

# Compass Mental Health, LLC

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# Compass Mental Health, LLC

## Administrative Guidelines

**Number:** CMH AG 100.07

**Subject:** Program Description Revised

**Effective Date:** December 01, 2002

**Review Date:** March 7, 2007

**Revision Date:** March 7, 2009

**Signature:**   
**Controlling Managing Member**

Compass Mental Health, LLC is a locally owned company designed to provide urgent/emergent mental health Crisis Intervention Service on a twenty-four hour per day basis. In addition, our professional staff is committed to providing routine outpatient therapy services using solution focused strategies. Our company is a partnership of experienced mental health professionals who have been providing assessment, screening and intervention services over the past ten years. Our mission statement reflects our commitment to provide exceptional age-appropriate psychological care for all age populations in Maricopa County.

Compass Mental Health, LLC provides exceptional psychological services through education, knowledge and insight. Our primary goal is to improve the health & independence of individuals, couples and families, with tailored services to meet specific needs. We will develop a plan that will help compensate, provide direction, and assist in maintaining purpose in work and life, to the client's satisfaction.

### Administration Guidelines

1. Compass Mental Health, LLC (CMH) is responsible for its own organization and management. CMH shall:

- A. For each subclass for which the CMH is licensed, adopt, maintain, and have available at the agency for public review, a current written program description that includes:
  - i. A description of the subclass; Outpatient Clinic
  - ii. Program goals; CMH provides exceptional psychological services, through education, knowledge & insight. Our primary goal is to improve the health & independence of individuals, couples & families, with tailored services to meet specific needs. We will develop a plan that will help compensate, provide direction, and assist in maintaining purpose in work and life, to the client's satisfaction.
  - iii. A description of each behavioral health service listed in R9-20-102 (B) that the agency provides; Counseling According to R9-20-302,
- B. Program Description:
  - i. **Outpatient Clinic Services of CMH** (provider type 77)
  - ii. **Evaluation and Screening:** CMH will conduct a comprehensive assessment with each member to determine if mental health services are necessary. Our screening assessment includes a history and severity of the current problem, examination of the person's mental status to understand their current level of functioning, substance use history, family history of mental health symptoms and/or treatment, physical health history, employment and social history, as well as a risk assessment to determine if immediate services in a secure clinical setting are necessary. Our screening exams are designed to help members understand the specific types of services that our masters level clinicians' recommend. Members will receive our treatment advice in writing and appropriate referral and follow up services will be provided.
  - iii. **Individual, Group, and Family Therapy and Counseling.** CMH will also provide routine therapy and counseling services if medically necessary. Our treatment focus is designed to help members develop solutions to current stressors in an appropriate period of time. Our goal is to help members find direction with difficult problems in their lives by helping them improve their own coping strategies. Services will be provided to individuals, groups of persons, family and/or multiple families. Family counseling may include, but does not require, the presence of the member.

- iv. **Emergency Behavioral Health Care, Crisis Intervention Services.** Emergency behavioral health/crisis intervention services are immediate and available 24 hours a day throughout Maricopa County. CMH professionals have extensive experience providing these services for the past decade in community and hospital environments. Mobile crisis intervention teams will be available to respond to members that are at risk of hurting themselves or others, experiencing significant impairment in psychological functioning, or are impaired due to use of a chemical substance like alcohol or amphetamines. Our telephone crisis assessment services are designed to determine if immediate unscheduled behavioral health services are necessary. The services provided by CMH professionals include crisis counseling and stabilization, transfer to inpatient treatment services if clinically necessary, or referral for outpatient treatment.
  - v. **Behavioral Health Case Management** Behavioral health case management services are supportive services provided to enhance treatment compliance and effectiveness. Case management activities include assistance in accessing, maintaining, monitoring and modifying covered services; assistance in finding resources, communication and coordination of care, outreach and follow-up of crisis contacts or missed appointments.
2. CMH has four full time staff and seven part time staff providing individual, family, and group counseling to addresses a specific type of behavioral health issue, such as substance abuse, crisis situations, and employee assistance; and:
- A. Crisis Intervention Service are available 24 hours a day including weekends and holidays.
  - B. Administration hours are Monday through Thursday 9:00 am to 6:00 pm. An on-call administrator can be reached at 602 224 7050 and press 1 to ask for the on-call administrator.
  - C. Evaluation and Screening, Case Management, Individual, Group, and Family Counseling Hours of operation M-F 9:00 to 12 noon and again at 1:00 pm 6:00 pm by appointment only. Compass Mental Health, LLC may provide Evaluation Screening, and Case Management services as well as up to 40 hours of Individual, up to 40 hours of Group, and up to 40 hours of Family Counseling hours per week.
  - D. CMH offers services to adult population and children under 18 years old and persons who are seriously mentally ill, individuals who have substance abuse problems, or individuals who have co-occurring disorders;
  - E. CMH will provide behavioral health services off the premises in the case of emergency/ Crisis Intervention Services. These services are available 24 hours and can be provided at a behavioral health facility, in the member's residence or other community setting.
  - F. Criteria for:
    - ii. Admitting criteria: Any adult persons or children under 18 years of age in psychological distress or suffering from a mental illness that has the ability to pay for services rendered and
    - iii. Re-admitting Criteria: Any adult persons or children under 18 years of age person in psychological distress or suffering from a mental illness that has the ability to pay for services rendered,
    - iv. Placing an individual on a waiting list will be done in cases where there is not staff or time available to treat the person with in 7 days. Priority will be given as follows:
      - a) Clients who may be a danger to self or others.
      - b) Clients in crisis
      - c) High acuity
      - d) On a first come, first-served basis
    - v. Referring an individual to another agency or entity will be done if;
      - a) On the person request;
      - b) A specialized form of treatment is required, or
      - c) When a higher level of care is required that CMH is not licensed to provide.
    - vi. Discharging a client, including an involuntary discharge, will be completed when
      - a) Treatment goals have been met;
      - b) The person is content with their current level of functioning;
      - c) Voluntary withdrawal;
      - d) Non-Compliance with guidelines or rules;
      - e) Threatening or violent acts against staff or clients, continually abusive to others.
      - f) Bringing weapons onto CMH grounds.
      - g) Refusing to sign intake forms
      - h) Non-Compliance with education or treatment plans.
      - i) Non-payment of CMH fees

- vii. Upon discharge a clinical disposition report will be completed stating the level progress towards the Treatment Goals and Objectives, and the client's prognosis.
- viii. Transferring a client will be done:
  - a) At the request of the client,
  - b) When a specialized form of treatment is required, or
  - c) When a higher level of care is required.
- ix. Declining to provide behavioral health services or treatment to an individual when a
  - a) Specialized form of treatment is required;
  - b) Higher level of care is required that CMH cannot provide;
  - c) Client refuses to follow guidelines, rules or the prescribed treatment plan.
  - d) Client refuses to pay for services provided.

F. Qualifications:

- i. The minimum qualifications, experience, training, and skills and knowledge specific to the behavioral health services the agency is authorized to provide and the populations served by the agency that staff members are required to possess; are a
  - a) Masters Degree in Psychology, Counseling or Clinical Social Work.
  - b) 21 years of age or older
  - c) Counselor's qualifications shall comply with A.A.C. R9-20-302B.
  - d) Psychologists shall be licensed by the Arizona Board of Psychology Examiners
- ii. CMH shall ensure that a behavioral health technician or behavioral health paraprofessional has the skills and knowledge necessary to perform the duties consistent with the job description of the behavioral health technician or behavioral health paraprofessional and the services the agency is authorized to provide including, if applicable, the skills and knowledge Necessary to
  - a) Protect client rights in R9-20-203;
  - b) Provide treatment that promotes client dignity, independence, individuality, strengths, privacy, and choice;
  - c) Recognize obvious symptoms of a mental disorder, personality disorder, or substance abuse;
  - d) Provide the behavioral health services that the agency is authorized to provide and that the staff member is qualified to provide;
  - e) Meet the unique needs of the client populations served by the agency or the staff member, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
  - f) Protect and maintain the confidentiality of client records and information;
  - g) Recognize and respect cultural differences;
  - h) Recognize, prevent, and respond to a situation in which a client:
    - 1. May be a danger to self or a danger to others,
    - 2. Behaves in an aggressive or destructive manner,
    - 3. May be experiencing a crisis situation, or
    - 4. May be experiencing a medical emergency;
  - i) Read and implement a client's treatment plan;
  - j) Assist a client in accessing community services and resources;
  - k) Record and document client information;
  - l) Demonstrate ethical behavior, such as by respecting staff member and client boundaries and recognizing the inappropriateness of receiving gratuities from a client;
  - m) Identify types of medications commonly prescribed for mental disorders, personality disorders, and substance abuse and the common side effects and adverse reactions of the medications;
  - n) Recognize and respond to a fire, disaster, hazard, and medical emergency; and
  - o) Provide the activities or behavioral health services identified in the staff member's job description or the agency's policy and procedure; and
- iii. That are verified:
  - a) Except as provided in subsection (E)(2), before the staff member provides behavioral health services to a client;
  - b) By the clinical director, a behavioral health professional, or a behavioral health technician with a combination of at least six years of education in a field related to behavioral health and full-time behavioral health work experience; and
  - c) Through one or more of the following:
    - 1. Visual observation of the staff member interacting with another individual, such as through role playing exercises;
    - 2. Verbal interaction with the staff member, such as interviewing, discussion, or question and answer; or
    - 3. A written examination.

- G. Requirements for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian; is a based on services performed by CMH. If the client's payor source is not an insurance plan, but from a private source, payment may be required at time of service. If payment is received by CMH but services are not rendered, a refund by check will be given back to the payor source within 30 days.
  - H. Every effort will be made for the availability of behavioral health services for an individual who does not speak English. If CMH can not provide a client services in the request language the client will be referred to the appropriate provider.
  - I. Wheelchair access has been made to the premises for individuals with mobility impairment. For all other sensory impairment, or other physical disability, if CMH cannot provide a client services because of the lack of specialized staff the client will be referred to the appropriate provider.
3. It is the responsibility of the Controlling Managing Member:
- A. To Approve, sign, and date initial and updated policies and procedures required by this Chapter;
  - B. Establish minimum qualifications for an administrator;
  - C. Designate an administrator who:
  - D. Meets the qualifications established by the licensee;
  - E. Has the authority and responsibility to operate the agency according to the requirements in this Chapter;
  - F. Has access to all areas of the premises; and
  - G. Appoints a designee, in writing, to act as the administrator when the administrator is not on the premises;
  - H. Designate a clinical director who: Oversees behavioral health services and is a behavioral health professional,
  - I. Notify the OBHL if the administrator or clinical director changes and provide to the OBHL, in writing, the new individual's name and qualifications within 30 days after the effective date of the change.
  - J. Ensure that the Department is allowed immediate access to:
    - i) The premises, an administrative office, or a branch office;
    - ii) A client; and
    - iii) Ensure that a record, report, or document required to be maintained by this Chapter or federal, state, or local law is provided to the Department as soon as possible upon request and no later than:
      - a) Two hours after the time of a request, for a current client;
      - b) Three working days after the time of a request, for a former client; or
      - c) Two hours after the time of a request for a record, report, or document that does not directly concern a client, such as a staffing schedule or a fire inspection report.
4. CMH shall ensure that:
- A. The administrator or clinical director develops, implements, and complies with policies and procedures that:
    - i. Ensure the health, safety, and welfare of a client on the premises; on an agency-sponsored activity off the premises; and on an outing;
    - ii. Ensure that client records and information are maintained and protected according to R9-20-211;
    - iii. Establish specific steps and deadlines for:
      - a) Responding to and resolving client grievances; and
        - 1. Explain the process for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian; and
        - 2. Ensure the security of a client's possessions that are allowed on the premises;
        - 3. Address smoking on the premises;
        - 4. Address requirements regarding pets or animals on the premises; and
        - 5. Ensure the safety of clients;
        - 6. Ensure that incidents listed in R9-20-202 (A)(1) are reported and investigated;
        - 7. Address whether pets and animals are allowed on the premises;

- b) Obtaining documentation of fingerprint clearance, if applicable according to CMHPP 124 Procedures:
  1. Staff, personnel or volunteers working with children shall have a valid fingerprint clearance card issued by Arizona DPS or
  2. Within 7 days after employment, shall apply for the clearance card;
  3. Complete a "State of Arizona Criminal History Affidavit"
  4. Staff, personnel or volunteers will not be permitted to work with children until CMH Human Resources has a copy of
    - a. A current fingerprint clearance card or
    - b. A completed "State of Arizona Criminal History Affidavit"
  5. If at the end of six weeks the employee's finger print clearance card has not been submitted to Human Resources the HR Director will follow up with the employee and Arizona DPS.
  6. The HR Director will document the results of the inquiry into the employee's record, noting:
    - a. The estimated time the card will be furnished;
    - b. The contact person at DPS who relayed the information;
    - c. Any Questions or concerns voiced by DPS regarding the Clearance Card;
    - d. Any Correspondence to or from DPS will be placed in the employee's record.
- B. The clinical director develops, implements, and complies with policies and procedures that:
  - i. Establish minimum qualifications, duties, and responsibilities of staff members, interns, and volunteers;
  - ii. Establish a process for determining whether a staff member has the qualifications, training, experience, and skills and knowledge necessary to provide the behavioral health services that the agency is authorized to provide and to meet the treatment needs of the populations served by the agency;
  - iii. Establish a code of ethical conduct for staff members, interns, and volunteers and consequences for violating the code of ethical conduct;
  - iv. Establish a process for orientation of staff members;
  - v. Ensure that staffing is provided according to the requirements in this Chapter;
  - vi. Ensure that a staff member receives sufficient direction to perform the staff member's job duties;
  - vii. Describe the processes for providing the behavioral health services listed in the program description required in R9-20-201 (A)(2);
  - viii. Establish the process for admitting a client
  - ix. Establish the process for providing a referral to a client;
  - x. Ensure communication and coordination, consistent with the release of information requirements in R9-20-211 (A)(3) and (B), with:
    - a) A client's family member, guardian, custodian, designated representative, or agent;
    - b) The individual who coordinates the client's behavioral health services or ancillary services;
    - c) Other persons who provide behavioral health services or medical services to the client, such as a medical practitioner responsible for providing or coordinating medical services for a client; or
    - d) Governmental agencies that provide services to the client, such as the Department of Economic Security or a probation or parole entity;
  - xi. Establish the process for developing and implementing a client's assessment and treatment plan;
  - xii. Establish the process for transferring and discharging a client;
  - xiii. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02(B) through (C), if a client communicates to a staff member a threat of imminent serious physical harm or death to the individual and the client has the apparent intent and ability to carry out the threat; and
  - xiv. The administrator or clinical director reviews and, if necessary, updates policies and procedures at least once every 24 months;
  - xv. When a policy or procedure is approved or updated, each staff member whose duties are impacted by the policy and procedure reviews the policy and procedure within 30 days after the policy and procedure is approved or updated; and
  - xvi. Each review of a policy and procedure is documented, and the documentation is maintained on the premises or at the administrative office.

5. Compass Mental Health, LLC does not currently use Emergency Safety Response protocol as stated in R9-20-216.
  - A) Compass Mental Health, LLC will reserve the right to implement an Emergency Safety Response protocol in the future if adequate safety for patient and staff is not met by calling 911.
  - B) If needed in the future Compass Mental Health, LLC shall ensure that an emergency safety response:
    - i. Is used only:
      - a) In an emergency that is an immediate threat to the life or health of a client or other individual,
      - b) When less restrictive methods have been attempted and were unsuccessful,
      - c) For the shortest possible duration of time needed to bring the client's behavior under control or to prevent harm to the client or another individual and not longer than five minutes,
      - d) With the least amount of force needed to bring the client's behavior under control or to prevent harm to the client or another individual,
      - e) Not more than twice in a period of 60 minutes, and
      - f) Not more than four times within a 12 hour period of time;
    - ii. Is documented, reported, and reviewed as follows:
      - a) Is documented within one day from the date of the emergency safety response including:
        1. The date and time of the emergency safety response;
        2. The name of the client for whom the emergency safety response was used;
        3. The names of each staff member using the emergency safety response;
        4. The specific emergency safety response that was used;
        5. The precipitating factors that created a need for use of the emergency safety response;
        6. The outcome of the emergency safety response, including any injuries resulting from the emergency safety response;
        7. If applicable, whether requirements in R9-20-202 were complied with; and
        8. If any individual was injured, the circumstances that caused the injury and a plan addressing ways to prevent future injuries;
      - b. Documentation in subsection (2)(a) is reviewed at least once monthly by the administrator, manager, or clinical director for each use of an emergency safety response that occurred at the agency during the previous month and the following is documented at the agency by the administrator, manager, or clinical director:
        1. Whether each staff member using an emergency safety response complied with the agency's policies and procedures and A.A.C Title 9 Chapter 20;
        2. Actions the agency shall take to prevent the need for use of an emergency safety response, such as additional staff training, additional staffing, or changes to the agency's policies and procedures;
        3. Whether a client is appropriately placed at the agency; and
        4. Whether a client's treatment plan shall be reviewed or revised to ensure that the client's treatment is meeting the client's treatment needs;
      - c. The information in subsections (2)(a) and (b) is reported in writing to OBHL within five days after the end of the calendar month in which an emergency safety response occurred; and
      - d. Documentation required in subsections (2)(a) and (b) and documentation of each report required in subsection (2)(c) is maintained at the agency for six years from the date of the report; and
    - iii. Is only used by a staff member who has documentation of successful completion annually of a:
      - a) Training program in crisis intervention from an organization nationally recognized for providing training in crisis intervention; or
      - b) For an emergency safety response used before July 1, 2004, nationally recognized training program in crisis intervention that includes:
        - 1) Techniques to identify staff member and client behaviors, events, and environmental factors that may trigger the need for an emergency safety response;
        - 2) The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
        - 3) The safe use of an emergency safety response, including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 100.04 **Page:** 1 of 4  
**Subject:** New Employee Orientation

**Effective Date:** 01/01/03 **Revision Date:** 03/07/2007 **Review Date:** 03/07/2009

**Signature:**   
Chief Administrative Officer

- A) **Policy:** It is the policy of Compass Mental Health, LLC (CMH) to provide an orientation program for all employees in order to clarify CMH's Policies and Procedures as they apply to both the employee and the client. The new employee orientation program for all employees consists of orientation to CMH.
- B) **Statute Reference:**
- 1) A.A.C. R9-20-204.F B. A.A.C R9-20-206 C. A.A.C. R9-21
- E) **Definitions:**
- 1) Behavioral Health Professional: an individual who meets the applicable requirements in R9-20-204 and is a:
    - a) Psychiatrist,
    - b) Behavioral health medical practitioner,
    - c) Psychologist,
    - d) Social worker,
    - e) Counselor,
    - f) Marriage and family therapist,
    - g) Substance abuse counselor, or
    - h) Registered nurse with at least one year of full-time behavioral health work experience.
  - 2) Employee: an individual who receives compensation from an agency for work performed, but who does not provide behavioral health services.
  - 3) Staff: an individual who is employed by or under contract with a licensee/certification to provide behavioral health services to an agency client and who is a Behavioral health professional.
- F) **Procedure:**
- 1) Orientation will be provided for employees/staff that are new hires to CMH.
  - 2) The Director of Operations is responsible for the New Staff Program (NewS Program).

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 100.04 **Page:** 2 of 4

**Subject:** New Employee Orientation

**Effective Date:** 01/01/03 **Revision Date:** 03/07/2007 **Review Date:** 03/07/2009

**Signature:**   
Chief Administrative Officer

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- 3) Each Supervisor is responsible for orientation as it applies to introducing the new employee to the job.
  - 4) The NewS Program will be held as often as needed, as dictated by the personnel needs of the Organization. All new employees are required to complete NewS Program prior to assignment to their duties.
  - 5) All new staff shall attend an orientation session within the first week of employment. Orientation shall include:
    - a) Introduction and Relationships
      - i. Introduction to CMH Managers
      - ii. Mission Statement
      - iii. Introduction to Fellow Contractors
    - b) Role and Responsibilities of CMH Staff
      - i. Review of Job Descriptions
      - ii. Size, Structure and Locations
      - iii. Working Relations with other Providers
      - iv. Relationship with Contracted Agencies
      - v. Site Visits of Community Agencies
    - c) Working Environment
      - i. Dress and Customer Service
      - ii. Contracted Services Schedule
      - iii. Payroll and Compensation
      - iv. Supplies and Equipment
    - d) Occupational Health
      - i. Completion of Medical Tests
      - ii. Urine Drug Screen
      - iii. Annual TB Test
      - iv. MMR
      - v. Personal Protective Equipment

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 100.04 **Page:** 3 of 4  
**Subject:** New Employee Orientation

**Effective Date:** 01/01/03 **Revision Date:** 03/07/2007 **Review Date:** 03/07/2009

**Signature:**   
Chief Administrative Officer

- e) Office Protocol
  - i. Telephone Procedures
  - ii. Office Emergency Procedures
  - iii. Keys, Security Code / Alarm Systems
- f) Emergency Plan / Drills
  - i. Fire Plan
  - ii. Evacuation Routes
  - iii. Fire Extinguisher (s)
  - iv. Utility Disruptions
  - v. Responding to a Fire, Disaster, Hazard, Medical Emergency
  - vi. First Aid / CPR
  - vii. Infection Control Techniques
- g) Safety
  - i. Security and Safety Issues
  - ii. Combative Clients
  - iii. Contacting 911
  - iv. Incident Reports
- h) Human Resource Management Policies
  - i. Equal Employment Opportunity
  - ii. Managing Staff Requests
  - iii. Attendance and Punctuality
  - iv. Contractor Behavior and Conduct
  - v. Disciplinary Procedure
  - vi. Suspension
  - vii. Productive Work Environment
  - viii. Contractor-Patient/Resident/Client Interaction
  - ix. Personal Appearance
  - x. Problem Resolution Procedure

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 100.04 **Page:** 4 of 4

**Subject:** New Employee Orientation

**Effective Date:** 01/01/03 **Revision Date:** 03/07/2007 **Review Date:** 03/07/2009

**Signature:**   
Chief Administrative Officer

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- xii. Drug Free Workplace
  - xiii. Worker's Compensation
  - i) Review of Policy and Procedures
    - i. Review CMH Policy and Procedures
    - ii. Discussion with Supervisor
    - iii. Law and Legal
    - iv. Question and Answer
  - 6) Documentation of competency will be maintained in the employee's personnel file, utilizing the Competency Checklist.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 101.04 **Page:** 1 of 3  
**Subject:** New Employee Training

**Effective Date:** 01/01/03 **Revision Date:** 03/07/2007 **Review Date:** 03/07/2009

**Signature:**   
Chief Administrative Officer

- A) **Policy:** It is the policy of Compass Mental Health, LLC (CMH) to provide a training program for all employees in order to adequately equip our employees to provide the most effective and efficient services to our clients.
- B) **Statute Reference:**
- 1) A.A.C. R9-20-204.F B. A.A.C R9-20-206 C. A.A.C. R9-21
- E) **Definitions:**
- 1) Behavioral Health Professional: an individual who meets the applicable requirements in R9-20-204 and is a:
    - a) Psychiatrist,
    - b) Behavioral health medical practitioner,
    - c) Psychologist,
    - d) Social worker,
    - e) Counselor,
    - f) Marriage and family therapist,
    - g) Substance abuse counselor, or
    - h) Registered nurse with at least one year of full-time behavioral health work experience.
  - 2) Employee: an individual who receives compensation from an agency for work performed, but who does not provide behavioral health services.
  - 3) Staff: an individual who is employed by or under contract with a licensee/certification to provide behavioral health services to an agency client and who is a Behavioral health professional.
- F) **Procedure:**
- 1) Training will be provided for employees/staff that are new hires to CMH.
  - 2) The Director of Operations is responsible for the New Staff Training Program.
  - 3) Each Supervisor is responsible for training as it applies to introducing the new employee to the specific job.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 101.04 **Page:** 2 of 3

**Subject:** New Employee Training

**Effective Date:** 01/01/03 **Revision Date:** 03/07/2007 **Review Date:** 03/07/2009

**Signature:**   
Chief Administrative Officer

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- 4) The New Staff Training Program will be held as often as needed, as dictated by the personnel needs of the Organization. All new employees are required to complete New Staff Training Program prior to assignment to their duties.
- C) 5) All new staff shall attend all training sessions within the first two weeks of employment. The new employee training program for all employees consists of the following:
- a) Consumer Perspective
    - i. Living with a Mental Disorder
    - ii. Cultural Competency
  - b) Statute & Administrative Code
    - i. Title 9 Chapters 20 & 21
    - ii. ARS 36 Chapters 4 & 5
    - iii. Court Ordered Evaluation and Treatment
  - c) Protection of Client Privacy and Confidentiality
    - i. Client Rights
    - ii. Roles and Responsibilities of the Clinical Team / Clinical Team Members
    - iii. Ethical Practices
    - iv. Grievance and Appeal Procedures
    - v. Confidentiality
    - vi. Duty to Report Abuse, Neglect and Exploitation
    - vii. Risk Management
  - d) Clinical and Medical Records
    - i. Clinical Documentation
    - ii. File Encryption
    - iii. Location of Client Files at Hospitals
    - iv. Client Record Keeping
    - v. Agency Mission
    - vi. Philosophy / Human Resources

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 101.04 **Page:** 3 of 3  
**Subject:** New Employee Training

**Effective Date:** 01/01/03 **Revision Date:** 03/07/2007 **Review Date:** 03/07/2009

**Signature:**   
Chief Administrative Officer

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- vii. Medical Records
  - viii. Scheduling Appointment Procedure
  - ix. Meeting Protocol
  - e) Clinical Assessment and Treatment Planning
    - i. Behavior Management Skills
    - ii. Psychopharmacology
    - iii. Effective Engagement
    - iv. Recovery Philosophy
    - v. Understanding Psychiatric Disorders
    - vi. Exit Stipulation
    - vii. Crisis Prevention
    - viii. Intervention Training
    - ix. Client Experiencing a Crisis Situation
  - f) Clinical Supervision and Training
    - i. Attend Internal Seminars
    - ii. External Trainings
    - iii. Weekly Clinical Supervision
    - iv. Az. Board of Behavioral Health
    - v. Certification / Licensure
    - vi. Professional Liability Insurance
  - g) Coordination of Care
    - i. Resources for Obtaining Community Services When Needed
- 6) Documentation of training competency will be maintained in the employee's personnel file.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 102.04

**Page:** 1 of 2

**Subject:** Staff Orientation/Training Plan

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** It is the policy of Compass Mental Health, LLC (CMH) to develop a comprehensive training and orientation curriculum for all clinicians and staff in accordance with R9-20-206.A.1 and B.1.
- B) **Statute Reference(s):** R9-20-206.A.1., R9-20-206.B.1., R9-20-204(F).
- C) **Definition:** None
- D) **Procedures:** Clinical Director of CMH will develop and implement a written plan to provide staff 24 hours of orientation that must be completed prior to providing behavioral health services to CMH clients. CMH orientation includes:
- 1) Review of client rights policy;
  - 2) A review and signature of all CMH policy and procedures;
  - 3) An understanding of job description and current responsibilities;
  - 4) A review of incident reporting procedures;
  - 5) Location of all client records, with emphasis on security, retention and documentation;
  - 6) All CMH employees staff orientation plan will include:
    - a) Staff person's name, credentials, certifications, signature, and job title;
    - b) Date orientation was completed;
    - c) Subject and curriculum that was covered during the orientation;
    - d) Name and signature of the Clinical Director.
  - 7) It is the responsibility of the Clinical Director to maintain a written staff and training plan for CMH behavioral health professionals to:
    - a) Maintain current skills and knowledge;
    - b) To obtain and enhance skills and knowledge in the behavioral health services that CMH is authorized to serve:
      - (i) Internal training and staffing;
      - (ii) External trainings, professionals seminars/workshops;
    - c) Reviewing:
      - (i) Client rights;
      - (ii) Agency policies and procedures necessary for the performance of the staff member's duties;
      - (iii) The staff member's job description;
      - (iv) The agency's evacuation path; and
      - (v) Procedures for responding to a fire, a disaster, a hazard, a medical emergency, and a
      - (vi) client experiencing a crisis situation;

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 102.04

**Page:** 2 of 2

**Subject:** Staff Orientation/Training Plan

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- d) Informing the staff member of the requirement to immediately report suspected or alleged abuse, neglect, or exploitation or a violation of a client's rights to the administrator or clinical director; and
  - e) Identifying the location of client records and how client records and information are protected;
- 8) CMH staff will receive forty eight hours of training during the initial year of service and will be provided at least twenty four hours of continuing trainings during subsequent years of employment.
- 9) CMH certified or licensed employees with AzBBHE will be required to receive additional hours of training to satisfy requirements as per licensing body.
- 10) CMH staff will be required to receive trainings listed in R9-20-204(F).

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 103.03

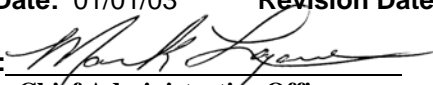
**Page:** 1 of 3

**Subject:** Terminations

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** This policy sets forth guidelines for employee or contractor terminations. All employees and contractors of the agency are covered under this policy.
- B) **Statute Reference(s):** None
- C) **Definition:**  
Employee: an individual who receives compensation from an agency for work performed, but who does not provide behavioral health services.  
  
Contractor: an individual who is employed through 1099 contract status.
- D) **Procedures:** Terminations are to be treated in a confidential and professional manner by all concerned. The Chief Administrative Officer must assure termination is accomplished by thorough, consistent and evenhanded termination procedures.
- 1) This policy and its administration will be implemented in accordance with the Agency equal opportunity statement.
  - 2) Terminated employees are entitled to receive all earned pay. Contractors terminated due to unprofessional conduct may receive a percentage of all earned pay depending on the damage done to the reputation of CMH. This percentage may range from zero to 100%. CMH will not discharge or discriminate against any personnel who submit a complaint, or who assist the Arizona Department of Health Services staff or any other legal authority in a complaint-related investigation, for reason of such submission or assistance.
  - 3) Employment with the company is normally terminated through one of the following actions:
    - a) **Resignation:** Resignation is voluntary termination by the employee or contractor. An employee or contractor desiring to terminate employment, regardless of employee or contractor classification, is expected to give as much advance notice as possible. Two weeks or 10 working days is generally considered to be sufficient notice time.
    - b) **Dismissal:** Involuntary termination for substandard performance or misconduct. An employee or contractor may be discharged "at will" by the agency. The supervisor may have counseled the employee or contractor concerning performance deficiencies, provided direction for improvement and warned the employee or contractor of possible termination if performance didn't improve within the designated period of time.

The supervisor is expected to be alert to any underlying reasons for performance deficiencies such as personal problems or substance abuse (See Personnel Policy: Substance Abuse). The Chief Administrative Officer and the supervisor shall confer in advance of advising the employee or contractor of discharge action.

Documentation to be prepared by the supervisor may include reason for separation, performance history, corrective efforts taken, alternative explored and any additional pertinent information.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 103.03

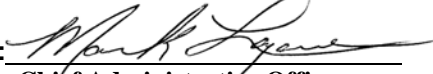
**Page:** 2 of 3

**Subject:** Terminations

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

An employee or contractor found to be engaged in activities showing willful disregard of agency interests, policies and/or misconduct, will be terminated as soon as the supervisor and/or the Chief Administrative Officer have concurred with the action.

An employee or contractor may be terminated without cause during the 90 day probation period.

Termination resulting from misconduct shall be entered into the employee or contractor's personnel file. The employee or contractor shall be provided with a written summary of the reason for termination. No salary continuance or severance pay will be allowed.

c) **Layoff:** Termination due to reduction of the workforce or elimination of a position.

When a reduction in force is necessary or if one or more positions are eliminated, employees or contractors will be identified for layoff after evaluating the following factors:

- ❖ Company work requirements.
- ❖ The person's abilities, experience and skill.
- ❖ The person's potential for reassignment within the organization.
- ❖ Length of service.

The employee or contractor's supervisor will personally notify employee or contractor of a layoff. After explaining the layoff procedure, the employee or contractor will be given a letter describing the conditions of the layoff such as the affect the layoff will have on his/her anniversary date at time of call-back; the procedure to be followed if time of to seek other employment is granted; and the company's role in assisting employee or contractors to find other work. The employee or contractor and the Chief Administrative Officer, after consultation with the employee or contractor's supervisor/manager, will follow one of the following procedures:

- ❖ The employee or contractor will receive at least two weeks advance notice of termination date.
- ❖ The employee or contractor will be terminated immediately and will receive one week pay for each year of employment with the agency in lieu of notice, up to a maximum of four weeks. The payment will be based on an average week of pay for the current year.

The supervisor must immediately notify the Chief Administrative Officer of the termination so that the termination checklist can be initiated. The Chief Administrative Officer will direct and coordinate the termination procedure.

All outstanding advances charged to the terminating employee or contractor will be deducted from the final paycheck by the payroll department.

On the final day of employment, the Chief Administrative Officer must receive all keys, ID card and company property from the employee or contractor.

The supervisor and/or the Chief Administrative Officer shall conduct an exit interview with the employee or contractor.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 103.03

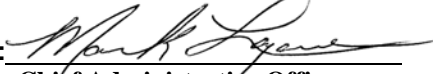
**Page:** 3 of 3

**Subject:** Terminations

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

The employee or contractor will pick up his or her final payroll check from the Chief Administrative Officer at the time of exit interview. The final check shall include all earned pay, unused vacation time and any expenses due the employee or contractor.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 104.03

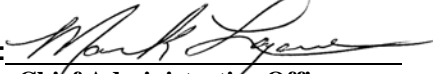
**Page:** 1 of 1

**Subject:** Sexual Harassment

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** This policy affirms Compass Mental Health, LLC (CMH) determination to protect all employees by providing a safe, non threatening working environment with a zero tolerance for any sexual harassment behavior.
- B) **Procedures:** All employees will be required to follow this procedure.
- 1) CMH will not allow any form of sexual harassment or any behavior that will cause any intimidation and aggressive work environment.
  - 2) All CMH employees will be required to report immediately any perceived threatening or intimidating behavior to Chief Administrative Officer or designee responsible for Human Resources.
  - 3) CMH Chief Administrative Officer or designee will be responsible to address the issue/complaint immediately by thoroughly initiating an investigation with all the parties involved. All information will be held in strict confidential manner so all individuals feel safe and non-threatened.
  - 4) After a thorough investigation has been completed, the Chief Administrative Officer will determine the severity of the offense and determine the appropriate course of action. Termination and or suspension may result if the employee action warrants this type of response.
  - 5) All CMH sites and sponsored events will be free of any intimidation or perceived threats and all employees will be required to follow our Code of Conduct Policy.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 105.03

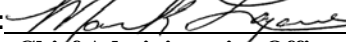
**Page:** 1 of 1

**Subject:** Grievance Procedure

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** This policy sets forth the procedures for filing grievances within the agency. All employees are covered by this policy. An employee may express a verbal or written grievance to his/her supervisor. If the concern is not resolved to the employee's satisfaction, the employee may put in writing the details of his/her grievance and submit the grievance to the Department Director who may appoint a person to decide the matter.
- B) **Statute Reference(s):** None
- C) **Definition:** None
- D) **Procedures:** The employee and his/her supervisor will request a hearing with the appointed person for resolution of the problem. The problem will be discussed in the presence of the employee and supervisor. Final resolution of the grievance will be made by the appointed person and discussed with the employee and supervisor.

The decision will be summarized in writing, a copy given to the employee and supervisor, with the original kept by the Chief Administrative Officer. A copy will be filed in the employee's personnel file when appropriate.

When a grievance is initiated, all parties must proceed through the successive levels of the procedure as set forth above. If the party with the grievance fails to follow this procedure, the grievance process will be terminated. Any grievance so terminated may not be reinstated by the grievant.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 106.04

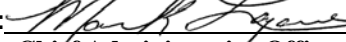
**Page:** 1 of 2

**Subject:** Vacation Leave & Holiday Pay

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** CMH will provide employees with the opportunity to earn vacation time based on hours worked, job classification and years of employment.
- B) **Definition:** Holiday: Any recognized civil or religious day of the year, set aside as a day of honor or remembrance.
- C) **Procedures:**

Contract Crisis Counselors do not accrue PTO due to their employment status as 1099. Employees may use PTO for sickness, for vacation, to attend a child's school activities, to care for elderly or ill family members, to take care of personal errands or business, or simply to take a day off work.

PTO accrues according to the following schedule: Each employee and contractor earn two (2) weeks of PTO per year. Employees must schedule time off in advance with their supervisors. We will try to grant every employee's PTO request for the days off they choose. However, we must have enough workers to meet our day-to-day needs—which means we might not be able to grant every PTO request, especially during holiday periods. If circumstances, such as a medical or family emergency, prevent advance scheduling, you must inform your supervisor as soon as possible that you are taking paid time off.

Because PTO encompasses vacation and sick leave, employees must manage their PTO responsibly to ensure that they have time available for emergencies, such as personal or family illness.

Employees may not accrue more than six (6) weeks of PTO. Once an employee's PTO balance reaches this limit, an employee may accrue more PTO only by taking some PTO to bring the employee's balance back below the limit. Employees will not be paid for any accrued and / or unused PTO when their employment ends.

Compass Mental Health, LLC Recognizes the Following Holidays:

- Memorial Day, or one day surrounding this weekend (date to be determined)
- 4<sup>th</sup> of July, or one day surrounding this weekend (date to be determined)
- Labor Day, or one day surrounding this weekend (date to be determined)
- Thanksgiving day
- Christmas Eve (December 24<sup>th</sup>)
- Christmas Day (December 25<sup>th</sup>)
- New Year's Eve (December 31<sup>st</sup>)
- New Year's Day (January 1<sup>st</sup>)

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 106.04

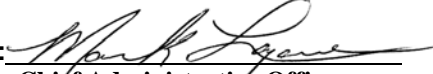
**Page:** 2 of 2

**Subject:** Vacation Leave & Holiday Pay

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

All Contractors considered full-time by Compass Mental Health, LLC will be required to work either Thanksgiving or Christmas during a calendar year. Contractors that work during Thanksgiving or Christmas during one calendar year will not be asked to work the same day the following year. This will prevent staff working consecutive years on the same holiday. All Contract Crisis Counselors will be paid double time for each call taken during their shift on the holidays above.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 107.03

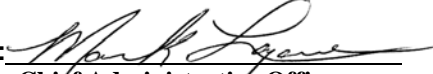
**Page:** 1 of 1

**Subject:** Conflict of interest

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- 
- A) **Policy:** Compass Mental Health, LLC (CMH) has established a conflict of interest policy for all employees that must be followed at all times.
- B) **Statute Reference(s):** none
- C) **Definition:** None
- D) **Procedures:**
1. All employees will be required to inform CMH Chief Administrator about any outside employment that might conflict with the mission, business contracts and/or employee responsibilities.
  2. CMH will attempt to resolve all potential conflicts by discussing alternative work practices with an employee if a conflict of interest has been determined.

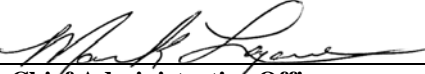
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 108.00 **Page:** 1 of 1

**Subject:** Personnel Records

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** It is the responsibility of the Compass Mental Health, LLC (CMH) Administrator and Clinical Director to ensure that all personnel records are maintained and updated in compliance with applicable State and Federal guidelines.
- B) **Statute Reference(s):** R9-20-204.K
- C) **Definition:** Any documentation related to an employee's employment record.
- D) **Procedures:** All personnel records of CMH shall be maintained:
- 1) In the CMH administrative office;
  - 2) Throughout an individual's period of employment at CMH;
  - 3) Updated as needed;
  - 4) For a period of two years following their last day of service.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMH HR 109.00 **Page:** 1 of 1

**Subject:** Pay Withholding for Orientation and Training

**Effective Date:** 01/01/07 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** An individual hired by Compass Mental Health, LLC to work as a Contract Crisis Counselor will be trained to provide crisis assessments by the Director of Operations, or designated staff to train by the Director of Operations or Clinical Director. During this time a new hire will not be paid for their time or services. However, contractors will be paid during training as soon as they feel confident to provide assessments as this is part of the required training procedures, and their employee file is complete.
- B) **Statute Reference(s):** None
- C) **Definition:** None
- D) **Procedures:** The Orientation and Training consists of 36 Continuing Educations Units. Contractors that complete training and continue to work for Compass Mental Health, LLC will be paid for their services in an agreed upon fashion.

Contractors that complete training and work for Compass Mental Health, LLC and then quit within 30 days after their date of hire will be subject to a \$400.00 withholding from their final pay for Orientation and Training costs associated with supplying the CEU's.

Contractors that complete training and work for Compass Mental Health, LLC and then quit more than 30 days after their date of hire will not be subject to any withholdings.

Staff agreeing to this will sign an agreement documentation form indicating their agreement with Compass Mental Health, LLC and this policy.

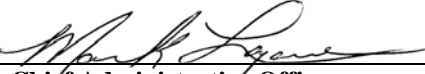
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 112 **Page:** 1 of 1

**Subject:** Client Referrals

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** CMH will provide referrals for treatment using CMH approved referral guide that utilizes established Maricopa County resources to every client seen by a CMH counselor.
- B) **Statute Reference(s):** A.A.C. R9-20-201.B.2.i
- C) **Definition:** Clinical referrals: a person seeking treatment is provided with age, gender, cultural specific resources to meet the presenting treatment needs.
- D) **Procedures:**
- 1) Referrals will be provided to clients based upon current needs;
  - 2) Clinicians will use the CMH approved referral guide as well as other community resources to assist clients as needed.
  - 3) CMH clinicians will document the referrals in the clinical record.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 100.03 **Page:** 1 of 6

**Subject:** Confidentiality Records

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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### Policy

All information about a client, whether acquired verbally, through observation, or in writing, and all information contained in Compass records concerning a prospective client who applies for services, a client who is receiving or who has received services is confidential and is not subject to disclosure except to the individuals and under the circumstances permitted by State and Federal law.

### Compliance Reference

A.R.S. 12-2291  
A.R.S. 13-3620  
A.R.S. 36-504  
A.R.S. 36-507  
A.R.S. 36-509  
A.R.S. 36-517.01  
A.R.S. 36-517.02  
A.R.S. 46-454  
A.A.C. R9-20-304  
A.A.C. R9-20-405  
A.A.C. R9-21-209  
A.A.C. R9-21-105  
A.A.C. R9-21-106  
42 U.S.C.A. 290 dd-3, 290 ee-3  
42 CFR Part 2

### Definitions

**Clinical Staff:** An individual on the clinical team, including the case manager, nurse or physician and their supervisors.

**Designated representative:** An individual identified by a client to act in the client's behalf.

**Exploited:** Exploited means illegal or improper use of the adult or his/her resources for another's advantage.

**Family Member:** A spouse, parent, sibling, adult child, or blood relative of a client who is receiving services from Compass.

**Guardian or conservator:** A person appointed by a court to represent the interest of the individual named in the Court Order.

**Human Rights Advocate:** A person employed by the Office of Human Rights of the Department of Health Services.

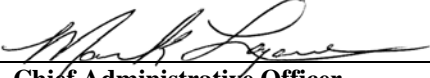
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 100.03 **Page:** 2 of 6

**Subject:** Confidentiality Records

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

**Incapacitated:** Impairment due to mental illness, deficiency, or disorder of physical illness or disability, advanced age, chronic drug or alcohol use to other cause if the person lacks the ability to make or communicate informed decisions about him/herself.

**Client:** A person determined eligible to receive services from Compass.

**Client Medical Record:** A legal document owned by Compass containing documentation reflecting services and treatment provided to the client.

**Vulnerable:** Means unable to protect self from abuse, neglect or exploitation due to physical or mental impairment.

### Procedure

Compass staff shall deny all requests for inspection, disclosure or release of records except in the following circumstances:

#### Client Request for His or Her Client Medical Record

A client or his/her guardian shall be permitted to inspect and receive a copy of the Client's Medical Record, unless the client's treatment provider determines that the review is contraindicated.

The Medical Records Section or clinical staff will notify the treating provider of the client's request by completing "Part A" of the form "Notice of Client/Guardian Request to Inspect/Copy the Medical Record" and forwarding that notice to the treating physician or in the event the record is closed, to a designated provider.

The reviewing provider shall review the record to determine whether client inspection is contraindicated. If the provider determines that client inspection is contraindicated, the determination, the reasons therefore and those portions of the record that are contraindicated shall be noted in the Client Medical Record. Only those portions of the record that are contraindicated may be withheld from the client.

If any portion of the record is to be withheld, the provider or his/her designee shall inform the client of the right to request review of that decision and shall document in the Client's Medical Record that the client was so informed. The required written notification to the client shall be made within five (5) working days of the provider's receipt of "Notice of the Client's Request to Inspect the Records". The required written notification to the client shall be made on form "Notice of Right to Request Administrative Review of Provider's Decision to Withhold Client Access to Portions of the Client Medical Record".

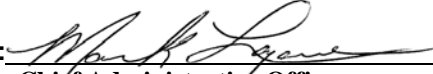
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 100.03 **Page:** 3 of 6

**Subject:** Confidentiality Records

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

The reviewing provider shall notify the Medical Records staff or clinical staff who forwarded the request from the client of his/her determination to release or withhold the record or any portion thereof by completing "Part B" of form "Notice of Client/Guardian Request to Inspect/Copy the Medical Record" and submitting the form to the requesting staff person. The completed form must be returned within five (5) working days of receipt of the client's request.

If any portion of the record is to be withheld, the member can challenge the decision by completing and submitting the "Request for Administrative Review-Client", which shall be provided to the client at the time of notification of the decision to withhold a portion of the record.

The administrative review shall be conducted by the CMP or his/her designee and shall include an interview of the client.

The CMP or his/her designee shall issue in writing his/her Administrative Decision to uphold or reverse the provider's decision within five (5) business days of receipt of the "Request for Administrative Review-Client".

### **36-504 . Notice of patient's rights; notification to family**

A. Every person undergoing treatment or evaluation pursuant to this chapter is entitled to the rights set forth in this chapter and to rights that the deputy director, with the approval of the director, specifies by rule. A list of patients' rights as required by this chapter and by the division shall be compiled and published by the deputy director, with the approval of the director, by rule. The list shall be prominently posted in English and Spanish in all facilities providing evaluation or treatment. A patient's rights shall otherwise be brought to the attention of the patient as this chapter requires or the deputy director, with the approval of the director, may direct by rule.

B. An agency which is evaluating, examining or treating a person pursuant to article 4 or 5 of this chapter shall immediately notify the person's guardian or, if none, a member of the person's family that the person is being treated in the agency. If the person has an agent appointed pursuant to chapter 32 of this title, the agency shall notify that agent. If the agency is unable to learn the identity of the guardian or a member of the person's family or is unable to contact them, it shall document every attempt that was made to comply with such notification. The agency shall release any further information only after the treating professional or that person's designee interviews the person undergoing treatment or evaluation to determine whether or not release is in that person's best interests. A decision to release or withhold information is subject to review pursuant to section 36-517.01. The treating agency shall record the name of a person to whom any information is given.

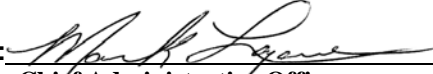
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 100.03 **Page:** 4 of 6

**Subject:** Confidentiality Records

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

### Confidential records

A. All information and records obtained in the course of evaluation, examination or treatment shall be kept confidential and not as public records, except as the requirements of a hearing pursuant to this chapter may necessitate a different procedure. Information and records may only be disclosed, pursuant to rules established by the department, to:

1. Physicians and providers of health, mental health or social and welfare services involved in caring for, treating or rehabilitating the patient.
2. Individuals to whom the patient has given consent to have information disclosed.
3. Persons legally representing the patient, and in such case, the department's rules shall not delay complete disclosure.
4. Persons authorized by a court order.
5. Persons doing research or maintaining health statistics, provided that the department establishes rules for the conduct of such research as will ensure the anonymity of the patient.
6. The state department of corrections in cases where prisoners confined to the state prison are patients in the state hospital on authorized transfers either by voluntary admission or by order of the court.
7. Governmental or law enforcement agencies if necessary to secure the return of a patient who is on unauthorized absence from any agency where the patient was undergoing evaluation and treatment.
8. Family members actively participating in the patient's care, treatment or supervision. An agency or nonagency treating professional may only release information relating to the person's diagnosis, prognosis, need for hospitalization, anticipated length of stay, discharge plan, medication, medication side effects and short-term and long-term treatment goals.
9. A state agency that licenses health professionals pursuant to title 32, chapter 13, 15, 17 or 19.1 and that requires these records in the course of investigating complaints of professional negligence, incompetence or lack of clinical judgment.
10. The department of education or school district of residence of a person between three and twenty-two years of age for whom the information is necessary in order to provide educational services required by the individuals with disabilities education act (20 United States Code sections 1400 through 1415). The information provided is limited to evaluation and treatment information that affects the educational programming and placement decisions for the patient.

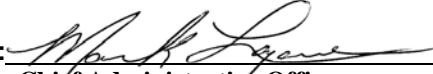
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 100.03 **Page:** 5 of 6

**Subject:** Confidentiality Records

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

11. A governmental agency or a competent professional, as defined in section 36-3701, in order to comply with chapter 37 of this title.

12. An agent appointed pursuant to chapter 32 of this title.

13. Human rights committees established pursuant to title 41, chapter 35. Any information released pursuant to this paragraph shall comply with the requirements of section 41-3804 and applicable federal law and shall be released without personally identifiable information unless the personally identifiable information is required for the official purposes of the human rights committee. Case information received by a human rights committee shall be maintained as confidential. For the purposes of this paragraph, "personally identifiable information" includes name, address, date of birth, social security number, tribal enrollment number, telephone or telefacsimile number, driver license number, places of employment, school identification and military identification number or any other distinguishing characteristic that tends to identify a particular person.

14. The department of public safety by the court to comply with the requirements of section 36-540, subsection N only.

B. An agency or nonagency treating professional shall release information pursuant to subsection A, paragraph 8 of this section only after the treating professional or that person's designee interviews the person undergoing treatment or evaluation to determine whether or not release is in that person's best interests. A decision to release or withhold information is subject to review pursuant to section 36-517.01. The treating agency shall record the name of any person to whom any information is given.

### **36-517.01 . Review of decisions regarding release of treatment information; notice; appeal; immunity**

A. An agency providing evaluation or treatment shall, on request of a person undergoing evaluation or treatment, a member of his family or his guardian, review the treating professional's decision to release or withhold information requested pursuant to section 36-504, subsection B or section 36-509, subsection A, paragraph 8. The agency shall inform a person whose request is denied of his right to a review when it notifies that person of its decision. The agency director or his designee shall conduct the review within five business days after the request for review is made. The review shall include an interview of the person undergoing evaluation or treatment. The agency shall make a decision to uphold or reverse the treating professional's decision within five business days after initiating the review. The agency shall bear the costs of conducting the review. Agency review pursuant to this section does not apply to a decision to release or withhold information made by a nonagency treating professional.

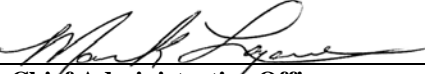
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

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**Subject:** Confidentiality Records

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

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Chief Administrative Officer

B. A final agency decision made pursuant to subsection A of this section or a decision to release or withhold information made by a nonagency treating professional is subject to judicial review by filing a petition in the superior court within five business days after the agency or nonagency treating professional issues its decision. The court shall hold a hearing on the petition within five business days after the petition is filed. The agency or nonagency treating professional shall not release any treatment information during the period an appeal may be filed or is pending.

C. An agency or nonagency treating professional that makes a decision to release or withhold treatment information in good faith pursuant to section 36-504, subsection B or section 36-509, subsection A, paragraph 8 is not subject to civil liability for this decision.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 102.00

**Page:** 1 of 3

**Subject:** Appointment of Administrative Designee & Clinical Director

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** Compass Mental Health, LLC (CMH) has established an administrative line of responsibilities in accordance with applicable Arizona Administrative Code (A.A.C.).
- B) **Statute Reference(s):** R9-20-201.A.4 & R9-20-201.A.6.
- C) **Definition:** None.
- D) **Procedures:** It is the responsibility of the Chief Administrative Officer:
- 1) To approve, sign, and date initial and updated policies and procedures required by this Chapter;
  - 2) Establish minimum qualifications for an administrator;
    - a) Designate an administrator who:
      - (1) Meets the qualifications established by the licensee;
      - (2) Has the authority and responsibility to operate the agency according to the requirements in this Chapter;
      - (3) Has access to all areas of the premises; and
      - (4) Appoints a designee, in writing, to act as the administrator when the administrator is not on the premises;
      - (5) Designate a clinical director who: Oversees behavioral health services and is a behavioral health professional,
    - b) Notify the OBHL if the administrator or clinical director changes and provide to the OBHL, in writing, the new individual's name and qualifications within 30 days after the effective date of the change.
    - c) Ensure that the Department is allowed immediate access to:
      - (1) The premises, an administrative office, or a branch office;
      - (2) A client; and
      - (3) Ensure that a record, report, or document required to be maintained by this Chapter or federal, state, or local law is provided to the Department as soon as possible upon request and no later than:
        - (a) Two hours after the time of a request, for a current client;
        - (b) Three working days after the time of a request, for a former client; or
        - (c) Two hours after the time of a request for a record, report, or document that does not directly concern a client, such as a staffing schedule or a fire inspection report.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 102.00

**Page:** 2 of 3

**Subject:** Appointment of Administrative Designee & Clinical Director

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

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**Signature:**   
**Chief Administrative Officer**

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- 3) CMH shall ensure that:
- a) The administrator or clinical director develops, implements, and complies with policies and procedures that:
    - (1) Ensure the health, safety, and welfare of a client on the premises; on an agency-sponsored activity off the premises; and on an outing;
    - (2) Ensure that client records and information are maintained and protected according to R9-20-211;
    - (3) Establish specific steps and deadlines for:
      - (a) Responding to and resolving client grievances; and
      - (b) Obtaining documentation of fingerprint clearance, if applicable
      - (c) Ensure that incidents listed in R9-20-202(A)(1) are reported and investigated;
      - (d) Address whether pets and animals are allowed on the premises;
      - (e) Require an agency that is involved in research to establish or use a Human Subject Review Committee;
      - (f) Explain the process for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian; and
      - (g) For a residential agency or an inpatient treatment program:
        - (i) Establish the process for obtaining client preferences for social, recreational, or rehabilitative activities and meals and snacks;
        - (ii) Ensure the security of a client's possessions that are allowed on the premises;
        - (iii) Address smoking on the premises;
        - (iv) Address requirements regarding pets or animals on the premises; and
        - (v) Ensure the safety of clients;
  - b) The clinical director develops, implements, and complies with policies and procedures that:
    - (1) establish minimum qualifications, duties, and responsibilities of staff members, interns, and volunteers;
    - (2) Establish a process for determining whether a staff member has the qualifications, training, experience, and skills and knowledge necessary to provide the behavioral health services that the agency is authorized to provide and to meet the treatment needs of the populations served by the agency;
    - (3) Establish a code of ethical conduct for staff members, interns, and volunteers and consequences for violating the code of ethical conduct;
    - (4) Establish a process for orientation of staff members;
    - (5) Ensure that staffing is provided according to the requirements in this Chapter;
    - (6) Ensure that a staff member receives sufficient direction to perform the staff member's job duties;

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 102.00

**Page:** 3 of 3

**Subject:** Appointment of Administrative Designee & Clinical Director

**Effective Date:** 01/01/03

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**Signature:**   
Chief Administrative Officer

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- (7) Describe the processes for providing the behavioral health services listed in the program description required in R9-20-201(A)(2);
- (8) Establish the process for admitting a client
- (9) Establish the process for providing a referral to a client;
- (10) Ensure communication and coordination, consistent with the release of information requirements in R9-20-211(A)(3) and (B), with:
  - (a) A client's family member, guardian, custodian, designated representative, or agent;
  - (b) The individual who coordinates the client's behavioral health services or ancillary services;
  - (c) Other persons who provide behavioral health services or medical services to the client, such as a medical practitioner responsible for providing or coordinating medical services for a client; or
  - (d) Governmental agencies that provide services to the client, such as the Department of Economic Security or a probation or parole entity;
- (11) Establish the process for developing and implementing a client's assessment and treatment plan;
- (12) Establish the process for transferring and discharging a client;
- (13) Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02(B) through (C), if a client communicates to a staff member a threat of imminent serious physical harm or death to the individual and the client has the apparent intent and ability to carry out the threat; and
- (14) The administrator or clinical director reviews and, if necessary, updates policies and procedures at least once every 24 months;
- (15) When a policy or procedure is approved or updated, each staff member whose duties are impacted by the policy and procedure reviews the policy and procedure within 30 days after the policy and procedure is approved or updated; and
- (16) Each review of a policy and procedure is documented, and the documentation is maintained on the premises or at the administrative office.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 103.01

**Page:** 1 of 8

**Subject:** Client Rights

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** To ensure that Compass Mental Health, LLC (CMH) provides professional mental health services to persons with mental illness. CMH will support and protect the fundamental human, civil, constitutional and statutory rights of each person it serves.
- B) **Statute Reference(s):**
- 1) A.A.C. R9-20-203
  - 2) A.A.C. R9-20-211
  - 3) A.A.C. R9-20-404(A)(4)(a)
  - 4) A.A.C. R9-20-405 (F)
  - 5) A.A.C. R9-21-201
  - 6) A.A.C. R9-21-211
  - 7) **ARS Title 36 Chapter 5 Article 2 - Patient's Civil and Legal Rights**
    - a) 36-504 - Notice of patient's rights; notification to family
    - b) 36-505 - Rights at hearing
    - c) 36-506 - Civil rights not impaired; discrimination prohibited
    - d) 36-507 - Patient's rights to privacy and to personal possessions
    - e) 36-508 - Disposition of patient's personal property
    - f) 36-509 - Confidential records
    - g) 36-510 - Patient's compensation for work
    - h) 36-511 - Quality of treatment
    - i) 36-512 - Emergency medical care
    - j) 36-513 - Seclusion; restraint; treatment
    - k) 36-514 - Visitation; telephone; correspondence; religious freedom
  - 8) A.R.S. § 36-550.08

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 103.01

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**Subject:** Client Rights

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**Signature:**   
Chief Administrative Officer

### C) **Definition:**

- 1) Client: A person determined eligible by CMH to receive services paid for in whole or in part from a third party payor or by the person receiving services.
- 2) Surrogate decision maker: A person in accordance with ARS 36-3231 and 36-3287.
  - a) The client's spouse, unless the patient and spouse are legally separated.
  - b) An adult child of the client. If the patient has more than one adult child, the health care provider shall seek the consent of a majority of the adult children who are reasonably available for consultation.
  - c) A parent of the client.
  - d) If the client is unmarried, the patient's domestic partner if no other person has assumed any financial responsibility for the patient.
  - e) A brother or sister of the client.
  - f) A close friend of the client. For the purposes of this paragraph, "close friend" means an adult who has exhibited special care and concern for the client, who is familiar with the client's mental health views and desires and who is willing and able to become involved in the client's health care and to act in the client's best interest.

### D) **Procedures:** CMH shall ensure that:

- 1) At the time of admission, a client, surrogate decision maker, or designated representative will receive a copy of these rights. receive a written list and verbal explanation of:
  - a) The "Client's Rights" listed in sections (2) and (3) below; and
  - b) If a person is enrolled by ADHS/DBHS or a RBHA as a person who is seriously mentally ill, the rights described in A.A.C. R9-21-211 (refer to the Notice of Legal Rights for Persons with Serious Mental Illness).
    - (1) A written list of client rights and their verbal explanation must be given to the client, surrogate decision maker, or designated representative.
    - (2) A client, surrogate decision maker, or designated representative, who does not speak English, must be told of the client's rights through the use of interpreter services and/or by intake staff reading all forms to client.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 103.01

**Page:** 3 of 8

**Subject:** Client Rights

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**Signature:**   
Chief Administrative Officer

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- 2) A list of client rights shall inform the client of the following rights:
    - a) To be treated with dignity, respect, and consideration;
    - b) Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
  - 3) To receive treatment that:
    - (1) Supports and respects the client's individuality, choices, strengths, and abilities;
    - (2) Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's consent; or as permitted in A.A.C. R9-20;
    - (3) Is provided in the least restrictive environment that meets the client's treatment needs;
    - (4) Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
    - (5) To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation;
    - (6) To have grievances considered by a licensee in a fair, timely, and impartial manner;
    - (7) To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense;
    - (8) To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
    - (9) If enrolled by ADHS/DBHS or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by ADHS/DBHS or ADHS/DBHS's designee in understanding, protecting, or exercising the client's rights;
    - (10) To have the client's information and records kept confidential and released only as permitted under R9-20-211(A)(3) and (B);

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

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**Subject:** Client Rights

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- (11) To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - (a) For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507 (2);
    - (b) For a client receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - (c) For temporary video recordings used for security purposes;
  - (12) To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A)(6):
    - (a) For a client receiving court-ordered evaluation or court-ordered treatment, the client's physician determines that the client's review of the client record is contraindicated according to A.R.S. § 36-507 (3) and documents the reason for the determination in the client record;
    - (b) For a client not receiving court-ordered evaluation or court-ordered treatment, the client's physician or psychologist determines that the client's review of the client record is contraindicated based upon A.R.S. § 12-2293 and documents the reason for the determination in the client record.
  - (13) To review the following at the agency or at ADHS/DBHS:
    - (a) A.A.C R9-20;
    - (b) The report of the most recent inspection of the premises conducted by ADHS/DBHS;
    - (c) A plan of correction in effect as required by ADHS/DBHS;
    - (d) If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by ADHS/DBHS, the most recent report of inspection conducted by the nationally recognized accreditation agency; and
    - (e) If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by ADHS/DBHS, a plan of correction in effect as required by the nationally recognized accreditation agency;
  - (14) To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a crisis service;
  - (15) To consent to treatment after receiving a verbal explanation of the client's condition and the proposed treatment, including the intended outcome, the nature of the proposed treatment, any procedures involved in the proposed treatment, any risks or side effects from the proposed treatment, and any alternatives to the proposed treatment;
  - (16) To be offered or referred for the treatment specified in the client's treatment plan;

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

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**Page:** 5 of 8

**Subject:** Client Rights

**Effective Date:** 01/01/03

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**Signature:**   
**Chief Administrative Officer**

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- (17) To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;
- (18) To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health;
- (19) To be free from;
- (a) Abuse;
  - (b) Neglect;
  - (c) Exploitation;
  - (d) Coercion;
  - (e) Manipulation;
  - (f) Retaliation for submitting a complaint to ADHS/DBHS or another entity;
  - (g) Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs;
  - (h) Treatment that involves the denial of:
    - (i) Food,
    - (ii) The opportunity to sleep, or
    - (iii) The opportunity to use the toilet; and
    - (iv) Restraint or seclusion, of any form used as a means of coercion, discipline, convenience, or retaliation;
- (20) If appropriate, to have the client's, surrogate decision maker, or designated representative involved in treatment decisions and in the development and review of the client's treatment plan;

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 103.01 **Page:** 6 of 8

**Subject:** Client Rights

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- (21) To control the client's own finances except when:
- (a) The client is under guardianship or conservatorship or has a representative payee; or
  - (b) Otherwise ordered by a court of competent jurisdiction;
- (22) To participate or refuse to participate in religious activities;
- (23) To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
- (24) To be paid according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
- (25) To participate or refuse to participate in research or experimental treatment;
- (26) To consent in writing, refuse to consent, or withdraw written consent to participate in research or treatment that is not a professionally recognized treatment;
- (27) To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
- (28) To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility, according to the agency's policies and procedures.
- (29) If receiving treatment in a residential agency or an inpatient treatment program:
- (a) To associate with individuals of the client's choice, receive visitors, and make telephone calls during the hours established by the licensee and conspicuously posted in the facility, unless:
    - (i) The clinical director determines and documents a specific treatment purpose that justifies waiving this right; and
    - (ii) The client is informed of the reason why this right is being waived and their right to submit a grievance regarding this treatment decision.
  - (b) To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
    - (i) The clinical director determines and documents a specific treatment purpose that justifies waiving this right; and
    - (ii) The client is informed of the reason why this right is being waived and their right to submit a grievance regarding this treatment decision.
  - (c) To send and receive uncensored and unopened mail, unless restricted by court order

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

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**Subject:** Client Rights

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
**Chief Administrative Officer**

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- (d) To maintain, display, and use personal belongings, including clothing unless restricted by court order or according to A.R.S. § 36-507 (5) and as documented in the client medical record.
  - (e) To be provided storage space, capable of being locked, on the premises while the client receives treatment
  - (f) To be provided meals to meet your nutritional needs, with consideration for the client's preferences
  - (g) To be assisted in obtaining clean, seasonably appropriate clothing that is in good repair and selected and owned by the client.
  - (h) To be provided access to medical services, including family planning, to maintain the clients health safety or welfare
  - (i) To have opportunities for social contact and daily social, recreational, or rehabilitative activities
  - (j) To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment
  - (k) To receive, at the time of discharge or transfer, recommendations for any treatment needed when the client is discharged
- C. In addition to the above named rights, the client shall also be accorded the rights referenced in A.R.S. § 36-504 through 36-514 of **Article 2 - Patient's Civil and Legal Rights**
1. 36-504 - Notice of patient's rights; notification to family
  2. 36-505 - Rights at hearing
  3. 36-506 - Civil rights not impaired; discrimination prohibited
  4. 36-507 - Patient's rights to privacy and to personal possessions
  5. 36-508 - Disposition of patient's personal property
  6. 36-509 - Confidential records
  7. 36-510 - Patient's compensation for work
  8. 36-511 - Quality of treatment
  9. 36-512 - Emergency medical care
  10. 36-513 - Seclusion; restraint; treatment

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

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**Signature:**   
Chief Administrative Officer

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11. 36-514 - Visitation; telephone; correspondence; religious freedom
- D. The CMH shall post the list of client's rights in both English and Spanish in a conspicuous area, which is accessible to all clients'. Any client, surrogate decision maker, or designated representative may request and receive a copy of these rights.
- E. CMH shall have the Office Manager at each clinical site post a list of significant telephone numbers, including the numbers of the DES Offices of Adult Protective Services, and Child Protective Services and DES Community Care Licensure, and the Office of Behavioral Health Licensure. This list shall be available in both English and Spanish, and shall be posted in an area available to all clients as well as at the telephone available for client use.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 105.00 **Page:** 1 of 1

**Subject:** Emergency Rooms Crisis Consult Protocol

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A. **Policy:** To insure that Compass Mental Health, LLC (CMH) deliver consistent behavioral health services to Hospital Emergency Rooms
- B. **Department(s) and Committee(s) Affected:**
1. Direct Services
  2. All Networks and Providers
- C. **Statute Reference(s):** None.
- D. **Definition:** Crisis Consult Protocol for Emergency Rooms
- E. **Procedures:**
1. Unit secretary will call CMH staff (602-224-7050) per ED MD order. CMH staff will get general patient info via phone.
  2. CMH staff will report to Unit Secretary's desk through Emergency ambulatory entrance.
  3. CMH staff will ask for Charge Nurse or Doctor and show CMH ID upon arrival to the ED.
  4. CMH staff will evaluate patient and discuss findings and recommendations with ED MD.
  5. CMH staff will complete the assessment documents.
  6. CMH staff will notify the RBHA that an emergent evaluation was performed and enroll patient if not currently enrolled.
  7. A copy of the Consult (and Referrals given to the patient) will be place in the patient's Chart.
  8. The original will be retained by CMH.
  9. All documents will be kept in the secure black box at each facility. Patient care documentation will be a part of the patient's medical record.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 105.01

**Page:** 1 of 1

**Subject:** Protocol for Emergency Room Transfers to other providers

**Effective Date:** 03/02/06

**Revision Date:** 03/07/07

**Review Date:** 03-07-09

**Signature:**   
Chief Administrative Officer

A. **Policy:** To insure that Compass Mental Health, LLC (CMH) deliver consistent behavioral health services to Hospital Emergency Rooms when transferring a patient to another provider.

B. **Department(s) and Committee(s) Affected:**

1. Direct Services
2. All Networks and Providers

C. **Statute Reference(s):** None.

D. **Definition:** Transferring a patient to another provider.

E. **Procedures:** When faxing information to a receiving facility, PRC West, St. Luke's, etc... remember to include a face sheet. Also, fax the same information, medical chart and all, to 602-795-6472. This is the Compass Fax line. What this step will hopefully help with is when a hospital calls us and states no movement has been made, and the receiving facility states no fax has been received; we can then make the faxes from our office, and not have to ask the hospital.

Please review the following steps to ensure you are following Compass guidelines when it comes to faxing information.

1. Assess Patient. If Patient is DTS/DTO and is in need of a higher level of care.
2. Locate insurance information. Call appropriate facilities in regards to insurance.
3. Ask for bed availability for Gender, Adult or Child and Detox or Psych give no other personal health information.
4. If a bed is available, then give personal health information and get correct fax #.
5. Make a copy of all necessary medical information, along with Compass assessment and Fax to facility.
6. Take same information and Fax to Compass line, 602-795-6472.
7. Wait 15 minutes, call facility and confirm fax receipt. Do not use print out from fax machine as confirmation, insist on verbal confirmation and get the persons name.
8. If transfer will take time, leave addendum note with hospital leaving all necessary phone #'s and fax #'s. Leave Compass # as contact #. Do not include your personal cell phone #.
9. Speak with nurse, charge nurse, doctor, and even unit secretary if wanted and explain situation, note phone and fax #'s.
10. Put transfer packet together on chart.
11. Call the Dispatcher. Explain to Dispatcher status and location of transfer.
12. Explain to Patient what will be taking place, thank hospital staff for assistance and leave hospital.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 106.00 **Page:** 1 of 2

**Subject:** Emergency Services

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** To make certain that clients experiencing a psychiatric emergency are managed safely and determine the appropriate emergency service(s) needed.
- B) **Statute Reference(s):** None
- C) **Definition:** None
- D) **Procedures:**
- 1) If a client or provider requests services, the call will be triaged by the on-call counselor. The on-call counselor will decide, based on the severity of the crisis, which level of service the client would most benefit from;
    - a) Telephonic Crisis intervention.
    - b) Routine Office Appointment, scheduled within 3-5 business days.
    - c) "Urgent Appointment" Next business day Crisis Counseling session at the office of CMH.
    - d) "Emergent Appointment" Same day Crisis Counseling session at the office of CMH.
    - e) One Person Mobile Crisis Intervention (while performed in a secured environment, e.g. Group Home, ER, Nursing Home, Hospital.)
    - f) Two Person Mobile Crisis Intervention (Two person while performed in a non-secured environment, the person's home or any location a two person team would be needed for safety reasons.)
  - 2) While performing a telephonic consult the clinician requests the caller's name, address and phone number, including area code, from which they are calling and ask and/or note if the client has any:
    - a) Suicidal ideation, intent, or plan; or threatens to hurt others;
    - b) Current neglect;
    - c) Current abuse;
    - d) Current domestic violence;
    - e) Recent act of harming self (ingestion, self-inflicted wound, etc.);
    - f) Current drug use or alcohol use in past 24 hours;

Appears;

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 106.00 **Page:** 2 of 2

**Subject:** Emergency Services

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- g) very tearful, upset, or morbid and generally seems to be helpless or without hope (condition may quickly deteriorate without intervention);
  - h) to be rambling in a confused, disorganized way; comments may be bizarre or nonessential (may be psychotic or influenced by drugs or alcohol);
  - i) unable to indicate exactly what they want or need (may seem slow speaking, seems to have no energy, unable to provide coherent information);
  - j) as an imminent risk of decompensation or relapse;
- Always;
- k) Document the risk factors identified in the conversation;
  - l) Document any safety risks (people, pets, weapons) if a Mobile Crisis Intervention were to see the client;
  - m) Eligibility verification is deferred until after the client receives appropriate care.
- 3) In the event a contracted provider has referred the client to CMH Crisis Phone Line, the referring clinician remains on the phone with the client until a Crisis staff member receives the call.
  - 4) If an employee other than the Crisis counselor receives an emergency call the employee should immediately notify their supervisor who will notify a supervisor/clinician who will continue the intervention. Under no condition will any employee attempt to mediate a psychiatric emergency.
  - 5) If the client is not a danger to self or others or experiencing an ALOC, the clinician will refer to the procedures in section F.1 of CMH 106.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 107.00

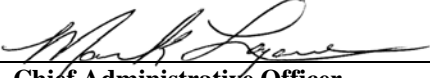
**Page:** 1 of 2

**Subject:** Client Records

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** To ensure that Compass Mental Health, LLC (CMH) document clinical services provided to adult clients in accordance with A.A.C. R9-20-211 A.A.C., and the Arizona Revised Statutes § A.R.S. § 36-507(5).
- B) **Policy:** Client Record Review
- C) **Statute Reference(s):**
- 1) A.A.C. R9-20-211
  - 2) A.R.S. § 36-507(5)
- D) **Definition:** Client Record Review: the collected documentation of the behavioral health services provided to a client are maintained in accordance to R9-20-211.
- E) **Procedures:**
- 1) All clients will review and understand the purpose and goals of treatment during their initial assessment and intake period and will be required to sign the attached form relating to consent for treatment. This form will be securely maintained in their clinical record at Compass Mental Health office.
  - 2) All clients will receive a thorough assessment to determine the severity of the problem(s) identified, which includes a mental status examination, suicide risk assessment, danger to others assessment, family history and individual history and types of prior treatment if any. The goal of this process is to help determine effective strategies to assist the individual in developing solutions to current or past problems that might be interfering in current psycho/social functioning.
  - 3) All CMH clinicians will be required to develop a treatment plan with each client to help them with an adequate understanding about the proposed goals, expectations, and length of treatment.
  - 4) Progress notes will be included after every outpatient visit, crisis episode or telephone contact with a client. The purpose is to provide documentation regarding issues and concerns that develop throughout the course of treatment.
  - 5) CMH clinicians will discuss the importance of confidentiality and the safety of their records in a secure setting. Clients will be required to sign a release of information so CMH will be able to assist them in releasing information to parties that are requesting information about the client.
  - 6) Incident reports will be filed with Office of Behavioral Health Licensure when required by statutes.
  - 7) Each client will receive a summary of available services offered by CMH and will receive information about available services in the community if additional referrals are required.
  - 8) Each client will be given updates with their clinician about the progress they are making towards their goals and expected length of treatment after each session.
  - 9) In addition, clinicians will provide updates to treatment goals with specific treatment recommendations and when necessary prepare the client for discharge when goals have been sufficiently met. All clients will receive a summary and referrals for ongoing treatment if necessary upon discharge.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 107.00

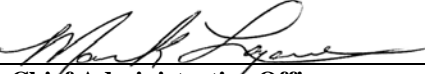
**Page:** 2 of 2

**Subject:** Client Records

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- 10) CMH clinical director will ensure that the following items are covered during initial assessment and during treatment with a client and are documented in their clinical record:
- a) A description of the client's presenting issue;
  - b) An identification of the client's behavioral health symptoms and of each behavioral health issue that requires treatment;
  - c) A description of the medical services needed by the client, if any;
  - d) Recommendations for further assessment or examination of the client's needs;
  - e) Recommendations for treatment needed by the client;
  - f) Recommendations for ancillary services or other services needed by the client; and
  - g) The signature, professional credential or job title, and date signed of:
    - (1) The staff member conducting the assessment; and
    - (2) If the assessment was completed by the behavioral health professional approving the assessment.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 107.03 **Page:** 1 of 2

**Subject:** Clinical Records-Storage

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** It is the Policy of CMH to provide secure facilities for the storage of client clinical records and to ensure confidential information is maintained properly for immediate access, as needed, at all times.
- B) **Statutes Referenced:**
- 1) Health Insurance Portability and Accountability Act (HIPAA);
  - 2) Statute A.A.C. R9-20-211.
- C) **Definition:** Clinical Record: Any written or electronic document that contains information concerning the treatment and/or services provided to a Client by CMH.
- D) **Procedures:**
- 1) Client clinical records for current and prior Clients will be maintained at the CMH office where the Client is receiving counseling services and are readily available to the clinicians treating these clients.
  - 2) All clinical documents will be contained in a locking file cabinet or in a secure area occupied by CMH staff. Clinical documents will be kept in a locked filing cabinet, in a locked facility unless currently in use by a clinician or as it may pertain to section 4 of CMHPP 107.01.
  - 3) Clinical records are to be available, as needed, for clinical staff, review of client information, response to requests for information, and for emergency services.
    - a) Clinical records will not be left unattended in areas where such information could be accessed or viewed by unauthorized individuals.
    - b) Clinical records will be secured, at all times, when not in use by a clinician or other authorized person of CMH (Director, Supervisor, Manager, etc.).
  - 4) Clinical records will only be taken from main storage for reasons of:
    - a) Responding to Subpoena *Duces Tecum* (a writ commanding a person to produce in court certain designated documents or evidence);
    - b) Compliance with a Court Order;
    - c) Review by a CMH attorney;
    - d) Review by the Advocates for the Seriously Mentally Ill office (with release of information);
    - e) Review by Arizona Department of Health Services (if appropriate);
    - f) Review by a client's Psychiatrist (release of information) if it is not contraindicated by the client's treatment plan.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 107.03 **Page:** 2 of 2

**Subject:** Clinical Records-Storage

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- 5) All clinical records leaving CMH will be tracked by the Clinical Director
  - 6) Clinical records coming to a department at CMH Administration will be tracked by the Clinical Director through a chain of custody.
  - 7) Clinical records, current and past, will remain at CMH main office. These records will be kept in a secured area under the A.A.C. R9-20-211 confidentiality guidelines. CMH will retain children and adults client records for seven years after client's discharge date.
  - 8) Filing cabinets and storage areas will be labeled "Confidential Information, Authorized Personnel Only".
  - 9) Questions regarding accessibility should be referred to the Clinical Director.

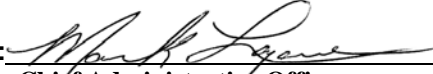
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 108.00 **Page:** 1 of 2

**Subject:** Staff Supervision

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** It is the policy of the CMH Clinical Director to provide sufficient training in the area of behavioral health to ensure effective client treatment and professional clinical supervision to ensure that professional services are rendered to all client populations.
- B) **Statute Reference(s):** A.A.C.-20-201.B.2.f., A.A.C. R9-20-205.A., A.A.C. R9-20-205.A.2.a.b., A.A.C. R9-20-202, R9-20-205.D.1.
- C) **Definition:** Clinical supervision as it pertains to the evaluation of performance and training of the clinical staff by an individual who has the skills and knowledge to provide direction.
- D) **Procedures:**
- 1) Ensures that clinical supervision addresses the treatment needs of all client populations
    - a) For patients seen in crisis or less than 14 days supervision on an individual basis is not required, unless the counselor is involved in a sentinel event.
      - (i) Crisis Counseling patients will be discussed and staffed in weekly meeting with the clinical director or clinical supervisor
    - b) For patients seen in on going counseling 6 or more sessions or more than 14 calendar days Will be review or staffed with the clinical director or clinical supervisor.
      - (i) Documentation of individual clients will remain in the client file not in the counselors or supervisors file.
  - 2) Ensures that the Clinical Director or Clinical Supervisor of CMH provides clinical supervision on an individual or group basis at least one hour per week for all full time contractors that are behavioral health techs and paraprofessionals. CMH Clinical Director or Clinical Supervisor will indicate in personnel records the date and time of the clinical supervision for each clinical employee within one business day.
  - 3) Relating to incident reports:
    - (a) CMH Clinical Director must be notified of any incident within one hour of any sentinel event (i.e. suicide attempt, abuse, neglect, exploitation) involving a client;
    - (b) CMH Clinical Director will investigate incident and will notify the OBHL within one working day when an incident meets standards to report the event established under the requirements of R9-20-202;
    - (c) CMH ~~Clinical Director~~ will provide all necessary supervision for CMH employees to ensure appropriate support, debriefing and clinical review within 48 hours of incident;
      - (i) Persons qualified to provide debriefing and clinical review are;
        1. The Clinical Director
        2. The Clinical Supervisor
        3. A Behavioral Health Professional when they are trained in CISD
    - (d) After a staff member is involved in an incident reported to the Office of Behavioral Health Licensure, individual supervision shall be provided to the staff member.
    - (e) CMH Clinical Director will complete an incident report and document that employee supervision has been provided by documenting the date and time in employee personnel file;

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 108.00 **Page:** 2 of 2

**Subject:** Staff Supervision

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- 4) Relating to client behavioral health issues, behavioral health trainings, documentation, and proper record keeping.
  - 5) Ensures that clinicians receive sufficient direction to perform the clinician's job duties.
  - 6) Ensures that all documentation is thorough, complete, signed, and accurate.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 109.00 **Page:** 1 of 1

**Subject:** Policy Authorization and Update

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** Compass Mental Health, LLC (CMH) will approve, sign, and update all initial and updated policies every twenty-four months beginning January 2003.
- B) **Statute Reference(s):** A.A.C.R9-20-201.A.3.
- C) **Definition:** None
- D) **Procedures:** All policies, initial and updated, will be approved, signed, and dated by:
- 1) Controlling Managing Member;
  - 2) Administrative Officer;
  - 3) Clinical Director.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 110.00 **Page:** 1 of 1

**Subject:** Duty to Warn

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- 
- A) **Policy:** To ensure that Compass Mental Health LLC,(CMH) staff understand how and when to inform individuals when a consumer demonstrates a threat to harm others.
- B) **Statute Reference(s):** A.R.S. 36-517.02
- C) **Definition:** Duty to warn: A process of informing intended victims of potential foreseeable danger.
- D) **Procedures:** Duty to Warn: CMH staff will communicate directly with any/all intended victims that are in foreseeable danger from the stated threats. This will be done in person or if necessary by telephone. Documentation must always be completed immediately in the consumer's progress notes section.
- 1) CMH staff will send overnight letter, certified, if attempts to reach potential victims is unsuccessful by telephone or in person.
  - 2) CMH staff must always notify a minor's legal guardian(s) if the threats are made by a minor in addition to the victims and law enforcement authorities.
  - 3) CMH staff will notify the appropriate law enforcement jurisdiction where the consumer resides or is currently located to inform them of the stated threats.
  - 4) CMH staff must also take reasonable steps to ensure that the consumer remain safe. Efforts to initiate admission to a psychiatric treatment unit and/or court ordered evaluation services must be done.
  - 5) CMH staff has a responsibility to ensure the safety of all parties based on overt threats or the belief that a person has the reasonable potential to harm others.
  - 6) CMH Clinical Director must be notified that a duty to warn situation exists.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 111.00 **Page:** 1 of 1

**Subject:** Clinical Director Responsibility

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** To establish guidelines and procedures outlining the Clinical Director's job as it relates to training and guidance of all clinicians providing service to the mental health population Compass Mental Health, LLC (CMH) serves.
- B) **Statute Reference(s):** R9-20-201(B)2
- C) **Definition:** None
- D) **Procedures:** It is the responsibility of the Clinical Director:
- 1) To establish qualifications, duties, and responsibilities of all clinical staff members and employees of CMH;
  - 2) To establish a process through interviewing, competency testing, and certifying (qualifications, training, experience, skills, and knowledge) of clinical staff members to ensure that adequate treatment is given to populations that CMH serves;
  - 3) To ensure that all clinicians abide by CMH Policy and Procedures;
  - 4) To ensure that all clinicians and employees abide by CMH Code of Ethics;
  - 5) To provide an orientation process that includes:
    - a) Documentation procedures;
    - b) Confidentiality and Release of Information procedures;
    - c) Training in crisis intervention (phone and mobile);
    - d) Proper transfer, discharge, and referral of clients.
  - 6) To establish proper guidelines for all clinicians to follow with relation to Duty to Warn (see CMHPP 110);
  - 7) To review and update policies and procedures on a twenty-four month basis, which also requires:
    - a) To have all clinicians review and sign updated policies as they are presented within 30 days of the establishment of new or revised policies;
    - b) To ensure that all policies and procedures are documented properly and maintained on the premises of CMH.

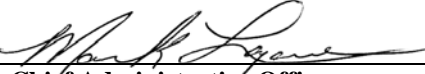
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 111.01 **Page:** 1 of 1

**Subject:** Minimum Qualifications of Staff

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** Compass Mental Health, LLC (CMH) Clinical Director develops, implements, and complies with Arizona Administrative Code with relation to the hiring of qualified staff in providing services to the mental health population that CMH serves.
- B) **Statute Reference(s):** R9-20-201.B.2.a.
- C) **Definition:** N/A
- D) **Procedures:** To establish minimum qualifications relating to the employment of clinicians and employees of CMH.
- 1) All clinicians have attained the minimum level educational requirements with a minimum of one years of supervised work in the mental health field.
    - a) A Master of Arts
    - b) A Master of Counseling
    - c) A Master of Social Work
    - d) A Master of Science
    - e) A Master of Education in Counseling (CACREP)
  - 2) All non-clinical employees of CMH shall have at a minimum:
    - a) High School diploma.
  - 3) All staff must agree to the confidentiality agreement of CMH, which is to be signed, witnessed, filed properly, and maintained on the premises of CMH.
  - 4) CMH Clinical Director will ensure that all employees have related requirements kept in their employee file. This includes employee review and signatures of all policies and procedures.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 111.01 **Page:** 1 of 1

**Subject:** Minimum Qualifications of Staff

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** Compass Mental Health, LLC (CMH) Clinical Director develops, implements, and complies with Arizona Administrative Code with relation to the hiring of qualified staff in providing services to the mental health population that CMH serves.
- B) **Statute Reference(s):** R9-20-201.B.2.a.
- C) **Definition:** N/A
- D) **Procedures:** To establish minimum qualifications relating to the employment of clinicians and employees of CMH.
- 1) All clinicians have attained the minimum level educational requirements with a minimum of one years of supervised work in the mental health field.
    - a) A Master of Arts
    - b) A Master of Counseling
    - c) A Master of Social Work
    - d) A Master of Science
    - e) A Master of Education in Counseling (CACREP)
  - 2) All non-clinical employees of CMH shall have at a minimum:
    - a) High School diploma.
  - 3) All staff must agree to the confidentiality agreement of CMH, which is to be signed, witnessed, filed properly, and maintained on the premises of CMH.
  - 4) CMH Clinical Director will ensure that all employees have related requirements kept in their employee file. This includes employee review and signatures of all policies and procedures.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 111.02 **Page:** 1 of 1

**Subject:** Process to determine Qualifications

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** To employ only qualified clinicians and employees for CMH.
- B) **Statute Reference(s):** R9-20-201.B.2.b
- C) **Procedure:** All staff members have to meet requirement of CMHPP111.01 as well as pass a competency test in the area of mental health treatment. It is the responsibility of the Clinical Director:
- 1) To establish a competency test that evaluates the skills and knowledge necessary to provide treatment to the population that is served by CMH;
  - 2) To ensure that clinicians meet the educational requirements and hiring requirements in CMHPP111.01;
  - 3) To ensure that all Clinicians have no criminal background history (see fingerprinting);
  - 4) To ensure college credentials, i.e., diploma(s), transcripts;
  - 5) To validate any trainings, specializations, and/or certifications; in addition CMH Clinical Director will conduct employee reference checks by contacting three previous employees if applicable.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 111.03 **Page:** 1 of 1

**Subject:** Clinical Staff Guidelines

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** To establish guidelines for the supervision of clinicians of Compass Mental Health, LLC (CMH) as required by Arizona Board of Behavioral Health Examiners (AzBBHE) and Arizona Office of Behavioral Health Licensure (OBHL) as outlined by A.A.C. R9-20-201.B.2.f/205.A.
- B) **Statute Reference(s):** R9-20-201.B.2.f/205.A.
- C) **Definition:** A process of providing direction and training to enhance clinical skills for CMH clinical staff.
- D) **Procedure:** It is the responsibility of the CMH Clinical Director to provide supervision, guidance, and direction to all clinical staff of CMH regardless of clinical certification. Direct clinical supervision is provided:
- 1) To all CMH clinicians and employees;
  - 2) To ensure requirements of all CMH Policy and Procedures are met;
  - 3) To provide trainings to clinicians in mental health areas that are pertinent to the objective mission of CMH with relation to providing services to individuals in need;
  - 4) To keep clinicians and employees abreast of changes in the mental health field with relation to licensing requirements of the AzBBHE and new CMH Policy and Procedures;
  - 5) To ensure all clinicians' have satisfied 24 hours of continuing educational units as required by OBHL. To provide training in crisis intervention, solution focused therapies, perceptual control theory, critical incident stress debriefing, and other relevant clinical theories related to our client needs;
  - 6) To ensure that CMH certified clinicians maintain all requirements as established with the AzBBHE.
  - 7) To ensure the following:
    - a) MMR vaccination or MMR Titer
    - b) Varicella vaccinations X 2 or Varicella (chicken pox) titer
    - c) Hepatitis B Vaccination (second and third shot) or Hepatitis B titer
    - d) TB Testing or questionnaire / Annual Tb test
    - e) Medical consultation after positive TB
    - f) 2 view chest x-ray after positive TB
    - g) Annual flu vaccine
    - h) Pre-employment 5 panel drug screen

GSMC 602-239-4456; DSMC 480-835-3275; Immunization Needed: Documented evidence of measles/mumps/rubella/chicken pox vaccination or titer showing immunity. CMH will keep documented evidence of the following; diphtheria/tetanus vaccine booster 10 years after primary series and Annual TB testing. Documented evidence of Hepatitis B vaccination offered to personnel or signed declination of vaccine or evidence of HB titer.

Initial injury care and urine drug screens are provided on a walk-in basis. All other services may be scheduled by calling 602-417-3511.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 112.00 **Page:** 1 of 1

**Subject:** Client Referrals

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** CMH will provide referrals for treatment using CMH approved referral guide that utilizes established Maricopa County resources.
- B) **Statute Reference(s):** A.A.C. R9-20-201.B.2.i
- C) **Definition:** Clinical referrals: a person seeking treatment is provided with age, gender, cultural specific resources to meet the presenting treatment needs.
- D) **Procedures:**
- 1) Referrals will be provided to clients based upon current needs;
  - 2) Clinicians will use the CMH approved referral guide as well as other community resources to assist clients as needed.
  - 3) CMH clinicians will document the referrals in the clinical record.

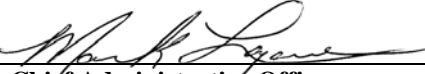
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 112.01 **Page:** 1 of 1

**Subject:** Transfer of Client

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** To establish CMH policy and procedures regarding the transfer of a client as per Statute A.A.C. R9-20-201.B.2.m.
- B) **Statute Reference(s):** A.A.C. R9-20-201.B.2.m; 42CFR
- C) **Definition:** Clinical Transfer: when a client requires a higher or more specialized level of care.
- D) **Procedures:** CMH clinical staff will ensure that all client transfers will be handled as follows:
- 1) Clients that are evaluated at a hospital emergency department or on a hospital medical unit that require inpatient psychiatric treatment will only be transferred when the receiving facility physician has accepted the client for evaluation and/or treatment;
    - a) Client's that are voluntary will sign consent for treatment and transfer to the accepting psychiatric facility; this includes client's that require medical detoxification services.
    - b) Client's that are involuntary for treatment will be petitioned as per Title 36 A.R.S. Civil Commitment Procedures. This process will be necessary for clients that are deemed a danger to self/others and/or gravely disabled/persistently acutely disabled;
    - c) Documentation will be left at the medical facility where the client is being transferred from;
    - d) Documentation will be sent to the receiving facility either by fax and/or a copy in transport with the medical transport team;
    - e) If a petition is filed, the civil commitment screening agency will receive the necessary original documentation, i.e., the original notarized emergent petition;
    - f) Documentation will be kept secured at CMH main office.
  - 2) Client's that are receiving outpatient treatment at CMH that need similar services at another mental health or substance abuse agency will be provided assistance to ensure continuum of care.
    - a) CMH staff will forward a copy of clinical record at the discretion of the client.
    - b) CMH staff will contact specified agencies clinical director/designee for outpatient services to establish first appointment and coordination of treatment;
    - c) CMH staff will provide client with telephone number and address, directions included, of accepting outpatient agency;
    - d) CMH staff will provide each client that is being transferred the appropriate mental health community crisis phone number and psychiatric urgent care centers.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 112.02 **Page:** 1 of 1

**Subject:** Discharge of Client

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** To establish CMH policy and procedures regarding the discharge of a client as per Statute A.A.C. R9-20-201.B.2.m.
- B) **Statute Reference(s):** A.A.C. R9-20-201.B.2.m; 42CFR
- C) **Definition:** Clinical Discharge: Clients that no longer require or desire CMH services.
- D) **Procedures:** CMH will ensure that all discharges of client care will be as follows:
- 1) Clients will be discharged when;
    - a) Services rendered are no longer needed per client;
    - b) When treatment goals have been achieved as per client and clinician;
    - c) The client chooses to discontinue services;
    - d) When the client moves out of the service area (Maricopa County).
  - 2) Clients will be provided discharge instructions as per CMH Referral Policy and Procedure.
  - 3) Client clinical records will be maintained under CMH Record and Retention Policy and Procedures (CMPP 107.01).

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 113.00

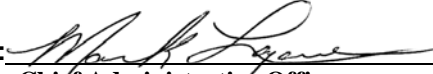
**Page:** 1 of 2

**Subject:** Client Assessment and Treatment Plan

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** It is the policy of the Clinical Director of Compass Mental Health, LLC (CMH) to develop, implement and update client assessment and treatment plans on a regular basis.
- B) **Statute Reference(s):** R9-20-201.B.2.k., R9-20-209.A.&H.
- C) **Definition:** A protocol to assess the specific treatments required and application of specific treatment modalities.
- D) **Procedures:** Clinical Director of CMH will develop, implement, and update a client assessment and treatment plan that encompasses the following:
1. CMH will ensure that a treatment plan is developed for each client and that the treatment plan is:
    - a. Based upon the client's assessment and needs;
    - b. Developed before treatment is initiated;
    - c. Developed by a behavioral health professional;
    - d. Developed with the participation of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian;
    - e. Treatment plan was completed by a CMH clinician in order to meet the client's treatment needs;
    - f. A licensee shall develop, implement, and comply with policies and procedures for conducting an assessment that ensure that a staff member conducting an assessment:
  2. Refers the client to a medical practitioner if there is evidence that the client's behavioral health issue may be related to a medical condition; and
    - a. Addresses a client's:
      - i. Substance abuse history;
      - ii. Co-occurring disorder;
      - iii. Medical history;
      - iv. Legal history, such as custody, guardianship, or pending litigation;
      - v. Criminal justice history;
      - vi. Family history; and
      - vii. Treatment history, court-ordered evaluation or court-ordered treatment.
  3. Except for a client receiving behavioral health services in a crisis situation, documentation in the client record within seven days after initiation of treatment, to include:
    - i. The client's presenting issue;
    - ii. One or more treatment goals;
    - iii. One or more treatment methods and the frequency of each treatment method;
    - iv. The date when the client's treatment plan will be reviewed;
- b. The method and frequency of communicating the client's progress to:
    - i. The client;
    - ii. The client's parent, guardian, custodian, agent, family member, or designated representative;

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 113.00

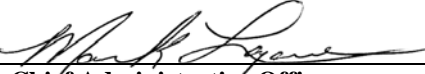
**Page:** 2 of 2

**Subject:** Client Assessment and Treatment Plan

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- iii. The individual who coordinates behavioral health services and ancillary services for the client; and
  - iv. Other agencies, individuals, or entities that provide treatment to the client;
- c. If a discharge date has been determined, the treatment needed after discharge;
- i. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and
    - 1. The signature, professional credential or job title and date signed by the CMH clinician.

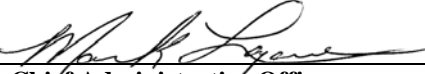
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 115.00 **Page:** 1 of 1

**Subject:** Client Fee Payment/Refund Policy

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** To establish Compass Mental Health, LLC (CMH) procedure with relation to fees for service and refunds as necessary. Requirements for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian; is based on services performed by CMH. If the client's payor source is not an insurance plan, but from a private source, payment may be required at time of service. If payment is received by CMH but services are not rendered, a refund will be given back to the payor source within 30 days
- B) **Statute Reference(s):** A.A.C. R9-20-201.B.1.g
- C) **Definition:** N/A
- D) **Procedures:** When clients or their guardian(s) enter treatment with CMH they will receive:
- 1) A Fee for Service payment schedule (see CMH Form 301);
  - 2) A notification of refund policy;
  - 3) A receipt for services;
  - 4) An insurance disclosure form;
  - 5) Terms of Service
    - a) Clients without any health insurance will be expected to provide payment for services at the time of delivery;
    - b) Deductibles and co-payments will be collected at the time services are provided;
    - c) Clients with health insurance, except AHCCCS enrolled, will be expected to pay for CMH services if the insurance company has not reimbursed CMH for services within 60 days.
    - d) Clients will be expected to pay CMH within 30 days of receiving a statement from CMH office indicating the health insurance company has not remitted payment;
    - e) Clients will be held responsible for all costs that are necessary to provide collection of payment (i.e. collection agencies, legal costs, etc.)

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 116.03 **Page:** 1 of 1

**Subject:** Code of Ethics

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** It is the policy of Compass Mental Health, LLC (CMH) to strictly follow and abide by all aspects of CMH Code of Ethics to ensure the highest quality of client care and professionalism.
- B) **Statute Reference(s):** R9-20-201.B.2.c
- C) **Definition:** CMH standard rules and guidelines for providing professional services.
- D) **Procedures:** All employees of Compass Mental Health will read and:
- 1) Discuss any areas of CMH code of ethics that they do not understand;
  - 2) Sign off that they have read and understand the purpose;
  - 3) Sign off that they will follow the code of ethics as written;
  - 4) Report any violations by self or any other employee of CMH;
  - 5) Will understand consequences of violating any portion of the code of ethics. CMH will report:
    - a) Any violations as required by OBHL and AzBBHE or the appropriate licensing organization;
    - b) Discipline counselor as appropriate:
      - (i) Clinical supervision pertaining to violation;
      - (ii) External trainings;
      - (iii) Suspension of employment while under review;
      - (iv) Termination of employment.
  - 6) CMH will file an incident report and keep on file in employees personnel file.

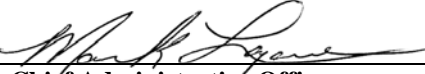
# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 117.00 **Page:** 1 of 1

**Subject:** Health and Safety

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** Compass Mental Health, LLC (CMH) will ensure that clients receive services in a safe, clean environment with professional staff committed to their welfare.
- B) **Statute Reference(s):** R9-20-201.B.1A
- C) **Definition:** none
- D) **Procedures:**
1. All CMH personnel will be required to completed First Aid and CPR classes to assist client's that require emergency medical attention;
  2. All CMH staff will be trained on the appropriate manner to use a fire extinguisher and first aid station that will be equipped at every CMH site;
    - a. CMH will comply with R9-20-206. A. 3. (a)(iv)(v)Orientation and Training in that CMH shall ensure that Orientation of a staff member includes reviewing the agency's evacuation path; and
    - b. Procedures for responding to a fire, a disaster, a hazard, a medical emergency, and a client experiencing a crisis situation;
  3. CMH staff will contact emergency services personnel to assist clients that require emergency evaluations;
  4. CMH staff will have emergency contact information available for each client so prompt notification may be completed to assist client who may be unable to do so;
  5. CMH staff will orient clients to all emergency exits and places of refuge located at CMH sites;
  6. CMH will post telephone number and address near telephone to assist callers how to direct emergency service personnel to the CMH address and suite number.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 118.00

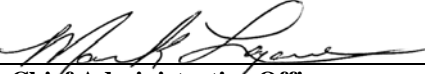
**Page:** 1 of 1

**Subject:** Adequate Staffing

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** It is the responsibility of the Compass Mental Health, LLC (CMH) Clinical Director to ensure that clients are receiving appropriate treatment with qualified professional staff. In addition, CMH Clinical Director will ensure that there is sufficient staff coverage to meet capacity demands.
- B) **Statute Reference(s):** R9-20-201.B.2.E
- C) **Definition:** None
- D) **Procedures:**
- 1) CMH Clinical Director will review census report for each category of treatment (emergency services, outpatient care) to determine if additional clinical professionals are necessary to ensure that client's requesting services receive a timely intake and assessment;
  - 2) CMH Clinical Director will ensure that clients requesting outpatient treatment are able to make an appointment for:
    - a) Emergent within two (2) hours on the same day.
    - b) Urgent within one (1) business day.
    - c) Routine office visit within five (5) business days.
  - 3) CMH Clinical Director will meet with Chief Administrative Officer every week to review all census reports to determine if additional personnel are required to meet capacity needs. CMH Clinical Director and Chief Administrative Office will determine if hiring of additional employees is necessary;
  - 4) CMH Clinical staff must page Clinical Director if emergency mental health request for service will not be met within one (1) hour time frame, regardless of day and time. CMH Clinical Director will determine if any reassignments of available clinical staff might be available to meet the emergency mental health request;
  - 5) CMH will provide a web site for on call scheduling of staff. The web address is – [www.CompassMentalHealth.com](http://www.CompassMentalHealth.com).

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 119.00

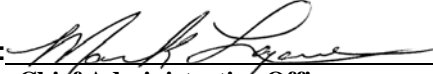
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**Subject:** Admission Process and Delivery System

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** Compass Mental Health, LLC (CMH) has developed and implemented professional criteria of providing clinical services to clients that are eligible for our services.
- B) **Statute Reference(s):** R9-20-201.B.2.G, R9-20-201.B.2.H
- C) **Definition:** None
- D) **Procedures:**
- 1) CMH provides individual, family, and group counseling to addresses a specific type of behavioral health issue, such as substance abuse, crisis situations, and employee assistance; and by appointment only services are:
    - a) Hours of operation M-F 9:00 to 12 noon and again at 1:00 pm 5:00 pm.
    - b) Crisis Services are available 24 hours a day including weekends and holidays.
    - c) CMH offers services to adults, and persons who are seriously mentally ill, individuals who have substance abuse problems, or individuals who have co-occurring disorders;
    - d) CMH will provide behavioral health services off the premises in the case of emergency/crisis services. These services are available 24 hours and can be provided at a behavioral health facility, in the member's residence or other community setting.
  - 2) **Admitting Criteria:**
    - a) Any persons in psychological distress or suffering from a mental illness that has the ability to pay for services rendered and
    - b) **Re-admitting Criteria:** Any adult person in psychological distress or suffering from a mental illness that has the ability to pay for services rendered,
    - c) Placing an individual on a waiting list will be done in cases where there is not staff or time available to treat the person with in 7 days. Priority will be given as follows:
      - (1) Clients who may be a danger to self or others.
      - (2) Clients in crisis
      - (3) High acuity
      - (4) On a first come, first-served basis
    - d) Referring an individual to another agency or entity will be done if;
    - e) On the person request;
    - f) A specialized form of treatment is required, or

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 119.00

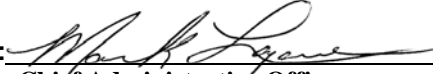
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**Subject:** Admission Process and Delivery System

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- g) When a higher level of care is required that CMH is not licensed to provide.
- 3) Discharging a client, including an involuntary discharge, will be completed when
    - a) Treatment goals have been met;
    - b) The person is content with their current level of functioning;
    - c) Voluntary withdrawal;
    - d) Non-Compliance with guidelines or rules;
    - e) Threatening or violent acts against staff or clients, continually abusive to others.
    - f) Bringing weapons onto CMH grounds.
    - g) Refusing to sign intake forms
    - h) Non-Compliance with education or treatment plans.
    - i) Non-payment of CMH fees
    - j) Upon discharge a clinical disposition report will be completed stating the level progress towards the Treatment Goals and Objectives, and the client's prognosis.
  - 4) Transferring a client will be done:
    - a) At the request of the client,
    - b) When a specialized form of treatment is required, or
    - c) When a higher level of care is required.
  - 5) Declining to provide behavioral health services or treatment to an individual when a
    - a) Specialized form of treatment is required;
    - b) Higher level of care is required that CMH cannot provide;
    - c) Client refuses to follow guidelines, rules or the prescribed treatment plan.
    - d) Client refuses to pay for services provided.
    - e) general consent is NOT obtained, admission does not occur and treatment is not provided.
  - 6) Outpatient Clinic Services of CMH

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 119.00

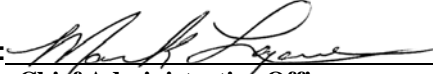
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**Subject:** Admission Process and Delivery System

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- 7) **Evaluation and Screening:** CMH will conduct a comprehensive assessment with each member to determine if mental health services are necessary. Our screening assessment includes a history and severity of the current problem, examination of the person's mental status to understand their current level of functioning, substance use history, family history of mental health symptoms and/or treatment, physical health history, employment and social history, as well as a risk assessment to determine if immediate services in a secure clinical setting are necessary. Our screening exams are designed to help members understand the specific types of services that our masters' level clinicians' recommend. Members will receive our treatment advice in writing and appropriate referral and follow up services will be provided.
  - 8) **Individual, Group, and Family Therapy and Counseling.** CMH will also provide routine therapy and counseling services if medically necessary. Our treatment focus is designed to help members develop solutions to current stressors in an appropriate period of time. Our goal is to help members find direction with difficult problems in their lives by helping them improve their own coping strategies. Services will be provided to individuals, groups of persons, family and/or multiple families. Family counseling may include, but does not require, the presence of the member.
  - 9) **Emergency Behavioral Health Care, Crisis Intervention Services.** Emergency behavioral health/crisis intervention services are immediate and available 24 hours a day throughout Maricopa County. CMH professionals have extensive experience providing these services for the past decade in community and hospital environments. Mobile crisis intervention teams will be available to respond to members that are at risk of hurting themselves or others, experiencing significant impairment in psychological functioning, or are impaired due to use of a chemical substance like alcohol or amphetamines. Our telephone crisis assessment services are designed to determine if immediate unscheduled behavioral health services are necessary. The services provided by CMH professionals include crisis counseling and stabilization, transfer to inpatient treatment services if clinically necessary, or referral for outpatient treatment.
  - 10) **Behavioral Health Case Management** Behavioral health case management services are supportive services provided to enhance treatment compliance and effectiveness. Case management activities include assistance in accessing, maintaining, monitoring and modifying covered services; assistance in finding resources, communication and coordination of care, outreach and follow-up of crisis contacts or missed appointments.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 120.00

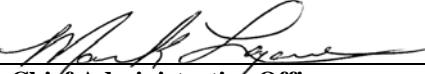
**Page:** 1 of 4

**Subject:** Reports of Incidents, Accidents and Deaths

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A. **Policy:** Compass Mental Health, LLC (CMH) shall report incidents, accidents, and deaths concerning enrolled persons to the Office of Behavioral Health Licensure as required by A.A.C. R9-20, and to the appropriate Regional Behavioral Health Authority (RBHA) or Tribal RBHA. In addition, reports of mistreatment concerning persons enrolled as seriously mentally ill shall be reported to the appropriate RBHA or Tribal
- B. CMH shall also report to Adult Protective Services and Child Protective Services as required in A.R.S. §46-454 and A.R.S. §13-3620.
- C. CMH shall provide copies of these reports as follows:
1. Reports concerning persons enrolled as seriously mentally ill shall be provided to the ADHS contractor for advocacy services.
  2. Reports concerning persons enrolled as seriously mentally ill and enrolled children shall have information removed that personally identifies the enrolled person and the redacted report shall then be provided to the Human Rights Committee for the Region.
  3. Reports concerning incidents or allegations of physical or sexual abuse or the death of a person enrolled as seriously mentally ill shall be provided to the Division of Behavioral Health Services, Office of Grievance and Appeals.
- D. REFERENCES:
1. R9-20
  2. R9-21
- E. DEFINITIONS
1. ADHS Contractor for Advocacy Services: The organization under contract with the Arizona Department of Health Services to perform the functions of the Office of Human Rights as described in Arizona Administrative Code, Title 9 Chapter 21.
  2. Enrolled Person: A person currently enrolled in the ADHS/DBHS information system with a Client Record and Client Assessment submitted by the RBHA and accepted by the information system.
  3. Incident or Accident:
    - a. Deaths from suicides, homicides, unexplained or accidental causes, and expected or natural causes;
    - b. Suicide attempts resulting in emergency room treatment or hospitalization, or requiring medical intervention;
    - c. Self abuse resulting in emergency room treatment or hospitalization, or requiring medical

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 120.00

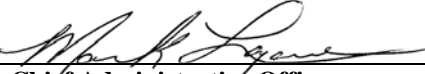
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**Subject:** Reports of Incidents, Accidents and Deaths

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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intervention;

- d. Physical abuse and allegations of physical abuse;
  - e. Sexual abuse and allegations of sexual abuse;
  - f. Physical injuries received in a treatment setting resulting in emergency room treatment or hospitalization;
  - g. Errors in administering medications requiring emergency intervention;
  - h. Adverse medication reactions resulting in medical intervention;
  - i. Inpatient hospitalized persons and persons in a residential treatment setting who have not been accounted for when expected to be present or are absent without leave (AWOL);
  - j. Accidents occurring in the treatment facility or off-site, while under the supervision of the treatment facility's staff, requiring emergency medical treatment, which are not limited to near drowning that require resuscitation; and
  - k. Physical plant disasters, such as major fire, within the agency when clients were present or which affect areas in which care is provided.
  - l. Incidents or allegations of violations of the rights contained in A.A.C. R9-20 for all enrolled persons and in A.A.C. R9-21 for persons enrolled as seriously mentally.
4. Mistreatment: An intentional, reckless or negligent action or omission which exposes an enrolled person to a serious risk of physical or emotional harm. Mistreatment includes but is not limited to:
- a. Abuse, neglect or exploitation.
  - b. Corporal punishment including but not limited to spanking, paddling, or swatting.
  - c. Unreasonable use or degree of force or threat of force not necessary to protect the person from bodily harm.
  - d. Infliction of mental or verbal abuse, such as screaming, ridicule, or name calling.
  - e. Incitement or encouragement of others to mistreat an enrolled person.
  - f. Transfer or the threat of transfer of an enrolled person for punitive reasons.
  - g. Use of restraint or seclusion as a punishment or for the convenience of staff
  - h. An act in retaliation against an enrolled person for reporting a rights violation

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 120.00

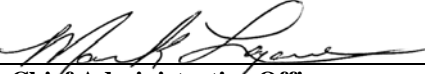
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**Subject:** Reports of Incidents, Accidents and Deaths

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- i. Commercial exploitation including but not limited to requiring work with no pay, use of photographs for commercial purposes without consent, spending funds belonging to enrolled persons without consent.

### F. PROCEDURE

1. Arizona State Hospital, RBHAs and their subcontracted providers, and TRBHAs and their subcontracted providers shall use the Incident/Accident/Death Report Form to report all events included in this policy. (Attachment A)
2. Incident/Accident/Death Reports shall be submitted to the ADHS Office of Behavioral Health Licensure as required in A.A.C. R9-20.
3. Incident/Accident/Death Reports shall be submitted by CMH to the appropriate RBHA or TRBHA within 48 hours of the provider's knowledge of the event.
4. Upon receipt of an Incident/Accident/Death Report, the RBHA or TRBHA shall:
  - a. Take whatever action is necessary to ensure the safety of the enrolled persons involved in the incident.
  - b. Ensure that the information required on the report is completed as required and is legible. If the report is returned to the subcontractor for additions or legibility problems, the subcontractor shall return the corrected version of the report to the RBHA or TRBHA within 48 hours of receipt.
  - c. Forward reports concerning incidents or allegations of physical or sexual abuse or deaths of persons enrolled as seriously mentally ill to the DBHS Office of Grievance and Appeals as soon as possible but no later than three working days after its receipt.
  - d. Put in writing any information contained in the report regarding:
    - i. the enrolled person's receipt of a referral, diagnosis, or treatment from an alcohol or drug abuse program, or
    - ii. information concerning whether a person has had an HIV-related test or has HIV infection, HIV related illness or acquired immune deficiency syndrome.
  - e. Provide copies of the report as soon as possible but no later than three working days after its receipt to:
    - i. The DBHS Contractor for Advocacy Services for reports concerning persons enrolled as seriously mentally ill.

# Compass Mental Health, LLC

<b>POLICY AND PROCEDURE</b>
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**Number:** CMHPP 120.00 **Page:** 4 of 4

**Subject:** Reports of Incidents, Accidents and Deaths

**Effective Date:** 01/01/03 **Revision Date:** 03/07/07 **Review Date:** 03/07/09

**Signature:**   
**Chief Administrative Officer**

- ii. The appropriate regional Human Rights Committee for reports concerning enrolled children and persons enrolled as seriously mentally ill. The Arizona State Hospital, RBHA, or Tribal RBHA shall redact personally identifying information concerning the enrolled person from the report prior to forwarding to the Human Rights Committee.

5. The RBHA shall distribute incident reports according to the following table:

**RBHA Distribution of Incident/Accident/Death Reports**

Type of Report	Agency/Organization	Redact Personally Identifying Information?	Redact Information re: Substance Abuse and AIDS?
SMI - all reports	ADHS Contractor for Advocacy Services	NO	YES
SMI - all reports Enrolled Children - all reports	Regional Human Rights Committee or Arizona State Hospital Human Rights Committee	YES	YES
SMI - reports of allegations of physical abuse and/or sexual abuse	ADHS/DBHS Office of Grievance and Appeals	NO	NO
SMI - all reports of deaths	ADHS/DBHS Office of Grievance and Appeals	NO	NO

G. APPROVED BY:

\_\_\_\_\_  
 Leslie Schwalbe Date  
 Acting Assistant Director  
 Arizona Department of Health Services

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 121.00

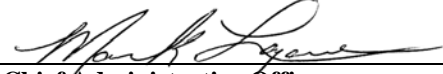
**Page:** 1 of 1

**Subject:** Incident Reports Procedure

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** Compass Mental Health (CMH) will document and file all incident reports pertaining to client affairs and staff concerns as listed in R9-20-202 (A)(1).
- B) **Statute Reference(s):** R9-20-201.B.1.d, R9-20-202 (A)(1), R9-20-205.A.3.
- C) **Definition:** A document pertaining to violations relating to CMH Code of Ethics that are filed by either clients, CMH staff, or other agencies involved in the treatment of services to clients.
- D) **Procedures:** Any complaint filed against a CMH employee will be the direct responsibility of the CMH Clinical Director and will be held at the administrative office of CMH and will be available for review for a year post event.
- 1) Be written on a CMH Incident Form, filed, and held for 12 months post incident at the CMH administrative office;
  - 2) Be registered with the AzBBHE, OBHL, or appropriate licensing body within one working day if discovered that a client has experienced and of the following:
    - (i) Death;
    - (ii) Suspected or alleged abuse, neglect, or exploitation;
    - (iii) Suicide attempt;
    - (iv) Self-inflicted injury that results in medical treatment;
    - (v) A physical injury on CMH premises.
  - 3) Be brought to the attention of the CMH Clinical Director who will:
    - a) Interview those involved;
    - b) Document location, date, time, concerns;
    - c) Report agency name and license number (if applicable);
    - d) Provide a description of the incident, including events leading up to the incident;
    - e) Document names of any individuals who observed the incident;
    - f) Document description of the action taken by the licensee, including a list of the individuals or entities notified by the licensee and the date and time of each notification.
    - g) Have all documentation signed by the Clinical Director and those involved.
  - 4) It shall be determined by the Clinical Director if any internal disciplinary actions are taken besides any recourse by the licensing bodies. Internal actions to include, but not limited to, the following:
    - a) Termination of employment;
    - b) Suspension of employment
    - c) Corrective actions:
      - (i) Supervision with relation to the infraction;
      - (ii) Outside of agency treatment with relation to incident;
        1. Seminars;
        2. Workshops;
        3. Counseling.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 122.00

**Page:** 1 of 4

**Subject:** Clearance Card Needed When Working With Children & Adults

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- 1) **Policy:** Staff, personnel or volunteers working with children shall have a valid class one or class two fingerprint clearance card issued by Arizona DPS or within 7 days after employment, shall apply for the clearance card as well as complete an affidavit that the employee is not awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement to committing any criminal offense involving a minor, violence, sexual offences, drugs or alcohol this state or similar offenses in another state or jurisdiction.
  
  - 2) **Statute Reference(s):** 36-425.03. Children's behavioral health programs; personnel; fingerprinting; definitions
    - A. Except as provided in subsections B and C of this section, children's behavioral health program personnel, including volunteers, shall submit the form prescribed in subsection D of this section to the employer and shall have a valid class one or class two fingerprint clearance card issued pursuant to title 41, chapter 12, article 3.1 or, within seven working days after employment, shall apply for a class one or class two fingerprint clearance card.
    - B. Parents, including foster parents and guardians, who participate in activities with their children under the supervision of and in the presence of children's behavioral health program personnel are exempt from the fingerprinting requirements of subsection A of this section if the parents are not employees of the children's behavioral health program.
    - C. Applicants and employees who are fingerprinted pursuant to section 15-512 or 15-534 are exempt from the fingerprinting requirements of subsection A of this section.
    - D. Children's behavioral health program personnel shall certify on forms that are provided by the department and notarized that they are not awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement to committing any of the following criminal offenses in this state or similar offenses in another state or jurisdiction:
      1. Sexual abuse of a minor.
      2. Incest.
      3. First or second degree murder.
      4. Kidnapping.
      5. Arson.
      6. Sexual assault.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 122.00

**Page:** 2 of 4

**Subject:** Clearance Card Needed When Working With Children & Adults

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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7. Sexual exploitation of a minor.
  8. Felony offenses involving contributing to the delinquency of a minor.
  9. Commercial sexual exploitation of a minor.
  10. Felony offense involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs.
  11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
  12. Burglary.
  13. Aggravated or armed robbery.
  14. Robbery.
  15. A dangerous crime against children as defined in section 13-604.01.
  16. Child abuse.
  17. Sexual conduct with a minor.
  18. Molestation of a child.
  19. Manslaughter.
  20. Assault or aggravated assault.
  21. Exploitation of minors involving drug offenses.
  22. A violation of section 28-1381, 28-1382 or 28-1383.
  23. Offenses involving domestic violence.

E. Forms submitted pursuant to subsection D of this section are confidential.

F. Employers of children's behavioral health program personnel shall make documented, good faith efforts to contact previous employers of children's behavioral health program personnel to obtain information or recommendations that may be relevant to an individual's fitness for employment in a children's behavioral health program.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 122.00

**Page:** 3 of 4

**Subject:** Clearance Card Needed When Working With Children & Adults

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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G. A person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in subsection D, paragraph 1, 2, 3, 4, 6, 7, 9, 15, 16, 17, 18 or 21 of this section is prohibited from working in any capacity in a children's behavioral health program that requires or allows contact with children.

H. A person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in subsection D, paragraph 5, 8, 10, 11, 12, 13, 14, 19, 20, 22 or 23 of this section shall not work in a children's behavioral health program in any capacity that requires or allows the employee to provide direct services to children unless the person has applied for and received the required fingerprint clearance card pursuant to title 41, chapter 12, article 3.1.

I. The department of health services shall accept a certification submitted by a United States military base or a federally recognized Indian tribe that either:

1. Personnel who are employed or who will be employed and who provide services directly to children have not been convicted of, have not admitted committing or are not awaiting trial on any offense prescribed in subsection G of this section.

2. Personnel who are employed or who will be employed to provide services directly to children have been convicted of, have admitted committing or are awaiting trial on any offense prescribed in subsection H of this section if the personnel provide these services while under direct visual supervision.

J. The employer shall notify the department of public safety if the employer receives credible evidence that a person who possesses a valid class one or class two fingerprint clearance card either:

1. Is arrested for or charged with an offense listed in section 41-1758.03, subsection B or F.

2. Falsified information on the form required by subsection D of this section.

K. For the purposes of this section:

1. "Children's behavioral health program" means a program that provides children's behavioral health services and that is licensed by the department as a behavioral health service agency or that contracts with the department to provide children's behavioral health services.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 122.00

**Page:** 4 of 4

**Subject:** Clearance Card Needed When Working With Children & Adults

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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2. "Children's behavioral health program personnel" means an owner, employee or volunteer who works at a children's behavioral health program.

3) **Definition:** None

4) **Procedures:**

- a) Staff, personnel or volunteers working with children shall have a valid class one or class two fingerprint clearance card issued by Arizona DPS or
- b) Within 7 days after employment, shall apply for the clearance card;
- c) Complete a "State of Arizona Criminal History Affidavit"
- d) Staff, personnel or volunteers will not be permitted to work with children until CMH Human Resources has a copy of
  - i) A current fingerprint clearance card or
  - ii) A completed "State of Arizona Criminal History Affidavit"
- e) If at the end of six weeks the employee's finger print clearance card has not been submitted to Human Resources the HR Director will follow up with the employee and Arizona DPS.
  - i) The HR Director will document the results of the inquiry into the employee's record, noting:
    - (1) The estimated time the card will be furnished;
    - (2) The contact person at DPS who relayed the information;
    - (3) Any Questions or concerns voiced by DPS regarding the Clearance Card;
    - (4) Any Correspondence to or from DPS will be placed in the employee's record.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 123.00

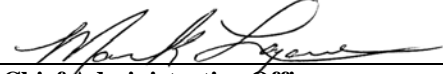
**Page:** 1 of 1

**Subject:** Fire Drills

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** Quarterly Fire Drills
- B) **Statute Reference(s):** R9-20-214.H.1 Article 2 Universal Rules
- C) **Definition:** None
- D) **Procedures:**
- 1) Quarterly Fire Drills will be held in the following Months
    - a) March
    - b) June
    - c) September
    - d) December
  - 2) Documentation of fire drills shall include.
    - a) The date and time of the drill
    - b) The amount of time taken to evacuate the building
    - c) Any problems or difficulties encountered in conducting the drill
    - d) Recommendation for improvement, if applicable.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 124.00

**Page:** 1 of 2

**Subject:** HIPAA

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** The policy of the Compass Mental Health is to secure our client's protected health information (PHI) in compliance with federal law and federal regulations; this applies to all operations of Compass Mental Health, its facilities and workforce.
- B) **Statute Reference(s):** 45 CFR Sections 164.530 (c)(1) and (2), and 42 CFR Part 2. This Policy addresses using Email containing unencrypted PHI.
- C) **Definitions:**
- 1) **CMH Workforce** – Includes employees, volunteers, contract workers, trainees, interns and other persons who are in a CMH facility or Central Office on a regular course of business. This shall include client workers employed by the CMH or any of its contracted facilities.
  - 2) **Chief Security Officer (Chief Security Officer)** - Individual designated by the CMH to oversee all activities related to the development, implementation, maintenance of, and adherence to facility policies and procedures covering the electronic and physical security of, and access to, protected health information and other CMH data in compliance with federal and state laws and regulations.
  - 3) **Local Security Officer (LSO)** – Individual designated by a facility CEO to oversee facility information and physical security practice and policy compliance and to coordinate those activities with the Chief Security Officer.
  - 4) **Email** – The electronic transfer of information in the form of electronic notes and memorandum. Also includes the transfer of information between CMH staff and staff of other agencies, providers, and other organizations with whom the CMH has a business relationship.
  - 5) **Protected Health Information (PHI)** – Individually identifiable health information.
  - 6) **Microsoft Word** – a business software program that CMH uses as the main word processing program
  - 7) **Microsoft Excel** - a business software program that CMH uses as the main financial-spreadsheet program.
  - 8) **Microsoft Outlook** – a business program that CMH uses as the main Email program.
  - 9) **CMH Address List** – the list contained in Microsoft Outlook which contains the Email address of all CMH employees.
- D) **Procedures:** Procedures for using Email; The following Email procedures shall be followed:

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 124.00

**Page:** 2 of 2

**Subject:** HIPAA

**Effective Date:** 01/01/03

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- 1) The staff of CMH are prohibited from sending Email that contains PHI to any State agency, provider, or other organizations with whom the CMH has a business relationship with the following exceptions:
  - a) Staff may password-protect Microsoft Word or Microsoft Excel documents containing PHI and attach those to Email. Staff shall use a unique password on every document sent.
  - b) Staff shall call or fax the recipient of the Email and let them know the password.
  - c) Staff shall not include the password within the contents of the Email.
  - d) Staff shall also be diligent in not forwarding emails that contain PHI
- 2) If a State agency, provider, or other organizations with whom CMH has a business relationship does not use Word or Excel, PHI may only be transmitted over the phone or by fax.
- 3) Staff may continue to send Email containing PHI to persons on the CMH Address List.
- 4) Sanctions. Failure of workforce members to comply or ensure compliance with this policy may result in disciplinary action, up to and including dismissal.
- 5) Review Process. The Chief Security Officer will periodically collect information from the Local Security Officers and the Email administrators for the purpose of providing feedback to the CMH Executive Team regarding trends and issues associated with compliance with this regulation.

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 125.00

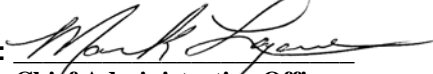
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**Subject:** MANAGEMENT CEU's

**Effective Date:** 03/30/05

**Revision Date:** 03/07/07

**Review Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** Starting on 3-30-2005 All trainings and CEU's for all owners, managers and trainers who have direct client contact, will also have documented trainings and CEU hours placed in their personnel folder.
- B) **Statute Reference(s):** R9-20-206.B.2.b
- C) **Definition:** None
- D) **Procedures:** The CEU's hours required will be prorated in relation to client contact hours as follows:

Client contact hours per week	CEU Hours /yr
40	24
20	12
10	6

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 126.00

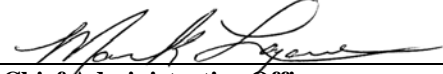
**Page:** 1 of 1

**Subject:** Contractors CEU's

**Effective Date:** 03/30/05

**Review Date:** 03/07/07

**Revision Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

- A) **Policy:** Starting on July 1, 2006 Compass Mental Health, LLC will Develop and implement a written training plan for the agency that includes a description of the training that a behavioral health professional, behavioral health technician, or behavioral health paraprofessional needs to maintain current skills and knowledge.
- B) **Statute Reference(s):** R9-20-206.B.1.a.
- C) **Definition:** None
- D) **Procedures:** The CEU's hours required will be prorated in relation to client contact hours as follows:

Client contact hours per week	CEU Hours /yr
40	24
20	12
10	6

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 127.00

**Page:** 1 of 2

**Subject:** Emergency Safety Response protocol

**Effective Date:** 05/30/06

**Review Date:** 03/07/07

**Revision Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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- A) **Policy:** Starting on 06-01-06 All persons who have direct client contact, will also have documented trainings of the proper use of a **Emergency Safety Response**.
- B) **Statute Reference(s):** R9-20-216
- C) **Definition:** "Emergency safety response" means physically holding a client to safely manage a sudden, intense, or out-of-control behavior to prevent harm to the client or another individual.
- D) **Procedures:** if adequate safety for patient and staff is not met by calling 911, Compass Mental Health, LLC staff shall ensure that an emergency safety response:
- 1) Is used only:
    - a) In an emergency that is an immediate threat to the life or health of a client or other individual,
    - b) When less restrictive methods have been attempted and were unsuccessful,
    - c) For the shortest possible duration of time needed to bring the client's behavior under control or to prevent harm to the client or another individual and not longer than five minutes,
    - d) With the least amount of force needed to bring the client's behavior under control or to prevent harm to the client or another individual,
    - e) Not more than twice in a period of 60 minutes, and
    - f) Not more than four times within a 12 hour period of time;
  - 2) Is documented, reported, and reviewed as follows (Using the ESR Form):
    - a) Is documented within one day from the date of the emergency safety response including:
      1. The date and time of the emergency safety response;
      2. The name of the client for whom the emergency safety response was used;
      3. The names of each staff member using the emergency safety response;
      4. The specific emergency safety response that was used;
      5. The precipitating factors that created a need for use of the emergency safety response;
      6. The outcome of the emergency safety response, including any injuries resulting from the emergency safety response;
      7. If applicable, whether requirements in R9-20-202 were complied with; and
      8. If any individual was injured, the circumstances that caused the injury and a plan addressing ways to prevent future injuries;
      9. Documentation in subsection (2)(a) is reviewed at least once monthly by the administrator, manager, or clinical director for each use of an emergency safety response that occurred at the agency during the previous month and the following is documented at the agency by the administrator, manager, or clinical director:
    - b) Whether each staff member using an emergency safety response complied with the agency's policies and procedures and A.A.C Title 9 Chapter 20;
      1. Actions the agency shall take to prevent the need for use of an emergency safety response, such as additional staff training, additional staffing, or changes to the agency's policies and procedures;
      2. Whether a client is appropriately placed at the agency; and

# Compass Mental Health, LLC

## POLICY AND PROCEDURE

**Number:** CMHPP 127.00

**Page:** 2 of 2

**Subject:** Emergency Safety Response protocol

**Effective Date:** 05/30/06

**Review Date:** 03/07/07

**Revision Date:** 03/07/09

**Signature:**   
Chief Administrative Officer

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3. Whether a client's treatment plan shall be reviewed or revised to ensure that the client's treatment is meeting the client's treatment needs;
  - c. The information in subsections (2)(a) and (b) is reported in writing to OBHL within five days after the end of the calendar month in which an emergency safety response occurred; and
  - d. Documentation required in subsections (2)(a) and (b) and documentation of each report required in subsection (2)(c) is maintained at the agency for six years from the date of the report; and
3. Is only used by a staff member who has documentation of successful completion annually of
- a) Training program in crisis intervention from an organization nationally recognized for providing training in crisis intervention; or
  - b) For an emergency safety response used before July 1, 2004, nationally recognized training program in crisis intervention that includes:
    - 1) Techniques to identify staff member and client behaviors, events, and environmental factors that may trigger the need for an emergency safety response;
    - 2) The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
    - 3) The safe use of an emergency safety response, including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response.