and implement treatment recommendations	Family is able and willing to attend scheduled appointment(s) and implement evaluation and treatment recommendations	Family able and willing to bring child to center and attend scheduled appointments	Family is able and willing to attend scheduled appointment(s) and implement treatment recommendations
TREATMENT HISTORY	May be new problem or reoccurrence of a previously treated problem or transition from a more restrictive level of care.	May be a reoccurrence of a previously treated problem or transition from a more restrictive level of care.	May be new problem or reoccurrence of a previously treated problem or transition from a more restrictive level of care.	None Required	May be new problem or reoccurrence of a previously treated problem or transition from a more restrictive level of care.

TREATMENT CONTINUUM	Intensive Day Program	Continuing Care Program	Children's Mental Health Program	Childcare Center – N/A at present	Residential Program
CRITERIA FOR DISCHARGE, TRANSFER OR OUTSIDE REFERRAL	<ol style="list-style-type: none"> 1. Achievement of treatment goal(s) and objective(s) 2. Patient achieved the desired GAF 3. Documented unwillingness to cooperate with treatment plan 4. No contact within 30 days 5. Referral to another agency 6. The patient moved out of the area 7. Evaluation and recommendation only 8. Patient required more intensive/acute level of service than appropriated for this program. 9. Patient brought alcohol, non-prescribed drugs, or weapons on campus. 10. Patient physically harms (or threatens) staff or other clients. 	<ol style="list-style-type: none"> 11. Achievement of treatment goal(s) and objective(s) 12. Patient achieved the desired GAF (unless patient is under age 3) 13. Documented unwillingness of the child, parent, or guardian to cooperate with treatment plan. 14. No contact within 30 days 15. Referral to another agency 16. The patient moved out of the area 17. Evaluation and recommendation only 18. Patient required more intensive/acute level of service than appropriate for this program. <p>Patient brought alcohol, non-prescribed drugs, or weapons to program.</p>	<ol style="list-style-type: none"> 1. Achievement of treatment goal(s) and objective(s) 2. Patient achieved the desired GAF (unless patient is under age 3) 3. Documented unwillingness of the child, parent, or guardian to cooperate with treatment plan. 4. No contact within 30 days 5. Referral to another agency 6. The patient moved out of the area 7. Evaluation and recommendation only 8. Patient required more intensive/acute level of service than appropriate for this program. 9. Patient brought alcohol, non-prescribed drugs, or weapons to program. 	<ol style="list-style-type: none"> 1. Family moves or leaves 2. Transportation is not available 3. Documented unwillingness of the parent/guardian to cooperate with day care licensing standards. 4. No contact within 30 days 5. Referral to another child care center 6. Patient required more intensive/acute level of service than appropriate for this program. 7. Parent/guardian selects another day care provider. 	<ol style="list-style-type: none"> 1. Achievement of treatment goal(s) and objective(s) 2. Patient achieved the desired GAF 3. Documented unwillingness of the parent/ child/ guardian to cooperate with treatment plan 4. No contact 2 days after leaves AMA. 5. Referral to another agency 6. The patient moved out of the area 7. Evaluation and recommendation only 8. Patient required more intensive/acute level of service than appropriate for this program. 9. Patient brought alcohol, non-prescribed drugs, or weapons on campus. <p>Patient physically harms (or threatens)</p>

Section 2: Continuum of Care

2.2 Continuum of Care for Children	Effective: January 1, 2007
	Reviewed: November 14, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: July 25, 2019

Purpose:

The purpose of this policy is to establish a guideline for continuum of care for children/adolescents.

Policy:

Arkansas CARES will provide and coordinate a continuum of care appropriate to the child's ongoing needs with regard to the appropriate level and type of physical, psychological, or social services. Each child will have access to the appropriate level of care, competent health, education, and mental health professionals, and programs and services designed to meet the individual's assessed needs.

Procedure:

1. Children are accepted for admission to appropriate services or programs based on intake, assessment, and transfer procedures.
 - a. Arkansas CARES utilizes UAMS- Headstart Program on campus for infant, toddler and preschool aged children, whom is a licensed child care center with Quality Approval status early intervention provider, Child Health Management Services provider, and Head Start Center. The child care center maintains a low staff: child ratio to provide a nurturing and developmentally appropriate care:
 - Infants 1:4
 - Toddlers 1:5
 - Preschool 1:9
 - School-age 1:12
 - b. Arkansas CARES will maintain linkages with other organizations and programs to facilitate information exchange, coordination of resources, continuity of services, and comprehensive services to children.
2. Admission criteria are:
 - a. Residential children from birth to age twelve.
 - b. Children of current day treatment or aftercare clients or those who have completed treatment and who are working or attending school or job training; or

- c. Children identified as “at-risk” by a referring agency.
3. At intake, parents or guardians will receive enough information to make knowledgeable decisions about care and services. Information to be provided includes:
 - a. The nature and goals of the services;
 - b. The hours during which care and services are available;
 - c. The costs of care and services to be borne by the family, if any;
The child(s) and family’s rights, responsibilities and involvement in care.
 4. The child’s individual treatment plan will provide for continuity of care and services over time through the assessment and diagnosis, planning, treatment, and reassessment phases of the child’s services.
 - a. Children 0-5 years admitted into care receive multi-disciplinary screenings, assessments, and evaluations and referral for services.
 - b. Individualized treatment plans are developed as needed.
 - c. Documentation of the coordination and delivery of services will be maintained in the child’s record.
 5. Referral, transfer, or discharge of children to other levels of care, professionals, or settings will be based on the child’s assessed needs and the organization’s capability to provide needed care.
 - a. The discharge process will provide for continuing care to meet the child’s assessed needs at the time of discharge.
 - b. The child and family will be informed in a timely manner of the need for planning for discharge or transfer to another organization or level of care.
 - c. Clinical information will be exchanged in a timely manner when individuals are admitted, referred, transferred, or discharged to receive further care or services.
 6. When an external agency conducts a utilization review to determine the appropriateness of admissions, continuation of current care, or specific care and services, and that review results in denial of care, services, or payment, decisions regarding provision of ongoing care and services or discharge will continue to be based on the identified needs of the individual being served and not the funding/services denial.

Section 2: Continuum of Care

Section 2.3 Continuum of Care for Adults	Effective: January 1, 2007
	Reviewed: November 14, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: July 25, 2019

Purpose:

The purpose of this policy is to establish a guideline of continuum care for adults.

Policy:

Arkansas CARES clients will receive comprehensive, quality care to meet their physical, psychological, and social needs.

Procedure:

1. A continuum of services is provided by Arkansas CARES which includes intensive outpatient treatment, residential and aftercare. Arkansas CARES is a licensed substance abuse treatment center and mental health service provider.
2. Women are accepted for admission to the appropriate level of service based on intake, assessment and transfer procedures. Arkansas CARES maintains linkages with other organizations to facilitate information exchange, coordination of resources, continuity of services, and comprehensive services to pregnant and parenting women.
3. Admission criteria include (section 2.1 for Admission to Residential, Intensive Day, and Evening Outpatient Program):
 - a. Pregnant
 - b. Parenting with children birth-12 years
4. Arkansas CARES provides intensive services from 8:15a.m.-3:00p.m. for a minimum of twenty-eight (28) hours of structured treatment, Sunday through Saturday. A minimum of five (5) hours of structured treatment is provided daily for residential clients Monday through Friday.

5. All Arkansas CARES employees are certified in CPR, CPI, and First Aid; and are present at all times.
6. Arkansas CARES provides a multi-disciplinary staff including:
 - a. Certified Substance Abuse Counselors
 - b. Mental Health Professionals
 - c. Case Managers
 - d. Registered Nurses
 - e. Parenting Educators
 - f. Early Intervention Specialist
 - g. Early Childhood Special Educator
 - h. Psychiatrist
7. Arkansas CARES intensive treatment program services include, but are not limited to:
 - a. Orientation to Arkansas CARES
 - b. Assessment to identify substance abuse treatment and mental health service needs.
 - c. Case management.
 - d. Health care coordination for women and children
 - e. Parenting education and support.
 - f. Individual, group, and family therapy sessions.
 - g. Substance abuse treatment
 - h. Conducting individual, group, and family alcohol and drug education/relapse prevention sessions.
 - i. Medication Management
 - j. Referrals to appropriate agencies for services such as GED, vocational training, etc.
 - k. Crisis intervention
 - l. Child care
 - m. Early Intervention
8. The client's individual treatment plan will provide for continuity of care and services over time through the assessment and diagnosis, planning, treatment, and reassessment phases of services.
9. Documentation of the coordination and delivery of services will be maintained in the client's records.
10. Referral, transfer, or discharge of children to other levels of care, professionals, or settings will be based on the client's assessed needs and the organization's capability to provide needed care.

- a. The discharge process will provide for continuing care to meet the client's assessed needs at the time of discharge.
 - b. The child and family will be informed in a timely manner of the need for planning for discharge or transfer to another organization or level of care.
 - c. Clinical information will be exchanged in a timely manner when individuals are admitted, referred, transferred, or discharged to receive further care or services.
11. When an external agency conducts a utilization review to determine the appropriateness of admissions, continuation of current care, or specific care and services, and that review results in denial of care, services, or payment, decisions regarding provision of ongoing care and services or discharge will continue to be based on the identified needs of the individual being served and not the funding/services denial.

Section 2: CARES Continuum of Care

2.4 Screening of Potential Clients	Effective: January 1, 2007
	Reviewed: November 14, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; April 25, 2013; June 20, 2019
	Attachment: UMCH Arkansas CARES Screening Form

Purpose:

The purpose of this policy is to establish a guideline for screening of potential clients for Arkansas CARES.

Policy:

Individuals referred to Arkansas CARES will receive a timely formal screening for admission to the appropriate level of care by a single point of contact.

Procedure:

1. The Arkansas CARES Intake Coordinator (or designee) will conduct a timely (usually within 24 hours) formal screening interview to determine eligibility and appropriate level of care. The Intake Coordinator will seek consultation from clinical team when needed.
2. Client confidentiality will be maintained in accepting and initiating client referrals (see Section 1.3 Confidentiality).
3. Arkansas CARES shall not deny treatment to any person based on his/ her serostatus, HIV related condition or AIDS.
4. The Intake Coordinator with input from treatment team will determine the appropriate level of care and notify the applicant being screened whether Arkansas CARES is an appropriate treatment option or whether other treatment options are determined to be more appropriate. If other options are believed to be more appropriate, the Intake Coordinator will refer the applicant to an appropriate program. If assistance with referral is requested, Consent for Release of Information will be obtained from the client being screened. Referrals to other programs will be documented. (See Referral form).
 - a. The referral resource directory shall be updated every two years (January 1 of years ending in odd numbers) and is to include:
 - i. The name and locations of resources;
 - ii. The type of services provided by the resource;
 - iii. The eligibility criteria for the resource; and
 - iv. The phone number(s) and name(s) of the contact person(s)

5. Appropriate feedback will be given to referring providers in a manner which maintains a positive provider relationship and client confidentiality.
6. The Screening Form of a client admitted to Arkansas CARES will be maintained in that client's electronic medical record (Carelogic).
7. The Intake Coordinator will document the screening in the Screening Log Books which is marked "Confidential" and filed in a locked cabinet; and/or located in the client's chart in the electronic medical record (CareLogic).

UMCH Arkansas CARES Screening Form

<u>Screening Information Obtained</u>	<u>ADAP</u>	<u>Outcome/Notes</u>
<input type="checkbox"/> Telephone	<input type="checkbox"/> Pregnant <input type="checkbox"/> IDU	_____
<input type="checkbox"/> In Person	<input type="checkbox"/> Pregnant & IDU	_____
<input type="checkbox"/> Case Worker	<input type="checkbox"/> All Others	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Referred for Interim Services	_____

Client Name: _____ Call Date: _____

DOB: _____ SS#: _____ Age: _____

Phone: _____ Other Contact #: _____

PCP: _____ (Referral to be requested immediately)

PCP Phone: _____ PCP Fax: _____

City: _____ Date of Last Appointment: _____

Current Address: _____

Current living situation and/or who lives at this address: _____

County: _____ In Approved Service / Catchment Area: ☐ Yes ☐ No

Race: _____ Ethnicity: _____ Marital Status: _____

Tobacco Use: _____ Legal Status: _____

Employment: _____ Last Employed: _____

Education: _____ (Highest Grade) Special / Regular / Gifted classes Religion: _____

Is safe, drug-free housing available to you? ☐ Yes ☐ No

Referred to: _____

Followed up with treatment center referred to on: _____

Followed up with client after referral made (as needed) on: _____

Medicaid: ☐ Yes ☐ No Medicaid Pending: _____

MCD #: _____ Category: _____

Start date: _____ PASSE assigned: _____

Other insurance (Medicare, Commercial, etc.): _____

Pregnant: ☐ Yes/ ☐ No If no, how are you preventing pregnancy? _____

What Trimester/how far along? _____ How many children do you have? _____

For each Child, indicate the following:

Child Name: w/Client	DOB	Age	Gender	Entering Tx?	Custody	Living
_____	_____	____	M / F	Y / N	Y / N	Y / N
_____	_____	____	M / F	Y / N	Y / N	Y / N
_____	_____	____	M / F	Y / N	Y / N	Y / N
_____	_____	____	M / F	Y / N	Y / N	Y / N
_____	_____	____	M / F	Y / N	Y / N	Y / N
_____	_____	____	M / F	Y / N	Y / N	Y / N

Kids Medicaid / AR Kids:

Child 1: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested ____

Child 2: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested ____

Child 3: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested ____

Child 4: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested ____

Child 5: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested ____

What brought you to tx:

_____ Self / Voluntary (completely voluntary)

_____ Court Ordered? (if yes, indicate which court) _____

_____ DCFS, Client has court order

_____ Not court ordered, but TX was suggested by DCFS/criminal justice system

Other _____

_____ Children in DCFS Custody? If yes indicate date taken into custody: _____

DCFS Case Worker: Name: _____, County _____,

Contact #s: _____

I have a pending DCFS court date: ____ Yes ____ No

DCFS court scheduled for: _____ in _____ County for _____

I have court regarding other legal issues/pending charges: ____ Yes ____ No

Pending Charge: _____

Date of event that led to pending charges: _____

Previous charges: _____

Date of event(s) that led to those charges: _____

Parole: _____ Yes, until _____ No

Parole Officer: Name: _____ County: _____

Probation: _____ Yes, until _____ No

Probation Officer: Name: _____ County: _____

Felonies, Drug Manufacturing Felonies: ____ Yes ____ No If yes: When? (date) _____

What charges?

Receiving TEA currently or in past (for how many months): _____

Receiving SNAP currently: _____ Yes ____ No

Are you receiving income from SSI / SSD / CS / Survivor's Benefits, Unemployment, etc.:

__ Yes ____ No

Type of Income/Total Amount: _____

Received TEA: _____ Yes ____ No SNAP: _____ Yes ____ No

Are any of your **children** receiving income from SSI/Survivor's Benefits, etc.: ____ Yes ____ No

Child receiving income / type of income / amount: _____

What drugs have you used in the last 30 days and number of days used in the last 30: _____

What is your drug of choice? _____

IV user: _____ Yes, drugs used intravenously _____ No

Do you require any type of special devices for mobility (cane, walker, and wheelchair):

__ Yes ____ No

Do you have any current / past medical issues: ____ Yes ____ No

Circle All that Apply: HBP, Heart Disease, Stroke, Epilepsy or Seizures, Lung Disease, Glaucoma, Stomach Ulcers, Cancer _____, Rheumatoid Arthritis, B12 Deficiency, Sleep Apnea, CPAP or Oxygen, Diabetes, Heart Attack, Liver Disease, Cataracts, Migraines Kidney Disease, Bowel Problems, Skin Conditions, Lupus, Asthma, Other _____, Other _____.

Notes: _____

Who is your OB/GYN: _____ Last appt: _____

Any scheduled medical appointments: _____

Scheduled OB/GYN appointment for prior or soon after admission: _____ Yes _____ No

OB/GYN: _____ Clinic/Hospital: _____ Date Scheduled: _____

Currently Prescribed Medications: _____

Allergies to Medications: _____ Yes, _____ No

Vitamins, Supplements, or OTC Medications: _____

Do any of your **children** have current / past medical issues: _____ Yes _____ No

Child: _____

Details / Medications / Receiving OP Services From: _____

Child: _____

Details / Medications / Receiving OP Services From: _____

Child: _____

Details / Medications / Receiving OP Services From: _____

Examples: Feeding Tubes / Buttons, Any Heart Conditions, Asthma, Feeding / Swallowing Problems, Cancer _____, Developmental Delay, Hearing Devices, Receives Occupational Therapy, Receives Speech Therapy, Sleep Apnea, CPAP, Wheelchair, Hospital Bed, Prosthetic, Asperger's, Autism, ADHD

Current or Past Psychiatrist Diagnosis

Depression, Bipolar Disorder / Manic Depression, Schizophrenia / Psychosis, Anxiety Disorder, Borderline Personality Disorder, Other Personality Disorder _____, Eating Disorder _____, PTSD, MMR, Other _____

Hx of Suicide Attempt(s): _____ Yes, when / how _____ No _____

Current thoughts of suicide or wanting to hurt self: _____ No _____ Yes, How _____

Do you have a knife, gun, pills (or what you need to succeed at suicide)? _____

Hx of Violence towards others: _____ No _____ Yes (explain) _____

Current thoughts of hurting others: _____ No _____ Yes, How _____

Do you have a any weapons to harm another? _____

I struggle with Hallucinations, Paranoia: _____ Yes _____ No

Psychiatric Hospitalizations: _____

Outpatient Psychiatric Care: _____

I am a victim of Domestic Violence: _____ Yes _____ No

I am a victim of Sexual Abuse: _____ Yes _____ No

Substance Use History:

Substance	Age when Started	Amount used (and route)	Last Used	Withdrawal / Hx of Detox
Alcohol				
Marijuana				
Opiates (Codeine, Dulaudid, Demerol, Methadone, Morphine, Oxycodone, Roxicodone, Darvocet, Lorcet, Lortab, Percocet, Percodan, Roxicet, Vicodine, Heroin, Morphine, Opium)				
Sedatives / Benzos (Alprazolam, Xanax, Ativan, Lorazepam, Librium, Clonazepm, Klonopin, Valium, Phenobarbital, Soma)				
Methamphetamines				
Crack / Cocaine				
Inhalants				

Tobacco				
Other _____				

UMCH Arkansas CARES Screening Form

Screening Information Obtained

ADAP

Outcome/Notes

<input type="checkbox"/> Telephone	<input type="checkbox"/> Pregnant	<input type="checkbox"/> IDU	_____
<input type="checkbox"/> In Person	<input type="checkbox"/> Pregnant & IDU		_____
<input type="checkbox"/> Case Worker	<input type="checkbox"/> All Others		_____
<input type="checkbox"/> Other	<input type="checkbox"/> Referred for Interim Services		_____

Client Name: _____ Call Date: _____

DOB: _____ SS#: _____ Age: _____

Phone: _____ Other Contact #: _____

PCP: _____ (Referral to be requested immediately)

PCP Phone: _____ PCP Fax: _____

City: _____ Date of Last Appointment: _____

Current Address: _____

Current living situation and/or who lives at this address: _____

County: _____ In Approved Service / Catchment Area: ☐ Yes ☐ No

Race: _____ Ethnicity: _____ Marital Status: _____

Tobacco Use: _____ Legal Status: _____

Employment: _____ Last Employed: _____

Education: _____ (Highest Grade) Special / Regular / Gifted classes Religion: _____

Is safe, drug-free housing available to you? ☐ Yes ☐ No

Referred to: _____

Followed up with treatment center referred to on: _____

Followed up with client after referral made (as needed) on: _____

Medicaid: ☐ Yes ☐ No Medicaid Pending: _____

MCD #: _____ Category: _____

Start date: _____ PASSE assigned: _____

Other insurance (Medicare, Commercial, etc.): _____

Pregnant: ☐ Yes/ ☐ No If no, how are you preventing pregnancy? _____

What Trimester/how far along? _____ How many children do you have? _____

For each Child, indicate the following:

Child Name:	DOB	Age	Gender	Entering Tx?	Custody	Living w/Client
_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N

Kids Medicaid / AR Kids:

Child 1: _____ FC MCD: ___ Yes ___ No PCP : _____ Requested _____

Child 2: _____ FC MCD: ___ Yes ___ No PCP : _____ Requested _____

Child 3: _____ FC MCD: ___ Yes ___ No PCP : _____ Requested _____

Child 4: _____ FC MCD: ___ Yes ___ No PCP : _____ Requested _____

Child 5: _____ FC MCD: ___ Yes ___ No PCP : _____ Requested _____

What brought you to tx:

_____ Self / Voluntary (completely voluntary)

_____ Court Ordered? (if yes, indicate which court) _____

_____ DCFS, Client has court order

_____ Not court ordered, but TX was suggested by DCFS/criminal justice system

Other _____

_____ Children in DCFS Custody? If yes indicate date taken into custody: _____

DCFS Case Worker: Name: _____, County _____

Contact #s: _____

I have a pending DCFS court date: _____ Yes _____ No

DCFS court scheduled for: _____ in _____ County for _____.

I have court regarding other legal issues/pending charges: _____ Yes _____ No

Pending Charge: _____

Date of event that led to pending charges: _____

Previous charges: _____

Date of event(s) that led to those charges: _____

Parole: _____ Yes, until _____ No

Parole Officer: Name: _____ County: _____

Probation: _____ Yes, until _____ No

Probation Officer: Name: _____ County: _____

Felonies, Drug Manufacturing Felonies: ____ Yes ____ No If yes: When? (date) _____

What charges? _____

Receiving TEA currently or in past (for how many months): _____

Receiving SNAP currently: _____ Yes ____ No

Are you receiving income from SSI / SSD / CS / Survivor's Benefits, Unemployment, etc.: _____ Yes ____ No

Type of Income/Total Amount: _____

Received TEA: _____ Yes ____ No SNAP: _____ Yes ____ No

Are any of your **children** receiving income from SSI/Survivor's Benefits, etc.: ____ Yes ____ No

Child receiving income / type of income / amount: _____

What drugs have you used in the last 30 days and number of days used in the last 30: _____

What is your drug of choice? _____

IV user: _____ Yes, drugs used intravenously _____ No

Do you require any type of special devices for mobility (cane, walker, and wheelchair): ____ Yes ____ No

Do you have any current / past medical issues: _____ Yes ____ No

Circle All that Apply: HBP, Heart Disease, Stroke, Epilepsy or Seizures, Lung Disease, Glaucoma, Stomach Ulcers, Cancer _____, Rheumatoid Arthritis, B12 Deficiency, Sleep Apnea, CPAP or Oxygen, Diabetes, Heart Attack, Liver Disease, Cataracts, Migraines Kidney Disease, Bowel Problems, Skin Conditions, Lupus, Asthma, Other _____, Other _____.

Notes: _____

Who is your OB/GYN: _____ Last appt: _____

Any scheduled medical appointments: _____

Scheduled OB/GYN appointment for prior or soon after admission: _____ Yes ____ No

OB/GYN: _____ Clinic/Hospital: _____ Date Scheduled: _____

Currently Prescribed Medications: _____

Allergies to Medications: ____ Yes, _____ No

Vitamins, Supplements, or OTC Medications: _____

Do any of your **children** have current / past medical issues: ____ Yes ____ No

Child: _____

Details / Medications / Receiving OP Services From: _____

Child: _____

Details / Medications / Receiving OP Services From: _____

Child: _____

Details / Medications / Receiving OP Services From: _____

Examples: Feeding Tubes / Buttons, Any Heart Conditions, Asthma, Feeding / Swallowing Problems, Cancer _____, Developmental Delay, Hearing Devices, Receives Occupational Therapy, Receives Speech Therapy, Sleep Apnea, CPAP, Wheelchair, Hospital Bed, Prosthetic, Asperger's, Autism, ADHD

Current or Past Psychiatrist Diagnosis

Depression, Bipolar Disorder / Manic Depression, Schizophrenia / Psychosis, Anxiety Disorder, Borderline Personality Disorder, Other Personality Disorder _____, Eating Disorder _____, PTSD, MMR, Other _____

Hx of Suicide Attempt(s): ____ Yes, when / how _____ No

Current thoughts of suicide or wanting to hurt self: ____ No ____ Yes, How _____

Do you have a knife, gun, pills (or what you need to succeed at suicide)? _____

Hx of Violence towards others: ____ No ____ Yes (explain) _____

Current thoughts of hurting others: ____ No ____ Yes, How _____

Do you have a any weapons to harm another? _____

I struggle with Hallucinations, Paranoia: ____ Yes ____ No

Psychiatric Hospitalizations: _____

Outpatient Psychiatric Care: _____

I am a victim of Domestic Violence: _____ Yes _____ No

I am a victim of Sexual Abuse: _____ Yes _____ No

Substance Use History:

Substance	Age when Started	Amount used (and route)	Last Used	Withdrawal / Hx of Detox
Alcohol				
Marijuana				
Opiates (Codeine, Dulaudid, Demerol, Methadone, Morphine, Oxycodone, Roxicodone, Darvocet, Lorcet, Lortab, Percocet, Percodan, Roxicet, Vicodine, Heroin, Morphine, Opium)				
Sedatives / Benzos (Alprazolam, Xanax, Ativan, Lorazepam, Librium, Clonazepam, Klonopin, Valium, Phenobarbital, Soma)				
Methamphetamines				
Crack / Cocaine				
Inhalants				
Tobacco				
Other _____				

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Section 2: Continuum of Care

2.5 Intake Procedures for Program Admission	Effective: January 1, 2007
	Reviewed: November 14, 2006; June 20, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: June 20, 2019

Purpose:

The purpose of this policy is to establish criteria for intake procedure.

Policy:

Arkansas CARES provides a single point of entry for admission into residential, day, or the Evening Outpatient Program. The Arkansas CARES Intake Coordinator screens and conducts the intake for all clients referred to Arkansas CARES.

Procedure:

1. Prior to admission to the program, client must provide Nurse with urine specimen to determine whether she is positive for drugs that may require detox prior to entering treatment at Arkansas CARES. If the urine test allows admission, client is taken to Intake Coordinator to proceed with intake process. If test is positive, client is referred to detox center and will return for admission when discharged from detox.
2. On the day of admission, the Intake Coordinator orients the client to Arkansas CARES and begins to complete the Intake Packet that contains the following items:
 - Client Intake Form
 - Patient Data Sheet
 - ADAP Admission Form
 - Medication Information Form
 - Food Cost Contract-if a residential client (copy to client)
 - Security Deposit Form- if a residential client
 - Acknowledgement of Receipt of Client Handbook
 - Client Rights and Responsibilities Form (copy to client)
 - Evaluation Consent
 - Financial Assistance Application
 - Consent for Treatment
 - Consent for the Release of Confidential Information
 - Consent to Disclose
 - Family Cohesiveness Scale
 - Child Health Questionnaire
 - Addiction Severity Index (ASI)

- Adverse Childhood Experience (ACE) Questionnaire
3. Additional Intake Forms will be completed by the Child Care Center Staff Child's Personal Data Sheet
 - Authorization and Consent for Participation in Children's Programming
 - Child Care Center Discipline Policy
 - Consent for Evaluation
 - Family Social History
 - Child's Physical/Medical History
 - Income Eligibility Application for Free and Reduced Price Meals
 - EPSDT Form
 - Admission to Children's Programming Signature Form
 - Consent for Release of Information.
 4. The Arkansas CARES Nurse completes the following within 24 hours of admission:
 - EPSDT appointment form
 - Consent to Release Information, for child's prior medical records
 5. A copy of children's immunization status is forwarded to the Nurse, if available. If not, the Social Services Representative will contact the nurse and initiate steps to obtain immunization update from the Arkansas Department of Health.
 6. The Intake Coordinator provides the following to the client:
 - AR CARES Client Handbook
 - Appointment for Health Screening with Nurse
 - Copy of Current Treatment Schedule
 - Appointment for Case Management
 - Appointment for Child Care Enrollment
 - Application for Financial Assistance

Section 2: Continuum of Care

2.6 Client Public Assistance for Medical Treatment	Effective: January 1, 2007
	Reviewed: November 14, 2006; June 20, 2019
Approved by: CEO/President, Program Administrator and Program Director	Revised: November 14, 2006

Purpose:

The purpose of this policy is to establish a process to obtain client public assistance: Medicaid, Medicaid Spent Down.

Policy:

When Clients do not have any source of payment for services provided by Arkansas CARES, the Case Manager will be responsible for assisting clients with applying for Medicaid spend down.

Procedure:

1. Medicaid Criteria: For clients to be eligible for TEA/Medicaid or Adult Medicaid, clients must meet at least one of the following criteria:
 - a. You must be disabled
 - b. You must be 65 years or older.
 - c. You must be pregnant.
 - d. You must be blind.
 - e. You must have children under the age of 18 years.
2. Case Manager will request a print out of charges from the Patient Account Specialist prior to client completing Medicaid application. This information will assist DHS caseworker and determine eligibility for category Medicaid Spend Down.
3. The Case Manager will meet with all clients and assist clients to complete Medicaid application when appropriate.
4. The Case Manager will transport Medicaid application, DHS Consent to Release form, and itemized charges to DHS office. The DHS Consent to Release Form can be obtained at any DHS office. This form needs to be signed by client and on file in client's case record.
5. The Case Manager will do a follow-up within 7 days with DHS for determination of assigned caseworker and appointment and will meet with client at DHS.
6. Upon receipt of the Medicaid denial letter, the Case Manager will refer client to MFH Utilization Review Department for further assistance in obtaining financial support for treatment.

Section 2: Continuum of Care

2.7 Aftercare Standards and Follow-up Contacts	Effective: January 1, 2007
	Reviewed: 14, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: January 5, 2008
	Revised: April 24, 2013; June 20, 2019

Purpose:

The purpose of this policy is to establish a guideline for aftercare services for discharge planning for Arkansas CARES clients and their children.

Policy:

Every client discharged from the Arkansas CARES treatment program will have an aftercare plan.

Procedure:

Discharge planning begins at the time the Arkansas CARES client is admitted to the treatment program. Case Managers are primarily responsible for the discharge plan.

1. At least one week prior to discharge, an aftercare plan will be developed and documented in the discharge plan, client participation will be documented by staff and client signatures. The primary Case Manager will be responsible for the development of the aftercare plan.
2. The aftercare plan will include a Needs Assessment of the client's current status, to include accomplishments and needs, a statement of the aftercare goals, objectives, and resources to meet those, and a plan for at least two follow-up appointments for the first year post-discharge.
3. Any client with an irregular discharge (not approved by the Treatment Team) or leaves AMA, will not have an aftercare plan. The reason(s) for lack of the discharge plan will be documented in the client record.
4. Prior to discharge, a staff nurse will make follow up appointments for any required medical or psychiatric services the client will need.
5. Arkansas CARES day treatment staff will ensure client has identified locations and meeting times for Alcohol Anonymous to support continued recovery for the client.
6. Follow-up attempts with clients with aftercare plans will be made monthly for a minimum of one year by Day Treatment and/or Case Management.
 - a. At intake and prior to discharge, contact information will be obtained which may assist in locating the client.

- b. Follow-up attempts/contacts will be documented in the client's individual record.
- 7. Follow-up attempts with clients without aftercare plans will be made at 3, 6- and 12-months post discharge by members of the Day Treatment and/or Case Management staff.
 - a. At intake and prior to discharge, contact information will be obtained which may assist in locating the client
 - b. Follow-up attempts/contacts will be documented in the client's individual record.
- 8. Aftercare reviews/follow-up contacts will be documented in the client's record to include:
 - a. Date of aftercare review
 - b. Individuals involved in the review
 - c. Client's progress
 - d. Any updating/modification of the aftercare goals
- 9. For clients with unsuccessful completion, any possible strategies (from client's perspective) that might have resulted in a different outcome will be documented.

Section 2: Continuum of Care

2.8 Discharge Planning	Effective: January 1, 2007
	Reviewed: November 14, 2006; June 20, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006
	Revised: April 24, 2014; June 20, 2019

Purpose:

The purpose of this policy is to establish a guideline for discharge planning.

Policy:

Discharge planning for all clients will begin upon admission and will developed from the goals and objectives outlined in the Master Treatment Plan.

Procedure:Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:
 - a. The individual's documented treatment plan goals and objectives have been substantially met.
 - b. The individual no longer meets qualifying criteria for this level of care
 - c. The individual and/or responsible caregivers choose not to engage in treatment or in following the program rules and regulations, despite multiple, documented attempts to address compliance issues.
 - d. A plan of action is in place and the individual is not making progress toward treatment goals and there is no expectation of progress at the designated level of care.
 - e. The individual is in need of an acute level of care.
 - f. The individual has become absent, and it is necessary to discharge due to the client's lack of motivation for treatment.
 - g. The individual has not contacted ARKANSAS CARES for over 90 days.
 - h. Referral to another agency is necessary for treatment.
 - i. The individual has moved out of the area.
 - j. The individual was treated at ARKANSAS CARES for evaluation and recommendations only.
2. Discharge will result from successful completion of the program based on individual treatment plans, as a clinical discharge for therapeutic reasons, or as a disciplinary measure as stated in the following criteria:
 - a. Successful completion
 - 1) Displays significant improvement toward meeting treatment plan goals.
 - 2) Demonstrated ability to function outside the therapeutic milieu.

- b. Clinical discharge
 - 1) A client may be discharged for their therapeutic benefit.
 - 2) Client may be discharged if documentation indicates a therapeutic plateau has been reached.
 - 3) Any client admitted and later found inappropriate for treatment at Arkansas CARES will be properly referred.
 - 4) Any client that demonstrates a potential risk to harm self or other in the therapeutic milieu will be referred to acute setting to be readmitted following stabilization of mood, thinking, or behavior.
 - c. Disciplinary discharge
 - 1) Client is non-compliant with program rules, regulations, and expectations, to include, threats of violence or actual bodily harm, disruptive behavior, sexual misconduct, loitering, sale, purchase or use of drugs or alcohol, continued unexcused absences from treatment.
- 3. To prepare for discharge, discharge planning will begin during the development of the Master Treatment Plan.
 - a. Discharge criteria will be identified and discussed with the client as indicated by client and staff signatures.
 - b. The discharge plan will include:
 - 1) Discharge goal and objectives
 - 2) Aftercare plan
 - 3) Readmission criteria
 - 4. Progress toward discharge goals will be documented in 90-day reviews.
 - 5. A Discharge Summary will be completed twenty-four (24) hours prior to the client being discharged from the facility. If the client leaves Against Medical Advice (AMA), the discharge summary will be completed within 24 hours after discharge.
 - 6. The client's Primary case manager/mental health paraprofessional is responsible for completing a Discharge ADAP Report and sending electronic notification of the discharge to the Treatment team, Billing Specialist, and Utilization Review within 48 hours of the discharge date. If a client changes care environments (e.g. outpatient to residential, or residential to evening outpatient), an ADAP Environmental Change notification will be sent to the Billing Specialist. .

Section 2: Continuum of Care

2.9 Administrative Discharge	Effective: January 1, 2007
	Reviewed: November 14, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006
	Revised: April 24, 2013; June 20, 2019

Purpose:

The purpose of this policy is to establish a guideline for administrative discharges.

Policy:

Arkansas CARES clients that are administratively discharged will be provided with written documentation as to the reason for the discharge.

Procedure:

1. An administrative discharge from the program will occur for the following reasons:
 - a. A plan of action is in place and the individual is not making progress toward treatment goals and there is no expectation of progress at the designated level of care
 - b. The individual is in need of acute care
 - c. The individual is non-compliant with program rules, regulations, and expectations, to include:
 - 1) threats of violence or actual bodily harm
 - 2) disruptive behavior
 - 3) sexual misconduct
 - 4) loitering
 - 5) sale, purchase and/or use of drugs, alcohol or tobacco
 - 6) continued unexcused absences from treatment
 - 7) the individual and/or responsible caregivers choose not to engage in treatment or in following the program rules and regulations, despite multiple, documented attempts to address compliance issues
2. In the case of an Administrative Discharge, clinical documentation will include:
 - a. Reason for discharge
 - b. Staff present at time of discharge
 - c. Actions taken by the program to remedy the situation and avoid discharge
 - d. Notification of representatives of outside agencies (DHS, Probation Officers, etc.) involved with client's treatment, and notification of any persons on the emergency notification list that the client wishes to contact to arrange for transportation
 - e. A signed statement that personal property and medications have been returned to the client upon discharge
 - f. Transportation arrangement assistance (such as use of telephone, directories, allowance to wait on campus for transportation, what mode of transportation was

ultimately used by client)

- g. A client facing administrative discharge will not be discharged while intoxicated (exceptions will be made when police have to be notified), medically, or mentally unstable, or into potentially dangerous situations such as natural weather events/ community disasters.

3. The individual will be provided with written documentation related to the administrative discharge to include:

- a. The reason(s) for discharge
- b. Notice of her right to request review of the decision by the Arkansas CARES Administrator or his or her designee
- c. A copy of the appeal procedures

Arkansas C.A.R.E.S

Administrative Discharge Form

As of April 2015, this form should be completed electronically via ADAP Discharge Form

Client Name: _____

Date of Discharge: _____

Reason for discharge: _____

You have a right to request a review of this decision to terminate your treatment.

Are you requesting a review by the Program Administrator? ☐ Yes ☐ No

Did you receive a copy of the appeal procedures? ☐ Yes ☐ No

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Client received copy of completed form. _____

Client Signature	Date
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Copy provided to Program Administrator (if applicable) ____ Yes ____ No

Copy placed in client file.

Section 2: Continuum of Care

2.9 Administrative Discharge Appeal Process	Effective: April 24, 2013
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Approved by: CEO Program Administrator	Reviewed: November 14, 2006
	Revised: November 14, 2006, June 20, 2019
	Revised: November 14, 2006, April 24, 2013; June 20, 2019

Purpose:

The purpose of this policy is to establish a guideline for appealing administrative discharges.

Policy:

Arkansas CARES clients that are administratively discharged will be allowed to appeal this decision to the Program Administrator.

Procedure:

Client will complete the form provided in the client handbook and mail to:

Arkansas CARES Program Administrator
P.O. Box 56050
Little Rock, AR. 72215

The Program Administrator will review the appeal and respond in writing within 14 business days.

Administrative Discharge Appeal Form

Client Name:	Date of Discharge:
Address:	Date Appeal Received:
Phone Number:	
Disposition of Appeal:	Reviewed By:
	Date Reviewed:
Reason for Discharge: _____ _____ _____ _____ _____	
Police Involvement ___ Yes ___ No Comment: _____ _____	
Was anyone harmed? ___ Yes ___ No Comment: _____ _____ _____	
State reason for appeal: _____ _____ _____ _____	
Administrator Signature _____	Date _____
Client Signature (if available) _____	Date _____

(Please type or print information legibly and attach additional sheets, if needed.)

Mail completed form to:

Arkansas CARES Program Administrator
P.O. Box 56050, Little Rock, AR 72215

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Section 2: Continuum of Care

2.10 Discharge Planning: Re-admission of Client After Prior Discharge	Effective: January 1, 2013
	Reviewed: June 20, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised:
	Revised: April 24, 2014; July 26, 2019

Purpose:

The Arkansas CARES Treatment Team believes each client who enters the 90-120 day treatment program is willing and ready to comply with the treatment team's expectations in the clinical, day treatment and residential treatment programs. When clients choose to leave the treatment program prior to program completion, the following procedures will apply.

Policy:

Should any client discharge prior to program completion, the client will not be considered for reapplication to the Arkansas CARES treatment program for **six (6) months** following the choice to leave. This includes client who have chosen to not comply with treatment team expectations and who are discharge from the program due to noncompliance with treatment team expectations.

Procedure:

1. Discharge from treatment program can occur in two ways: voluntary discharge or discharge for noncompliance with treatment policy and procedures.
2. If a client expresses, they do not desire to receive treatment at Arkansas CARES, they will notify their case manager who will coordinate the discharge from the treatment program. If the treatment team decides to discharge a client for noncompliance with program rules, the client will be informed by their case manager who will assist with establishing a smooth discharge transition.
3. The client's case manager will inform the client of this policy and procedure to restrict program re-entry for a minimum of six (6) months past the date of discharge.
4. If clients or their DHS caseworker requests the client be readmitted to the treatment program, the Admissions Coordinator for CARES will outline the Readmission Policy and offer to refer further requests for admission to the CARES Clinical Director.
5. Six (6) months following discharge, if the clients continues to meet admission criteria, the client can complete an admission telephone screening.

6. If beds are available at the time of the screening, the client will be readmitted to the treatment programs.
7. If a client chooses to leave the treatment programs during the second admission, she will be provided with a list of referrals for SWS treatment centers in Arkansas and may be considered not amenable for treatment at Arkansas CARES.

**UNITED METHODIST CHILDRENS HOME, INC.
CRITICAL INCIDENT REPORT**

Report filed by:
Date of incident:
Persons involved:

Date of report:
Time of incident:

I. Description of
incident:

Follow-
up:

II. Was anyone injured: _____ Yes _____ No
If yes, please complete "Critical Incident Addendum."

III. Was property _____ Yes _____ No
damaged?
If yes, please complete "Critical Incident Addendum."

IV. Last meal eaten prior to
incident:

V. Last medication taken prior to
incident:

Staff Signature _____

Date _____

**UNITED METHODIST CHILDRENS HOME, INC.
CRITICAL INCIDENT ADDENDUM**

- I. **Personal Injury:** List the person(s) injured, describe the injury and specify how the injury was treated.

Name	Type of injury	How injury was treated

- II. **Property damage:** List the property damaged and the owner.

Property damaged	Owner

- III. **Physical contact:** If the incident involved any negative physical contact (i.e. restraint) between Teaching-Parent(s) and youth, please describe:

a. What was the nature of the physical contact?

b. What less restrictive actions were tried first?

c. For what reason did the Teaching-Parent feel the action was required?

d. Other comments:

My signature below indicates that the preceding statements portray an accurate account of the incident.

Arkansas CARES Administrator

Date

[] I have read this report and AGREE with its accuracy

Arkansas CARES Client

[] I have read this report and DISAGREE with its accuracy

Arkansas CARES Client

Suggested changes:

Section 2: Continuum of Care

2.11 Reporting Critical Incidents	Effective: January 1, 2007
	Reviewed: November 26, 2006; June 20, 2019
Approved by: President/CEO; Program Administrator, Program Director, Residential Director, H.R Director; QAPI Committee, Governing Board	Revised: June 20, 2019

Purpose:

To define agency compliance with reporting critical incidents.

Policy:

A critical incident report is due anytime a client hurts themselves or others, a significant event occurs or places themselves or their placement in jeopardy.

Procedures:

1. Critical Incident Reports are to be typed or neatly hand printed, signed and turned in within 12 hours. These do not go in the client's file. The Program Director/Clinical Director will keep a Critical Incident Notebook in their office. The Methodist Children's Home Critical Incident Form will be the reporting tool, as required by licensing.
2. Staff will be trained to complete these forms correctly.
3. All critical incidents are reported to the Program Director/Clinical Director immediately; the document is then completed and forwarded to the Program Director/Clinical Director office.
4. In the event of a runaway of a DCFS client, staff shall strictly follow DHHS Reporting Policy in one hundred (100%) of the cases. The staff shall:
 - a. Notify law enforcement of the runaway, and the youth's home county or local DCFS office and, if applicable, the youth's parents or guardians. Staff shall also inform the above where the youth is believed to be, if known.
 - b. The Program Director/Clinical Director is contacted immediately following notification of law enforcement.
 - c. If the youth's DCFS worker or guardian cannot be reached, the staff will call the "on-call" number for that County.
 - d. A copy of the completed form will be faxed to the appropriate recipients by the Program Consultant and filed.

5. The following are some reasons a critical incident report should be initiated:
 - a. Missed medications or any discrepancy of medication.
 - b. Serious disturbance or destruction to property. This does not apply to routine threats made by clients in the course of their treatment.
 - c. A significant injury, or death or a person: injury that requires the attention of an Emergency Medical Technician (EMT), a paramedic, or physician.
 - d. Threatened or attempted suicide of a client.
 - e. The arrest or conviction of a client.
 - f. Any situation where the location of any client is unknown.
 - g. Maltreatment, abuse or any other client's rights violation.
 - h. Property destruction of any significant property of others.
 - i. Any communicable disease resulting in quarantine.
 - j. Any condition or event that prevents the delivery client services for more than two hours (e.g., interruption in telephone service or the inability to fully occupy a facility due to fire, flood or other disaster.)

Special Reporting

1. If the incident involves abuse, maltreatment, exploitation, or child maltreatment or severe maltreatment, the staff must also report the incident to the appropriate child abuse hotline immediately, and shall notify DCFS by phone or fax, on the next business day of all reports of suspected abuse or neglect involving clients referred by or in the custody of DCFS. Any staff that is uncertain if the incident falls within these categories must notify the Program Consultant for guidance. The hotline number must be posted in the home in a common area where youth have access to it; the hotline number is: 1-800-482-5964 or 6349.
2. If more than one staff person observes the incident, the program director or consultant may designate one person to make the report.
3. Only one initial report per incident is necessary. Reports should also be concise and "to the point." If more information is needed, the client advocate will contact the author of the report.

Updated Reports

Follow up or final reports should be submitted as soon as the additional information becomes available. The initial report should be resubmitted with the follow up or final report areas checked and dated in the appropriate space on the form. The current date should also precede new information in the text to

differentiate it from original information. Whenever a new form is used, the date of the original written report must be included on the form for cross-referencing.

Section 2: Continuum of Care

2.12 ADAP Critical Incidents	Effective: January 10, 2008
	Reviewed: June 20, 2019
Approved by: President/CEO; Program Administrator, Program Director, CARES Residential Director, H.R Director; QAPI Committee, Governing Board	Revised: June 20, 2019

Purpose:

To define agency compliance with reporting ADAP critical incidents.

Policy:

An ADAP critical incident report is due anytime a client hurts themselves or others, a significant event occurs or places themselves or their placement in jeopardy.

Procedures:

1. ADAP Critical Incident Reports are to be typed or neatly hand printed, signed and turned in within 12 hours. These do not go in the client's file. The Program Director/Clinical Director will keep a Critical Incident Notebook in their office. The ADAP Critical Incident Form will be the reporting tool, as required by licensing.
2. Within 24 hours, an ADAP staff member will be notified via telephone of the critical incident.
3. Within 72 hours, a written report of the critical incident will be provided to ADAP.
4. All critical incidents are reported to the Program Director/Clinical Director immediately; the document is then completed and forwarded to the Program Director/Clinical Director office.
5. The following are some reasons a critical incident report should be initiated:
 - i. Missed medications or any discrepancy of medication.
 - ii. Serious disturbance or destruction to property. This does not apply to routine threats made by clients in the course of their treatment.

- b. A significant injury, or death of a person: injury that requires the attention of an Emergency Medical Technician (EMT), a paramedic, or physician.
- c. Threatened or attempted suicide of a client.
- d. The arrest or conviction of a client.
- e. Any situation where the location of any client is unknown.
- f. Maltreatment, abuse or any other client's rights violation.
- g. Property destruction of any significant property of others.
- h. Any communicable disease resulting in quarantine.
- i. Any condition or event that prevents the delivery client services for more than two hours (e.g., interruption in telephone service or the inability to fully occupy a facility due to fire, flood or other disaster.)

Section 2: Continuum of Care

2.13 Pet Therapy Policy	Effective: January 1, 2007
	Reviewed: January 1, 2007
Approved by: CEO/President, Program Administrator, Program Director, HR Director, QAPI Committee	Revised: January 5, 2008
	Revised: April 24, 2013; June 20, 2019

Purpose:

To delineate policies and procedures for implementation of Pet Therapy Program.

Policy:

Pet Therapy may be incorporated into the activities schedule to improve emotional and behavioral functioning. The Pet Therapy Program shall be approved by the Governing Body, Medical Staff, Director and the Infection Control Officer. Only dogs shall be used in Pet Therapy.

Procedures:

1. Potential pet volunteers and their dogs shall be screened by a local animal protection society or veterinarian using the health and behavior tools listed in the attached forms, Dog Medical History and Behavioral Screening Exam).
 - a. The dog shall pass the behavioral and medical screen before participating in a Pet Therapy Program.
 - i. The Behavioral Screening Exam shall be performed semiannually and shall include:
 1. Assessment of the dog's response to a new environment,
 2. The approach of physical contact and interaction with a stranger,
 3. Response to an unexpected loud noise,
 4. Response to painful stimulation, and
 5. Reaction to an unexpected event. (See attached form.)
 - ii. The Dog Medical History Exam shall include:
 1. Proof of up-to-date immunizations (distemper, parainfluenza, hepatitis, parvovirus, and rabies),
 2. Fecal and nasal cultures every four (4) months,

3. Routine medication for the prevention of heartworms and a flea prevention routine (See attached form.)
 4. Animals culturing positive for Giardia, group A streptococcus, Shigella Salmonella and Camplobacter shall be excluded from the program until the animal is treated and one (1) negative culture is obtained.
 5. Reports of all organisms isolated shall be forwarded to the Infection Control Officer for review.
 - b. Records of the examinations shall be maintained by the Pet Therapy Program.
2. Volunteers shall attend the agency's volunteer orientation program and meet with designated administration and/or employee staff to assess appropriate days/times for pet therapy.
3. The dog shall be bathed at least weekly with a flea shampoo and receive anti-flea dip according to a veterinary's schedule. The dog shall be brushed and groomed before each visit.
4. While in the facility, the dog shall be on a leash and/or under the direct supervision of the handler at all times. The dog and pet volunteer shall be escorted through the facility. If an elevator must be used, only the escort, dog and handler shall be the occupants. The dog shall not traverse secluded or therapeutically contraindicated patient corridors.
5. Dogs on antibiotic therapy for an infection, with skin or ear infections, wearing a bandage, experiencing any gastrointestinal upset, or who are in "heat" shall be excluded from facility visits.
6. Animals shall be allowed only in designated areas. These areas include classrooms, offices, or group therapy rooms. Animals are never allowed into critical areas such as patient rooms.
7. Dogs shall be walked fifteen (15) minutes prior to admission to the designated pet therapy care area.
8. In case the dog has an accident, housekeeping will be called for clean up and proper infection control procedures will be followed.

9. The attending physician shall write an order in the medical record for the patient to participate in pet therapy. Parents shall sign a consent form for children to participate in pet therapy (see Admission Consent Form).
10. Universal hand-washing precautions will be followed after pet therapy.
11. Arkansas CARES patients with the following shall be excluded from pet visitation program:
 - a. Open sores or exposed areas of skin;
 - b. Aggressive behavior;
 - c. Neutropenia (WBC < 1000);
 - d. HIV-infection;
 - e. Immunoglobulin deficiencies;
 - f. An immunocompromised state (and not in protective isolation) or who have an immunocompromised roommate;
 - g. Patients whose roommate has an allergy to dogs;
 - h. Psychosis, hallucinations, or confusion or an altered perception of reality that is not amenable to rational explanations; and
 - i. Functional asplenia.
12. Animals shall not be allowed to play with children's toys.



United Methodist Children's Home Consent for Pet Therapy

I give consent to United Methodist Children's Home Arkansas CARES for

(Name of Patient)

to participate in the **pet therapy program** during the term of this residential treatment stay. I have been informed of the nature of this program and agree to let said youth participate as recommended by his/her treatment team.

Legal Guardian (print name)

Date

Legal Guardian (signature)

Date

Witness

Date

Section 2: Continuum of Care

2.14 Client or Child Illness Procedures	Effective: January 1, 2007
	Reviewed: November 26, 2006; June 20, 2019
Approved by: CEO/President, Program Administrator, Infection Control Officer	Revised: June 20, 2019

Purpose:

To define program procedures when C.A.R.E.S. clients or their children in care are ill or have reported not feeling well.

Policy:

The Behavioral Instructor on duty will observe clients and their children for signs of illness. The BI on duty will inquire about symptoms when a client reports that she or her child is feeling ill. Following procedure, it will be determined if the client should attend public school/preschool or remain in the home.

Procedures:

1. Upon learning that a client or her child is feeling ill, the BI on duty will assist the mother in checking her child or herself for fever. The BI will inquire if there have been bouts of diarrhea or vomiting and what other symptoms are being reported.
2. The BI will report the symptoms to the RN or LPN on duty, and the RN or LPN will triage the symptoms to determine if a face to face evaluation is necessary.
3. The RN or LPN will notify the Program Consultant and the Day Treatment BI when a client or her child is ill. Arrangements for daytime observation will be made at that time, if the client is to remain in the cottage.
4. If neither fever, diarrhea, nor vomiting is apparent, the mother will be required to attend Day Treatment School until the time of her appointment with C.A.R.E.S. nursing staff.
5. Day Treatment BI will call to make an appointment with the nursing staff.
6. If the client requests to immediately see a doctor or go to the hospital due to severe pain or discomfort, the on-call nurse & Program Consultant will be contacted for further instructions.

Section 2: Continuum of Care

2.15 Search Procedures	Effective: January 1, 2007
	Reviewed: November 26, 2006
Approved by: CEO/President, Program Administrator, Program Director, CARES Residential Director, Infection Control Officer	Revised: July 24, 2019

Purpose:

To define situations that require clothing & room searches and appropriate procedures.

Policy:

1. All clothing will be assessed for appropriateness at the time of admission. This is to be completed upon admission. Clients are not to take anything out of their bags or suitcases until assessment, searches & inventories have been completed.
2. The purpose of searches is to provide all clients, staff and visitors safety from the presence of any dangerous substance and/or objects. These may be: sharps, weapons, volatile or other potentially dangerous substances.
3. A client's clothing and their possessions may be searched at any time necessary to provide a safe environment for all clients. At all times the search of a client and his/her belongings will be conducted in the most humane, professional, and non-threatening manner so as to maintain the highest respect for the client's dignity and rights. In order to ensure adequate protection of the client and the therapeutic environment in the least intrusive manner possible, the procedures below will be followed at all times when conducting searches:

Procedures:

1. All clients' belongings shall be searched upon admission and all sharps and restricted items shall be removed.
2. All personal belongings will be /inventoried/searched during the admission process.

3. Staff members will avoid any physical contact/touching of the client during this procedure.
4. All clients' belongings inclusive of, but not limited to, purses, billfolds, makeup, luggage, backpacks, diaper bags, etc., will be checked thoroughly.
5. Contraband items should be disposed of as follows:
 - a. The staff will lock up any controlled substances until they can be identified and jointly disposed of in accordance with State Law. Keep documentation of complete description and amount.
 - b. The staff will consult with the Program Consultant and/or Director and policies for proper handling of hazardous contraband.

Room Searches

Room search shall be defined as a search of the entire room including all room furnishings, possessions, etc., of all occupants.

1. Room searches will be conducted when there is reason to believe that contraband is likely to be present thereby creating a potential risk for others.
2. Staff will contact the Program Consultant first. If the Consultant is not available, the Residential Director will be contacted and reasons will be given for the room search.
3. A staff member will remain with the client(s) while permission is obtained.
4. Room searches will be conducted in a manner that respects the client's property and assures as little disruption as possible to the belongings.
5. Room search procedures are as follows:
 - a. Clients are given the choice to be present during all searches of their room.
 - b. Room searches will include all of the following:
 - 1). Window ledges
 - 2). Lights
 - 3). Bulbs
 - 4). Fixtures
 - 5). Under mattresses
 - 6). Around bed frame and under bed
 - 7). In drawers and drawer/shelf edges
 - 8). Behind accessible wall fixtures

- 9). Night light receptacle (if used in room)
- 10). In and around all other furniture
- 11). All other personal items
- 12). Any contraband found will be disposed of or properly stored.

STANDARD SECURITY CHECKS

- 1. Packages:
 - a. The client opens the package in front of a staff person and removes all objects from the package for inspection by staff.
 - b. The staff member inspects the packaging and wrapping materials for contraband
- 2. Mail
 - a. The client opens the envelope in front of a staff person, removes the contents, and shakes out the envelope and the contents to demonstrate that no contraband is enclosed.
 - b. The client removes the canceled stamp from the envelope and gives it to the staff person for disposal. This is to prevent certain drugs and chemicals from being transported on stamps.
 - c. No packages or letters are allowed to be opened by the client unless the sender is on the client's approved visitation list.



Section 2: Continuum of Care

2.16: Personal Belongings and Unscheduled Discharge	Effective: January 1, 2007
	Reviewed: November 26, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: July 24, 2019

Purpose:

To define program procedures concerning client's personal belongings in the event of an unscheduled discharge.

Policy:

Individuals will have an opportunity to retrieve personal belongings after an unscheduled discharge. Unscheduled discharges include, but are not limited to, medical discharge, elopement, Administrative, etc.

Procedures:

1. During the admission process, the residential staff will inform the clients the policy of retrieving personal items in the event of an unscheduled discharge.
2. The clients have 48-hours to retrieve all inventoried personal belongings.
3. Assigned DHS case managers will be notified of the 48-hour time period for the clients with open DHS cases. Arrangements will be made to retrieve the personal items within the 48-hour time frame. If client does not have DHS/DCFS caseworker, the client's emergency contact will be notified of the 48-hour time period.
4. Personal belongs not retrieved will be donated to the AR CARES community store.

Section 2: Continuum of Care

2.17 Emergency Planning	Effective: January 1, 2007
	Reviewed: November 26, 2006; July 24, 2019
Approved by: CEO/President, Program Administrator, Governing Board, Emergency Preparedness Coordinator, QAPI Committee	Revised: July 25, 2019

Purpose:

This plan describes how AR CARES will respond to a disaster or emergency affecting the environment of care. This policy is intended to be flexible to the extent that it can be adapted in response to any internal emergency situation or external psychiatric emergency designated by administrative policy.

For purposes of placing authority and responsibility, the following persons and Committees have been appointed to perform the functions indicated:
Administrative responsibilities: The CEO shall have overall authority for the operation of the MCH facilities in the event of a disaster. In the absence of the CEO, the following chain of command will be used (listed in descending order of authority): COO, Program Directors, and Director of EOC. In the absence of the CEO, the Safety Officer will have ultimate authority in decisions affecting staff and patient safety, but will rely on the expertise of clinical staff in clinical matters.

Policy:

AR CARES has the following plan for emergency preparedness: A copy of this plan, checklists & report form should be kept in your Safety Manual. The drill form should also be kept in your EOM notebook.

Procedures:

1. AR CARES will conduct emergency preparedness drills at least twice a year (one every six months); however, AR CARES will attempt to do these quarterly. Drills will periodically be conducted at random.
2. After the drill, you are to fill out the emergency preparedness form and I-fax, fax or send with EOM. After each drill a copy is kept in the facilities EOM Notebook in addition to copies sent as designated above.
3. In the event of an emergency all staff and clients are to follow the directions of the most senior officer in the chain of command or the local

authorities, American Red Cross Chapter, or the Local Emergency Management Agency.

4. All facilities will ensure that their home and van are equipped with the necessary supplies in order to aid in protecting the occupants and in planning ahead. During a drill, you will want to instruct the clients to collect the necessary supplies and proceed in the exact manner they would if the emergency had been a real one.
5. Program Consultants or Supervisors/Leads are to make sure that all staff and clients are accounted for and will contact the Director immediately. In the event the Director cannot be reached, Supervisors should start with the CEO and continue trying to contact according to organization structure, until he or she has been successful (i.e., COO, Director for his/her Program, Director for other programs, Business Manager, Coordinator for Residential Services, etc.). Teaching-Parents should begin with their Consultant and continue as described until someone has been notified.
6. Administrative and support personnel will report to their immediate supervisors for instructions.
7. Reassignment of staff is under the direction of the President/CEO or COO.

DISASTER: An occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or human cause, including but not limited to, fire, flood, snow storm, ice, ice storm, windstorm, tornado, oil spill, water contamination requiring emergency action to avert danger or damage, utility failure, hazardous peacetime radiological incident, major transportation accident, hazardous material incident, epidemic, air contamination, blight, drought, infestation, explosion, or hostile military or paramilitary action, or similar occurrences resulting from terrorist activities, riots, or civil disorder.

Section 3: Client Assessments

3.1 Physical Health Assessment/Screening for CARES Children	Effective: January 1, 2007 Reviewed: November 14, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: September 2, 2008; April 25, 2013; June 20, 2019

Purpose:

The purpose of this policy is to establish a guideline for physical assessment for screening of a child.

Policy:

Health care needs of children admitted to Arkansas CARES are identified and service needs coordinated.

Procedure:

The Registered Nurses obtain a medical history for each child from the mother. And kept in the client's electronic medical record (CareLogic)

1. A copy of birth certificate should be on file. If child admits without a birth certificate – case managers should be notified. Birth certificate must be on file within 45 days of admission.
2. Immunization records are reviewed and updated as needed. Any immunizations that child is behind on should be addresses within 30 days.
3. For children 0-5, height and weight are assessed.
4. Children 1 month to 6 years are administered the Denver Developmental Screening Test II.
5. For children 5-12 years, school records are reviewed including results of vision and hearing screening.
6. Children are referred to their primary care physician for EPSDT within 30 days of admission. Completed EPSDT form should be on file within 45 days.
7. If needed, families are assisted in the identification of a primary care physician.

Section 3: Client Assessments

3.2 Physical Assessment/Screening for CARES Adults	Effective: January 1, 2007
	Reviewed: November 14, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; April 24, 2013; June 20, 2019

Purpose:

The purpose of this policy is to establish a guideline for initial assessment for adult.

Policy:

All day treatment clients who are pregnant and all adult residential clients will receive a health screening, to include a history and physical examination, within 7 days of admission.

Procedure:

1. The Registered Nurse is responsible for establishing the methodology used when obtaining health information from clients.
2. Arkansas CARES shall not deny treatment to any person based on his/her serotatus, HIV related condition or AIDS.
3. Health assessments/screenings are to be scheduled with seven working days of admission and include:
 - a. Completion of the Nursing Admission Assessment to develop the client's health history;
 - b. Screening tests as needed, such as pregnancy tests, the HIV antibody test, hemaglobin or TB skin test;
Physical examination- when health problems are identified in the Nursing Assessment, or reported by the client, physical examinations are scheduled at a local outpatient medical clinic of the client's choice.
4. Services
 - a. Maternal services available include prenatal care, family planning, and testing for sexually transmitted diseases.
 - b. Health services include referral for appropriate primary or specialty care. When outside referrals are made, the client is assisted in making the appointment and noted in the client's medical record.
5. Health care services are appropriately documented in the Electronic medical record (CareLogic) in the clients chart.

6. A Medical Information Sheet which documents receipt of health history and examination services and which summarizes each mother's significant health concerns is sent by the Registered Nurse to the client's primary therapist for purposes of establishing the comprehensive bio-psychosocial assessment via the electronic medical record (CareLogic). A copy is placed in the client's EMR.

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Section 3: Client Assessments

3.3 Biopsychosocial and Psychological Assessment for CARES Adults and Children	Effective: January 1, 2007
	Reviewed: November 14, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006;
	July 26, 2021

Purpose:

The purpose of this policy is to establish a guideline for initial Biopsychosocial Assessment for adults and children receiving treatment at Arkansas CARES.

Policy:

All adult clients in treatment at Arkansas CARES and all children referred for mental health treatment will receive a Biopsychosocial Assessment to include a psychiatric treatment history and development of both the Initial and Master Treatment Plan.

Procedure:

1. A Mental Health Professional (Therapist, Nurse, Physician) is responsible for completing the Biopsychosocial Assessment, completing the Initial and Master Treatment Plans, and providing the Provisional Diagnosis prior to the Psychiatric Evaluation. For adults, the Biopsychosocial Assessment and Initial Treatment Plan are completed within the first 24 hours of admission to Arkansas CARES. Children at Arkansas CARES should be assessed within 7 days of the referral by staff.
2. Both the Master Treatment Plan and the Biopsychosocial Assessment for adults and children recommend the mental health services to be provided for all CARES clients.
3. Mental Health Services
 - a. Mental health services available for adults is determined by the client's needs and typically include: individual therapy with a Mental Health Professional from 2-4 times per week; group therapy on a daily basis; and family therapy on a weekly basis.
 - b. Mental health services available for children typically include: individual therapy 1- 2 times weekly; group therapy 3-5 times weekly; and family therapy on a weekly basis.
 - c. A Psychological Screening Assessment to screen for cognitive, mental status exam and current achievement abilities. When necessary, additional intellectual and achievement testing can be completed to assist client in receiving treatment services after discharge from Arkansas CARES.

- d. Outside referrals are made when recommended by the CARES treatment team for mental health services such as Neuropsychological testing.

Section 3: Assessment Procedures

3.4 Assessment Procedures	Effective: January 1, 2007
	Reviewed: Annually
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; June 20, 2021

Purpose:

To establish guidelines for completing all necessary clinical assessments on clients referred and/or admitted to the Methodist Counseling Clinics under Methodist Behavioral Hospital & Methodist Children's Home.

Policy:

The goal of assessment is to determine the need for treatment, care and services; the type of treatment, care and services to be provided; and the need for any further assessments.

Procedure:

The assessment process is an interdisciplinary process, which is conducted by qualified staff throughout the client's contact with the facility. Assessment and the delivery of appropriate care depends on three processes:

1. Collecting data – Background information is collected during the intake/referral process. While any MCC Staff Member can take the referral and begin the intake process including obtaining demographic information —only the Program Director, the Medical Director or other qualified professional can analyze the collected data and decide whether outpatient treatment is appropriate. A Biopsychosocial assessment can be scheduled with a member of the professional staff by the person conducting the intake (refer to intake policies). ****Refer to Medicaid Policies for instructions on assessing youth and obtaining approval from Value Options for admittance.**
2. Analyzing data – Data are analyzed to provide information about the client(s) and to identify any need for additional data (i.e., previous treatment records, psychological and/or educational tests, court records, etc.).
3. Making care decisions – Care decisions are based on the information generated through the assessment and should be done as an interdisciplinary process. These decisions include what type and how much treatment is needed for each client. Recommendations for treatment may include, but are not limited to:
Individual Therapy
Family Therapy
Group Therapy
Marital Therapy
Day Treatment

Psychological Evaluation
Psychiatric Evaluation
Educational Evaluation
Medication Evaluation
Case Management/Paraprofessional services
Behavioral Health Care Coordination

Assessment begins at admission, is ongoing throughout the client's treatment, and ends at the point of the client's discharge from MCC. Clients are assessed at the following points:

1. Intake
2. Clinical or other crisis events
3. Treatment Meetings
4. Treatment Plan Reviews, and
5. Discharge

***These points will be elaborated on as to protocol and timelines in the appropriate policies.*

The source (e.g. guardian, patient, referral source) of the data provided will be indicated on the assessment appropriately.

The Admission Assessment is a process that consists of two parts.

Part 1: The Intake/Identifying Information Form:

The Intake/Identifying Information is entered into the POE in the Electronic Medical Record (Carelogic) The Intake/Identifying Information Form may be used to obtain this information prior to entering it into the EMR. The POE and the form are used to gather information to assist the mental health professional to determine the level of care needed for a client and the appropriateness of outpatient treatment based on qualifying criteria. This information can be gathered by any MCC Staff Person but must be reviewed by a licensed mental health professional. The intent of the intake/identifying information form or POE module of the EMR is to gather information regarding the following indicators:

1. Date of referral to agency
2. Demographical information regarding the client and/or guardian, emergency contact information, referral source, insurance information, custody information
3. School location, grade level and disability status if applicable
4. DYS/Other Legal Involvement
5. DCFS Involvement including county and case worker contact information
6. Primary Care Physician

Part 2: The Biopsychosocial Assessment

The Biopsychosocial Assessment is used to gather information to determine the level of care needed for a client and the appropriateness of outpatient treatment based on qualifying criteria. The Biopsychosocial is completed by the primary therapist or other mental health professional. The biopsychosocial should be completed within the initial assessment meeting; however, it may take two or even three meetings to complete the form in its entirety. The complete biopsychosocial is completed within 72 hours (3 business days) of admission. For client's previously admitted to MCC, MBH or MCH within 30 days, the biopsychosocial document within the EMR (Carelogic) may be copied and an updated summary added to the previous assessment. The summary completed will summarize pertinent background information and adding any additional information relevant to the case.

The following areas are assessed:

1. Presenting symptoms and history of symptoms, including mental, emotional, behavioral, and substance use problems; their co-occurrence; and treatment (including treatment outcomes),
2. Reason for referral/admission as stated by client and/or other significantly involved with the client; chief complaint,
3. Type of care, treatment, and services sought by guardian,
4. Type of care, treatment, and services sought by client,
5. Risk factors assessment,
6. History of physical and sexual abuse/neglect, including if the abuse has been reported to the appropriate authorities,
7. Environment and Living Situation including background history and effects on both family and client, atmosphere, financial situation,
8. Behavioral management assessment (parenting/discipline style),
9. Employment status,
10. Religion and spiritual orientation, including any ethnic/cultural, and gender issues or concerns,
11. Community Resources,
12. Leisure/Recreation Interests,
13. Legal status and assessment,
14. Educational status and educational and vocational screening, referred to education department for further assessment (if applicable),
15. Stressful events and family history,
16. Childhood history (including developmental history and milestones),
17. Background medical information/history including allergies, non-psychiatric hospitalizations and surgeries, trauma history, medical conditions, gynecological history, status of immunizations, last physical exam,
 - 17a. If current and/or chronic medical/health care condition(s) exist, further assessment may occur (see behavioral health care coordination policy for details)
18. Current and past medications,
19. Treatment History

20. Response to treatment,
21. Psychological/Psychoeducational Testing/Evaluation,
22. Family psychiatric history,
23. Substance abuse assessment; family history of substance use,
24. Mental Status Examination
25. Pain assessment
26. Assessment summary of conclusions and recommendations,
27. Criteria for treatment,
28. Expected disposition, including treatment modalities and recommended level of care for treatment,
29. Identification of family/significant others to be involved in treatment, and
30. Tentative discharge planning.

If parental rights have been terminated and/or guardianship transferred, copies of legal documents must accompany client at assessment.

If a client is not appropriate for outpatient treatment, a referral will be made to another suitable facility and the referral will be documented. (A list of referral sources will be provided). All referrals and documentation will be kept for a period of at least one (1) one-year, and then purged at the end of the year. Appropriate care and clinical information is exchanged when clients are admitted, referred, transferred or discharged to receive further care or services. Purged documentation is kept in storage boxes marked "Methodist Counseling Clinic Documentation", and the appropriate year is marked on the box. The Documentation boxes are kept in a locked area for five (5) years, at which time they are completely destroyed (i.e., shredded, burned, etc.).

Additional Assessments:

Psychiatric Evaluation:

A client may be referred for a psychiatric evaluation following the completion of the initial assessment (biopsychosocial) if the following clinical criteria are met:

For clients under 18 years old:

- 1) currently have or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-V, OTHER THAN "V" codes, substance use disorders or developmental disorders (including mental retardation or intellectual disabilities) which are excluded unless they co-occur with another Axis I diagnosis,
- 2) This disorder resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities,
- 3) Is currently taking one or more psychotropic medication.

For clients 18 years old and older:

- 1) currently have or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic

- criteria specified within the DSM-V, OTHER THAN "V" codes, substance use disorders or developmental disorders (including mental retardation or intellectual disabilities) which are excluded unless they co-occur with another Axis I diagnosis,
- 2) This disorder resulted in functional impairment, which substantially interferes with or limits the client's role or functioning in family, school, or occupation, or community activities,
 - 3) Is currently taking one or more psychotropic medication.

The psychiatric evaluation is done for the purpose of determining the client's diagnosis and treatment and, therefore, it must contain the necessary information to justify the diagnosis and planned treatment. The psychiatric evaluation includes, but is not limited to:

1. Mental status examination/functioning,
2. Onset of illness and circumstances leading to admission (Relevant life circumstances and psychological factors).
3. Symptoms and functional impairments
4. History of present illnesses
5. Attitude and behavior of client,
6. Past psychiatric history
7. Medical history including habits and allergies (and examination as indicated),
 - a. If current and/or chronic medical/health care condition(s) exist, further assessment may occur (see behavioral health care coordination policy for details)
8. Social history,
9. Family history,
10. Treatment History
11. Physical Assessment
12. Assessment identifying problem areas,
13. A substantiated diagnosis.

It is extremely important that Medication Education is provided by the physician or nurse concerning the medication the client is taking. Follow-up medication maintenance appointments will be scheduled by the client's physician as needed. The treating MCC physician will enter a patient's medications into the electronic medical record (EMR – Carelogic) at the time of each evaluation or follow-up medication management appointment. Carelogic interfaces with Dr. First for eRx's. Medication information that the MCC/MCH physician is responsible for entering into the EMR at the time of the psychiatric evaluation is the type and dosage of medication prescribed.

Physical Examination:

Methodist Counseling Clinic provides routine medical services for monitoring and safety methods only. The Agency does not provide direct physical health services. Physical health services will be the primary responsibility of the client or the client's legal guardian. During the psychiatric evaluation, the MCC/MCH Physician will review the

biopsychosocial assessment which includes a medical history including significant, known past procedures, past and current diagnoses or problems, and past and currently used medications. Should a relevant medical diagnosis exist, a more in-depth assessment, to include gathering additional history and performing a direct physical examination if indicated, of the individual's health status will occur and may include the following:

- 1) Respiratory system
- 2) Cardiovascular system
- 3) Gastrointestinal system
- 4) Neurological systems
- 5) Genitourinary system
- 6) Integumentary and Muscular systems
- 7) Vital Signs
- 8) Other (Endocrine, Hematologic, etc.)

If the MCC physician determines as a result of this assessment that more in-depth medical follow-up is needed, the client will be referred to their Primary Care Physician or designated healthcare provider for ongoing treatment and monitoring as well as referred for care coordination through MCC (see behavioral health care coordination policy for additional details). While under the care of MCC, requests for those medical records will be made by MCC for maintenance in the client's clinical record.

If the client is in DHS custody, the Family Social Worker **MUST** bring the client's medical passport and **Medical Passport Receipt Form** must be filled out..

Additionally, should the MCC/MCH physician determine the need for lab work, he/she will write a prescription for this service and give that directly to the client or the client's legal guardian to follow-up with their Primary Care Physician or designated health care provider. Included in the prescription will be the contact and fax number for the results to be sent and placed in the client's clinical record for review by the MCC/MCH physician.

****Note: After admission assessment, the MCC/MCH Physician may identify client needs for physical/medical services. The physician or his/her designee will share this information with the client or the client's legal guardian. When the physician identifies needs for physical services, the parent/legal guardian/custodian may choose to obtain the needed care from their family physician or other practitioner.**

Psychological Testing:

If needed, any psychological screening or testing for client may be part of the admission assessment process or may be ordered by the treating physician at any time during the treatment process, completed by a Psychologist or a Psychological Examiner, and reviewed and signed by a Psychologist. The completed report should be in the client's electronic medical record (EMR –Carelogic) within 2 weeks of completion of the testing.

Additional psychological or neuropsychological testing will be done, if indicated and ordered by the Physician. More in-depth psychological or neuropsychological testing may be needed to assist in more definitive diagnosis, obtain functional assessment information, or/or to assess for potential neuropsychological deficits.

Individuals with Developmental Disabilities:

Individuals with Developmental Disabilities are identified as follows:

Disabilities diagnosed on the basis of three criteria:

1. Intellectual functioning level (IQ) below 75
2. Significant limitations in two or more adaptive skills areas, including:
 - a. Communication
 - b. Self-care
 - c. Home living
 - d. Social skills
 - e. Leisure
 - f. Health and safety
 - g. Self-direction
 - h. Functional academics (reading, writing, basic math)
 - i. Community use
 - j. Work
3. Presence of the condition since childhood

Individuals with Developmental Disabilities will receive the comprehensive intake assessments indicated above. Psychological testing will be ordered as needed for evaluation of cognitive functioning. Persons with Developmental Disabilities are reassessed annually for social, emotional, behavioral, educational, vocational, and cognitive functioning; recreational needs; and, when indicated, legal needs. At the minimum, they will receive a physical examination annually.

Individuals with developmental disabilities, entry to the program and provision of specific services are determined by the individual's needs and preferences. They and their families or advocates have the opportunity to participate in the planning process by expressing their opinions, preferences, questions, concerns, desires, and expectations for care, treatment, and services. The clinic makes every effort to accommodate the needs and preferences of the person with developmental disabilities and his or her family or advocates. The plan of care for individuals with developmental disabilities is reviewed when introducing protective devices and when major changes occur in presenting conditions or disabilities. The plan is revised as needed.

When individuals with developmental disabilities reach majority or emancipation, the need for continued care, treatment, and services and their civil and legal rights are re-evaluated.

For nonverbal individuals, assessment and treatment will be modified as necessary. If needed, a contract with an outside agency specializing in nonverbal communication will

be obtained.

Reassessment:

Clients may be reassessed at any time, as needed, for many reasons, including but not limited to:

1. To evaluate his or her response to care, treatment, or services.
2. To respond to a significant change in status and/or diagnosis or condition.
3. To satisfy legal or regulatory requirements.
4. To meet time intervals as specified above and/or as determined by the course of the care, treatment, and services for the patient.

During the Admission Assessment process, the client or client's guardian will complete and sign the following:

1. Outpatient Authorization and Consent for Treatment form,
2. Outpatient Rights and Responsibilities form, and
3. Release of Information form for the primary care physician to obtain referral for services and each agency and/or individual that the client is currently involved with or has received prior treatment.

Section 3: Assessment Procedures

3.4 Assessment Procedures	Effective: January 1, 2007
	Reviewed: Annually
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; June 20, 2019

Purpose:

To establish guidelines for completing all necessary clinical assessments on clients referred and/or admitted to the Methodist Counseling Clinics under Methodist Behavioral Hospital & Methodist Children's Home.

Policy:

The goal of assessment is to determine the need for treatment, care and services; the type of treatment, care and services to be provided; and the need for any further assessments.

Procedure:

The assessment process is an interdisciplinary process, which is conducted by qualified staff throughout the client's contact with the facility. Assessment and the delivery of appropriate care depends on three processes:

1. Collecting data – Background information is collected during the intake/referral process. While any MCC Staff Member can take the referral and begin the intake process including obtaining demographic information —only the Program Director, the Medical Director or other qualified professional can analyze the collected data and decide whether outpatient treatment is appropriate. A Biopsychosocial assessment can be scheduled with a member of the professional staff by the person conducting the intake (refer to intake policies). ****Refer to Medicaid Policies for instructions on assessing youth and obtaining approval from Value Options for admittance.**
2. Analyzing data – Data are analyzed to provide information about the client(s) and to identify any need for additional data (i.e., previous treatment records, psychological and/or educational tests, court records, etc.).
3. Making care decisions – Care decisions are based on the information generated through the assessment and should be done as an interdisciplinary process. These decisions include what type and how much treatment is needed for each client. Recommendations for treatment may include, but are not limited to:
Individual Therapy
Family Therapy
Group Therapy
Marital Therapy
Day Treatment

Psychological Evaluation
Psychiatric Evaluation
Educational Evaluation
Medication Evaluation
Case Management/Paraprofessional services
Behavioral Health Care Coordination

Assessment begins at admission, is ongoing throughout the client's treatment, and ends at the point of the client's discharge from MCC. Clients are assessed at the following points:

1. Intake
2. Clinical or other crisis events
3. Treatment Meetings
4. Treatment Plan Reviews, and
5. Discharge

***These points will be elaborated on as to protocol and timelines in the appropriate policies.*

The source (e.g. guardian, patient, referral source) of the data provided will be indicated on the assessment appropriately.

The Admission Assessment is a process that consists of two parts.

Part 1: The Intake/Identifying Information Form:

The Intake/Identifying Information is entered into the POE in the Electronic Medical Record (Carelogic) The Intake/Identifying Information Form may be used to obtain this information prior to entering it into the EMR. The POE and the form are used to gather information to assist the mental health professional to determine the level of care needed for a client and the appropriateness of outpatient treatment based on qualifying criteria. This information can be gathered by any MCC Staff Person but must be reviewed by a licensed mental health professional. The intent of the intake/identifying information form or POE module of the EMR is to gather information regarding the following indicators:

1. Date of referral to agency
2. Demographical information regarding the client and/or guardian, emergency contact information, referral source, insurance information, custody information
3. School location, grade level and disability status if applicable
4. DYS/Other Legal Involvement
5. DCFS Involvement including county and case worker contact information
6. Primary Care Physician

Part 2: The Biopsychosocial Assessment

The Biopsychosocial Assessment is used to gather information to determine the level of care needed for a client and the appropriateness of outpatient treatment based on qualifying criteria. The Biopsychosocial is completed by the primary therapist or other mental health professional. The biopsychosocial should be completed within the initial assessment meeting; however, it may take two or even three meetings to complete the form in its entirety. The complete biopsychosocial is completed within 72 hours (3 business days) of admission. For client's previously admitted to MCC, MBH or MCH within 30 days, the biopsychosocial document within the EMR (Carelogic) may be copied and an updated summary added to the previous assessment. The summary completed will summarize pertinent background information and adding any additional information relevant to the case.

The following areas are assessed:

1. Presenting symptoms and history of symptoms, including mental, emotional, behavioral, and substance use problems; their co-occurrence; and treatment (including treatment outcomes),
2. Reason for referral/admission as stated by client and/or other significantly involved with the client; chief complaint,
3. Type of care, treatment, and services sought by guardian,
4. Type of care, treatment, and services sought by client,
5. Risk factors assessment,
6. History of physical and sexual abuse/neglect, including if the abuse has been reported to the appropriate authorities,
7. Environment and Living Situation including background history and effects on both family and client, atmosphere, financial situation,
8. Behavioral management assessment (parenting/discipline style),
9. Employment status,
10. Religion and spiritual orientation, including any ethnic/cultural, and gender issues or concerns,
11. Community Resources,
12. Leisure/Recreation Interests,
13. Legal status and assessment,
14. Educational status and educational and vocational screening, referred to education department for further assessment (if applicable),
15. Stressful events and family history,
16. Childhood history (including developmental history and milestones),
17. Background medical information/history including allergies, non-psychiatric hospitalizations and surgeries, trauma history, medical conditions, gynecological history, status of immunizations, last physical exam,
 - 17a. If current and/or chronic medical/health care condition(s) exist, further assessment may occur (see behavioral health care coordination policy for details)
18. Current and past medications,
19. Treatment History

20. Response to treatment,
21. Psychological/Psychoeducational Testing/Evaluation,
22. Family psychiatric history,
23. Substance abuse assessment; family history of substance use,
24. Mental Status Examination
25. Pain assessment
26. Assessment summary of conclusions and recommendations,
27. Criteria for treatment,
28. Expected disposition, including treatment modalities and recommended level of care for treatment,
29. Identification of family/significant others to be involved in treatment, and
30. Tentative discharge planning.

If parental rights have been terminated and/or guardianship transferred, copies of legal documents must accompany client at assessment.

If a client is not appropriate for outpatient treatment, a referral will be made to another suitable facility and the referral will be documented. (A list of referral sources will be provided). All referrals and documentation will be kept for a period of at least one (1) one-year, and then purged at the end of the year. Appropriate care and clinical information is exchanged when clients are admitted, referred, transferred or discharged to receive further care or services. Purged documentation is kept in storage boxes marked "Methodist Counseling Clinic Documentation", and the appropriate year is marked on the box. The Documentation boxes are kept in a locked area for five (5) years, at which time they are completely destroyed (i.e., shredded, burned, etc.).

Additional Assessments:

Psychiatric Evaluation:

A client may be referred for a psychiatric evaluation following the completion of the initial assessment (biopsychosocial) if the following clinical criteria are met:

For clients under 18 years old:

- 1) currently have or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-V, OTHER THAN "V" codes, substance use disorders or developmental disorders (including mental retardation or intellectual disabilities) which are excluded unless they co-occur with another Axis I diagnosis,
- 2) This disorder resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities,
- 3) Is currently taking one or more psychotropic medication.

For clients 18 years old and older:

- 1) currently have or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic

- criteria specified within the DSM-V, OTHER THAN "V" codes, substance use disorders or developmental disorders (including mental retardation or intellectual disabilities) which are excluded unless they co-occur with another Axis I diagnosis,
- 2) This disorder resulted in functional impairment, which substantially interferes with or limits the client's role or functioning in family, school, or occupation, or community activities,
 - 3) Is currently taking one or more psychotropic medication.

The psychiatric evaluation is done for the purpose of determining the client's diagnosis and treatment and, therefore, it must contain the necessary information to justify the diagnosis and planned treatment. The psychiatric evaluation includes, but is not limited to:

1. Mental status examination/functioning,
2. Onset of illness and circumstances leading to admission (Relevant life circumstances and psychological factors).
3. Symptoms and functional impairments
4. History of present illnesses
5. Attitude and behavior of client,
6. Past psychiatric history
7. Medical history including habits and allergies (and examination as indicated),
 - a. If current and/or chronic medical/health care condition(s) exist, further assessment may occur (see behavioral health care coordination policy for details)
8. Social history,
9. Family history,
10. Treatment History
11. Physical Assessment
12. Assessment identifying problem areas,
13. A substantiated diagnosis.

It is extremely important that Medication Education is provided by the physician or nurse concerning the medication the client is taking. Follow-up medication maintenance appointments will be scheduled by the client's physician as needed. The treating MCC physician will enter a patient's medications into the electronic medical record (EMR – Carelogic) at the time of each evaluation or follow-up medication management appointment. Carelogic interfaces with Dr. First for eRx's. Medication information that the MCC/MCH physician is responsible for entering into the EMR at the time of the psychiatric evaluation is the type and dosage of medication prescribed.

Physical Examination:

Methodist Counseling Clinic provides routine medical services for monitoring and safety methods only. The Agency does not provide direct physical health services. Physical health services will be the primary responsibility of the client or the client's legal guardian. During the psychiatric evaluation, the MCC/MCH Physician will review the

biopsychosocial assessment which includes a medical history including significant, known past procedures, past and current diagnoses or problems, and past and currently used medications. Should a relevant medical diagnosis exist, a more in-depth assessment, to include gathering additional history and performing a direct physical examination if indicated, of the individual's health status will occur and may include the following:

- 1) Respiratory system
- 2) Cardiovascular system
- 3) Gastrointestinal system
- 4) Neurological systems
- 5) Genitourinary system
- 6) Integumentary and Muscular systems
- 7) Vital Signs
- 8) Other (Endocrine, Hematologic, etc.)

If the MCC physician determines as a result of this assessment that more in-depth medical follow-up is needed, the client will be referred to their Primary Care Physician or designated healthcare provider for ongoing treatment and monitoring as well as referred for care coordination through MCC (see behavioral health care coordination policy for additional details). While under the care of MCC, requests for those medical records will be made by MCC for maintenance in the client's clinical record.

If the client is in DHS custody, the Family Social Worker **MUST** bring the client's medical passport and **Medical Passport Receipt Form** must be filled out..

Additionally, should the MCC/MCH physician determine the need for lab work, he/she will write a prescription for this service and give that directly to the client or the client's legal guardian to follow-up with their Primary Care Physician or designated health care provider. Included in the prescription will be the contact and fax number for the results to be sent and placed in the client's clinical record for review by the MCC/MCH physician.

****Note: After admission assessment, the MCC/MCH Physician may identify client needs for physical/medical services. The physician or his/her designee will share this information with the client or the client's legal guardian. When the physician identifies needs for physical services, the parent/legal guardian/custodian may choose to obtain the needed care from their family physician or other practitioner.**

Psychological Testing:

If needed, any psychological screening or testing for client may be part of the admission assessment process or may be ordered by the treating physician at any time during the treatment process, completed by a Psychologist or a Psychological Examiner, and reviewed and signed by a Psychologist. The completed report should be in the client's electronic medical record (EMR –Carelogic) within 2 weeks of completion of the testing.

Additional psychological or neuropsychological testing will be done, if indicated and ordered by the Physician. More in-depth psychological or neuropsychological testing may be needed to assist in more definitive diagnosis, obtain functional assessment information, or/or to assess for potential neuropsychological deficits.

Individuals with Developmental Disabilities:

Individuals with Developmental Disabilities are identified as follows:
Disabilities diagnosed on the basis of three criteria:

1. Intellectual functioning level (IQ) below 75
2. Significant limitations in two or more adaptive skills areas, including:
 - a. Communication
 - b. Self-care
 - c. Home living
 - d. Social skills
 - e. Leisure
 - f. Health and safety
 - g. Self-direction
 - h. Functional academics (reading, writing, basic math)
 - i. Community use
 - j. Work
3. Presence of the condition since childhood

Individuals with Developmental Disabilities will receive the comprehensive intake assessments indicated above. Psychological testing will be ordered as needed for evaluation of cognitive functioning. Persons with Developmental Disabilities are reassessed annually for social, emotional, behavioral, educational, vocational, and cognitive functioning; recreational needs; and, when indicated, legal needs. At the minimum, they will receive a physical examination annually.

Individuals with developmental disabilities, entry to the program and provision of specific services are determined by the individual's needs and preferences. They and their families or advocates have the opportunity to participate in the planning process by expressing their opinions, preferences, questions, concerns, desires, and expectations for care, treatment, and services. The clinic makes every effort to accommodate the needs and preferences of the person with developmental disabilities and his or her family or advocates. The plan of care for individuals with developmental disabilities is reviewed when introducing protective devices and when major changes occur in presenting conditions or disabilities. The plan is revised as needed.

When individuals with developmental disabilities reach majority or emancipation, the need for continued care, treatment, and services and their civil and legal rights are re-evaluated.

For nonverbal individuals, assessment and treatment will be modified as necessary. If needed, a contract with an outside agency specializing in nonverbal communication will

be obtained.

Reassessment:

Clients may be reassessed at any time, as needed, for many reasons, including but not limited to:

1. To evaluate his or her response to care, treatment, or services.
2. To respond to a significant change in status and/or diagnosis or condition.
3. To satisfy legal or regulatory requirements.
4. To meet time intervals as specified above and/or as determined by the course of the care, treatment, and services for the patient.

During the Admission Assessment process, the client or client's guardian will complete and sign the following:

1. Outpatient Authorization and Consent for Treatment form,
2. Outpatient Rights and Responsibilities form, and
3. Release of Information form for the primary care physician to obtain referral for services and each agency and/or individual that the client is currently involved with or has received prior treatment.

Section 4: Client Care

4.1 Admission Procedures for Children and Adults	Effective: January 1, 2007
	Reviewed: November 14, 2007
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2007; June 20, 2019

Purpose:

To establish guidelines for completing all necessary clinical assessments on clients referred and/or admitted to Arkansas CARES Outpatient Clinic and Specialized Women Services Dual Diagnosis Residential Treatment Center

Policy:

The goal of assessment is to determine the need for treatment, care and services; the type of treatment, care and services to be provided; and the need for any further assessments.

Procedure:

The goal of assessment is to determine the appropriate care of clients through continuous assessment of each individual's needs. The assessment process should be an interdisciplinary process, which is conducted by qualified staff throughout the client's contact with the facility. Assessment and the delivery of appropriate care depend on three processes:

1. **Collecting data**—This is done during the intake/referral process. While any ARKANSAS CARES Staff Member can take the referral and begin the intake process—only the Program Director, the Medical Director or other qualified professional can analyze the collected data and decide whether Arkansas CARES outpatient treatment is appropriate. A Bio-Psychosocial assessment can be scheduled with a member of the professional staff by the person conducting the intake.
2. **Analyzing data** – Data are analyzed to provide information about the client(s) and to identify any need for additional data (i.e., previous treatment records, psychological and/or educational tests, court records, etc.).
3. **Making care decisions** – Care decisions are based on the information generated through the assessment and should be done as an interdisciplinary process. These decisions include what type and how much treatment is needed for each client. Recommendations for treatment may include, but are not limited to:
 - a. Behavioral/Mental Health and Substance Abuse Services:

- Individual Therapy
- Family Therapy
- Group Therapy
- Marital Therapy
- Day Treatment
- Psychological Evaluation
- Psychiatric Evaluation
- Vocational/Educational Evaluation
- Medication Evaluation
- Case Management/ Qualified Behavioral Health Professional services

b. Behavioral Health Coordination

4. **Ongoing Assessment of Needs:** Assessment begins at intake, is ongoing throughout the client's treatment, and ends at the point of the client's discharge from Arkansas CARES. Clients are assessed at the following points:
- a. Intake
 - b. Clinical or other crisis events
 - c. Treatment Team Meetings
 - d. Treatment Plan Reviews, and
 - e. Discharge

***These points will be elaborated on as to protocol and timelines in the appropriate policies.*

The source (e.g. guardian, patient, referral source) of the data provided will be indicated on the assessment appropriately.

Intake information completed by the mother for her program entry and entry into the program for her child(ren) will be completed with the Intake Coordinator at admission. All sections should be completed.

****If parental rights have been terminated and/or guardianship transferred, copies of legal documents must accompany client at assessment.**

During the Admission Assessment process, the client and/or client's guardian will complete and sign the following:

1. Outpatient Authorization and Consent for Treatment form,
2. Outpatient Rights and Responsibilities form, and
3. Release of Information form for the primary care physician to obtain referral for services and each agency and/or individual that the client is currently involved with or has received prior treatment.

The client and/or client's guardian should have all past treatment records and educational records for her school aged children entering Arkansas CARES treatment

and they should be faxed at the time of the assessment or bring them on the scheduled appointment day. If there is a need for viewing records that are not brought, a Release of Information Form needs to be signed by the client and or guardian releasing that information to Arkansas CARES.

The completed Bio-psychosocial, as well as all other documents (intake, tracking, consents, etc.) are completed in the electronic medical record (CareLogic) in the client's chart.

The following items dictates the Admission Assessment process that consists of three parts:

Part 1: The Intake/Referral/Identifying Information Form:

The Intake/Identifying Information is entered into the POE in the Electronic Medical Record (Carelogic) The Intake/Identifying Information Form may be used to obtain this information prior to entering it into the EMR. The POE and the form are used to information to determine the level of care needed for a client and the appropriateness of Arkansas CARES outpatient treatment based on qualifying criteria. This information can be gathered by any MCC Staff Person but must be reviewed by a licensed mental health professional. The intent of the intake/identifying information form or POE module of the EMR is to gather information regarding the following indicators:

1. Date of referral to agency
2. Demographical information regarding the client and/or guardian, emergency contact information, referral source, insurance information, custody information
3. Reasons for referral as stated by client and/or guardian
4. History of emotional, physical, and sexual abuse;
5. Substance Abuse history
6. DYS/Other Legal Involvement
7. DCFS Involvement including county and case worker contact information
8. Primary Care Physician

This information can be gathered by any ARKANSAS CARES Staff Person but must be reviewed by a licensed mental health professional. If a client meets the treatment criteria, the staff member will then set an appointment for the client with a licensed mental health professional for assessment.

If a client is not appropriate for Arkansas CARES outpatient treatment, a referral will be made to another suitable facility and the referral will be documented. (A list of referral sources will be provided). All referrals and documentation will be kept for a period of at least one (1) one-year, and then purged at the end of the year. Appropriate care and clinical information is exchanged when clients are admitted, referred, transferred or discharged to receive further care or services. Purged documentation is kept in storage boxes marked "Methodist Counseling Clinic Documentation", and the appropriate year is marked on the box. The Documentation boxes are kept in a locked area for five (5) years, at which time they are completely destroyed (i.e., shredded, burned, etc.).

Part 2: The Biopsychosocial Assessment/ Substance Abuse Assessment:

As part of the Arkansas CARES admission process, the Biopsychosocial Assessment is used to gather information to determine the level of care needed for a client and the appropriateness of outpatient treatment based on qualifying criteria. The Biopsychosocial is completed by the primary therapist or other mental health professional. The biopsychosocial should be completed within the initial assessment meeting for client's previously admitted to MCC, MBH or MCH within 30 days, the biopsychosocial document within the EMR (Carelogic) may be copied and an updated summary added to the previous assessment. The summary completed will summarize pertinent background information and adding any additional information relevant to the case.

The following areas are assessed:

1. Presenting symptoms and history of symptoms, including mental, emotional, behavioral, and substance use problems; their co-occurrence; and treatment (including treatment outcomes),
2. Reason for referral/admission as stated by client and/or other significantly involved with the client; chief complaint,
3. Type of care, treatment, and services sought by guardian,
4. Type of care, treatment, and services sought by client,
5. Risk factors assessment,
6. History of substance abuse; physical and sexual abuse/neglect, including if the abuse has been reported to the appropriate authorities,
7. Environment and Living Situation including background history and effects on both family and client, atmosphere, financial situation,
8. Behavioral management assessment (parenting/discipline style),
9. Employment status,
10. Religion and spiritual orientation, including any ethnic/cultural, and gender issues or concerns,
11. Community Resources,
12. Leisure/Recreation Interests,
13. Legal status and assessment,
14. Educational status and educational and vocational screening, referred to education department for further assessment (if applicable), Social/Peer Relations
15. Stressful events and family history,
16. Developmental history and milestones),
17. Background medical information/history including nutritional screening, allergies, non-psychiatric hospitalizations and surgeries, trauma history, medical conditions, gynecological history, last physical exam,
 - 17a. If current and/or chronic medical/health care condition(s) exist, further assessment may occur (see behavioral health care coordination policy for details)
18. Pain Assessment;
19. Suicide Risk Assessment
20. Treatment History (Psychiatric/Mental, Substance Abuse Treatment)
21. Response to treatment,

22. Psychological/Psychoeducational Testing/Evaluation,
23. Family psychiatric history,
24. Substance abuse assessment; family history of substance use,
25. Mental Status Examination
26. Treatment Diagnosis
27. Assessment summary of conclusions and recommendations (Prognosis, Summary, Criteria for Treatment, problems identified),
28. Criteria for treatment,
29. Expected disposition, including treatment modalities and recommended level of care for treatment,
30. Identification of family/significant others to be involved in treatment, and
31. Tentative discharge planning.

While the Biopsychosocial may be completed by one individual (only licensed mental health professional), it is vital that all members of the professional team take part in the assessment and treatment planning process. As stated previously, the Medical Director and R.N., (and the Special Education Teacher, if applicable) will review the assessment and provide input and changes as needed.

Part 3: Nursing Assessment:

Is provided at admission by a Registered Nurse for mothers and children entering Arkansas CARES residential program. (see Physical Assessment/Screening for CARES Adults and Children Policy)

Additional Assessments:

In addition to the bio-psychosocial other areas of assessment include, but are not limited to:

- a. Psychiatric Evaluation
- b. Psychological Evaluation
- c. Educational Evaluation

A. Psychiatric Evaluation:

When an adult or child is admitted to Arkansas CARES for outpatient/residential treatment, a psychiatric evaluation will be scheduled with a psychiatrist for a psychiatric evaluation. The psychiatric evaluation is done for the purpose of determining the client's diagnosis and treatment and, therefore, it must contain the necessary information to justify the diagnosis and planned treatment. The psychiatric evaluation includes, but is not limited to:

1. Mental status examination/functioning,
2. Onset of illness and circumstances leading to admission (Relevant life circumstances and psychological factors).
3. Symptoms and functional impairments
4. History of present illnesses
5. Attitude and behavior of client,
6. Past psychiatric history

7. Medical history including habits and allergies (and examination as indicated),
 - a. If current and/or chronic medical/health care condition(s) exist, further assessment may occur (see behavioral health care coordination policy for details)
8. Social history,
9. Family history,
10. Treatment History
11. Physical Assessment
12. Assessment identifying problem areas,
13. A substantiated diagnosis.

It is extremely important that Medication Education is provided by the physician or nurse concerning the medication the client is taking. Follow-up medication maintenance appointments will be scheduled by the client's physician as needed. The treating Arkansas CARES physician will enter a patient's medications into the electronic medical record (EMR – Carelogic) at the time of each evaluation or follow-up medication management appointment. Carelogic interfaces with Dr. First for eRx's. Medication information that the Arkansas CARES physician is responsible for entering into the EMR at the time of the psychiatric evaluation is the type and dosage of medication prescribed. During each medication check-up, a nurse may take the client's vital signs, which will be documented in the client's electronic medical record in the appropriate form.

B. Physical Examination:

Arkansas CARES Outpatient Clinic/ Residential Treatment Program provides routine medical services for monitoring and safety methods only. The Agency does not provide direct physical health services. Physical health services will be the primary responsibility of the client or the client's legal guardian. During the psychiatric evaluation, the Arkansas CARES Physician will review the biopsychosocial assessment which includes a medical history including significant, known past procedures, past and current diagnoses or problems, and past and currently used medications. Should a relevant medical diagnosis exist, a more in-depth assessment, to include gathering additional history and performing a direct physical examination if indicated, of the individual's health status will occur and may include the following:

- 1) Respiratory system
- 2) Cardiovascular system
- 3) Gastrointestinal system
- 4) Neurological systems
- 5) Genitourinary system
- 6) Integumentary and Muscular systems
- 7) Vital Signs
- 8) Other (Endocrine, Hematologic, etc.)

Lab work will be sent to a designated lab for testing, etc.

If the Arkansas CARES physician determines as a result of this assessment that more in-depth medical follow-up is needed, the client will be referred to their Primary Care Physician or designated healthcare provider for ongoing treatment and monitoring as well as referred for care coordination through MCC (see behavioral health care coordination policy for additional details). While under the care of MCC, requests for those medical records will be made by MCC for maintenance in the client's clinical record.

If the client is in DHS custody, the Family Social Worker **MUST** bring the client's medical passport and **Medical Passport Receipt Form** must be filled out.

Additionally, should the Arkansas CARES physician determine the need for lab work, he/she will write a prescription for this service and give that directly to the client or the client's legal guardian to follow-up with their Primary Care Physician or designated health care provider. Included in the prescription will be the contact and fax number for the results to be sent and placed in the client's clinical record for review by the MCC/MCH physician.

****Note: After admission assessment, the Arkansas CARES Physician may identify client needs for physical/medical services. The physician or his/her designee will share this information with the client or the client's legal guardian. When the physician identifies needs for physical services, the parent/legal guardian/custodian may choose to obtain the needed care from their family physician or other practitioner.**

C. Psychological Testing:

If needed, any psychological screening or testing for client may be part of the admission assessment process or may be ordered by the treating physician at any time during the treatment process, completed by a Psychologist or a Psychological Examiner, and reviewed and signed by a Psychologist. The completed report should be in the client's electronic medical record (EMR – Carelogic) within 2 weeks of completion of the testing. Additional psychological or neuropsychological testing will be done, if indicated and ordered by the Physician. More in-depth psychological or neuropsychological testing may be needed to assist in more definitive diagnosis, obtain functional assessment information, or/or to assess for potential neuropsychological deficits.

Section 4: Client Care

4.2 Informed Consent for Medication and Treatment	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; July 30, 2019
	Attachment: Authorization and Consent Form

Purpose:

To insure each client understands the medication and treatment they are receiving.

Policy:

The registered nurse will insure the client is informed of risks, side effects, benefits of medications and treatment procedures used.

Procedure:

1. The Outpatient Therapist is to gain copies of any informed consents the client may have signed prior to medication and/or treatment.
2. Clients read the information provided and indicate they have by signing it. The signature indicates the client has discussed and read the informed consent to their satisfaction. (In the case of a minor, informed consent is obtained by their parent or legal guardian. The signature of the parent or legal guardian indicates that they have discussed and read the informed consent to their satisfaction.)

Outpatient Authorization and Consent

Civil Rights Policy: - According with Title VI and VII of the Civil Rights Acts of 1964 and their implementing regulations, Methodist Family Health (Methodist Behavioral Hospital/Methodist Counseling Clinic/Methodist Children's Home) will, directly or through contractual or other arrangements admit and treat all persons without regard to race, color, creed, religion, sex, or national origin in its provision of services and benefits, including assignments or transfers within the facility and referrals to or from the facility. Staff privileges are granted without regard to race color or national origin (where appropriate).

Information Privacy: We (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. You have the right to review this notice prior to signing this consent. The terms of the notice may change with time and we will always post the current notice at our facilities, on our web site www.methodistfamily.org and have copies available for distribution. You may ask us to restrict the use and disclosure of your personal health information, but we are not required to agree to such a request. If we do agree, we are bound by law to the agreed upon restrictions. You may revoke this consent in writing at any time, except to the extent to which we have already taken action. I acknowledge receipt of Methodist Family Health's (Methodist Behavioral Hospital/Methodist Counseling Clinic/Methodist Children's Home) Notice of Privacy Practices.

Consent for Medical Treatment: I, the undersigned, permit my child's doctor, Methodist Family Health, its clinics and its employees, and all other persons caring for my child to treat him/her in ways they judge are beneficial to him/her. I understand that this care may include tests, examinations, intensive psychotherapy, and medical treatment.

Financial Responsibility: I, in consideration for services rendered by Methodist Family Health, do hereby agree to pay Methodist Family Health on demand all charges for said services and incidents incurred on my behalf.

Personal Valuables: I understand that Methodist Family Health shall not be liable for the loss of any money or the loss of or damage to any other personal property.

Medicare/Medicaid Patient Certification: I certify that any information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration, its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

Consent for Transportation: I authorize the therapist & the case manager at my child's school to transport my child as part of the services provided for school-based mental health services. I understand that these individual are part of the School District School-Based Mental Health program, but are not employees of the School District. I also understand that such transportation will be in their private vehicles and not in vehicles owned or provided by the School District. Furthermore, I also release the therapist, case manager and Methodist Family Health and it's subsidiaries from liability (including death) during the transportation of my child.

Consent for Telephonic Recording: I understand that telephone conversations may be recorded for internal quality assurance purposes only.

Authorization to Release Information: I hereby authorize Methodist Family Health to release any or all records and other information requested regarding my care directly to my insurance company or their authorized representative. I also authorize the release of any or all records and other information requested regarding my care that may be necessary for any court proceedings in which I may be involved.

Assignment of Benefits: I authorize my insurance/Medicaid carrier to pay directly to Methodist Counseling Clinic the benefits due me for services rendered. I also agree that the above-named assignees may receive any such payments with my power of attorney and that receipt shall be acknowledgement by me that I have received benefits in the sum specified in such receipt. I acknowledge I am responsible for all charges for services rendered and agree to pay such charges or any portion remaining after my insurance/Medicaid pays and will meet with the

Are you the policy holder? :

Financial Counselor to discuss payment alternatives. Unless previously negotiated or deemed by law.

I acknowledge receipt of Patient Notice of Financial Assistance.

Yes ☒ No ☐

ITEMS 1-10 INDICATE that the undersigned certifies he/she has read or had the foregoing information explained and fully understands the above authorization for treatment has received a copy and is the Patient or is duly authorized by the Patient as Patient's custodian to execute the above and accept its terms.

Section 4: Client Care

4.2a Attachment- Informed Consent Authorization and Consent Form EMR	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; July 30, 2019
	Attachment: Authorization and Consent Form

Outpatient Authorization and Consent

Civil Rights Policy: - According with Title VI and VII of the Civil Rights Acts of 1964 and their implementing regulations, Methodist Family Health (Methodist Behavioral Hospital/Methodist Counseling Clinic/Methodist Children's Home) will, directly or through contractual or other arrangements admit and treat all persons without regard to race, color, creed, religion, sex, or national origin in its provision of services and benefits, including assignments or transfers within the facility and referrals to or from the facility. Staff privileges are granted without regard to race color or national origin (where appropriate).

Information Privacy: We (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. You have the right to review this notice prior to signing this consent. The terms of the notice may change with time and we will always post the current notice at our facilities, on our web site www.methodistfamily.org and have copies available for distribution. You may ask us to restrict the use and disclosure of your personal health information, but we are not required to agree to such a request. If we do agree, we are bound by law to the agreed upon restrictions. You may revoke this consent in writing at any time, except to the extent to which we have already taken action. I acknowledge receipt of Methodist Family Health's (Methodist Behavioral Hospital/Methodist Counseling Clinic/Methodist Children's Home) Notice of Privacy Practices.

Consent for Medical Treatment: I, the undersigned, permit my child's doctor, Methodist Family Health, its clinics and its employees, and all other persons caring for my child to treat him/her in ways they judge are beneficial to him/her. I understand that this care may include tests, examinations, intensive psychotherapy, and medical treatment.

Financial Responsibility: I, in consideration for services rendered by Methodist Family Health, do hereby agree to pay Methodist Family Health on demand all charges for said services and incidents incurred on my behalf.

Personal Valuables: I understand that Methodist Family Health shall not be liable for the loss of any money or the loss of or damage to any other personal property.

Medicare/Medicaid Patient Certification: I certify that any information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration, its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

Consent for Transportation: I authorize the therapist & the case manager at my child's school to transport my child as part of the services provided for school-based mental health services. I understand that these individual are part of the School District School-Based Mental Health program, but are not employees of the School District. I also understand that such transportation will be in their private vehicles and not in vehicles owned or provided by the School District. Furthermore, I also release the therapist, case manager and Methodist Family Health and it's subsidiaries from liability (including death) during the transportation of my child.

Consent for Telephonic Recording: I understand that telephone conversations may be recorded for internal quality assurance purposes only.

Authorization to Release Information: I hereby authorize Methodist Family Health to release any or all records and other information requested regarding my care directly to my insurance company or their authorized representative. I also authorize the release of any or all records and other information requested regarding my care that may be necessary for any court proceedings in which I may be involved.

Assignment of Benefits: I authorize my insurance/Medicaid carrier to pay directly to Methodist Counseling Clinic the benefits due me for services rendered. I also agree that the above-named assignees may receive any such payments with my power of attorney and that receipt shall be acknowledgement by me that I have received benefits in the sum specified in such receipt. I acknowledge I am responsible for all charges for services rendered and agree to pay such charges or any portion remaining after my insurance/Medicaid pays and will meet with the Financial Counselor to discuss payment alternatives. Unless previously negotiated or deemed by law.

I acknowledge receipt of Patient Notice of Financial Assistance.

Are you the policy holder? :

☐ Yes ☒ No

ITEMS 1-10 INDICATE that the undersigned certifies he/she has read or had the foregoing information explained and fully understands the above authorization for treatment has received a copy and is the Patient or is duly authorized by the Patient as Patient's custodian to execute the above and accept its terms.

Section 4: Client Care

4.3 Client Community Service Hours	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; July 30, 2019

Purpose:

The purpose of this policy is to establish a guideline for the completion of community service by the client.

Policy:

Arkansas CARES will coordinate with the Department of Community Punishment or court authorities for clients who need to complete community service hours.

Procedure:

1. The clinical treatment team will address community service commitment in the client's Master Treatment Plan to include clearly defined job duties, time, reporting mechanism, and staff responsible for supervising client's service work.
2. The client's work assignment will be for task(s) that contribute to the improvement of the residential community. Clients will not perform tasks usually performed by paid staff.
3. The client's Case Manager will coordinate with Probation Officer or other court official to develop a work plan. The work plan will be signed by the client, Probation Officer (or court official), and Case Manager.
4. The supervising staff will document service work in the client's daily record, and provide feedback to the Case Manager regarding client's compliance and productivity.
5. The Case Manager will provide follow-up with Parole Officer or court official as specified.

Section 4: Client Care

4.4 Handling Client Financial Resources	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; July 30, 2019

Purpose:

The purpose of this policy is to establish a guideline for handling clients' financial resources.

Policy:

Clients are responsible for managing their own financial affairs. Arkansas CARES employees, contract employees, or designated volunteers may not handle or keep clients' cash, money orders, bank accounts, or other financial resources.

Procedure:

1. If a client brings cash, valuables, or other financial items when they are admitted, said items are the client's responsibility until the client makes other arrangements for valuable personal belongings.
2. The client's Case Manager will assist the client in accessing an account an/or safe deposit box with a local bank where they may place their funds/valuables if client requests assistance with this.
3. EBT Cards will be kept by Case Managers while client is in treatment at Arkansas CARES. Clients and accompanying staff member must sign cards in and out. An Authorization form is signed by the client giving Arkansas CARES approval.
4. Clients should never disclose their Personal Identification Number (PIN) to any program staff or other clients.
5. EBT cards will be swiped at the appropriate time when food stamps are available.
6. A staff member will assist each client in getting to the bank on the first Friday of each month, so they may gain access to their TEA benefits on the EBT card.

Upon discharge, client will settle their balances for food, rent, deposit, and child care with the Business Officer.

Section 4: Client Care

4.5 Tobacco Use	Effective: January 1, 2007
	Reviewed: November 14, 2006; June 20, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006
	Revised: April 23, 2013; July 30, 2019

Purpose:

The purpose of this policy is to establish criteria for maintaining Arkansas CARES as a tobacco-free treatment program.

Policy:

Arkansas CARES is a tobacco-free program. No tobacco may be used on either Arkansas CARES campus or during program-related activities by clients, staff, or visitors.

Below is a guideline for processes to be taken for violators and non-violators

Procedure:

1. Clients and visitors are made aware of the tobacco-free program at the time of admissions.
2. Clients are monitored for smoking by the use of a carbon monoxide (CO) meter. At the time of the first high CO reading, the client will be given a written warning by the registered nurse, and a plan will be drawn up to improve CO readings.
3. At the time of the second high test CO reading, another written warning will be given.
4. At the time of the third high test CO reading, the client will meet with the Arkansas CARES community of clients and staff and consequences and disciplinary actions will be decided including potential discharge from the program.
5. The client will/may be dismissed on the fourth high test CO reading and referred to alternative treatment.
6. The client will lose her pass the first time she tests high.
7. The second time the client tests high, she will be dropped one level of the 4 treatment levels.

8. At the time of the third high test, the client will be confronted by the Arkansas CARES community of clients and staff. The client will/may be dismissed from treatment if client tests positive again.

Section 4: Client Care

Section 4.6 Utilities Management	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006

Purpose:

The purpose of this policy is to establish a guideline for medication storage and administration in the health clinic.

Policy:

Arkansas CARES will maintain a safe, comfortable environment for both clients and employees. This includes electrical power, heating, cooling, and potable water.

Procedure:

1. Electrical power:
 - a. Arkansas CARES is identified as critical care site by Entergy for prioritizing restoration of electrical power.
 - b. In the event of power outage, Arkansas CARES employees will notify the safety representative during the workday and the on-call staff after hours to report power outages to the utility company.
 - c. Electrical breaker boxes for emergency shutoff, are identified on the fire evacuation plans to be easily accessible by employees in the event of an emergency.
2. Heating and Cooling
 - a. The landlord is responsible for maintaining the heating and air conditioning systems and changing the air filters monthly.
 - b. In the event of loss of heating during cold weather, clients will be re-located to the gymnasium where portable gas heaters will be provided.
3. Gas
 - a. Utility cut-off locations are indicated on the fire evacuation plans to be easily accessible by employees in the event of an emergency.
4. Arkansas CARES maintains a 3-day supply of portable water for use during emergencies.

Section 4: Client Care

4.7 Client Related On-Call Services	Effective: January 1, 2007
	Reviewed: November 14, 2006; June 21, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006

Purpose:

The purpose of this policy is to establish criteria for on-call responsibilities for mental health professionals.

Policy:

Arkansas CARES staff and clients have access to consultation and/or referral for behavioral health care 24 hours per day/7 days per week, through the Arkansas CARES On-Call system.

Procedure:

1. The Arkansas CARES Program Director is on call 24 hours each day for after-hours clinical issues. In addition, an Arkansas CARES registered nurse is on call 24 hours each day for health issues. Each on call staff member will have access to the Arkansas CARES physician on call to assist with medical and/or psychiatric problems.
2. If either on-call staff is unavailable for call, the Program Director or Registered Nurse will assign another staff member to take call for them for a designated period of time. If another staff is substituted for on-call duties, all staff will be notified of the substitution via email.
3. On-Call staff should be notified ASAP in the following situations:
 - a. If a client's behavior is escalating and intervention or instruction is needed.
 - b. If a client is expressing thoughts about harming themselves or another.
 - c. To obtain consultation regarding client symptoms, privileges, and/or to clarify program issues.
 - d. Client, staff, student, or visitor injury or illness requiring hospitalization, or injury requiring medical care.
 - e. Work-related illness/injury to employee/student/volunteer requiring medical care.
 - f. Death of client or staff member
 - g. Death in immediate family of client or staff member
 - h. Police, child abuse, or other agency "investigator" on campus, or called by Arkansas CARES staff
 - i. Any work-related vehicle accident involving Arkansas CARES vehicle, staff, or clients

- j. Any contact from media: radio, television, newspaper, etc., whether viewed as positive or negative (MFH Public Relations office will be notified)
 - k. Client disciplinary discharge or client leaving against program advice.
 - l. Suspected or improper staff-client conduct.
 - m. Other incident that staff believes is serious, life threatening, or may result in negative repercussions
4. The On-Call staff is provided the following:
- a. Cell phone
 - b. Master Key
 - c. Alarm instructions and personal ID number for Outpatient Clinic.
5. The On-Call staff will:
- a. Respond to calls within 15 minutes. Face-to-face encounter must be accomplished as needed within 2 hours of request.
 - b. Provide referral, guidance, instruction, education, decision-making, and support as needed and as is appropriate to the situation including coming on-site to provide face-to-face intervention.
 - c. In the event, that the client requires an evaluation for **mental illness** contact the MFH Psychiatrist on-call to guide referrals for placement:
 - 1) Assure ongoing safety (including specific recommendations for level of supervision) for client at risk and arrange for adequate childcare for her children.
 - 2) Contact Arkansas CARES Psychiatrist or MFH Physician on-call.
 - 3) Arrange for appropriate level of transportation to the Emergency Department (ED), depending on urgency of situation and/or availability of staff.
 - 4) Contact ED charge nurse to notify of pending arrival of client at risk of harm.
 - 5) Meet client in ED to assure safe disposition and to relay pertinent information.
 - 6) Stay with the client until transfer of care has been completed.
 - 7) Contact Program Director to make aware of referral next working day.
 - d. In the event that a client receiving prenatal care at the Arkansas CARES Health Clinic has an **obstetrical complication or is going into labor after hours**, the Family Support Paraprofessional (FSP) will contact or have the client contact their private provider for consultation and instruction. The FSP and On-Call staff will follow instructions given. (Please have the client available by phone when contacting these providers so that they can speak to their providers directly about any concerns.)

- e. In the event that a client is having problems or concerns regarding a medication or family planning method prescribed by the Arkansas CARES nurses, contact the registered nurse for consultation and instruction.
- f. In the event of a client **running out of medication for more than one day**, contact the appropriate RN.
- g. In the event of a **medication error**, contact the RN. The RN will then contact the Psychiatrist On-Call for medication consultation.
- h. In the event of a concern related to a **general medical condition** for which the client has already been evaluated, contact the health care provider who evaluated the client for this problem. If the client has not yet been seen by a provider, contact the client's primary care provider (PCP). (Again, please have the client available close by for the physician to speak with.)
- i. In the event of a health concern related to a **child**, call the child's PCP. If the PCP is Arkansas Children's Hospital General Pediatric Clinic (GPC), that clinic may be called directly up until 10:30 p.m. 7 days/week at 364-1202. If it is after 10:30 p.m., call the After Hours Resource Nurse at 364-2475. If the PCP is F&CM), the physician on-call may be reached as described in h. above.
- j. In the event, that a client requires an evaluation for a **general medical condition** in the emergency department:
 - 1) Call 911 if life threatening. (Call police if violent).
 - 2) If a child is ill, follow instructions in "i" above.
 - 3) If adult, follow instructions in "h" above and arrange for adequate childcare if necessary.
 - 4) Arrange for appropriate level of transportation to the ED depending on urgency of situation / availability of staff/ and per instruction from the appropriate provider.
 - 5) Contact the ED charge nurse to notify of pending arrival of client.
 - 6) Meet client in ED to assure safe disposition and to relay pertinent information. Complete referral form with/for client to include instructions for ED staff to notify Arkansas CARES On-Call clinician of outcome of evaluation. Attach a signed Authorization for Release of Information Form if needed.
 - 7) Stay with client until transfer of care has occurred.
 - 8) If client is not admitted, stay with client to provide transportation back to treatment or arrange for other appropriate means of transportation.
 - 9) Notify Arkansas CARES Medical Director by phone.
- k. Notify Program Director if the following occur (**Bold** indicates immediate notification and all others are next working day).
 - 1) **Client, staff, or student injury or illness requiring hospitalization, or injury requiring medical care**
 - 2) Work-related illness/injury to employee/student/volunteer requiring medical care
 - 3) **Death of client or staff member**

- 4) Death in immediate family of client or staff member
- 5) Police, Child Abuse, or other agency "investigator" on campus, or called by Arkansas CARES staff
- 6) **Any work-related vehicle accident involving Arkansas CARES vehicle, staff, or clients**
- 7) **Any contact from media: radio, television, newspaper, etc., whether viewed as positive or negative (MFH Public Relations office will be notified)**
- 8) Client disciplinary discharge or client leaving against program advice
- 9) Client or staff grievance
- 10) Suspected or improper staff-client conduct
- 11) Other incident that staff believes is serious, life threatening, or may result in negative repercussions
- 12) Response to On-Call pages will be documented in client's chart by FSP or on-call contact within 24 hours of call and staff response.

Section 4: Client Care

4.8 External Visitors	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006

Purpose:

The purpose of this policy is to establish guidelines for appropriate visitation from external people the client wishes to visit during their treatment at Arkansas CARES.

Procedures:

1. All clients are scheduled for a session with their family (and or individual) therapist in their first two weeks of care. During the family session a list of approved visitors should be completed in cooperation with the family therapist for use on campus. Any potential for restrictions of visitors contrary to the preference of the client will be brought to the attention of the clinical management team for consideration of a special treatment plan indicating restrictions and why clinically indicated in the client's chart only as ordered by the attending physician.
2. After visitors have been approved:
 - a. Residents may have visitors on campus during scheduled visitation. Visitation hours are weekly at 1:00-5:00p.m. on Sunday and 6:00-7:00 p.m. on Wednesday.
 - b. All visitors must sign in and notify staff upon entering and exiting Arkansas CARES premises.
 - c. Visitors are encouraged to use the front lawn, living room and dining rooms for visitation. **Visitors are not allowed in resident's room.** Clients may not sit in visitor's car. If walking on campus, residents and visitors must remain in full view of staff.
 - d. The staff has the authority to ask visitors who exhibit inappropriate behavior or who refuse to follow house rules, to leave the facility.
 - e. Each resident must discuss potential visitors with their Treatment Team.
 - f. If someone is providing transportation for a resident, that person will be allowed to wait in the living room or front hallway for a few minutes until the resident is ready to leave.

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4.9 Reporting Child Maltreatment	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; July 30, 2019
	Attachment: Mandatory Child Abuse and Maltreatment Reporters Acknowledgement Form

Purpose:

The purpose of this policy is to establish guidelines for reporting child abuse to the Department of Health and Human Services (DHHS).

Policy:

All direct service Arkansas CARES staff are mandated reporters. Any staff member who has reasonable cause to believe a child is being maltreated is required to report to the Arkansas Department of Health and Human Services (DHHS). Arkansas law (12-12-501) defines maltreatment as (for additional and more detailed information refer to DHHS booklet, "Child Maltreatment Assessment Protocol" located in each building.)

- extreme and repeated cruelty
- physical, psychological, sexual abuse
- engaging in conduct creating a substantial possibility of death, permanent or temporary disfigurement, illness, impairment of any bodily organ or an observable impairment in the intellectual or psychological capacity of a child
- any non-accidental injury (physical or mental)
- any injury in variance with the history given
- failure or refusal to prevent abuse or protect from abuse
- failure to provide necessary food, clothing, shelter, medical care, or education required by law

Procedure:

When a staff member suspects a child has been maltreated they should:

1. Law requires that reports are to be made for any child who is suspected to be in a abusive situation. This includes not only those children in care of Arkansas CARES, but also the siblings, friends, etc., of those children.
2. Since reports may be made in person, by telephone, or in writing, the staff member, his or her supervisor, and the Program Consultant shall determine the appropriate reporting method.

3. If Staff suspect abuse or neglect they notify their supervisor immediately to determine:
 - 1) Need to Report
 - 2) Reporting Method and to whom the report is to be submitted
 - 3) What immediate work needs to be done with the child.
 - 4) What work needs to be done with the perpetrator (this is especially important as concerns the parents and families in care.)
4. Discuss with supervisor. If supervisor is not available, contact a mental health professional who is working with that family. If after hours, contact the Arkansas CARES on-call staff member. Although permission is not required to call the hotline, it is important for treatment team to be involved. The staff member who observed or suspects the abuse/neglect is responsible for calling.

In some cases it is appropriate to inform the parent of the child that you are calling in a report regarding her child. When advisable, invite client to be there when the call is made and provide information about what the mother can expect in response to the report.
6. Call the DHHS Hotline – 1-800-482-5964. They will expect you to have an allegation that if true would meet the legal definition of child maltreatment and identifying information. Information they will ask for includes names and dates of birth of child, family members and offender, address of child and offender if known, relationship of child to offender, current location of the child, location where the abuse occurred, type of injuries, your estimation of the danger to child, names of other family members, and other information that would be helpful for the investigator.
7. While on the line making report, identify yourself, that you work at Arkansas CARES, provide work phone number, and let the person receiving report know that you wish to be notified of the outcome.
8. When possible, obtain client written consent to discuss report with child maltreatment investigator. While parental consent is not needed to file an initial report, federal alcohol and drug abuse treatment confidentiality regulations (CFR 42, Part 2) do prohibit communications with the investigator, that includes confirming or denying a mother's past or future status as an alcohol or drug treatment client, or that she is a resident of our treatment facility without client's specific, written consent, or a properly executed court order.
9. Be aware that we are required to report upon suspicion. We are not investigators, so it is not necessary to know all the details or reach a conclusion to make a call.
10. All Employees are required to sign the accompanying form to verify their status as mandatory reporters of child abuse and neglect.



UNITED METHODIST CHILDREN'S HOME, INC.- Arkansas CARES

All President/CEO, Director of Residential Services, Program Consultants, and Teaching-Parents are required by law to be a part of the mandatory Child Abuse/Neglect Reporting Network.

It is the responsibility of these professional to report and follow up on all suspected instances of abuse/neglect to the child abuse hotline. Reporting procedure is delineated in United Methodist children's Home, Inc. Policies.

I have had my responsibility explained to me in regard to reporting and following up on suspected abuse/neglect.

Signature

Date

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4.10 Treatment of Children and Adolescents	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; July 30, 2019

Purpose:

The purpose of this policy is to establish a guideline for treatment of children and adolescents.

Policy:

Children coming into the program will have appropriate educational needs and services appropriate to their age and identified needs.

Procedure:

1. The following services are available to children admitted into Arkansas CARES:
 - a. Birth-three Years (through UAMS- Headstart Program located on campus)
 - Childcare from 7:30 a.m. through 5:00 p.m. Monday-Friday
 - Developmental assessments
 - Referrals for evaluations and evaluations to therapies and other community services
 - Early Intervention services
 - b. Three-Five Years (through UAMS- Headstart Program located on campus)
 - Childcare from 7:30 a.m. through 5:00 p.m. Monday-Friday
 - Developmental screenings
 - Referrals for evaluations/services to therapies and other community services
 - On-site mental health services
 - c. School Age (up to age 12) (through the child's zoned school, Arkansas CARES Outpatient Clinic for Behavioral /Mental Health, etc.)
 - Before and after school child care
 - Case management
 - Referrals for evaluations/services to therapies and other community services
 - Consultation and Intervention with child's school concerning behavior and academic performance that promotes communication and consistency among school personnel, family members, and AR CARES Staff.
 - On-site mental health services

4.10

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4.11 Treatment Team Meetings	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; July 30, 2019

Purpose:

The purpose of this policy is to establish a guideline for treatment team meeting.

Policy:

All families admitted to Arkansas CARES will be assigned to a Treatment Team responsible for monitoring and implementing the individualized treatment plan.

Procedure:

1. Treatment teams shall include, but are not limited to: Psychiatrist, Certified Alcohol and Drug Counselor, mental health professional(s), case manager, Peer Recovery Support Specialist, nurse and early childhood special educator.
2. Team meetings occur weekly.
3. Each participant is responsible for supplying information regarding client progress or lack of progress based on their assigned functions with the client and her family.
4. Roles:
 - a. Case Manager/Peer Recovery Support Specialist (PRSS): Case Managers/PRSS are responsible for coordinating, assisting in the appointment setting and management of activities of daily living associated with client treatment and recovery. Case Managers/PRSS are responsible for assisting with application for financial assistance including Medicaid, child care vouchers, and food stamps. Case Managers/PRSS will supply information on appointments, interviews with court and community service personnel, and assist in securing housing, income, and insurance benefits.
 - b. Mental Health Professionals (MHP): Mental Health Professionals are responsible for providing information related to the client's mental status and level of functioning. Mental Health Professionals should also make sure all services provided are driven or relate to the client's treatment plan, ensure all required documentation is present in the chart, and work in a variety of therapeutic formats to increase client's personal awareness and responsibility for treatment.

- c. Psychiatrists/Advanced Practice Registered Nurse/Advanced Practice Nurse: Psychiatrists are responsible for providing information related to a client's diagnosis and treatment, providing consultation to the treatment team and medication management for all clients in treatment.
 - d.
 - e. Clients: are responsible for being prepared to discuss their treatment plan goals, progress in treatment and discuss any concerns they may have pertaining treatment plan.
 - f. Certified Alcohol and Drug Counselor (CADC): The Certified Alcohol and Drug Counselor will provide information on the client's progress toward recovery, including participation in the day treatment program.
 - g. Early Childhood Special Educator: The ECSE reports on mothers' progress toward parenting goals and child's progress toward goals.
5. Any staffing outside of regularly scheduled times may be conducted with agreement of the treatment team.

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4.12 Initial and Master Treatment Plans	Effective: January 1, 2007
	Reviewed: November 14, 2006
Approved by: CEO and Program Administrator	Revised: November 14, 2006; June 21, 2019

Purpose

The purpose of this policy is to establish a guideline treatment planning for adults.

Policy

Treatment and service coordination will be guided by individualized treatment plans which delineate presenting problems, goals and objectives for resolution of those problems, and responsibility for carrying out the action plan. Initial treatment plans are developed within 24 hours and a Master Treatment Plan within 7 days of admission to Arkansas CARES.

Procedure

1. An initial treatment plan is developed within 24 hours of client admission. This plan will be completed by the Primary Therapist with client input. The initial treatment plan will identify immediate needs and concerns of the client and will dictate treatment until the Master Treatment Plan is developed.
2. A comprehensive (master) treatment plan will be developed no later than 7 working days after admission to Arkansas CARES. This plan will focus on needs determined during the extensive assessment process. The plan will be developed by the primary therapist and client in conjunction with the interdisciplinary treatment team.
3. Interdisciplinary treatment team members and other staff will be included in the treatment planning process.
4. Treatment plans will be developed and based on individual need and reflect the treatment philosophy of Arkansas CARES for integrated and family-focused care.
5. Treatment plans will incorporate the following components:
 - a. Clients' clinical needs and condition as well as client strengths, resources, and limitations.
 - b. Individualized rehabilitative goals and objectives
 1. Treatment plan goals will be actively based, centered on goals of abstinence, healthy living, and independent living skills.
 2. Treatment plans will incorporate community resources and advocacy services as indicated.

3. Individual treatment goals will be accompanied by specific measurable objectives.
 4. Each objective will include a target date, expected date of achievement, and staff responsible.
 - c. Family participation is encouraged, and participation or non-participation will be documented in the treatment plan as indicated and when appropriate.
 - d. Client participation in the treatment planning process will be documented by client signature and documented in a Progress Note indicating the therapist and client have reviewed their treatment plan.
 - e. Treatment plans will include activity services and frequency appropriate to individual needs as indicated.
 - f. Special rehabilitative services will be incorporated in treatment plans as indicated.
 - g. Community referrals will be made in response to specific treatment planning needs.
6. Reasons for delaying or deferring treatment of specific needs will be consistently documented in client record.
 7. Treatment plans will be evaluated and updated at 90-day intervals after admission. Evaluation should reflect change in clinical need, as well as progress or lack of progress toward individual treatment goals and objectives. The treatment plan will be updated to include criteria for discharge or termination of treatment. (See Treatment Plan Reviews).

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4.13 Treatment Planning for Children	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 30, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006; July 30, 2019

Purpose:

The purpose of this policy is to establish a guideline for treatment planning for children.

Policy:

Arkansas CARES will develop a treatment plan for each client which addresses needs identified in the Biopsychosocial Assessment.

Procedure:

1. Based on assessment results, individualized treatment plans will be developed for each child. The individualized treatment plan will identify care and services appropriate to the individual's specific needs and the severity of the condition.
 - a. Appropriate therapeutic efforts may begin before a full treatment plan is developed.
 - b. A preliminary treatment plan will be developed within 3 working days of admission based on an initial screening and will be refined in response to additional clinical information.
 - c. Qualified and competent individuals will plan and provide care and services specific to the individual's needs and, as appropriate to the care and services given, in a collaborative and interdisciplinary manner.
 - d. The treatment plan will reflect the organization's treatment philosophy of treating the child in the context of their family to reduce the risk factors impacting the child and enhance the protective factors in an effort to build resiliency.
 - e. The treatment plan will reflect the individual's clinical needs, condition, functional strengths, and limitations.
 - f. Services will address assessed needs, in accordance with an individualized written plan of care developed by qualified and competent individuals.
 - g. Justification is documented when identified needs are not addressed.
 - h. Individuals and their families are encouraged to participate in developing their treatment plans, and their involvement is documented. The parent/guardian will be a vital part of the treatment team.
 - i. The treatment plan addresses the involvement of family as indicated.

- j. The treatment plan includes advocacy services when indicated to enhance the natural support system, facilitate environmental modifications, or create new supports.
- k. The treatment plan contains specific goals for achieving emotional and/or physical health as well as maximum growth and adaptive capabilities.
- l. Treatment plan goals are based on assessments of the individual and, as appropriate, the family.
- m. Treatment plan goals are linked to living, learning, and recreational activities.
- n. The treatment plan includes specific objectives for the goals identified in the plan.
- o. A time frame for achieving each objective is specified in the treatment plan.
- p. The treatment plan specifies the interventions and approaches necessary to meet the individual's needs and goals.
- q. When the individual's identified needs include developing skills for activities of daily living, a training program is developed.
- r. Activity services, when provided, are incorporated in the treatment plan to provide a consistent and well-structured framework.
- s. The treatment plan includes specialized rehabilitation services to restore or maintain the functional abilities of individuals with physical, cognitive, social, leisure, or sensoriperceptual impairments, or whose primary problem is mental illness.
- t. When individual need services not offered by the organization, appropriate referrals are made and documented in the clinical record.
- u. The treatment plan specifies the frequency of treatment procedures.
- v. Goals are evaluated quarterly/annually and, when necessary, revised based on reassessment of the individual's current clinical problems, needs, and responses to treatment.
- w. The treatment plan stipulates specific criteria for discharge or terminating treatment.
- x. Individuals or family members participate in individualized program planning and their opinions and preferences about services, activities, and objectives are considered.
- y. Inability or unwillingness to participate in program planning is documented in the clinical record.

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4.14 Documentation of Treatment Planning/ 90-day Review/Discharge	Effective: January 1, 2007
	Reviewed: November 14, 2007; June 21, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2007; June 21, 2019

Purpose:

To ensure all clients receiving treatment at Arkansas CARES have an individualized treatment plan used to guide the decisions of the interdisciplinary treatment team.

Policy:

Treatment planning means prescribing individualized treatment for each client.

Goals and Objectives should be individualized and created in collaboration with the client and/or guardian, the treatment team and direct care staff.

Treatment planning should be consistent with the client's identified problems.

Treatment planning is ongoing and occurs at the following points: The Initial Treatment Plan is completed the first day the client is admitted to Arkansas CARES outpatient treatment. Within seven days of admission, the Master Treatment Plan is completed by a Licensed Mental Health Professional. The Master Treatment Plan is reviewed a minimum of every ninety (90) days. Many documents are reviewed to prepare the Master Treatment Plan: The Biopsychosocial Assessment; Previous Treatment Records; Self-Assessment of Problem Areas (filled out by client and/or parent); Staffing, progress notes; Critical incident reports, etc.).

Procedures:

A. Master Treatment Plan/Plan of Care(POC) (see Carelogic EMR)

An individualized Master Treatment Plan, or "Plan of Care (POC)", must be developed for each client who enters into outpatient treatment by his/her primary outpatient therapist. The Plan should be developed as soon as possible based on clinical information gathered during admission and initial assessment. Early planning is particularly important in identifying interventions to respond to emergency needs, such as a suicidal crisis, or severe personality disorganization. This consists of a written, individualized plan to improve the client's condition to the point where the client's continued participation in the program (beyond

occasional maintenance visits) is no longer necessary. The POC must be included in the patient's records and contain a written description of the treatment objectives for that patient. It must also describe: The treatment regimen – the specific medical and remedial services, therapies, and activities that will be used to meet the treatment objectives.

B. Master Treatment Plan/POC (see attached).

An individualized Master Treatment Plan, or "Plan of Care (POC)", must be developed for each client who enters into outpatient treatment by their primary outpatient therapist. The Plan should be developed as soon as possible based on clinical information gathered during admission and initial assessment. Early planning is particularly important in identifying interventions to respond to emergency needs, such as a suicidal crisis, or severe personality disorganization. This consists of a written, individualized plan to improve the client's condition to the point where the client's continued participation in the program (beyond occasional maintenance visits) is no longer necessary. The POC must be included in the patient's records and contain a written description of the treatment objectives for that patient. It must also describe: The treatment regimen – the specific medical and remedial services, therapies, and activities that will be used to meet the treatment objectives. Each problem identified in the Master Treatment Plan will have a Goal and Objective.

C. MTP Goals & Objectives for each targeted problem/POC (see attached/See Carelogic EMR).

A projected schedule for service delivery – this includes the expected frequency and duration of each type of planned therapeutic session or encounter. The personnel that will be furnishing the services; and a projected schedule for completing re-evaluations of the patient's condition and updating the POC.

1. The treatment interventions should be developed in collaboration with the client (and his/her guardian for minor clients) and the treatment team's input. (For minor's, if the guardian is not available, goals should be discussed with him/her at the earliest convenience and input encouraged. If the guardian refuses to participate in treatment planning, this will be documented in the progress notes.)
2. Goals and objectives will be written in relationship to the identified problems. Goals are long-term, broad areas and objectives are the observable, measurable steps that the client will use to achieve the long-term goals. Goals/objectives will be transferred onto the POC.

3. On the Goals/Objectives Sheet, each problem will be identified
4. Problems should be written in a problem-oriented statement and will address physical, psychosocial, health, education, and/or discharge planning needs of the client.
5. The “manifested by” section will address those observable behaviors that relate to the problem (what can be seen, heard or measured). For example: the problem of “depression” might be manifested by, “statements by client of wanting to sleep forever” or, “sudden and unexplained weight gain of 40 pounds within 3 months.”
6. Interventions can be in the form of what the “professional person” will do to aid the client in reaching the goal/objective and/or assignments that the client will participate in to help achieve the goal/objective, etc. For example: group therapy 2x week.
7. Each goal will have a targeted completion date. As each goal is achieved, this also will be appropriately documented
8. As goals are achieved and ultimately problems are resolved, it will be noted in the MTP/MTPR/POC, and/or progress notes, as well as the monthly update review documents.
9. Additions or changes to the MTP/MTPR/POC can be documented in addendums to the MTP/MTPR/POC in the EMR. As necessary, this documentation is to be shared with the treatment team and other direct care staff at weekly/monthly staff meetings and documented in the clients EMR (Carelogic).

D. Master Treatment Plan Reviews/POC

The Master Treatment Plan will be ongoing and updated as needed, but **at least annually and/or every 90-days**. The MTPR will be updated **weekly** for individuals enrolled in day program or intensive outpatient treatment. The MTPR Review will be documented utilizing the **Master Treatment Plan Review Form in the clients EMR**.

1. Again, it is extremely important to enlist the client's participation in creating goals/objectives and interventions to better ensure his/her participation in completion of goals. The client will sign the Master

Treatment Plan and periodic Reviews to indicate understanding of and agreement with the targeted areas.

2. Should the client refuse to participate in the treatment planning process, it will be noted on the Master Treatment Plan and in the progress notes.
3. The Master Treatment Plan must be completed by a Mental Health Professional and approved by a psychiatrist or physician. Subsequent revisions in the Master Treatment Plan will be approved via signature in the client's electronic medical record (Carelogic) by the psychiatrist or physician verifying continued medical necessity. The Master Treatment Plan must be periodically reviewed by the evaluation team in order to determine the client's progress toward the rehabilitative treatment and care objectives, the appropriateness of the rehabilitative services provided, and the need for the client's continued participation in the Arkansas CARES treatment program. The reviews must be performed on a regular basis and the reviews must be documented in detail in the client's chart.
4. Treatment Planning is ongoing and cannot be separated from day-to-day clinical or other events that are significant. Thus, if significant events, change in acuity/severity of symptoms, change in functionality and/or crises occur, the Master Treatment Plan must include any additional problems, nursing, educational, or medical/psychiatric interventions and goals related to that event.
5. Additions or changes to the Master Treatment Plan can be added on an addendum on the Master Treatment Plan/Master Treatment Plan Review in the EMR, on progress notes in the clients EMR and/or on the Client/Parent Collaboration Form located in the EMR. As necessary, this documentation is to be shared with the treatment team and other direct care staff at monthly staff meetings and then placed in the client's file.

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4.15 Progress Notes Documentation	Effective: January 1, 2007
	Reviewed: November 14, 2007; June 21, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2007; June 21, 2019

Purpose:

The purpose of the progress note is to accurately document treatment contacts with all Arkansas CARES clients.

Policy:

Every medical or remedial therapy, service, activity, or session must be documented in the client's electronic medical record (Carelogic) on a **Progress Note**.

1. Documentation must be legible and concise.
2. The name and title of the person rendering the service must reflect the appropriate level of professionalism.
3. This documentation, at a minimum, must consist of material which includes:
 - a. The specific services rendered.
 - b. The date and actual time the services were rendered (Time frames may not overlap between services. All services must be outside the time frame of other services).
 - c. Who rendered the services, including name and title
 - d. The setting in which the services were rendered.
 - e. The relationship of the services to the treatment regimen described in the Plan of Care and
 - f. Updates describing the patient's progress
4. The client's clinical progress is reviewed on a regular basis (at least every 2 weeks) and documented in the **Progress Notes**, directly on the Treatment Plan or added as an addendum to the clients Treatment plan.
5. Documentation (Progress Notes) of any clinical service/intervention must be completed by the person providing the service/intervention within 24 hours of the service being provided.

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4.16 Verbal Orders	Effective: January 1, 2007
	Reviewed: November 14, 2006
Approved by: CEO/President, Medical Director, Program Administrator, and Program Director	Revised: November 14, 2006; July 31, 2019

Purpose:

The purpose of this policy is to establish a guideline for verbal orders.

Policy:

Verbal orders for client medications, laboratory tests, or treatment procedures can be received only by a registered nurse at Arkansas CARES and from a practitioner with prescriptive authority who is licensed to practice in Arkansas. Verbal orders will be signed by the prescribing practitioner in a timely manner.

Procedure:

1. The registered nurse who receives a verbal order (including telephone orders) will repeat the order back to the prescribing practitioner for verification of accuracy.
2. Verbal orders shall be transcribed into the client's electronic health record followed by the name of the ordering clinician and the receiver's full name and title, e.g. "V.O. Jane Doe, CNM/Susan Jones, R. N."
3. Verbal orders for medications shall include the following information:
 - a. Medication and strength
 - b. Dose
 - c. Amount prescribed
 - d. Directions for use
 - e. Number of refills
4. The licensed practitioner who made the verbal order will sign such order in the client's health record on their next visit to Arkansas CARES or within 2 working days.

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4.17 Urine Toxicological Testing	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 31, 2019
Approved by: CEO/President, Medical Director, Program Administrator, and Program Director	Revised: November 14, 2006; July 31, 2019

Purpose:

The purpose of this policy is to establish a process for urine toxicological test.

Policy:

Urine from each program participant may be randomly screened for drugs of abuse per standing medical order

Procedure:

1. The nurse, Certified Alcohol and Drug Counselor, or other trained staff will be oriented to the urine toxicology screening protocol (See Urine Screening Procedure). Training will be documented in the employee file.
2. The trained employee will be responsible for collecting specimen, and change of custody to laboratory, and documentation of collection.
3. The nurse will be responsible for documenting the results and notifying other staff members of results.
4. A standing medical order directs a staff member to request a toxicological screen at any time they suspect unauthorized drug use. Any staff member requesting such a screen shall report to the Treatment Team their suspicion of drug use and any relapse information reported by the client.
5. All positive urine screenings are documented in the Urine Drug Screen Note and Referral in the clients electronic medical record..
6. Results of toxicological screening are confidential and are telephoned to or sent by facsimile telecopier to the Arkansas CARES Nurse by the laboratory. A hard copy of the toxicology result is mailed to the nurse. In the absence of the nurse, other staff members may receive confidential results so long as procedures to ensure confidentiality are maintained.
7. Positive Urine Drug screen reports are filed in the clients electronic medical record, Nursing Documentation section under the Progress note titled "Urine Drug Screen" and a copy of the lab report is scanned into the clients electronic medical record Document Library.

8. The toxicological screening results are communicated to the client's treatment team using the following methods:
 - a. Documentation in the client's progress notes and
 - b. Verbal report to the treatment team.
9. Positive Urine Screening results are documented in the Urine Drug Screen progress note located in the client's electronic medical record.

Section 4: Client Care

4.18 Urine Screening Procedure	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 31, 2019
Approved by: CEO/President, Program Administrator, and Program Director	Revised: April 28, 2008; July 31, 2019

Purpose:

The purpose of this policy is to establish a guideline for urine screening.

Policy:

AR CARES will provide Urine Screening as a tool to ensure client participation in treatment.

Procedure:**A. Purpose:**

To obtain a sample of urine for toxicological testing

B. Supportive Data:

A drug screen is an important diagnostic and therapeutic self-help tool that will allow the client to begin to trust herself and experience the benefits of abstinence from drug use.

C. Equipment Needed:

1. Drug Screen Kit
2. Change of Custody Form
3. Gloves

D. Action by Staff Collecting Specimen

(Note: The Clinic RN or other Arkansas CARES staff who have been oriented to these specific procedures may obtain urine specimens for toxicological testing.)

1. Explain procedure to client.
2. Set up equipment by opening and removing specimen container and labels.
3. Ensure that specimen containers are properly labeled with client's name and date.
4. Have client complete her part of change of custody form. Assist client as needed.
5. Observe client obtaining specimen.
6. Use standard precautions in handling specimens.
7. Read temperature to ensure urine is within normal range.
8. Seal specimen bottles with bottle custody seal and check again for proper labeling with client's name and date.
9. Complete collector's section of change of custody form

10. Place specimen in the laboratory collection bag.
11. Give to nurse for completion of lab forms, final sealing, and placement in collection box.
12. Place collector and donor copy of change of custody form in client's electronic medical record under nursing documentation section.

E. Key Points:

1. If a mistake is made in labeling, use a new form
2. Never break the bottle custody or security seal.
3. Always label and seal specimen in presence of client.
4. Do not allow the client to take any clothing items or purse in the bathroom with her.

F. Documentation:

1. Record positive specimen collection in Urine Drug Screen Note in the client's electronic medical record.

Section 4: Client Care

4.19 Health Clinic Standing Orders	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 31, 2019
Approved by: CEO/President, Medical Director, Program Administrator, and Program Director	Revised: November 14, 2006; July 31, 2019

Purpose:

The purpose of this policy is to establish a guideline for health clinic standing orders.

Policy:

Any standing orders for medication administration, laboratory tests, or treatment procedures must be given by a licensed independent practitioner with prescriptive authority in Arkansas. Orders shall be specific and complete.

Procedure:

1. Standing orders shall be those formulated and specifically approved by the prescribing practitioner and Arkansas CARES Medical Director. Standing orders are those affecting all patients treated in a specific service (e.g., all residential clients at Arkansas CARES, all children enrolled in Arkansas CARES) or all patients with a particular diagnosis (e.g., suspected anaphylactic reaction).
2. Standing orders shall be instituted by the registered nurse unless otherwise ordered by the prescribing practitioner. Standing orders will be dated and signed by the prescribing practitioner using standard prescription procedures. No additions or deletions are to be made to the standing order after the prescribing practitioner signs the order until new orders are written countermanding the order.
3. Review of standing orders should include the cost and benefits of tests and treatments ordered to keep the patient's bill as low as possible.
4. The current Standing Orders are kept on file in the Health Clinic.
5. Standing orders will be updated annually by the prescribing practitioner.

Section 4: Client Care

4.20 Oral Hygiene	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 31, 2021
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006

Purpose:

The purpose of this policy is to establish a guideline for oral hygiene.

Policy:

All clients (mother and children) admitted into the residential treatment phase at Arkansas CARES will be screened for oral hygiene during the health screening.

Procedure:

1. The dental history will consist of the following:
 - a. Dental problems
 - b. Dentures
 - c. Bleeding gums
 - d. Frequent sore throats
 - e. Sore tongue
 - f. Hoarseness of voice
2. Those clients found to be currently experiencing pain (emergent) as a result of dental problems will be referred to a local dentist for a thorough dental exam and treatment.
 - a. Since Medicaid in Arkansas only provides dental reimbursement for children, the mother will have to establish a payment schedule with dental care providers.
 - b. Mothers are allowed to select their own family dentist.
3. Client education will be provided by the RN as needed.
4. The need for residential clients to have separate, labeled containers for oral hygiene supplies is addressed in the Client Handbook.

Section 4: Client Care

4.21 Dietetic Services	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 31, 2021
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006

Purpose:

The purpose of this policy is to establish a guideline for dietetic services.

Policy:

The residential facilities shall provide balanced meals for women and children in an environment that practices safe handling and storage of food.

Procedure:**1. Sanitation and Safety**

- a. Unopened, excess canned or otherwise sealed food will be stored in the utility room/pantry food storage cabinet.
- b. Food will be kept separate from cleaning supplies and chemicals.
- c. Stock of canned and sealed food items for current use will be kept in cabinets in the kitchen identified for this purpose.
- d. All opened food will be stored in approved storage containers and labeled with the date of opening.
 - 1) Perishable food items to be used will be stored in approved storage containers in the refrigerator.
 - 2) Perishable food items not to be used within two (2) days will be stored in the freezer and used within a safe time period, depending on the food (to be specified by the dietitian).
 - 3) Non perishable food items will be stored in a cabinet or area of a cabinet identified for this purpose and used before opening the next package of the same type of food.
- e. Thermometers will be kept in the refrigerator and freezer and monitored weekly.
 - 1). The refrigerator temperature will be 35-40 degrees Fahrenheit.
 - 2). The freezer temperature will be no more than zero (0) degrees Fahrenheit.

- 3). The thermometer readings will be reported to IOP Committee in quarterly CRAF reports. The kitchen and dining areas will be cleaned and sanitized after each meal period. A mild bleach solution (10% bleach to 90% water) MAY be used to sanitize food preparation and eating surfaces.
- f. Kitchen trash containers will be emptied at the end of each day into outside trash containers. All kitchen trash containers will be lined with plastic trash bags and have a lid.

2. Menus

- a. Menus for use by the residents will be approved ahead of time by the registered dietitian.
- b. Menus will be reviewed for conformation to accepted dietary allowances for current residents (i.e. pregnant, lactating, child, etc.). The dietitian will be notified of any special dietary needs due to confirmed medical or religious requirements.
- c. All menus will include at least three (3) meals and one (1) snack per day.
- d. Method of menu design and approval will vary according to occupancy of the facility and needs of the residents.
 - 1) Residents will use these menus as a guide, documenting substitutions within the same food group as approved by the dietitian. The clients will provide input into menu changes quarterly which will be submitted to dietician for approval.

3. Acquisition of Food

- a. Sources of payment for food for residents may include grant funds, donations, WIC food supplements, Food Stamps, and personal contributions (see Client Food Cost Procedures).
- b. Method of acquisition of food for current residents will vary according to needs and resources of current residents and may include any of the following.
 - 1) Residents may plan individual grocery lists and trips to the grocery store.
 - 2) Residents may plan group grocery lists and trips to the grocery store.
 - 3) Residents may use existing stock of food.
 - 4) Facility manager may plan grocery list and trip to grocery store for entire facility.

4. Food Preparation

- a. Systems for food preparation will vary according to the needs, resources, and skill level of current residents.
- b. Food preparation systems may include any of the following:
 - 1) Residents will prepare food for their individual family unit.
 - 2) Individual residents or groups of residents may rotate responsibility for planning and preparing food for the entire facility.

- 3) The facility manager may agree to plan and prepare food for individual family units or the entire facility, for a specific period of time.
 - c. The system chosen for food preparation is subject to review and approval by the registered dietitian.
- 5. Food and Nutritional Education
 - a. Residents will be provided with education on basic nutrition, food preparation skills, and food budgeting skills.
 - b. Food and nutrition education will be guided by the registered dietitian and may be provided by program professionals and paraprofessionals.
 - c. High risk nutrition education will be provided to individual residents by a registered dietitian as needed.

Section 4: Client Care

4.22 Emergency Procedures for Adverse Drug Reactions-Informed Consent for Medication and Treatment	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 31, 2019
Approved by: CEO/President, Medical Director, Program Administrator, and Program Director	Revised: November 14, 2006; July 31, 2021
	Attachment: Authorization and Consent Form

Purpose:

To ensure each client understands the medication and treatment they are receiving.

Policy:

The registered nurse will ensure the client is informed of risks, side effects, benefits of medications and treatment procedures used.

Procedure:

1. The Outpatient Therapist is to gain copies of any informed consents the client may have signed prior to medication and/or treatment.
2. Client's read the information provided and indicate they have by signing it. The signature indicates the client has discussed and read the informed consent to their satisfaction. (In the case of a minor, informed consent is obtained by their parent or legal guardian. The signature of the parent or legal guardian indicates that they have discussed and read the informed consent to their satisfaction.)

Section 4: Client Care

4.23 Medical and Psychoeducational Classes	Effective: January 1, 2007
	Reviewed: November 14, 2006; July 31, 2021
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006

Purpose:

The purpose of this policy is to establish a guideline for educational services for adults.

Policy:

Arkansas CARES will design and deliver client and family education about mental illness and addictions, and about their treatments, with sensitivity to the clients' assessed needs, cognitive abilities, and readiness to learn with special attention to safety and welfare.

Procedure:

1. During the initial assessment, the therapist will ascertain information regarding the academic level of each adult client.
2. Individualized educational activities will consider client and family cultural and religious beliefs, emotional and other barriers, motivation to learn, physical or cognitive limitations and communication barriers.
3. Clients requiring special equipment to be able to receive the full benefit of the treatment process will be accommodated by the program at no cost to the clients. This special equipment may include, but is not limited to:
 - a. Tape recorder/player
 - b. Telephone with TTY capability
 - c. Braille or large print textbooks.
 - d. Sign language interpreters
 - e. Foreign language interpreters
4. Five hours of psychoeducational groups are conducted Monday-Friday 8:15 a.m.-3:00 p.m. for residential clients.
 - a. Arkansas CARES will plan, support, coordinate, and document educational activities including provision of high quality materials to promote and maintain optimal treatment for women and children in the Day Treatment Progress Note.
 - b. Psychoeducational classes may be didactic or experienced-based to meet the needs of the clients.

- c. Topics may include but are not limited to: addictions education, mental illness, physical and sexual abuse, spirituality, life skills, nutrition, parenting, child development, money management, and fitness.
 - d. Competencies of staff conducting classes are documented in the employee's file.
 - e. Staff have access to current knowledge through local public and college libraries; internet; conferences, reading materials, and grant resources.
5. Clients with low literacy and/or education levels as identified on the WRAT or social history will be referred for literacy or GED services.
 - a. All clients without high school diplomas will be urged to complete the GED program, as this will help to increase employability in the future.
 - b. Those clients found to experience difficulty in successful completion of the GED program, will be properly assessed and tutored opportunities will be sought on their behalf.
6. Client satisfaction with services, including educational program, is assessed semi-annually.
7. Education on the safe and effective use of psychotropic medication will be provided by the prescribing practitioner, to include:
 - Name of medication (generic and trade names)
 - Optimal dosing
 - Anticipated duration of therapy
 - Directions for use
 - Safe storage
 - Emergency action for unexpected overdoses
 - Common side effects
 - Potential interactions with other drugs, food, or alcoholic beverages
 - Refill requirements
 - Action in response to missed dose
 - Proper disposal of unused or expired medication
 - Potential for misuse or dependency
 - Any dietary or nutritional considerations
8. Ongoing client/family education plans will assess and respond to changing knowledge, skill levels and behaviors of clients and their family members.

Section 4: Client Care

4.24 Medication Storage	Effective: January 1, 2007
	Reviewed: November 14, 2006, July 31, 2021
Approved by: CEO/President, Program Administrator, and Program Director	Revised: November 14, 2006

Purpose:

The purpose of this policy is to establish a guideline for medication storage.

Policy:

All medication(s) are stored in the original container and in locked storage.

Procedure:

1. A valid prescription for medications to be self-administered by clients will imply the prescribing practitioner's assessment of the client as competent to self-administer the specific medication or able to administer to her children.
2. All medications prescribed for clients will be maintained in the original container from the dispensing practitioner which is labeled with the client's name, drug, and specific directions for use.
3. All client medications will be stored in a locked cabinet in the resident manager's office. (Specific exceptions may be granted, such as for asthma inhalers or for emergency medications for a client with a documented insect allergy who is going on an outing, or when clients are on authorized pass or working or in training away from the residential facility).
4. No scheduled drugs are to be stored at Arkansas CARES facilities or used by Arkansas CARES clients unless approved (excluding Medication Assisted Treatment (MAT) clients at Arkansas CARES), on a case-by case basis, by the Arkansas CARES medical director or the physician assigned to any Arkansas CARES treatment team. If a scheduled drug is prescribed for any client or brought on campus by any client, a registered nurse will notify the Arkansas CARES medical director or a treatment team physician, as soon as such is known, for approval to have or use a scheduled drug on campus.
5. A Registered Nurse or physician is the only staff licensed to administer medications.
6. When new prescriptions are ordered for already enrolled clients, the contents of labeled containers do not need to be verified by the nurse so long as the

medication was delivered to the facility by a pharmacy or a staff person accompanied the client to have the prescription filled.

7. Clients admitted to residential treatment will store medications in a separate locked storage.
 - a. Upon admission and in the Client Handbook, Residential clients are informed that all client medications are kept in a locked cabinet in the resident manager's office, and that a staff member will observe and document self-administration of medication(s) while at Arkansas CARES.
 - b. An Arkansas CARES registered nurse will verify that the medication brought to Arkansas CARES is the medication specified on the container label, by the end of the nurse's next work day following admission.
 - c. Clients will transfer all medications (for self or children) in their original, labeled container(s) to a designated staff person for storage in the resident manager's office.
 - d. A (prescription or over-the-counter) medication sheet is initiated for *each medication* possessed or used by a client. If a staff person other than a registered nurse initiates the medication sheet, the nurse must review the medication sheet the nurse's next work day. The medication sheet with the nurse's signature is maintained by the resident manager in the resident manager's office.
 - e. The staff person initiating the medication sheet and the client will together count the amount of each drug brought to the facility, and will complete the first line of the medication sheet, including signature sections.
 - f. Each family's medications are to be maintained in a separate container or bag. Medications to be used internally are separated from medications to be used externally.
 - g. Community or stock (to be used by more than one family/client) over the counter medications may be stored together, with those medications to be used internally (oral medication) separated from those to be used externally (topical medication).
 - h. All medications are stored in a locked cabinet in the resident manager's office, which also locks.
 - i. Unused drugs are returned to clients at the time of program discharge unless, after consultation with the prescribing practitioner, it is believed that such return is unsafe for the client or child. The quantity of each drug is documented on the appropriate medication sheet(s) which is then signed by the client/mother and staff person returning the drug.
 - j. Medication sheets are transferred to client's electronic medical record at the time of discharge.
 - k. Medications left at Arkansas CARES will be discarded by an Arkansas CARES nurse after 60 days or after medication expiration date, whichever comes first. Non-scheduled medications will be flushed down the toilet with a witness, and such action will be documented on the medication sheet and signed by staff person and witness. Scheduled medications will be sent to Department of Health for disposal.

8. Medication for Children admitted to the child care center.
 - a. Medication can be given to children only if the parent(s) have filled out and signed a "Medication Consent" form. A staff member should read over the consent form with the parent, making sure the parent understands the directions. A staff member should read over the prescription instructions to verify the correct amount and time. The expiration date will be checked. If the child has more than one medication, a separate form will be filled out for each single prescription. The staff member will sign and initial the medication consent form, indicating that the medicine is accepted and how much medicine is in the container.
 - b. The medicine must be in the original container and the label must be legible. Prescription medication must have the child's name on the label. The child's name must be written with a permanent marker on all over-the-counter medications. The parent should provide a clean measuring cup or oral syringe for the correct amount to be administered.
 - c. Medicine should be placed in the lock box. Medicine shall be placed in the refrigerator lock box if indicated so on the bottle. The Medication Consent form shall be placed on the clipboard and the child's teacher or designated person shall be informed of the medication.
 - d. The medication will be returned to the parent at the end of the day. A staff member should sign and initial the medication form indicating that the medicine was returned.
9. Medication transfer procedures for client pass, leave of absence, or for medication taken from the locked residential medication cabinet for day use.
 - a. When a client leaves the facility on an approved pass, the client will take a sufficient amount of prescribed medication to treat for the time of the pass. Bottles of liquid medication will go with client.
 - b. The FSP on duty will supervise the client's transfer of each medication needed from the original container to an envelope or zip lock bag.
 - c. Each medication will be placed in a separate container and labeled with name and strength of medication. The FSP may help with the identification process.
 - d. When the client leaves on pass, the number of doses taken from the original container will be documented on medication as "taken for pass". This must be signed by FSP and client.
 - e. Any medication not taken on pass will be returned to clients' original medication container and recorded on medication record as "returned."
10. All medications or vaccines in the Arkansas CARES Health Clinic will be stored in a locked room and in a manner appropriate for the particular drug (See Vaccine Storage and Handling Policy).
 - a. No scheduled drugs will be stored at Arkansas CARES clinical facility.
 - b. All medications/vaccines are tracked on the Arkansas CARES Drug Accountability Sheet that includes name of drug, lot number, and expiration date.

- c. All expired drugs are destroyed by flushing down toilet with a witness.

Section 4: Client Care

4.25 Medication Self-Administration	Effective: January 1, 2007
	Reviewed: November 14, 2006
Approved by: CEO/President, Program Administrator, and Program Director	Revised: April 28, 2008; July 31, 2021

Purpose:

The purpose of this policy is to establish a guideline for medication to be self-administered.

Policy:

Clients admitted to residential treatment will self-administer medication to themselves and their child(ren) as observed and documented by staff.

Procedure:

1. Client medications are stored in individual/family container in a locked cabinet.
2. Staff not licensed to administer medications will observe a client's self-administration of medications (or a mother's giving her child medications). An Arkansas CARES registered nurse will monitor medication self-administration.
3. A staff person will take the medication in its original container from the area where it is stored and hand the container with the medication in it to the individual client or mother.
4. A binder/notebook will be kept on each client that contains information regarding all medications that the client self-administers or administers to her child/children. The following information will be included in these notebooks:
 - a. A client Medical Data Sheet/List of Current Medications that includes the following: Client's name, date of birth, medical record number, allergies to any medications, the name and telephone number of the primary care physician, medical concerns, a list of current medication, both prescription and non-prescription that have been ordered and/or approved for use by the client.
 - b. Copies of all prescriptions written by the Arkansas CARES psychiatrist.
 - c. Drug Accountability Sheets for each medication the client self-administer or administer to her child/children.
5. A staff person will observe self-administration of medication to ensure that the individual takes/gives the medication according to directions on the container and medication sheet and document the date, time given, and other required

information on the medication sheet. The client/mother will also initial the medication sheet.

6. A staff person will remind an individual when to take their medication(s) if needed.
7. Any discrepancies between the medication count and the balance noted on the medication sheet will be reported to the nurse. Any discrepancy is noted on the medication variance form. If the discrepancy involves #2 or less, the nurse will be notified the next working day. If the discrepancy is #3 or more, the nurse will be notified immediately. The nurse is responsible for determining if/when the Program Administrator and Clinical Director must be notified immediately.
8. Any client non-compliance with medication self-administration is reported using the medication variance form and reported to the nurse. The nurse will relay this information to the client's treatment team immediately and insure appropriate teaching and follow-up.
9. An Arkansas CARES registered nurse will monitor medication self-administration.
 - a. An Arkansas CARES registered nurse will randomly check medication cabinets and medication sheets in the residential facilities at least biweekly.
 - b. Any known or suspected drug reaction is reported immediately by the staff person who first notices such the Arkansas CARES registered nurse who will report such to the Program Administrator and Clinical Director.
 - c. Any incident of inaccurate self-administration of medication is to be reported to both the Program Administrator and Clinical Director.
10. Medication Administration in the child care center:
 - a. Medication will be administered by an Arkansas CARES nurse or by child care staff according policy.
 - b. The staff member will document, and initial amount given and the time on the medication consent form.
 - c. If medication is not given on time, the parent will be notified.
 - d. The medication form will be filed in the child's medical record once completed.
 - e. Should the wrong medication be given or wrong amount, a pharmacist or poison control center will be contacted, and a Variance Report shall be completed. The Variance Report will be turned in to the Arkansas CARES Program Administrator the day the variance occurs.

Section 4: Client Care

4.26 Integrated Family Treatment	Effective: July 1, 2008
	Reviewed: June 21, 2021
Approved by: CEO/President, Program Administrator, and Program Director	Revised: June 21, 2019

Purpose:

To ensure clients are treated as part of their family environment, appropriate family members including but not limited to, spouses, legal guardians and siblings will be invited to participate in treatment provided at United Methodist Children's Home outpatient therapy programs.

Policy:

The agency shall expect the parent(s) and/or legal guardian who brings the client to the outpatient program for assessment for outpatient treatment to participate in both the treatment and recommended family treatment and activities. Expectations of participation in family therapy will be explained during the initial assessment.

Procedure:

1. Agency staff will schedule initial Biopsychosocial Assessment with client and parent or legal guardian if child receiving treatment is under the age of 18 years.
2. During initial Biopsychosocial Assessment, therapist will explain expectations for family participation in treatment. Typically, therapist will explain the need for participation of all family members in therapeutic treatment for the client.
3. Therapist will schedule first family therapy session at the time of the initial Biopsychosocial Assessment. Client treatment goals will be discussed when the treatment plan is explained and signed by client and legal guardian if child is under the age of 18 years. Goals of family therapy will be outlined in the client's Master Treatment Plan. Client and family members participate in determining and modifying therapeutic goals.
4. Therapist will document specific dates and times attempts were made with parent or legal guardian to schedule a family therapy session.
5. If family session is cancelled by therapist or by client/family member, therapist will document the reason session was cancelled and show attempts made to reschedule family therapy appointment.
6. Therapist will review progress made toward completing Master Treatment Goals

on a quarterly basis with all involved family members participating in treatment.

Section 4: Client Care

4.26 Integrated Family Treatment	Effective: July 1, 2008
	Reviewed: June 21, 2021
Approved by: CEO/President, Program Administrator, and Program Director	Revised: June 21, 2021

Purpose:

To ensure clients are treated as part of their family environment, appropriate family members including but not limited to, spouses, legal guardians and siblings will be invited to participate in treatment provided at United Methodist Children's Home outpatient therapy programs.

Policy:

The agency shall expect the parent(s) and/or legal guardian who brings the client to the outpatient program for assessment for outpatient treatment to participate in both the treatment and recommended family treatment and activities. Expectations of participation in family therapy will be explained during the initial assessment.

Procedure:

1. Agency staff will schedule initial Biopsychosocial Assessment with client and parent or legal guardian if child receiving treatment is under the age of 18 years.
2. During initial Biopsychosocial Assessment, therapist will explain expectations for family participation in treatment. Typically, therapist will explain the need for participation of all family members in therapeutic treatment for the client.
3. Therapist will schedule first family therapy session at the time of the initial Biopsychosocial Assessment. Client treatment goals will be discussed when the treatment plan is explained and signed by client and legal guardian if child is under the age of 18 years. Goals of family therapy will be outlined in the client's Master Treatment Plan. Client and family members participate in determining and modifying therapeutic goals.
4. Therapist will document specific dates and times attempts were made with parent or legal guardian to schedule a family therapy session.
5. If family session is cancelled by therapist or by client/family member, therapist will document the reason session was cancelled and show attempts made to reschedule family therapy appointment.
6. Therapist will review progress made toward completing Master Treatment Goals

on a quarterly basis with all involved family members participating in treatment.

Smoke Free Work Environment Policy and Procedures

Subject: Smoke Free Work Environment	Effective: October 1, 2005
	Reviewed: July 21, 2021
Approved by: Director of Human Resources, MFH President/CEO, MFH Board of Directors	Revised:

Purpose:

MFH is dedicated to providing a healthy and productive work environment for our employees, patients and visitors. Smoking is a major cause of preventable disease and death.

Procedures:

Smoking will not be permitted at any time, during and beyond working hours within any MFH facilities, whether owned or leased; in any MFH vehicle, on any MFH property or grounds, whether owned or leased; or in any vehicle on MFH property and grounds.

Smoking by employees, board members, students, volunteers, patients, visitors, and other individuals is prohibited in and on all properties of MFH.

Employee infractions related to this policy will be handled as a disciplinary issue in accordance with the MFH disciplinary policy.

Section 3: Client Assessments

3.2 Communicable Disease Screening for CARES Adults	Effective: April 24, 2013
	Reviewed: July 21, 2021
Approved by: CEO and Program Administrator	Revised: April 24, 2013

Purpose:

The purpose of this policy is to establish a guideline for communicable disease assessment for adults.

Policy:

All day treatment clients will receive STD, HIV/AIDS, Hepatitis and TB educational pamphlets upon admission and referral for treatment of symptoms when needed.

Procedure:

1. The Registered Nurse is responsible for establishing the methodology used when obtaining health information from clients.
2. Health assessments/screenings are to be scheduled within seven working days of admission and include:
 - a. Completion of the Nursing Admission Assessment to develop the client's health history;
 - b. Physical examination- when health problems are identified in the Nursing Assessment, or reported by the client, physical examinations and/or testing is scheduled at a local outpatient medical clinic of the client's choice.
3. Services
 - a. Health services include voluntary referral for appropriate primary or specialty care. When outside referrals are made, the client is assisted in making the appointment and noted in the client's medical record.
4. Health care services are appropriately documented in the client's health care record which is maintained in the Arkansas CARES Outpatient Clinic.
5. A Medical Information Sheet which documents receipt of health history and examination services and which summarizes each mother's significant health concerns is sent by the Registered Nurse to the client's primary therapist for purposes of establishing the comprehensive bio-psychosocial assessment. A copy is placed in the client's chart.

Arkansas CARES Organization and Staffing

MCH Arkansas CARES

Position	President / CEO
Position Description	Serves as primary officer for the Agency charged with oversight and responsibility of operations of Methodist Family Health, owner of United Methodist Children's Home and United Methodist Behavioral Hospital.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Andy Altom	MBA	N/A	President / CEO	19

Position	Arkansas CARES Program Administrator
Hours	20 per week
Position Description	Responsible for supervising Clinical Director and Family Services Director. Oversees dual diagnosis treatment program systems to meet consumer needs. Ensures ADAP licensure standards are met. Responsible for financial performance of Arkansas CARES. Review's funding requests prior to submitting to DBHS.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Kate Hardage	MS-Social Work	LCSW	MCH Outpatient Administrator	13

Position	Clinical Director (Program Coordinator)
Hours	40 per week
Position Description	Responsible for supervision, training and evaluation of clinical staff including: Nurses, Child Therapists; Adult Therapists; Admission Coordinator; and Licensed Psychological Examiner. Maintains all licensing standards for CARES operation. Supervises Clinical Team.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Kate Hardage	MS-Social Work	LCSW	CARES Clinic, Day Treatment and Residential Tx	13

Position	Day Treatment/Residential Program Director
Hours	40 per week
Position Description	Supervises all Residential Behavioral Instructors and Adult Day Treatment staff including Case Managers. Maintains licensing standards as SWS substance abuse treatment program. Clinically supervises all substance abuse treatment. Oversees transportation duties for all CARES clients. Leads treatment staffing related to day treatment and substance abuse.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Elizabeth Grobmyer (currently acting as) Position to be filled	BS	QBHP, PRSS	CARES Day Treatment	6

Hours	Medical Director and Assistant Medical Director 5 per week
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Position Description Responsible for diagnosis/evaluation and medication management. Provides supervision of adult and child psychiatrists for quality of medical services provided. Heads Medical Exec Team for MFH.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Scott Hogan	MD, Ped Psych, Addiction	Medical Doctor	Outpatient Services	23
Brian Kubacak	MD, Child/Adolescent Psych	Asst. Medical Director	Outpatient Services & AR CARES	22

Registered Nurse

Hours 5 per week

Position Description Under supervision and evaluation of the program Clinical Director and Psychiatrist the nurse will manage the overall organization, planning, implementation, and evaluation of all Nursing activities. Responsible for face-to-face assessments, Nursing Groups (psychoeducation), observation, interviews, and physical assessment to determine client's health status. Establishes priority of needs/problems according to actual/potential threat to client. Organizes/develops goal-oriented health plan of care to reflect physicians' orders, priority identified of client needs/changes. Diagnosis/evaluation and medication management. Provides supervision of adult and child psychiatrists for quality of medical services provided. Heads Medical Exec Team for MFH.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Leslie Brown	RN	RN	Registered Nurse- CARES	30

Adult and Child Therapists

Hours 40 per week

Position Description Provide individual, family, and group therapy for mothers and children in treatment at Arkansas Cares. All use evidence based cognitive behavioral therapy.

<u>Names</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Kate Hardage	MS	LCSW	Therapist	13
Brandon Wolfe	MS	LCSW	Therapist	9
Mercedes Crayton	Masters of Arts- CMHC	LAC	Therapist	5
J. Andy McCullough	MS	LPC, LADAC	Therapist	15

Case Managers

(Qualified Behavioral Health Provider and/or Peer Recovery Support Specialist)

Hours 40 per week

Position Description Provide evidence based psychoeducational groups on daily basis. Complete CM Needs Assessment first week of program entry. Work directly with DBHS caseworkers for court ordered mothers. Coordinate and provide transportation for all outside appointments for community services. Monitor client progress and assist in preparation of court reports. Monitor treatment progress and attend staffing weekly. Schedule DCFS staffing with treatment team and DHS Caseworkers.

<u>Name</u>	<u>Education</u>	<u>Certification</u>	<u>Position</u>	<u>Yrs.</u>
Elizabeth Grobmyer	BS	QBHP, PRSS	CARES Day Treatment	6
Malcolm Thomas	BS	QBHP	CARES Day Treatment	17

Position	Parent Educator
Hours	40 per week
Position Description	Responsible for supervising all infants and children in the CARES program. Prepares and provides all evidence based <i>Common Sense Parenting</i> as parent education for mothers. Monitors mother with child (ren) to ensure she applies skills learned in individual and classroom setting. Coordinates all childcare activities.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Malcom Thomas	BS	QBHP	CARES Day Tx, Clinic and Transitional	17

	Admissions Coordinator
Hours	40 per week
Position Description	Responsible for completing initial telephone screening to ensure clients meet program admission criteria. Provide immediate education on HIF, TB and risks of transmission of substance related illnesses. Educates pregnant women on impact of substance abuse on fetus. Provides referral for interim services including prenatal care. Prepares documentation for ADMIS system. Maintains client waiting list and coordinates admission to program.

<u>Name</u>	<u>Education</u>	<u>Licensure</u>	<u>Position</u>	<u>Yrs.</u>
Elizabeth Grobmyer	BS	QBHP, PRSS	CARES Clinic	6

Mercedes Crayton is currently seeking licensure as an LPC; however, is currently practicing under the supervision of MCH OP Administrator and Clinical Supervision under Jay Gentry, LPC, CS.

MCH has demonstrated through its previous contracts with DCFS that it is a dependable and qualified organization. We started our first contract with DCFS on a very small scale in the early 1990's and have grown into one of the largest providers for residential and psychological services to children and families in the state. MCH is open to all forms of review and actively seeks out ways to get input from DCFS at all levels. MCH has demonstrated the ability to provide treatment for of a wide variety of mental health needs for families placed with our various treatment programs. Arkansas CARES has provided dual diagnosis treatment through contracts and grants since its inception and with MCH since 2007.

Project Management

Overall Supervision of the program is the responsibility of the MCH Administrators who report directly to the CEO. Operations management is the responsibility of the Clinical Director and the Director of Family Support Services. All program staff is directly or indirectly accountable to these two program directors. Both Directors report to the MCH Outpatient Administrator. Support functions for Arkansas CARES are the responsibility of the appropriate departments within MFH, the management company (physical plant management, information technology, utilization management and accounting/ financial management). MCH through the MFH management company houses a human resources department that is responsible for recruiting, hiring and training of all MCH staff. This department ensures all staff licenses and training requirements are current.

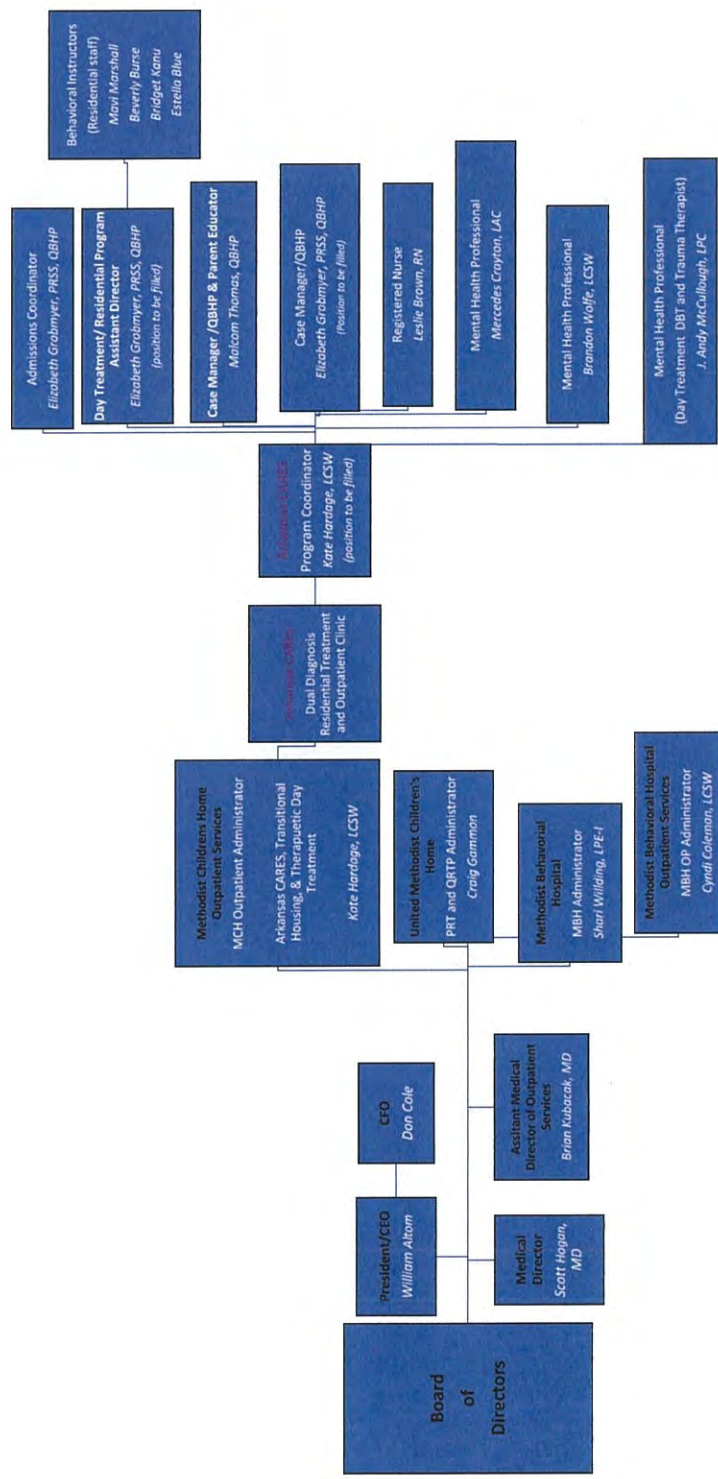
The State Shared Technical Architecture Program has been reviewed and MCH Arkansas CARES is compliant with this set of policies and standards. MCH Arkansas CARES is Joint Commission accredited with strict requirements protecting personal health information.

Arkansas CARES implements an extensive quality control program to solicit feedback from our consumers. Monthly, every client in treatment completes a Patient Satisfaction Survey and results of the survey are reported to the QAPI Committee, Medical Executive Board, and Operations Board of Directors. Quarterly quality assurance and performance improvement reports are imperative since consumer feedback is necessary to improve the quality of the services we deliver.

Financial management of SWS Contracts are managed through MFH (Management Company) with a to ensure DBHS administrative functions are completed appropriately. The MCH Administrator reviews each invoice to DBHS to sign off her approval before the invoice is submitted.

In terms of service delivery, the Clinical and Day Treatment Directors consistently review documentation to ensure accuracy in reflecting the services delivered by Arkansas CARES. Quarterly audits addressing the quality of documentation is conducted and immediate feedback is given to staff to maintain a high quality and accurate documentation. DBHS primarily communicates with the CARES Administrative staff, Clinical Director and Residential/Day Treatment Directors

Arkansas CARES looks forward to continuing to provide comprehensive treatment services for all clients who enter treatment and continue to choose our transitional living program as they plan to re-enter their respective communities as productive mothers, family members, and citizens.



Compliance Plan

Subject: Rules of Conduct, False Claims Liability, Anti-Retaliation, and Fraud Detection Policy Effective: November 1, 2006

Reviewed: November 2007

Approved by: Andy Altom, President/CEO, Kim Cox, Director of Human Resources and Joyce Greb, Director of Corporate Compliance Revised: August 2014, November 2014

Purpose: Methodist Family Health is committed to the highest standards of integrity and accountability as we serve our clients, visitors, vendors, regulatory agencies and all employees. MFH's Compliance Plan ensures that these high standards continue into the future. To satisfy the requirements of Section 6032 of the Deficit Reduction Act of 2005 by setting forth certain federal and state laws relating to liability for false claims and statements, protections against reprisal or retaliation for those who report wrongdoing, and Methodist Family Health policies and procedures to detect and prevent fraud, waste and abuse. MFH's Compliance Plan has the following objectives:

1. The Compliance Plan, coupled with the Rules of Conduct, establishes a tone for conducting business ethically as well as reinforces MFH's commitment to integrity by adhering to the Core Values set forth by MFH.
 1. Teamwork
 2. Empowerment
 3. Accountability
 4. Compassion
 5. Honesty

The Compliance Plan provides a basis for MFH's to implement the practices of the Rules of Conduct.

2. The Compliance Plan identifies for MFH's staff, business partners, vendors and regulatory agencies about how MFH sets expectations for compliance with existing laws and policies and procedures as well as accepted standards of business practices
3. MFH adheres to all federal and state laws that regulate our agency and to encourage reporting any potential violations and/or express concerns. The plan ensures protecting the confidentiality of staff voicing concern with the Compliance Director and/or Administration.

Policy: It is the policy of Methodist Family Health to obey all internal policies and procedures, Rules of Conduct and federal and state laws; to implement and enforce procedures to detect and prevent fraud, waste, and abuse with respect to payments to Methodist Family Health from federal or state healthcare programs; to provide protections for those who report actual or suspected wrongdoing.

Responsibility:

Board of Directors

Administration

Supervisors

Employees

Agents and Contractors of Methodist Family Health



Explanation of Laws: Below you will find summaries of certain statutes that provide liability for false claims and statements. These summaries are not intended to identify all applicable laws but rather to outline some of the major statutory provisions as required by the Deficit Reduction Act of 2005.

Federal False Claims Laws

Civil False Claims Act; 31 U.S.C. 3729-3733

The federal Civil False Claims Act imposes civil liability on any person or entity who:

- Knowingly files a false or fraudulent claim for payments to Medicare, Medicaid, or other federally funded health care program;
- Knowingly uses a false record or statement to obtain payment on a false or fraudulent claim from Medicare, Medicaid, or other federally funded health care program; or
- Conspires to defraud Medicare, Medicaid, or other federally funded health care program by attempting to have a false or fraudulent claim paid.

"Knowingly" means:

- Actual knowledge that the information on the claim is false;
- Acting in deliberate ignorance of whether the claim is true or false; or
- Acting in reckless disregard of whether the claim is true or false.

A person or entity found liable under the Civil False Claims Act is subject to a civil money penalty of between \$5,500 and \$11,000 plus three times the amount of damages that the government sustained because of the illegal act. The amount of damages in health care terms is the amount paid for each false claim that is filed.

Anyone may bring a *qui tam* action under the Civil False Claims Act in the name of the United States in federal court. The case is initiated by causing a copy of the complaint and all available relevant evidence to be served on the federal government. The complaint remains sealed for at least 60 days and will not be served on the defendant so that the government can investigate the complaint. The government may obtain additional investigation time by showing good cause. After expiration of the review and investigation period, the government may pursue the matter in its own name or decline to proceed. If the government declines to proceed, the person who filed the action has the right to continue with the case.

If the government proceeds with the case, the person bringing the action will receive between 15% and 25% of any recovery, depending upon the contribution of that person to the success of the case. If the

government does not proceed with the case, the person bringing the action will be entitled to between 25% and 30% of any recovery, plus reasonable expenses and attorneys' fees and costs.

Program Fraud Civil Remedies Act; 31 U.S.C. 3801 – 3812

The Program Fraud and Civil Remedies Act ("PFCRA") creates administrative remedies for making false claims and false statements. These penalties are separate from and in addition to any liability that may be imposed under the Civil False Claims Act. The PFCRA imposes liability on people or entities who file a claim that they know or have reason to know:

- Is false, fictitious, or fraudulent;
- Includes or is supported by any written statement that contains false, fictitious, or fraudulent information;
- Includes or is supported by a written statement that omits a material fact, which causes the statement to be false, fictitious, or fraudulent, and the person or entity submitting the statement has a duty to include the omitted fact; or
- Is for payment for property or services not provided as claimed.

A violation of this section of the PFCRA is punishable by a \$5,000 civil penalty for each wrongful filed claim, plus an assessment of twice the amount of any unlawful claim that has been paid.

In addition, a person or entity violates the PFCRA if they submit a written statement which they know or should know:

- Asserts a material fact that is false, fictitious or fraudulent; or
- Omits a material fact that they had a duty to include, the omission caused the statement to be false, fictitious, or fraudulent, and the statement contained a certification of accuracy.

A violation of this section of the PFCRA carries a civil penalty of up to \$5,000 in addition to any other remedy allowed under other laws.

State False Claims Laws

Arkansas Medical Fraud Act; Ark. Code Ann. 5-55-101 et seq.

The Arkansas Medicaid Fraud Act imposes criminal liability on people or business entities for certain fraudulent actions taken "purposely", which means with a conscious intent to take the action or cause the result. Criminal liability is imposed for purposely taking any of the following actions:

- Making a false statement or representation of material fact in any application for any benefit under the Arkansas Medicaid Program;
- Making a false statement or representation of material fact for use in determining rights to a Medicaid benefit or payment;

- Concealing or failing to disclose an event that affects the right to any Medicaid benefit or payment of the person filing the claim or anyone on behalf of whom that person is filing, with intent to fraudulently secure payment;
- Converting a Medicaid benefit or payment to another use after receiving it for the benefit of another person;
- Presenting a claim for a physician's services knowing that the individual who furnished the service was not licensed;
- Making or inducing the making of, any false statement or representation of a material fact with respect to the conditions or operation of any institution, facility or entity in order for that institution, facility, or entity to qualify as a hospital, rural primary care hospital, skilled nursing facility, nursing facility, intermediate care facility for mentally retarded, home health agency, or other entity, or with respect to information required pursuant to applicable federal and state laws, rules, regulations, and provider agreements;
- Charging rates for services to a Medicaid patient that are in excess of the rates established by the state;
- Charging, soliciting, accepting or receiving, in addition to the Medicaid payment, any consideration (other than charitable, religious, or philanthropic contribution) as a precondition of admitting a Medicaid patient to a facility or as a requirement for a Medicaid patient's continued stay in a facility;
- Making a false statement or representation of a material fact in any application for benefits or payment;
- Soliciting or receiving remuneration in exchange for: (1) a referral of an individual for any item or service payable by Medicaid; or (2) the purchase, lease, order or recommendation to purchase, lease or order any good, facility, service or item payable to Medicaid;
- Offering or paying any remuneration in order to induce: (1) a referral for any item or service payable by Medicaid; or (2) the purchase, lease, or order any good, facility, service, or item payable by Medicaid.

The anti-kickback provisions of the Medicaid Fraud Act do not apply to discounts that are properly disclosed and reflected in Medicaid charges or claims; payments under bona fide employment relationships; payments to purchasing agents pursuant to a written contract; or payments authorized under Arkansas Department of Health and Human Services ("DHHS") regulations.

Medicaid fraud is a Class B felony if the aggregate amount of illegal payments is \$2,500 or more and a Class C felony if the aggregate amount is less than \$2,500 but more than \$200.00. Penalties for a Class B felony may include imprisonment of not less than five or more than 20 years and/or a fine of up to \$15,000, and for a Class C felony, imprisonment for not less than \$200.00 the offense is a Class A misdemeanor, which carries possible imprisonment of up to one year and/or a fine of up to \$1,000.

The Medicaid Fraud Act also provides for additional criminal fines. Any person or entity found guilty or illegally receiving Medicaid funds is required to make full restitution to DHHS and pay a fine of three times the amount of the illegally received payments. A person or entity found guilty of fraudulently submitting Medicaid claims may be required to pay a fine of up to \$3,000 for each fraudulent

claim. Violators also may be suspended from participation in the Medicaid program.

The Arkansas Attorney General may pursue a civil action against a person or entity based upon Medicaid fraud. If a civil judgment is entered on an Attorney General complaint alleging the fraudulent receipt of Medicaid payments, the violating party is required to pay a civil penalty of two times the amount of all payments judicially found to have been fraudulently received. For judgments on a complaint alleging fraudulent submission of Medicaid claims, a civil penalty of up to \$2,000 for each fraudulently submitted claim may be imposed. In either case, the violator may be required to reimburse the state for the expenses of enforcement.

In Medicaid fraud cases, the court may award up to 10% of the aggregate penalty recovered, but not more than \$100,000, to anyone who provided information that led to detecting and bringing to trial and punishment persons guilty of violating the Medicaid Fraud Act.

Arkansas Medicaid Fraud False Claims Act – Ark. Code Ann. 20-77-901 et seq.

The Arkansas Medicaid Fraud False Claims Act (the "Medicaid False Claims Act") provides for civil penalties for knowingly engaging in the same activities that are prohibited under the Medicaid Fraud Act. "Knowingly" means that the person has actual knowledge of the information or acts in deliberate ignorance or reckless disregard of the truth or falsity of the information. Unlike the Medicaid Fraud Act, there is no requirement of a specific intent to defraud in order to impose liability under the Medicaid False Claims Act.

Violators must make full restitution to the State of Arkansas, through the Attorney General, and pay a civil penalty of not less than \$5,000 or more than \$10,000 for each violation. They also must pay three times the amount of all payments fraudulently received, unless the party promptly disclosed the violation to the Attorney General's Office before any criminal, civil or administrative action had commenced, at the time of the disclosure the party had no knowledge of the existence of an investigation into the violation, and the party fully cooperated with the investigation. In the case of a prompt disclosure that meets the statutory requirements, the assessment may be reduced to two times the amount of fraudulent payments or less. The violating party also may be required to reimburse the state for the expenses of enforcement.

As under the Medicaid Fraud Act, the Medicaid False Claims Act contains a provision that rewards those who report wrongdoing. Up to 10% of the aggregate penalty recovered, but not more than \$100,000 may be rewarded to anyone who provided information that led to detecting and bringing to trial and punishment those who violated the Medicaid False Claims Act.

Anti-Retaliation Protections

Individuals within an organization who observe activities or behavior that may violate the law in some manner and who report their observations either to management or to governmental agencies are provided protections under certain laws.

For example, protections are afforded to people who file *qui tam* lawsuits under the Civil False Claims Act, which is discussed above. The Civil False Claims Act states that any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful actions taken in furtherance of a *qui tam* action is entitled to

recover damages. He or she is entitled to "all relief necessary to make the employee whole", including reinstatement with the same seniority status, twice the amount back pay (plus interest), and compensation for any other damages the employee suffered as a result of the discrimination. The employee also can be awarded litigation costs and reasonable attorney's fees.

Methodist Family Health's Compliance Plan includes protection for employees or entities that report suspected violations to the Director of Corporate Compliance or to the President/CEO. In the event that a person wishes to ask a question or report a suspected violation and remain anonymous in doing so, he or she has that ability. A Compliance Hotline has been established; the telephone number is **1.877.372.8302**. There are no reprisals for good faith reporting of actual or possible violations of Code. When possible, the identity of the employee or entity making the report is kept confidential.

Role of False Claims Laws

The false claims laws discussed above are an important part of preventing and detecting fraud, waste, and abuse in federal and state health care programs because they provide governmental agencies the authority to seek out, investigate and prosecute fraudulent activities. Enforcement activities take place in the criminal, civil and administrative arenas. This provides a broad spectrum of remedies to battle these problems.

Anti-retaliation protections for individuals who make good faith reports of waste, fraud and abuse encourage reporting and provide broader opportunities to prosecute violators. Statutory provisions, such as the anti-retaliation provisions of the Civil False Claims Act, create reasonable incentives for this purpose. Employment protections create a level of security employees need in order to help in prosecuting these cases.

Policies and Procedures for Detecting and Preventing Fraud

Methodist Family Health's Compliance Plan is intended to define the conduct expected of employees and defined "covered persons"; to provide guidelines on how to resolve questions regarding legal and ethical issues; to establish a mechanism for reporting possible violations of law or ethical principles within the facility, including suspected fraud, waste, and abuse; and monitoring mechanisms for the detection and prevention of fraud, abuse and waste. Employees and "covered persons" are expected to report suspected violations. Failure to report suspected violations is a violation of the new Compliance Plan, and such person is subject to disciplinary action.

"Covered persons" means employees, agents, members of the Board, licensed professionals and subcontractors providing services to or on behalf of Methodist Family Health. The term shall apply equally to individuals, affiliates or entities.



Reports to Quality Assurance Committee

Reporting to Quality Assurance Committee

[Hospital Landing Page](#)
[Policies & Procedures Home Page](#)

Reporting to Quality Assurance

Effective: August 2000

Reviewed: Annually

Approved by: Director of Nursing, Medical Director, Hospital Administrator, Director of Clinical Services, QAPI Committee

Revised: 1/02; 8/02; 1/05; 10/16; 1/11/16; 8/15/18; 7/24/19

Policy: All critical incidents will be documented internally on a Report to Quality Assurance (QA).

Purpose: To document, report, track, and analyze high-risk incidents.

Procedure:

1. A Critical Incident is when one or more of the following have occurred:
 - a. Injury to staff, patient, or visitor
 - b. Threatened or attempted suicide
 - c. Sentinel Event
 - d. Patient elopement
 - e. Suspected maltreatment or abuse
 - f. Property destruction
 - g. Any communicable disease resulting in quarantine or closure of a DHS facility
 - h. Any other event which threatens injury or causes serious risk to staff, patients or visitors, including those related to admission (patient flow) issues.
2. Report to Quality Assurance will be completed within 24 hours of the incident.
3. If more than one staff member observes the incident, one person may be designated to complete the report.
4. Narrative section of Report to QA will contain a detailed description of incident. Use of presumptive descriptors (i.e. patient was aggressive) will not be used. Concrete descriptions of behaviors will be documented (i.e. patient was kicking, hitting, throwing chairs, etc.).
5. The RN will complete the follow-up section of the Report to QA. The follow-up documentation will include information regarding: physician, guardian, and supervisor notification, assessment for injuries, action taken, precautions ordered, maintenance log completed, report to hotline, etc.
6. All staff witnessing or involved in the incident will sign (if applicable) and date Report to QA.
7. Supervisor will review Report to QA to determine if additional action should be taken.
8. Upon completion, Report to QA will be forwarded to the Director of Nursing. Director of Nursing will review Report to QA and provide any follow-up action necessary. Finally, Director of Clinical Services will review, sign, and return Report to QA to Director of Nursing to be filed in *Quality Assurance Notebook*.
9. Report to Quality Assurance are not part of the patient's medical record.
10. Patients in DHS custody may require written notification of the incident. This notification can be in the form of a photocopy of original CIR, a written summary, or DHS CI Form 1910, which is sent to the patient's DHS caseworker. If a summary is written, it will include the following:
 1. Name of caseworker
 2. DHS Division
 3. Name of person submitting report
 4. Method, date, and time of other notifications (e.g. Child Abuse Hotline, DHS Client Advocate, Law Enforcement, Next of Kin, etc.)
 5. Date, time and place of incident
 6. Type of incident (e.g. suicide, injury, elopement, etc.)
 7. Roles (relationship to subject) and names of others involved (e.g. client, staff, witnesses, etc.)
 8. Clear, concise narrative description of incident
 9. Whether or not incident could have been anticipated
 10. Findings/outcome of case (e.g. pending investigation, investigated with following plan/action)

If the incident involves suspected abuse, maltreatment, or exploitation, staff will report the incident to the Child Abuse Hotline immediately. The hotline number is: 1-800-482-5964

The hotline number will be posted on all units where patients have access to it as well as in the nurses' station.



Quality Assurance Reporting

[Policies & Procedures Home Page](#)
[Residential Treatment Center Landing Page](#)

Quality Assurance Reporting

Subject: Quality Assurance Reporting

Effective: July 2010

Reviewed: Annually

Approved by: Medical Director, Administrator, Program Director

Revised: 7/24/19

Policy: All Critical Incidents will be documented internally on a Report to Quality Assurance.

Purpose: To document, report, track, and analyze high-risk incidents.

Procedure:

1. A Critical Incident is when one or more of the following have occurred:
 - a. Injury to staff, patient, or visitor
 - b. Threatened or attempted suicide
 - c. Sentinel Event
 - d. Patient elopement
 - e. Suspected maltreatment or abuse
 - f. Property destruction
 - g. Any communicable disease resulting in quarantine or closure of a DHS facility
 - h. Any other event which threatens injury or causes serious risk to staff, patients or visitors, including those related to admission (patient flow) issues.
2. Quality Assurance forms will be completed within 24 hours of incident.
3. If more than one staff member observes the incident, one person may be designated to complete the report.
4. Narrative section of Quality Assurance will contain a detailed description of incident. Use of presumptive descriptors (i.e. pt was aggressive) *will not* be used. Concrete descriptions of behaviors will be documented (i.e. pt was kicking, hitting, throwing chairs, etc.).
5. Staff will complete the follow-up section of the Quality Assurance. The follow-up documentation will include information regarding: physician, guardian, and supervisor notification, assessment for injuries, action taken, precautions ordered, maintenance log completed, report to hotline, etc.
6. All staff witnessing or involved in incident will sign (if applicable) and date CIR.
7. Supervisor will review CIR to determine if additional action should be taken.
8. Upon completion, Quality Assurance will be forwarded to the Consultant. The consultant will review Quality Assurance and provide any follow-up action necessary. The form will be filed in Quality Assurance *Notebook*.
9. Quality Assurance are not part of the patient's medical record.
10. Patients in DHS custody may require written notification of the incident. This notification can be in the form of a photocopy of original CIR, a written summary, or DHS CI Form 1910, which is sent to the patient's DHS caseworker. If a summary is written, it will include the following:
 1. Name of caseworker
 2. DHS Division
 3. Name of person submitting report
 4. Method, date, and time of other notifications (e.g. Child Abuse Hotline, DHS Client Advocate, Law Enforcement, Next of Kin, etc.)
 5. Date, time and place of incident
 6. Type of incident (e.g. suicide, injury, elopement, etc.)
 7. Roles (relationship to subject) and names of others involved (e.g. client, staff, witnesses, etc.)
 8. Clear, concise narrative description of incident
 9. Whether or not incident could have been anticipated
 10. Findings/outcome of case (e.g. pending investigation, investigated with following plan/action)

If the incident involves suspected abuse, maltreatment, or exploitation, staff will report the incident to the Child Abuse Hotline immediately. The hotline number is 1-800-482-5964. The hotline number will be posted on all units where patients have access to it as well as in the nurses' station.



Protocol 5(a) - CARES Emergency Alert Notification

Title: EMERGENCY ALERT NOTIFICATION PROTOCOL Effective: 12/31/2014

Program: EMERGENCY MANAGEMENT

Reviewed: Annually

Committee: ENVIRONMENT OF CARE

Revised:

Developed by: ENVIRONMENT OF CARE COMMITTEE

Policies & Procedures

Environment of Care

PROTOCOL #5(a): AR-CARES EMERGENCY ALERT NOTIFICATION

PROTOCOL: Arkansas CARES shall maintain a clear outline on how to implement notification alerts during natural and human-made incidents.

PURPOSE: Methodist Children Home (MCH) Programs shall provide an alert notification procedure to support the Methodist Family Health (MFH) Emergency Alert Notification Policy.

PROCEDURE: To ensure timely alerts and notifications for patients, staff and visitor, the primary methods of alerting Arkansas CARES will include the following:

- Overhead paging
- Telephone (landline intercom system)
 - Telephone paging through individual phones.
- Telephone (landline system)
- Cell phone
- Email
- Text messaging
- Direct contact

A. Overhead paging and telephone landline intercom systems shall announce alerts and notifications in the following manner using a three (3) tier approach that alternates overhead paging and the telephone landline intercom system:

1. First announcement: Use the overhead paging system and announce the appropriate Code three (3) times. **Always include the location of incident.**
2. Second announcement: Use the landline intercom system and announce the appropriate Code three (3) times. **Always include the location of the incident.**
3. Third announcement: Use the overhead paging system and announce the appropriate Code three (3) times. **Always include the location of the incident.**

B. Overhead paging and landline intercom system paging shall be posted for staff to use.

C. "All clear" notifications shall be made using the following method:

- After consultation with law enforcement or appropriate official, the Administrator or designee shall issue an "all clear" notification to indicate the termination of the response operations.
 - The Administrator or designee shall direct the "all clear" announcement by using the three (3) tier approach:
 1. First announcement: Use the overhead paging system and announce "all clear" three (3) times.
 2. Second announcement: Use the landline intercom system and announce "all clear" three (3) times.
 3. Third announcement: Use the overhead paging system and announce the appropriate Code three (3) times.
 - 4. After "all clear" announcement, all employees will return to normal operations.

D. If time permits, emails and/or text messaging may be sent to staff.

E. Leadership may make use of cell phones for communication if needed.

F. Leadership may make use of direct contact if safety and security concerns are first addressed.

G. Access to Policies, Procedures and Protocols are available to all MFH employees through the MFH landing site.

Emergency Alert Notification Announcement

Examples

First Announcement: **Always use the Building and location**

Overhead Notification Example: Dial **8555** (overhead page) and wait 2 -3 seconds, then state "Paging Dr. Armstrong, Building 8, Office, Paging Dr. Armstrong, Building 8, Office, Paging Dr. Armstrong, Building 8, Office."

Second Announcement: **Always use the Building and location**

Telephone Intercom Notification Example: Select Intercom and dial **8556** and wait 2 -3 seconds, then state "Paging Dr. Armstrong, Building 8, Office, Paging Dr. Armstrong, Building 8, Office, Paging Dr. Armstrong, Building 8, Office, Paging Dr. Armstrong, Building 8, Office."

Third Announcement: **Always use the Building and location**

Overhead Notification Example: Dial **8555** (overhead page) and wait 2 -3 seconds, then state "Paging Dr. Armstrong, Building 8, Office, Paging Dr. Armstrong, Building 8, Office, Paging Dr. Armstrong, Building 8, Office, Paging Dr. Armstrong, Building 8, Office."

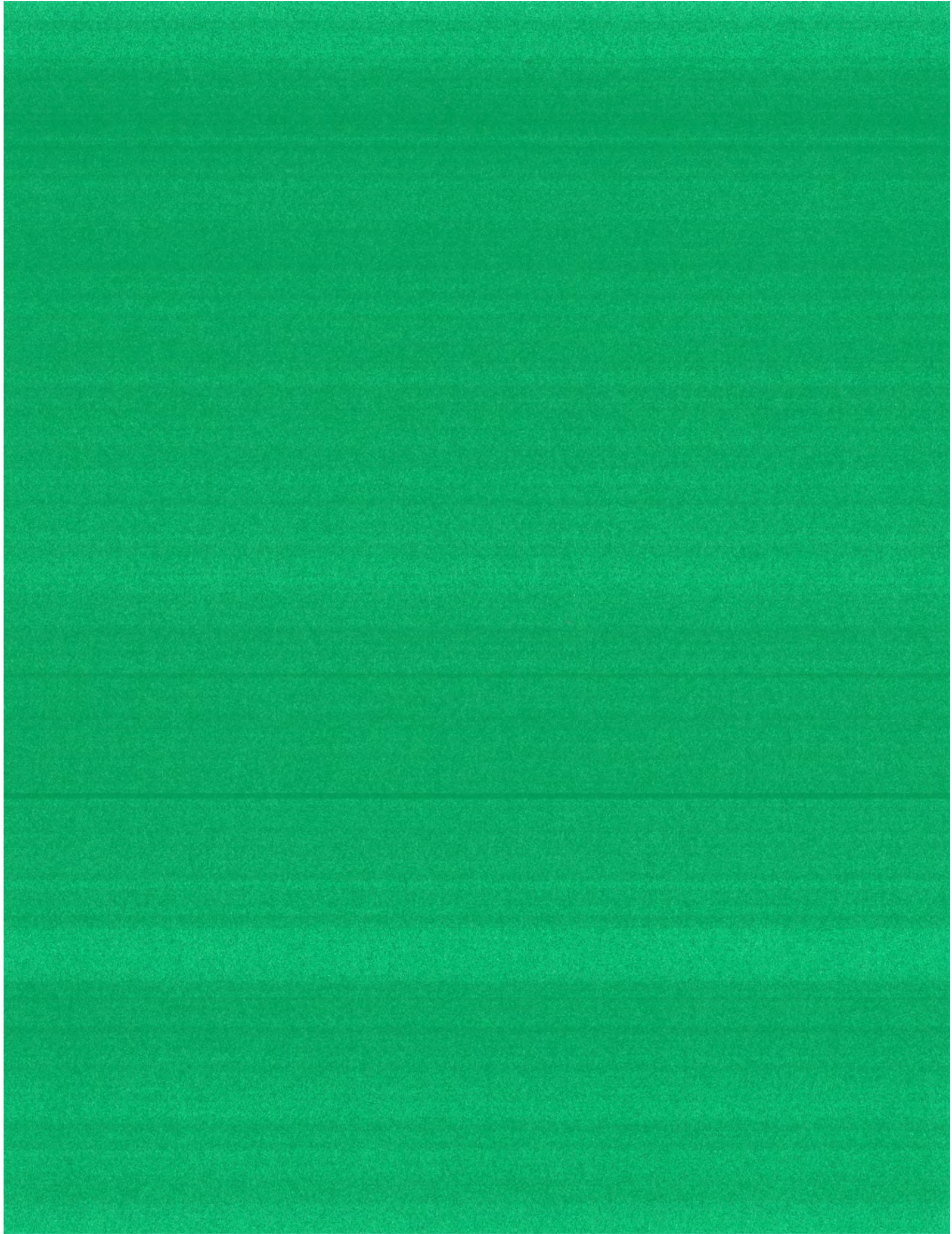
Important Paging Numbers:

Overhead Paging: Dial **8555**

Telephone Intercom: Dial **8556**

Attachment

D-11





(date of Letter)

TO: *(client first and last name)*

RE: Admission to Arkansas CARES

This letter is in response to your recent phone screening for admission into the Arkansas CARES program. Based on the information gathered, it has been determined that Arkansas CARES would be an appropriate treatment facility for you.

Below you will find the required necessary documents needed prior to admission. We ask that you return these forms in the enclosed self-addressed stamped envelope as soon as possible.

Items needed prior to admission:

- Copy of Driver's License or Photo ID
- Copy of Social Security Card on self and child(ren)
- Copy of Birth Certificate on self and child(ren)
- Copy of immunization record for child(ren)
- Copy of Insurance/Medicaid Card for self and child(ren)
- Contact Information for Primary Care Physician
- Income Verification (If you do not have current income verification, you can go to the Social Security Administration Office in your area and ask for a PEBES report/printout. This is needed even if you do not currently have any income.)
- Any Court Orders or documents pertaining to required treatment or DCFS involvement.

Once this information is received, we will review and then contact you with an expected admission date. Please note that we will not provide an admission date until all required documentation is completed and returned.

Feel free to call if you have any questions or need additional information.

Sincerely,

Elizabeth Grobmyer, PRSS
Office Manager – Admission Coordinator

2002 South Fillmore
Little Rock, AR. 72204
Phone: 501.906.4928 Fax: 501.421.0175

Items Allowed at Intake

NOTE: ONLY the items listed may be brought into the CARES cottages. While you and your family will have your own room in the cottage, space is limited and there is not room for additional items. Any items in addition to what is listed will need to be sent back with family members **BEFORE** they depart.

Adult Female:

INVENTORY	Maximum Allowed	ITEM	Comments/Description
	1 pair	Tennis Shoes	
	1 pair	Dress Shoes	
	1 pair	Shower Thongs	To wear while showering
	1 pair	Slippers/House Shoes	Not for street wear
	2 sets	Sleepwear	
	1	Robo/Cover Up	
	10 pairs	Underwear/Panties	
	5	Bras	
	10 pairs	Socks	
	2 pair	Panty Hose	
	1	Slip	
	1	Belt	
	8	Casual Tops	
	8	Casual Pants	
	2	Sweatshirt	
	2	Sweatpants	
	2 outfits	Dress Outfit	
	5	Shorts	Summer Only
	1	Swim Suit	Summer Only; No Bikinis
	1	Coat/Jacket	Winter Only
	1 pair	Mittens/Gloves	Winter Only
	1 each	Warm Hat/Scarf	Winter Only
	1	Back Pack — clear/mesh	For Day Tx Classes

Child Female:

INVENTORY	Maximum Allowed	ITEM	Comments/Description
	1 pair	Tennis Shoes	
	1 pair	Dress Shoes	
	1 pair	Shower Thongs	To wear while showering
	1 pair	Slippers/House Shoes	Not for street wear
	2 sets	Sleepwear	
	1	Robe/Cover Up	
	12 pairs	Underwear/Panties	
	12 pairs	Socks	
	2 pair	Tights/Panty Hose	
	1	Slip	
	1	Belt	
	10	Casual Tops	
	10	Casual Pants	
	2	Sweatshirt	
	2	Sweatpants	
	2 outfits	Dress Outfit	
	5	Shorts	Summer Only
	1	Swim Suit	Summer Only; No Bikinis
	1	Coat/Jacket	Winter Only
	1 pair	Mittens/Gloves	Winter Only
	1 each	Warm Hat/Scarf	Winter Only

Child Male:

INVENTORY	Maximum Allowed	ITEM	Comments/Description
	1 pair	Tennis Shoes	
	1 pair	Dress Shoes	
	1 pair	Shower Thongs	To wear while showering
	1 pair	Slippers/House Shoes	Not for street wear
	2 sets	Sleepwear	
	1	Robe/Cover Up	
	12	Underwear/Boxers	
	12 pairs	Socks	
	1	Belt	
	10	Casual Tops	
	10	Casual Pants	
	2	Sweatshirt	
	2	Sweatpants	
	2 outfits	Dress Outfit	
	5	Shorts	Summer Only
	1	Swim Trunks	Summer Only
	1	Coat/Jacket	Winter Only
	1 pair	Mittens/Gloves	Winter Only
	1 each	Warm Hat/Scarf	Winter Only

Babies:

INVENTORY	Maximum Allowed	ITEM	Comments/Description
	14	Onsies	
	14	Sleepers	
	12 pairs	Socks/Booties	
	14	Outfits	
	10	Bibs	
	7	Receiving Blankets	
	2 pair	Shoes	
	2 outfits	Dress Outfit	
	1	Swim Suit	Summer Only; No Bikinis
	1	Coat/Jacket	Winter Only
	1 pair	Mittens/Gloves	Winter Only
	1 each	Warm Hat/Scarf	Winter Only

Other Needed Items:

INVENTORY	Maximum Allowed	ITEM	Comments/Description
		Diaper Bag	
		Pacifiers, Teething Rings, etc.	
		Bottles	
		Nipples	
	1	Bottle Brush	
		Baby Spoons	
	5 per child	Toys	
	4 per child	Books	
	1	Stroller	
	1 per child	Car Seat	
	1 per child (age appropriate)	High Chair	
	1 per child (age appropriate)	Booster Seat	
	3 per child (age appropriate)	Plastic Bibs	
	1	Baby Swing	
	1	Play Pen/Porta Crib	
	1 per school aged child	Back Pack	



Arkansas Cares Program

CLIENT HANDBOOK

Arkansas CARES provides a family-centered approach to decrease maternal substance abuse and promote healthy family outcomes through prevention, treatment, education, research, and advocacy.

2002 South Fillmore Street
Little Rock, AR 72204
501-661-0720
Fax: 501-296-1714

Revised February 2021

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Welcome to Arkansas CARES! We are glad you are here!

We applaud your decision for positive change in your life, and look forward to being part of your family's life-long journey of recovery.

Arkansas CARES is part of the Methodist Family Health continuum. We provide a family-centered approach to overcome addiction and promote healthy families. We serve mothers, children, and families.

There is understanding and hope for you here; however, ***you*** must provide the willingness and the determination to succeed. Your motivation to take personal responsibility is the key to beginning the recovery process.

Arkansas CARES offers a drug-free living environment for residential clients. We offer a setting that supports abstinence and recovery and your ability to become the best you can be. The Twelve Steps of Alcoholics Anonymous are used as one means to promote recovery. Other means include classroom teaching, experiential learning experiences, and individual, group and family therapy. Throughout your stay here, we will assist you in promoting your ongoing recovery, which allows you to reach your highest goals. Our focus throughout treatment will be to assist you in enhancing the health and well-being of you and your children.

Again, we welcome you to Arkansas CARES!

Sincerely,

The Arkansas CARES Staff

ADMISSION CRITERIA

- Women seeking recovery from alcohol and/or drug addiction. Ages 18 and up.
- Not currently a danger to self or others.
- Able to take part in daily classes.
- Ambulatory including with assistance devices.
- Pregnant, entering treatment with child(ren) age 12 or younger, or actively seeking reunification with children.
- Priorities for admission:
 - Pregnant
 - IV Drug User
 - DCFS Open Protective Case
 - Parenting

GRADUATION CRITERIA

- Successful transition through Orientation to completion of Levels 1 through 3, according to the Individualized Plan of Care. (See attachment A)
- Completion of Steps 1-3 of Twelve-Step Program.
- Repeated “clean” drug screens.
- Demonstrates healthy ways of living.

GROUND FOR DISCHARGE

Any of the following will result in a Treatment Team decision of appropriate sanctions to include (but not limited to) level demotions, behavior contracts, and/or discharge from the program:

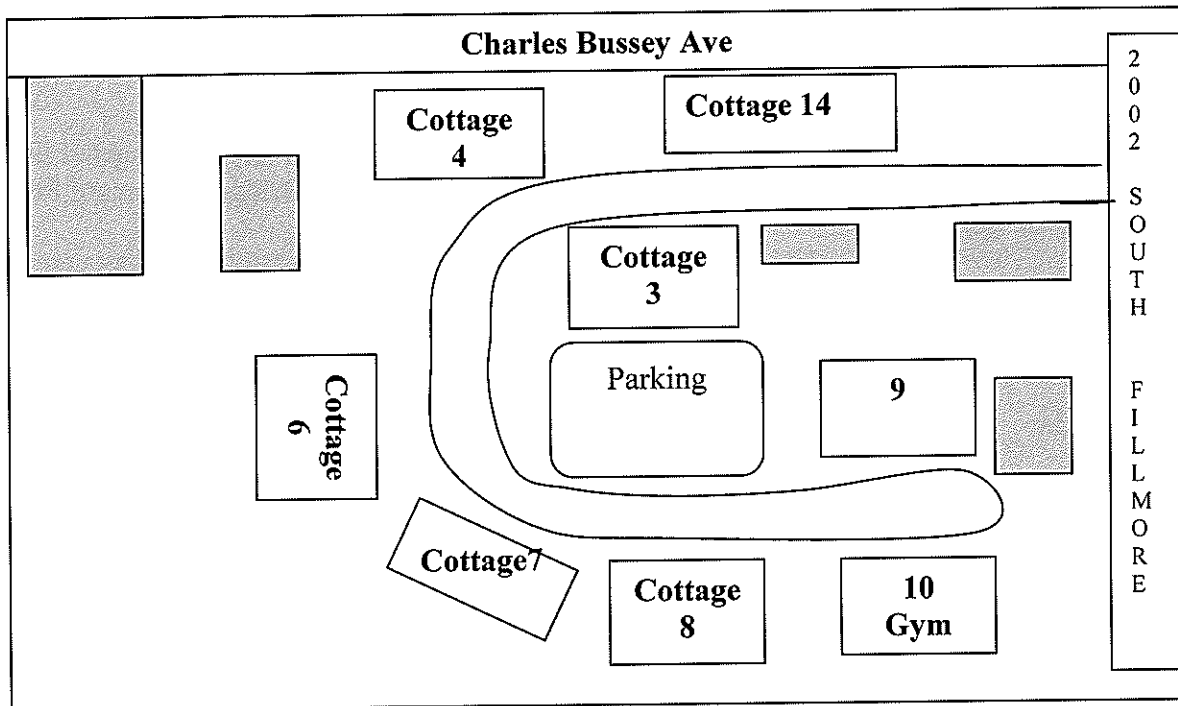
- Use of alcohol, drugs, or over-the-counter medications not prescribed by your health care provider.
- Refusal to take a drug or alcohol screening test.
- Sexual activity on campus.
- Absence from the facility without written permission from a member of the clinical team
- Continuous non-compliance with program rules as evidenced by behavior reports and shift notes.
- Failure to follow treatment plan (i.e. attend class, apply for financial assistance), etc.

IMMEDIATE DISCHARGE CRITERIA

- Physical violence such as hitting, slapping, punching, pinching, shaking, or pulling hair, or threatening behavior, both verbal and/or physical, toward another client, child, or staff.
- Use or possession of weapons.
- Use of illegal drugs or alcohol on campus.
- Misuse of prescribed medication.

* **Administrative Discharge Appeal Process** Arkansas CARES clients that are administratively discharged will be allowed to appeal this decision to the Program Administrator. Please send completed form to: Arkansas CARES Program Administrator, P.O. Box 56050, Little Rock, AR 72215. The Program Administrator will review the appeal and respond in writing within 14 business days. (See Attachment B)

Arkansas CARES Campus



#14. Clinical Building houses the Program Administrator, Clinical Director, nurses, psychiatrists, all Clinical Services. The phone number is 501-906-4928. The hours of operation are Monday-Friday 8a.m-5:00p.m.

#6. Day Treatment houses Director of Residential and Day Treatment, case management services, day treatment classes. The hours of operation are 7:30 a.m.-3:30 p.m., Monday-Friday.

#8. Residential Cottage houses the women and children of the Arkansas CARES program. The phone number is 501-906-4968. Phone hours are daily from 6:00p.m.-8:00p.m, but only available to those with phone privileges. Please note, this phone is only in use during the scheduled hours and will not be answered outside of these times.

BUILDING BRIDGES

Building Bridges is a Continuing Care program that is offered to graduates of the Arkansas CARES residential treatment program. Building Bridges staff is available to assist clients in linking to the following supportive services in their community:

- Relapse Prevention Planning
- Medication Management
- Mental Health Counseling for Adults and Children
- Vocational / Educational Counseling
- Life Management Skills
- Case Management
- Health Care Coordination

Continuing Care services are available to clients for up to three years, and staff is available to provide support to them during their transition back into the community. Building Bridges staff will make contact with participants monthly and administer home visits as needed to ensure that the client is living in a safe and stable environment.

The Building Bridges program is a requirement for those clients who receive a housing voucher through the LR Housing Authority. Clients who are not compliant with the Building Bridges Aftercare Program will lose their housing voucher.

Clients will be given additional information on the Building Bridges program upon receiving a discharge date from the treatment team.

PROGRAMMING

Therapy, Treatment Planning, and Life skills Classes

- A mental health professional will meet with you and conduct an initial assessment of your mental health and substance abuse history and treatment needs during the first week of your admission to the program. This interview with you will be the basis for determining the goals of treatment and the services that will be provided for you. You and your primary mental health therapist will discuss your needs and goals and develop a Master Treatment Plan. This plan outlines problems and the goals that the client and therapist set for the resolution of the problem(s), and the sustained management of issues associated with the problem(s). Behavioral objectives will be set, and the interventions used in the treatment will be identified. A time frame for reaching goals will be established. The Master Treatment Plan will guide the delivery of services that include classes, individual and group therapy, and supervised practice of life skill behaviors that include parenting and self-care. You will be provided with an individualized schedule for recurring classes, groups, parent/child interaction, and appointments. Your progress in the development of useful behaviors will be documented in your confidential chart and these reports by service providers will be used to help you understand improvements as well as deficits in your behavior.
- The Treatment Team is composed of most of the staff providers, and will be the guiding force in offering you feedback about your progress in treatment. The Master Treatment Plan will be reviewed periodically and may be modified as goals are achieved or when new goals are added. Accomplishment and sustained practice of improved behavior will result in advancement toward completion of the residential treatment program addition of privileges for the client. Failure to advance in behaviors designated on the treatment plan will be addressed by your primary therapist and the Treatment Team, and remedies will be suggested to you in the form of a treatment plan revision that has a time-frame to establish behavior(s), and outlines consequences of not meeting behavioral expectations. All questions about your Master Treatment Plan should be directed to your primary therapist and the individual service providers identified on the treatment plan.

SUPPORT SERVICES

- **Health Care Coordination** is provided by a Registered Nurse for mothers and children. All mothers will receive a physical examination and all children will receive health screenings and immunizations. Clients will be referred for further medical care as needed. If needed, assistance will be provided to identify a primary care physician. Clients are required to ensure that the Children's Program has documentation of up-to-date immunizations and annual physical or EPSDT examinations for each child.

- **Children's Special Services** are provided when determined to be needed through screening and evaluations. Special services include mental health therapy.
- **Transportation** is provided to community appointments such as legal, medical, dental, DHS, TEA, WIC, food stamps, and child support. We will not provide transportation to pay bills, or for other personal errands.
- **Transitional Living** is provided to eligible Arkansas CARES graduates needing safe affordable housing. Eligibility is based on specific criteria that include the client's behavior demonstrated in the intensive treatment program.

CLIENT RESPONSIBILITIES

Financial

- **Food Costs**: All clients are expected to pay monthly toward food expenses. The amount due is based on a set amount for each meal consumed. Most often this is equal to the DHS food stamp amount allotted for an eligible mother with the same number of children who are living with her at Arkansas CARES. Clients not eligible to receive food stamps will receive a monthly invoice for their food cost. Failure to contribute toward food costs may be grounds for program dismissal. When residents are discharged, any over-payments toward food costs will be returned once accounts have been settled.
- **EBT Cards**: All clients will coordinate with their Case Manager in budgeting for monthly food payments, personal shopping, and other needs identified in the client's monthly individualized budget. EBT cards will be kept in the Program Support Specialists office and requested amounts of money will be removed weekly from the cards and provided to you.
- **Clinical Care for Adults and Children**: Due to the rising costs of healthcare service, we strive to provide cost effective treatment at Arkansas CARES. We feel that in order to continue providing quality care for our clients, a financial policy must be in place. We will file insurance on your behalf, however, unpaid claims and payments for programming and services are ultimately the responsibility of the client. It is the client's responsibility to apply for financial assistance, if needed, the office manager will assist with the application process.
- **Payment for Child Care**: The client is responsible for paying childcare tuition fees. See case manager for application to DHHS for vouchers.
- Check, cash, or money order made out to Arkansas CARES will be accepted for payments due and will be paid in the Business Office located in the Administration Building.
- Receipts will be issued.

The Arkansas CARES program shall not be held responsible for medical costs incurred by client and/or child in occupancy of this program and transported to medical appointments.

We are committed to your treatment being successful! Please understand that payment of your bill is considered part of your treatment. For a complete list of service charges, please see the Arkansas CARES Financial policy, provided to you upon admission.

ABSTINENCE/ RELAPSE POLICY

1. Client must remain abstinent from alcohol and illicit drugs. In the event of relapse, the Treatment Team will determine appropriate consequences which may include immediate discharge and notification of DHS if children are felt to be at risk.
2. Drug Screens: Scheduled, random, and "on suspicion" drug screens are an integral part of treatment. If you are granted a pass for the weekend, you will be screened. Clients who remain on campus for the weekend will be screened at random. Other screens will be conducted as indicated.

PETS

- Pets are not allowed in residential treatment

TOBACCO USE

1. Arkansas CARES campus and program buildings are tobacco-free.
2. Smoking is not allowed on or off campus, and visitors are not allowed to smoke while on program premises. We encourage our clients that smoking while off campus, as this is considered a violation of the Smoking Cessation Education and Consent form you signed upon admission.

INAPPROPRIATE ATTIRE FOR CLIENTS

- Provocative or revealing attire: no sheer fabrics, plunging necklines, or cleavage showing
Slacks/pants: cut-offs, clothing with rips, holes, excessive wear or fading are prohibited; undergarments must be completely covered by clothing.
- Shirts/tops: t-shirts with sleeves cut out and tank tops are prohibited; midriff area and undergarments must be covered.
- Dresses/skirts: no spaghetti-strap dresses (unless covered with appropriate cardigan), dresses should have modest hemlines and should cover no less than one hand's width above the knee.
- Accessories: Showing of inappropriate body piercings and tattoos are prohibited.

ABSENCES

- You are required to go to class daily as scheduled. The nurse must approve all absences for illness. All absences due to appointments must have prior approval by the appropriate program staff. Make-up work will be assigned for any missed class.
- If you are absent for two days or more in one week, whether for you or your children, you will not be able to apply for a pass or level advancement that week.
- If your child will be absent or late, please call the Childcare Center by 7:45 a.m. or the school by 8:30 a.m.

VISITORS:

- Visitation is a privilege not a right. All family/friends must have approval from your primary therapist prior to coming on campus for visits or you leaving the campus with them. This is mandatory. The staff exercises the right to ask visitors to leave if behavior is inappropriate or if the visitor appears to be intoxicated. Therapist will approve visitation for on-site and off-site as well as child only passes. If you have a court order for visitation presented it to your case manager for further discussion.
- Clients are allowed visits subject to level privileges, after completion of Orientation.
 1. All family/friends must attend the Family Education group prior to visitation. Unless this is a child only visitation.
 2. Visitation is from 4pm to 5pm immediately following group. Your family/visitors will be required to attend group each week prior to visiting with you. You will not be allowed visitation if family/friends do not attend Sundays group.
 3. Visitation will occur in cottage 6. No visitation will take place in cars, inside cottage 8, or areas out of sight of the staff.
 4. Appropriate behavior should be displayed at all time. Inappropriate behavior is defined as cursing, arguing, fighting, groping, fondling, grinding, and prolonged kissing.

AA/NA/CA MEETINGS

- In accordance with the Twelve Step recovery method, you are expected to find a female Sponsor by your second week once you have achieved Level One.
- You are also responsible for attending 12 Step Meetings while on Therapeutic Leave Pass and provide proof that meetings have been attended.
- Your Case Manager will assist you in completing a release of information so we may verify your attendance at meetings and contact with your sponsor.

MEALS

Mealtimes are scheduled for the hours of 6:00 am. – 6:30 a.m. for breakfast, 12:00p.m. for lunch, and 5:30 p.m. for dinner. Nutritious snacks are to be provided for children at 9a.m. and 2:00p.m. when in the childcare center. You may need to provide a snack at similar times when the children are not in childcare or at 3:30-4:00 p.m. when the children return to the cottage.

- Each resident will participate in meal planning, preparation, and cleanup as assigned. You will be assigned weekly chores.
- For safety reasons, children are not allowed in the kitchen at any time unless it is a supervised teaching activity.
- If you are scheduled for kitchen duty it is your responsibility to ask someone to assist with watching your child(ren) while you are completing this chore.
- Monday – Friday dinner will be delivered to each cottage from the central kitchen between 4:45 p.m. and 5:15 p.m. Clients are responsible for cooking their own meals on Saturday, Sunday and holidays. Items for these meals will be provided by the central kitchen. See cottage schedule for preparation and meal times.
- Each family is expected to eat together during mealtime. You should sit at the table with your children.
- All food stored in the refrigerator must be covered and labeled. Labels include the date the food is placed in the refrigerator. All leftovers are to be discarded after 48 hours.
- To provide nutritionally balanced meals and snacks, menus are approved by a Certified Dietary Manager. Residents will follow the menu developed with the Home Economist as part of the weekly meal preparation.
- Clients or visitors are not allowed to bring in food and drinks. Off campus food is prohibited. If you are off campus for an appointment during any meal time it can be approved for you to eat during this time only by your case manager.
- If you are out shopping with staff you are prohibited from buying off campus food your main purpose is to obtain the necessary items on your list approved by your case manager.
- Food and drinks are allowed only in the kitchen and dining areas. No food is allowed after 9:00 p.m. unless medically indicated.

HOUSEHOLD RESPONSIBILITIES

- Household responsibilities, chores, or house duties will be assigned to all residents.
- Residents will keep all areas (inside/outside) of the residence clean and in good repair. You should alert staff when you notice repair or cleaning needs.
- Each cottage will have a Peer Manager to assist staff in teaching you the household routines.
- Deep cleaning chores will be assigned for Saturday mornings.
- You are responsible for keeping your room clean, organized and safe.
- All rooms will be checked each morning at 7:15 a.m., except on Saturday when they will be checked at 10:00 a.m., and each night at 8:00 PM.

LAUNDRY

- You are responsible for washing and drying your family's clothing, as well as sheets and linens you use. Children are encouraged to participate in sorting and folding the laundry.
- In your room, clean clothes should be clearly separated from the dirty/soiled laundry.
- You will be assigned a specific day and time to do laundry. Changes in wash days shall be approved by the Residential Program Support Specialist.
- All laundry must be completed by 9:00 p.m. You are responsible for cleaning the laundry room on your wash day, including removing all lint from the dryer to prevent fire.
- Bed linens and towels/washcloths are to be washed at least once a week and must be laundered prior to discharge from the facility.

HYIGENE

- All residents must share the bathrooms. Please be respectful of time.
- All children under age 6 are to be accompanied when in the bathroom.
- Notify your Behavioral Instructor when you need to restock toilet paper, paper towels, or soap in the kitchen or restrooms.
- Adults and children are to adhere to hand washing and other infection control policies/procedures. Example: Wash hands before/after food preparation, eating, toileting, and changing diapers. (See residential staff for copy).
- Mothers are responsible for providing/monitoring their child(ren)'s brushing of their teeth.
- All hygiene supplies (toothpaste, toothbrushes, soap, etc.) must be kept in individualized, clean, and labeled containers and stored in the chemical closet.
- Clients and children should bathe daily.

PHONE USE

- Clients earn phone privileges according to level. (Refer to level system) Calls are made according to phone schedules posted at each residence. You will need to inform relatives and friends of your scheduled phone times.
- Calls to locate and talk to approved sponsors are allowed at any level, and limited to 10 minutes unless otherwise approved by the Program Support Specialist or your Case Manager. These phone calls will be supervised by your Behavioral Instructor.
- Children are allowed to call immediate family members with approval from the primary therapist.
- Child calls should be monitored by the Behavioral Instructor, and limited to 10 minutes.
- Federal confidentiality law (42 CFR, Part II) does not allow staff to acknowledge your presence without your specific written consent.
- Phone times are scheduled as outlined below:
 - Monday through Friday: 6:00 p.m. – 8:00 p.m.
 - Saturday and Sunday: 6:00 p.m. – 8:00 p.m.
- Abuse of phone privileges will result in restricted use.
- In case of an emergency, have family member(s) contact your Behavioral Instructor.
- Cottage 8 emergency number 501-786-4077

RADIO/MOVIES/TELEVISION/COMMUNICATION DEVICES

- Radio and television volume is to be kept low in all rooms at all times. Radios and televisions are to be **turned off** when leaving the room, during homework time, and at children's bedtime.
- All movies, videos, CDs and video games will be rated G. Any exceptions must be approved through program staff. Programming with any of the following is not to be viewed at any time: violence, frightening or scary sequences, sexual activity, profanity, and abusive or disrespectful language. Staff reserves the right to remove questionable tapes, CD's, etc.
- No pagers, cell phones, or other communication devices are permitted on campus.

ROOM CHANGE

- Clients may request a room change. The Treatment Team must grant permission before a room change may take place.
- Clients may be asked to move or share a room to better accommodate families.

CURFEW

- Clients are to be in their room by 10:00 p.m. with lights out by 11:00 p.m., Sunday through Thursday. On Friday and Saturday, residents are to be in their room by 11:00 p.m. with lights out by 12:00 a.m.
- Children are to be in their rooms by 8:30 p.m. Mothers are to remain in the bedroom with their children until they fall asleep, and once children are asleep, mothers are to check on the children every 15 min. Individualized family nurturing schedules will be followed for bedtimes.

CHILDREN

- Clients are expected to supervise their own children at all times. Children under age 6 are not to be left without direct supervision in parent's eye sight, even briefly unless they are soundly asleep. Children who are over 6 years, but who have engaged in aggressive behavior in the past week, must be in parent's eyesight at all-times unless asleep. Children are never allowed to sleep in the same bed with their parent.
- Parents are expected to discipline their children using positive discipline techniques. Corporal punishment (i.e. hitting, slapping, whipping, etc.) is not allowed.
- Parents are responsible in creating and following a family nurturing schedule. The Parent Educator will assist.
- Parents are expected to model appropriate behavior and language in front of children at all times.
- Children shall attend school or daycare regularly unless ill. Clients are to notify nurse, school, and daycare of child's illness.
- Clients are expected to drop off and pick-up their own children from the childcare bus stop in front of building 6. In addition, school-age children should be accompanied to and from the bus stop.
- In case of a client medical emergency, staff will help coordinate care for children until emergency contact person is able to come pick children up.

INTENSIVE TREATMENT PROGRAM

- Clients are expected to attend and participate in all scheduled individual or group meetings/classes and activities listed in your daily schedule and to actively participate
- Sleeping in groups, class, on the sofas, chairs, in the yard, or public area is not allowed at any time during the program day
- You are expected to be in class on time and with notebook, pen, materials, and completed assignments

- Restroom and snack breaks should be taken between classes
- All medical appointments are to be scheduled through the Nursing Staff all other outside appointments are to be coordinated through your case manager.
- Clients are responsible for following the daily lunch menu.
- Clients are not allowed to return to their cottages during day treatment without staff permission
- No food or drinks are allowed in any groups or classes. This includes candy.
- Clients are expected to contribute to the community by ensuring the group and classroom are clean at the end of each day.

SAFETY AND SECURITY

- Children are not allowed in the kitchen at any time.
- Clients (and their children) are expected to participate in routine drills. You will be informed of procedure for your cottage during orientation.
- All cleaning chemicals must be stored out of reach of children
- All electrical outlets not in use must have outlet covers.
- Extension cords cannot be used in residences; power strips are permissible.
- Bedroom doors must be self-closing. Do NOT prop doors open, as this is a violation of the fire code
- Cardboard boxes are considered combustible items and should not be stored in residential cottages, particularly laundry, kitchen, pantry and bedroom areas. Rubbermaid or plastic containers are suggested for storage use in bedrooms.
- All bedroom furniture should be arranged so that there is a clear pathway with no obstructions in doorways
- Cottage hallways and stairwells should remain clear at all times to provide a clear pathway to fire exits
- Cottage doors should be locked at ALL TIMES. Cottage **staff** should greet ALL visitors.

INFANT/CHILDRENS SLEEPING ARRANGMENT

- ALL AR CARES residential staff are to supervise as well as periodically throughout the shift check on all clients and the supervision of their children.
- NO child (regardless of age) are to sleep in the same bed with you. ALL children are to sleep in their own beds — Crib for infants and toddlers, and toddler bed / twin for older children.
- When changing diapers - the infant/toddler is to be placed either on the floor or in the baby bed. You should **NEVER** be changing the child on your own bed or couch etc.
- Not adequately supervising your children is in fact "child neglect" and can be reported to Child Abuse and Neglect Hotline. It is important for you to get in the habit of having your child sleep in their own bed, change them on a correct / safe surface, etc.

ILLNESS

- When a child is ill, notify childcare and school, if school age, that they will be absent. Children with the following conditions will not be admitted to the daycare and should be kept home from school: Fever of 101 degrees or higher; three or more occurrences of vomiting or diarrhea in 24 hours; a contagious condition such as pink-eye or chicken pox. Children may return to the daycare when they have been fever-free for 24 hours. For contagious conditions, the child may return with a note from the doctor or nurse.
- Only nursing staff or one of the Program Directors may approve a client from missing group due to their own or their child's illness.

- Any adult or child illness that requires missing programming for two or more days will result in passes being denied. This measure is taken to insure healthy recovery.
- Residents will help their sick peers by covering their assigned chores during the illness.
- Clients are expected to bring back a doctor's statement when returning from any medical appointment (both adult and child). This is to be turned into the RN and/or appropriate staff upon return to program campus.

SELF-ADMINISTERED MEDICATIONS

- Any medications (prescribed and over-the-counter) brought to Arkansas CARES **must** be in their original, labeled container, and turned into staff upon admission.
- All medications, including over-the counter medications, must be kept in the locked medication cabinets unless otherwise authorized (e.g. child/adult inhalers)
- Clients are responsible for requesting their medication at the scheduled medication time
- Staff will observe a client take her medication or a mother's giving of medications to her own child. The observing staff person and mother will both sign the medication sheet.
- Each time a refill is obtained, it must be given to staff immediately, preferably the Arkansas CARES RN before 3:00 pm. Upon discharge clients will be provided with any unused medications unless such action is not in the client's best interest.

MAIL

- Day treatment staff distributes mail and reserves the right to request that you open mail in their presence. All personal mail will be distributed by the Behavior Instructor after day treatment.
- Mailing addresses are:

Physical address:
UMCH Arkansas CARES
2002 South Fillmore St.
Little Rock, AR 72204

Client Mail:
Staff or Client Name
UMCH Arkansas CARES Program
P.O. Box 56050 Little Rock, AR 72115

THERAPEUTIC LEAVE/PASSES

- Residents of Arkansas CARES gain the privilege of going on Therapeutic Leave (TL) Passes according to level status. (See level system)
- You are responsible for attending 12-Step meetings while on Therapeutic Leave Pass and providing proof that meetings have been attended. Meeting attendance forms are available from your Case Manager.
- Requests for TL/Pass must be turned in to your case manager by the of day treatment on Wednesday.
- Prior to leaving on a weekend TL/Pass, each resident must complete her Saturday cleaning chores. The Behavioral Instructor on duty must verify that chores were completed according to the program standards. If a client fail to comply to rules and policies before going on pass the pass can be restricted by the Behavioral Instructor.
- TL Pass requests must be submitted to the Residential Program Manager and will be reviewed on Thursday mornings by the Treatment Team. At this time, you may receive a "temporary approval" to leave on pass. This is contingent upon continued treatment progress and adherence to programming rules.
- Children are expected to accompany mothers on all passes. Therefore, mothers must include plans for children on pass requests.
- If a resident feels that her sobriety is in jeopardy while on pass, she may return to the facility. However, once she has returned, she is expected to remain on campus.

- Upon return from pass or off-campus appointments, the client is to remain in the living room before going to their bedroom. Once the Behavioral Instructor searches personal belongings and administered a urine screen, clients will gain permission to enter other areas of the cottage.
- Behavioral Instructors will search personal items when clients leave for TL/passes and when they return.

TRANSPORTATION

- Staff will provide transportation as directed by the clients Master Treatment Plan
- Personal vehicles are not allowed while in residential treatment unless expressly approved by Treatment Team
- Appropriate restraints (seat belts and car seat) must be used by all mothers and children.
- Staff will not transport for personal errands unless a needs slip has been provided by the client's Case Manager.

VISITORS

- The client's Primary Therapist must approve all visitors in advance of visitation. All visitors over age 18 years must show identification.
- All visitors must sign in and obtain a visitors ID badge upon entering and exiting Arkansas CARES premises
- Residents may have visitors on campus during scheduled visitation after they achieve Level One. Visitation hours are 4:00-5:00 p.m. on Sunday.
- Visitors are allowed to use the front yard area of Cottages 6, 7 and 8 for visitation or the group or dining room of Cottage 6 (visitation in Cottage 6 requires a staff member to be present in the building). No visitation is allowed in Cottage 8 or in visitor's cars.
- Visitors are not allowed to bring food or beverages on campus.
- Appropriate behavior should be displayed at all times. Inappropriate behavior is defined as cursing, arguing, fighting, fondling, and prolonged kissing.
- The staff has the authority to ask visitors who exhibit inappropriate behavior or who refuse to follow house rules to leave the facility.

SPONSORS

- The client's Dual Diagnosis Counselor or Case Manager must approve all sponsors before sponsor phone privileges and visitation is allowed. A copy of the approved sponsor list can be accessed by the Residential Program Director. All sponsors must show identification when visiting.
- Sponsor visits should be approved and coordinated by the client's Dual Diagnosis Counselor or Case Manager.

PRIVACY

- You have the right to a private space to meet with staff and/or visitors
- You have the right to privacy in your room. Clients are expected to respect the privacy of each other. Respect for another's privacy includes their rooms, personal possessions, assignments, journals, etc.
- Clients (including children) are not allowed entrance to other client's rooms.
- Federal law and regulations protect the confidentiality of alcohol and drug abuse treatment records maintained by Arkansas CARES. In addition, Arkansas CARES staff may not say to any person outside the program that a resident attends or has attended the program, or disclose (make known) any information identifying a resident as an alcohol or drug abuse treatment client unless:
 - ✓ The client consents in writing
 - ✓ The disclosure is allowed by a court order

- ✓ The disclosure is made to medical personnel in a medical emergency
- ✓ The disclosure is made to qualified personnel for research, audit, and program evaluation
- ✓ The client commits or threatens to commit a crime either at the program or against any person who works for the program.
- Violation of the federal law or regulations by a program participant or staff member is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.
- Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or social authorities. Arkansas CARES staff is mandated to report suspected child abuse or neglect.
- Copies of federal law 42 U.S.C. 290EE-3, 2909FF-3 and federal regulation 42 CFR Part 2 are available in the Arkansas CARES office and can be reviewed at your request.

CLIENT RIGHTS

Room Searches

Staff of Arkansas CARES, following our commitment to ensure the safety of all clients, will conduct a search of rooms or personal belongings under the following conditions:

- Upon Client Admission
- Upon leaving for Pass or off-campus appointment
- Upon return from pass or off-campus appointment the client is to remain in the living room before going to their bedroom until the Behavioral Instructor searches personal belongings
- Routine, random searches are conducted by cottage or campus-wide
- Upon staff suspicion (such as following positive drug screen, verbal report, behavior, etc.)
- The process for searches will be that:
 - ✓ The client is present and at least one staff member is present, and
 - ✓ At least two staff members and the client are present for “on suspicion” searches
- For a complete list of Client Rights, please see Attachment C.

Methodist Children’s Home

Section 1557 of the Affordable Care Act Nondiscrimination Notice

Methodist Children’s Home complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Methodist Children’s Home does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Methodist Children’s Home:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Shayla Donahue, 501.906.4902.

If you believe that Methodist Children’s Home has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Carolyn Vickery, 2002 South Fillmore, Little Rock, AR 72204, 501.906.4902, Fax 501.421.0158, chale@methodistfamily.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Carolyn Vickery is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ARKANSAS CARES ADULT LEVEL SYSTEM

Attachment A

Arkansas CARES intensive treatment level system consists of orientation and levels 1 – 4. The purpose of the adult level system is to build a therapeutic community in which each client makes tangible improvement in recovery, mental health, and life skills. As gains are made, personal privileges are increased, and the client moves toward program completion. Clients begin on orientation level upon entrance to the residential program. As clients advance through the levels more is expected in all areas of work. A client must fulfill the responsibilities of the assigned level in order to be considered for advancement to the next level. Responsibilities include following rules, working on goals of the master treatment plan, and completing objectives in the following areas:

- ✓ Dual diagnosis / Recovery
- ✓ Case management
- ✓ Health & recovery
- ✓ Parenting education
- ✓ Parent/school involvement
- ✓ Fitness
- ✓ Residential living

When objectives in each area are completed and signed off by staff, the client is responsible for completing the level advancement request application. Level advancement application must be turned in by 3:00 p.m. on Thursday afternoon. Your Case Manager will assist you with this form as needed. On Monday, the Treatment Team will review the application and determine whether the level advance is approved. If not approved, client is informed of the reason and what needs to be worked on. The new level starts the following Monday.

ORIENTATION

Client Responsibilities:

- Comply with all rules
- Attend all classes, groups, appointments
- Become familiar with Master Treatment Plan
- Complete all intake paperwork including orientations, assessments, child programming, and research

Privileges:

- No visitors
- Client will be able to make phone calls from their case managers office only, Unless otherwise approved by the Day Treatment Director
- No phone calls (Client may make set up by Case Manager to call external children any other calls need to be made with case manager).
- Client may contact children not in program with her, and arrange for approval of family phone calls for children with client's Primary Therapist as appropriate.

Advancement Criteria:

- Minimum time – 30 days
- Complete orientation objectives, turn in request on time.
- Display appropriate behavior across all program areas.

LEVEL I

Client Responsibilities:

- Comply with all rules
- Attend classes, groups, appointments
- Continue work on master treatment plan and area objectives.

Privileges:

- Eligible for Level I Pass (4 hours)
- Visitation on Sunday only (after family group)
- One 15 minute phone call per week to family
- Phone calls may be made to 12 Step sponsor daily if a release has been signed permitting Day Treatment staff to contact and verify relationship. These calls will be monitored by the Behavioral Instructor.

Advancement criteria:

- Minimum time – 30 days
- Complete level objectives, turn in request on time.
- Display appropriate behavior across all program areas.

LEVEL II

Privileges:

- Eligible for Level II pass (8 hours)
- Two 15-minute phone calls per week
- Visitation on Sunday only (after family group)

Advancement Criteria:

- Minimum time – 30 days
- Complete level objectives turn in request on time.
- Display appropriate behavior across all program areas.
- Serve as model for newer clients.

LEVEL III

Client Responsibilities:

- Comply with all rules
- Attend classes, groups, appointments
- Continue work on master treatment plan and area objectives.

Privileges:

- Eligible for Level III pass (two 8 hour pass on each Saturday and Sunday or over night pass)
- Three 15-minute phone calls per week
- Visitation on Sunday only (after family group)

Advancement Criteria:

- Minimum time – 30 days
- Complete level objectives, turn in request on time.
- Display appropriate behavior across all program areas.
- Serve as model for newer clients

19

Administrative Discharge Appeal Form

Attachment B

Client Name:	Date of Discharge:
Address:	Date Appeal Received:
Phone Number:	
Disposition of Appeal:	Reviewed By:
	Date Reviewed:

Reason for Discharge: _____

Police Involvement ___ Yes ___ No **Comment:** _____

Was anyone harmed? ___ Yes ___ No **Comment:** _____

State reason for appeal: _____

_____ Administrator Signature	_____ Date
_____ Client Signature (if available)	_____ Date

(Please type or print information legibly and attach additional sheets, if needed.)

Mail completed form to: **Arkansas CARES Program Administrator**
P.O. Box 56050, Little Rock, AR 72215

MCH Arkansas CARES Policy & Procedure Section 2.9: Administrative Discharge

CLIENT RIGHTS

Attachment C

Arkansas CARES will adhere to the policies established by the Methodist Family Health, as well as following specific rights for clients admitted into the treatment services of Arkansas CARES.

1. You have the right to be treated with dignity and respect, as an individual who has personal needs, feelings, choices and requirements.
2. You have the right to privacy in your treatment, in your care, and in the fulfillment of your personal needs.
3. You have the right to be fully informed of all services available to you in any of the Arkansas CARES programs and of any charges for those services.
4. You have the right to be fully informed of your rights as a resident and of all expectations for your conduct at this facility.
5. You have the right to manage your personal financial affairs. If you desire assistance, Arkansas CARES staff will arrange appropriate assistance for you.
6. You have the right to know about your physical condition unless your physician, for medical reasons, chooses not to inform you, and so states in your medical record.
7. You have the right to be a part of developing your Treatment Plan.
8. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequence(s) of this choice.
9. You have the right to continuity of care. You will not be discharged or transferred except for medical reasons, for personal welfare, or the welfare of others. Should your transfer or discharge become necessary, you will be given reasonable advance notice, unless an emergency situation exists.
10. You have the right to voice opinions, recommendations and grievances in relation to policies and services offered by Arkansas CARES without fear of restraint, interference, coercion, discrimination or revenge.
11. You have the right to be free from physical, chemical, and mental abuse.
12. You have the right to confidential treatment of your personal and medical records. Information from these sources will not be released without your prior written consent, except in your transfer to an emergency medical facility as required by law, or under third party payment contracts.
13. You have the right to retain and use your personal clothing and belongings, as space permits, unless doing so would infringe upon the rights and safety of others or is against your written plan of treatment.
14. You have the right to participate in the activities of social, religious, and community groups of your choice in compliance with your level status.
15. You have the right of choice of persons with whom you associate and communicate, publicly and privately.
16. You have the right to privacy during visits by your spouse, family, clergy, 12-Step sponsor, and others as appropriate to your Treatment Plan, and space limitations.
17. You have the right to receive visitors as appropriate to your Treatment Plan, and the design of the Arkansas CARES program.
18. You have the right to both make and receive telephone calls, as appropriate to your Treatment Plan, and the structure of the Arkansas CARES program.
19. You have the right to send and receive mail. You are required to open mail in the presence of a staff member.
20. You have the right to be informed in advance of any visitors to Arkansas CARES and the right to privacy if you do not wish to see visitors, or be a part of activities while visitors are present.
21. You have a right to have your family involved in your treatment and are allowed to define who your "family" is.
22. You have a right to know the clinical staff members who will be involved in your care.
23. You have the right to be informed of all experimental research or educational activities involved in your care and to be given the opportunity to refuse to participate.
24. You have the right to have your rights explained to you in a language you can understand.

I have read this statement of rights and/or it has been read to me and have had an opportunity to ask questions and have them answered. I understand what my rights are and I have been given a copy of this statement.

Signature _____ Date: _____

Grievance Policy

At any time during your treatment at Arkansas CARES you may decide you need to express how you feel about the facility, decide that you want to leave Arkansas CARES, may feel you are being treated unfairly, may feel that your rights have been violated, may have client care or safety concerns, or may just want to express a complaint. Every Client, no matter the age, or their guardian has the right to file a grievance or request a grievance form from any direct care staff. **ARKANSAS CARES** will facilitate any request by a Client for a fair hearing.

PROCEDURES:

1. All Clients and/or guardians will be advised of their legal rights, right to counsel, and grievance procedures after admission.
2. If a Client and/or guardian expresses they are having their rights violated, or wish to return home, leave care, or voice a complaint about treatment, the **ARKANSAS CARES** staff so advised will advise the client to file a written grievance. The written grievance form is located throughout each building in a black box attached to the wall. The client may complete the grievance form and put it in the locked box. The Client Advocate retrieves the grievance form from the boxes and reviews the grievance within 5 business days and then forwards it to the appropriate program director. The director will review the grievance with the client within 2 weeks or 72 hours if an emergency. The grievance will then be sent to the Grievance Committee to determine if additional action should be taken. Depending on the issue, the grievance will be discussed in the appropriate therapy setting, appropriate action will be taken or if determined, a conference will be scheduled.
3. If the issue is not resolved, a meeting will be arranged within the next 10 business days. Meeting participants may include (but are not be limited to) the Client, **Staff Member Involved, Clinical Director, Program Director, Client advocate, the person responsible for the client and/or child at ARKANSAS CARES** and a neutral **Program Consultant**.
4. If the issue continues to be unresolved the Client may appeal to the President/CEO. A meeting will be arranged within the next 15 business days. Participants may include (but are not be limited to) the President/CEO, Medical Director or Treating Physician, Program Administrator, Clinical Director, Program Director, Youth Advocate, Director of Human Resources, and the person responsible for the client (minor).
5. All meetings and actions will be in writing on the Grievance Follow-up Form, which generates from the meeting regarding the Client's grievance.
6. The Client and/or Guardian have the right to report grievances directly to the ARKANSAS CARES Client Advocate, Kristie Esaw 501-906-4928, whom holds the title of Office Manager. In addition, the Client and/or Guardian may directly contact the Arkansas Department of Health Facility Services at 501.686.9866 or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by either calling 800.994.6610 or e-mailing complaint@jcaho.org.

****I HAVE READ AND UNDERSTAND THE PROCEDURES CONCERNING GRIEVANCES.**

Client

Signature

Date



Arkansas CARES Grievance Form

Date of Incident: _____

Time of Incident: _____

Persons Involved: _____

Description of Incident: _____

Who you reported this to when it occurred: _____

Where did the incident occur: _____

Name of person filing the grievance: _____

Today's Date: _____

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-501-246-5731.

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-501-246-5731.

FRENCH

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-501-246-5731.

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-501-246-5731.

LAO

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຢູ່ສະໄໝ. ໂທ 1-501-246-5731.

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-501-246-5731。

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-501-246-5731.

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-501-246-5731. 번으로 전화해 주십시오.

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-501-246-5731. まで、お電話にてご連絡ください。

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-501-246-5731.

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-501-246-5731.

MASHALLESE

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ñe am ejjelōk wōṇāān. Kaalōk 1-501-246-5731.

POLISH

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-501-246-5731.

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-501-246-5731.

Client Responsibilities

WEEK OF:

DATES:

Peer Managers are **not** responsible for completing your duties.
 They will only record whether you complete your duties or not.
 If for some reason you are unable to complete your duty it is YOUR responsibility to
 find someone to do it for you.
 Whether or not you demonstrate responsibility in this area will
 be considered in decisions regarding passes and you advancing to another level.

CLIENT RESPONSIBLE	RESPONSIBILITIES	M		T		W		R		F		PEER MANAGER NOTES
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
	Peer Manager checks daily chores of peers. Assign new chore to new clients upon admission. Put up supplies when they are order.											M: T: W: TR: F:
	Assistant Peer Manager Assist Peer Manager in checking daily chores. Perform PM duties when they are out.											M: T: W: TR: F:
	Discard any food and drink left in fridge everyday. Fill ice trays upon arrival, lunch and before leaving. <u>Ensure all food is put back in refrigerator after lunch.</u>											M: T: W: TR: F:
	Wipe fridge and freezer with cleaner daily. Make sure closet in kitchen is picked up and organized.											M: T: W: TR: F:
	Stock Kitchen with paper towels, dish soap, and hand soap as needed. In kitchen wipe down window sills, cabinets, sink, and stove top with cleaner. Clean coffee pot on a regular basis (make sure coffee pot is turned off).											M: T: W: TR: F:
	Load dishwasher and unload in mornings. Clean dry erase board and tray in dinning room.											M: T: W: TR: F:
	Sweep/Mop kitchen and dining area No windows should be left open and kitchen and dining room lights should be turned off.											M: T: W: TR: F:
	Straighten dining room. Ensure everything is picked up off of tables and floor. Straighten bookshelf.											M: T: W: TR: F:
	In dining area clean tables and wipe window sills with cleaner.											M: T: W: TR: F:
	Collect and dispose all trash in kitchen, dining area, bathrooms, and hallways.											M: T: W: TR: F:
	Clear front entryway of any items. Clean off front entryway and hall tables (any reading material should promote healthy living). Sweep leaves out side of the door along the walk way.											M: T: W: TR: F:
	Sweep & Mop all hallways including front entry way. <u>Do this chore last and then Empty Mop Bucket.</u>											M: T: W: TR: F:

Client Responsibilities

WEEK OF:

DATES:

Peer Managers are **not** responsible for completing your duties.
 They will only record whether you complete your duties or not.
 If for some reason you are unable to complete your duty it is YOUR responsibility to
 find someone to do it for you.
 Whether or not you demonstrate responsibility in this area will
 be considered in decisions regarding passes and you advancing to another level.

CLIENT RESPONSIBLE	RESPONSIBILITIES	M		T		W		R		F		PEER MANAGER NOTES
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
	Classroom needs to be straightened throughout the day and at the end of the day, remove any and all trash and wipe window sills. Wipe dry erase board and tray. <i>No windows should be left open and lights should be turned off.</i>											M: T: W: TR: F:
	Blue Bathroom: Keep bathroom supplied with paper towels, toilet paper, and soap. Clean sinks and around sinks. Wipe surrounding wall area with cleaner. Discard trash and sweep and mop floor.											M: T: W: TR: F:
	Pink Bathroom: Keep bathroom supplied with paper towels, toilet paper, and soap. Clean sinks and around sinks. Wipe surrounding wall area with cleaner. Discard trash and sweep and mop floor.											M: T: W: TR: F:
	Client will go to the bus stop and pick up school age children.											M: T: W: TR: F:

Arkansas CARES Day Treatment---Behavioral Rating Form

Client Name:

Level:

Case Manager:

Date:

Group 1 Facilitator:	<input type="checkbox"/> Client present on time >15	<input type="checkbox"/> Client Absent Reason	<input type="checkbox"/> Homework assignment: yes/no	<input type="checkbox"/> Due date:
--------------------------------	---	---	---	------------------------------------

Goal Setting Monday/Friday Only	<input type="checkbox"/> Monday <input type="checkbox"/> Appropriate goal	<input type="checkbox"/> Inappropriate goal	<input type="checkbox"/> Friday <input type="checkbox"/> Achieved goal	<input type="checkbox"/> Did not achieve goal
--	--	---	---	---

GROUP PARTICIPATION & BEHAVIOR

1	2	3	4	5
<input type="checkbox"/> Inappropriate:	<input type="checkbox"/> Sleep	<input type="checkbox"/> Meets level specific expectations	<input type="checkbox"/> No prompts to participate	Leads group/initiates discussion Relates to others Takes responsibility
<input type="checkbox"/> Late w/o excuse	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> On time	<input type="checkbox"/> Shares	
<input type="checkbox"/> Active ignoring	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Quiet/attentive	<input type="checkbox"/> Provides feedback	
<input type="checkbox"/> Arguing w/staff/peers	<input type="checkbox"/> Cross talking	<input type="checkbox"/> Work completed/turned in	<input type="checkbox"/> Demonstrates empathy	
<input type="checkbox"/> Threatening	<input type="checkbox"/> Redirection w/Non-verbal cue	<input type="checkbox"/> Engaged		
<input type="checkbox"/> Ejected from group	<input type="checkbox"/> Lack of empathy	<input type="checkbox"/> Appropriate:		
<input type="checkbox"/> Disruptive				
<input type="checkbox"/> Multiple redirection				

Comments:

Group 2 Facilitator:	<input type="checkbox"/> Client present on time >15	<input type="checkbox"/> Client Absent Reason	<input type="checkbox"/> Homework assignment: yes/no	<input type="checkbox"/> Due date:
--------------------------------	---	---	---	------------------------------------

GROUP PARTICIPATION & BEHAVIOR

1	2	3	4	5
<input type="checkbox"/> Inappropriate:	<input type="checkbox"/> Sleep	<input type="checkbox"/> Meets level specific expectations	<input type="checkbox"/> No prompts to participate	Leads group/initiates discussion Relates to others Takes responsibility
<input type="checkbox"/> Late w/o excuse	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> On time	<input type="checkbox"/> Shares	
<input type="checkbox"/> Active ignoring	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Quiet/attentive	<input type="checkbox"/> Provides feedback	
<input type="checkbox"/> Arguing w/staff/peers	<input type="checkbox"/> Cross talking	<input type="checkbox"/> Work completed/turned in	<input type="checkbox"/> Demonstrates empathy	
<input type="checkbox"/> Threatening	<input type="checkbox"/> Redirection w/Non-verbal cue	<input type="checkbox"/> Engaged		
<input type="checkbox"/> Ejected from group	<input type="checkbox"/> Lack of empathy	<input type="checkbox"/> Appropriate:		
<input type="checkbox"/> Disruptive				
<input type="checkbox"/> Multiple redirection				

Comments:

Group 3 Facilitator:	<input type="checkbox"/> Client present on time >15	<input type="checkbox"/> Client Absent Reason	<input type="checkbox"/> Homework assignment: yes/no	<input type="checkbox"/> Due date:
--------------------------------	---	---	---	------------------------------------

GROUP PARTICIPATION & BEHAVIOR

1	2	3	4	5
<input type="checkbox"/> Inappropriate:	<input type="checkbox"/> Sleep	<input type="checkbox"/> Meets level specific expectations	<input type="checkbox"/> No prompts to participate	Leads group/initiates discussion Relates to others Takes responsibility
<input type="checkbox"/> Late w/o excuse	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> On time	<input type="checkbox"/> Shares	
<input type="checkbox"/> Active ignoring	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Quiet/attentive	<input type="checkbox"/> Provides feedback	
<input type="checkbox"/> Arguing w/staff/peers	<input type="checkbox"/> Cross talking	<input type="checkbox"/> Work completed/turned in	<input type="checkbox"/> Demonstrates empathy	
<input type="checkbox"/> Threatening	<input type="checkbox"/> Redirection w/Non-verbal cue	<input type="checkbox"/> Engaged		
<input type="checkbox"/> Ejected from group	<input type="checkbox"/> Lack of empathy	<input type="checkbox"/> Appropriate:		
<input type="checkbox"/> Disruptive				
<input type="checkbox"/> Multiple redirection				

Comments:

Group 4 Facilitator:	<input type="checkbox"/> Client present on time >15	<input type="checkbox"/> Client Absent Reason	<input type="checkbox"/> Homework assignment: yes/no	<input type="checkbox"/> Due date:
--------------------------------	---	---	---	------------------------------------

GROUP PARTICIPATION & BEHAVIOR

1	2	3	4	5
<input type="checkbox"/> Inappropriate:	<input type="checkbox"/> Sleep	<input type="checkbox"/> Meets level specific expectations	<input type="checkbox"/> No prompts to participate	Leads group/initiates discussion Relates to others
<input type="checkbox"/> Late w/o excuse	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> On time	<input type="checkbox"/> Shares	

<input type="checkbox"/> Active ignoring	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Quiet/attentive	<input type="checkbox"/> Provides feedback	<input type="checkbox"/> Takes responsibility
<input type="checkbox"/> Arguing w/staff/peers	<input type="checkbox"/> Cross talking	<input type="checkbox"/> Work completed/turned in	<input type="checkbox"/> Demonstrates empathy	
<input type="checkbox"/> Threatening	<input type="checkbox"/> Redirection w/Non-verbal cue	<input type="checkbox"/> Engaged		
<input type="checkbox"/> Ejected from group	<input type="checkbox"/> Lack of empathy	<input type="checkbox"/> Appropriate:		
<input type="checkbox"/> Disruptive				
<input type="checkbox"/> Multiple redirections				

Comments:

Group 5	<input type="checkbox"/> Client present on time >15	<input type="checkbox"/> Client Absent Reason	<input type="checkbox"/> Homework assignment: yes/no	<input type="checkbox"/> Due date:
Facilitator:				

GROUP PARTICIPATION & BEHAVIOR

1	2	3	4	5
<input type="checkbox"/> Inappropriate:	<input type="checkbox"/> Sleep	<input type="checkbox"/> Meets level specific expectations	<input type="checkbox"/> No prompts to participate	<input type="checkbox"/> Leads group/initiates discussion
<input type="checkbox"/> Late w/o excuse	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> On time	<input type="checkbox"/> Shares	<input type="checkbox"/> Relates to others
<input type="checkbox"/> Active ignoring	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Quiet/attentive	<input type="checkbox"/> Provides feedback	<input type="checkbox"/> Takes responsibility
<input type="checkbox"/> Arguing w/staff/peers	<input type="checkbox"/> Cross talking	<input type="checkbox"/> Work completed/turned in	<input type="checkbox"/> Demonstrates empathy	
<input type="checkbox"/> Threatening	<input type="checkbox"/> Redirection w/Non-verbal cue	<input type="checkbox"/> Engaged		
<input type="checkbox"/> Ejected from group	<input type="checkbox"/> Lack of empathy	<input type="checkbox"/> Appropriate:		
<input type="checkbox"/> Disruptive				
<input type="checkbox"/> Multiple redirections				

Comments:

Day Treatment Milieu Behavior

1	2	3	4	5
<input type="checkbox"/> Inappropriate:	<input type="checkbox"/> Sleep	<input type="checkbox"/> Meets level specific expectations	<input type="checkbox"/>	<input type="checkbox"/> Leadership: engages without prompting
<input type="checkbox"/> Threatening	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Quiet/attentive	<input type="checkbox"/>	<input type="checkbox"/> Shows initiative
<input type="checkbox"/> Isolating	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Appropriate:	<input type="checkbox"/>	
<input type="checkbox"/> Arguing w/staff/peers	<input type="checkbox"/> Failure to sign in/out	<input type="checkbox"/> Cooperative and Compliant	<input type="checkbox"/>	
<input type="checkbox"/> Missed 2+ appointments	<input type="checkbox"/> Missed 1-2 appointments	<input type="checkbox"/>		

Comments:

Points Earned	Points Possible	Total Earned	Goal Requirement	Expected Goal
Group #1				Orientation=65%
Group #2				Level I=75%
Group #3				Level II=85%
Group #4				Level III=95%
Group #5				
Milieu				

Any excused absences count as "0" possible and will not be considered in the daily total. Client must meet Target 4 days out of 5 to be considered for a Level Promotion. **FAILURE TO MEET TARGET EXPECTATION FOR 2 CONSECUTIVE WEEKS WILL RESULT IN A SPECIAL STAFFING WITH THE TREATMENT TEAM FOR CONSIDERATION OF LEVEL DEMONITION OR HOLD.**



Arkansas CARES: Dual Diagnosis Day Treatment Objectives

Client Name: _____

Start Date: _____

LEVEL 1

- ☐ Attend, pay attention, and participate as appropriate in at least six off Campus 12 Step Support Meetings (must complete and submit support group summary/evaluation for groups attended without supervision):
Dates: _____, _____, _____, _____, _____, _____.
- ☐ Meet individually as scheduled with your Co-Occurring Therapist at least 4 times with completed assignments: Dates: _____, _____, _____, _____.
- ☐ Identify in writing 5 Internal and 5 External Relapse Trigger: Date: _____.
- ☐ Complete the "Self-Acceptance" module worksheets and review with your DDX Therapist/Counselor. Date: _____.
- ☐ Demonstrate a basic understanding of the principles of a 12 step recovery program by completing the "Upward Pathways" module and reviewing it with your co-occurring therapist/counselor. Date: _____.
- ☐ Complete "Significant Other Interview" and review it with your Co-occurring counselor/therapist: Date: _____.

Level 1 Completed:

Date: _____

Staff Name (printed): _____

Level 1 Completed and Verified:

Staff Signature: _____

Date: _____

Client Signature: _____

Date: _____



Arkansas CARES: Residential Objectives

Client Name: _____

Start Date: _____

ORIENTATION LEVEL

Date/BI's Initials	Objective
____/____	Must Review Client Handbook and Objectives. Meet with Primary BI (3:30 to 11:30 shift FT), make sure handbook form is signed and turned in. Handbook should be kept in binder.
____/____	Attend all daily cottage AA meetings. Must be on time, prepared, attentive and participate. Dates Observed: ____/____; ____/____;
____/____	Review all prescription and medication time with the BI.
____/____	Review all chore lists and cottage rules and guidelines with the BI.
____/____	Give BI copy and post family nurturing schedule.
____/____	Be ready to go with room clean and organized, lunch, books, coats, diaper bags, etc. and out of the cottage no later than 7:20am. Dates Observed: ____/____; ____/____
____/____	Observed sitting with child(ren) during scheduled breakfast time. Dates Observed: ____/____; ____/____
____/____	Observed sitting with child(ren) during scheduled lunch time. Dates Observed: ____/____; ____/____
____/____	Observed sitting with child(ren) during scheduled dinner time. Dates Observed: ____/____; ____/____
____/____	Observed following Hygiene guidelines (hand washing, bathing, etc.) Dates Observed: ____/____; ____/____
____/____	Observed following Rules (No cursing, resolving conflict appropriately, takes responsibility by getting self and child(ren) up on time, chores done on time, etc.) Dates Observed: ____/____; ____/____

Additional Comments:

BI'S Signature (All Shifts) : _____

Date Completed: _____

Client Signature: _____

Date Completed: _____



Arkansas CARES: Residential Objectives

Client Name: _____

Start Date: _____

LEVEL 1

Date/Supervisor's Initials	Objective
____/____/____	Review visitation/telephone guidelines with the BI. Inform visitors and phone contacts of the guidelines.
____/____/____	Attend all daily cottage AA meetings. Must be on time, prepared, attentive and participate. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Administer medication to self and/or child at scheduled time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Complete chores without prompts on time and checked by the Peer Manager and the BI. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Seen following family nurturing schedule/"Mom & Me". Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Have child(ren) in eye sight at all times. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Be ready to go with room clean and organized, lunch, books, coats, diaper bags, etc. and out of the cottage no later than 7:20am. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed solving problems with peer using "I" message. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled breakfast time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled lunch time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled dinner time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed following Hygiene guidelines (hand washing, bathing, etc.) Dates Observed: ____/____/____; ____/____/____; ____/____/____

Additional Comments: _____

BI'S Signature (All Shifts) : _____ Date Completed: _____

Client Signature: _____ Date Completed: _____



Arkansas CARES: Residential Objectives

Client Name: _____

Start Date: _____

LEVEL 2

Date /Supervisor's Initial	Objective
____/____/____	Observed following visitation and phone contact guidelines. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Attend all daily cottage AA meetings. Must be on time, prepared, attentive and participate. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Administer medication to self and/or child at scheduled time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Complete chores without prompts on time and checked by the Peer Manager and the BI. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Seen following family nurturing schedule/"Mom & Me". Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Have child(ren) in eye sight at all times. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Be ready to go with room clean and organized, lunch, books, coats, diaper bags, etc. and out of the cottage no later than 7:20am. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed solving problems with peer using "I" message. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled breakfast time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled lunch time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled dinner time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed following Hygiene guidelines (hand washing, bathing, etc.) Dates Observed: ____/____/____; ____/____/____; ____/____/____

Additional Comments: _____

BI'S Signature (All Shifts) : _____

Date Completed: _____

Client Signature: _____

Date Completed: _____



Arkansas CARES: Residential Objectives

Client Name: _____

Start Date: _____

LEVEL 3

Date/Supervisor's Initial	Objective
____/____/____	Continue to follow all Previous Objectives.
____/____/____	Attend all daily cottage AA meetings. Must be on time, prepared, attentive and participate. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed modeling leadership skills in Cottage Conference Meetings. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed Leading AA/NA meetings. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed modeling good parenting skills and engaging in quiet conversation with child(ren). Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Have child(ren) in eye sight at all times. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed walking through the cottage for any deficiencies, etc. before leaving for class. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled breakfast time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled lunch time. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled dinner time. (If applicable) Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed following Hygiene guidelines (hand washing, bathing, etc.) Dates Observed: ____/____/____; ____/____/____; ____/____/____

Additional Comments: _____

BI'S Signature (All Shifts) : _____

Date Completed: _____

Client Signature: _____

Date Completed: _____



Arkansas CARES: Residential Objectives

Client Name: _____

Start Date: _____

LEVEL 4

Date/Supervisor's Initials	Objective
____/____/____	Continue to follow all Previous Objectives.
____/____/____	Must Review Orientation – Level 3 Skills and be able to state and give examples of Level (4) Parenting Skills. (See BI)
____/____/____	Attend all daily cottage AA meetings. Must be on time, prepared, attentive and participate. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed modeling leadership skills in Family Conference Meetings. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed Leading AA/NA meetings. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed modeling good parenting skills and engaging in quiet conversation with child(ren). Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed assisting with client intake (giving tour of cottage, showing cottage chore list, etc.) Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed Volunteering to help staff when needed (assisting with checking chores, etc.). Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed developing a nutritious menu for family. (Signed by Residential Director only) Dates Observed: ____/____/____;
____/____/____	Observed sitting with child(ren) during scheduled breakfast time and engage in conversation. Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed sitting with child(ren) during scheduled dinner time and engage in conversation. (If applicable) Dates Observed: ____/____/____; ____/____/____; ____/____/____
____/____/____	Observed following Hygiene guidelines (hand washing, bathing, etc.) Dates Observed: ____/____/____; ____/____/____; ____/____/____

Additional Comments: _____

BI'S Signature (All Shifts) : _____

Date Completed: _____

Client Signature: _____

Date Completed: _____

100
100



Arkansas CARES: Parenting Objectives

Client Name: _____

Start Date: _____

ORIENTATION LEVEL

Date	Objective
	1. Make sure that your child has all necessary items. Take extra clothes, diapers, formula, etc. Make sure name is on everything (bottles, clothes, etc.). Make sure child has all required paperwork and supplies for school.
	2. Meet with Child's Teacher and Director of Child Care. Make sure you sign your child in/out daily in child care. Keep Child Care Handbook in Parenting Notebook.
	3. Must have a 3-ring binder for Parenting Class and Information. Bring to class/individual meeting.
	4. Review and be able to state and explain at least 4 characteristics of the current stage of development for your child. For example, if you have a three year old child what is a "typical" characteristic for this age of development.
	5. Create and post in your room a "Family Schedule" that is stated in positive terms.
	6. Complete exercise on observing behavior. Be able to state appropriate ways to describe your child's behavior.
	7. Write a 150 word paper about Positive Discipline and make a list of at least 20 positive consequences.
	8. Assemble and complete a "Calm Down Kit" for your child(ren).

Parenting Educator signature: _____

Date Completed: _____

Client Signature: _____

Date Completed: _____



Arkansas CARES: Parenting Objectives

Client Name: _____

Start Date: _____

LEVEL 1

Date	Objective
	1. Continue to follow all previous objectives. Attend daily parenting classes. Must be on time, attentive, prepared, and participate.
	2. Be on time daily dropping off and picking up your child(ren) in child care. Look for daily note and art work from child care. Be on time getting child(ren) to the school bus stop when school is in session.
	3. Identify at least 3 personal signs and sources of stress related to parenting. Be able to describe 3 methods for coping with parenting stress and 3 methods for how to reduce this stress.
	5. Assemble and review weekly the stages of development for your child.
	6. Make a list of at least 10 activities in the community that do not cost more than \$5.00 (or are free) for family activities.
	7. Compile at least 10 play activities to do with your child. Match the difficulty of learning activities to the developmental levels of child(ren). *Examples will be given out during parenting classes.
	8. Write 150 word paper on how the family routine you have established is working.
	9. Create a developmentally appropriate environment for your child(ren) that allows for educational activities, movement, play, and creativity.
	10. Make a list of at least 10 chores that child can do. (based on child's age when appropriate obviously infant can not make their bed!)
	11. Make a "Job" jar and a "Joy" jar to use on daily basis with child. Write a 100 word paper on how the jars work.
	12. Describe and give 3 examples of Effective Praise. Make list of at least 20 positive "praise" statements.

Parenting Educator signature: _____

Date Completed: _____

Client Signature: _____

Date Completed: _____



Arkansas CARES: Parenting Objectives

Client Name: _____

Start Date: _____

LEVEL 2

Date	Objective
	1. Continue to follow all previous objectives. Attend daily parenting classes. Must be on time, attentive, prepared, and participate.
	2. Communicate with school/child care Teachers/Director appropriately to address child's progress and/or concerns. Check child's backpack daily and schedule conferences when needed.
	3. Continue to assemble appropriate Learning Activities for your child(ren).
	4. Make a list of at least 4 social skills that your child needs to learn and/or work on. Be able to state the rationale for these skills.
	5. Develop a Positive Behavior Chart for your child and use it for at least two weeks. This can include a morning or night time routine, homework, etc.
	6. Plan a family fun night activity for your cottage. Plan must be coordinated with residential staff and implemented within one month. Write a reflective paper on how the activity went.
	7. Write a 150 word paper on ways to nurture your child. Be sure to include mental, physical, and emotional ways of nurturing.
	8. Create a community resource list. Must include parenting support groups and resources needed upon discharge. Include names and phone numbers.
	9. Be able to list the steps of effective praise. Be able to explain when, why, and how to use. Role play with parenting instructor using the skill.
	10. Be able to list the steps of preventive teaching. Be able to explain when, why, and where to use. Role play with parenting instructor using the skill.
	11. Make a list of concerns and questions to take to a well-child visit.

Parenting Educator signature: _____

Date Completed: _____

Client Signature: _____

Date Completed: _____



Arkansas CARES: Parenting Objectives

Client Name: _____

Start Date: _____

LEVEL 3

Date	Objective
	1. Continue to follow all previous objectives. Attend daily parenting classes. Must be on time, attentive, prepared, and participate.
	2. Plan a family outing. Maximum budget \$10.00 for the day. Must include where you will go, activities and meal.
	3. Write a 150 word paper about how you have been using the parenting skills you have been learning.
	4. List steps and Role play using effective praise, preventive teaching, corrective teaching and self control.
	5. Plan one week (7 days) of healthy meals and snacks for your family. Must include shopping list. Be Realistic!
	6. Describe when and how to use time out for your children.
	7. Finalize Transition Plan. Discuss with parenting coach the plan for school and childcare placement. This should include any financial arrangements and enrollment forms.
	8. Develop your own parenting plan, include your stay calm plan and be able to describe when and how to use SODAS.
	9. Revise Family Schedule and Job/Chores for new home upon discharge.
	10. Discuss with your children what will happen upon discharge.
	11. Review with parenting instructor your parenting notebook. Should include developmental stages for children, sample learning activities, community resources and notes from class. This will be your resource book for future use.

Parenting Educator signature: _____

Date Completed: _____

Client Signature: _____

Date Completed: _____



Arkansas CARES: Health Objectives

Client Name: _____

Start Date: _____

ORIENTATION LEVEL:

☐ Meet with RN at least 3 times to discuss health issues. Dates: _____, _____,

☐ Establish a PCP for self and child. Dates: _____, _____,

☐ Make an appointment for child to see PCP for EPDST/ immunizations.

Date: _____

☐ Have a TB test and review results with RN. Date: _____

☐ Receive and discuss birth control issues with RN. Date: _____

☐ Receive and discuss information on STD with RN. Date: _____

☐ Other individualized objective:

Orientation Level Completed:

A small, handwritten signature in the right margin.

Date: _____

Staff Name (printed): _____

Orientation Level Completed and Verified:

Staff Signature: _____

Date: _____

Client Signature: _____

Date: _____



Arkansas CARES: Health Objectives

Client Name: _____

Start Date: _____

LEVEL 1:

- ☐ Discuss and obtain basic health & hygiene supplies for self and child _____
- ☐ Demonstrate the proper use of a thermometer and define "fever" _____
- ☐ Discuss and demonstrate an understanding of:
 - a. When symptoms can be managed on your own
 - b. When/ how to contact a PCP
 - c. When emergency care is needed _____
- ☐ Verbalize an understanding of:
 - a. The medication you and your child are taking
 - b. Reason the medication was prescribed
 - c. Side effects
 - d. Proper dosage and timing_____
- ☐ Complete medication sheets and request refills in a timely manner _____
- ☐ Other individualized objective:

Level 1 Completed:

Date: _____

Staff Name (printed): _____

Level 1 Completed and Verified:

Staff Signature: _____

Date: _____

Client Signature: _____

Date: _____



Arkansas CARES: Health Objectives

Client Name: _____

Start Date: _____

LEVEL 2:

☐ Meet with RN as need/ as requested to discuss health issues _____

☐ Consistently take medications as prescribed without prompting _____

☐ Other individualized objectives: _____

Level 2 Completed:

Date: _____

Staff Name (printed): _____

Level 2 Completed and Verified:

Staff Signature: _____

Date: _____

Client Signature: _____

Date: _____



Arkansas CARES: Health Objectives

Client Name: _____

Start Date: _____

LEVEL 3:

☐ Meet with RN as needed/ as requested to address health issues _____

☐ Continue to demonstrate/ verbalize an understanding for:

a. Medication purpose:

b. Medication dosage:

c. Medication side effects: _____

☐ Make an appointment for H&P/ Labs _____

☐ Present a health topic and co-facilitate health class. Date: _____

☐ Other individualized objective:

Level 3 Completed:

Date: _____

Staff Name (printed): _____

Level 3 Completed and Verified:

Staff Signature: _____

Date: _____

Client Signature: _____

Date: _____



Arkansas CARES: Health Objectives

Client Name: _____

Start Date: _____

LEVEL 4:

- ☐ Meet with RN as needed/ as requested to discuss health issues _____
- ☐ Continue to demonstrate and verbalize all orientation – level 3 objectives _____
- ☐ Meet with RN to discuss H&P/ Lab results and follow-up recommendations _____
- ☐ Discuss discharge planning _____
- ☐ Change PCP if you are leaving the Little Rock area _____
- ☐ Make appointments as recommended from the H&P/ lab results _____
- ☐ Make an aftercare mental health appointment _____
- ☐ Order enough medication to get you to your aftercare appointment _____
- ☐ Make your child a mental health appointment if needed _____
- ☐ Change your child's PCP if leaving the Little Rock area _____

Level 4 Completed:

Date: _____

Staff Name (printed): _____

Level 4 Completed and Verified:

Staff Signature: _____

Date: _____

Client Signature: _____

Date: _____



CASE MANAGER CHECKLIST:

- ☐ Meet with your clients for a minimum of twice weekly to ensure quality care and services are being delivered within a 24 hr. Time frame.
- ☐ New admissions ASI, case management assessments, duty to report contract, and program objectives must be done within a 24 hrs. unless a client admits on a Friday.
- ☐ Ensure all admission information is gathered and uploaded as soon as it is obtained.
- ☐ Make sure there is a new sign in sheet printed daily for day treatment services.
- ☐ Make sure you give me documents that need to be uploaded ASAP; no case management file should remain in your office after a client's discharge, ASIs need to be uploaded within 3 days of clients admission unless they come in on a Friday.
- ☐ On the first and third Mondays your responsibility is to ask your clients that have EBT cards and SS card (that the office manager has) how much money is needed to sustain them for that time period with shopping, obtaining ID's, birth certificates, etc. Unless it is an emergency, no other times are permitted.
- ☐ Remember do not practice anything outside of your scope of practice ex. all medical and dental needs will be communicated to the nurse, any trauma, sexual incest, molestation, mental health, or wanting to discuss therapy sessions or have family sessions, this information will go to their therapist. Do not assume responsibility for things that require specialty services i.e. we are not accountants you will not give them tax information advice, offering legal advice on charges or child support (**if a client needs to file their taxes they can use the computer after day treatment, if they need tax forms they can be obtained online from the IRS website or picked up in the federal bldg./they can also use a tax provider when they go on pass**) you will encourage clients to always communicate their needs to the appropriate staff.
- ☐ Make sure all clients are completing their assignments each week before they apply for their level advancements. **All assignments that are not completed will result in a delay in applying for their levels. This will set the client back a week.**
- ☐ Make sure all clients are completing their monthly budgets and discharge plans every month.
- ☐ Any information you have for the BIs will be sent via email. If you must put it in writing, place the notes in their inboxes-**please ensure it is within their scope of practice.**



- ☐ It is your responsibility to ensure all appointments are on the calendar. When you are required to transport any clients to their appointments, do so in a timely manner. Ex. When transporting to childcare make sure you are not leaving at 7:30 am you need to leave 10 minutes prior to, so you can arrive by 7:30am and get the client back to campus for group. **Please make every effort to schedule appointments outside of day treatment. If clients are missing too much day treatment for outside appointments, this will disrupt their progress.**
- ☐ Clients with external children will be able to call them on a daily basis (**unless there are stipulations by the courts**). You will provide new clients an orientation authorization form that will be a part of their new admission packet.
- ☐ Any client who would like to complete their GED will work with you to begin this process. You will assist the client in finding resources/locations that provide GED classes/testing.
- ☐ Clients who need to sign up for Medicaid, TEA, and SNAP will be referred to the Office Manager. If the office manager is not available, you will assist the clients in this process.
- ☐ Make sure any information you receive from a client, DCFS, Probations officers, family members, lawyers, etc. is shared/communicated to the team **ASAP by e-mail only, with no exceptions.**
- ☐ Check your calendars daily monitor clients' appointments especially if they require staff to transport. If you have a conflicting appointment, it is your responsibility to request some assistance from other case managers, office manager, nurse, etc.
- ☐ Please start all groups that you facilitate on time. It is your responsibility to **check your alerts daily to eliminate overdue failed activities. This will ensure you are correcting these activities each day.**
- ☐ When a client meets with the treatment team to apply for their level advancement the team is simply voting that a client has met criteria, and all are in favor for the levels increase. Day Treatment meets on Thursdays when the level promotion is actually awarded (**any client that has received two days of 2 or lower or has gotten into trouble will not receive her level at this time but may reapply at the teams discretion**) **If a client is approved at this time they will not receive their packets for their levels until the following Monday.**
- ☐ When a client discharges make sure you discharge them immediately. If a client leaves after day treatment you will need to discharge the following morning. If a client leaves against medical advice (AMA) you will need to complete both **AMA and ADAP discharge forms**. If we discharge a client administratively, you will need to complete the ADAP discharge form only. Once the ADAP form is completed, you will sign it and add JoAnn Thompson as the second signature. Discharge forms can be found in **CareLogic under AR Cares discharge documentation**. You will then send out an email asking that the client be discharged and then removed from day treatment groups, Cares clinic, residential room # and bed. Depending on what type of discharge, ex.. **If a client graduates or wishes to continue their therapy through outpatient services, they may remain in Cares Clinic for individual therapy sessions (by their choice) so you would just discharge them from day treatment groups and residential. Any client that is discharged no matter what their status will be added to Building Bridges for follow up for continuity of care. The email will be sent to: All Cares; MCH UR.**



- ☐ Please inform the kitchen of clients passes and when they are attending any off-campus activities. This ensures that a client will not be charged for a meal they did not receive.
- ☐ If a client's DCFS worker is not accommodating services required for their client, it needs to be brought to the team's attention immediately. Also, if you are having difficulties with clients struggling to stay focused, the team needs to be notified immediately. We are here to provide the best quality of care for our cliental.
- ☐ Case Manager, you are to verify sponsorship bi-weekly to ensure your clients are on task and working diligently with an active sponsor.
- ☐ Clients are not allowed to clean during group time. You cannot bill on a client that is not actively participating in group. If a client has to leave before chore time, it is the client's responsibility to find someone to complete their chore.
- ☐ Case Managers, you have productivity to make. Therefore, you are to ensure clients are billed on in an ethical manner. You/the clients have to be present and actively engaged in the group. This is part of the therapeutic process.



Arkansas CARES Transitional Living

CLIENT HANDBOOK

Arkansas CARES provides a family-centered approach to decrease maternal substance abuse and promote healthy family outcomes through prevention, treatment, education, research, and advocacy.

2002 South Fillmore Street
Little Rock, AR 72204
(501) 906-4928
Fax: 501-296-1714

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Welcome to Arkansas CARES! We are glad you are here!

We applaud your decision for positive change in your life and look forward to being part of your family's life-long journey of recovery.

Arkansas CARES is part of the Methodist Family Health continuum. We provide a family-centered approach to overcome addiction, reduce recidivism and promote healthy families. We serve mothers, children, and families.

There is understanding and hope for you here; however, ***you*** must provide the willingness and the determination to succeed. Your motivation to take personal responsibility is the key!

Arkansas CARES offers a drug-free living environment client and their children, up to age 12 years. We offer a setting that supports abstinence, recovery and your ability to become the best you can be. Throughout your stay here, we will assist you in promoting your ongoing recovery, which allows you to reach your highest goals. Our focus throughout treatment will be to assist you in enhancing the health and well-being of you and your children.

Again, we welcome you to Arkansas CARES!

Sincerely,

The Arkansas CARES Staff

Arkansas CARES Transitional Housing

EMERGENCY AND CONTINUING CARE NUMBERS:

Arkansas CARES:

- Arkansas CARES Outpatient Clinic and Main number: (501) 906-4928
- Clinical Director: (501) 906-4954
- Building Bridges Coordinator: (501) 906-4928

Arkansas CARES Administrator's On-Call:

- Elizabeth Grobmyer: (501) 733-0468
- Kate Hardage: (479) 640-5734

Medical Resources:

- In cases of **EMERGENCY** call **911**
- Poison Control: 1-800-376-4766
- Arkansas Children's Hospital: (501) 364-110 (Main number)
- Arkansas Children's Emergency Room: (501) 364-1185
- Arkansas Children's GPC: (501) 364-1202
- UAMS Hospital: (501) 686-7000 (Main Number)
- UAMS Emergency Room: (501) 686-6333
- UAMS FMC (Family Medical Clinic): (501) 686-6560
- UAMS CWC (Community Women's Clinic): (501) 280-3300
- St. Vincent's Family Clinic (On University and Asher): (501) 562-4838
 - Hours:
 - ✓ Monday – Friday 8am -7pm
 - ✓ Saturday 8am - 4pm
 - ✓ Sunday 1pm - 5pm
- Little Rock Community Mental Health Center: (501) 686-9300

Social Service Agencies:

- TEA Career Center: (501) 320-3026
- DHS Pulaski South: (501) 682-9200
- WIC Office: (501) 280-3100
- Child Support Enforcement: (501) 371-5400
- Little Rock Housing Authority: (501) 340-4821
- Arkansas Supportive Housing: (501) 372-5543
- Social Security Administration: 1-800-772-1213

Transportation Services:

- Medicaid Transportation: 1-866-854-8788 / 8892
- Yellow Cab Taxi Service: (501) 568-0462
- Central Arkansas Transport (CAT): (501) 375-1163

Arkansas CARES Transitional Housing

CRITERIA FOR CHEMICAL-FREE TRANSITIONAL HOUSING

All applicants for Transitional Living must be either referred through the ACC or have achieved their target goals on the Day Treatment and Residential BRF forms 3 out of 4 weeks for 1 month prior to graduating the Arkansas CARES program. In addition, they must:

- Sign a consent to participate in CARES Building Bridges program
- Sign Transitional Living Contract
- Sign a consent for CARES staff to have ongoing contact with your sponsor and referral source
- Be willing to submit to random drug testing/ room searches
- Be working, volunteering, or attending school
- Receive a mental health and substance abuse assessment
- Participate in Intensive Outpatient Treatment at Arkansas CARES, if applicable
- Have custody of at least 1 (one) child or be pregnant
- Be capable of living independently
- Have the ability to pay \$250.00 each month for rent with a \$300 deposit (\$250 covers your first month's rent. The remainder is a security deposits for drug screens, key deposit and urine drug screens.)

Clients are not guaranteed a place in Transitional Housing. Priority is given to clients based on their CARES graduation date, positive behavior prior to discharge and secured with a deposit. Deposits will not be accepted until the client has reached Level 3. If a client's level is dropped, deposits will be refunded, and applications suspended until Level 3 is once again obtained. Space may be limited by family size, depending on the rooms available. It is the responsibility of the client to arrange a housing back up plan.

GROUND FOR DISCHARGE FROM TRANSITIONAL HOUSING

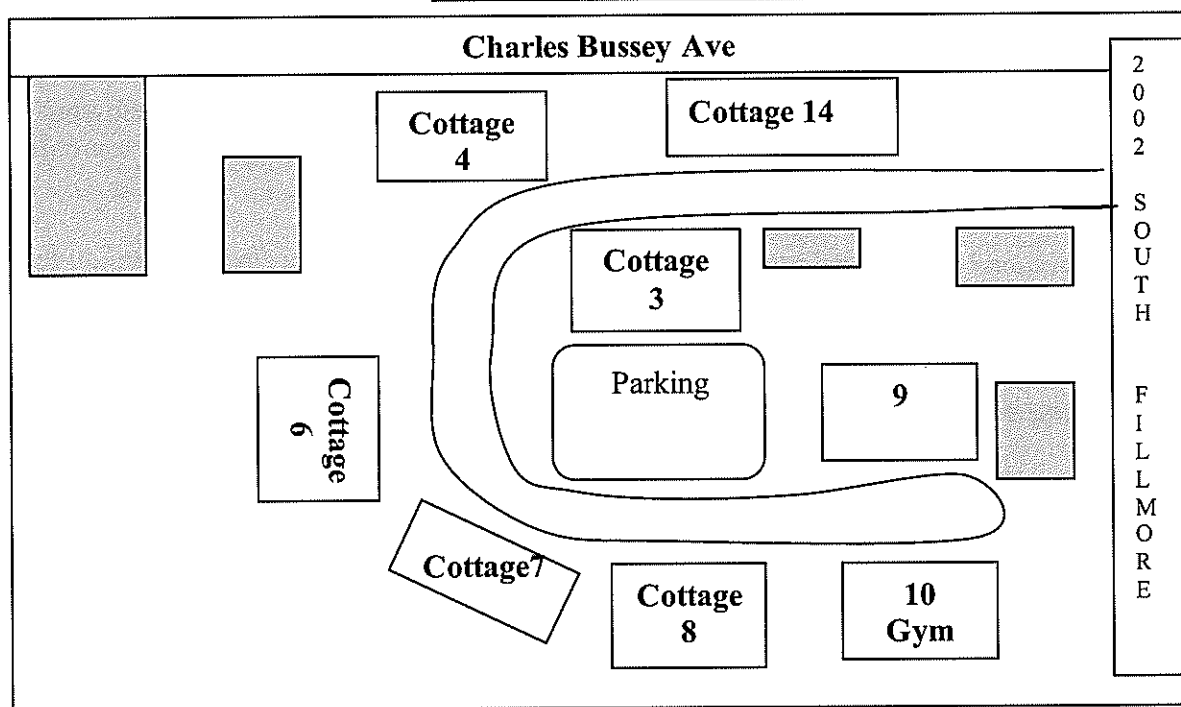
Your willingness to participate and cooperate is essential to your own recovery as well as to the well-being of your neighbors. Please take time to familiarize yourself with the rules in this handbook. Knowing what is expected of you and abiding by the rules will make your stay more comfortable. Unwillingness to comply with these rules could mean immediate discharge. If you have questions, please contact the Building Bridges Director or their Designee for assistance. We are here to support your chemical-free Transitional Living.

Any of the following will result in a meeting with the management team for a decision about appropriate sanctions. They may include but are not limited to behavior contracts or immediate discharge.

- Use of alcohol, tobacco (on campus), drugs, drug paraphernalia, or prescription medications not authorized by your health care provider
- Having prescription medications on campus without notifying the Building Bridges Director or designee
- Positive drug screens/ Refusing to take random drug screens
- Having drugs, alcohol, or paraphernalia in the cottage
- Failure to pay rent
- Failure to attend scheduled appointments with AR CARES Staff as outlined
- Failure to attend scheduled outpatient groups
- Child abuse or neglect

- Failure to meet your financial obligations (rent) as determined by your facility agreement
- Failure to meet your Work and/or school requirements as determined by your facility agreement
- Failure to attend 3 meetings each week
- Failure to work with a 12-step sponsor
- Allowing visitor(s) in the cottage
- Allowing visitors on campus you will need to meet them outside of the gate.
- Allowing visitors to spend the night
- Giving your gate code to visitors; under no circumstances should you give your gate code to others
- Absence from the facility past curfew
- Violence or threatening behaviors toward another adult, child, or staff
- Use or possession of weapons

Arkansas CARES Campus



#3. Transitional Housing houses graduates of the Arkansas CARES residential treatment program as well as those that have been referred through the ACC for Transitional Housing. The phone number is 501-906-4983.

#6. Day Treatment houses Director of Residential and Building Bridges, case management services, day treatment classes. The hours of operation are 7:30 a.m.-3:30 p.m., Monday-Friday.

#8. Residential Cottage houses the women and children of the Arkansas CARES program. The phone number is 501-906-4968. Phone hours are daily from 6:00p.m.-8:00p.m, but only available to those with phone privileges. Please note, this phone is only in use during the scheduled hours and will not be answered outside of these times.

#14. Clinical Building houses the Program Administrator, Clinical Director, nurses, psychiatrists, all Clinical Services. The phone number is 501-906-4928. The hours of operation are Monday-Friday 8a.m-5:00p.m.

BUILDING BRIDGES

Building Bridges is a Continuing Care program that is offered to graduates of the Arkansas CARES residential treatment program. Building Bridges staff is available to assist clients in linking to the following supportive services in their community:

- Relapse Prevention Planning
- Medication Management
- Mental Health Counseling for Adults and Children:
- Vocational / Educational Counseling
- Life Management Skills
- Case Management
- Health Care Coordination

Continuing Care services are available to clients for up to three years, and staff is available to provide support to them during their transition back into the community. Building Bridges staff will make contact with participants monthly and administer home visits as needed to ensure that the client is living in a safe and stable environment.

The Building Bridges program is a requirement for those clients who receive a housing voucher through the LR Housing Authority. Clients who are not compliant with the Building Bridges Aftercare Program will lose their housing voucher.

Clients will be given additional information on the Building Bridges program upon receiving a discharge date from the treatment team.

FINANCIAL RESPONSIBILITIES

- Residents are responsible for paying rent on time.
- Rent is \$250 per month and due by the 10th of each month. If you miss or are late on a payment, you may be granted a one-time extension, not to exceed 3 days, however, a \$10 late fee will be assessed. If you miss or are late on a second payment, you may be evicted.
 - Check, cash, or money order made out to Arkansas CARES will be accepted for payments due and will be paid in the Business Office located in the Administration Building, receipts will be issued.
- A \$300.00 deposit is required prior to admission.
 - \$250 will be applied to your first month's rent.
 - \$50 of this will be applied to the following:
 - ✓ \$25.00 cleaning deposit (may be refunded at discharge depending on condition of living space)
 - ✓ \$5.00 key deposit (refunded when keys are returned)
 - ✓ \$20.00 drug screen deposit (You are charged \$10.00 each time you are drug screened.)
- Water, gas, and electric services are covered by Arkansas CARES. Internet and phone services are currently covered by Arkansas CARES, but we reserve the right to limit or terminate these services if misused by Transitional residents. We do not provide computers in the transitional home. Please turn all lights, fans and electrical appliances off when you leave the house. The air conditioner should remain set between 70-75 degrees.

- Residents are responsible for purchasing their own food, household supplies, kitchenware, clothing, linens, laundry supplies, etc. If you are unable to afford such items, please contact the Building Bridges Director for approval to visit the Methodist Family Health Donation Center.
- Basic furniture is provided by Arkansas CARES. Additional furniture needs are the responsibility of resident.
- Residents are responsible for their own transportation.
- Residents are responsible for paying childcare tuition and/or maintaining childcare vouchers

The Arkansas CARES program shall not be held responsible for medical costs incurred by client and/or child in occupancy of this program and transported to medical appointments.

CURFEW, OVERNIGHT LEAVE & QUIET HOURS

- You must reside in Transitional Housing for 2 weeks before you are permitted an overnight pass
- Overnight passes will need to be approved by the Transitional Manager, their designee or the Program Administrator. Please complete and turn in your Overnight Pass Request by Friday at 12:00pm (noon) for that weekend. A copy of the pass request is included in this handbook.
- If the Transitional Manager or their designee is not available, you may also give your request to the Program Administrator.
- You will be expected to sign out when you leave campus and provide an address and phone number of where you will be.
- Residents are to be in the cottage by 9:00pm Sunday through Thursday and 10pm on Fridays and Saturdays, unless granted special permission by the Transitional Manager or designee. When school is in session the children need to be on their set schedules and in bed by 8:00pm on school days.
- No visitors are allowed in your cottage.
- Staff will check the cottage randomly for curfew compliance.
- Residents must respect their roommates and/or neighbors by refraining from loud conversations, noises, playing loud music, moving furniture, slamming doors, etc. from 7:30pm to 6:30am. This is the time when most children will be going to bed. All the families are on different schedules due to work, school, and family obligations. Therefore, you must be respectful of everyone's quiet time.

GENERAL RESPONSIBILITIES & RULES

- Each resident must provide proof of employment.
- Resident's must attend and provide a signed meeting sheet for **A MINIMUM** of three (3) 12-step meetings or other various support groups, as identified, each week. There is a list of local AA groups listed within this handbook.
- Resident's must turn in their required meeting sheets to the Building Bridges Director or their Designee by 12pm each Friday.
- Resident's must have an active relationship with a sponsor, as applicable. Staff will contact sponsors on a regular basis to ensure compliance.
- Children must be in school Monday – Friday. If not school age, your children must be in child care Monday – Friday. The only exceptions to child care would be if your regular scheduled days off from work are between Monday and Friday.
- Residents are expected to be out of the cottage between 9am and 3pm each week day working, looking for work, attending school, attending treatment groups, attending 12 step meetings or volunteering.

- Once employed or attending school full time you may be in the house during the day. On weekends you may remain in the house during the day.
- Residents are expected to maintain structure for themselves and their children. This includes regular sleep schedules and meal schedules.
- All residents will work together to keep the home clean and well maintained.
- Residents are responsible for making their own medical appointments and finding their own transportation to appointments.
- Medicaid active residents are encouraged to schedule Medicaid transportation as soon as a medical appointment is scheduled.
- This is a smoke free facility, including all campus and cottages. No smoking allowed anywhere on-site of the campus.
- No pets.
- No food is permitted outside of the kitchen and dining rooms.
- Do not leave children unattended in the cottage.
- If there is a need for room change client will submit in writing to the Building Bridges Coordinator decision is based on review of the Management Team.

WORK ENVIRONMENT

- Under no circumstances will you be allowed to live in the Transitional cottage while working for bar establishments, liquor stores, gaming establishments, adult venues, or any other place that will compromise your sobriety and/ or the sobriety of your fellow residents.
- We encouraged you to get staff approval BEFORE accepting a job. This will ensure that you are not accepting a job that will compromise your living situation or recovery.

ABSTINENCE/RELAPSE POLICY

- Residents must remain abstinent from alcohol and illicit drugs. In the event of relapse, the Treatment Team will determine appropriate consequences which may include immediate discharge and notification of DHS, if children are felt to be at risk.
- Drug Screens: Scheduled, random, and “on suspicion” drug screens are an integral part of our programming. If you are granted a pass for the weekend, you will be screened. Clients who remain on campus for the weekend will be screened at random. Other screens will be conducted as indicated.

TOBACCO USE

- Arkansas CARES campus and program buildings are tobacco-free
- Smoking is not allowed, and visitors are not allowed to smoke while on program premises.

VISITORS

- To maintain the care, welfare and safety for all involved, no overnight visitation or on campus visitation is permitted in the Transitional House.

AA/NA/CA Meetings

- In accordance with the Twelve Step recovery method, you are expected to find a female Sponsor by your second week in the program, as applicable.
- You are also responsible for attending 12 Step Meetings while on Therapeutic Leave Pass and provide proof that meetings have been attended.

- Your Case Manager will assist you in completing a release of information so we may verify your attendance at meetings and contact with your sponsor.

CHILDREN

- Clients are expected to supervise their own children at all times. Children under age 6 are not to be left without direct supervision in parent's eye sight, even briefly unless they are soundly asleep. Children who are over 6 years, but who have engaged in aggressive behavior in the past week, must be in parent's eyesight at all-times unless asleep. Children are never allowed to sleep in the same bed with their parent.
- Parents are expected to discipline their children using positive discipline techniques. Corporal punishment (i.e. hitting, slapping, whipping, etc.) is not allowed.
- Parents are responsible in creating and following a family nurturing schedule. The Parent Educator will assist.
- Parents are expected to model appropriate behavior and language in front of children at all times.
- Children shall attend school or daycare regularly unless ill. Clients are to notify nurse, school, and daycare of child's illness.
- Clients are expected to drop off and pick-up their own children from the childcare bus stop in front of building 6. In addition, school-age children should be accompanied to and from the bus stop.
- In case of a client medical emergency, staff will help coordinate care for children until emergency contact person is able to come pick children up.

SAFETY AND SECURITY

- Children are not allowed in the kitchen at any time.
- Clients (and their children) are expected to participate in routine drills. You will be informed of procedure for your cottage during orientation.
- All cleaning chemicals must be stored out of reach of children.
- All electrical outlets not in use must have outlet covers.
- Extension cords cannot be used in residences; power strips are permissible.
- Bedroom doors must be self-closing. Do NOT prop doors open, as this is a violation of the fire code.
- Cardboard boxes are considered combustible items and should not be stored in residential cottages, particularly laundry, kitchen, pantry and bedroom areas. Rubbermaid or plastic containers are suggested for storage use in bedrooms.
- All bedroom furniture should be arranged so that there is a clear pathway with no obstructions in doorways.
- Cottage hallways and stairwells should remain clear at all times to provide a clear pathway to fire exits.
- Cottage doors should be locked at ALL TIMES. Cottage *staff* should greet ALL visitors.

MAIL

- Staff distributes mail and reserves the right to request that you open mail in their presence.
- Mailing addresses are:

Physical address:

UMCH Arkansas CARES
2002 South Fillmore
Little Rock, AR 72204

Client Mail:

Staff or Client Name
UMCH Arkansas CARES Program
P.O. Box 56050
Little Rock, AR 72115

PRIVACY

- You have the right to a private space to meet with staff and/or visitors.
- You have the right to privacy in your room. Clients are expected to respect the privacy of each other. Respect for another's privacy includes their rooms, personal possessions, assignments, journals, etc.
- Clients (including children) are not allowed entrance to other client's rooms.
- Federal law and regulations protect the confidentiality of alcohol and drug abuse treatment records maintained by Arkansas CARES. In addition, Arkansas CARES staff may not say to any person outside the program that a resident attends or has attended the program, or disclose (make known) any information identifying a resident as an alcohol or drug abuse treatment client unless:
 - The client consents in writing
 - The disclosure is allowed by a court order
 - The disclosure is made to medical personnel in a medical emergency
 - The disclosure is made to qualified personnel for research, audit, and program evaluation
 - The client commits or threatens to commit a crime either at the program or against any person who works for the program
- Violation of the federal law or regulations by a program participant or staff member is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.
- Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or social authorities. Arkansas CARES staff is mandated to report suspected child abuse or neglect.
- Copies of federal law 42 U.S.C. 290EE-3, 2909FF-3 and federal regulation 42 CFR Part 2 are available in the Arkansas CARES office and can be reviewed at your request.

CLIENT RIGHTS

Room Searches

Staff of Arkansas CARES, following our commitment to ensure the safety of all clients, will conduct a search of rooms or personal belongings under the following conditions:

- Upon Client Admission
- Upon leaving for pass or off-campus appointment
- Upon return from pass or off-campus appointment the client is to remain in the living room before going to their bedroom until the Behavioral Instructor searches personal belongings
- Routine, random searches are conducted by cottage or campus-wide
- Upon staff suspicion (such as following positive drug screen, verbal report, behavior, etc.)
- The process for searches will be that:
 - The client is present and at least one staff member are present, and
 - At least two staff members and the client are present for "on suspicion" searches
- For a complete list of Client Rights, please see Attachment B.

MENTAL HEALTH COUNSELING SERVICES:

Each component of AR CARES Building Bridges Program (AR CARES Transitional Residents) must be completed by the end of each week-and can vary based on your treatment level and as prescribed by your Treatment Team. Services are outlined as followed and differ based on your Treatment Teams recommendation of our course of Treatment and/or by your Master Treatment Plan.

- A model of the Frequency of these services may look like the following:
 - Case Management:-
 - ✓ Contact your case manager 2x weekly (via phone, in person or email).
 - ✓ You are required to have one (1) scheduled visit a week
 - Parenting:
 - ✓ Contact Parenting Educator 2xweekly (via phone, in person or email).
 - ✓ You are required to have one (1) scheduled visit a week
 - Mental Health Therapy:
 - ✓ Individual therapy- 2x weekly
 - ✓ Group Therapy- 2-3 x weekly
 - ✓ Day Treatment Groups- if needed on a case by case basis 2-3 x weekly specifying the groups to attend
 - Med Management:
 - ✓ 1 x monthly and/or as prescribed by MD
 - Nursing:
 - ✓ Contact Nurse 2xweekly (via phone, in person or email).
 - ✓ You are required to have one (1) scheduled visit a week
 - ✓ Each time a new med is prescribed either by OB, PCP, and/or Psychiatrist

Little Rock AA Meetings

Attachment A

City	Group	Building	Address	Phone#	Alt. Phone#	Type of Meeting	Day	Time	Comments
Little Rock	Eastend Group								
Little Rock	Y>E>S> Group	Wolfe Sat. Center	1210 Wolfe St.	501-744-0110					
Little Rock	Brown Bag	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	1 Monday	12:00 PM	
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	1 Monday	6:30 AM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	1 Monday	8:00 AM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	1 Monday	12:00 PM	
Little Rock	Cosmopolitan Group		2323 Durwood			Closed Discussion	1 Monday	5:30 PM	WC
Little Rock	Downtown Nooners	Christ Episcopal Church	509 Scott Street	501-944-6216		Closed Discussion	1 Monday	12:10 PM	WC
Little Rock	Dunbar	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Step Study	1 Monday	8:00 PM	
Little Rock	Gaslight Group	Baptist Hospital	Gilbreath Conference Center			Closed Discussion	1 Monday	12:00 PM	WC-Change to Mon.Meeting effective 1-1-09
Little Rock	H.A.L.T. Lunch Bunch	Central Office Building	Tanglewood Shopping Center #106	501-664-7303		Closed Discussion, Women	1 Monday	12:00 PM	WC
Little Rock	Happy Hour	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Closed Discussion	1 Monday	5:30 PM	
Little Rock	Hour of Power	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	1 Monday	6:45 AM	
Little Rock	Little Rock Women	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	1 Monday	1:00 PM	
Little Rock	Reservoir Group	Second Presbyterian Church	600 Pleasant Valley	501-240-6001-- Same Phone # applies to all		Closed Discussion	1 Monday	5:30 PM	WC
Little Rock	Solutions Group	Asbury Methodist Church	1700 Napa Valley	501-227-5461		Closed Discussion, Men	1 Monday	7:00 PM	
Little Rock	Y>E>S> Group[Wolfe St. Center	1210Wolfw St.	501-744-0110		Closed Discussion	1 Monday	5:30PM	
Little Rock	Y.E.S.	Recovery Club	2725 West 12th Street	501-744-0110		Closed Discussion	1 Monday	5:30 PM	
Little Rock	120 1/2	Wolfe Street Center	1210 Wolfe Street	501-454-6533		Closed Discussion	2 Tuesday	8:00 PM	
Little Rock	Barely Legal Young People Group	Westover Hills	6400 Kavanaugh Place	(501) 860-4108		Open Discussion	2 Tuesday	8:00 PM	WC

		Presbyterian Church		(Amanda E.)					
Little Rock	Brown Bag	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	2 Tuesday	12:00 PM	
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	2 Tuesday	6:30 AM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	2 Tuesday	12:00 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	2 Tuesday	5:30 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Open Discussion	2 Tuesday	8:00 PM	WC, 1st Tuesday is Birthday nite
Little Rock	Courage to Change	Grace Church	12900 Cantrell	501-681-4660		Closed Big Book Study	2 Tuesday	8:00 PM	WC
Little Rock	Downtown Nooners	Christ Episcopal Church	509 Scott Street	501-944-6216		Closed 12&12	2 Tuesday	12:10 PM	WC
Little Rock	East End Group		20422 N. Spring Lake Road	501-888-4922		Closed Discussion	2 Tuesday	7:00 PM	3rd Tue. every quarter-open Speaker
Little Rock	Eastend Group		20422 Springlake Rd.	842-5235		Closed	2 Tuesday	7:00 p.m.	
Little Rock	H.A.L.T. Lunch Bunch	Central Office Building	Tanglewood Shopping Center #106	501-664-7303		Closed Discussion	2 Tuesday	12:00 PM	WC
Little Rock	Happy Hour	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Closed Discussion	2 Tuesday	5:30 PM	
Little Rock	Hour of Power	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	2 Tuesday	6:45 AM	
Little Rock	Pacific Group	2nd Presbyterian Church	600 Pleasant Valley			Open Speaker	2 Tuesday	7:00 PM	
Little Rock	Pinnacle Mountain	Winfield Methodist Church	HWY 10 & 300	501-766-1783		Closed Speaker	2 Tuesday	2nd Tue. of Month @ 7:00 PM	
Little Rock	Pinnacle Mountain Group	Winfield Methodist Church	Hwy 10 & 300	501-766-1783		Open Discussion	2 Tuesday	7:00 PM	WC
Little Rock	Reservoir Group	Second Presbyterian Church	600 Pleasant Valley			Closed Discussion, Women	2 Tuesday	5:30 PM	WC, Room 64
Little Rock	Spanish Meeting	Behind Mexicana Store	University & 65th	405-795-7680		Open, Spanish	2 Tuesday	7:00 PM	
Little Rock	Squirrel Cage	Faith United Church	#3 Lakeshore Drive	501-505-0605		Closed Discussion	2 Tuesday	12:00 PM	

Little Rock	Village Group		1411 Maple ST NLR	501-661-9503	501-690-2191	Closed Discussion	2 Tuesday	8:00 PM	
Little Rock	Came to Believe	Oak Forest Methodist Church	34th & Fair Park			Closed Discussion	3 Wednesday	12:00 PM	
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	3 Wednesday	6:30 AM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	3 Wednesday	12:00 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	3 Wednesday	5:30 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion, Men	3 Wednesday	8:00 PM	WC
Little Rock	Cosmopolitan Group Too	Corner of Durwood & Hawthorne	2319 Durwood			Closed Discussion, Men, Beginners	3 Wednesday	8:00 PM	WC
Little Rock	Dunbar	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Speaker, Lunch	3 Wednesday	12:00 PM	WC, Nominal \$ Lunch
Little Rock	H.A.L.T. Lunch Bunch	Central Office Building	Tanglewood Shopping Center #106	501-664-7303		Closed Discussion	3 Wednesday	12:00 PM	
Little Rock	Happy Hour	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Closed Discussion	3 Wednesday	5:30 PM	
Little Rock	Hour of Power	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	3 Wednesday	6:45 AM	
Little Rock	Main Chance	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	3 Wednesday	8:00 PM	
Little Rock	Our House	Our House	302 E. Roosevelt Rd.	374-7383		Open discussion	3 Wednesday	7:00 PM	
Little Rock	Reservoir Group	Second Presbyterian Church	600 Pleasant Valley			Closed Discussion	3 Wednesday	5:30 PM	WC, Rm 64, 1st Open Birthday, 2nd Open Speaker
Little Rock	Taproot Women Group	St. James Methodist Church	321 Pleasant Valley Drive	501-833-0727		Open, 12&12, Women	3 Wednesday	5:45 PM	WC
Little Rock	Wednesday Night Big Book Study	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Closed Big Book Study	3 Wednesday	7:30 PM	7:30 PM- 9:00 PM
Little Rock	West End Group	Geyer Springs Methodist Church	5500 Geyer Springs Rd	501-562-6081		Closed Discussion	3 Wednesday	8:00 PM	WC
Little Rock	120 1/2	Wolfe Street Center	1210 Wolfe Street	501-454-6533		Open 12 & 12 study	4 Thursday	8:00 PM	Last Thu Birthday/Birthday Celebrants Speaking
Little Rock	Brown Bag	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	4 Thursday	12:00 PM	
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	4 Thursday	6:30 AM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	4 Thursday	12:00 PM	WC, Deaf Interpreted

Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	4 Thursday	5:30 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	4 Thursday	8:00 PM	WC, Candlelight
Little Rock	Cosmopolitan Group Too	Corner of Durwood & Hawthorne	2319 Durwood			Closed Big Book Study, Women	4 Thursday	7:00 PM	WC
Little Rock	Downtown Nooners	Christ Episcopal Church	509 Scott Street	501-944-6216		Closed Big Book Study	4 Thursday	12:10 PM	WC
Little Rock	East End Group		20422 N. Spring Lake Rd.	842-5235		Closed BB Study	4 Thursday	7:00 pm	
Little Rock	East end Group		20422 Springlake Rd.	842-5235		Closed BB Study	4 Thursday	7:00 p.m.	3rd Tues.every quarter Open speaker
Little Rock	H.A.L.T. Lunch Bunch	Central Office Building	Tanglewood Shopping Center #106	501-664-7303		Closed Discussion	4 Thursday	12:00 PM	WC
Little Rock	Happy Hour	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Closed Discussion	4 Thursday	5:30 PM	
Little Rock	Help Home		1507 Hangar	501-353-2674		Closed Discussion	4 Thursday	7:00 PM	
Little Rock	Hill Group	Western Hills Methodist Church	4601 Western Hills	501-454-9594		Closed Discussion	4 Thursday	7:00 PM	
Little Rock	Hour of Power	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	4 Thursday	6:45 AM	
Little Rock	Reservoir Group	Second Presbyterian Church	600 Pleasant Valley			Closed Discussion	4 Thursday	5:30 PM	WC, Rm 64, 1st Open B-day, 2nd Open Speaker
Little Rock	Sterling Men Group	St. James Methodist Church	321 Pleasant Valley Drive	501-425-7906		Closed Discussion, Men	4 Thursday	8:00 PM	WC
Little Rock	Village Group		1411 Maple St. NLR	501-661-9503	501-690-2191	Closed Discussion	4 Thursday	8:00 PM	
Little Rock	Way Out Women (W.O.W.)	St. Andrew Episcopal Church	8300 Kanis Rd			Closed Big Book Study, Women	4 Thursday	6:00 PM	
Little Rock	Wye Mountain Group		Hwy 113	501-330-2504		Open Discussion	4 Thursday	8:00 PM	
Little Rock	Brown Bag	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	5 Friday	12:00 PM	
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	5 Friday	6:30 AM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	5 Friday	12:00 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	5 Friday	5:30 PM	WC

Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979	Open Discussion, Beginners	5 Friday	7:00 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979	Closed Discussion	5 Friday	9:00 PM	WC
Little Rock	Cosmopolitan Group Too	Corner of Durwood & Hawthorne	2319 Durwood		Closed Discussion, GLBT	5 Friday	7:00 PM	
Little Rock	Courage to Change	Grace Church	12900 Cantrell	501-681-4660	Closed Discussion	5 Friday	8:00 PM	WC, 1st is Open Speaker and Birthday
Little Rock	H.A.L.T. Lunch Bunch	Central Office Building	Tanglewood Shopping Center #106	501-664-7303	Closed Discussion	5 Friday	12:00 PM	WC
Little Rock	Happy Hour	Wolfe Street Center	1210 Wolfe Street	501-372-5662	Closed Discussion	5 Friday	5:30 PM	
Little Rock	Hour of Power	Wolfe Street Center	1210 Wolfe Street	501-372-5662	Open Discussion	5 Friday	6:45 AM	
Little Rock	Last Chance	Wolfe Street Center	1210 Wolfe Street	501-372-5662	Open Discussion	5 Friday	10:00 PM	
Little Rock	Pinnacle Mountain Group	Winfield Methodist Church	Hwy 10 & 300	501-766-1783	Closed Discussion	5 Friday	8:00 PM	WC
Little Rock	Pinnacle Mountain Group	Winfield Methodist Church	Hwy 10 & 300	501-766-1783	Open Birthday	5 Friday	8:00 PM	WC, 1st Friday of Month
Little Rock	Reservoir Group	Second Presbyterian Church	600 Pleasant Valley		Closed Discussion	5 Friday	5:30 PM	WC, Rm 64
Little Rock	Reservoir Group	Second Presbyterian Church	600 Pleasant Valley	501-240-6001	Open Discussion, Newcomers	5 Friday	7:00 PM	WC, RM 64
Little Rock	S.O.S. Group	Methodist Children home, Cottage 7	2002 Filmore Street	501-225-5002	Open Step Study	5 Friday	12:00 PM	
Little Rock	Saints We Ain't	St. Mark Episcopal Church	1000 Mississippi	501-350-0745	Open Discussion	5 Friday	6:30 PM	WC, Last Friday Potluck
Little Rock	Spanish Meeting	Behind Mexicana Store	University & 65th	405-795-7680	Open, Spanish	5 Friday	7:00 PM	
Little Rock	Squirrel Cage	Faith United Church	#3 Lakeshore Drive	501-505-0605	Closed Discussion	5 Friday	12:00 PM	
Little Rock	Y>E>S> Geoup	Wolfe St. Center	1210 Wolfe St.	501-744-0110	Closed Discussion	5 Friday	8:00 PM	
Little Rock	Y.E.S.	Recovery Club	2725 West 12th Street	501-744-0110	Open Discussion	5 Friday	8:00 PM	

Little Rock	Barely Legal Young People	Westover Hills Presbyterian Church	6400 Kavanaugh Place	(501) 860-4108 (Amanda E.)		Closed Discussion	6 Saturday	8:00 PM	WC
Little Rock	Big Meeting	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Speaker	6 Saturday	8:00 PM	
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Open Discussion	6 Saturday	12:00 PM	
City	Group	Building	Address	Phone#	Alt. Phone #	Type of Meeting	Day	Time	Comments
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	6 Saturday	6:30 AM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	6 Saturday	9:00 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion, Women	6 Saturday	1:00 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Open Discussion, Newcomers	6 Saturday	3:00 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	6 Saturday	5:30 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Open Speaker	6 Saturday	8:00 PM	WC
Little Rock	H.A.L.T. Lunch Bunch	Central Office Building	Tanglewood Shopping Center #106	501-664-7303		Closed Discussion	6 Saturday	11:00 AM	WC
Little Rock	Happy Hour	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Closed Discussion	6 Saturday	5:30 PM	Last Saturday 6:00 PM Potluck & Speaker
Little Rock	Hour of Power	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	6 Saturday	7:30 AM	WC
Little Rock	Last Chance	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	6 Saturday	10:00 PM	
Little Rock	REBOS	Wolfe Street Center	1210 Wolfe Street			Closed Discussion	6 Saturday	1:00 PM	
Little Rock	Reservoir Group	Second Presbyterian Church	600 Pleasant Valley			Closed Big Book Study	6 Saturday	5:30 PM	WC, Rm 64
Little Rock	Y>E>S> Group	Wolfe St. Center	1210 Wolfe St.	501-744-0110		Closed Discussion	6 Saturday	8:00 PM	
Little Rock	Y.E.S.	Recovery Club	2725 West 12th Street	501-744-0110		Open Discussion	6 Saturday	8:00 PM	
Little Rock	120 1/2	Wolfe Street Center	1210 Wolfe Street	501-454-6533		Open, Newcomers	7 Sunday	7:00 PM	
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	7 Sunday	6:30 AM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Open Discussion	7 Sunday	9:00 PM	WC

Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	7 Sunday	2:00 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Discussion	7 Sunday	5:30 PM	WC
Little Rock	Cosmopolitan Group		2323 Durwood	501-663-9979		Closed Big Book Study	7 Sunday	8:00 PM	WC
Little Rock	Cosmopolitan Group Too	Corner of Durwood & Hawthorne	2319 Durwood			Closed Discussion	7 Sunday	7:00 PM	WC
Little Rock	Cosmopolitan Group Too	Corner of Durwood & Hawthorne	2319 Durwood			Closed Discussion, GLBT	7 Sunday	6:00 PM	WC
Little Rock	Courage to Change	Grace Church	12900 Cantrell	501-681-4660		Closed 12&12	7 Sunday	6:00 PM	WC
Little Rock	Happy Hour	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Closed Discussion	7 Sunday	5:30 PM	Last Sunday 6:00 PM Potluck & Open Speaker
Little Rock	Hour of Power	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	7 Sunday	7:30 AM	8:30 AM Fellowship breakfast Oct. through May
Little Rock	Hour of Power	Wolfe Street Center	1210 Wolfe Street	501-372-5662		Open Discussion	7 Sunday	10:00 AM	
Little Rock	Reservoir Group	Second Presbyterian Church	600 Pleasant Valley			Closed Discussion, 12&12	7 Sunday	5:30 PM	WC, Rm 64
Little Rock	Spanish Meeting	Behind Mexicana Store	University & 65th	405-795-7680		Open, Spanish	7 Sunday	7:00 PM	
Little Rock	Village Group		1411 Maple St.	501-661-9503	501-690-2191	Closed Discussion	7 Sunday	6:30 PM	

CLIENT RIGHTS

Attachment B

Arkansas CARES will adhere to the policies established by the Methodist Family Health, as well as following specific rights for clients admitted into the treatment services of Arkansas CARES.

1. You have the right to be treated with dignity and respect, as an individual who has personal needs, feelings, choices and requirements.
2. You have the right to privacy in your treatment, in your care, and in the fulfillment of your personal needs.
3. You have the right to be fully informed of all services available to you in any of the Arkansas CARES programs and of any charges for those services.
4. You have the right to be fully informed of your rights as a resident and of all expectations for your conduct at this facility.
5. You have the right to manage your personal financial affairs. If you desire assistance, Arkansas CARES staff will arrange appropriate assistance for you.
6. You have the right to know about your physical condition unless your physician, for medical reasons, chooses not to inform you, and so states in your medical record.
7. You have the right to be a part of developing your Treatment Plan.
8. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequence(s) of this choice.
9. You have the right to continuity of care. You will not be discharged or transferred except for medical reasons, for personal welfare, or the welfare of others. Should your transfer or discharge become necessary, you will be given reasonable advance notice, unless an emergency situation exists.
10. You have the right to voice opinions, recommendations and grievances in relation to policies and services offered by Arkansas CARES without fear of restraint, interference, coercion, discrimination or revenge.
11. You have the right to be free from physical, chemical, and mental abuse.
12. You have the right to confidential treatment of your personal and medical records. Information from these sources will not be released without your prior written consent, except in your transfer to an emergency medical facility as required by law, or under third party payment contracts.
13. You have the right to retain and use your personal clothing and belongings, as space permits, unless doing so would infringe upon the rights and safety of others or is against your written plan of treatment.
14. You have the right to participate in the activities of social, religious, and community groups of your choice in compliance with your level status.
15. You have the right of choice of persons with whom you associate and communicate, publicly and privately.
16. You have the right to privacy during visits by your spouse, family, clergy, 12-Step sponsor, and others as appropriate to your Treatment Plan, and space limitations.
17. You have the right to receive visitors as appropriate to your Treatment Plan, and the design of the Arkansas CARES program.
18. You have the right to both make and receive telephone calls, as appropriate to your Treatment Plan, and the structure of the Arkansas CARES program.
19. You have the right to send and receive mail. You are required to open mail in the presence of a staff member.
20. You have the right to be informed in advance of any visitors to Arkansas CARES and the right to privacy if you do not wish to see visitors, or be a part of activities while visitors are present.
21. You have a right to have your family involved in your treatment and are allowed to define who your "family" is.
22. You have a right to know the clinical staff members who will be involved in your care.
23. You have the right to be informed of all experimental research or educational activities involved in your care and to be given the opportunity to refuse to participate.
24. You have the right to have your rights explained to you in a language you can understand.

I have read this statement of rights and/or it has been read to me and have had an opportunity to ask questions and have them answered. I understand what my rights are and I have been given a copy of this statement.

Signature _____ Date: _____

Grievance Policy

Attachment B

At any time during your treatment at Arkansas CARES you may decide you need to express how you feel about the facility, decide that you want to leave Arkansas CARES, may feel you are being treated unfairly, may feel that your rights have been violated, may have client care or safety concerns, or may just want to express a complaint. Every Client, no matter the age, or their guardian has the right to file a grievance or request a grievance form from any direct care staff. **ARKANSAS CARES** will facilitate any request by a Client for a fair hearing.

PROCEDURES:

1. All Clients and/or guardians will be advised of their legal rights, right to counsel, and grievance procedures after admission.
2. If a Client and/or guardian expresses they are having their rights violated, or wish to return home, leave care, or voice a complaint about treatment, the **ARKANSAS CARES** staff so advised will advise the client to file a written grievance. The written grievance form is located throughout each building in a black box attached to the wall. The client may complete the grievance form and put it in the locked box. The Client Advocate retrieves the grievance form from the boxes and reviews the grievance within 5 business days and then forwards it to the appropriate program director. The director will review the grievance with the client within 2 weeks or 72 hours if an emergency. The grievance will then be sent to the Grievance Committee to determine if additional action should be taken. Depending on the issue, the grievance will be discussed in the appropriate therapy setting, appropriate action will be taken or if determined, a conference will be scheduled.
3. If the issue is not resolved, a meeting will be arranged within the next 10 business days. Meeting participants may include (but are not be limited to) the Client, **Staff Member Involved, Clinical Director, Program Director, Client advocate, the person responsible for the client and/or child at ARKANSAS CARES** and a neutral **Program Consultant**.
4. If the issue continues to be unresolved the Client may appeal to the President/CEO. A meeting will be arranged within the next 15 business days. Participants may include (but are not be limited to) the President/CEO, Medical Director or Treating Physician, Program Administrator, Clinical Director, Program Director, Youth Advocate, Director of Human Resources, and the person responsible for the client (minor).
5. All meetings and actions will be in writing on the Grievance Follow-up Form, which generates from the meeting regarding the Client's grievance.
6. The Client and/or Guardian have the right to report grievances directly to the ARKANSAS CARES Client Advocate, whom holds the title of Admissions Coordinator. In addition, the Client and/or Guardian may directly contact the Arkansas Department of Health Facility Services at 501.686.9866 or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by either calling 800.994.6610 or e-mailing complaint@jcaho.org.

****I HAVE READ AND UNDERSTAND THE PROCEDURES CONCERNING GRIEVANCES.**

Client Signature

Date



Arkansas CARES Grievance Form

Date of Incident: _____

Time of Incident: _____

Persons Involved: _____

Description of Incident: _____

Who you reported this to when it occurred: _____

Where did the incident occur: _____

Name of person filing the grievance: _____

Today's Date: _____



Arkansas CARES Transitional Living Rules

1. You must reside in Transitional Housing for 2 weeks before you are permitted an overnight pass.
2. Overnight passes will need to be approved by the Transitional Manager, their designee or the Program Administrator. Please complete and turn in your Overnight Pass Request by Friday at 12:00pm (noon) for that weekend.
3. You will be expected to sign out when you leave campus and provide an address and phone number of where you will be.
4. Residents are to be in the cottage by 9:00pm each night unless granted special permission by the Transitional Manager or designee.
5. Residents must respect their roommates and/or neighbors by refraining from loud conversations, noises, playing loud music, moving furniture, slamming doors, etc., from 7:30pm to 6:30am. This is the time when all children should be in bed. All the families are on different schedules due to work, school, and family obligations. Therefore, you must be respectful of everyone's quiet time.
6. Children 6 years and younger are to be in bed by 7:30pm daily. Children 7 years of age and older are to be in bed no later than 8:30pm.
7. No visitors are allowed in your cottage or on campus.
8. Staff will check the cottage randomly for curfew compliance.
9. There is to be NO eating outside of the kitchen /dining rooms.
10. On your days off you are to be out of bed by 8am. After completing household chores, you may take a nap in the afternoon in your room. There is to be no sleeping on the couches. If you are ill the Transitional Manager can make exceptions to this rule.
11. All household chores are to be completed by 9am daily.
12. You must keep all your medication locked and secured. Your medication is for your use only. Daily, weekly counts of medication need to be logged and recorded. This will be checked by AR CARES staff randomly to ensure compliance with Medications.
13. All medications received from a doctor outside of AR CARES, must be reported to AR CARES staff and logged in the medication log.

****All clients living in the Transitional home are expected to follow the rules. Some rule violations will result in immediate discharge from the home while others will earn you an "occurrence". If you receive 3 occurrences for rule violations, you will be evicted from the home.**



Arkansas CARES Transitional Living Contract

Resident's Name _____ Phone# _____

Date Moved In _____ Date Moved Out _____

I _____ understand the following conditions for residing in the Transitional Living Home at Arkansas CARES.

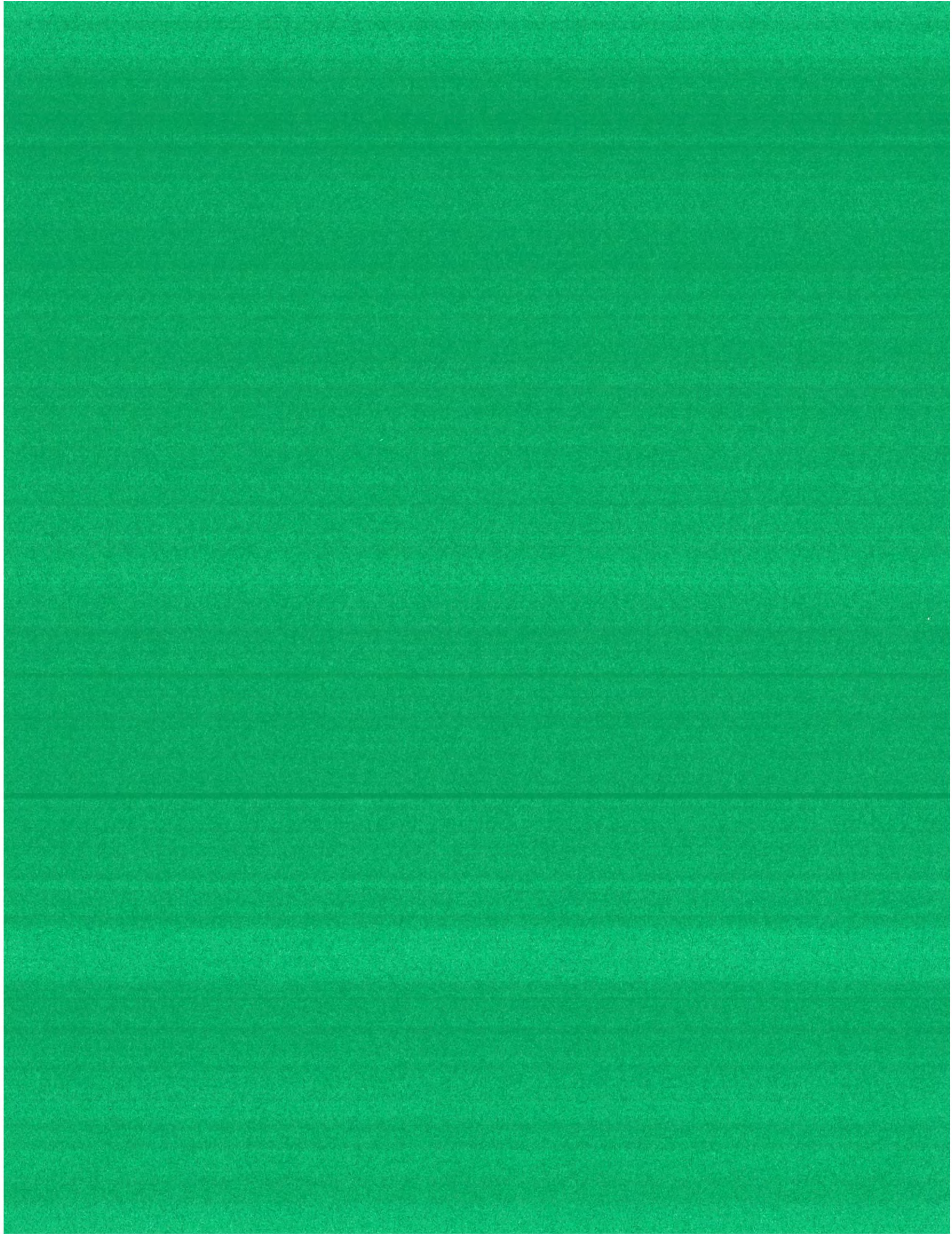
1. There will be a \$5.00 key deposit due upon receipt of keys. If I lose the keys this fee will be used to replace them. This deposit will be returned when I move out if I return the original keys issued to me. **Fee Returned** **Yes** **No**
2. There will be a \$20.00 fee due upon move in to cover the cost of any drug screens that may be required of me to submit to while living in the transitional home. If no drug screens are needed, this fee will be returned when I move out. **Fee Returned** **Yes** **No**
3. There will be a cleaning fee deposit of \$25.00 due upon signing this contract to be used should I fail to clean my living area prior to moving out. These monies will be returned when I leave if my living quarters pass inspection. **Fee Returned** **Yes** **No**
4. I understand that if I receive 3 written warnings for failure to follow rules or my required after care plan, I will be asked to move out. Arkansas CARES may require me to move out immediately dependent upon the rule violation.
5. I understand that immediate eviction will occur if I bring drugs or alcohol on to the campus of Arkansas CARES or if I return to campus intoxicated.
6. I understand that if I test positive for drugs or alcohol at any time during my stay in the transitional home I will be required to move out. The facility has the discretion to allow me time to make alternate living arrangements at their discretion.
7. I understand that if I am asked to leave the transitional home, Arkansas CARES staff will contact my referral source and provide them with the circumstances of my leaving. I also acknowledge that I am giving my permission for this to occur.
8. My referral source is _____, their contact number is _____.

Resident's signature: _____ Date: _____

Witness Signature: _____ Date: _____

Attachment

D-12



Seeking Safety

Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Seeking Safety focuses on coping skills and psychoeducation and has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time); (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).

Descriptive Information

Areas of Interest	Mental health treatment Substance abuse treatment Co-occurring disorders
Outcomes	Review Date: October 2006 1: Substance use 2: Trauma-related symptoms 3: Psychopathology 4: Treatment retention
Outcome Categories	Alcohol Drugs Mental health Trauma/injuries Treatment/recovery
Ages	13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	Inpatient Residential Outpatient
Geographic Locations	No geographic locations were identified by the developer.
Implementation History	Since 1992, Seeking Safety has been implemented in more than 3,000 clinical settings and as part of statewide initiatives in Connecticut, Hawaii, Oregon, Texas, and Wyoming. It has been implemented in programs for substance abuse, mental health, domestic violence, homelessness, women and children, and veterans and in correctional, medical, and school settings in the United States and internationally, including in Argentina, Australia, Canada, France, Germany, Italy, Japan, the Netherlands, New Zealand, Scotland, and

	Sweden.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
Adaptations	Seeking Safety has been tested with dually diagnosed women, men, and adolescent girls. Samples have included clients in outpatient and residential settings, low-income urban women, incarcerated women, and veterans (both men and women). The treatment manual is available in both English and Spanish.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	IOM prevention categories are not applicable.


Quality of Research

Review Date: October 2006

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.


Study 1

Hien, D. A., Cohen, L. R., Miele, G. M., Litt, L. C., & Capstick, C. (2004). Promising treatments for women with comorbid PTSD and substance use disorders. *American Journal of Psychiatry*, 161, 1426-1432. 


Study 2

Holdcraft, L. C., & Comtois, K. A. (2002). Description of and preliminary data from a women's dual diagnosis community mental health program. *Canadian Journal of Community Mental Health*, 21, 91-109.


Study 3

Morrissey, J. P., Jackson, E. W., Ellis, A. R., Amaro, H., Brown, V. B., & Najavits, L. M. (2005). Twelve-month outcomes of trauma-informed interventions for women with co-occurring disorders. *Psychiatric Services*, 56, 1213-1222. 


Study 4

Najavits, L. M., Gallop, R. J., & Weiss, R. D. (2006). Seeking Safety therapy for adolescent girls with PTSD and substance use disorder: A randomized controlled trial. *Journal of Behavioral Health Services and Research*, 33, 453-463. 

Study 5

Najavits, L. M., Schmitz, M., Gotthardt, S., & Weiss, R. D. (2005). Seeking Safety plus exposure therapy: An outcome study on dual diagnosis men. *Journal of Psychoactive Drugs*, 37, 425-435. 


Study 6

Najavits, L. M., Weiss, R. D., Shaw, S. R., & Muenz, L. R. (1998). "Seeking Safety": Outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. *Journal of Traumatic Stress*, 11, 437-456. 


Study 7

Weller, L. A. (2005). Group therapy to treat substance use and traumatic symptoms in female veterans. *Federal Practitioner*, 27-38.

Study 8

Zlotnick, C., Najavits, L. M., Rohsenow, D. J., & Johnson, D. M. (2003). A cognitive-behavioral treatment for incarcerated women with substance abuse disorder and posttraumatic stress disorder: Findings from a pilot study. *Journal of Substance Abuse Treatment*, 25, 99-105. 

Supplementary Materials

Cook, J. M., Walser, R. D., Kane, V., Ruzek, J. I., & Woody, G. (2006). Dissemination and feasibility of a cognitive-behavioral treatment for substance use disorders and posttraumatic stress disorder in the Veterans Administration. *Journal of Psychoactive Drugs*, 38, 89-92. 

Najavits, L. M. (2002). *Seeking Safety: A treatment manual for PTSD and substance abuse*. New York: Guilford Press.

Outcomes

Outcome 1: Substance use	
Description of Measures	Substance use was indicated by urinalysis. Some studies used the Substance Use Inventory, a self-report of quantity and frequency over the past week. Outcomes were based on mean rating of use over previous 4 weeks. One study used the Clinical Global Impression (CGI), a 7-point interviewer-rated scale characterizing abuse severity and improvement. Some studies used the Addiction Severity Index (ASI) self-report of problem severity in last 30 days. One study with adolescent girls used the Personal Experiences Inventory.
Key Findings	<p>A randomized controlled trial of 107 women assessed the severity of substance use in participants assigned to Seeking Safety, Relapse Prevention, or a usual care control condition. Compared with women in the usual care control condition, women who participated in Seeking Safety significantly reduced their substance use at the end of treatment ($p < .001$) and at the 6-month follow-up ($p < .05$).</p> <p>In a randomized controlled trial with 33 adolescent girls, Seeking Safety participants significantly improved on 7 of 10 Personal Experience Inventory subscales compared with participants who received usual care ($p < .05$), with effect sizes that ranged from small (Cohen's $d = 0.37$) to large (Cohen's $d = 1.17$). At the 3-month follow-up assessment, Seeking Safety participants continued to show a significant improvement on the Loss of Control subscale ($p < .05$), with a small effect size (Cohen's $d = 0.37$).</p> <p>In five studies with small samples and no control groups, Seeking Safety participants showed pre- to posttreatment reductions in substance use ($p < .05$). In one of the five studies, Seeking Safety participants significantly increased their substance abstinence ($p < .008$). In another study, weekly urinalyses suggested that three of five participants were abstinent throughout treatment. In a study of incarcerated women, 11 of 17 participants in the Seeking Safety program did not report using drugs 3 months after release.</p>
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4, Study 5, Study 6, Study 7, Study 8
Study Designs	Experimental, Preexperimental
Quality of Research Rating	2.1 (0.0-4.0 scale)

Outcome 2: Trauma-related symptoms	
Description of Measures	In some studies, trauma-related symptoms were measured using the Clinician-Administered Post Traumatic Stress Disorder Scale, a structured clinical interview that assesses frequency, intensity, severity of DSM-IV PTSD symptoms and impact of symptoms on social and occupational functioning. The Impact of Event Scale, a 15-item self-report of symptoms of intrusion and avoidance, was used for some research. Other studies used the Posttraumatic Symptom Scale (PSS), a 17-item self-report that indicates frequency of problems following a traumatic event. Some studies used the Trauma Symptom Checklist 40, a self-report measure. The Clinician-Administered PTSD Scale was used to determine lifetime and current diagnosis of PTSD, and intensity and severity of symptoms in the last month for some studies. The World Assumptions Scale, a measure of cognitions related to PTSD, was also used.
Key Findings	<p>In a study that randomly assigned 107 women to Seeking Safety, Relapse Prevention, or a usual care control condition, the Seeking Safety participants showed a significant improvement on measures of trauma symptoms compared with usual care participants at the end of treatment ($p < .01$), at the 6-month follow-up ($p < .05$), and at the 9-month follow-up ($p < .05$).</p> <p>Among those participants with severe baseline trauma-related symptoms, 30% of Seeking Safety participants experienced a moderately improved to a better level of functioning at the 12-month follow-up compared with their baseline pretreatment assessment. By contrast, only 21% of the participants in the usual care control group experienced an improvement in trauma-related</p>

	<p>symptoms at the 12-month follow-up. Thoughts related to PTSD also decreased in the Seeking Safety participants compared with the usual care participants.</p> <p>In a randomized controlled trial with a sample of 33 adolescent girls, those in Seeking Safety had fewer sexual concerns ($p = .002$) and less sexual distress ($p < .001$) 2 months after intake compared with the girls in the usual care control condition.</p> <p>In a study of incarcerated women, 9 of 17 participants in Seeking Safety no longer met the diagnostic criteria for PTSD at the end of treatment. The Seeking Safety sample as a whole showed significant decreases in PTSD symptoms from pre- to posttreatment ($p = .002$) and from pretreatment to 3 months after release ($p = .04$).</p> <p>A pilot study of 17 women exposed to Seeking Safety also showed decreases in trauma-related symptoms from pre- to posttreatment ($p < .05$).</p> <p>In three additional studies with small samples and no control groups, Seeking Safety participants showed a pre- to posttreatment reduction in PTSD symptoms. In a study of veterans exposed to the Seeking Safety program, PTSD symptoms on the PTSD Checklist decreased significantly from pre- to posttreatment. This study on male veterans who participated in Seeking Safety also showed significant decreases in trauma-related symptoms.</p>
Studies Measuring Outcome	Study 1, Study 3, Study 4, Study 5, Study 6, Study 8
Study Designs	Experimental, Preexperimental
Quality of Research Rating	2.3 (0.0-4.0 scale)

Outcome 3: Psychopathology	
Description of Measures	<p>In some studies, psychopathology was measured by the Global Assessment Scale of overall psychiatric functioning and impairment in the last 4 weeks. Some studies used the Brief Symptom Inventory (BSI) of general psychiatric symptoms. One study used psychiatric hospitalizations as well as responses to the Suicidal Behaviors Questionnaire as indications of psychopathology. Some studies assessed depression with the Hamilton Depression Rating Scale or the Beck Depression Inventory II. Adolescents were assessed with the Adolescent Psychopathology Scale (APS), 346 items on DSM disorders and psychosocial problems.</p>
Key Findings	<p>In a study that randomly assigned 107 women to Seeking Safety, Relapse Prevention, or a usual care control condition, Seeking Safety participants improved on measures of psychopathology from pre- to posttreatment ($p < .01$), whereas participants in the control condition worsened. At the 6- and 9-month follow-up assessments, Seeking Safety participants continued to show better functioning, but the difference was not statistically significant.</p> <p>In a study examining 12-month follow-up outcomes for women in Seeking Safety or treatment as usual, those in Seeking Safety improved more ($p < .001$), with a small effect size (Cohen's $d = 0.18$).</p> <p>In a randomized controlled trial of 33 adolescent girls, those in Seeking Safety showed greater improvement in their symptoms of anorexia, somatization, and major depression compared with the girls in the usual care control group. The effect sizes for anorexia (Cohen's $d = 2.02$) and somatization (Cohen's $d = 1.27$) were large, while the effect size for major depression (Cohen's $d = 0.40$) was small.</p> <p>A variety of improvements were found for Seeking Safety participants in three pilot studies. A sample of five dually diagnosed men improved pre- to posttreatment on the Global Assessment of Functioning ($p < .02$). A sample of women in a community mental health program showed pre- to posttreatment improvements in clinicians' ratings of psychiatric functioning ($p < .01$). In a pilot study of Seeking Safety, 17 women showed pre- to posttreatment reductions in suicidal thoughts and risk for future suicide.</p>
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4, Study 5, Study 6, Study 7
Study Designs	Experimental, Preexperimental
Quality of Research Rating	2.1 (0.0-4.0 scale)

Outcome 4: Treatment retention	
Description of Measures	Treatment retention was measured by clinicians' records.
Key Findings	In a study of dually diagnosed men, all 5 participants completed 30 of 30 Seeking Safety sessions. In a pilot study of Seeking Safety, 17 of 27 women completed treatment (attended 6 or more sessions). In a study of adolescent girls, the average attendance was 11.78 of 25 sessions.
Studies Measuring Outcome	Study 4, Study 5, Study 6
Study Designs	Experimental, Preexperimental
Quality of Research Rating	2.2 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult)	100% Female	42.1% Black or African American 37.4% White 19.6% Hispanic or Latino 0.9% Race/ethnicity unspecified
Study 2	18-25 (Young adult) 26-55 (Adult)	100% Female	80% White 15% Black or African American 5% Asian
Study 3	26-55 (Adult)	100% Female	50% White 25% Black or African American 17% Hispanic or Latino 7% Race/ethnicity unspecified
Study 4	13-17 (Adolescent)	100% Female	78.8% White 12.1% Asian 3% Black or African American 3% Hispanic or Latino 3% Race/ethnicity unspecified
Study 5	26-55 (Adult)	100% Male	100% White
Study 6	26-55 (Adult)	100% Female	88.2% White 11.8% Black or African American
Study 7	26-55 (Adult)	100% Female	83.3% White 16.7% American Indian or Alaska Native
Study 8	26-55 (Adult)	100% Female	66.7% White 16.7% Race/ethnicity unspecified 11.1% Black or African American 5.6% Hispanic or Latino

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Substance use	2.3	2.3	2.3	2.0	1.6	2.0	2.1
2: Trauma-related symptoms	2.7	2.7	2.9	2.0	1.8	2.1	2.3
3: Psychopathology	2.4	2.4	2.1	2.0	1.7	2.1	2.1
4: Treatment retention	2.0	2.0	3.4	2.2	1.9	1.9	2.2

Study Strengths

Findings were consistently positive in a variety of domains. Some studies showed very careful attention to fidelity.

Study Weaknesses

Some studies used convenience samples. Sample size was often small, making it difficult to rule out confounds or make statistical inferences.

Readiness for Dissemination

Review Date: October 2006

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Najavits, L. (2000). Training clinicians to conduct the Seeking Safety treatment for PTSD and substance abuse. *Alcoholism Treatment Quarterly*, 18, 83-98.

Najavits, L. (2002). Seeking Safety: A new psychotherapy for posttraumatic stress disorder and substance use disorder. In P. Ouimette & P. Brown (Eds.), *Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders* (pp. 147-170). Washington, DC: American Psychological Association Press.

Najavits, L. (2002). *Seeking Safety: A treatment manual for PTSD and substance abuse*. New York: Guilford Press.

Najavits, L. (2004). Implementing Seeking Safety therapy for PTSD and substance abuse: Clinical guidelines. *Alcoholism Treatment Quarterly*, 22(1), 43-62.

Najavits, L. (2005). A client's story: Teaching grounding to a client [VHS].

Najavits, L. (2005). Example of a group session: Asking for help [VHS].

Najavits, L. (2005). Seeking Safety: Therapy for trauma/PTSD and substance abuse [VHS].

Najavits, L. (2005). Session for Adherence Scale rating: Healthy Relationships [VHS].

Najavits, L. (2006). Seeking Safety. In V. Follette & J. Ruzek (Eds.), *Cognitive-Behavioral Therapies for Trauma* (2nd ed.) (pp. 228-257). New York: Guilford Press.

Seeking Safety Web site, <http://www.seekingsafety.org>

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
4.0	4.0	3.9	4.0

Dissemination Strengths

Implementation materials are intended to be used by clinicians, though the written materials, Web site information, video tapes, and classes could also be useful for trainees. The program Web site provides detailed information on available trainings and discusses available on-site and telephone consultation. An adherence scale is provided to support quality assurance. Intervention adherence is reviewed as part of the offered consultation.

Dissemination Weaknesses

Little information on organizational implementation guidance was provided for review. Links are provided on the Web site to direct users to possible ways of measuring outcomes; however, no specific guidance is provided on some universal measures, nor on how to measure outcomes related to the model.


Costs


The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
Manual	\$46 each	Yes
Poster of safe coping skills	\$16 each	No
Card deck of safe coping skills	\$16 each	No
Training videos	\$250 per set	No
1- , 1.5- , or 2-day, on-site training	About \$1,600 per day depending on site needs and trainer selected, plus travel expenses	No
Telephone consultation	About \$115 per hour depending on site needs	No
Adherence scale	Free	No


Replications


Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.


Cook, J. M., Walser, R. D., Kane, V., Ruzek, J. I., & Woody, G. (2006). Dissemination and feasibility of a cognitive-behavioral treatment for substance use disorders and posttraumatic stress disorder in the Veterans Administration. *Journal of Psychoactive Drugs*, 38, 89-92. 

* Hien, D. A., Cohen, L. R., Miele, G. M., Litt, L. C., & Capstick, C. (2004). Promising treatments for women with comorbid PTSD and substance use disorders. *American Journal of Psychiatry*, 161, 1426-1432. 

* Holdcraft, L. C., & Comtois, K. A. (2002). Description of and preliminary data from a women's dual diagnosis community mental health program. *Canadian Journal of Community Mental Health*, 21, 91-109.


* Morrissey, J. P., Jackson, E. W., Ellis, A. R., Amaro, H., Brown, V. B., & Najavits, L. M. (2005). Twelve-month outcomes of trauma-informed interventions for women with co-occurring disorders. *Psychiatric Services*, 56, 1213-1222. 

* Najavits, L. M., Gallop, R. J., & Weiss, R. D. (2006). Seeking Safety therapy for adolescent girls with PTSD and substance use disorder: A randomized controlled trial. *Journal of Behavioral Health Services & Research*, 33, 453-463. 

* Najavits, L. M., Schmitz, M., Gotthardt, S., & Weiss, R. D. (2005). Seeking Safety plus exposure therapy: An outcome study on dual diagnosis men. *Journal of Psychoactive Drugs*, 37, 425-435. 

* Najavits, L. M., Weiss, R. D., Shaw, S. R., & Muenz, L. R. (1998). "Seeking Safety": Outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. *Journal of Traumatic Stress*, 11, 437-

* Weller, L. A. (2005). Group therapy to treat substance use and traumatic symptoms in female veterans. *Federal Practitioner*, 27-38.

* Zlotnick, C., Najavits, L. M., Rohsenow, D. J., & Johnson, D. M. (2003). A cognitive-behavioral treatment for incarcerated women with substance abuse disorder and posttraumatic stress disorder: Findings from a pilot study. *Journal of Substance Abuse Treatment*, 25, 99-105 

Contact Information

To learn more about implementation or research, contact:

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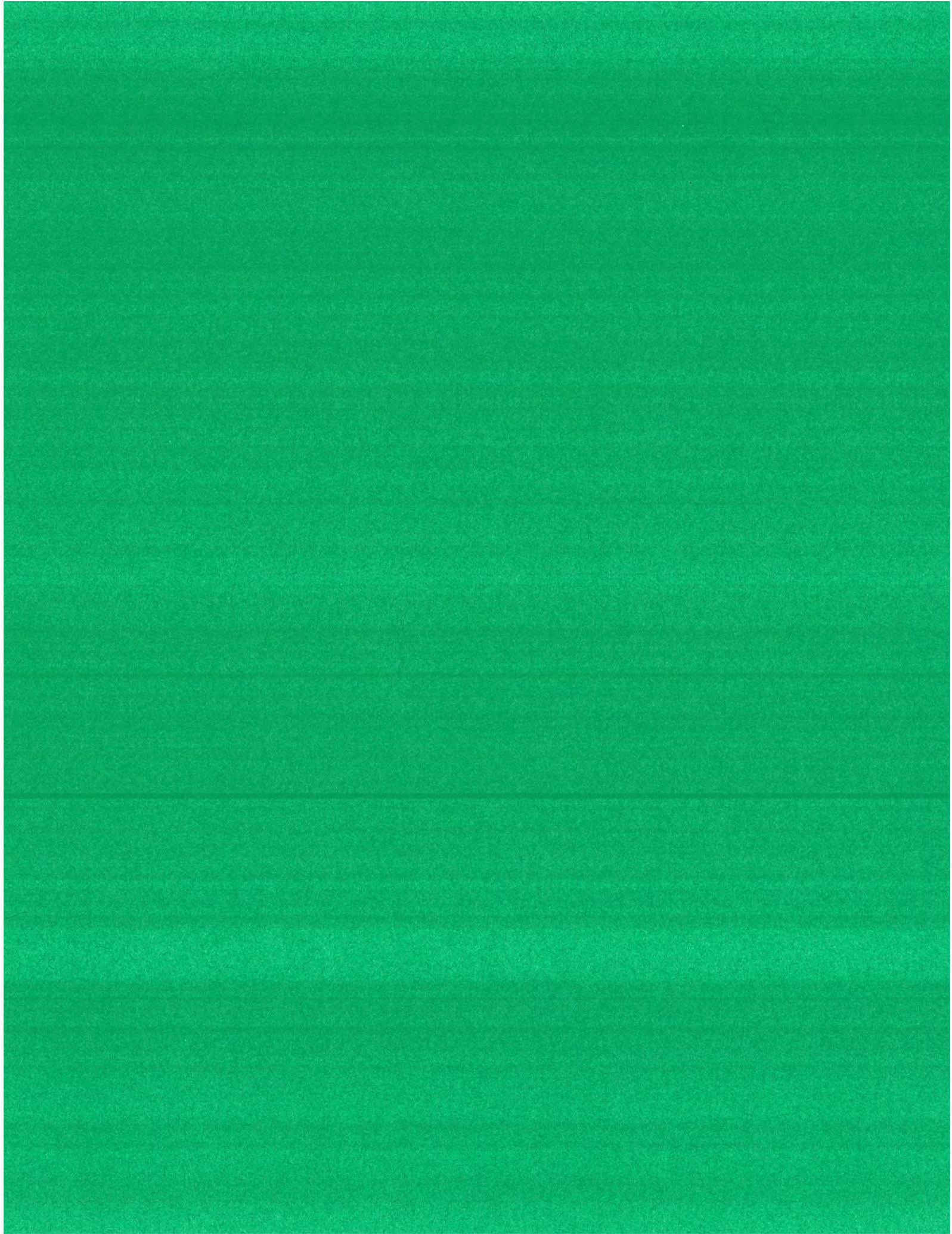
Consider these [Questions to Ask](#) (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- <http://www.seekingsafety.org>

Attachment

D-13





Weekend Schedule

Time	What are we doing?
6:30a	Wake Cook, Start Breakfast
7:00a	Breakfast
6:45a – 7:15a	Medication Time
8:30a	Deep Clean Chores
9:00a	Cottage Meeting <i>(Children must be checked every 15 minutes)</i>
9:15a	BI Check Chores and Rooms
9:30a	Snack
10:00-11:30a	Passes Start; Free Time
12:00p	Lunch
12:45p	Kitchen Clean-up
1:00-3:00p	Free Time
3:00p	Snack
3:30-4:30p	"Mom & Me"
4:30p	Prep dinner
5:30p	Dinner
6:00p	Chores
6:30p	Children Bath Time
7:00p	Snack
6:45p – 7:15p	Prepare children for bed, Medication Time
7:30p (<i>preschool</i>) 7:45p (<i>all others</i>)	Children's Bedtime <i>(children 10 and above may read quietly for 30 minutes)</i>
8:00-9:30p	Big Book Meeting
9:30p	Mom's time <i>(Children must be checked every 15 minutes)</i>
10:30p	Homework Time/ Quiet Time
12:00am	Lights out



Weekday Schedule

Time	What are we doing?
5:30a	Wake Cook, Start Breakfast
6:00a	Breakfast
6:30-7:00a	Chores
6:45a – 7:15a	Medication Time
7:20a	Leave for Class
7:20a	BI Check Chores and Rooms
3:30a	Snack
4:00-5:00p	“Mom &Me”
5:00p	Dinner
5:30p	Chores
6:30p	Children Bath Time
7:00p	Snack
6:45p – 7: 15p	Medication Time
7:30-8:00p	Prepare children for bed
7:30p (<i>preschool</i>) 7:45p (<i>all others</i>)	Children's Bedtime (<i>children 10 and above may read quietly for 30 minutes</i>)
9:00p	Cottage Meeting/ AA Meeting (<i>Children must be checked every 15 minutes</i>)
10:30p	Homework Time/ Quiet Time
11:00p	Lights out



Arkansas CARES Treatment Schedule

Sunday

1p – 2p – Family Group Matrix (Weekend Staff)

2p – 4p – Visitation (Weekend Staff)

Monday

7:30 – 9:00 – Goal Setting

9:00 – 10:30 – Process Group

10:30 – 12:00 – Common Sense Parenting

12:00 – 12:30 – Break/ Lunch

12:30 – 2:00 – AA / Women's Meeting

2:00 – 3:00 – Stress Management/ Seeking Safety

Tuesday

7:30 – 9:00 – Relapse Prevention

9:00 – 10:30 – Process group

10:30 – 12:00 – Trauma Recovery

12:00 – 12:30 – Break/Lunch

12:30 – 2:00 – DBT

2:00 – 3:00 – Nutrition

Wednesday

7:30 – 9:00 – MYTE

9:00 – 10:30 – Process Group

10:30 – 12:00 – Relapse Prevention

12:00 – 12:30 – Break/Lunch

12:30 – 2:00 – Health and Recovery/Smoking Cessation

2:00 – 3:00 – Vocational Skills

Thursday

7:30 – 9:00 – Relapse Prevention

9:00 – 10:30 – Process Group

10:30 – 12:00 – Trauma Recovery

12:00 – 12:30 – Break/Lunch

12:30 – 2:00 – DBT

2:00 – 3:00 – Improving Self-Esteem/Seeking Safety

Friday

7:30 – 9:00 – Goal Review and Meditation

9:00 – 10:30 – Process Group

10:00 – 11:30 – Case History or Big Book Study/ Personal Stories

11:30 – 12:30 – Break/Lunch

12:30 – 2:00 – Anger Management/Seeking Safety

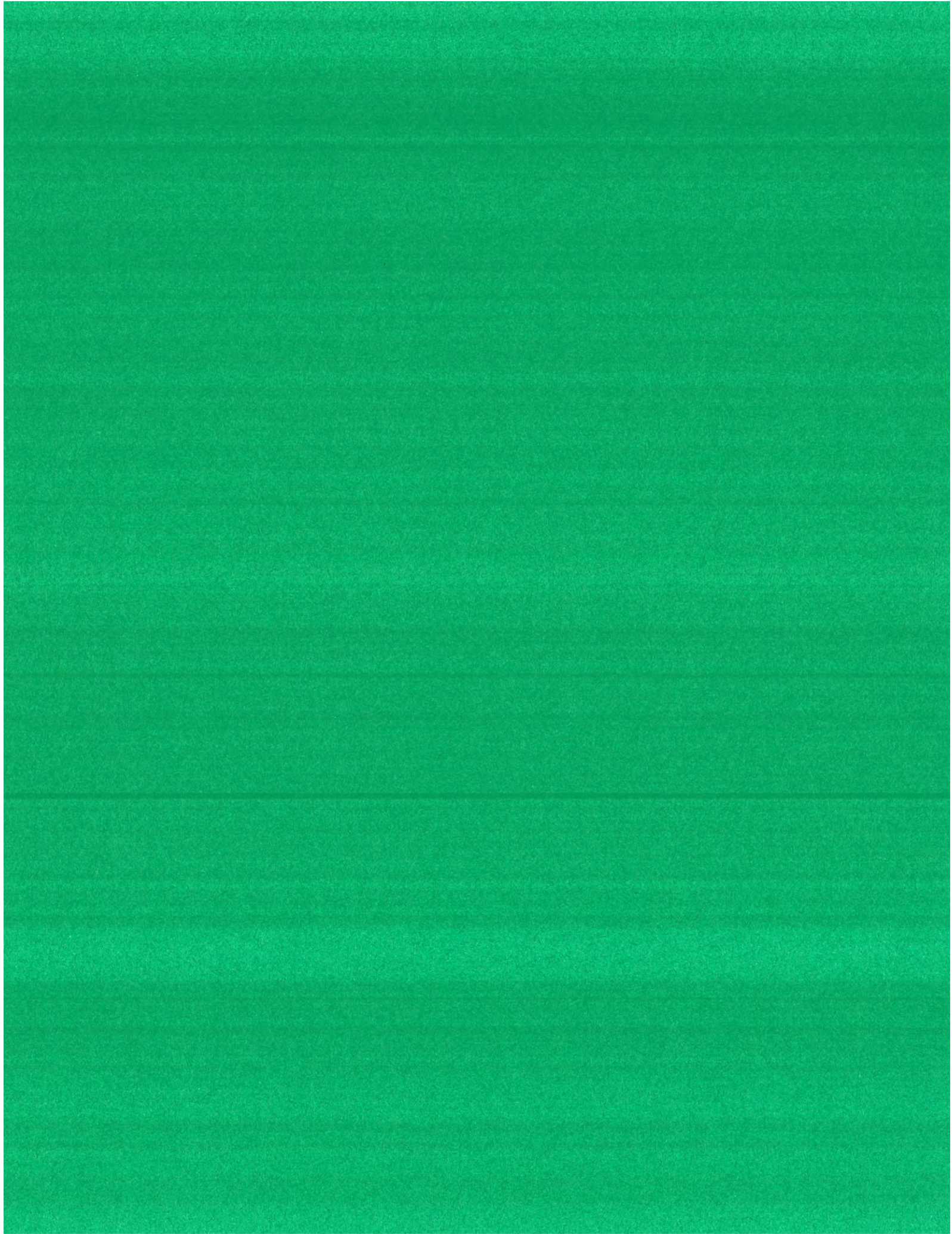
2:00 – 3:00 – Psycho Ed Group (Living in Balance)

Saturday

1p – 2p – AA Meeting (Weekend Staff)

Attachment

D-14



UMCH Arkansas CARES Screening Form

<u>Screening Information Obtained</u>	<u>ADAP</u>	<u>Outcome/Notes</u>
<input type="checkbox"/> Telephone	<input type="checkbox"/> Pregnant <input type="checkbox"/> IDU	_____
<input type="checkbox"/> In Person	<input type="checkbox"/> Pregnant & IDU	_____
<input type="checkbox"/> Case Worker	<input type="checkbox"/> All Others	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Referred for Interim Services	_____

Client Name: _____ Call Date: _____

DOB: _____ SS#: _____ Age: _____

Phone: _____ Other Contact #: _____

PCP: _____ (Referral to be requested immediately)

PCP Phone: _____ PCP Fax: _____

City: _____ Date of Last Appointment: _____

Current Address: _____

Current living situation and/or who lives at this address: _____

County: _____ In Approved Service / Catchment Area: ☐ Yes ☐ No

Race: _____ Ethnicity: _____ Marital Status: _____

Tobacco Use: _____ Legal Status: _____

Employment: _____ Last Employed: _____

Education: _____ (Highest Grade) Special / Regular / Gifted classes Religion: _____

Is safe, drug-free housing available to you? ☐ Yes ☐ No

Referred to: _____

Followed up with treatment center referred to on: _____

Followed up with client after referral made (as needed) on: _____

Medicaid: ☐ Yes ☐ No Medicaid Pending: _____

MCD #: _____ Category: _____

Start date: _____ PASSE assigned: _____

Other insurance (Medicare, Commercial, etc.): _____

Pregnant: ☐ Yes/ ☐ No If no, how are you preventing pregnancy? _____

What Trimester/how far along? _____ How many children do you have? _____

For each Child, indicate the following:

Child Name:	DOB	Age	Gender	Entering Tx?	Custody	Living w/Client
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_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N	Y / N

Kids Medicaid / AR Kids:

Child 1: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested _____

Child 2: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested _____

Child 3: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested _____

Child 4: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested _____

Child 5: _____ FC MCD: ____ Yes ____ No PCP : _____ Requested _____

What brought you to tx:

_____ Self / Voluntary (completely voluntary)

_____ Court Ordered? (if yes, indicate which court) _____

_____ DCFS, Client has court order

_____ Not court ordered, but TX was suggested by DCFS/criminal justice system

Other _____

_____ Children in DCFS Custody? If yes indicate date taken into custody: _____

DCFS Case Worker: Name: _____, County _____

Contact #s: _____

I have a pending DCFS court date: _____ Yes ____ No

DCFS court scheduled for: _____ in _____ County for _____.

I have court regarding other legal issues/pending charges: _____ Yes ____ No

Pending Charge: _____

Date of event that led to pending charges: _____

Previous charges: _____

Date of event(s) that led to those charges: _____

Parole: _____ Yes, until _____ No

Parole Officer: Name: _____ County: _____

Probation: _____ Yes, until _____ No
Probation Officer: Name: _____ County: _____
Felonies, Drug Manufacturing Felonies: ____ Yes ____ No If yes: When? (date) _____
What charges? _____

Receiving TEA currently or in past (for how many months): _____
Receiving SNAP currently: _____ Yes ____ No
Are you receiving income from SSI / SSD / CS / Survivor's Benefits, Unemployment, etc.: _____ Yes ____ No
Type of Income/Total Amount: _____
Received TEA: _____ Yes ____ No SNAP: _____ Yes ____ No
Are any of your **children** receiving income from SSI/Survivor's Benefits, etc.: ____ Yes ____ No
Child receiving income / type of income / amount: _____

What drugs have you used in the last 30 days and number of days used in the last 30: _____

What is your drug of choice? _____
IV user: _____ Yes, drugs used intravenously _____ No
Do you require any type of special devices for mobility (cane, walker, and wheelchair): ____ Yes ____ No
Do you have any current / past medical issues: ____ Yes ____ No
Circle All that Apply: HBP, Heart Disease, Stroke, Epilepsy or Seizures, Lung Disease, Glaucoma, Stomach
Ulcers, Cancer _____, Rheumatoid Arthritis, B12 Deficiency, Sleep Apnea, CPAP or Oxygen,
Diabetes, Heart Attack, Liver Disease, Cataracts, Migraines Kidney Disease, Bowel Problems, Skin Conditions,
Lupus, Asthma, Other _____, Other _____.

Notes: _____

Who is your OB/GYN: _____ Last appt: _____

Any scheduled medical appointments: _____
Scheduled OB/GYN appointment for prior or soon after admission: _____ Yes ____ No
OB/GYN: _____ Clinic/Hospital: _____ Date Scheduled: _____
Currently Prescribed Medications: _____

Allergies to Medications: ____ Yes, ____ No

Vitamins, Supplements, or OTC Medications: _____

Do any of your **children** have current / past medical issues: ____ Yes ____ No

Child: _____

Details / Medications / Receiving OP Services From: _____

Child: _____

Details / Medications / Receiving OP Services From: _____

Child: _____

Details / Medications / Receiving OP Services From: _____

Examples: Feeding Tubes / Buttons, Any Heart Conditions, Asthma, Feeding / Swallowing Problems, Cancer _____, Developmental Delay, Hearing Devices, Receives Occupational Therapy, Receives Speech Therapy, Sleep Apnea, CPAP, Wheelchair, Hospital Bed, Prosthetic, Asperger's, Autism, ADHD

Current or Past Psychiatrist Diagnosis

Depression, Bipolar Disorder / Manic Depression, Schizophrenia / Psychosis, Anxiety Disorder, Borderline Personality Disorder, Other Personality Disorder _____, Eating Disorder _____, PTSD, MMR, Other _____

Hx of Suicide Attempt(s): ____ Yes, when / how _____ ____ No

Current thoughts of suicide or wanting to hurt self: ____ No ____ Yes, How _____

Do you have a knife, gun, pills (or what you need to succeed at suicide)? _____

Hx of Violence towards others: ____ No ____ Yes (explain) _____

Current thoughts of hurting others: ____ No ____ Yes, How _____

Do you have a any weapons to harm another? _____

I struggle with Hallucinations, Paranoia: ____ Yes ____ No

Psychiatric Hospitalizations: _____

Outpatient Psychiatric Care: _____

I am a victim of Domestic Violence: _____ Yes _____ No

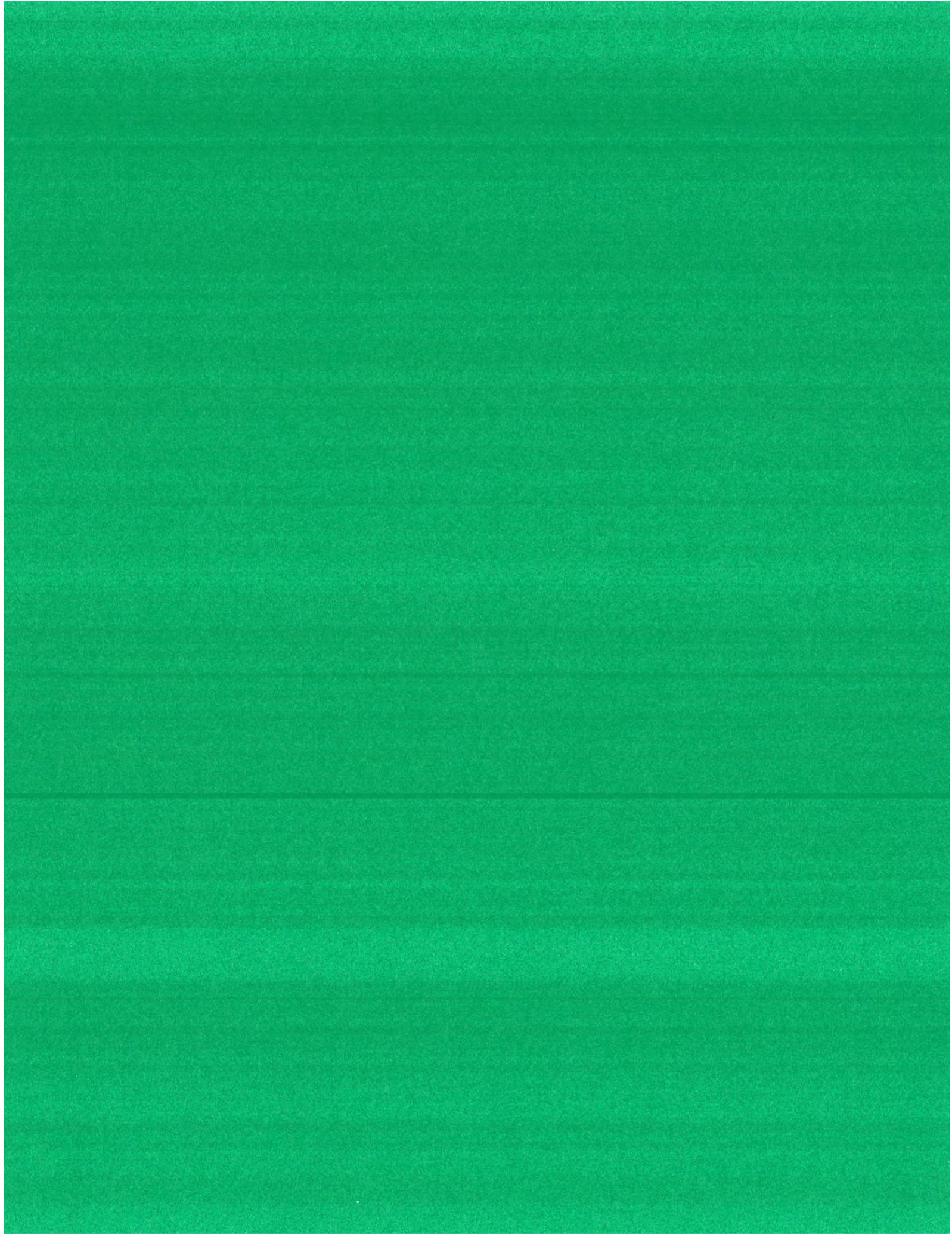
I am a victim of Sexual Abuse: _____ Yes _____ No

Substance Use History:

Substance	Age when Started	Amount used (and route)	Last Used	Withdrawal / Hx of Detox
Alcohol				
Marijuana				
Opiates (Codeine, Dulaudid, Demerol, Methadone, Morphine, Oxycodone, Roxicodone, Darvocet, Lorcet, Lortab, Percocet, Percodan, Roxicet, Vicodine, Heroin, Morphine, Opium)				
Sedatives / Benzos (Alprazolam, Xanax, Ativan, Lorazepam, Librium, Clonazepam, Klonopin, Valium, Phenobarbital, Soma)				
Methamphetamines				
Crack / Cocaine				
Inhalants				
Tobacco				
Other _____				

Attachment

D-15





Paging Policy - ARCARES Notification Protocol

Title: ARKANSAS CARES EMERGENCY ALERT NOTIFICATION PROTOCOL	Effective: 12/31/2014
Function: ENVIRONMENT OF CARE	Revised:
Manual: SAFETY MANAGEMENT PROGRAM	Reviewed: Annually
Developed By: ENVIRONMENT OF CARE COMMITTEE	

PURPOSE: Methodist Children Home (MCH) Programs shall provide an alert notification procedure to support the Methodist Family Health (MFH) Emergency Alert Notification Policy.

PROTOCOL: Arkansas CARES shall maintain a clear outline on how to implement notification alerts during natural and human-made incidents.

PROCEDURE: To ensure timely alerts and notifications for patients, staff and visitor, the primary methods of alerting Arkansas CARES will include the following:

- Overhead paging
- Telephone (landline intercom system)
 - Telephone paging through individual phones.
- Telephone (landline system)
- Cell phone
- Email
- Text messaging
- Direct contact

A. Overhead paging and telephone landline intercom systems shall announce alerts and notifications in the following manner using a three (3) tier approach that alternates overhead paging and the telephone landline intercom system:

1. **First announcement:** Use the overhead paging system and announce the appropriate Code three (3) times. **Always include the location of incident.**
2. **Second announcement:** Use the landline intercom system and announce the appropriate Code three (3) times. **Always include the location of the incident.**
3. **Third announcement:** Use the overhead paging system and announce the appropriate Code three (3) times. **Always include the location of the incident.**

B. Overhead paging and landline intercom system paging instructions shall be posted for staff to use.

C. **"All clear" notifications** shall be made using the following method:

1. After consultation with law enforcement or appropriate official, the Administrator or designee shall issue an **"all clear" notification** to indicate the termination of the response operations.
2. After **"all clear" notification**, all employees will return to normal operations.
3. The Administrator or designee shall direct the **"all clear" notification** by using the three (3) tier approach:
 1. **First announcement:** Use the overhead paging system and announce **"all clear"** and appropriate Code three (3) times.
 2. **Second announcement:** Use the landline intercom system and announce **"all clear"** and appropriate Code three (3) times.
 3. **Third announcement:** Use the overhead paging system and announce the **"all clear"** and appropriate Code three (3) times.

D. If time permits, emails and/or text messaging may be sent to staff.

E. Leadership may make use of cell phones for communication if needed.

F. Leadership may make use of direct contact if safety and security concerns are first addressed.

G. Access to Policies, Procedures and Protocols are available to all MFH employees through the MFH landing site.

Emergency Alert Notification Announcement Instructions	Examples
First Announcement: Always use the Building and location	Overhead Notification Example: Dial 8555 (overhead page) and wait 2 -3 seconds, then state "Paging Dr. Armstrong, Building 8, Office; Paging Dr. Armstrong, Building 8, Office; Paging Dr. Armstrong, Building 8, Office."
Second Announcement: Always use the Building and location	Telephone Intercom Example: Select Intercom and dial 8556 and wait 2 -3 seconds, then state "Paging Dr. Armstrong, Building 8, Office; Paging Dr. Armstrong, Building 8, Office; Paging Dr. Armstrong, Building 8, Office."
Third Announcement: Always use the Building and location	Overhead Notification Example: Dial 8555 (overhead page) and wait 2 -3 seconds, then state "Paging Dr. Armstrong, Building 8, Office; Paging Dr. Armstrong, Building 8, Office; Paging Dr. Armstrong, Building 8, Office."

Important Paging Numbers:

Overhead Paging: Dial 8555

Telephone Intercom: Dial 8556



Smoke and Tobacco Free Work Environment- MCH

[Environment of Care Landing Page](#)

[Qualified Residential Treatment Programs & Supervised Independent Living Landing Page](#)

[QRTP Management of EOC](#)

Methodist Family Health Policies and Procedures

Smoke & Tobacco Free Work Environment Policy and Procedures

Subject: Smoke and Tobacco Free Work Environment

Effective: October 1, 2005

Reviewed: November 2007, November 2008, November 2009, November 2010, November 2011, November 2012, November 2013

Approved by: Director of Human Resources, MFH
President/CEO, MFH Board of Directors

Revised: January 2014

Purpose:

MFH is dedicated to providing a healthy and productive work environment for our employees, patients and visitors. Smoking and tobacco use is a major cause of preventable disease and death.

Procedures:

Smoking and/or tobacco use of any kind is not permitted at any time, during and beyond working hours within any MFH facilities, whether owned or leased; in any MFH vehicle, whether owned or leased; or in any vehicle on MFH property and grounds.

Smoking and/or tobacco use of any kind by employees, board members, students, volunteers, patients, visitors, and other individuals is prohibited in all properties owned or leased by MFH.

Outside smoking and/or tobacco use areas may be designated at each MFH location at the discretion of the MFH President/CEO. Any areas designated will be done so in compliance with the The Arkansas Clean Indoor Air Act. If a MFH location has a designated outside smoking and/or tobacco use area, smoking and/or tobacco use will only occur within this area.

Employee infractions related to this policy will be handled as a disciplinary issue in accordance with the MFH disciplinary policy.



Personnel Requirements and Background Check

[Policies & Procedures Home Page](#)
[Human Resources Landing Page](#)

Personnel Requirements & Criminal Records Check

Subject: Personnel Requirements & Criminal Records Check	Effective: July 2001
	Reviewed: Annually or as needed
Approved by: Director of Human Resources	Revised: July 2004, November 2011, December 2011, August 2019

Purpose:

MFH requires employees to meet pre-employment and on-going requirements.

Policy:

Direct care staff and nurses shall be at least twenty-one years old. Direct care staff must have at least 60 hours of college credit. Nurses must possess a current and valid nursing license.

New employees will be required to present proof of a baseline TB skin test upon hire. If a new employee cannot provide proof of a baseline TB skin test, he/she will be screened for TB upon hire (i.e., preplacement).

Annual TB Testing of employees and health care personnel will not be required unless there is a known exposure or ongoing transmission at a healthcare facility.

Health care personnel with untreated latent TB infection will receive an annual TB symptom screen. Positive reactors who are unable or unwilling to take preventive treatment do not require periodic chest x-ray. Such individuals shall be informed of symptoms suggestive of TB and the procedure to follow should such symptoms develop and provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.

In the event of a PPD shortage Direct Patient/client Care staff will be screened only. Any High Risk Employees will be referred to ADH or their PCP.

All employees are required to submit to a criminal background check and child maltreatment check. Background checks are submitted to the Arkansas State Police via the internet and to child care licensing. Employees must be free from all charges/convictions delineated on the child care licensing list. Background checks for all employees will be repeated every two years.

All employees are required to submit to a physical and drug screening. Random drug screening may also be conducted.

All employees are required to obtain Crisis Prevention Intervention and Seclusion and Restraint training upon hire and every six months or annually thereafter, depending on the program.

Employees are required to obtain CPR and First Aid training upon hire and every two years, thereafter, if required by the program they are assigned to work.

All licensed employees are required to maintain professional licensure without time lapse. Primary source verification occurs at time of hire and at licensure renewal.

All employees are required to maintain in-service training hours as delineated by the appropriate department.

All employees are required to receive annual orientation to include civil right training.

All MFH administrators, consultants, therapist, teachers, direct care staff and nurses are required by law to be a part of the mandatory Child Abuse/Neglect Reporting Network.

It is the responsibility of these professionals to report and follow up on all suspected instances of abuse/neglect to the Department of Social Services. Reporting procedure is delineated in Methodist Family Health policies and procedures.



Personnel Requirements and Criminal Records Check

Personnel Requirements & Criminal Records Check

[Policies & Procedures](#)
[Human Resources](#)

Subject: Personnel Requirements & Criminal Records Check	Effective: July 2001
	Reviewed: Annually or as needed
Approved by: Director of Human Resources	Revised: July 2004, November 2011, December 2011

Purpose:

MFH requires employees to meet pre-employment and on-going requirements.

Policy:

Direct care staff and nurses shall be at least twenty-one years old. Direct care staff must have at least 60 hours of college credit. Nurses must possess a current and valid nursing license.

All staff will receive a Mantoux skin test for tuberculosis upon hire and annually thereafter. Staff with a positive skin test must provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.

All employees are required to:

- submit to a criminal background check and child maltreatment check.
 - Background checks are submitted to the Arkansas State Policy via the internet and to child care licensing. Employees must be free from all charges/convictions delineated on the child care licensing list Criminal background checks for all employees will be repeated every two years.
- All employees are required to submit to a pre-employment physical and drug screening. Random drug screening is also conducted.
- All employees are required to obtain Crisis Prevention Intervention and Seclusion and Restraint training upon hire and every six months or annually thereafter, depending on the program.
- All employees are required to obtain CPR and First Aid training upon hire and every two years, thereafter.
- All employees are required to maintain professional licensure without time lapse.
- All employees are required to maintain in-service training hours as delineated by the appropriate department.
- All employees are required to receive annual orientation.

Attachment

D-16



The following statement is MFH policy and requirement for all staff to maintain Continuing education and in-service training as deemed by supervisor, licensure, and position, as stated in the Methodist Family Health Employee Handbook.

In-Service Education and Training

MFH is dedicated to improving service to patients through improving our systems, methods and procedures. An atmosphere of learning is an appropriate and important element within MFH programs. In-service training is conducted to contribute to this important element and is required by various governing agencies.

Programs for in-service and continuing education are provided on an ongoing basis. You may be granted time while on duty to attend appropriate in-service educational programs when related to your job. You are urged to attend all training sessions where you are invited to participate. Attendance records will be maintained. Regular attendance will be interpreted as an indication of your interest in your job and will be a factor during the evaluation process. Employees who are required to attend and report for in-service training on their regular day off, or before and after their regular shift, will be paid for their attendance, except in cases where they are exempt from overtime compensation under the Federal Wage and Hour Law. Each department and program is required to attend a certain number of in-services hours per calendar year. The employee should contact their supervisor for their specific requirements.

Attachment

D-17

AFTER HOURS/EMERGENCY COVERAGE

Subject: After Hours/Emergency Coverage	Effective: February 2001
	Reviewed: Annually
	Revised: February 2004, 2/11/11, 10/10/11, 1/3/12, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Approved by: Director of Outpatient Services, Hospital Administrator, Medical Director, CEO/President, Governing Board	

Purpose: To provide clients and their families who seek treatment with MBH & MCH Methodist Counseling Clinics access to clinical assessment and screening after usual business hours.

Definition: An OBHS provider, as determined by DBHS must have 24-hour 7 days a week emergency response capability to meet the emergency treatment needs of the RSPMI clients they serve. Face-to-face crises services must be available onsite and offsite within two hours of the initial request.

Policy: MCC maintains a site-specific emergency response plan, which includes a 24-hour emergency telephone number. Upon admission to any program in the Methodist Behavioral Hospital or Methodist Children's Home Outpatient Departments (MBH OP or MCH OP), the client and family are provided with the Department's 24-hour emergency telephone number, (501)803-3388 or toll free 1(866)813-3388. Additionally, they may also be provided with a therapist's cell phone number.

Procedure:

MBH & MCH Outpatient Clinics will:

1. Post the 24-hour emergency telephone number on all public entries to each site;
2. Include the 24-hour emergency number on answering machine greetings;
3. Identify local law enforcement and medical facilities within a 50-mile radius that may be emergency responders to client emergencies.
4. Provide direct access to a MHP within fifteen (15) minutes of an emergency/crisis call and face-to-face crisis assessment within two (2) hours.

Additionally:

- The MHP will documents all crisis calls, responses, collaborations, and outcomes the first business day following the intervention. The MHP will:
 - 1) Call their immediate supervisor no later than 9am the following day from the receipt of an emergency after hours telephone call. MHPs are encouraged to call their supervisors for direction and assistance during an active crisis regardless of time of day.
 - 2) Complete an entry in the After Hours Call Log located in the *M:\Continuum Shared\Outpatient Services\After Hours Emergency Call Log*;
 - 3) Complete a progress note (MHP or nonbillable depending on type of call) in the client's ECR that reflects the content of the call, response, outcome, etc., and then will
 - 4) Select their direct supervisor to send the progress note to in Carelogic for review and signature.

- The Program Coordinator or designated staff (or Assistant Director of Outpatient Services or the Director of Outpatient Services) will review the After Hours Emergency Call Log located in the *M:\Continuum Shared\Outpatient Services\After Hours Emergency Call Log* every Monday morning and if no after hours emergency call were reported, the Program Coordinator will document that in the log. When after hours emergency interventions take place, the Program Coordinator will review each after-hours emergency intervention within 24 hours and sign the progress note the MHP sends to them.



METHODIST
BEHAVIORAL
HOSPITAL

I, _____ have read and understand the
(Print Employee Name)
MCC After Hours/Emergency Coverage policy and procedure and agree to
follow it during my employment with Methodist Family Health.

Employee Signature

Date

Documentation Guidelines

Subject: Documentation Guideline and Procedure	Effective: November 2018
	Reviewed: Annually
Approved by: MCH Outpatient Administrator, MBH Outpatient Administrator, Hospital Administrator, Medical Director	Revised: June 2019

Purpose:

To establish guidelines for completing all necessary clinical documentation on clients referred and/or admitted to the Methodist Counseling Clinics under Methodist Behavioral Hospital & Methodist Children's Home- to include but not limited to, Methodist Day Treatment Program-Little Rock, Methodist Day Treatment Program-Benton, Arkansas CARES, etc..

Policy:

Documentation of clinical services provided reflects the standard of care the need for treatment, care and services; the type of treatment, care and services to be provided; and the need for any further assessments. Documentation of clinical services is a 5 part process.

Procedure:

Once a client is referred for treatment, the following documentation guidelines apply:

Part 1: The Intake/Identifying Information Form:

The Intake/Identifying Information Form is entered in the POE in the Electronic Medical Record (Carelogic). The POE and the form are used to gather information to assist the mental health professional to determine the level of care needed for a client and the appropriateness of outpatient treatment based on qualifying criteria. This information can be gathered by any MCC Staff Person **but** must be reviewed by a licensed mental health professional. The Intake/Identifying information is **completed within 14 days of receiving a referral for treatment** and prior to the Biopsychosocial Assessment being completed.

Part 2: The Biopsychosocial Assessment

The Biopsychosocial Assessment is used to gather information to determine the level of care needed for a client and the appropriateness of outpatient treatment based on qualifying criteria. The Biopsychosocial is completed by the primary therapist or other mental health professional. The biopsychosocial should be completed within the initial assessment meeting; however, it may take two or even three meetings to complete the form in its entirety. The complete biopsychosocial is completed within **72 hours (3 business days) of admission**. For client's previously admitted to MCC, MBH or MCH within 30 days, the biopsychosocial document within the EMR (Carelogic) may be copied and an updated summary added to the previous assessment. The summary completed will summarize pertinent background information and adding any additional information relevant to the case.

Part 3: Psychiatric Evaluation:

A client may be referred for a psychiatric evaluation following the completion of the initial assessment (biopsychosocial), **within 45 days of admission**, and if the following clinical criteria are met:

1. Client has a Tier determination of 2 or 3 as assigned by state Medicaid guidelines. This must be completed within 45 days of admission.
2. The Client is a Tier 1, and the therapist deems clinically significant due to the severity and acuity of the clients presenting symptoms, history and presenting problem.

Part 4: Master Treatment Plan and Master Treatment Plan Review:

An initial plan of care (Treatment plan) is developed within the clients Initial Biopsychosocial within 24 hours of client admission. This plan will be completed by the Primary Therapist with client input. Secondly, if the client is determined to be a Tier 2 or 3, Initial Master Treatment plan is completed within 72 hours of admission (3 business days) along with the Biopsychosocial being completed. The Master Treatment plan will identify immediate needs and concerns of the client and will dictate treatment until the Master Treatment Plan is developed.

Treatment plans will be evaluated and **updated at 180-day intervals after admission, and/or as change in acuity, severity of symptoms, and change in functionality is determined by the licensed mental health professional**. Evaluation should reflect change in clinical need, as well as progress or lack of progress toward individual treatment goals and objectives. The treatment plan will be updated to include criteria for discharge or termination of treatment.

Part 5: Clinical Documentation by Licensed Mental Health Professional and Qualified Behavioral Health Professional:

Clinical documentation that is to be completed by Licensed Mental Health Professional and a Qualified Behavioral Health professional are all to be completed **within 24 hours of the service being rendered**. This documentation consists of the following:

- Individual Therapy
- Group Behavioral Health Counseling
- Family Therapy with Patient
- Family Therapy without Patient
- Multi-Family Behavioral Health Counseling
- Behavioral Assistance
- Crisis Intervention and Stabilization
- Psychoeducation
- Peer Support
- Child and Youth Support Services
- Individual Life Skills Development
- Group Life Skills Development
- Adult Life Skills Development
- Adult Rehab Day Service
- Supportive Employment
- Supportive Housing
- Memo to Chart
- Progress Note- Non-Billable



Family Involvement in Assessment and Treatment

Subject: Family Involvement in Assessment and Treatment of clients	Effective: June 2008
	Reviewed: annually
Approved by MCH Outpatient Administrator, MBH Outpatient Administrator, Hospital Administrator, Medical Director, MFH CEO	Revised: January 2012

Purpose:

To establish expectations for family involvement in the assessment and treatment of clients through the Methodist Behavioral Hospital & Methodist Children's Home Outpatient Service Departments.

Policy:

MBH & MCH are committed to the involvement of family members in the treatment process for all clients. Family is defined as parents, foster parents, teaching-parents, guardians, or other responsible parties or family members that are significantly involved in the child's life, as identified in the assessment process. Involvement of family shall begin at the first intake assessment and continue throughout treatment until discharge.

Procedure:

The effectiveness of clients' treatment is directly related to the involvement of family members and to help encourage family members to be involved, the following will occur:

1. Upon completing the biopsychosocial assessment, pertinent family members shall be identified, and level of involvement specified as necessary for the patient's treatment.
2. The plan to engage such persons in the treatment process shall also be outlined on the biopsychosocial.
3. The treatment plan should be based on the client's (or the parents' or guardians' if the client is under the age of 18) articulation of the problems or needs to be addressed in treatment. The review of the treatment plan must reflect the client's or in the case of a client under the age of 18, the parent's or guardian's assessment of progress toward meeting treatment goals or objectives and their level of satisfaction with the treatment services provided.
4. The treatment plan must specify the client's and family's strengths and natural supports that will be the foundation for the treatment plan. The client, parent or guardian must be provided an opportunity to express comments about the treatment plan and a space on the treatment plan form to record these comments. On the reviews of the treatment plan, problems, needs, goals, objectives, strengths and supports should be revised based on the progress made, barriers encountered, changes in clinical status, and other new information. Additionally, the client, parent or guardian must be provided an opportunity to express comments about the treatment plan and space on the treatment plan review form to record these comments and their level of satisfaction with the services provided.
5. The treatment plan and review of the treatment plan will be signed by client (unless clinically or developmentally contra-indicated) and, for clients under the age of 18, a parent or legal guardian to indicate their involvement and agreement with the plan.

Additionally, the MHP who drafted the plan, the physician authorizing and supervising the treatment, and agency staff members who will provide specific treatment interventions will sign the treatment plan.

6. A client and/or parent/guardian may be requested to complete the Youth Outcome Questionnaire to aid in treatment planning and assessment at the discretion of the clinician or by the time of a treatment plan review.
7. If the parent, guardian or custodian for the client under the age of 18 is not available to provide a signature on the treatment plan, the client record must have documentation indicating barrier to obtaining that signature **within 14 days of the treatment plan**. Documentation, either on the treatment plan form or in a progress note must include the method of communication with the parent or guardian and must include a description of the parent or guardian's input on treatment goals and services to be provided and the role and/or involvement of the parent or guardian in ongoing treatment services provided for the client. Documentation, either on the review of the treatment plan form or in a progress notes must include the method of communication with parent or guardian regarding the parent's or legal guardian's perception on treatment progress and services provided, revisions needed to the treatment plan and involvement of the parent or guardian in ongoing treatment services provided for the client.
8. For clients under the age of 18, the psychiatric diagnostic assessment with the psychiatrist must also include an interview of a parent (preferably both), the guardian (including the responsible DCFS caseworker) and/or the primary caretaker (including foster parents) in order to clarify the reason for referral, clarify the nature of the current symptoms and functional impairments, and to obtain a detailed medical, family and developmental history.
9. Family members will be expected to attend follow-up medication management appointments whenever possible.
10. Family members will attend all scheduled family sessions, conferences, etc. as possible. If transportation is identified as a barrier, family members will contact the therapist and/or case manager to assist with making necessary arrangements.
11. Family members will also be allowed to provide input in ongoing quality improvement activities by providing feedback on the Family/Patient satisfaction surveys and questionnaires.



Search Incorporations, Cooperatives, Banks and Insurance Companies

Notice: [This is only a preliminary search](#) and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed

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LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	METHODIST FAMILY HEALTH, INC.
Fictitious Names	
Filing #	811194535
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	1600 ALDERSGATE ROAD LITTLE ROCK, AR 72205
Reg. Agent	JOHN P GILL
Agent Address	425 WEST CAPITOL, SUITE 3800 LITTLE ROCK, AR 72201
Date Filed	02/20/2019
Officers	W. A. MCCORMICK , Incorporator/Organizer WARREN A MCCORMICK , Director WILLIAM A ALTOM , Director BILL MANN , Director LESLEY DON COLE , CFO
Foreign Name	N/A
Foreign Address	
State of Origin	AR

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Search Incorporations, Cooperatives, Banks and Insurance Companies

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Begin New Search

For service of process contact the Secretary of State's office.

Corporation Name	THE UNITED METHODIST CHILDREN'S HOME, INCORPORATED
Fictitious Names	ARKANSAS CARES HEBER SPRINGS COUNSELING CLINIC METHODIST CHILDREN'S HOME METHODIST CHILDREN'S HOME, INCORPORATED
Filing #	100052741
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	1600 ALDERSGATE RD SUITE 300 LITTLE ROCK, AR 72205
Reg. Agent	DYLAN POTTS
Agent Address	425 W CAPITOL AVE, SUITE 3800 LITTLE ROCK, AR 72201
Date Filed	08/11/1972
Officers	SEE FILE, Incorporator/Organizer WARREN MCCORMICK , Director HARRY CLERGET , Director BILL MANN , Director LESLEY COLE , CFO
Foreign Name	N/A
Foreign Address	
State of Origin	AR

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Search Incorporations, Cooperatives, Banks and Insurance Companies

Notice: This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed

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LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	METHODIST FAMILY HEALTH FOUNDATION, INC.
Fictitious Names	
Filing #	800013651
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	1600 ALDERSGATE RD LITTLE ROCK, AR 72205
Reg. Agent	DYLAN POTTS DYLAN POTTS
Agent Address	425 W. CAPITOL AVE, SUITE 3800 LITTLE ROCK, AR 72201
Date Filed	07/08/2003
Officers	JOHN P. GILL , Incorporator/Organizer RAY DILLON , Director JAN GREEN , Director BILL SPIVEY , Director LESLEY COLE , CFO
Foreign Name	N/A
Foreign Address	
State of Origin	AR

[Purchase a Certificate of Good
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Letter of Attestation

January 11, 2002

To Whom It May Concern,

By signing below, I William A. Altom, attest the following:

United Methodist Children's Home- Arkansas CARES Residential SWS Dual Diagnosis Treatment Facility can accommodate a minimum of twenty (20) beds at 2002 South Fillmore Little Rock, AR. 72204, as outlined and required in this RFP.

1) Signature:  Date: 1/11/2022

Name (print): William A. (Andy) Altom, Position: President/CEO

2) Signature:  Date: 1/11/22

Name (Print): Kate Hardage, LCSW Position: UMCH Outpatient Administrator



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

Detailed License Verification

Queried on: Friday, January 07, 2022 at: 12:35 PM

General Information

Name: Scott Matthew Hogan, M.D.
Specialty: Psychiatry

Address Information

Mailing Address: PO Box 251708
City/State/Zip: Little Rock, AR 72225
Phone: (501) 373-8272
Fax: (501) 803-4272

License Information

License Number: E-0973
Original Issue Date: 9/13/1996
Expiration Date: 4/30/2022
License Status: Active
License Category: Unlimited

License Number: T96-100
Original Issue Date: 7/16/1996
Expiration Date: 9/13/1996
License Status: Inactive
License Category: Temporary

For Information Found for: License Board History

[Home](#)

Name	Hardage, Kate Frances
Location	Little Rock, AR
Level	LCSW
License Number	2539-C
Date Issued	10/22/2010
Expiration	10/31/2022

[Back](#)**Licensure Level Key:****LCSW:** Licensed Certified Social Worker**LMSW:** Licensed Master Social Worker**LSW:** Licensed Social Worker**PLMSW:** Provisional Licensed Master Social Worker**PLSW:** Provisional Licensed Social Worker

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[Home](#)

Name	Wolfe, Brandon Lee
Location	Little Rock, AR
Level	LCSW
License Number	6535-C
Date Issued	4/13/2016
Expiration	4/30/2022

[Back](#)**Licensure Level Key:****LCSW:** Licensed Certified Social Worker**LMSW:** Licensed Master Social Worker**LSW:** Licensed Social Worker**PLMSW:** Provisional Licensed Master Social Worker**PLSW:** Provisional Licensed Social Worker

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Arkansas Board of Examiners in Counseling and Marriage & Family Therapy
501-683-5800

Mercedes Crayton

Russellville, 72801

LICENSE #: A1909131 | TYPE: LAC | STATUS: ACTIVE

ADDITIONAL INFO

Date of Issue: 9/25/2019

Date of Expiration: 5/31/2023

Standing: Good Standing

Email: mercedesb32@gmail.com

Specialty:

Technology Assisted Counseling



Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy

Name: Mercedes Crayton
License: LAC
License No.: A1909131
Status: Active
Renewed: 5/24/2021
Expires: 5/31/2023

Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

501-683-5800

J McCullough
Bryant, 72022

LICENSE #: P1409066 | TYPE: LPC-S | STATUS: ACTIVE

ADDITIONAL INFO

Date of Issue: 9/5/2014
Date of Expiration: 5/31/2022
Standing: Good Standing
Email: jdrewmc@gmail.com; amccullough@fsainc.org

Supervision:
Supervision

Specialty:
Drug & Alcohol
Tech Assisted Counseling



Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy

Name: J McCullough
License: LPC
License No.: P1409066
Status: Active
Renewed: 4/25/2020
Expires: 5/31/2022



Primary Source
License Verification

Verification Report

Primary Source Board of Nursing Report Summary for

LESLIE BROWN

Friday, January 07 2022 12:37:42 PM

For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the [Nurse License Verification](#) service to request the required verification of licensure.

Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
BROWN, LESLIE MARIE	RN	R037036	Active	03/18/1991	08/31/2023	Multistate	NO

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)

Elizabeth Grobmyer PRSS certification

II. Demographic Information

Please answer the following optional demographics questions. We use this data for statistical and grant-reporting purposes only.

Race/Ethnicity: ☐ African American ☐ Latino/Hispanic ☐ Native American
☐ Asian American ☒ Caucasian ☐ Other

Gender: ☐ Male ☒ Female ☐ Other ☐ Prefer not to say

Age: ☐ 18-30 ☒ 31-45 ☐ 46-60 ☐ 60+

III. Payment/Fee Information

Application: PIT Transfer

Application Fee: \$ 50.00 (non-refundable)

Amount Enclosed: \$ _____ .00 (check/money order payable to NAADAC)

Credit card amount: \$ 50 .00 ☒ Company card ☐ Personal card

☐ Master Card ☒ Visa ☐ American Express

MCH CARES CARD

Full name of card holder (please print)

1600 Andersgate Rd.

Billing address

Little Rock, AR

72205

Address line 2

City/State

Zip code

4485591001838188

104

02 / 22

Credit card number

CVC

Exp date

Kate Stalder, LCSW

7-27-21

Signature

Date

OFFICE USE ONLY

Date

Received:

Check/MO #:

Credit Card: Visa MC Amer Exp

Amount Paid: \$

Processed Date:

IV. PIT Transfer Eligibility & Application Requirements

Please note: Incomplete applications will not be reviewed. Please complete all application sections and include all required supporting documentation.

Candidate must:

1. Submit a completed and signed APSP PIT Transfer Offer Application;
2. Pay a \$50 non-refundable application fee;

Provider Information for 1669864401


[Search \(/registry/\)](#) / [Back to Results](#) / [NPI View](#)

Please Note: Issuance of an NPI does not ensure or validate that the Health Care Provider is Licensed or Credentialed. For more information please refer to NPI: What You Need to Know (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/NPI-What-You-Need-To-Know.pdf>)

MAVI MARSHALL

Gender: FEMALE

 NPI: 1669864401

 Last Updated: 2019-06-11
Certification Date:

Details

Name	Value								
NPI	1669864401								
Enumeration Date	2015-03-03								
NPI Type	1 - Individual								
Sole Proprietor	NO								
Status	Active								
Mailing Address	2002 S FILLMORE ST LITTLE ROCK, AR 72204-4909 United States Phone: Fax: View Map (/registry/map-view?q=2002 S FILLMORE ST, LITTLE ROCK, AR, 722044909, United States) ↗								
Primary Practice Address	2002 S FILLMORE ST LITTLE ROCK, AR 72204-4909 United States Phone: 501-661-0720 Fax: View Map (/registry/map-view?q=2002 S FILLMORE ST, LITTLE ROCK, AR, 722044909, United States) ↗								
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Yes	171M00000X - Case Manager/Care Coordinator								



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U.S. Centers for Medicare & Medicaid Services (<http://cms.hhs.gov>)
7500 Security Boulevard, Baltimore, MD 21244

Provider Information for 1417349259


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BRIDGET KANU

Gender: FEMALE

 NPI: 1417349259

 Last Updated: 2019-06-17
Certification Date:

Details

Name	Value												
NPI	1417349259												
Enumeration Date	2015-03-03												
NPI Type	1 - Individual												
Sole Proprietor	: NO												
Status	Active												
Mailing Address	2002 S FILLMORE ST LITTLE ROCK, AR 72204-4909 United States												
	Phone: Fax: View Map (/registry/map-view?q=2002 S FILLMORE ST, LITTLE ROCK, AR, 722044909, United States) ↗												
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ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

Detailed License Verification

Queried on: Friday, January 07, 2022 at: 12:33 PM

General Information

Name: Brian Mark Kubacak, M.D.

Specialty: Psychiatry

Address Information

Mailing Address: 1600 Aldersgate Road

Address 2: Suite 100b

City/State/Zip: Little Rock, AR 72205

Phone: (501) 537-3991

Fax: (501) 537-2718

License Information

License Number: E-2191

Original Issue Date: 6/11/1999

Expiration Date: 12/31/2022

License Status: Active

License Category: Unlimited

No Information Found for: License Board History



United Methodist Children's Home Medicaid Provider Numbers are as follows:

Facility Name	Medicaid Provider Number	NPI Number
United Methodist Children's Home <i>Locations under this Provider:</i> - Arkansas CARES - Therapeutic Day Treatment- Little Rock	141529726	1326116518

1/11/22, 10:56 AM
NPPES NPI Registry

Provider Information for 1326116518

[Search \(/registry/\)](#) / [Back to Results](#) / [NPI View](#)

Please Note: Issuance of an NPI does not ensure or validate that the Health Care Provider is Licensed or Credentialed. For more information please refer to NPI: What You Need to Know (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/NPI-What-You-Need-To-Know.pdf>)

UNITED METHODIST CHILDREN'S HOME, INC.
Organization Subpart: NO

NPI: 1326116518

Last Updated: 2016-06-02
Certification Date:

Details

Name	Value
NPI	1326116518
Enumeration Date	2006-12-04
NPI Type	2- Organization
Status	Active
Authorized Official Information	Name: MR. LESLEY DON COLE Title: CFO Phone: 501-661-0720
Mailing Address	1600 ALDERSGATE RD SUITE 200 LITTLE ROCK, AR 72205-6614 United States Phone: 501-661-0720 Fax: 501-325-7938 View Map (/registry/map-view?q=1600 ALDERSGATE RD, LITTLE ROCK, AR, 722056614, United States)
Primary Practice Address	2002 S FILLMORE ST LITTLE ROCK, AR 72204-4909 United States Phone: 501-906-4828 Fax: 501-421-0175 View Map (/registry/map-view?q=2002 S FILLMORE ST, LITTLE ROCK, AR, 722044909, United States)

<https://nppesregistry.cms.hhs.gov/registry/provider-view/1326116518>
1/2

1/11/22, 10:56 AM
NPPES NPI Registry

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<https://nppesregistry.cms.hhs.gov/registry/provider-view/1326116518>
2/2



1/11/22, 10:56 AM

NPPES NPI Registry

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January 7, 2022

The following document verifies that Carelogic- qualifacts EMR is certified as HIPAA complaint. The following information was obtained from the qualifacts website at <https://qualifacts.com/carelogic-ehr-platform/ehr-certifications/>.



Meet CareLogic EHR

CareLogic is an ONC-certified, web-based electronic health record (EHR) system designed specifically for behavioral (mental) health and human services organizations. Our highly configurable EHR software empowers providers with a robust suite of clinical, administrative and financial capabilities including: scheduling, intake, treatment planning, service documentation, ePrescribing, consumer engagement, billing and reporting.

Office of the National Coordinator (ONC) Certification

Partner with an EHR platform you can trust with current ONC HIT 2015 Edition Certification.

This Health IT Module is 2015 Edition compliant and has been certified by an ONCACB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services.

Developer name: Qualifacts Systems Inc.

Product name and version: Carelogic Enterprise S3

Developer Website: www.Qualifacts.com

Developer Address:

Qualifacts Systems, Inc.

315 Deaderick Street, Suite 2300

Nashville TN 37230



Jeremy Landa, Chief Financial Officer
Email: Jeremy.Landa@qualifacts.com
Phone: 615.493.5450

Date the product was certified: 12/20/2018 Effective Date: 2015 Edition

Unique certification number: 15.04.04.2237.Care.S3.00.1.181220

Modules Tested: 170.315 (a)(1-14); (b)(1-3, 6); (c)(1-3); (d)(1-9); (e)(1-3); (f)(1, 7); (g) (2-9); (h)(1)

Clinical Quality Measures tested: 2v9, 50v8, 68v9, 69v8, 122v8, 128v8, 136v9, 137v8, 138v8, 139v8, 147v9, 154v8, 159v8, 161v8, 165v8, 177v8

Additional software the certified product relied upon to demonstrate its compliance with certification criteria – Rcopia (DrFirst), Dynamed, Updox, MaxMD DIRECT mdEmail, Change Healthcare Clinician, Pentaho Report Designer, FIGMd Pegasus Quality Platform, Medline Plus.

Download [Mandatory Disclosure](#).

Download [Cost Documentation](#).

Download [2022 CareLogic Enterprise S3 Real World Test Plan](#).

Kate Hardage LCSW

Kate Hardage, LCSW
Methodist Children's Home Outpatient Administrator
Day Treatment Little Rock and Arkansas CARES
Methodist Family Health
5821 West Charles Bussey Ave
Little Rock, AR 72204

Phone: 501.906.4247
Cell: 479.640.5734
Fax Office: 501.664.3702
Fax Direct: 501.906.4247



Office of the National Coordinator (ONC) Certification

Partner with an EHR platform you can trust with current ONC HIT 2015 Edition Certification.

This Health IT Module is 2015 Edition compliant and has been certified by an ONCACB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services.

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Download [Mandatory Disclosure](#).

Download [Cost Documentation](#).

Download [2022 CareLogic Enterprise S3 Real World Test Plan](#).

For information pricing please submit a [request for pricing](#) or contact us at sales@qualifacts.com.

Want to Learn More?

Contact us today to learn more about the CareLogic EHR platform or to schedule a customized demonstration with one of our expert solutions consultants.

[Request a Demo](#)



Martin J. Fallon, Esq.
Chief Compliance
Officer
Martin.Fallon@
qualifacts.com
www.qualifacts.com

October 15, 2020

Drummond Group
155 Fleet Street
Portsmouth, NH 03801

Re: Mandatory Disclosure – Statement of Costs

To Whom it May Concern in the Drummond Group ONC-ACB:

The Mandatory Disclosure - Statement of Costs of Qualifacts Systems, Inc. ("QSI") for our certified product is attached to this letter and will be posted along with the required product information on our website here: www.qualifacts.com.

A provider must sign a contract when purchasing CareLogic Enterprise S3. The terms for the contractual obligation are negotiable and include third party add-ons. Our certified product is comprised of the CareLogic Enterprise S3 core system and a few tightly integrated third-party systems that we describe in this Mandatory Disclosure Attestation document.

Nashville
315 Deaderick St.
Suite 2300
Nashville, TN 37238
Direct: 615.493.5296
Fax: 615.386.1225

CareLogic Enterprise S3 and its integrated DrFirst Rcopia application shall require a monthly fee per prescriber to support 45 CFR §170.315(a) - (1) Computerized provider order entry - medications, §170.315(a)(4) Drug-drug, drug-allergy interaction checks for CPOE, §170.315(a)(7) Medication list, §170.315(a)(8) Medication allergy list, §170.315(a)(10) Drug-formulary and preferred drug list checks, and §170.315(b)(3) Electronic prescribing. There is also a one-time fee for identity proofing for Electronic Prescriptions for Controlled Substances prescribers as well as a one-time identity proofing fee for those prescribers who will not electronically send a controlled substance. There is also a one-time connection fee per Electronic Prescriptions for Controlled Substances (EPCS) prescribers who contract to access the PDMP from within the DrFirst Rcopia application.

CareLogic Enterprise S3 and its integrated Change Healthcare Clinician Exchange Labs application shall require a monthly fee per provider to support the §170.315(a)(2) – Computerized provider order entry - laboratory. Integration with Change Healthcare is one option for meeting CPOE Labs but not the only option.

CareLogic Enterprise S3 shall require a monthly fee per mailbox for MaxMD DIRECT messaging which is used for §170.315(b)(1) Transitions of care and 170.315(h)(1) Direct Project.

CareLogic Enterprise S3 may require a one-time cost to modify or build a custom secure HL7 file to upload to the public health entity for §170.315(f)(1) Transmission to immunization registries.

CareLogic Enterprise S3 may charge the user a fee based on utilization per customer agency per month for data storage space for documents in the document library used with §170.315(b)(1) Transitions of Care and §170.315(b)(2) Clinical information reconciliation and incorporation.

CareLogic Enterprise S3 may charge a monthly fee per user for the use of CareLogic Enterprise S3 integrated IMPACT Assessment tool if the user elects to use this tool for

§170.315(c)(1)-(3) Clinical Quality Measures – record and export, import and calculate, and report.

CareLogic Enterprise S3 may charge a monthly fee per report writer for the use of the ad hoc report writing tool using third party software Pentaho for use with §170.315(g)(2) Automate Measure Calculation.

CareLogic Enterprise S3 has a license and includes the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.™ Copyright ©2013 content from the American Psychiatric Association." The American Psychiatric Association requires users to gain permission and Qualifacts Systems, Inc. collects a fee for each user of this content. Therefore, Carelogic Enterprise S3 may charge a monthly fee for the use of this Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition diagnosis content which is used for the following criteria §170.315(a)(9) Clinical decision support (CDS), §170.315(a)(13) Patient -specific education resources, §170.315(b)(1) Transitions of care, §170.315(a)(6) Problem list, §170.315(b)(2) Clinical information reconciliation and incorporation, §170.315(f)(1) Transmission to immunization registries, §170.315(c)(1-3) Clinical Quality Measures – record and export, import and calculate, and report, and §170.315(b)(6) Data export.

CareLogic Enterprise S3 is integrated with the Updox patient portal. There is a one-time setup fee per agency plus a per month per user fee for providers to utilize the Updox patient portal. There is no fee for the patients to utilize the Updox patient portal. The patient portal is used for the following criteria §170.315(e)(1) – View, download and transmit to 3rd party, §170.315(g)(2) Automated measure calculation, §170.315(e)(2) Secure messaging, §170.315(e)(3) Patient health information capture, and §170.315(a)(13) Patient-specific education resources.

CareLogic Enterprise S3 includes middleware called CareLogic Integration Hub that can be used for connecting CareLogic to other systems such as other EHRs, laboratories or HIEs. If a customer requests a custom connection with another system, there is a one-time implementation fee as well as an ongoing monthly recurring fee.

CareLogic Enterprise S3 includes an integration, using infobutton technology, with a third-party clinical information resources tool called EBSCO Dynamed. The infobutton technology allows this tool to be leveraged during clinical decision making. There is a per month per agency fee for access and use of this product. Dynamed can be used for the following criteria §170.315(a)(9) Clinical decision support (CDS).

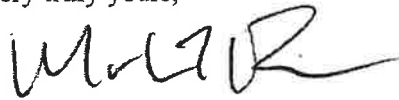
CareLogic Enterprise S3 includes an integration with a third-party quality measures registry called FIGmd. This feature is called the Quality Outcomes Platform. The integrated technology provides the aggregation of the clinical quality measures as well as the generation of the QRDA I and QRDA III. The integration also supports the ability to import a QRDA I. There is one time implementation fee per provider as well as a per month per provider fee for access and use of this product. The Quality Outcome Platform is for use with the following criteria: §170.315(c)(1)-(3) Clinical Quality Measures – record and export, import and calculate, and report.

We agree to notify Drummond Group of any and all future changes to our transparency and disclosures language for this certified product version.

We understand and agree that the ONC Health IT Certification Program Final Rule statement gives Drummond Group, as an ONC-ACB, the sole responsibility for ensuring compliance and determining appropriate consequences if EHR technology developers fail to divulge accurate transparency and disclosures information.

We also understand and agree that we will provide to Drummond Group copies of or give access to any and all websites, marketing materials, communication statements, and other assertions made by our organization regarding the ONC certification status of this product in a reasonable time to ensure the transparency and disclosures information is being accurately disclosed.

Very truly yours,

A handwritten signature in black ink, appearing to read 'M. Fallon', written over a horizontal line.

Martin J. Fallon, Esq.
Chief Compliance Officer

cc: Eric Arnson, Chief Product Officer, QSI
Mary Hatcher, VP, Product Management, QSI
Mary Givens, Product Manager of Federal Compliance, QSI

Encl.



Privacy & HIPAA

Uses and Disclosures of Protected Health Information.

Your Privacy

Notice of Privacy Practices (NPP) describes uses and disclosures of a patient's "Protected Health Information" (PHI) regarding treatment, payment or healthcare operations and for other purposes permitted or required by law and a patient's right to access and control of PHI including demographics: identity of patient; past, present or future physical or mental health or condition and/or related healthcare services.

Methodist Children's Home (MCH), Methodist Behavioral Hospital (MBH), Methodist Counseling Clinic (MCC), and Arkansas C.A.R.E.S. will abide by the terms of the NPP and at any time may change the terms of notice that will be effective for all PHI maintained at time of change. A revised NPP will be provided on request by mail or email.

Who Will Follow This Notice?

This Notice describes the practices of our programs associated with the Methodist Children's Home (MCH), the Methodist Behavioral Hospital (MBH), Methodist Counseling Clinic (MCC) and Arkansas C.A.R.E.S. may share medical information for treatment, payment or operations as described in this notice. Any healthcare professional associated with the Methodist Family Health system — employees, staff and other personnel authorized to enter information into the patient's file or record — will follow the terms of the NPP.

The Patient's Rights

This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review it carefully.

You have the right to:

- Obtain a paper copy of this Notice
- Inspect and copy the patient's PHI contained in a designated record set (medical/billing records and other records used for decisions about the patient).
- Request a restriction on certain uses and disclosures of PHI, but we are not required to agree to your restrictions. Your restriction request must be in writing.
- Request and receive confidential communications by alternative means or at an alternative locations; the System will accommodate reasonable requests made in writing that may ask for the following information:
 - (1) how payments will be handled
 - (2) specification of alternative address or other contact methods
 - (3) explanation for the request.



- Amend your PHI; request for amending PHI are for as long as the System maintains the information. If denied due to certain situations, you have the right to file a statement of disagreement and prepare a rebuttal.
- Accounting of disclosures; specific disclosure information may be received (after April 14, 2003) with certain exceptions, restrictions and limitations.
- Revoke your authorization to use or disclose protected health information except to the extent that action has already been taken.
- To inspect or obtain a copy of your records, complete an authorization/release form and send the request to the Health Information Management Department. All other requests must be sent to the Chief Privacy Officer.

Uses and Disclosures of PHI

Uses and Disclosures of Protected Health Information Based upon Written Consent:

- Treatment: Coordinate or manage the patient's healthcare and related services including a third party with prior permission to access patient's PHI. Examples: home health agencies, other treating and referral physicians, healthcare providers, specialists or laboratories.
- Payment: Obtain payment for healthcare services. Examples: eligibility and utilization review procedures for health insurance plans and hospital admission's process
- Healthcare Operations:
 - (1) Support business activities of patient's physician's practice. Examples: quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other activities such as appointment reminders and calling patient's name in waiting room on admittance or discharge.
 - (2) Share with third party "business associates" who perform billing, transcription services and other activities.
 - (3) Provide as necessary alternative treatment information or other health-related benefits and services.
 - (4) Provide the System marketing procedures: name, address used for newsletter notifying of practices and services; information about beneficial products and services; demographics and patient treatment dates to used to contact patients for fundraising activities; Chief Privacy Officer (CPO) contact information provided to request these materials not be sent to you. MCH, MCC, AR C.A.R.E.S. and MBH may use or disclose PHI with its subsidiaries within the applicable Continuum of Care.
- Business Associates: We may share some of your PHI with outside people or companies who provide services for Methodist, such as off-site storage of PHI.
- Based Upon Your Written Authorization: Written authorization required, unless otherwise permitted or required by law as described below. You may revoke authorization, at any time, in writing, except to the extent that the patient's physician or physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.
- Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object: If parent/guardian is not present or able to agree or object to the use or disclosure of the PHI, then physician may use



professional judgment to determine whether the disclosure is in the patient's best interest and only PHI that is relevant to the patient's healthcare will be disclosed.

- Others Involved in The Patient's Healthcare: Without parental/guardian objection, family members, close friends and other designated by parent/guardian may be placed on Authorization Contact List to assist
 - (1) with notification to family, personal representatives or others responsible for the patient's care of the patient's location, general condition or death
 - (2) in disaster relief efforts and coordination to family or other individuals involved in patient's healthcare. If parent/guardian is not present or able to agree or object to the use or disclosure of the PHI, then physician may use professional judgment to determine whether the disclosure is in the patient's best interest and only PHI that is relevant to the patient's healthcare will be disclosed.
- Emergencies: The patient's physician during emergency treatment situations shall try to obtain consent as soon as reasonably practicable after the delivery of treatment. If physician is required by law to treat the patient and an attempt to obtain consent was made but unable to obtain, the physician may use PHI to treat the patient.
- Communication Barriers: If attempts to obtain consent are unsuccessful due to substantial communication barriers, the physician, using professional judgment, will determine parent/guardian's intentions concerning PHI.
- Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object
- Required By Law: PHI will be in compliance with the law and limited to the relevant requirements of the law.
- Public Health: PHI may be disclosed for public health activities/authorities that are permitted by law to collect or receive the information for the purpose of controlling disease, injury or disability or if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- Communicable Diseases: PHI disclosures are made if authorized by law, to a person possibly exposed to a communicable disease or at risk of contracting or spreading the disease or condition.
- Health Oversight: PHI may be disclosed to oversight agency (healthcare systems, government benefit programs, governmental regulatory programs and civil rights laws) for activities authorized by law, such as audits, investigations, and inspections.
- Abuse or Neglect: PHI disclosures authorized by law allow a public health authority to receive reports of child abuse or neglect. The System, in accordance with federal and state laws, may disclose to a governmental entity or authorized agency the patient's PHI if abuse, neglect or domestic violence is suspected.
- Food and Drug Administration: PHI may be disclosed to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations and to track products, enable product recalls, repairs or replacements, and/or to conduct post marketing surveillance.
- Legal Proceedings: PHI may be disclosed in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in response to a subpoena, discovery request or other lawful process.
- Law Enforcement: PHI may be disclosed if applicable legal requirements are met:
 - (1) legal processes,



- (2) limited information requests for identification and location purposes,
- (3) pertaining to victims of a crime,
- (4) suspicion that death has occurred as a result of criminal conduct,
- (5) crime occurs on the premises of the System, and
- (6) medical emergency not on the System premises that demonstrate a crime has occurred.
- Coroners, Funeral Directors, and Organ Donation: PHI may be disclosed for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. PHI may be disclosed to permit the funeral director to carry out their duties. The System may disclose such information in reasonable anticipation of death and for cadaveric organ, eye or tissue donation purposes.
- Research: The System may provide PHI to researchers when an institutional review board has evaluated the research proposal and ensured the patient's privacy through established protocols.
- Criminal Activity: Under federal and state laws, the System may disclose the patient's PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and to assist law enforcement authorities to identify or apprehend an individual
- Military Activity and National Security: PHI may be disclosed to Armed Forces personnel:
 - (1) activities deemed necessary by appropriate military command authorities;
 - (2) the purpose of a determination by the Department of Veterans Affairs of the patient's eligibility for benefits,
 - (3) foreign military authority if patient is member of foreign military services,
 - (4) authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- Workers' Compensation: PHI may be disclosed to comply with workers' compensation laws and other similar legally established programs.
- Inmates: PHI may be disclosed if the patient has been an inmate in a correctional facility and the patient's physician created or received the patient's PHI in the course of providing care.
- Required Uses and Disclosures: Under the law, the System must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

Complaints

If you believe your privacy rights have been violated, please contact the Methodist Children's Home, Arkansas C.A.R.E.S., Methodist Counseling Clinic and Methodist Behavioral Hospital and/or the Office for Civil Rights, Region VI (U.S. Department of Health & Human Services):



Office for Civil Rights
U.S. Department of HHS
1301 Young Street, Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940
(214) 767-0432 Fax

You may contact our Chief Privacy Officer or Chief Security Officer for further information about the complaint process.

Jennifer Horner, RHIA
Chief Privacy Officer
Methodist Behavioral Hospital
1601 Murphy Drive
Maumelle, AR 72113
(501) 803-3388 Ext. 8129
Toll free 866-813-3388
jhorner@methodistfamily.org

Keven Burress
Chief Security Officer
Methodist Family Health
1600 Aldersgate Road, Suite 200
Little Rock, AR 72205
(501) 661-0720, Ext. 7312
Toll free 800-756-3709
kburress@methodistfamily.org

To receive a full copy of the notice you may request it from Methodist Family Health via paper or electronic version.

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